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ARJA HOLOPAINEN

# Changes in Meanings of Teacherhood Among Finnish Nurse Teachers

## A Substantive Theory of Nurse Teacherhood

Doctoral dissertation

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#### ABSTRACT

Background of the study: Demands and expectations are targeted to nurse teachers' actions on the part of themselves, their working community, students and different cooperation partners. Nurse teachers' own interpretations of the expectations targeted at their theoretical and clinical competence have an effect on how individual nurse teachers experience their teacherhood and what aspects they want to develop in it. The transfer of Finnish nurse education onto higher level into multidisciplinary polytechnics in the 1990s altered nurse teacherhood as polytechnics increased e.g. their demands of teachers' research and development activities. The organisational change of nurse education has been similar to several other European countries where nurse education has been developed as part of higher level education since the 1980s. Previous studies examining nurse teacherhood have been mainly targeted at the different roles of teachers and tasks and characteristics of a good teacher. Instead, nurse teacherhood as a phenomenon as experienced by nurse teachers themselves amid changes in their work tasks has been studied considerable little.

Purpose, research questions and design of the study: The purpose of the study was to describe nurse teacherhood in polytechnics the way nurse teacher experience it. In addition, the purpose was to develop a substantive theory describing nurse teacherhood, its development, change and manifestation. In the first phase of the study between the years 1996 – 1998, a few polytechnics had only recently been established and most of them still functioned in an experimental phase. The data of the first phase was gathered by interviewing nurse teachers (N=22) from three established polytechnics functioning in different parts of Finland. The research question asked how nurse teachers describe their teacherhood in the launching phase of the first established polytechnics. In the second phase of the study between the years 2003 – 2004, the experimental phase was over and all the nurse teachers had experience on the new form of educational institution. A systematic review (N=207) was conducted in this phase to examine how nurse teacherhood has been studied in international and Finnish studies (years 1990 – 2004). The interview data of the second phase was comprised by interviewing nurse teachers from five polytechnics' eight units (N=34). The research questions were how nurse teachers describe their teacherhood after the functions had been established in all polytechnics and how to theoretically describe nurse teacherhood and its changes and manifestation in the polytechnics. The interview data were analysed by using the grounded theory method and systematic review by utilising the method of content analysis.

Results: In the first phase of the study, the following concepts describing nurse teacherhood were formed: nurse teacher's professional identity and its strength, demands of nurse teachers' work, partnership with students, function in a female-dominated working community, perplexing multidisciplinary of polytechnics and expansion of connections in a nurse teachers' work. Nurse teacherhood proved to be a dynamic phenomenon which was manifested as three nurse teacher types: 1) substance-oriented nurse lecturers, 2) pedagogically-oriented lecturers and 3) balance lecturers. In the second phase of the study, in the systematic review, previous studies discussing nurse teacherhood formed three themes: the expansion of nurse teacherhood, the skills of nurse teacherhood and their development and, finally, nurse teacherhood and membership in a working community. The results from the second-phase interview study describing central concepts of the substantive theory describing nurse teacherhood were defined as follows: process of change in the organisation, operating culture of a health care working community, nurse teachers' professional self-esteem, focus of nurse teachers' competence, nurse teachers' relationship with students, future in one's profession and requirements for staying in the profession. To nurse teachers the content-related meaning of concepts describing teacherhood was individual and it was seen in the substantive theory as commitment to nurse teacherhood: the more satisfied a nurse teacher was with elements describing teacherhood, the stronger the commitment to nurse teacherhood was, and vice versa. The commitment to nurse teacherhood was manifested as eight types describing the commitment: 1) searching for new contents in one's position, 2) being adapted to one's position, 3) trying to advance in one's position, 4) having found one's position, 5) searching for one's position, 6) withdrawing from one's position, 7) being satisfied with one's position and 8) being uncertain about one's position.

Conclusions and implications: The commitment to nurse teacherhood was a dynamic process and types describing the commitment were not static. The substantive theory discussing nurse teacherhood and commitment to it describes, for example, how changes in the organisation or working community level are reflected to the individual level and individual teachers' experiences of their teacherhood and commitment to it. The identification of teacher types describing commitment to nurse teacherhood will help working community members understand the differences between teachers. A challenge in leading a working community is to identify especially those nurse teachers who are the most weakly committed to nurse teacherhood to prevent their exhaustion or seeking to other tasks due to dissatisfaction. Another challenge is to identify those nurse teachers who are satisfied with nurse teacherhood but do not receive enough challenges in their present work tasks. There is a need for further studies to e.g. clarify how the transfer from one nurse teacher type describing commitment to another occurs and how nurse teacherhood will change and develop in the future.

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## TIIVISTELMÄ

Tutkimuksen tausta: Hoitotyön opettajien toimintaan kohdistuu vaatimuksia ja odotuksia heidän itsensä, työyhteisönsä, opiskelijoiden ja eri yhteistyökumppaneiden taholta. Hoitotyön opettajien omat tulkinnat opettajan teoreettiseen ja kliiniseen osaamiseen kohdistuvista odotuksista vaikuttavat siihen, millaisena yksittäiset opettajat kokevat opettajuutensa ja mitä he haluavat siinä kehittää. Suomessa hoitotyön koulutuksen siirtyminen 1990-luvulla korkea-asteelle monialaisiin ammattikorkeakouluihin muutti hoitotyön opettajuutta, sillä ammattikorkeakoulut lisäsivät muun muassa opettajien tutkimus- ja kehittämistoiminnan vaatimuksia. Hoitotyön koulutuksen organisaatiomuutos on ollut samankaltainen kuin monissa muissa Euroopan maissa, joissa hoitotyön koulutusta on 1980-luvulta lähtien kehitetty osaksi korkea-asteen koulutusta. Hoitotyön opettajuutta tarkastelleet aikaisemmat tutkimukset ovat pääasiassa kohdistuneet opettajien erilaisiin rooleihin ja tehtäviin sekä hyvän opettajan ominaisuuksiin. Sen sijaan hoitotyön opettajuuden ilmiötä sellaisena kuin opettajat itse sen kokevat työnsä ja ammittinsa muutoksissa on tutkittu huomattavan vähän.

Tutkimuksen tarkoitus, tutkimuskysymykset ja tutkimusasetelma: Tutkimuksen tarkoituksena oli kuvata hoitotyön opettajuutta ammattikorkeakouluissa sellaisena kuin hoitotyön opettajat opettajuutensa kokevat. Lisäksi tarkoituksena oli kehittää hoitotyön opettajuutta, sen muutosta ja ilmenemistä kuvaava substantiivinen teoria. Tutkimuksen ensimmäisessä vaiheessa vuosina 1996 – 1998 osa ammattikorkeakouluista oli juuri vakinaistettu ja suurin osa toimi vielä kokeiluvaiheessa. Ensimmäisen vaiheen aineisto koottiin haastattelemalla hoitotyön opettajia (N=22) kolmesta eri puolella Suomea toimivista vakinaisista ammattikorkeakouluista. Tutkimuskysymyksenä oli, miten hoitotyön opettajat kuvaavat hoitotyön opettajuutta ensimmäisenä vakinaistettujen ammattikorkeakoulujen käynnistymisvaiheessa. Tutkimuksen toisessa vaiheessa vuosina 2003 – 2004 kokeiluvaihe oli ohi ja hoitotyön opettajilla oli kokemusta uudesta oppilaitosmuodosta. Toisessa vaiheessa tehtiin systemaattinen kirjallisuuskatsaus (N=207), jossa selvitettiin, miten hoitotyön opettajuutta on tutkittu kansainvälisissä ja suomalaisissa tutkimuksissa (vuosina 1990 – 2004). Toisen vaiheen haastatteluaineisto koottiin haastattelemalla viiden ammattikorkeakoulun kahdeksan toimipisteen hoitotyön opettajia (N=34). Tutkimuskysymyksiä olivat, miten hoitotyön opettajat kuvaavat hoitotyön opettajuutta toiminnan vakinaistuttua kaikissa ammattikorkeakouluissa ja millä tavoin hoitotyön opettajuutta, sen muutosta ja opettajuuden ilmenemistä voidaan teoreettisesti kuvata. Haastatteluaineistot analysoitiin grounded theory –menetelmällä ja systemaattinen kirjallisuuskatsaus sisällönanalysimenetelmällä.

Tulokset: Tutkimuksen ensimmäisessä vaiheessa hoitotyön opettajuutta kuvaaviksi tekijöiksi muodostuivat hoitotyön opettajan ammatti-identiteetti ja sen vahvuus, työn vaativuus, yhteistyökumppanuus opiskelijan kanssa, toiminta naisvaltaisessa työyhteisössä, hämmentävä monialaisuus ja yhteyksien laajeneminen. Hoitotyön opettajuus osoittautui dynaamiseksi ilmiöksi, joka ilmeni kolmena opettajatyypinä: 1) substanssiorientoituneet hoitotyön opettajat, 2) pedagogisesti orientoituneet opettajat ja 3) tasapainoilijaopettajat. Tutkimuksen toisessa vaiheessa systemaattisessa kirjallisuuskatsauksessa hoitotyön opettajuutta tarkastelevat aikaisemmat tutkimukset muodostivat kolme teemaa: hoitotyön opettajuuden laaja-alaisuus, hoitotyön opettajuuteen liittyvät valmiudet ja niiden kehittäminen sekä hoitotyön opettajuus ja työyhteisön jäsenyys. Toisen vaiheen haastattelu- ja kirjallisuuskatsauksen hoitotyön opettajuutta kuvaavan substantiivisen teorian keskeisiksi käsitteiksi tarkentuivat organisaation muutosprosessi, terveysalan työyhteisön toimintakulttuuri, hoitotyön opettajan ammatillinen itsetunto, hoitotyön opettajan osaamisen kohdentuminen, hoitotyön opettajan sidos opiskelijoihin, tulevaisuus omassa ammatissa ja ammatissa pysymisen edellytykset. Hoitotyön opettajille opettajuutta kuvaavien tekijöiden sisällöllinen merkitys oli yksilöllinen ja se näkyi substantiivisessa teoriassa hoitotyön opettajuuteen sitoutumisena; mitä tyytyväisempi hoitotyön opettaja oli hoitotyön opettajuutta kuvaaviin tekijöihin, sitä vahvemmin hän sitoutui hoitotyön opettajuuteen ja päinvastoin. Hoitotyön opettajuuteen sitoutuminen ilmeni kahdeksana sitoutumista kuvaavana opettajatyypinä: 1) paikkaansa työhönsä uutta etsivät, 2) paikkaansa sopeutuneet, 3) paikkaansa eteenpäin pyrkivät, 4) paikkansa löytäneet, 5) paikkaansa hakevat, 6) paikkaansa irrottavat, 7) paikkaansa tyytyneet ja 8) paikkaansa epävarmat opettajatyypit.

Johtopäätökset ja suositukset: Hoitotyön opettajuuteen sitoutuminen oli dynaaminen prosessi, eivätkä sitoutumista kuvaavat tyypit olleet staattisia. Substantiivinen hoitotyön opettajuutta ja siihen sitoutumista kuvaava teoria kuvaa, miten esimerkiksi muutokset organisaation tai työyhteisön tasolla heijastuvat yksilötasolle sekä yksittäisten opettajien kokemuksiin hoitotyön opettajuudesta ja siihen sitoutumisesta. Hoitotyön opettajuuteen sitoutumista kuvaavien opettajatyypien tunnistaminen auttaa opettajien työyhteisön jäseniä ymmärtämään opettajien erilaisuutta. Työyhteisön johtamisen haasteena on tunnistaa erityisesti kaikkein heikoimmin hoitotyön opettajuuteen sitoutuneet opettajat, jotteivät he uupuisi ammatissaan tai tyytymättömyytensä takia hakeutuisi ammatistaan muihin tehtäviin. Haasteena on tunnistaa myös ne opettajat, jotka ovat tyytyväisiä hoitotyön opettajuuteen, mutteivät koe saavansa riittävän haasteellisia tehtäviä nykyisessä työssään. Jatkotutkimusten haasteita ovat esimerkiksi, miten siirtyminen sitoutumista kuvaavasta yhdestä opettajatyypistä toiseen tapahtuu sekä miten hoitotyön opettajuus muuttuu ja kehittyy tulevaisuudessa.

Yleinen suomalainen asiasanasto (YSA): opettajat; opettajuus; hoitotyö; sitoutuminen; grounded theory; sisällönanalyysi



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For me, studying nurse teacherhood has offered many interesting and thought-provoking moments for several years now. While sitting at my computer I have often wondered how challenging, inspiring and many-sided the nurse teacher's profession is. On the other hand, while listening to my interviewees I have learned, that due to constant changes and challenges confronted in the work, the nurse teacher's profession can also be demanding and even exhausting unless the teacher remembers to take care of her/himself and her/his own management as well.

My own expedition into the world of nurse teacherhood started in 1996 with my licentiate thesis. After completing it in 1998 I decided not to continue my studies as I wanted to concentrate on my family and work. This decision held out for almost five years, but as this dissertation demonstrates, I ultimately wanted to continue further on my expedition into this interesting topic. Therefore, I am very grateful to all my colleagues around Finland who were ready to share your experiences of nurse teacherhood with me. Without you this study would never have been realised.

The supervisors of my licentiate thesis were Professor Kerttu Tossavainen, Professor Katri Vehviläinen-Julkunen and Professor Eija Kärnä-Lin, of whom Kerttu Tossavainen and Eija Kärnä-Lin also continued as supervisors of my doctoral dissertation. To all of them I want to express my warm gratitude for their proficient guidance during my research process. Many times during this research process I experienced feelings of success and despair, which I am sure, are familiar to all who have gone through a similar kind of process. Throughout all these phases, the guidance of my main supervisor, Kerttu Tossavainen, remained extremely encouraging and proficient. I have learned a great deal under her guidance, especially while writing my dissertation articles. My second supervisor, Eija Kärnä-Lin, helped me during the analysis process to understand the demands of the grounded theory method. At times when my faith in my own abilities wavered, the encouraging comments of both my supervisors were much appreciated. They always had time and understanding to share with a novice researcher such as myself. From the bottom of my heart I thank you both for being my guides throughout this whole research process.

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My brothers, Ahti and Ari, on the other hand, are in a class of their own. They have taught me what love between siblings is at its best. Their wives have also become the "sisters" I always wanted to have, who were ready to help and support me whenever I needed. I want to thank you, my lovely brothers and "sisters", for all the moments we have shared also during this process of completing my doctoral dissertation.

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Joensuu, October 2007

Arja Holopainen



## LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following original studies, referred to in the text by the Roman numerals I-V:

- I Holopainen A. & Tossavainen K. 2003.  
Hoitotyön opettajien kokemuksia opettajuudestaan. [Nurse lecturers' experiences of nurse lectureship] *Hoitotiede [Journal of Nursing Science]* 15(1), 38-46 (original in Finnish).
- II Holopainen A., Hakulinen-Viitanen T. & Tossavainen K. 2007.  
Nurse teacherhood: systematic descriptive review and content analysis. *International Journal of Nursing Studies* 44(4), 611-623.
- III Holopainen A., Hakulinen-Viitanen T. & Tossavainen K. 2007.  
Systematic review – a method for nursing research. *Nurse Researcher* (accepted for publication 31.5.2006).
- IV Holopainen A., Tossavainen K. & Kärnä-Lin E. 2007.  
Nurse teacherhood and the categories influencing it. *Journal of Research in Nursing* (submitted 2007).
- V Holopainen A., Tossavainen K. & Kärnä-Lin E. 2007.  
Substantive theory on commitment to nurse teacherhood. *Nurse Education Today* (in press).

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## 1 INTRODUCTION

Finnish nurse teachers have been trained as nurses, public health nurses and/or midwives and also as teachers. They work as educators, scholars, directors or in different expert tasks in universities, polytechnics or secondary vocational institutions. Some of them also work in these tasks in nursing practice and as independent entrepreneurs. There were about 1 700 nurse teachers in Finland in the year 2005, and more than 720 of them worked in polytechnics (Trade Union of Education in Finland 2006). In the spring of 2007 there were 30 polytechnics functioning in different parts of Finland, 25 of which provided nurse education. In some polytechnics there were several educational units offering nurse education in different regions. (The Rectors' Conference of Finnish Universities of Applied Sciences 2007.) In this study I have examined nurse teachers who were working in polytechnics.

Social factors, such as needs and expectations of the population, educational policy and social and health policies (Ministry of Social Affairs and Health 2001; Kyrkjebø et al. 2002), the economic situation of the society and challenges resulting from internationalisation (Kapborg 1998; Perälä & Ponkala 1999; Kitson 2001; Ministry of Social Affairs and Health 2001; Thorne 2006) all influence the development of nurse education. In addition to educational reforms and factors lying in the background of these reforms, also development of the knowledge base of nursing, practice (Perälä & Ponkala 1999; Kitson 2001; Thorne 2006; Spitzer & Perrenoud 2007) and the development of learning conceptions and learning and teaching methods (Kitson 2001) alter nurse education and nurse teachers' work. The development of the contents of nurse education has required revising and changing of the contents of courses, which in its part has been a challenge for the updating of nurse teachers' content-related competence and development of research-oriented view to work (e.g. Cahill 1997; Andersson 1999; Kyrkjebø et al. 2002; Elomaa 2003).

The operating environment of Finnish nurse teachers has changed over the past 15 years due to changes that have occurred in the organisational structures of vocational education. The polytechnic experiment began in Finland

in 1991. The aim of the experiment was to combine previous regional post-secondary and academic vocational education of different domains into a common organisation and raise the level of vocational education to meet the changing demands of society and working life (e.g. development of technology, internationalisation). At the same time the contents and teaching methods of vocational education were developed to meet the standards of higher education. (Perälä & Ponkala 1999; Numminen et al. 2001; Auvinen 2004.)

The launching and establishing of polytechnics in the 1990s brought challenges to both the development of nurse education and development of nurse teachers' competence. The task of polytechnics was defined (Act 351/2003) as to offer higher education and practise research and development projects that would serve the education and support the working life and regional development. New challenging tasks set to vocational education and new educational organisations have changed not only nurse teachers' operating environment, but also their job descriptions and education requirements (Laakkonen 1999, 2003) for lecturers in polytechnics are required to possess a suitable Master level degree and principal lecturers must hold a suitable Licentiate or Doctoral degree. In addition, both lecturers and principal lecturers are required to have at least three years of practical experience on tasks that correspond with their degree if their teaching tasks include organising vocational studies. (Decree 256/1995; Decree 352/2003). Lecturers working in polytechnics and especially principal lecturers are, in addition to teaching tasks, expected to participate in research and development activities more extensively than only with regard to their own teaching. (Ponkala 2001; Laakkonen 2003.) In Finland the development of master degrees in polytechnic, which started as postgraduate degree experiment (Act 645/2001; Decree 352/2003; Decree 423/2005; Ministry of Education 2007) in 2002, has also brought with it new challenges to polytechnic teachers' competence and education.

The structures and contents of nurse education have been developed also elsewhere in Europe (e.g. Great Britain, Sweden, Norway) in the 1990s. For example, one aim of the reform of Project 2000, which started in Great Britain in the end of 1980, was to raise nurse education into a higher educational level



(Burke 2003, 2006; Spitzer & Perrenoud 2006a, b). According to some international studies, educational reforms in e.g Great Britain and Sweden have brought similar changes to the job description of nurse teachers as in Finland (e.g. Camiah 1996; Barton 1998; Kapborg 1998; Andersson 1999).

Previous Finnish and international studies concerning nurse teachers have been focused on, for instance, the education of nurse teachers (e.g. Tossavainen 1996; Mhaolrúnaigh & Clifford 1998; Hyrkäs et al. 1999; Turunen 2002), general and specific competence requirements (e.g. Thomson 2000; Chastain 2002; Hardicre 2003; Rekola 2003), characteristics (e.g. Salminen 2000; Wieck 2003), tasks and their quantity (e.g. Camiah 1996; Carlisle et al. 1997), cooperation and interaction with students (Poorman et al. 2002; Shelton 2003; Luparell 2004; Gillespie 2005), functioning of the working community (e.g. Balsmeyer et al. 1996; Mäkisalo 1996, 1998; Valentine et al. 1998; Heikkinen 2003), job satisfaction and well-being (e.g. Harri 1997; Stamnes et al. 1998; Stamnes 2000; Sarmiento et al. 2004). In European and especially British studies were also described the different roles of nurse teachers, role changes and role conflicts (Clifford 1995, 1996, 1999; McElroy 1997; Brown et al. 1998; Murphy 2000).

In spite of all the above-mentioned viewpoints in the previous studies, there is a lack of studies that examine nurse teachers' experiences in combining those viewpoints and nurse teachers' personal way of being a nurse teacher, although previous studies showed that a nurse teacher's job is very challenging. In this study I have examined nurse teachers' personal way of combining those viewpoints and being a nurse teacher, and I have used the concept of nurse teacherhood describing this point of view. In addition to the above, there is a lack of studies that examine changes in nurse teacherhood using a longitudinal study design. In this study I examined nurse teachers in two different phases, as Finnish nurse teachers' working environment was changing significantly at the polytechnics. The first phase of the study was completed in 1996 – 1998, when some of the polytechnics were recently established and most polytechnics functioned in an experimental phase. The second phase was completed in 2003 – 2004, when the experimental phase was over.

This study belongs to the discipline of nursing science and especially nurse education research. Nurse teachers' previous competence is based on nursing, and in their current position as nurse teachers they are training nurses for nursing practise and cooperating with students and nurse practitioners. It is important to examine how nurse teachers themselves experience their nurse teacherhood while there are many challenges concerning their work. The results of the study could be utilised by members of nurse teachers' education and working communities in order to understand nurse teachers' individual ways of experiencing nurse teacherhood in their work.

The concept of teacherhood is multidimensional and it is more than an entity comprised of teacher's tasks (Vertanen 2002; Luukkainen 2004). Teacherhood includes established practice patterns typical of the profession, teacher's personal characteristics and professional identity as well as competence required by the profession (cf. Leino-Kilpi et al. 1995; Korthagen 2004). Teacherhood of nurse teachers working within vocational education also includes knowledge of one's own field of training, i.e. nursing (cf. Leino-Kilpi et al. 1995). Teacherhood is not similar within every domain of vocational education, because e.g. disciplinary educational institution culture creates teacherhood (Könnilä 1999; Tiilikkala 2004, see also Schein 1985; Sikorska-Simmons 2006). In addition, teacher training, work experience and tasks build individual teacherhood (Korthagen 2004) and nurse teacher's professional identity (e.g. MacNeil 1997; Kenny et al. 2004; Korthagen 2004).

The purpose of this study was to describe nurse teacherhood in the polytechnic context. The starting point of the research is the assumption that nurse teacherhood is a multidimensional phenomenon which cannot be reached merely by describing the tasks and demands connected to it. The individual experiences of nurse teachers and their common discussions of the meaning of these tasks and demands to individual nurse teachers and their own teacherhood have an influence on how nurse teacherhood will develop and how it will be manifested (cf. Benzies & Allen 2001).

## 2 PURPOSES OF THE STUDY AND STUDY QUESTIONS

The purpose of this study is to describe nurse teacherhood at polytechnics the way nurse teachers experience their teacherhood. In addition, the aim is to develop a theoretical construction (a substantive theory) that describes nurse teacherhood and its development, change and manifestation.

The study questions are:

1. How do nurse teachers describe nurse teacherhood in the launching phase of the first established polytechnics in 1996? (Article I)
2. How has nurse teacherhood been described in international and Finnish studies between 1/1990 – 4/2004 when polytechnic education was launched and actively developed in Finland? (Articles II and III)
3. How did nurse teachers describe nurse teacherhood after the polytechnics were established and their functions were in full action in 2004? (Articles IV and V)

The study examines nurse teacherhood in Finnish polytechnics in two different phases (Figure 1). In the first phase between the years 1996 – 1998, some of the polytechnics had only recently been established and most of them still functioned in the experimental phase. In the second phase of the study between the years 2003 – 2004, the experimental phase was over and all the polytechnics had experience of the new form of educational institution. The second phase consisted of two stages: 1) a theoretical examination of nurse teacherhood and 2) an empirical examination of nurse teacherhood. These two stages were progressed partly at the same time, as the theoretical examination of nurse teacherhood helped to clarify and deepen concepts emerging from the interview data and displayed my theoretical sensitivity towards the phenomenon of nurse teacherhood (Strauss & Corbin 1990; Backman & Kyngäs 1999).

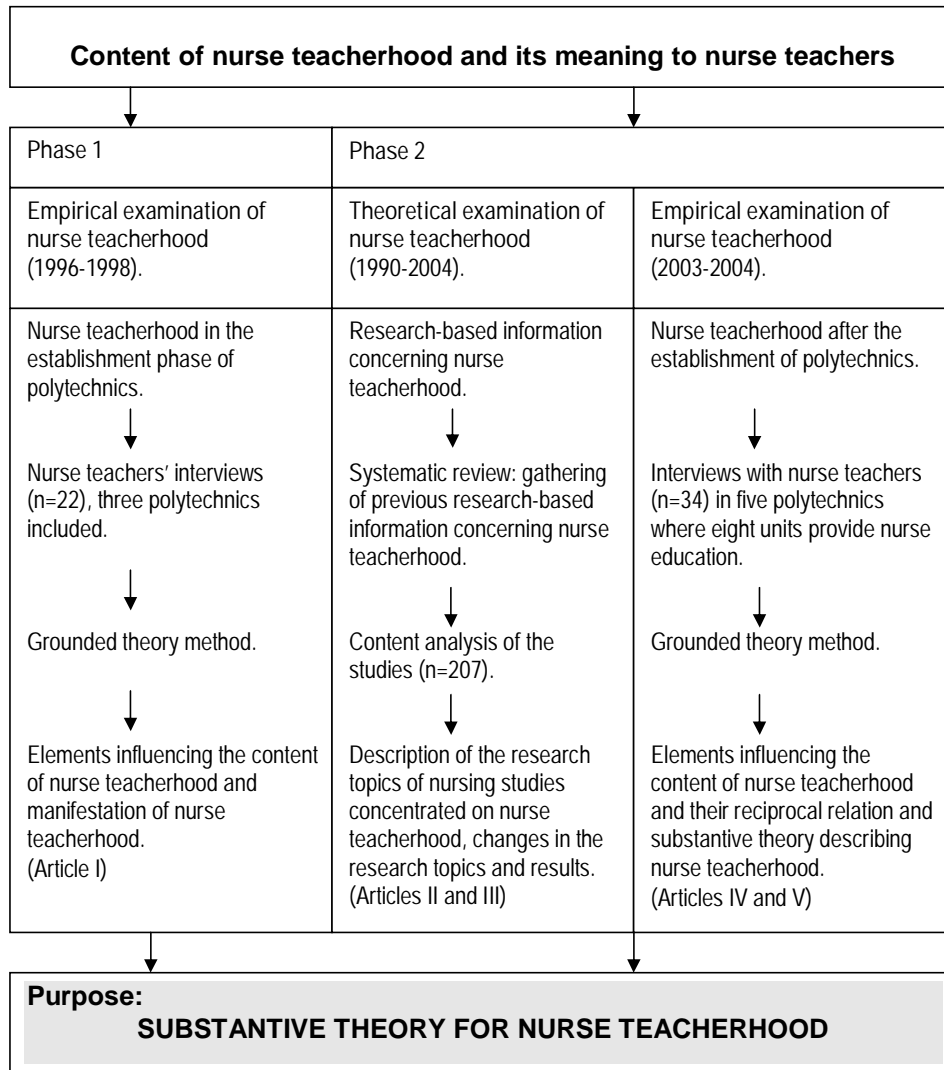


Figure 1. Phases of the study.

### **3 CHALLENGES FOR NURSE TEACHERS AND THEIR COMPETENCE**

In this chapter I describe some challenges associated with nurse teachers' work, competence and working community. Previous literature showed that there were several issues in nurse teachers' work, competence requirements and working community that nurse teachers have to take into account. This chapter is like a context that helped me to understand better the processes I was studying (cf. Backman & Kyngäs 1999) in nurse teacherhood and the individual meanings nurse teachers gave to their nurse teacherhood in their current and at times even conflicting situation.

#### **3.1 Nurse teachers' tasks, competence requirements and characteristics of a good teacher**

Educational reforms have changed the content of nurse teachers' work and their competence requirements (Camiah 1998a, b; Kapborg 1998; Kyrkjebø et al. 2002; Corlett et al. 2003). Both academic and clinical credibility are required of nurse teachers. Credibility is mainly based on people's opinions (Goorapah 1997) of how well nurse teachers seem to manage the tasks requiring theoretical and clinical competence included in their work. (Aston et al. 2000; Maslin-Prothero & Owen 2001; Johnsen et al. 2002.) It is problematic that different instances (e.g. teachers themselves, clinical practice of nursing, students) have slightly different expectations of nurse teachers' tasks and competence required of them (Brown et al. 1998; Camiah 1998b; Ioannides 1999; Humphreys et al. 2000; Salminen 2000). For example, employees of nursing practice, teachers themselves and students may even have partly contradictory expectations towards the competence of nurse teachers. This in its part produces role conflicts for individual nurse teachers when they do not have enough time or competence to fulfil all demands. (Barton 1998; Clifford 1999; Hardicre 2003; Barrett 2007.) In order to avoid role conflicts, nurse teachers have to make choices with regard to what they concentrate on in their work and what kind of competence they want to develop in themselves (Cahill 1997; Kirk et al. 1997; Aston et al. 2000; Corlett et al. 2003; Barrett 2007).

Nurse teachers' tasks and change of the tasks have been described in several studies (e.g. Johnsen et al. 2002; Kyrkjebø et al. 2002; Hardicre 2003). Nurse teachers' primary tasks include theoretical teaching and responsibility of organising and implementing practical teaching and studying. Management of teaching tasks requires a solid theoretical knowledge base (Andersson 1999; Corlett et al. 2003) and knowledge of the clinical practice of nursing (Aston et al. 2000; Humphreys et al. 2000; Maslin-Prothero & Owen 2001; Barrett 2007; Carr 2007). The competence of nurse teachers is based on both the knowledge base of nursing science and other disciplines (e.g. educational science, psychology, medicine) connected to nursing and education (Mäkisalo 1994, 1998; Rekola 2003). However, nurse teachers do not have a common and explicit view of the primary knowledge base guiding their own work (Kirk et al. 1996, 1997; Rekola 2003). According to some nurse teachers, their actions are primarily guided by the knowledge base of educational science and they feel that taking care of tasks connected to the teaching and learning of nursing, such as guiding students' learning processes in theoretical studies and clinical training, require the knowledge base of educational science. On the other hand, some nurse teachers are of the opinion that the contents of their teaching and the outlining of nursing practice require a nursing scientific knowledge base (Mäkisalo 1994; Rekola 2003) or, depending on the subjects, the knowledge base of some other (e.g. psychology, sociology) discipline (Kirk et al. 1996).

The task and challenge of nurse teachers is the integration of both theoretical and practical education (Landers 2000). Especially students, but also some nurse teachers and practical employees are of the opinion that it is not enough that nurse teachers know what happens in the practice. According to their opinion, nurse teachers should, when needed, also know how to take concrete action in nursing practice so that they are capable of integrating theory and practice in their teaching. However, these kinds of expectations have diminished after the transfer of nursing education onto a higher level because the job description of nurse teachers has expanded and, as a result, nurse teachers are expected to engage more in e.g. research activities. (Humphreys et al. 2000; Johnsen et al. 2002; Barrett 2007.)

Nurse teachers may have students to supervise from several different areas of nursing practice at the same time. For this reason they do not have the time to visit as often as needed or stay as long as needed in e.g. some individual clinical placements. In addition, nurse teachers feel that they have too many students to supervise in different clinical placements. (Clifford 1995, 1999; Ioannides 1999; Humphreys et al. 2000; Johnsen et al. 2002.) Furthermore, other tasks of teachers, such as meetings, take time away from supervising the students' training. Thus, some nurse teachers experience themselves mainly as "visitors" in nursing practice, which means that their competence connected to clinical nursing cannot be very profound with regard to e.g. practical skills needed in nursing practice (Clifford 1999; Griscti et al. 2005). The integration of theory and practice may also be impeded by the fact that teachers may have to teach several speciality subjects included in nursing practice. Knowledge of the practices of all nursing specialities, let alone mastering the necessary, is thus an impossible requirement for one teacher. (Kirk et al. 1996; Carlisle et al. 1997; Aston et al. 2000; Corlett et al. 2003; Griscti et al. 2005; Barrett 2007.)

The current task of nurse teachers in supervising practical training is to mainly function as a contact person between the educational institution and clinical placements and to support the students and their supervisors during the students' training by e.g. evaluating the students' learning. Another task of a nurse teacher is to assure that students are offered good learning situations during their training to allow them to learn practical skills. In addition, employees of nursing practice expect that nurse teachers participate in the development activities of nursing practice with them in, for example, common research projects. (Humphreys et al. 2000; Murphy 2000; Duffy & Watson 2001.)

In addition to the command of the content of the taught subject and clinical credibility, both nurse teachers themselves and students require nurse teachers to possess cognitive and skilled command of teaching and learning in order to be able to take care of teaching tasks. Students' self-directed learning, in which the focus is on the learning process of students and its promotion, has increased also in nurse education. (Tossavainen 1996; Lyyra 1999; Hewitt-Taylor 2001, 2002a; O'Shea 2003). The development of teaching methods that

support self-directed learning and students' responsibility of their own learning (e.g. collaborative learning) have altered nurse teachers' roles from the previous "distributor" of completed information towards the role of a supervisor and tutor. The task of nurse teachers is, therefore, to guide and inspire students to independently seek new information and support them in finding their own way of learning. (Moffett & Hill 1997; Laakkonen 2003.)

One objective of self-directed learning is to strengthen the students' lifelong learning skills by supporting, among other things, the development of information searching and critical thinking skills of students. What nurse teachers consider to be problematic is that especially in the beginning of their studies, not all students have adequate skills for independent studying (Hewitt-Taylor 2001, 2002a; O'Shea 2003), because the skills of self-directed learning develop gradually as the studies proceed (Lyyra 1999). Some students need more support and encouragement from teachers than others especially in the beginning of their studies, while nurse teachers are unable to fulfil this need owing to lack of time. Similarly, nurse teachers are of the opinion that they do not have enough time to get to know the students during contact teaching lessons in order to identify their individual learning and support needs. (Camiah 1997; Herdtner & Martsof 2001.)

Nurse teachers have developed teaching and learning methods to enable self-directed learning. These include, for example, case studies (Moffett & Hill 1997; Tomey 2003), the critical incidents method (Turunen 2002) and web-based methods (Herdtner & Martsof 2001; Christianson et al. 2002; Phillips 2005). Development of new teaching methods and their usage requires teachers to, among other things, possess critical thinking skills, ways to develop them (Martens & Stangvik-Urban 2002; Elomaa 2003) and good computer skills (Saranto & Tallberg 1998; VandeVusse & Hanson 2000; Scollin 2001; Chastain 2002; Kennedy 2002; Neuman 2006).

However, the development of student-centred teaching and learning methods, i.e. methods originating from the student's learning needs and methods that emphasise the student's own responsibility in learning (e.g. the critical incidents



method), requires time from both teachers and students. Lecturing and other traditional teacher-directed teaching methods are previously familiar to both teachers and students, so the learning of new methods may be difficult at first. (Gilmartin 2001; Christianson et al. 2002; Schaefer & Zygmunt 2003.) Similarly, both students and teachers are different and the teaching and learning styles best suited for them may vary. The task and challenge of nurse teachers are, therefore, to choose the most suitable teaching methods for different learners and in each situation. (Fisher et al. 2001; O'Shea 2003; Phillips 2005.)

Nurse teachers consider student-centred teaching and learning methods to be important, but that is not necessarily manifested in their actions as a selection of student-centred teaching methods (Gilmartin 2001; Christianson et al. 2002; Schaefer & Zygmunt 2003). While teachers themselves may consider their own teaching student-centred, students may feel the opposite. On the other hand, also some students are opposed to self-directed learning and student-centred teaching methods, because in their opinion, by means of those methods teachers mainly aim at easing their own workload (Moffett & Hill 1997; Hewitt-Taylor 2001, 2002a; Schaefer & Zygmunt 2003).

In addition to tasks and competence requirements connected to theoretical studies and implementation of student's practical training, also other tasks are included in teachers' duties. The administrative tasks (e.g. meetings, cooperation projects) of nurse teachers have increased (Camiah 1997, 1998a; Corlett et al. 2003). Similarly, the teachers' work includes, among other things, development of nurse education and curricula (Austin 1999; Reece et al. 2003; Sjögren et al. 2003; Thomas & Davies 2006). Along with educational reforms, also the requirements connected to the research and publication activities of teachers have clearly increased during the last 15 years (Melland 1995; Kirk et al. 1997; Corlett et al. 2003; Hardicre 2003). The attitude of nurse teachers towards their own research and publication activities (Clifford 1997; Schloman 2001) and the use of research-based knowledge in their own work vary (Schloman 2001; Elomaa 2003). Nurse teachers' attitude towards the conducting and utilising of studies is mainly positive. Several factors, such as a nurse teacher's deficient mastering of research methods (Clifford 1997; Camiah

1998a; Spitzer & Perrenoud 2006a), lack of library services (Schloman 2001; Rekola 2003) and lack of time (Elomaa 2003) may have an effect on the teacher's negative attitude.

In addition to cognitive and skilled competence, changes and the diversity of nurse teachers' tasks requires skills connected to the personal characteristics of each teacher. The personal characteristics of a so-called good teacher include e.g. fairness, reliability and honesty (Salminen 2000). A good teacher gives the students honest and constructive feedback, respects the students (Salminen 2000; Wieck 2003; Kelly 2007) and identifies also his or her own strengths and weaknesses (Salminen 2000). Students appreciate teachers who can serve as good role models for them (Lee et al. 2002; Davis et al. 2005). According to students, nurse teacher should be approachable, understanding and have a good sense of humour. In addition, the teacher's interaction skills are considered important. (Gignac-Caille & Oermann 2001; Gillespie 2001; Lee et al. 2002; Yoder & Saylor 2002; Wieck 2003; Davis et al. 2005; Kelly 2007.)

### **3.2 Development of nurse teachers' own competence and work**

Some reasons for why individuals seek to teacher training are usually a will to develop oneself and learn new things (Hyrkäs et al. 1999). Educational reforms of nursing have increased demands to raise the educational level of nurse teachers (Kirk et al. 1997; Kapborg 1998; Perälä & Ponkala 1999; Kyrkjebø et al. 2002). Thus, for some teachers, the primary reason for seeking to educate themselves may be the requirements arising from legislation (Hyrkäs et al. 1999). Nurse teachers have mainly completed their Master's level studies and postgraduate degrees in nursing science, educational science, sociology or psychology (Clifford 1995; Kirk et al. 1996; Kapborg 1998). According to Clifford (1997), nurse teachers too often choose their major subject based on the fact that the studies in question are at that time the easiest to complete e.g. owing to a convenient location. Teachers may primarily study in order to gain a higher academic status and their own learning to e.g. strengthen their nursing scientific knowledge base is only a secondary goal (Clifford 1997; Kirk et al. 1997).

In nurse teachers' academic education it has to be recognised what kind of competence is required of nurse teachers as educators in the higher-level vocational education and consider them in the contents of education (Young & Diekelmann 2002; Davis et al. 2005). Changes in the functions of educational organisations of health care services, development of nurse education and demands concentrated on nurse teachers' competence and expertise require nurse teachers to develop their competence also after receiving their Master's degree (Mäkisalo 1998; Laakkonen 2003). Nurse teachers have considered it important to, for example, develop their research skills (Camiah 1997; Kapborg 1998; Hyrkäs et al. 1999) and new teaching and learning methods (Camiah 1997; Kirk et al. 1997) and to preserve the knowledge of nursing practice (Kirk et al. 1997; Allen 2000). Nurse teachers should clarify to themselves what kind of competence each of them need in the management of their job description and tasks. Only after that can they concentrate on strengthening their knowledge and skills in those areas of competence which they particularly need in their work. (Kirk et al. 1997; Corlett et al. 2003; Barrett 2007.)

There are several ways to develop one's competence. Participating in education which complements or deepens it (Hyrkäs et al. 1999), reading studies and literature (Gordon 2000; Barrett 2007), cooperating with colleagues and other employees of nursing practice (Love 1996; Hyrkäs et al. 2001) and participating in nursing conferences (Gordon 2000) all support the occupational development of nurse teachers. Good results have also been obtained by developing nurse teachers' peer review and mentor operation of more experienced nurse teachers (Turunen 2002). In spite of these possibilities, nurse teachers have considered it difficult that they constantly have to educate themselves alongside with taking care of their increasingly demanding work tasks without receiving enough possibilities to do that from the employer (Sarmiento et al. 2004). Support received from the leader (Camiah 1997) and a systematic development plan of the teaching staff discussing education (Riner & Billings 1999; Foley et al. 2003) increase nurse teachers' will and possibilities to develop their own competence.

Through their academic education and work experience acquired both as nurse teacher and nurse, nurse teachers also build their own professional identity (MacNeil 1997; Kenny et al. 2004; Korthagen 2004; Janhonen & Sarja 2005). Professional identity is developed gradually in social interaction with other nurse teachers (Apker et al. 2003). For some nurse teachers their own professional identity is very clear. They consider themselves either as nurses or teachers. For some, on the other hand, describing their own professional identity may be difficult, because they are not sure whether they are primarily nurses or teachers. They have usually operated as nurses for a long time, which makes it difficult to give up the professional identity of a nurse. The situation may be problematic if the nurse teachers do not feel that they have found their place in the nurse teacher's profession. (MacNeil 1997; Kenny et al. 2004.)

### **3.3 Working community of nurse teachers and well-being of teachers**

The functioning of nurse teachers' working community is influenced by e.g. what kind of organisational culture has formed in the working community. Organisational culture directs the behaviour of the organisations' members, is partially unconscious and develops gradually in the working community. (Schein 1985; Mäkisalo 1996, 1998.) The organisational culture of a working community is significant with regard to the employees' job satisfaction and commitment to the functioning of the organisation (Sikorska-Simmons 2006). Common values, goals and openness of the working community, mutual respect between employees and their possibility to participate in the decision-making of the working community have an effect on what kind of an organisational culture is formed (Morrison et al. 1997; Mäkisalo 1998; Sikorska-Simmons 2006) and how it supports the empowerment and well-being of individual employees (Hawks 1999; Sarmiento et al. 2004; Sikorska-Simmons 2006).

Educational reforms often change also the organisational culture. Changes in the organisational culture can be both positive and negative and are manifested in the climate of the working communities either by strengthening or weakening them. Organisational culture and its changes are also manifested in how easy or difficult the realisation of the changes and the employees' willingness to

develop activities are in the working community. In addition, organisational culture is meaningful to the employees' well-being, for it can promote either the managing or exhaustion of the employees. (Stew 1996; Könnilä 1999.)

Nurse teachers are responsible and flexible in the management of their tasks. On the other hand, while nurse teachers' responsibility and flexibility assist in making their working communities functional, they may also have an opposite effect. (Mäkisalo 1996.) Especially constant changes connected to educational reforms (Burke 2006), changes in job descriptions, responsible management of tasks and educating oneself simultaneously burden nurse teachers (Harri 1996; Sarmiento et al. 2004). Nurse teachers experience the changes and managing in their work in different ways (Stamnes et al. 1998; Stamnes 2000; Reece et al. 2003). For some nurse teachers the changes are challenges, while for others they cause additional stress and even exhaustion. Teachers' stress experiences are reduced by support and encouragement received from the management in the form of positive feedback or enabling the teachers' education. Furthermore, proper planning and realisation of the timing of the changes by giving enough time to the realisation of the changes reduces nurse teachers' stress in changing situations. (Stamnes et al. 1998; Reece et al. 2003; Burke 2006.)

Several factors influence nurse teachers' job satisfaction and well-being in the work (Morrison et al. 1997; Stamnes 2000; Gormley 2003). Job satisfaction and well-being in the work are promoted by e.g. nurse teachers' professional independence (e.g. possibilities to make decisions regarding one's own work) and positive feedback given by the leaders (Mäkisalo 1998; Shieh et al. 2001; Lundstrom et al. 2002; Apker et al. 2003; Gormley 2003). In addition, the organisation's positive and supportive climate and peer support received from colleagues, together with positive feedback, increase nurse teachers' job satisfaction and well-being at work (Grigsby & Megel 1995; Stamnes 2000; Lundstrom et al. 2002; Gormley 2003). According to nurse teachers, the challenging nature of the work and positive feedback given by the students are important to them (Harri 1996; Stamnes 2000).

Factors that weaken nurse teachers' job satisfaction and well-being at work are, among other things, constant content-related changes of the work and new tasks connected to those changes. Nurse teachers consider their own workload as too great and, according to them too little time is left to e.g. taking care of the many tasks. Furthermore, deficiencies connected to nurse teachers' own competence (e.g. lack of research skills) and lack of positive feedback from the leaders increase job dissatisfaction and weaken nurse teachers' well-being at work (Stamnes et al. 1998; Shieh et al. 2001; Sarmiento et al. 2004). Contradictory expectations and role conflicts targeted to nurse teachers' tasks are experienced as difficult and burdening to their well-being (Gormley 2003). In addition, nurse teachers may worry about the continuity of their work especially in changing situations (Stamnes 2000; Gormley 2003). This can e.g. increase jealousy and competition between teachers and thus have a negative influence on cooperation relations between nurse teachers (Grigsby & Megel 1995; Heikkinen 2003). Nurse teachers are not satisfied with the fact that they have to teach large and restless student groups (Sarmiento et al. 2004). In addition, many nurse teachers consider that the quantity of administrative duties (such as meetings) and educating oneself while working burden their own well-being and the well-being of the whole working community (Hardiman 1993; Kirk et al. 1997; Mäkisalo 1998).

When observing the working community of nurse teachers, attention ought to be paid to individual nurse teachers' quantitative (e.g. too many tasks to be handled) and qualitative (e.g. especially demanding tasks or tasks requiring new kinds of competence) overload, and, if needed, alter the tasks so that they are less burdening to the teachers' well-being. (Hardiman 1993, see also Lundstrom et al. 2002; Way & MacNeil 2006.) Nurse teachers' well-being at work is important from the perspectives of both individual nurse teachers and the whole working community (Cox 2001). Nurse teachers' excessive overload and exhaustion are manifested as e.g. morbidity and absence of teachers (see Cox 2001; Lundstrom et al. 2002), ineffectiveness of their efforts and weakened climate of the working community (Cox 2001). Taking care of nurse teachers' well-being also benefits students, as well-off nurse teachers have the energy to support students (see Grigsby & Megel 1995; Simonson 1996).

### 3.4 Summary

The literature indicates that nurse teachers have several challenges that they have to take into account (Figure 2). The challenges faced by nurse teachers can be described from the viewpoints of nurse teachers' tasks (e.g. theoretical instruction, students' practical training) and the competence needed in taking care of them (e.g. cognitive and practical abilities). In addition, the challenges confronting nurse teachers can be described through nurse teachers' professional identity (e.g. clarity of professional identity), and nurse teachers' personal characteristics (e.g. reliability, honesty). Furthermore, nurse teachers' vocational education and the need to develop their of competence, their working community and job satisfaction as well as their well-being add their own perspectives to understanding the challenges of nurse teachers' work and competence.

CHALLENGES CONCERNING NURSE TEACHERS' WORK, COMPETENCE AND WORKING COMMUNITY							
Tasks of nurse teachers	Competence of nurse teachers	Professional identity of nurse teachers	Personality of nurse teachers	Vocational education of nurse teachers	Development of nurse teachers' competence	Nurse teachers' working community and its culture	Job satisfaction and well-being of nurse teachers

Figure 2. Viewpoints in previous literature concerning challenges of nurse teachers' work, competence and working community.

Based on the above-mentioned viewpoints, there are several issues in nurse teachers' work and environment that shape nurse teachers' way of being a nurse teacher, or as I have described in this study, nurse teachers' experiences concerning their nurse teacherhood. The previous literature about nurse teachers' work, competence and working community helped me during the analysis process to understand the context in which nurse teachers work and the processes that shape nurse teacherhood.

## **4 METHODOLOGICAL BASIS AND SOLUTIONS OF THE STUDY**

### **4.1 Symbolic interactionism**

The methodological approach of my study is symbolic interactionism and especially the Chicago School, of which the most well-known developer is considered to be the sociologist Herbert Blumer. The approach chosen here reflects the whole research process, i.e. the assumptions, values and theoretical viewpoint by means of which the studied phenomenon will be approached (see Keddy et al. 1996; Norton 1999). Pragmatic philosophy has influenced the development of symbolic interactionism. Its influence is visible in the three basic assumptions of symbolic interactionism: 1) peoples' actions are guided by meanings one gives to things (e.g. other human beings, institutions, beliefs, situations) which he/she symbolically expresses (e.g. by means of language); 2) meanings are formed in interaction with other people; 3) meanings given to things develop and change due to peoples' individual interpretations in different situations. (Blumer 1978; Manis & Meltzer 1978; Leino-Kilpi 1990; Benzies & Allen 2001.) The study's starting assumption is in accordance with symbolic interactionism, meaning that nurse teachers constantly interpret their environment, life situation and social interaction situations and act according to what kind of meanings they give to nurse teacherhood and the symbols describing teacherhood on the basis of their own interpretations, (See Blumer 1978; Bowers 1988; Leino-Kilpi 1990; Charon 1992; Benzies & Allen 2001). In the previous chapter (Chapter 3) I described challenges in nurse teachers' work, competence and working community. Those challenges compose the context in which nurse teachers give their individual meanings to their nurse teacherhood.

People learn meanings and symbols in social interaction, for example when working with their colleagues. To understand the actions of nurse teachers it is important to know the context in which the action is generated and understand the central symbols of the language used by people operating in the community, because language is the most important representative of meanings given to things. The meanings given to things and actions are not static. Individuals'



actions in the community depend on the situation, and it is a reason why changes in nurse teachers' community lead to new interpretations of the meanings given to things and actions. Each nurse teacher evaluates the new situation both in his or her own mind and together with the other members of the community. Nurse teachers' community and teachers as individuals influence each others in respect of what kind of meaning the changes connected to nurse teacherhood gain in their community and in each individual's mind, and how individual nurse teachers interpret these meanings. (Cf. Blumer 1978; Leino-Kilpi 1990; Charon 1992; Honkonen 1993; Benzies & Allen 2001; Bogdan & Biklen 2002.) The present study examined how individual nurse teachers describe their nurse teacherhood. Nurse teachers act in different situations according to how they interpret the situation, not according to how outsiders see it (see Blumer 1969; Bowers 1988; Charon 1992; Benzies & Allen 2001; Bogdan & Biklen 2002).

The interest in this study is the process of interpretation by means of which nurse teachers form a rational way to function. According to symbolic interactionism, this requires the researchers to place themselves in the position of the studied subject. As a researcher I can understand the studied phenomenon only if I comprehend what nurse teachers themselves believe and think about their own teacherhood, the elements connected to it and the meaning of these elements to their teacherhood. (Charon 1992; Honkonen 1993.) What made it easier for me to understand the world of the studied individuals in this investigation was the fact that as a nurse teacher myself, I am familiar with the language the interviewees used. Similarly, through my own experience I know the contents and operating environment of nurse teacher's work and the changes that have occurred in it. In order to avoid making interpretations of the interviewees' stories based on my own experiences I also made memos concerning my own interpretations throughout the whole research process. My memos and the comments and questions posed by the supervisors helped to identify my own experiences from those of the interviewees. (See Nieminen 1997; Strauss & Corbin 1998; Cutcliffe 2000.)

## **4.2 Data and methods of data analysis**

### **4.2.1 Acquiring and describing interview data**

I gathered the interview data for the study in two phases, as the nurse teachers' working environment was changing significantly at the polytechnics. The first phase of the study I completed when some of the polytechnics were recently established and most polytechnics functioned in an experimental phase. The second phase I completed when the experimental phase was over. I collected the interview data from nurse teachers working in nurse education, i.e. nurses, public health nurses and/or midwives. The data selection I carried out by means of purposeful sampling (e.g. Hutchinson 2000).

I gathered my first research data in the autumn 1996 from three of the first established polytechnics situated in different parts of Finland (polytechnics A-C). Nurse teachers (N=22) from the selected polytechnics volunteered to participate in the study. I carried out the purposeful sampling of the second interview data in the autumn of 2003 and spring of 2004 by contacting the polytechnics studied in the first phase of the research and interviewing nurse teachers who volunteered to participate in the second phase of the study (n=10). Five nurse teachers from these polytechnics had participated also in the first phase interviews and five interviewees were new ones in the second phase. Seven participants from the first phase of the study chose not to return for the second phase interviews, three participants had retired and seven participants had changed their workplace.

In order to acquire a more versatile interview data that would supplement the previous I included to the study two new polytechnics, established between the years 1997 – 2000 (polytechnics D-E). Nurse teachers from these polytechnics (n=24) also volunteered to participate in the study. The data of the second phase is, therefore, comprised of nurse teachers (N=34) working in five polytechnics' eight different local units. This data supplemented the data of the first phase and strengthened the insight into the target phenomenon and the theoretical saturation of the study (e.g. Glaser & Strauss 1967; McCann & Clark

2003a; Holloway & Todres 2006), so it can be considered to partially fulfil also the demands of theoretical sampling (McCann & Clark 2003b). In grounded theory it is possible follow different persons and places at different points over time, since sensitivity to the theoretical relevance of concepts describing the phenomenon grows with time (Strauss & Corbin 1998; Holloway & Todres 2006). Table 1 describes the number of polytechnics and interviewed nurse teachers in each polytechnic, included in the study at both times of the research (year 1996, autumn 2003 and spring 2004).

Table 1. Number of interview participants and number of nurse teachers in their units at the times of study.

Polytechnics included in the interviews	Number of nurse teachers participating in the study	Number of nurse teachers in the polytechnics in question
First phase (autumn 1996)		
A	7	32
B	8	25
C	7	16
<i>Total</i>	<i>22</i>	<i>73</i>
Second phase (autumn 2003 - spring 2004)		
A	4	33
B	2	26
C	4	21
D	9	66
E	15	58
<i>Total</i>	<i>34</i>	<i>204</i>

All nurse teachers participating in the study were female. During the data collection of the first phase, there was one male nurse teacher and 72 female nurse teachers among the interviewees' working community. During the second phase data collection, the number of male nurse teachers in the working community of the interviewees was six and the number of women 198.

I gathered the data by conducting an unstructured thematic interview. It enabled the interviewees to describe their own experiences and things meaningful to them with regard to the studied subject in their own words in accordance with the grounded theory method (see Kvale 1996; McCann & Clark 2003b; Duffy et al. 2004). The interviewees had the framework of thematic interview to assist them in the interview situation (Appendix 1). The interviews proceeded on the interviewees' terms because in the interview situation specified questions were

concentrated on matters brought up by the interviewees. The interviews mainly took place inside the premises of educational institutions either in the office of the interviewee or some other quiet place. I conducted some interviews outside the educational institution due to the interviewees' wishes, for example in their own homes. I recorded the interviews with the informants' permission. The length of the interviews varied from 45 minutes to two and a half hours.

In the interview situations, if needed, I took time for mutual acquaintance with the interviewee to make the interview situation as unforced as possible. The interviewees related their experiences connected to their nurse teacherhood. Some had a very profound approach to the question. Consequently, nurse teachers were "easy" interviewees and, during both data collection phases, produced abundantly versatile information concerning my research topic. Some of the interviewees had really attended to the topic beforehand by writing down experiences meaningful to them and relevant to the research topic. Furthermore, some interviewees contacted me afterwards by e-mail to add something to their interview or to thank me for having had the opportunity to discuss their teacherhood. These supplements I have added to the data.

In the beginning of the interview the participants filled up a background information form. The background information included the interviewee's age, education, studies, and work experience acquired as a nurse, public health nurse, midwife and/or nurse teacher (Table 2). The purpose of the background information is not to explain their connections with the results. They merely helped me to understand how different my interviewees were and what they meant when they referred to their own background information in the interview (e.g. their ageing, continuous education).

Table 2. Nurse teachers' background information.

Background information of the interviewees	First data (N=22)	Second data (N=34)
<b>Age of interviewees</b>		
< 40 years	5	3
40 – 49 years	8	18
≥ 50 years	9	13
<b>Work experience as nurse/public health nurse/midwife</b>		
< 5 years	2	6
5 – 9 years	9	18
10 – 14 years	6	6
≥15 years	5	4
<b>Work experience as health care educator</b>		
< 5 years	2	3
5 – 9 years	10	3
10 – 14 years	3	13
≥ 15 years	7	15
<b>Educational background of interviewees</b>		
Education		
- Bachelor's degree	7	8
- Bachelor's degree and master's degree	8	10
- Master's degree	5	11
- scientific postgraduate degree in addition to a Master's degree (licentiate or doctoral studies)	2	5
Studies continuing at present		
- Master's level education	7	4
- scientific postgraduate education (licentiate or doctoral studies)	9	9
- professional development degree	2	3
- individual grades	4	3
- not studying at the time of study	2	15

In the interview data of the first phase (N=22), the youngest of the interviewees was 35 years old and the oldest 58. The average age of the interviewees was 46 years. In the second phase interview data (N=34) the youngest interviewee was 36 years old and the oldest 61, while the average was 49 years of age. The interviewees had 3 to 28 years of work experience as nurses, public health nurses or midwives in the first data and 2 to 20 years in the second interview data. Interviewees of the first data had worked as nurse teachers between 2 to 24 years, and those of the second data had work experience as nurse teachers between 1 to 30 years.

The interviewees had actively trained themselves besides work. For instance, in the data of the second phase, ten out of those who had completed a nurse teacher's bachelor degree (n=18) had continued and four of them were about to continue their studies further to a master-level degree. After a Master's degree, five had continued and nine were about to continue to a Licentiate or Doctoral degree. The interviewees had chosen nursing science, educational science, adult education or administrative science as their major subjects. Two of the interviewees among the first phase interview data were not studying at the time of study. There were 15 nurse teachers among the interview data of the second phase who did not participate in any education during the time of study. They had completed a Master's, Licentiate or Doctoral degree and wanted to take a break from their studies.

#### **4.2.2 Grounded theory method and constant comparative analysis**

The analysis method of the interview data was the grounded theory method, which is based on symbolic interactionism (Glaser & Strauss 1967; Strauss & Corbin 1990, 1998; Eaves 2001; McCann & Clark 2003a, b). Different approaches can be identified from the grounded theory method, of which the Glaserian and Straussian approaches are the most well known. In the Glaserian approach, the emphasis in the utilisation of the method lays more on inductivity than in the Straussian approach. (Norton 1999; Boychuk Duchscher & Morgan 2004; Heath & Cowley 2004; Walker & Myrick 2006.)

In my study I have utilised the grounded theory according to the Straussian approach (Strauss & Corbin 1990, 1998; Strauss 1993; McCann & Clark 2003c; Heath & Cowley 2004; Walker & Myrick 2006). In accordance with symbolic interactionism and grounded theory, it was reasonable to assume that nurse teacherhood is raised, developed and changed in social interaction. At the same time nurse teacherhood is always also an individual experience, formed through individual meanings given to concepts describing nurse teacherhood. In accordance with the grounded theory, my aim was to inductively produce a substantive theory describing nurse teacherhood on the basis of my research data (Glaser & Strauss 1967; Wells 1995; Isola 1997; McCann & Clark 2003a).

In the different phases of the study I utilised previous literature discussing the research topic in accordance with the grounded theory method. In the analysis process I did not seek for confirmation to previous research-based knowledge from the interview data, but identified the concepts describing nurse teacherhood from my own data. In the study I utilised previous literature in specifying the concepts I had identified from the data and confirming the substantive theory I had formed. (See Glaser & Strauss 1967; Strauss & Corbin 1990, 1998; Cutcliffe 2000; McCann & Clark 2003a, b; Heath 2006.)

I commenced the data analysis in the data collection phase because a typical feature of the method of constant comparison of the grounded theory is that data collection and analysis proceed simultaneously (Bowers 1988; Hutchinson 2000; McCann & Clark 2003a, b). The analysis deepened as the analysis process proceeded. I transcribed the interviews word-for-word after finishing them. Half of the interviews were transcribed before conducting the next ones, which means that in the next interview I specified the things important from the point of view of the study that were given too little attention in the previous interviews. Similarly, after each interview I immediately made memos (e.g. Smith & Biley 1997; McCann & Clark 2003b) of the ideas generated by the interviewee and interview situation. The data of the first phase amounted to a total of 467 pages with 1.5 spacing and data of the second phase to 679 pages. To describe the analysis I took examples from the second phase data and its analysis, because I proceeded further in the second phase analysis than in the first phase analysis. I presented the description of the first phase interview data in my licentiate thesis (Holopainen 1998) and the results in Article I.

After transcribing the interviews, I read through each interview several times to get an idea of what the interviewee had wanted to say about her experiences concerning nurse teacherhood. Throughout the whole analysis phase I made theoretical memos by means of which I could distance myself from the data in order to also identify the completeness of the data and proceed in the abstraction level of the analysis. In my memos I examined both the questions raised by the interviews and my personal feelings and experiences. As the analysis proceeded, I also discussed in my memos the questions that arose

from the literature from the point of view of my data. (Smith & Biley 1997; Hutchinson 2000; McCann & Clark 2003a). In accordance with the analysis method I had chosen, I constantly compared the conclusions I had made in the analysis to the empirical data. The different phases of the analysis proceeded by overlapping each other and, from time to time, also simultaneously. (Glaser & Strauss 1967; Strauss & Corbin 1990, 1998; McCann & Clark 2003a.)

The analysis proceeded by means of open, axial and selective coding to identify both the core categories and central concepts emerging from the data and recognising connections between the latter (Strauss & Corbin 1990, 1998; Strauss 1993; Walker & Myrick 2006). I used my theoretical memos in different phases of the coding process. By means of these memos I formed statements and conclusions of the categories based on my data and the interrelations between them and, in addition, constantly compared the categories I had formed from my data (Strauss & Corbin 1990, 1998; Strauss 1993; McCann & Clark 2003a.)

Open coding included precise specification of the data and forming of preliminary concepts and classifications (Strauss 1993; Strauss & Corbin 1998; Majjala et al. 2003; McCann & Clark 2003a). In open coding I carefully familiarised myself with the data and went through it line by line over and over again. While reading the interviews, by means of open coding, I made preliminary markings of those substantive codes that were formed from the empirical expressions of the interviewees. After that I gathered the empirical expressions in their wider context onto a separate piece of paper and yet clarified that, while searching for substantive codes, I preserved the empirical expressions' connection to their context. The substantive codes I formed were gerunds, i.e. verbal nouns (Fagerhaugh 1986), describing nurse teachers' actions (Appendix 2).

In the next phase I compared the substantive codes with each other and searched for similarities and differences between them, by means of which I then started to preliminarily classify them into subcategories and combine the subcategories into upper categories. Examining the categories' characteristics



and dimensions helped me to clarify them in course of the study (Strauss & Corbin 1990; Strauss 1993; Wainwright 1994.) In open coding some of the quotations of my interview data could be placed in more than one category.

In axial coding I continued the specifying of preliminary categories. While continuing the coding of the data, by means of a coding paradigm, I paid attention to the context of action, interaction between actors and its strategies and conditions as well as causations of action. (Strauss & Corbin 1990, 1998; Strauss 1993; Hutchinson 2000; Maijala et al. 2003.) In axial coding I continued to revise and specify the categories that had taken shape during open coding by paying special attention to the categories' characteristics and dimensions. By comparing the subcategories I gradually proceeded in the abstraction level by combining the associated subcategories first into upper categories and, subsequently, the upper categories into main categories. There were a total of 46 subcategories, 14 upper categories and seven main categories (Appendix 3) which describe nurse teacherhood and its contents.

In selective coding I searched for connections between the categories and identified the most central core category combining the categories from the point of view of the studied phenomenon, around which the theoretical description of nurse teacherhood and the answers to research tasks were built (Glaser & Strauss 1967; Strauss & Corbin 1990, 1998; Strauss 1993; Eaves 2001; Maijala et al. 2003). In selective coding I utilised micro and macro level conditional matrices in which I examined the categories' relations, their internal dimensions and reciprocal movements (Strauss & Corbin 1990). A core category connecting all other categories and describing the experience of nurse teacherhood was commitment to nurse teacherhood. It describes the individual variation in the process in which nurse teachers form their own conception concerning their teacherhood, its contents and meaning to them, and into what direction this teacherhood is developed.

In selective coding the integrative conditional matrix (Appendix 4) and my theoretical memos also helped to identify the multidimensional categories' dynamic connection to the core category, i.e. commitment to nurse

teacherhood, and finally how this commitment was manifested. Nurse teachers' individual experiences of nurse teacherhood explained the dimensions of categories describing nurse teacherhood and their relations. From the interviewees' experiences I formed eight different types describing the commitment to nurse teacherhood. Different types' commitment to teacherhood was explained by nurse teachers' degree of satisfaction to the elements connected to teacherhood which were described in the categories. The degree of satisfaction varied as follows: strong satisfaction (+), moderate satisfaction (+/-), moderate dissatisfaction (-/+) or strong dissatisfaction (-).

I have described the proceeding of the analysis in a condensed form in an appendix (Appendix 5). In the analysis process I progressed by repeating different phases and comparing the conclusions of the analysis to my empirical data and theoretical memos (see Strauss & Corbin 1990, 1998; Strauss 1993; Eaves 2001).

#### **4.2.3 Systematic review and content analysis**

I familiarised myself with the previous research knowledge discussing nurse teacherhood by means of systematic review which I conducted after gathering the interview data and commencing its preliminary evaluation (see Strauss & Corbin 1990, 1998; Smith & Biley 1997; Cutcliffe 2000). In the systematic review I examined the viewpoints from which nurse teachers have been studied in Finland and internationally between 1/1990-4/2004 when Finnish polytechnics were developed and their functions established. The systematic review helped me to clarify and deepen the concepts of substantive theory and displayed my theoretical sensitivity towards the phenomenon of nurse teacherhood (Strauss & Corbin 1990; Backman & Kyngäs 1999), for this systematic review summarised what is known about nurse teacherhood (Oakley 2002; Andrews 2005).

Systematic review is study of researches (Droogan & Cullum 1998; Whitemore 2005). It follows a more rigorous approach to research than traditional literature reviews (Droogan & Song 1996; Hek et al. 2000; Magarey 2001; Conn et al.

2003a; Whitemore 2005). Phases of the systematic review include defining the purpose and research questions of the review, searching the literature, data evaluation and analysis and presentation of the results. I have described these phases as explicitly as possible (Article III) to enable an outside reader to estimate the realisation and credibility of each phase (see Droogan & Song 1996; Greener & Grimshaw 1996; Magarey 2001; Whitemore 2005).

When gathering data for the systematic review (N=207), I conducted a very thorough data search and used several different methods (Article III). A total of 2524 studies were found by using electronic and manual data searches. (Droogan & Song 1996; Greener & Grimshaw 1996; Magarey 2001; Conn et al. 2003a, b.) It is recommended that in systematic review the selection and analysis of the studies included in the data are conducted independently by at least two researchers (Droogan & Song 1996; Greener & Grimshaw 1996; Whitemore 2005). Also in this study another researcher, in addition to this writer, participated in the selection and analysis of the studies included in the systematic review. After the data search we evaluated how well the data corresponded with the research tasks we had given to the review. We used an inclusion and exclusion criteria (Article III) defined beforehand to assist us in the evaluation (Lloyd Jones 2004). The studies (Appendix 6) selected to the analysis (N=207) 92 were quantitative, 75 were qualitative and 40 included both of these approaches.

In the analysis we organised, categorised and combined data from the original studies in order to get an answer to the research questions we had posed to the systematic review (Droogan & Song 1996; Greener & Grimshaw 1996; Whitemore 2005). We commenced the analysis by thoroughly reading through the data and by condensing the results of the original studies for further analysis (Hewitt-Taylor 2002b; Rutledge et al. 2004; Whitemore 2005). Due to the purpose of systematic review and the quality of the data we chose content analysis as the analysis method of the study, which is well suited for the analysis of articles and other written material (see Cavanagh 1997; Tuomi & Sarajärvi 2002; Graneheim & Lundman 2004; Hsieh & Shannon 2005).

We categorised the studies into three different themes on the basis of the purpose and central research results. Examples of the studies included in the themes are presented in the appendices (Appendices 7-9). An expression describing the content was chosen as the unit of analysis. Next, we formed condensed meaning units from the expressions describing the contents by means of which we further categorised the data. We continued the analysis by combining the condensed meaning units into subcategories and those further into upper categories. Naming of the categories was grounded in the data (Graneheim & Lundman 2004; Hsieh & Shannon 2005). We categorised each study into one theme. Some studies clearly defined their focus on a particular aspect of nurse teacherhood, whereas some other studies examined nurse teacherhood from a wider perspective and by describing several different roles of the nurse teacher. In these cases we determined the focus of the study by evaluating the primary purpose of the study and the focus of the results. A more exact description of the upper and subcategories and the condensed meaning units are published in Article II, which describes the results of the analysis.

The results of the systematic review can be presented as conclusions, analysis of the results or as synthesis. Conclusions describe the results of the original studies by means of different categories or themes. Analysis of the results includes conclusions and their description and critique connected to the methods, results and their application. The synthesis of the results is at a higher level of abstraction than conclusions and analysis, and it includes a new model or framework for the topic of interest of systematic review (Kirkevold 1997; Whittermore 2005). In this study the results of the systematic review are presented as synthesis, because the results describe the synthesis of the research topics concerning nurse teacherhood studies, changes in the topics and the results.

### **4.3 Ethical considerations of the study**

In this study there were no specific ethical problems and all the research practises were based on generally accepted ethical principles for scientific research and responsibilities of the participants of the research (see Robley 1995; Charter of Fundamental Rights of the European Union 2000/C 364/01; Burns & Grove 2001; National Advisory Board on Research Ethics 2002; Northern Nurses' Federation 2003). Ethical choices are connected even to the selection of research topic and tasks, because they also refer to the researcher's own values and indicate what the researcher considers important to study (Burns & Grove 2001; Leino-Kilpi & Välimäki 2003). In this study, my background and experiences as nurse teacher are visible in the selection of the research topic's viewpoint. As a nurse teacher, I am interested in nurse teachers' experiences related to their own teacherhood and what being a nurse teacher means to the teachers themselves. I assumed that these questions are significant in respect of what nurse teachers consider to be important in their work and how content they are in it despite and due to changes.

Before acquiring my interview data I applied for research permission from all organizations involved in the study. The application included a summary of the research plan describing, among other things, the purpose of my study, preliminary research tasks and research method. I have not attached copies of the research permits to this report in order to further protect the anonymity of the informants. The informants were aware of the type of study, its purpose and research tasks and what participation in the study will require of them (see Punch 1994; Holloway & Wheeler 2002; Munhall 2000). After receiving permission from each research organisation to start acquiring my research data, I made arrangements with the directors of the units in question about how to inform nurse teachers of my study in each unit. I visited some units beforehand to present my study and its implementation, and in some other units this information was given by the unit leader. The informants signed in to the study either through the leader of their unit or directly to me so that I could arrange time for the interviews. In the beginning of each interview I again repeated the purpose of the study, preliminary research tasks and the informants' rights, on

the basis of which the informants orally gave their informed consent to participate in the study (see Behi 1995; Kvale 1996; Munhall 2000; Leino-Kilpi & Välimäki 2003). The interviewees participated in the study voluntarily and they were able to decline to participate or to withdraw at any time (e.g. McHaffie 2000; Holloway & Wheeler 2002; Northern Nurses' Federation 2003). In this study there were 22 voluntary participants in the first phase data (1996 – 1998). Seven of these participants chose not to continue in the second phase interviews (2003-2004), seven participants had changed their workplace and three participants had retired. Five of the first phase interviewees were willing to participate also in the second phase of the study. In addition to them, I asked voluntary participants from the first phase polytechnics (n=5) and from two new polytechnics (n=24) to participate in the second phase interviews. These interviews supplemented the data of the first phase and strengthened the theoretical saturation of the study (e.g. Glaser & Strauss 1967; McCann & Clark 2003a), although seven participants from the first phase data declined to participate any further.

From research ethical point of view, it is important to examine the position and rights of the informants (see Punch 1994; Robley 1995; Holloway & Wheeler 1995, 2002). In my study I paid special attention to assuring the anonymity of the informants. I combined the interview data collected from different polytechnics so that an outsider cannot identify the institution from which an individual interviewee comes from. To complicate the identification I have not revealed the names of the research organisations, either. In order to protect the anonymity of the interviewees I have kept the interview tapes separate from the notes concerning the interviews. I have numbered the interviewees both in the interview tapes and notes to prevent recognition in connection with the citations borrowed from the data. A list of the informants' original contact information has been separated from other research data and has only been on my disposal. I also excluded expressions (e.g. names and places) that might reveal my informant to her immediate circle from the citations I raised from the data. (E.g. Punch 1994; Kvale 1996; Holloway & Wheeler 2002; Bogdan & Biklen 2002.)

The research method I have chosen emphasises the relation between the researcher and informant. For example, in the interviews I paid special attention on creating as unforced interview atmosphere as possible. I scheduled the interviews so that they would disturb the interviewees' lives as little as possible. The interviewees had the freedom to choose the time and place of the interview. I asked permission to record the interviews before commencing them. In the interview situation I tried to act so that the interviewees knew I respected their opinions and experiences, and did not, for example, comment on their responses with my own opinions. (E.g. Munhall 2000.) Although I am a nurse teacher like my interviewees, most of the participants were not familiar to me and I met them the first time during this study. Five participants were colleagues who I had met before and I had collaborated with only one of them before the study. Some of the interviewees said it was a therapeutic experience to discuss about their inner thoughts concerning their nurse teacherhood with me (see Clarke 2006), for it had not been possible to discuss these thoughts with their colleagues due to a lack of time or the atmosphere in their working community.

I have tried to maintain my openness and honesty towards the interview data by e.g. making memos from the beginning of the research process by, among other things, writing down my own views concerning nurse teacherhood. Throughout the analysis of the data I have returned to the original data several times in order to make sure that my views and experiences are not guiding the analysis. While reporting on the research results I have described the different phases of the study in order to indicate how I proceeded in the analysis of the data and how I have preserved the results' connection to the interview data. (E.g. Munhall 2000; Bogdan & Biklen 2002.)

## 5 RESULTS

First (Chapter 5.1) I will examine the results of qualitative interview data and systematic review describing nurse teacherhood that have been collected and analysed in two different phases of the study. Elements describing nurse teacherhood which were formed in the second phase of the study were specified as central concepts of the substantive theory. Finally (Chapter 5.2), I will present the substantive theory describing nurse teacherhood and commitment to it in its entirety.

### 5.1 Elements of nurse teacherhood

#### 5.1.1 Elements describing nurse teacherhood in the establishment phase of polytechnics

**In the first phase of my study** between the years 1996 – 1998 the establishment of polytechnics was in progress, which was also reflected on being a nurse teacher. In the first phase, elements describing nurse teacherhood were 1) nurse teachers' professional identity and its strength, 2) demands of nurse teachers' work, 3) partnership with students, 4) function in a female-dominated working community, 5) perplexing multidisciplinary of polytechnics and 6) expansion of connections in nurse teachers' work (Article I). With regard to the development of nurse teacher's *professional identity*, it was significant how nurse teachers appreciated their profession, how they had sought to the profession and how they identified and manifested their competence and expertise. The development of nurse teachers' professional identity was not always easy, because change from the previous professional identity of a nurse, midwife or public health nurse to the professional identity of a nurse teacher was time-consuming.

*The demands of nurse teachers' work* had increased along with the launching of the polytechnic experiment. During the polytechnic experiment, the content of nurse teachers' work had become more versatile than before, due to e.g.



increase of different projects and development tasks. The workload of nurse teachers, rush and demands of the work also increased the complexity of work. The demanding nature of the work in its part set challenges to nurse teachers' managing at work. Nurse teachers received too little feedback on their own success and competence especially from their leaders and also from their colleagues. Nevertheless, feedback was considered important. Nurse teachers' *partnership with students* was appreciated, because on the basis of teaching-related feedback received from students, it was possible also for nurse teachers to evaluate their own success in the profession.

*Functioning in a female-dominated working community* was considered both a positive and a negative thing by nurse teachers. On the other hand, female-dominated working community was considered as understanding and supportive towards individual nurse teachers, but, on the other hand, a working community dominated by women also maintained envy and different "alliances". The change into a polytechnic had been demanding, because on the organisational level, too little time had been given to the employees to go through the changes. The changes had been rapid and their significance and consequences were not discussed enough in the working community. Thus, also the *perplexing multidisciplinary of polytechnics* was under discussion. In multidisciplinary polytechnics, several different fields of study functioned within the same organisation, whereas before different fields of study used to function in separate educational institutions. The significance of multidisciplinary was not recognised because cooperation between different fields of study was fairly rare. On the other hand, *expansion of connections in nurse teachers' work* was visible, for nurse teachers' contacts outside the educational institution had expanded and increased for example in different social and health care cooperation projects along with the polytechnic experiments.

In the first phase of the study, a common concept connecting the above-mentioned elements describing nurse teacherhood was the dynamic process of being a nurse teacher. It indicated that nurse teacherhood is not a static state. Elements describing nurse teacherhood that identified in the first phase of the study are presented in Figure 3.

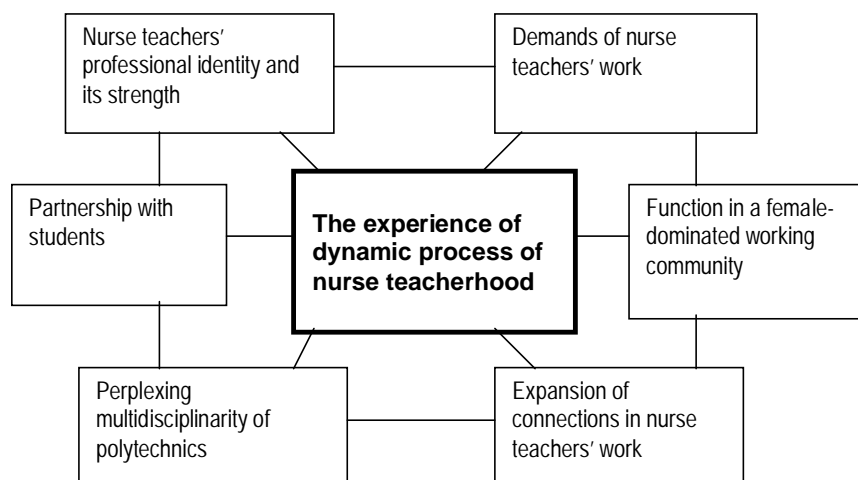


Figure 3. Elements describing nurse teacherhood in the establishment phase of polytechnics as experienced by nurse teachers.

### 5.1.2 Nurse teacherhood according to previous studies

Previous literature (see Chapter 3) indicated that challenges of nurse teachers' work and competence are multidimensional and have been described from several different viewpoints: nurse teachers' tasks, competence, professional identity and personality, nurse teachers' vocational education, development of their competence, their working community and its culture and nurse teachers' job satisfaction and well-being (see Chapter 3.4, Figure 2). In the systematic review I specified the theoretical examination of nurse teacherhood and clarified the perspectives from which nurse teacherhood had been studied in years 1990 – 2004 (Article II). The purpose was not to gather the best possible research evidence, but to describe studies discussing the target phenomenon. The systematic review progressed partly at the same time as I analysed the second interview data. This theoretical examination of nurse teacherhood helped me to clarify and deepen the concepts emerging from the interview data.

The studies in systematic review may be divided into three thematic categories: 1) expansion of nurse teacherhood, 2) skills of nurse teacherhood and their

development, and 3) nurse teacherhood and membership in a working community. During the last 15 years, focus of the studies has been on the first theme (Article II), because most of the studies deal with the diversity of nurse teachers' job description, didactic thinking and teaching methods. The results of the systematic review have been condensed in below (Figure 4).

The expansion of nurse teacherhood (n=100)			
Diversity of job descriptions (n=46)	Didactic thinking and teaching methods (n=32)	Actions in relation to students (n=11)	Changes in job descriptions (n=11)
<b>NURSE TEACHERHOOD AND ITS' MULTIDIMENSIONALITY</b>			
Demanded characteristics and skills (n=51)	Development of activities (n=14)	Occupational well-being (n=25)	Relationships with working community (n=17)
The skills of nurse teacherhood and their development (n=65)		Nurse teacherhood and membership in working community (n=42)	

Figure 4. Elements describing nurse teacherhood according to studies of the systematic review (N=207).

The studies (n=100) discussing the *expansion of nurse teacherhood* examined the diversity of nurse teachers' job description, didactic thinking and teaching methods, actions in relation to students and changes in the job descriptions (Figure 4; Article II). The diversity of nurse teachers' job description indicated that nurse teachers possessed several different roles in the clinical training of students, theoretical education, development activities of education and tasks connected to the management of these roles. The quantity of these studies was the second largest (n=46) in the whole data (N=207). Also nurse teachers' didactic thinking and teaching methods have interested scholars (n=32). The development of different teaching methods and their use in teaching have

increased along with the changes in views of learning. For example, computer-assisted teaching has increased in the 21<sup>st</sup> century when nurse teachers' own computer skills have developed and computers have become more common.

The smallest quantity of studies in the whole research data were those discussing nurse teachers' actions in relation to students (n=11) and changes in the job description of nurse teachers (n=11). Nurse teachers felt that their relationship with the students was very significant, and through their own actions teachers aimed at developing the relationship with students to as equal as possible. There have been changes in the job description of nurse teachers. For example, demands connected to nurse teachers' extensive competence have increased, while they are at the same time also required to specialise.

Studies discussing the theme *skills of nurse teacherhood and their development* (n=65) examined the characteristics and skills demanded of nurse teachers and the development of nurse teachers' activities (Figure 4; Article II). Most studies (n=51) in the whole data (N=207) discussed the characteristics and skills demanded of nurse teachers. The studies discussed the characteristics of nurse teachers, expectations with regard to competence, practical nursing competence, integration skills of theory and practice, teaching skills and research and development skills. There were different views on, for instance, nurse teachers' practical nursing competence and its meaning to the teachers' professional credibility. According to some studies, nurse teachers should, if need be, be able to function in nursing practice and teach students the skills needed in patient care. According to other studies, this was unnecessary and nurse teachers should rather concentrate on guiding how to integrate theory and practice.

The transferring of nurse education onto a higher level also required nurse teachers to prepare for changes in their tasks and needs for additional training originating from these changes. The professional education of nurse teachers provided the skills needed in the teacher's profession, e.g. to develop teaching methods. The development challenges of nurse teachers' education were teacher trainees with different experience and education backgrounds, who

should be considered both in content-related and methodological solutions of nurse teachers' basic and additional training. Studies discussing the development of nurse teachers' activities (n=14) point out that in addition to participating in education, reading the literature and cooperating with colleagues and employees working in nursing practice would be good ways to develop nurse teachers' skills. It was recommended that there would be an explicit staff development plan in each organisation.

Studies included in the theme *nurse teacherhood and membership in a working community* (n=42) discussed the occupational well-being of nurse teachers and nurse teachers' relationship with their working community (Figure 4; Article II). With regard to nurse teachers' occupational well-being, scholars were interested (n=25) in nurse teachers' mental occupational well-being, job satisfaction and work-related overload and stress. Nurse teachers were fairly satisfied with their work and experienced their own work as challenging and interesting. Changes in the role demands and conflicts connected to different roles burdened nurse teachers' managing, although there were differences between individuals and educational institutions on how the burdening of work was experienced. Studies examining nurse teacher's relationship with the working community (n=17) discussed nurse teachers' functioning in their working community, supporting and evaluating of nurse teachers' activities and their experiences on the climate and conflict situations of the working community. Openness of the working community, nurse teachers' willingness to cooperate, possibility to participate in common decision-making and support of the working community to an individual employee were important in the functioning of the working community and individual employees. According to studies, attention should be paid in nurse teachers' working communities on, for example, the development of appropriate evaluation and feedback systems concerning employees' actions and on orientation and mentoring of new employees.

### 5.1.3 Elements describing nurse teacherhood after the establishment of polytechnics' functions

**In the second phase of my study** in the years 2003 – 2004, polytechnics had been established and functioning from three to eight years. In this phase, elements (Figure 5) describing nurse teacherhood included 1) process of change in the organisation, 2) operating culture of the health care working community, 3) nurse teachers' professional self-esteem, 4) focus of nurse teachers' competence, 5) nurse teachers' relationship with students, 6) future in one's profession, and 7) requirements for staying in the profession. A concept combining all these was commitment to nurse teacherhood, which was a very dynamic process (Article IV).

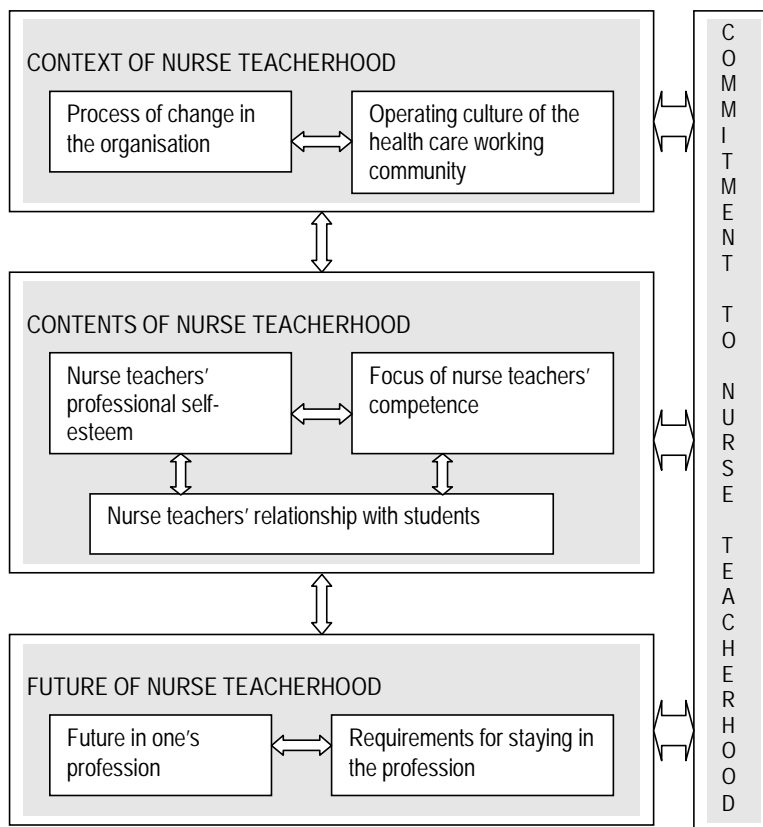


Figure 5. Elements describing nurse teacherhood after the establishment of polytechnics' functions as experienced by nurse teachers.

Process of change in the organisation and operating culture of the health care working community were connected to the context of nurse teacherhood (Article IV, Table 1). Nurse teachers experienced the administrative and content-related development of polytechnics that belonged to *process of change in the organisation* individually. The administrative development of polytechnics included changes connected to organisational structures, administration and economy. The content-related development of polytechnics, on the other hand, included realisation of the polytechnic functions, multidisciplinary in the polytechnic and additional training of teaching staff. Additional training of teachers was needed in order for them to acquire additional skills to develop nurse education and manage the tasks set to polytechnics. The above-mentioned changes connected to the development of polytechnic were mainly considered either as successful or unsuccessful, or with a neutral opinion.

The *operating culture of the health care working community* either strengthened or weakened the commitment to nurse teacherhood. Atmosphere of the working community (e.g. employee interrelations) and established practice patterns of the working community (e.g. management of tasks) were experienced in very different ways even within the same working community. For example, employee interrelations and the quantity of tasks divided opinions. According to some, the interrelations between employees were good and there were numerous, but not too many, tasks. Others thought that while interrelations between the closest employees might be good, on the level of the whole working community they were fairly bad. Similarly, some criticised the quantity of tasks, which they considered unreasonable. Work was also done in the evenings and weekends because nurse teachers wanted to manage the tasks assigned to them conscientiously. Conscientiousness was explained, on the other hand, with a typical way of women to take care of things, and on the other with the occupational background of nursing. In the best case, atmosphere of the working community and practice patterns both helped individual employees to manage in their work and supported their commitment to nurse teacherhood. In the worst case, the significance of the atmosphere of the working community and practice patterns could have the opposite effect.

The professional self-esteem of nurse teachers, focus of their competence and relationship with students described the contents of nurse teacherhood (Article IV; Table 2). *Nurse teachers' professional self-esteem* comprised of the significance of the profession to teachers themselves and how the professional self-knowledge of nurse teachers was developed. The significance of the profession varied, depending on, for example, what kind of a conception the nurse teachers had about the basic task of a teacher and its purpose and clarity. If nurse teachers considered the basic task of a nurse teacher as clear and were satisfied with the way they could fulfil their basic task, this strengthened their commitment to nurse teacherhood. On the other hand, commitment to nurse teacherhood was weakened if nurse teachers thought that the basic task of nurse teachers had obscured and they were dissatisfied with their possibilities to realise their basic task.

Nurse teacher's profession could, on one hand, be experienced as significant and important, or, on the other hand, its meaning to teachers themselves had diminished from what it was before. The development of professional self-knowledge was manifested in e.g. how clear nurse teachers considered their professional identity to be and whether they thought that their professional identity and self-knowledge had strengthened or weakened from what is was before. If a nurse teacher's professional identity was clear and professional self-knowledge good, she was satisfied with the profession. If the professional identity was unclear or conflicted and professional self-knowledge had weakened in time, the nurse teacher was dissatisfied with the profession. Satisfaction with one's own profession strengthened and dissatisfaction weakened the commitment to nurse teacherhood.

The *focus of nurse teachers' competence* included teachers' areas of competence, and changes related to the utilisation of this competence. The emphasis in nurse teachers' areas of competence was on the knowledge of nursing contents, management of pedagogic skills, research and development competence and skills needed in interpersonal work. Nurse teachers emphasised the contents of teachers' areas of competence in different ways. For example, in the management of nursing contents they emphasised either



special competence corresponding with medical speciality or extensive knowledge base of nursing. In addition, changes connected to the utilisation of teachers' competence were experienced in different ways, because nurse teachers might be satisfied or dissatisfied with how their competence was considered when defining tasks. Individual experiences of nurse teachers' areas of competence and their contents and utilising of teachers' competence either strengthened or weakened their commitment to nurse teacherhood.

In addition, *nurse teachers' relationship with students* was considered meaningful, because students gave the nurse teachers the strength to manage at work. Furthermore, feedback received from students was for some nurse teachers the only kind of feedback they received from their work. If the relationship with students was considered close and good enough, it supported nurse teachers' commitment to nurse teacherhood, and if the relationship with students was considered too distant, it weakened the nurse teachers' commitment to nurse teacherhood.

Future in one's profession and requirements for staying in the profession described the future of nurse teacherhood (Article IV, Table 3). Attitude towards the *future in one's profession* was either confident or several elements of uncertainty were connected to it (e.g. uncertainty about maintaining one's current tasks and employment). Similarly, tasks were believed to become more meaningful in the future than they were at present, or to change for the worse unless changes would occur in the contents of nurse teachers' tasks or job description. Nurse teachers' confidence with the future and contentment with future prospects increased commitment to nurse teacherhood. Instead, uncertainties connected to the future and discontentment resulting from it weakened commitment to nurse teacherhood.

*Requirements for staying in the profession* included defining tasks and taking care of oneself (e.g. resource identification), which also either strengthened or weakened the commitment to nurse teacherhood. Nurse teachers' work was considered so burdening that in the future nurse teachers would have to pay special attention to the requirements for staying in the profession. For example,

with regard to ageing employees, the definition of tasks so that they would correspond with their areas of competence more than at present would support the ageing nurse teachers' managing at work.

## **5.2 Substantive theory of nurse teacherhood and commitment to it**

In this chapter I describe a theoretical construction (a substantive theory) that combines the above-mentioned elements (concepts) of nurse teacherhood I have extracted from the interview data, and how these elements relate to each other. In addition to this, I describe the core concept of 'commitment to nurse teacherhood', which 1) connected all the other elements of the substantive theory, 2) together with the other elements explained the movement inside nurse teacherhood, and 3) finally explained the different types of commitment to nurse teacherhood.

In the first phase of the study, elements describing nurse teacherhood were nurse teacher's professional identity and its strength, demands of nurse teachers' work, partnership with students, function in a female-dominated working community, perplexing multidisciplinary of polytechnics and expansion of connections in nurse teachers' work. A systematic review of the studies describing nurse teacherhood conducted simultaneously with the realisation of the second phase of the empirical study helped to better understand nurse teacherhood and displayed my theoretical sensitivity towards the phenomenon of nurse teacherhood. In the second phase of the empirical study, elements describing nurse teacherhood and at the same time central concepts of substantive theory were specified as follows: process of change in the organisation, operating culture of the health care working community, nurse teachers' professional self-esteem, focus of nurse teachers' competence, nurse teachers' relationship with students, future in one's profession and requirements for staying in the profession.

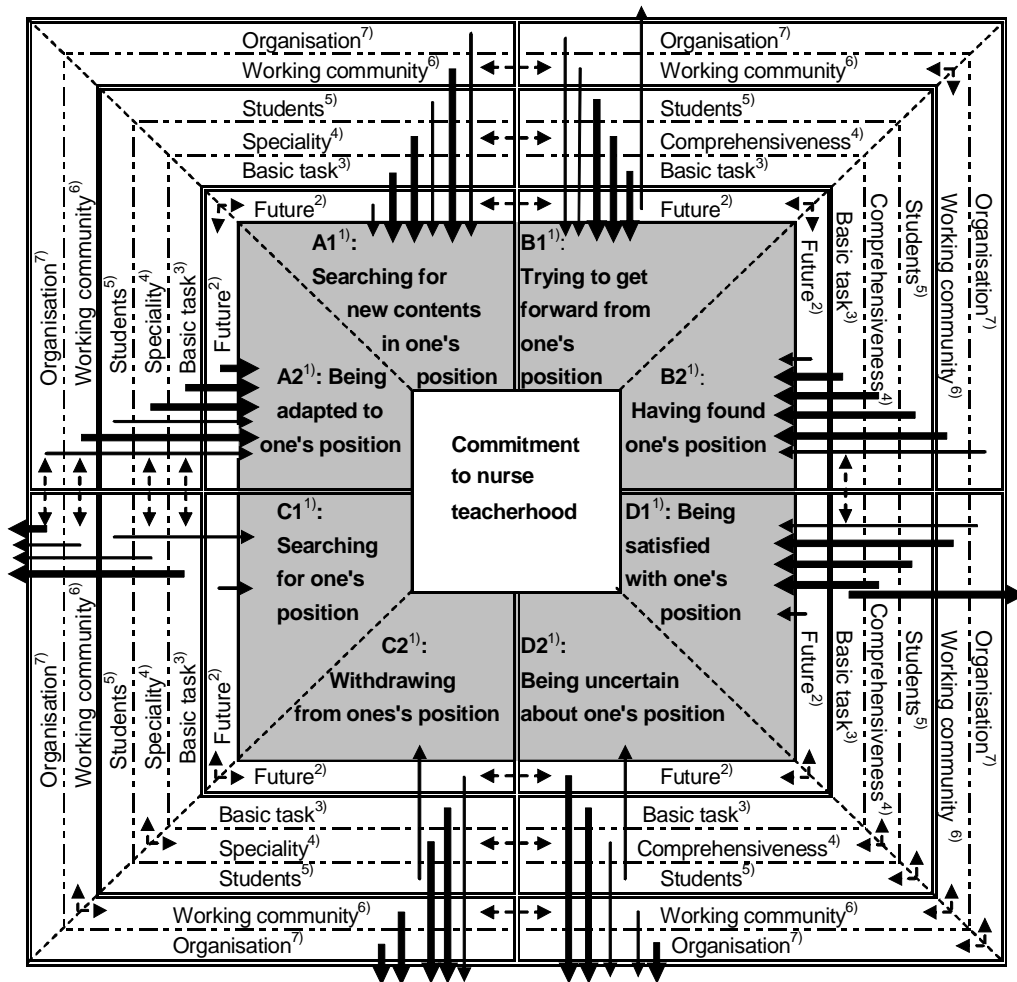
In the first phase of the empirical study, the dynamics of being a nurse teacher combined the elements describing nurse teacherhood (professional identity and its strength, demands of nurse teachers' work, partnership with students,

function in a female-dominated working community, perplexing multidisciplinary of polytechnics and expansion of connections in nurse teachers' work). The dynamics of being a nurse teacher explained the change of nurse teacherhood. Nurse teachers gave individual meanings to elements describing nurse teacherhood, on the basis of which three different teacher types describing what it is like being a nurse teacher were identified from the data of the first phase: substance-oriented nurse lecturers, pedagogically-oriented lecturers and balance lecturers (Article I, Figure 2).

In the second phase of the study I specified the concepts describing nurse teacherhood and defined the connections between them. Identifying the movement within and between the concepts clarified the development of substantive theory. The substantive theory describing nurse teacherhood (see Figure 6) confirmed the process of change in the organisation, operating culture of the health care working community, nurse teachers' professional self-esteem (especially with regards to the basic tasks of a teacher -property), focus of nurse teachers' competence (especially whether emphasising one's special expertise or comprehensive skills -property), nurse teachers' relationship with students, future in one's profession and requirements for staying in the profession as the central elements describing nurse teacherhood. The content-related meaning of the elements describing nurse teacherhood was quite individualised. The more satisfied a nurse teacher was with the above-mentioned elements describing nurse teacherhood, the stronger his or her commitment to nurse teacherhood was, and vice versa. From the point of view of commitment to nurse teacherhood, a central concept in nurse teachers' professional self-esteem was especially the characteristic describing a nurse teacher's basic task. In the same way, an especially significant characteristic in the focus of nurse teachers' competence from the point of view of commitment to nurse teacherhood was utilising one's own speciality or comprehensiveness. This is why these properties are included in Figure 6 instead of the categories nurse teachers' professional self-esteem and focus of nurse teachers' competence.

Commitment to nurse teacherhood was manifested as eight types describing commitment (Figure 6; see also Article V), which were 1) searching for new contents in one's position, 2) being adapted to one's position, 3) trying to get forward from one's position, 4) having found one's position, 5) searching for one's position, 6) withdrawing from one's position, 7) being satisfied with one's position and 8) being uncertain about one's position. Because commitment to nurse teacherhood was a dynamic process, types describing the commitment were not static, either. The types describing commitment to nurse teacherhood indicate how strong or weak teacher's commitment to teacherhood was at that particular time of examination. Changes within and between the elements describing nurse teacherhood, strengthen or weaken commitment to nurse teacherhood. At the same time they can also alter the type by which commitment to nurse teacherhood is manifested.

From the types describing commitment to nurse teacherhood, types 'searching for new contents in one's position', 'being adapted to one's position', 'trying to get forward from one's position' and 'having found one's position', represented nurse teachers that were the most satisfied and best committed to nurse teacherhood. Whereas nurse teacher types who were 'searching for one's position', 'withdrawing from one's position', 'being satisfied with one's position' and 'being uncertain about one's position' were more dissatisfied than the previous teacher types and were also more weakly committed to nurse teacherhood (Figure 6; see also Article V).



- 1) A1-D2: Commitment types to nurse teacherhood
- 2) Future (includes both Future in one's profession and Requirements for staying in the profession)
- 3) Basic task = Basic task of teacher (Nurse teachers' professional self-esteem)
- 4) Speciality = Utilising one's own expertise (Focus of nurse teachers' competence) or  
Comprehensiveness = Utilising comprehensive skills (Focus of nurse teachers' competence)
- 5) Students = Nurse teachers' relationship with students
- 6) Working community = Operating culture of the health care working community
- 7) Organisation = Process of change in the organisation

Icons of arrows:

- 1) connection to commitment type:  
 ↑ strengthens strongly; ↑ strengthens slightly; ↓ decreases slightly; ↓ decreases strongly

- 2) - - - -> changes inside the category cause the movement between commitment types

Figure 6. Substantive theory describing commitment to nurse teacherhood.

## **6 DISCUSSION**

### **6.1 Reliability of the study**

#### **6.1.1 Establishing the credibility of substantive theory**

Symbolic interactionism as methodological approach and grounded theory as analysis method were suitable for studying individual meanings of nurse teacherhood. Interpretations of the meaning of the elements connected to nurse teacherhood were personal, although they occurred in interaction with people significant to the nurse teachers. (See Blumer 1978; Strauss & Corbin 1990, 1998; Wells 1995; Smith & Biley 1997.)

I will examine the credibility of the research with regard to the quality of data, analysis and reporting of the results by using the evaluation criteria of the grounded theory method, which includes the fitness of the produced theory, understanding, generality and control (Glaser & Strauss 1967; Hutchinson 2000; Majjala et al. 2003). To assist in the examination I will also utilise the general evaluation criteria of qualitative research, i.e. credibility of the study and its results, confirmability, transferability and dependability (Lincoln & Guba 1985; Tynjälä 1991; Nolan & Behi 1995; Tuckett 2005). Together with the evaluation criteria of the grounded theory they specify the examination of the study's credibility.

*Fitness* of the substantive theory of nurse teacherhood means it must fit into the context in which I have developed it and to which I intend to apply it. The theory is based on empirical data that I have collected from informants who have a sufficient amount and different kinds of personal experiences of nurse teacherhood. (Glaser & Strauss 1967; Wells 1995; Hutchinson 2000.) In my research I collected the data in two different phases (see Chapter 4). The selection of informants I was carried out both in the first (n=22) and second (n=34) phase by purposive sampling, because the informants signed up to be interviewed voluntarily from the polytechnics I had selected. The grounded theory method recommend the use of theoretical sampling where the number of research subjects is not known beforehand, but the size of the data is

determined on the basis of data saturation (Strauss & Corbin 1990, 1998; Cutcliffe 2000; McCann & Clark 2003a). Despite the purposive sampling my data was abundant, because there were 467 pages of transcribed first phase data and 679 pages of second phase data. Furthermore, the data was rich and versatile in content because the interviewees' job descriptions as nurse teachers were different and they described their experiences of nurse teacherhood from several different viewpoints.

The credibility of the data may be weakened by the absence of male perspective because all of the informants were women. In addition, in this study the youngest informant was 35 years old, and most of interviewees were over 40 years old. In the first phase data (N=22) there were 17 and in second phase data (N=34) there were 31 interviewees who were 40 years old or over. This is reasonable, as nurse teachers are educated first as nurses, public health nurses and/or midwives. After this basic nurse education they have worked in nursing practise, and after some years of work experience they have educated themselves as nurse teachers. This fact can strengthen or weaken the credibility of the study. Since the interviewees have work experience (see Chapter 4, Table 2) they know the phenomenon I was interested in. On the other hand, younger nurse teachers could have different kinds of experiences concerning their nurse teacherhood.

The credibility of the research is increased because during the data collection of the second phase I was able to specify the informants' answers better than during the data collection of the first phase. In the end of the interviews of the second phase I also told the interviewees about the results of the first phase and they had the opportunity to supplement and comment on them.

Another criterion to examine the credibility of the study is the *understanding* of the theory, its contents and structure (Glaser & Strauss 1967; Leino-Kilpi 1990; Wells 1995; Hutchinson 2000). The substantive theory of nurse teacherhood and commitment to it described in my research help to understand why nurse teacherhood is experienced in different ways and how the commitment to teacherhood is manifested. Similarly, the theory assists in understanding the

change of nurse teacherhood and elements explaining it. To strengthen the fitness and understanding of the produced theory I have described the data analysis stage by stage so that also the reader can follow the proceeding of the analysis (Chapter 4.2; Appendices 1-5), decisions made in the analysis and evaluate the confirmability and credibility of the results (Lincoln & Guba 1985).

The research results and empirically formed theory are logical and there are no contradictions in the results. I was not “forcing” the data into previous theories. (Strauss & Corbin 1990, 1998; Cutcliffe 2000; Smith & Biley 1997.) I based the description of nurse teacherhood on empirical data. I didn’t use previous literature (Chapter 3) to guide the data analysis, but it helped me during the analysis process to understand the context in which nurse teachers are working and the processes that shape nurse teacherhood (Backman & Kyngäs 1999).

While analysing second phase data I consciously ignored categories that were formed as a result of analysis of the first phase data. Similarly, I did not conduct a systematic review until I had collected the data of the second phase and had completed a preliminary analysis of the data. With these decisions I wanted to assure that my previous assumptions made in advance would not guide the data analysis of the second phase. The results of the first and second phase were similar, although the data of the second stage supplemented the categories describing nurse teacherhood and brought new dimensions to them. In the data analysis of the second phase also better knowledge of the analysis method helped me to take the analysis further than in the analysis of the first phase data.

Throughout the whole analysis process I compared the original expressions to the categories I had created on the basis of the data. This way I assured that the categories describing the data corresponded with the original expressions and the informants’ descriptions of nurse teacherhood. The rich data enabled me to check the interpretations I had made on the basis of the analysis and specify them. I used theoretical memos I had gathered during the entire data collection and analysis process to assist me in the analysis (see Strauss 1993; Smith & Biley 1997; McCann & Clark 2003a; Tuckett 2005). By means of those



memos and a parallel evaluator also the internal dependability of the analysis can be assured (see Tuckett 2005). I did not use a parallel evaluator in the analysis of the interview data, but regular tutoring discussions with my academic supervisors clarified the analysis process and helped to assure the consistency of the made decisions and interpretations. In addition, the examples I raised from the data in Articles I, IV and V will help the reader to evaluate the credibility and conformability of the results, as well as the fitness and understanding of the substantive theory describing commitment to nurse teacherhood.

The third theory evaluation criterion produced by grounded theory method is adequate *generality*. The produced substantive theory's concepts are both adequately abstract and concrete in order for the theory to be applied to different situations in the area of research. In the naming of subcategories of the substantive theory, I utilised expressions arising from the data in order to preserve the concreteness and comprehensibility of the theory. In order for the theory to be applied more extensively than merely to research data in the context of polytechnics, I raised the abstraction level when naming the upper and main categories of the theory. (Glaser & Strauss 1967; Wells 1995; Hutchinson 2000.)

Because the theory in question is a substantive one, it does not aim at as extensive a generality as formal theories do (Glaser & Strauss 1967). The transferability of the results to another context depends on how similar the research environment and application surroundings of the results are. I have described the research environment so the reader can evaluate the transferability and practical value of the results in other contexts. (Lincoln & Guba 1985; Tynjälä 1991.) In this study the research environment was Finnish polytechnics in different parts of Finland. A substantive theory describing nurse teacherhood and commitment to it helps to understand the experiences of nurse teachers who are working in polytechnics. The theory cannot be directly transferred to e.g. those nurse teachers' experiences of their teacherhood that are working in the upper-secondary level (practical nurse training). Similarly, the theory should be applied with reservation to the experiences of male nurse

teachers, because in this study all informants were women. Nevertheless, most Finnish nurse teachers (almost 92%) are female (Trade Union of Education in Finland 2007), which is why the results can also in this sense be considered convincing.

The theory describing nurse teacherhood and commitment to it is dynamic. The dynamic nature is manifested as movement within and between categories. The dynamic nature of the theory makes it flexible, and it can therefore be shaped to correspond with changing situations in nurse teacherhood. (Hutchinson 2000.) Due to the movement describing the constant change, transferability of the theory I have in the end left to be evaluated by the reader him/herself.

The fourth criterion for the formed theory is *control*. In this study the substantive theory offer the user a possibility to recognise and control the changes occurring in nurse teachers' operating environment. (Glaser & Strauss 1967; Leino-Kilpi 1990; Wells 1995; Hutchinson 2000.) The substantive theory describes and exhaustively explains the research phenomenon. A rich research data in the development of the theory assured that there were no "weakly" studied items which would shake the structure of the theory. The theory assists in understanding nurse teacherhood, elements connected to it and their reciprocal movements on the levels of an individual, working community and organisation. It describes how e.g. changes in the levels of the organisation and working community are reflected to the individual level and to individual nurse teachers' experiences of nurse teacherhood and commitment to it. On the other hand, by means of this theory, one can understand how nurse teachers' individual experiences of their own teacherhood can control their attitude towards changes occurring in the levels of the working community and organisation. (See Glaser & Strauss 1967.) Similarly, the theory helps to anticipate how nurse teachers, who are committed to nurse teacherhood in different ways, experience their work and future in it. By means of this theory it is possible to identify nurse teachers who are in different ways committed to teacherhood in the working community and estimate what kind of support different nurse teachers will need in relation to changes connected to their working community and their own work.

The repeatability of the study in exactly the same way is not possible, because typical to qualitative studies, also in this study the informants' experiences and situation during the study influenced the research data at the time of study. Similarly, as a researcher my own interpretations of the data are connected to the time of study and my individual interpretations of the data. (E.g. Hutchinson 2000.) My own background as a nurse teacher working in the polytechnic helped me to understand the central symbols used by the informants (e.g. expressions connected to jargon and concepts) and their operating environment. On the other hand, I am aware that my background may also have a weakening effect to the credibility of the study. While studying a phenomenon that also closely touches me, I may unintentionally see and understand things the way I have perceived and experienced them in my work. (E.g. McEvoy 2001; Hand 2003.) In order to avoid this I have throughout the research process made notes also of my own thoughts and experiences, which made it easier to in the analysis phase identify and separate my own and the informants' experiences from each other. Similarly, a disciplined maintaining in the data and support from the supervisors' helped me to find the interviewees' experiences even when I may have thought differently about some things.

I have published the results of this study in different articles (Appendix 10). Rich data and broad results made it a problem to compress all the findings into a couple of articles (see Strauss & Corbin 1990, 1998). The number of pages allowed by editors in different journals affected what was written and how. In this study I have published the main results, but e.g. long quotations from interviews were not possible in the articles.

### **6.1.2 Credibility of systematic review**

I have described each phase of the systematic review as clearly as possible and also explained the choices made in different phases (see also Article III). To increase the credibility of the systematic review, another scholar in addition to myself participated as a parallel evaluator in the selection and analysis of the studies (Droogan & Song 1996; Magarey 2001; Lloyd Jones 2004; Whittemore 2005). The use of parallel evaluator also increases the credibility of the method

of content analysis which I was used here to analyse the data (Cavanagh 1997). The consensus between myself and the parallel evaluator in the selection of studies was over 90 %. Most of the problems we had in the selection of studies were caused by the fact that in different countries the structure of nurse education and the job description of teachers can be very different. Particularly the role of nurse teachers as students' supervisors in nursing practice is divergent in different countries, which was manifested in the study as mixed use of concepts. The concepts nurse educator, nurse teacher, link teacher and practitioner teacher were used to refer to both nurse teachers and nurses operating as students' supervisors in clinical practice.

We chose studies with a focus or one of the focuses on nurse teacherhood for systematic review according to previously defined criteria (e.g. Magarey 2001). This excluded studies with focus on e.g. actions of the student and that only touched on the actions of nurse teachers. The credibility of the systematic review is weakened by the fact that I was not able to include all articles corresponding with the inclusion criteria of the study (n=29) due to their difficult availability. Nevertheless, in systematic review it is seldom possible to search and gather all studies related to the topic, although that should always be the objective (e.g. Evans 2001, 2002; Andrews 2005). In addition, we excluded studies that were published in a language other than Finnish or English or were published in some other domain than nursing science. These limitations weaken the credibility of systematic review because the topic has been studied in several different linguistic areas and disciplines.

We based the analysis of the studies on the data and employed content analysis, which is well suited also for analysis of this type of data (Cavanagh 1997; Graneheim & Lundman 2004; Andrews 2005; Hsieh & Shannon 2005). The data analysis by using content analysis was a demanding process due to the large quantity (N=207) of data (Lloyd Jones 2004). The defining of systematic review to, for example, a certain area of nurse teacherhood would have enabled a more detailed content analysis than that of this review. On the other hand, a wide data gave a good perception of the perspectives from which nurse teacherhood has been studied.

Condensing the original studies into tables helped the analysis of the studies, because it enabled an expansive and heterogenic outlining and handling of the data (Rutledge et al. 2004). In some studies the research was clearly defined on some area of nurse teacherhood, whereas in some other studies nurse teacherhood was studied from a wider perspective and by describing the several different roles of a nurse teacher. I decided the focus of these studies so that together with the parallel evaluator I reviewed the study's primary purpose and focus of the results before I continued with the classification of the data. To increase the credibility of the analysis, both researchers analysed ten studies that had already been analysed by the other. This assured that the same principles had been followed in the categorisation of the studies.

An expansive and heterogenic research data produced plenty of results, which would have made it possible to examine them also from several different perspectives. In this review I examined the most central results from the point of view of the research questions I had posed on the systematic review regardless of the perceived quality of the original study. Other kind of research questions would have lead to more precise selection of studies and examination of results (see Evans & Benefield 2001; Andrews 2005; Whitemore 2005.)

## **6.2 Examination of results**

The central concepts of substantive theory describing commitment to nurse teacherhood were specified as process of change in the organisation, operating culture of the health care working community, nurse teachers' professional self-esteem (especially with regard to the basic tasks of a teacher –property), focus of nurse teachers' competence (especially whether emphasising one's special expertise or comprehensive skills -property), nurse teachers' relationship with students, future in one's profession and requirements for staying in the profession. The meaning of these elements for nurse teacherhood was different for different teachers because nurse teachers interpret the elements concerning their teacherhood individually. The purpose of my study was to find out these individual meanings of nurse teacherhood that eventually concern the change in nurse teacherhood at polytechnics.

Out of the elements describing nurse teacherhood, the process of change in the organisation and the operating culture of the health care working community were connected to the context of nurse teacherhood. In the first phase of my study between the years 1996 – 1998, *the process of change in the organisations* was in a situation where a new polytechnic organisation model was being developed and the experiences of nurse teachers about the new organisation were still rather small. This is the reason why also nurse teachers were suspicious of the new organisation model. Before the polytechnic reform, the professional training in different study fields had taken place separately in each field of study, they had had their own strong organisation culture, and the cooperation between different study fields had been very modest. According to Tiilikkala (2004), teachers have especially criticised the intention to remove the traditions and specific features of each field of study, but teachers have not been unsatisfied with the polytechnics as such. It is common in organisational reforms that employees are afraid of losing the feeling of security created by the old organisation (see Stew 1996; Luopajarvi 2002; Burke 2006). The change in organisation structure, development of cooperation between the fields of study and learning and adapting to new ways of operating in polytechnic reforms requires teachers' time (Laakkonen 1999; Herranen 2003; Flinck 2005).

On the basis of the above it is understandable that in the first phase of this study the multidisciplinary of polytechnics, i.e. the operation of separate study fields within the same organisation, and the creating of a common organisational culture in different study fields were new and confusing issues for nurse teachers (see Herranen 2003; Tiilikkala 2004; Flinck 2005). Also in Great Britain the transfer of nurse training into a higher field of education raised similar criticism among nurse teachers, because the new organisation was considered more hierarchical compared to the previous organisation (Stew 1996).

In the second phase of my study in 2003 – 2004, multidisciplinary was no longer considered as confusing as in the first phase but was, nevertheless, found to be an essential issue in the process of change in the organisation (e.g. changes in economy). Nurse teachers had already accustomed themselves to a new organisation and its operating habits, even though all the changes were not

considered successful. For example, some nurse teachers felt that the primary and most important task, i.e. to provide high quality professional education at polytechnics, had become obscured because of the tasks provided by the Government Act on Polytechnics (351/2003). Also the study by Puusa (2007) found that polytechnic teachers wished that teaching would be considered more clearly as the core task of polytechnics. Even though teachers' opinions towards polytechnics have become more positive, they consider the compulsiveness in changes, overwhelming rush and hurry as problems in a reform process of polytechnics that have disturbed the basic duties in the first place (Könnilä 1999; Laakkonen 1999; Flinck 2005.)

The corresponding school reforms in other European countries (e.g. Great Britain, Sweden, Norway) have also raised discussion about the duties and roles of nurse teachers (Kapborg 1998; Andersson 1999; Kyrkjebø et al. 2002; Gillespie & McFetridge 2006; Spitzer & Perrenoud 2006a). A systematic review showed that in e.g. Great Britain nurse teachers felt that after moving the education onto a higher level their role as teachers had become partly obscured because they no longer were sure what was expected from them (e.g. Carlisle et al. 1996; Barton 1998; Andersson 1999; Corlett et al. 2003, see also Kyrkjebø et al. 2002; Spitzer & Perrenoud 2006a). A specific reason of confusion was the fact that the teachers no longer knew whether they should have an academic (e.g. research and publication skills) or clinical (e.g. practical skills in nursing) competence and credibility (e.g. Kirk et al. 1997; Barton 1998, see also Stew 1996; Spitzer & Perrenoud 2006a).

In the present study the nurse teachers experienced that the substantial development of polytechnics set new challenges to the competence of nurse teachers. The nurse teachers were very individual when emphasizing the competence needed in their work. According to a systematic review, this result is very similar to previous research results (e.g. Clifford 1999; Johnsen et al. 2002, see also Stew 1996; Spitzer & Perrenoud 2006a) where it has been confirmed that teachers emphasise the competence needed in their work in very different ways. For example, nurse teachers' competence in research and development work was considered more and more important, but its

significance was not of equal importance for all the nurse teachers in this study either. This is partly because the job descriptions of teachers differ and partly because nurse teachers have not been given enough time resources for doing research. Likewise, one of the reasons is the fact that teachers do not have equally good facilities for doing research (see also Spitzer & Perrenoud 2006a; Puusa 2007). If teachers are expected to be involved in research work more than at present, polytechnics ought to increase time resources in development and publication work and improve teachers' facilities for research work.

This study showed (see also Chapter 4, Table 2) that nurse teachers are eager to educate themselves alongside their regular work to achieve additional facilities for managing in their all the more demanding work. The additional education of teachers was also required in qualification requirements for lectures and defined in the Government Decree on Polytechnics (256/1995, 352/2003). In the settlement phase of polytechnics, all the lecturers did not hold the required Master's degree, nor had the principal lecturers the Licentiate's or Doctor's degree. Therefore they had to complement their previous education while working regular hours to get a regular post at the polytechnic. The personal education of nurse teachers in addition to their regular demanding work have been stressful not only to the individual teacher, but also often to the whole working community (see also Laakkonen 1999).

In this study *the operating culture of the health care working community* included the atmosphere and established customs in the working community which were experienced very individually. For example, the relationship between close colleagues was considered as good whereas the atmosphere in the whole operating culture of health care working community was experienced either as extremely good or extremely bad even within the same working community. Also Könnilä's study (1999) showed that situations of change and increased pressure at work especially test the atmosphere in a working community. The atmosphere can be improved through open communication and by increasing employees' possibilities to influence their own work. (See also Gormley 2003; Flinck 2005.)



The amount of work tasks which was considered unreasonable and exhausting, in established operating habits of the working community were criticised in this study. Results from the first and second phase of this study concerning the stress caused by the amount of work tasks were very similar, implying that the nurse teachers had not found the means to lighten their workload. Similar results of nurse teachers' excessive workload have been received also in several national and international studies (e.g. Cahill 1997; Harri 1997; Herranen 2003, Griscti et al. 2005). The organisation culture of health care working communities is also likely to support the fact that nurse teachers are not able to refuse work tasks even when their workload is too heavy.

Previous studies (e.g. Hawks 1999; Könnilä 1999; Sarmiento et al. 2004) have stated that the working community and organisational culture have a connection with nurse teachers' work satisfaction. Attention ought to be paid to the atmosphere of nurse teachers' working community, operating habits and leadership (Gormley 2003) to better support the empowerment and managing of nurse teachers (Hawks 1999). Particularly in big change process situations, such as the development of polytechnics, the leader of the working community and the entire working community can support the work satisfaction of an individual nurse teacher. According to the systematic review, matters supporting work satisfaction and adaptation to changes are noticing employees' competences in planning work tasks and job descriptions, as well as giving employees a possibility to influence the decision making concerning them. On the contrary, the matters weakening work satisfaction and adaptation to changes are the work load of employees with too many or excessively demanding new tasks without sufficient resources (e.g. time, additional education) to handle them (Gormley 2003; Sarmiento et al. 2004.) This was also shown in the data of this study. The nurse teachers continuously overtaxed their strengths by doing their work tasks during free time, evenings, weekends and holidays (see also Wareham 1996; Harri 1997). According to Ala-Mursula (2006), poor time management predicts bad health especially for women, and therefore the leaders should take notice in this established operating custom of health care working community operating cultures.

In the first phase of my study in 1996 – 1998, nurse teachers described the operating culture of their health care working community as a typical female-dominated working community. Some examples mentioned were extreme conscientiousness and envy of colleagues typical for women. In health care the envy is usually targeted at professional skills, individual skills and features as well as status in the working community (Heikkinen 2003).

In the second phase of my study in 2003 – 2004, the female dominance in the operating culture of a health care working community was still one of the features describing health care working communities, but it was not any longer given too big significance as an element in regulating the operating culture of the working community as in the first phase. In multidisciplinary polytechnics, nurse teachers have had an opportunity to get closer acquainted the working communities dominated by men and in their operating cultures. There is envy and competition between employees also among men (see Heikkinen 2003), and consequently these are not features found only in female-dominated working communities. Nevertheless, according Sportsman and Hamilton (2007) women and men have different kinds of conflict management styles. The possible differences between the operating customs (e.g. extreme conscientious) in health care and other study fields can be explained not only by sex, but also by previous background in education and work experience of nurse teachers. Envy as such occurs in multidisciplinary polytechnics also between teachers of different study fields. For example, men's better salary and more attractive work tasks in male-dominated working communities have been found to maintain envy (see also Heikkinen et al. 1998; Heikkinen 2003; Herranen 2003). One of the challenges in multidisciplinary polytechnics is to develop the operating customs so that teachers in different study fields experience that they are doing equal work also with regard to salaries.

In my study the elements describing the contents of nurse teacherhood were nurse teachers' professional self-esteem, focus of nurse teachers' competence and nurse teachers' relationship with students. *Nurse teachers' professional self-esteem* was formed by two things; what was the meaning of profession to nurse teachers and how their professional self-esteem had developed. The

development of professional self-esteem was, among other things, influenced by the clarity of professional identity (cf. Stew 1996). In this study the personal professional identity was very clear for some nurse teachers, while for the others the personal professional identity was conflicting and very hard to describe. They were not sure if they were primarily nurses or teachers or whether they should be both. Especially recently graduated nurse teachers have it hard to find the new kind of professional identity because their previous professional identity as nurses is still strong (Kenny et al. 2004; Dempsey 2007; McArthur-Rouse 2007). MacNeil (1997) considers it extremely problematic if nurse teachers try to operate both as nurses and teachers, because both professions have their own expectations in the society and to simultaneously fulfil these can be difficult, if not impossible, for one person. On the other hand, it is understandable that the change from the professional identity of a nurse into a teacher will take time because nurse teachers respect their background in nursing (MacNeil 1997; Kenny et al. 2004; Carr 2007; Dempsey 2007).

In the first phase of this study the elements concerning central features of nurse teacherhood were the demanding work of teachers and the expansion of connections. During the experimental phase of polytechnics, nurse teachers' connections to the surrounding world widened and cooperation was more active than before among different social and health care organisations in different cooperation projects. In the second phase of the study the change in job description and the work becoming more demanding were shown in to what *the competence of nurse teachers* was targeted. With regard to their own competence, nurse teachers emphasised matters that they experienced as important in their profession. For example, in content knowledge some teachers emphasised the knowledge of special skills which they themselves had earlier specialised in, while others placed more emphasis on knowledge of nursing in a wider scale. This was clearly shown also in the data of the first phase of this study.

According to Brown et al. (1998), in practical nursing work the employees may expect nurse teachers to have very specific competence although, on the other hand, nurse teachers are not expected to master the clinical tasks of nurses as well as those doing practical nursing work (Aston et al. 2000; Humphreys et al. 2000). This requirement would be unreasonable, because nurse teachers cannot, in addition to the requirements connected to their own nurse teacher profession (e.g. development of learning methods, research and publication work), possibly be as competent in each sector of nursing as regular nurses (see also Kirk et al. 1997). Instead, nurse teachers need knowledge in practical nursing work to be able to know in what they are educating and preparing the students for and what kind of competence is needed in nursing practice (see also Ioannides 1999; Maslin-Prothero & Owen 2001; Luukkainen 2004).

Nurse teachers were found to experience opportunities in utilising their own competence differently. Some felt that they were able to utilise their competence well in their present tasks, while others thought that their competence was poorly utilised and they were expected to teach subjects in which they did not have enough expertise. For example, according to Luukkainen (2004) and Savonmäki (2006), the basis of vocational teachers' success in work lies in the command of substance which can be both theoretical and practical in nature. Teachers must also be able to choose the right teaching and learning methods as well as study materials.

For nurse teachers *the relationship with students* was, on the basis of the data, extremely significant and it was emphasised both in the first and second phase of the study. The significance of interaction between nurse teachers and students has been accentuated also in some previous studies (e.g. Gillespie 2005). On the other hand, the results of the systematic review showed that, in general, nurse teachers' significance to students and students' growth to the profession (e.g. Simonson 1996; Shelton 2003; Wieck 2003) have been studied more closely than students' significance to nurse teachers and the teachers' professional development. However, teacher-student relationship is always a reciprocal one, and thus it would be useful to consider also the significance of students' actions on the development of the relationship. For instance, Luparell

(2004) and Ehrmann (2005) paid attention to ill-behaving students who were hostile and threatened nurse teachers if they did not succeed in their studies well enough. Nurse teachers felt in these situations that they were left alone without any support from their colleagues or leader.

Nurse teachers emphasised in both phases of the study the significance of students in the teacher-student relationship especially because students gave feedback to nurse teachers on how the teachers had succeeded in e.g. teaching. Student feedback was appreciated also because straight feedback on one's work was seldom received from colleagues or leader (e.g. Stamnes et al. 1998; Stamnes 2000). Feedback from the leader has been considered important because it helps nurse teachers recognise where they have succeeded and how they should develop their work and actions (Shieh et al. 2001, see also Viitala 2002).

The elements connected to the future of nurse teachers were here the future in one's profession and the requirements for staying in the profession. *The future in one's profession* was, according to some teachers, clear and it was taken with confidence. For some, the future in the profession of a nurse teacher was uncertain because e.g. continuity of work due to changes in organisation or lack of strength at work caused them troubles (see Stamnes 2000; Gormley 2003; Burke 2006). Previous studies (e.g. Stamnes 2000; Gormley 2003; Burke 2006) showed that seeing one's own future as uncertain causes extra stress for employers which, furthermore, reflects to their work satisfaction and can gradually lead to exhaustion or seeking to other professions. In both cases the end result is bad from both the employer's and the individual nurse teacher's point of view. It is important for the employer that nurse teachers are able to do their work well and that the changing of teachers will not disturb the operation of the organisation. From an individual nurse teacher's point of view the change of work place or profession and, above all, exhaustion, are the things vigorously "shaking" their entire life. For instance, feedback from the leader about that the employee is needed in his/her work and his/her work is respected may remove the employee's uncertainty about his/her own work place.

*Requirements for staying in the profession* were considered as clarifying and defining the work tasks. Also taking care of oneself was in this study experienced as important, because some teachers felt that they were constantly working on the edge of their strengths (see Könnilä 1999; Stamnes et al. 1998). Nurse teachers were worried not only about their own managing, but also about the managing of some of their colleague. Such worries are understandable because according to the study (see also Könnilä 1999; Stamnes et al. 1998), the work of teachers has constantly become more and more demanding which will also burden the well-being at work. If nurse teachers constantly feel overwhelmed by their workload and managing at work often takes up almost all their free time, as was shown in this research, nurse teachers have a reason to study more closely how they can take better care of themselves than now.

After recognising the earlier described elements of nurse teacherhood and their individual significance for the nurse teachers, I started to study how individuality is shown in nurse teacherhood. In the first phase of my study I recognised from the data three types of nurse teachers: substance-oriented nurse teachers, pedagogically-oriented teachers and balance teachers. The teacher types described what the nurse teachers based their own expertise on: primarily on the nursing substance, on mastering the pedagogical competence or equally on both. Nurse teachers have been classified also earlier (e.g. Andersson 1999; Gilmartin 2001). For instance, Gilmartin (2001) classified nurse teachers on the basis of their teaching styles. The types 1 and 2 represented nurse teachers who used traditional methods in their teaching (e.g. lecturing). The types 3 and 4 were more dynamic and more creative than the previous ones, and they were willing to try also new types of methods that emphasised students' own activity (e.g. reflection of teaching in groups) in their teaching.

The benefit in having different types is that they help to outline and shape the differences and similarities in the studied phenomenon. The problem with having different types is that they can also simplify things too much (Viitala 2002). It was noticed also in this study that the above-mentioned kind of preliminary typing of nurse teachers gave a too static picture of nurse teacherhood. The time period and collected data in the second phase of the

study helped me to complement those weaknesses that had been left in the data and its analysis in the first phase. The versatility of the data and better facilities as researcher as well as knowledge of the grounded theory method made it possible to proceed to analyse the data further than in the first phase. The grounded theory method proved to be a successful choice in the data analysis, because with its help it was finally possible to recognise the inner and reciprocal movement of the elements describing nurse teacherhood (Glaser & Strauss 1967, Strauss & Corbin 1990, 1998) that explained both the dynamics and expression of nurse teacherhood.

The concept connecting the process of change in the organisation, operating culture of the health care working community, nurse teachers' professional self-esteem (especially with regard to the basic tasks of a teacher), focus of nurse teachers' competence (especially whether emphasising one's special expertise or comprehensive skills), nurse teachers' relationship with students, future in one's profession and requirements for staying in the profession was commitment to nurse teacherhood. It explained, together with the elements describing nurse teacherhood, why nurse teacherhood is such a multiple and dynamic, constantly changing and developing process. An especially significant feature in nurse teachers' professional self-esteem was nurse teachers' experience of their own basic task and how clear it was to them (see also Luukkainen 2004; Kervinen 2005). Similarly, with regard to the focus of nurse teachers' competence, it appeared to be especially significant to nurse teachers whether they emphasised competence in and application of their own special field of nursing or, alternatively, placed more importance on possessing a more general view of nursing to apply in their job as a teacher. This feature was well evident already in the first phase of the study and, therefore, also guided the preliminary categorisation of nurse teachers.

The commitment to nurse teacherhood was the stronger the more satisfied the nurse teachers were with the elements describing nurse teacherhood. The most satisfied and the best committed to nurse teacherhood were the teachers of the commitment type 'searching for new contents in one's position', 'being adapted to one's position', 'trying to get forward from one's position' and 'having found

one's position'. More unsatisfied and more weakly committed to nurse teacherhood than the previous ones were teachers 'searching for one's position', 'withdrawing from one's position', 'being satisfied with one's position' and 'being uncertain about one's position'. The dissatisfaction of these nurse teachers can gradually lead to seeking away from the work place or even the whole profession or work exhaustion (see Coomber & Barriball 2007) if the causes of their dissatisfaction are not interfered with effectively enough and in time.

On the other hand, also nowadays those nurse teachers who are satisfied and committed to their nurse teacherhood, representing the types 'searching for new contents in one's position' and 'trying to get forward from one's position' can seek new tasks if their present work does not provide enough challenges or they are not supported well enough. Nurse teachers' leaders have a specific challenge to learn to recognise the different types of nurse teachers operating in their working community to be able to support them in an appropriate way (e.g. correctly utilising individual nurse teachers' competence) to find their own kind of nurse teacherhood and place in the working community (see also Stamnes 2000; Flinck 2005). Likewise, recognising the different commitment types of nurse teachers will help the leader, if needed, to clear up possible conflicts in the working community where the teachers have different ways to operate and think (Valentine et al. 1998).

The substantive theory about nurse teacherhood and commitment to it offers a new viewpoint to study nurse teacherhood, its content and changes (see Hutchinson 2000). The elements describing the teacher types of commitment to nurse teacherhood help us understand how and why nurse teachers experience the elements connected to their nurse teacherhood in very different ways. The teacher types describing commitment do not describe "good" or "bad" teachers but rather the different ways nurse teachers can experience their profession and how commitment develops, changes and transforms nurse teacherhood.



### 6.3 Conclusions and recommendations

Based on the results of this study the following conclusions and recommendations are suggested:

*1. Nurse teacherhood is to be understood as an individual and dynamic process.*

The results of the study can be utilised by nurse teachers and their leaders when considering the strengths of the different types of nurse teachers in the working community and how to utilise the information while doing the work tasks belonging to nurse teachers. Thus, all nurse teachers need not be equally good in every field of nurse teachers' profession, but they can concentrate their competence on those areas they consider their strongest and the most meaningful. Among nurse teachers there are those who are at their best in teaching and supervising tasks and those who enjoy research and publication tasks. Nurse teachers themselves have to learn identify their own strengths and utilize them. It is a common benefit in working communities to consider individual strengths as carefully as possible also when defining nurse teachers' job descriptions.

*2. Commitment to nurse teacherhood appears as teacher types describing dynamic commitment, which explain the differences of nurse teachers.*

The challenge for leaders is to recognise especially those nurse teachers who are the most weakly committed to nurse teacherhood, so that they would not seek to other tasks in other professions or become exhausted in their work. On the other hand, a challenge is also to recognise those teachers who are satisfied with nurse teacherhood but who do not feel their present work tasks sufficiently challenging.

The results of this study can be used as a "tool" in the development of working communities. If there are several nurse teachers badly committed to nurse teacherhood to be recognised in a working community, the whole working community should begin to consider the reason for this kind of phenomenon.

Considering elements concerning nurse teacherhood (process of change in the organisation, operating culture of health care working community, nurse teachers' professional self-esteem, focus of nurse teachers' competence, nurse teachers' relationship with students, future in one's profession and requirements for staying in the profession) will help the working community to recognise which things are to be taken especially seriously if wishing to support the nurse teachers' commitment to their own nurse teacherhood. For instance, it is important to make nurse teachers aware of the operating culture of health care working community and matters weighing down (e.g. requirements for excessive conscientiousness and flexibility) the strengths of nurse teachers and clear them out to improve the well-being of nurse teachers and the whole working community.

In the same way study results can be utilised in the development of nurse teacher education. The challenge in nurse education and nurse teacher education is to recognise the needs of different kind of teacher students and find the right means to support their professional growth and commitment to nurse teacherhood.

*3. The theory describing the commitment to nurse teacherhood helps to recognise the elements connected to nurse teacherhood on the level of organisation, working community and individuality and their significance to the commitment of nurse teacherhood and its expression.*

With the help of the substantive theory it can be understood how the individual experiences of nurse teachers about their own teacherhood can guide individuals' attitudes towards the changes taking place on the organisational level or in the working community. The theory helps the leader to foresee how differently nurse teachers committed to nurse teacherhood experience their own work and future in their work especially during change processes. It is an important issue to consider in leadership.

#### **6.4 Implications for further research**

The results of this study suggest a need for future studies on the following topics:

1. The present study described the elements connected to nurse teacherhood and how the commitment to nurse teacherhood appears in describing the different kind of teacher types committed to nurse teacherhood. There is a need for more research to find out about the transfer from one teacher type describing the commitment to another. For example, is the transfer from a certain teacher type describing the commitment to nurse teacherhood quicker than from another teacher type?
2. This study produced a substantive theory about nurse teacherhood and commitment to it. It is important to continue this research and test how well or with which changes the theory developed in this study will work in a wider context, for instance as a formal theory describing commitment to work among social subject teachers operating at polytechnics (cf. Glaser & Strauss 1967; Hutchinson 2000). This would require the collection of data also by teachers from other fields of study to enable the development of the substantive theory presented in this study and raise its abstract level to the level of formal theory.
3. It would be important to perform a follow-up study of nurse teacherhood and changes in it also in the future, because the operating environment of nurse teachers and the content of their work tasks are changeable. For instance, the establishment of master degrees in polytechnics (Ministry of Education 2007) will set new challenges to nurse teacherhood. This subject can also be studied further with the help of e.g. national questionnaires to find out e.g. which teacher types describing the commitment to nurse teacherhood are the most common.

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## Appendix 1

### **Interview themes in the data collection.**

#### **I Interview themes in the data collection of the first phase**

Dear colleague,

my interests in the interview are namely your thoughts and experiences concerning the below-mentioned interview themes. Therefore, you do not have to consider other peoples' (for example your colleagues') views, thoughts or experiences of these interview themes because I am interested in just your experiences and thoughts.

Interview themes:

1. What do you think it is like to be a nurse teacher today?
2. What does nurse teacherhood mean to you?
3. What does the nurse teachers' community (health care domain) mean to you?
4. How have you planned on developing yourself?  
What kind of plans for the future do you have?

#### **II Interview themes in the data collection of the second phase**

1. Describe in your own words what it is like to be a nurse teacher today?
2. How would you describe nurse teacher's expertise? What is it?
3. What do you think it is like to work in your working community?  
How has your working community changed during the last five years?
4. What does your future as nurse teacher look like?

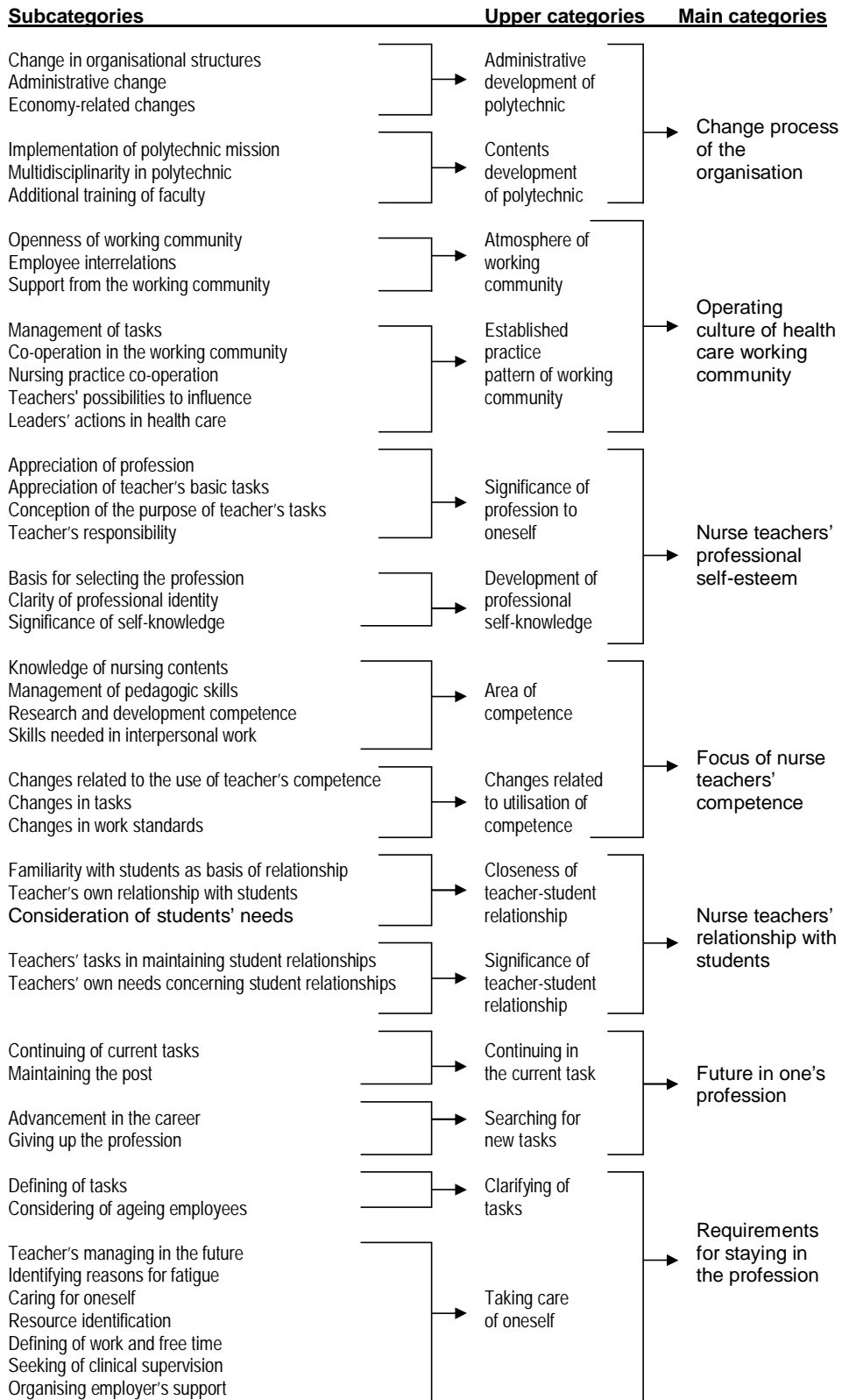
**Forming of substantive codes.**

<b>Empirical expressions</b>	<b>Substantive codes</b>
<i>-...this is bigger, so it takes longer to get to know people, but here I think it's more of a rule than exception that people are careful. (STA7)</i>	-people being careful
<i>-...it's been positive change, although in some parts it's been also hard change. But yes, if you ask me, we have many times discussed that I wouldn't go back to the old. (LP3)</i>	-adjusting to change
<i>-...it's changed so that you are yearning for the old times, because this has changed so much from what you first started anyhow. (STA5)</i>	-adjusting to change
<i>-...it's clearly changed in the polytechnic (content of work) into positive direction ... when I was a teacher during post-secondary level, it was pretty much so that there were just the basic studies and nothing else. And that's how you carried on from year after another. (LH1)</i>	-change in the contents of work
<i>-...I don't like the fact that this discussing through computers in the office has increased an awful lot ... you don't for example visit the classroom at all or even meet any students during the day, besides through email. That's the thing I don't like and it has increased a lot. (STA6)</i>	-change in the contents of work -encountering the student -influencing the contents of one's own work

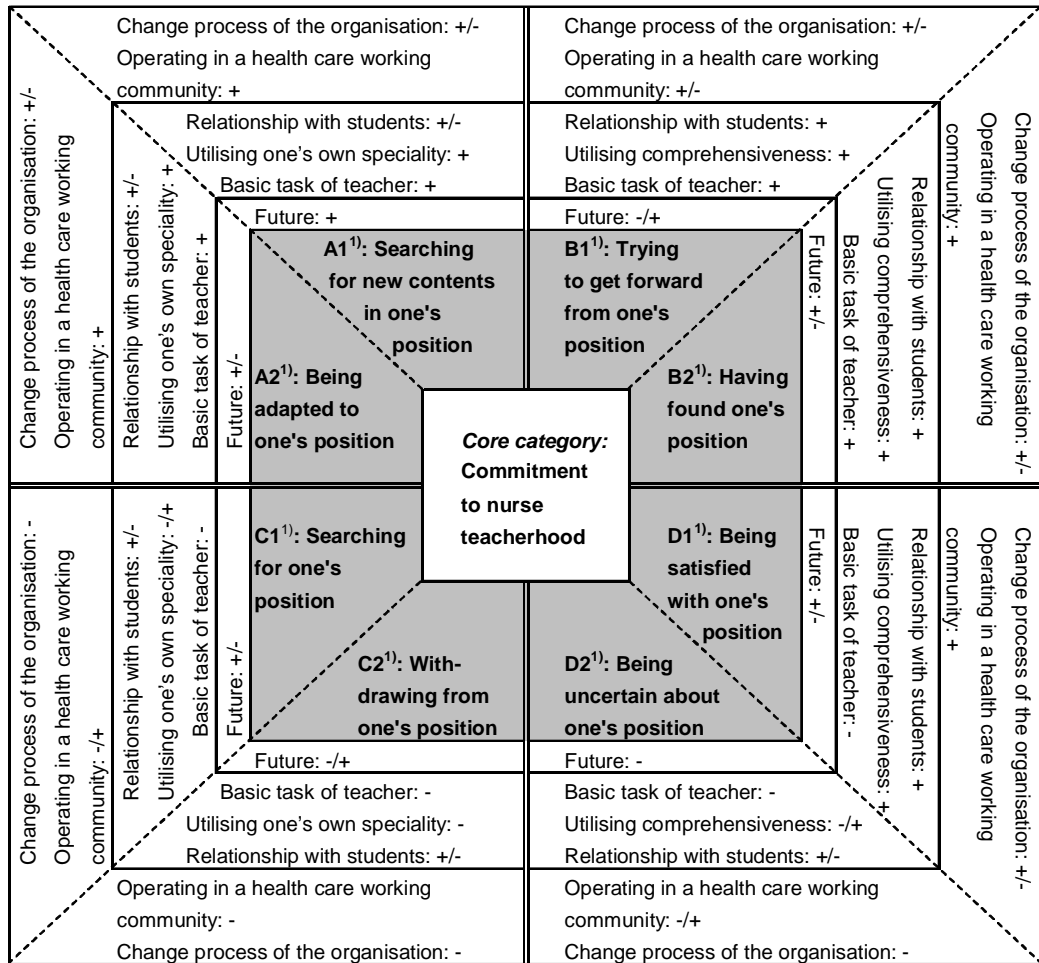


**Sub-, upper- and main categories.**

Appendix 3



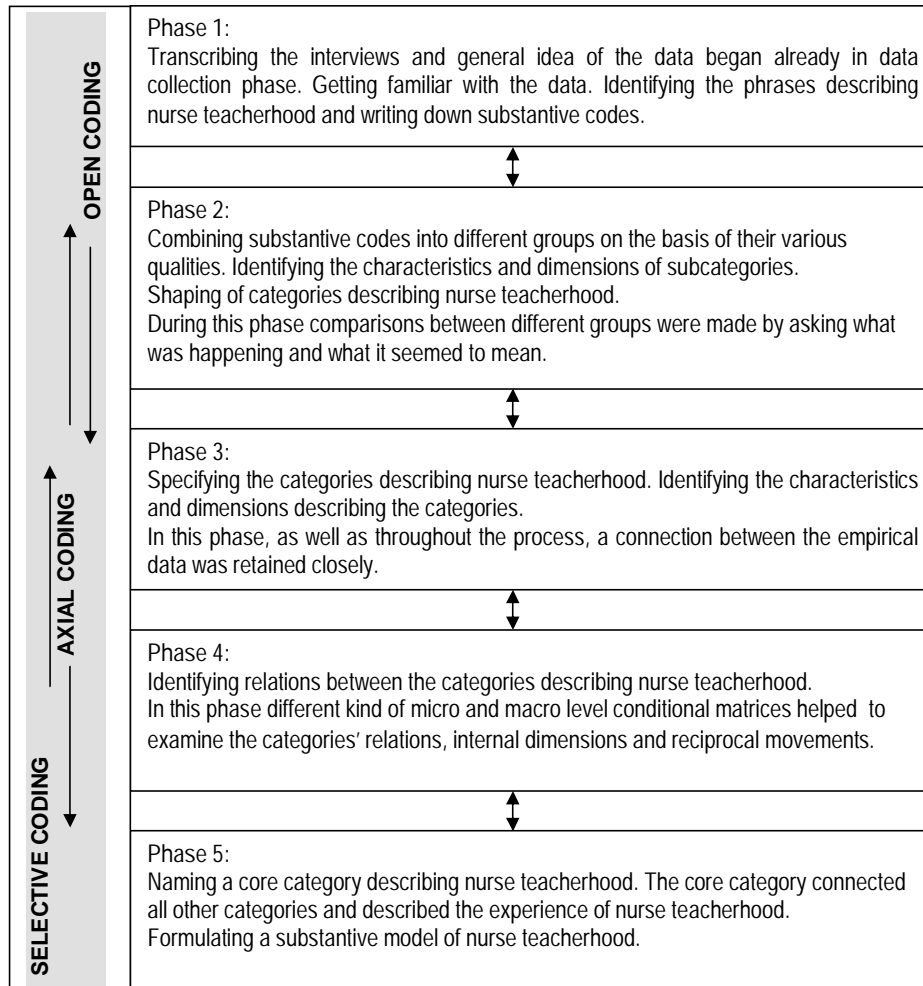
**Multidimensional categories' dynamic connection to the core category in conditional matrix.**



<sup>1)</sup> A1-D2: Commitment types to nurse teacherhood

Icons: + strong satisfaction; +/- moderate satisfaction; -/+ moderate dissatisfaction; - strong dissatisfaction.

**Analysis process in grounded theory.**



**Studies included in systematic review (N=207).**

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**Examples of studies included in theme 1 (N=100): The expansion of nurse teacherhood.**

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Brown G.D. 1993. UK	To examine how nurse teachers and students perceive power to operate within their relationship.	Student nurses (n=5) and nurse teachers (n=4); semi-structured interviews and focus group discussions. Qualitative study (grounded theory).	Nurse teachers and students identified three planes in which power is expressed: educational, personal and outcome power. Teachers talk about educational power and students about personal power. Teachers and students felt that generally teaching in the school was reasonably democratic. Teachers who are approachable, who facilitate healthy self disclosure and who thus empower the students will gain the most respect. How and when nurse teachers increase students' power during the course of their training remains unclear.
Brown N., Forrest S. & Pollock L.C. 1998. UK	To explore the role of the nurse teacher in the clinical area from the perspective of trained nurses and student nurses.	Phase 1: wards sisters and charge nurses (n=12); semi-structured interviews. Phase 2: staff nurses (n=13) and student nurses (n=30); focus group discussion. Qualitative study.	Trained nurses in the "general" areas perceived nurse teacher contact with students as having two aims: 1) teaching students to carry out practical and technical nursing care with the level of efficiency and speed expected in the area; 2) to ensure that students' work was of an acceptable standard. The nurse teachers' role should be focused on working with "problem" students, who were not competent and could not work with the speed and level of efficiency required. Nurse teachers needed to demonstrate clinical credibility by working as efficient practitioners. Trained nurses in the areas of mental handicap and mental health nursing saw the primary role of the nurse teacher as being concerned with helping students explore and develop an understanding of nursing practice. The teachers' role was perceived as helping and supporting students cope with problems they were experiencing and primarily relieving the students' anxiety. There was little need for nurse teachers to adopt a role that involved them in engaging in direct client care. Nurses' views about the ideal role of the nurse teacher in the clinical area were determined by what they understand as being the reality of practice in the areas in which they worked.
Burnard P. 1995. UK	To explore nurse teachers' perception of reflection.	Nurse educators (n=12); semi-structured interviews. Qualitative study.	Most of the respondents expressed very positive feelings about the use and application of reflection in nursing education and in practice. Respondents were vague about exactly how they taught reflection to students. Some of them referred to a range of experiential learning activities (e.g. group work) and some referred to using explicit models of reflection.
Camiah S. 1996. UK	To describe the main developments in the role and work of nurse tutors brought about by Project 2000 initiatives, with a view to exploring what the work of nurse tutors would be in the future.	Educational staff (n=73) and service staff (n=42); interviews. A case study approach: both qualitative and quantitative techniques.	In future, the nurse tutor's role will become more complex and diverse. The main changes expected included: more student-centered learning, a movement towards open modes of study, greater class involvement, cross-school and inter-departmental teaching, and greater subject specialization. Also expected were: increased supervision of students in practice areas, curriculum innovators, joint course planning and development with higher education and the service provider units, more effective organization and management of courses, effective time management, and more use of continuous assessment. Nurse tutors will be required to: diversify their work through new initiatives, to undertake research, consultancy and devolved continuous assessment of theory and practice, and to compete more for resources. These developments were not universally welcomed.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Carlisle C., Kirk S. & Luker K.A. 1997. UK	To explore the changing clinical role of nurse teacher.	Teachers, nurses, health service managers, higher education lecturers; 1) case study questionnaire (n=39) and interviews (n=10), 2) postal questionnaires (first round, n=516; second round, n=356), 3) focus group (n=34), 4) telephone interviews (n=54). Both qualitative and quantitative study (Delphi technique).	The results are part of a larger study. The nurse teachers were not seen as clinically credible, with 80.3% (n=345) of the respondents stating that nurse teachers would experience increasing difficulty in maintaining their clinical credibility with clinical staff. It was not seen as probable that nurse teachers would work with students in providing direct patient/client care or in teaching students clinical skills in the practice area. Nurse teachers stating that their main role with students in the clinical area was in making supportive visits. Respondents in the focus group interviews believed that an important role for the nurse teacher was that of integrating the theory from a wide range of disciplines to the practice of nursing. Clinical nurses felt that it was unfair on nurse teachers that they were being asked to teach nursing practice when they did not have up-to-date experience.
Clifford C. 1999. UK	To identify, what nurse teachers felt about their clinical work.	Nurse teachers (n=10); interviews. Qualitative study.	Most of these teachers lacked clarity in their clinical role. Only two out of eight of the teachers interviewed were able to give clear focus of their role in clinical practice. The impact of this was evidenced in the feelings of frustration felt by teachers who had difficulty in reconciling their "clinical role". Working relationships were fundamental to the teachers' ability to fit into the clinical teams. Those teachers who felt that they had a clearly identified clinical role did not seek to justify the nature of their role.
Duffy K. & Watson H.E. 2001. UK	To explore nurse teachers' experiences regarding their role in the practice placement area.	Nurse teachers (n=18); focus group interviews. Qualitative study.	Nurse teachers have a multifaceted role providing advice and support to trained staff and students. Regulating professional standards, interpreting assessment documentation and networking with clinical staff were also aspects of their role.
Gilmartin J. 2001. UK	To explore facilitation styles of nurse teachers' working in an interpersonal skills context, the intention being to explore how these styles can influence the learning climate in the classroom.	Nurse teachers (n=20) from two universities; in-depth interviews. Qualitative study.	The facilitation styles employed by the four types of teachers varied greatly. Type 1 teachers reported a strong preference for traditional teaching methods. Type 2 teachers showed familiarity with experiential learning and an approval of the characteristics of humanistic psychology (e.g. empathy). Type 3 teachers seemed competent handling experiential learning strategies. Type 4 teachers showed considerable interest in interpersonal skills work. Types 1 and 2 teachers (together type x) employ an educational philosophy that is teacher-centered, masking the relationship of power and control and restricting the learning climate to pitiful proportions. Types 3 and 4 (together type y) draw on huge range of experiential techniques, facilitating student involvement and enriching their learning experiences.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Herdner S.L. & Martsof D.S. 2001. USA	To describe a distance education strategy that promotes interpersonal learning, using an interactive computer program and exploring faculty's experience with this teaching method.	Faculty who had taught in distributive learning courses (n=9); semi-structured interviews. Qualitative study.	These faculty members described the growing awareness that their former teaching experiences have not prepared them for the different world of distributive learning pedagogy. This different world is particularly troublesome because the faculty members get caught up in the technology. Interpersonal relationships suffer as a result. The faculty members do not get to know the student. Faculty members seem to develop a sense that despite these limitations, distributive learning has advantages and will be a continuing reality in higher education.
Luparell S. 2004. USA	To explore faculty experiences with uncivil nursing students.	Nursing faculty (n=21); interviews concerning critical incidents of incivility by a student. Qualitative study.	Of the 36 encounters, 33 occurred with individual students and 3 occurred with groups of students. 23 encounters occurred in the context of poor student performance requiring constructive criticism or resulting in course failure. The faculty were surprised and caught off guard by the encounters, which ranged in severity from mild to highly aggressive.
McElroy A. 1997. UK	To describe, what do nurse teachers view as their current role and what vision do nurse teachers have for the future.	Nurse teachers' (n=52) focus groups (ten groups); discussions. Qualitative study.	Opinions on the role and purpose of teachers in clinical area varied considerably. Clinical credibility was seen as important. Despite the positive aspects of being a personal tutor, the role can be a source of anxiety in that teachers feel they ought to do more. It was believed that good teaching increasingly requires being at the "sharp end" of knowledge, with an emphasis on depth rather than breadth. This included gaining higher qualifications, researching and publishing. Practice-based learning and distance learning were seen as very important.
Reece S.M., Mawn B. & Scollin P. 2003. USA	To analyze the effects of curriculum revision on the faculty during the early transition process.	Nursing faculty (n=9) at university; questionnaire (Likert-scale). Quantitative study (survey).	For the most part, faculty members' mean ratings for the transition conditions were positive. Transition conditions that received low ratings related to level of planning for the transition and the environment in which the transition occurred. Planning for the new curriculum and adjusting the environment to implement it are tied to resources within the nursing department that may not have been made available to support the transition process. Some of the faculty members' emotional response, or perceived stress, during the transition was high.
Schaefer K.M. & Zygmunt D. 2003. USA	To describe the predominant teaching style of nursing faculty and to compare teaching style to instructional methods faculty used in courses they taught and to their stated philosophies of teaching and learning.	Faculty members (n=187) teaching in BSN programs; questionnaires and narrative data. Both qualitative and quantitative study.	Faculty members use more teacher-centered activities than student-centered activities in the teaching-learning process. Their written philosophies supported the teacher-centered approach. Student-centered comments were often noted in the context of teacher-centered statements. Faculty use multiple methods of teaching suggests that they recognize that student learn differently. Faculty members may be ready to move to a more student-centered environment, but are uncertain about how to accomplish this goal.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Simonson C.L.S. 1996. USA	To provide a description of the process teachers use to convey caring as the essence of nursing to their student.	Nurse teachers (n=6) and students (n=12): semi-structured interviews, classroom observations and a review of documents. Qualitative study (phenomenology).	All faculty members practiced values congruent with caring and were able to actualize these values in the classroom. Caring was not only what faculty taught students, but it was also part of how they interacted with one another and with students. Students described the faculty as interested in and concerned about them both as future nurses and as individuals.
Sjögren A., Poskiparta M., Liimatainen L. & Kettunen T. 2003. Finland	To investigate how teachers view local curriculum development and how health promotion is included in curricula of two polytechnics in Finland.	Nurse teachers (n=20) from two polytechnics: interviews. Qualitative study.	Some of the teachers were strongly committed to curriculum development, while others adopted the role of commentator and some were mainly concerned with their own subjects and modules. Curriculum development was perceived as an interesting and challenging field, although it was impeded by lack of time and real commitment, as well as the teachers' desire to protect their own teaching domains. All the participating teachers did not have an explicit understanding of how health promotion was included in the curriculum.
VandeVusse L. & Hanson L. 2000. USA	To identify categories of faculty comments used to promote student participation that was made during online discussion.	All the online responses communicated among the faculty member and the 16 students: narrative data (603 pages of transcribed online discussions). Qualitative study.	Six categories were identified that describe the ways the faculty member communicated to facilitate active student involvement in online discussions: 1) assist with navigation, 2) explain expectations, 3) clarify faculty role, 4) stimulate critical thinking, 5) share expertise and 6) provide encouragement. Online education did not decrease faculty workload, rather it increased it, at least initially during the course development phase. The intensive course preparation and the need for frequent faculty availability for online student learning are important workload issues to consider. With education and technical support in computer-based learning and a risk-taking attitude, nursing faculty can successfully facilitate learning and employ effective teaching strategies to online formats.
Welk D.E. 1993. USA	To determine if nursing educators were using the environment-based strategies to facilitate attention to the most important information.	Baccalaureate nursing educators (n=255): questionnaire. Quantitative study (survey).	Environment-based strategies to facilitate student selection of key diagnostic indicators were: 1) diagrams or drawings, 2) themes or titles, 3) visual materials (videos or pictures), 4) blackboard, 5) transparency, 6) different print formats, 7) colour, 8) changes in voice loudness, 9) changes in presentation speed of verbal material and 10) underlining. Most respondents used all 10 environment-based strategies. The most frequently reported use of a strategy was the transparency (75%). All of the environment-based strategies are applicable to both the classroom and clinical settings. Methods to help students decipher significant health status indicators from associated ones are clearly needed so that timely intervention can be used to prevent harm to patients.



**Examples of studies included in theme 2 (N=65): The skills of nurse teacherhood and their development.**

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Andersson E.P. 1999. Sweden	To study and describe the changes in nursing education resulting from the shift from a vocational training program to an academic education as perceived by nurse educators.	1) Three Swedish schools of nursing: participant observations. 2) Nurse educators (n=59); interviews. Qualitative study (ethnographic).	Nurse educators use three different strategies to cope with changing demands and to keep their knowledge and competence as educators at a desirable level: 1) A good nurse educator must be a "real" nurse. These nurse educators have developed broad general knowledge in nursing, but they cannot be considered well educated because of a lack in deeper academic studies. 2) A good nurse educator must be well prepared in different subject matter. These nurse educators have obtained academic credits in different subjects, which in many cases cannot accumulated for an academic degree because most of the courses are at same level. 3) A good nurse educator must have an academic degree. These nurse educators' priorities are first to conduct research; second to supervise students and other faculty in research projects; and third to teach the basic students. Teacher competence is considered important to the quality of nursing education.
Austin S.I. 1999. USA	To describe nurse educators regarding their self-reported competence in the performance of nursing computer skills and the self-reported integration of these skills, through teaching practice, into the curricula of baccalaureate nursing programs.	Nurse educators (n=184); questionnaire. Quantitative study (survey).	53% of respondents reported they had little or no ability to run nursing software as a learning tool or for evaluation purposes, 46% indicated they had little or no capability of discussing computer-assisted instruction and its use as a teaching-learning tool, and 80% reported they had little or no ability to use a multimedia presentation package to prepare a teaching presentation. Faculty, who have the ability to comfortably perform requisite nursing computer literacy skills are more likely to integrate these skills into the curricula through their teaching practices. This finding clearly point to the need to provide organized, systematic continuing education programs for nursing faculty, both in basic use of computers and in the use of computers for the nursing profession.
Camiah S. 1998a. UK	To identify the new skills or an extension of existing skills that would be required of nurse teachers in the light of current educational changes.	Educational respondents (n=73) and service respondents (n=42); individual and group interviews. Qualitative study.	The findings are part of a larger study. Most highly ranked were responses attributed to educational management skills (e.g. curricular innovative skills, time management skills, effective interpersonal and communication skills), teaching and learning skills (skills related to teaching and facilitating learning, clinical supervision and mentoring, assessment of theory and practice) and professional development skills (clinical credibility, professional and academic qualifications, self assertiveness and flexibility). Also mentioned as important, although much less so, were research (e.g. application of research findings to teaching and practice) and administrative (e.g. secretarial work, travel) skills. The changes facing nurse teachers are major. The light of educational reforms, nurse teachers would be required to acquire a diversity of skills. A majority of nurse tutors would need to develop and deploy effective skills in facilitating learning, clinical supervision and communication.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Clifford C. 1997. UK	To explore the research role of nurse teacher.	Nurse teachers (n=126); Questionnaire. Quantitative study (survey).	The majority (76%) of nurse teachers stated they had studied research. Those who had degrees were confident in their preparation for research, with 13 respondents who did not have degrees agreeing that they did not have adequate preparation.
Foley B.J., Redman R.W., Horn E.V., Davis G.T., Neal E.M. & Van Riper M.L. 2003. USA	To describe of one school of nursing in initiating a faculty development program.	Nursing faculty (n=59); Questionnaire. Quantitative study (survey).	Ranking of faculty development activities by five most importance: 1) Formal orientation program for all faculty; 2) Assignment of first-year faculty to experienced teaching teams or as co-teachers with experienced faculty; 3) Technical support for developing course materials; 4) Technical support for developing conference presentation materials; 5) A general orientation to the School of Nursing, its funding sources, faculty roles and responsibilities. A faculty development program will increase faculty skills in the various faculty roles and also assist both in the recruitment and retention of valuable faculty members.
Goorapah D. 1997. UK	To investigate teachers' perceptions of clinical competence and credibility. Senior clinicians' interpretations of the subject were also obtained.	Nurse teachers (n=10) and sisters/charge nurses (n=10); semi-structured interviews. Qualitative study.	While respondents were more fluent in describing clinical competence, they were rather vague in defining clinical credibility. The level at which the teacher functions in the practice area has not been standardized to provide a common understanding.
Hardtcre J. 2003. UK	To investigate what universities look for when recruiting nurse lecturers.	Participants from different universities (N=16); questionnaire. Quantitative study.	The reasons given for poor standards were: not enough qualifications; inarticulate; backward looking; no understanding of recent changes; insular; no experience with research; no published work; a lack of knowledge of educational arena; a lack of appreciation of the breadth and depth of the role. 57% reported the level of applicants to be as expected, 14% were better than expected and 29% were worse than expected. The most sought-after areas were 1) clinical experience; 2) publications; 3) experience of teaching in higher education; 4) experience of research activity. Universities do not expect every applicant for a nurse lecturer post to have experience in all areas, but it is important that they try to demonstrate an interest in achieving it.
Johnsen K.O., Aasgard H.S., Wahl, A.K. & Salminen L. 2002. Norway	To describe nurse educators' competence based on opinions of Norwegian nurse educators.	Nurse educators in Norway (n=348); questionnaire. Both quantitative and qualitative study.	Both teaching competence (e.g. encourages students to a critical way of thinking) and nursing competence (e.g. encourages students to combine theory and practice) were rated more important than evaluation skills (e.g. offers constructive feedback), personality factors (e.g. is aware of personal strengths and weaknesses), and relationship with students (e.g. encourages mutual respect).

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Kirk S., Carlisle C. & Luker K.A. 1997. UK	To explore and describe the changing role of the nurse teacher following the introduction of Project 2000 pre-registration nursing courses.	Nurse teachers, clinical nurses, health service managers, teacher education lecturers, "link lecturers". 1) case study: survey (n=39), interviews (n=10), observation, documentary review; 2) questionnaires (round I, n=516, round II, n=356), four focus group interviews; 3) telephone interviews: survey (n=54). Both quantitative and qualitative study (Delphi technique).	The findings are part of a larger study. The opportunity for professional and academic development was one of the most frequently cited advantages for nurse teachers arising from the introduction of Project 2000 and the formation of links with higher education. The three areas rated as being the most important were found to be obtaining a first degree (61.4%), research methods/skills (53.5%) and acquiring specialist knowledge for use in teaching (50.8%). Teachers were unsure of where to seek careers advice. There was confusion among teachers concerning which subject areas are appropriate for degree study.
Love C. 1996. UK	To examine how nurse teachers keep their own knowledge up-to-date.	Two stages: 1) nurse teachers (n=240) and 2) nurse teachers (n=78); questionnaires. Both quantitative and qualitative study.	Nurse teachers value a range of formal and informal methods for updating. They update theory through a variety of methods such as reading journals and studying for a degree or diploma. The activity most frequently cited as most helpful for updating clinical skills was "working in the clinical area". To maintain excellence in the knowledge coming from nurse teachers, the personal commitment advocated by the profession towards updating must be matched by the provision of both the resources and conditions for updating. Amongst the most important of these are time, journal literature, opportunities for higher academic study, specialist knowledge domains and the opportunity to update clinical skills in the role of a learner.
Mhaolrunaigh S. & Cliford C. 1998. UK	To evaluate shared learning in educational programmes of preparation for nursing, midwifery and health visiting teachers in England.	Lecturers on teacher preparation programmes and nurse teachers; questionnaires (phase I: n=12, phase II: n=58), interviews (phase I: n=5, phase II: n=17, phase III: n=12). Both quantitative and qualitative study.	There was general agreement about the value of shared learning in the teacher preparation programmes; a support that was also evidenced in the teachers' practice in the colleges. The respondents felt that they had gained from their experiences of shared learning, but whether the transferability of skills is sufficient for their subsequent role in nurse education was not clear. Examples of good practice were found in relation to the facilitator's style, the use of reflection on practice, and the teachers' abilities to articulate multifaceted issues surrounding health.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Riner M.E. & Billings D.M. 1999. USA	To identify preferences for obtaining faculty development.	Nursing faculty (n=352); Questionnaires. Quantitative study (survey).	Faculty needs for development are varied and complex. Faculty have strong needs for development in preparation for teaching in community based settings, learning the basics of teaching, curriculum, and evaluation, and developing and refining their role as faculty. Years of teaching and type of program or type of institution account for little difference in need for faculty development. The move to community-based health care and restructuring of higher education will require faculty to work and teach in ways for which they have not been prepared; significant faculty development will be necessary.
Scollin P. 2001. USA	To analyze the use of online resources for scholarly pursuits by nurse educators.	Nurse educators (n=489); questionnaires. Quantitative study (survey).	The majority of respondents (98.4%) made use of some of the online resources available for scholarly pursuits. The World Wide Web (95.1%), electronic databases (91.2%), and e-mail (95.7%) all had a high incidence of use with many respondents using them on a daily or weekly basis. Along with time, respondents reported that training, technical and rapid support and ease of access were important to the use of online resources. Several respondents reported that technical support is either nonexistent or slow and ineffective.
Thomson P. 2000. UK	To describe the nature of SIGN clinical guidelines and the nurse teachers' role in supporting their dissemination and implementation within acute care nursing and subsequent curriculum design.	1) Nurse teachers (n=265): questionnaires, 2) Health care professionals (n=49); semi-structured interviews, 3) Nurse teachers (n=20); two focus group interviews. Both quantitative and qualitative study.	Nurse teachers in higher education institutions in Scotland have limited knowledge of SIGN and are unsure about the efficacy of dissemination. The main sources of information on SIGN were through the literature and nurse education or colleagues. Information on SIGN clinical guidelines was not well integrated into the pre- and post-registration curriculum.
Young P. & Diekelmann N. 2002. USA	To explore the skills, strategies, and practices of new teachers in nursing education.	Nurse teachers (n=17); unstructured interviews. Qualitative study (phenomenological).	New teachers commonly report being inadequately prepared in the skills, strategies, and practices of lecturing. The skills of lecturing are more complex than would appear at first. New teachers need new and better preparation to teach. Guided reflection could be an important component of teacher preparation. The preparation must include both experiences in conventional pedagogies (e.g. outcomes, competency-based education, critical thinking frameworks, problem-based learning), as well as critical, feminist, postmodern, and phenomenological pedagogies.

**Examples of studies included in theme 3 (N=42): Nurse teacherhood and membership in working community.**

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Balsmeyer B., Haubrich K. & Quinn C. 1996. USA	To describe collegiality within the academic setting.	Faculty: 1) open-ended questionnaires (response rate 65%). 2) Likert-scale questionnaires (n=16, response rate 65%). Both qualitative and quantitative study (Delphi technique).	Results yielded specific behavioural indicators for the four broad statements that describe collegiality: 1) willingness to serve on committees and perform work necessary to departmental operations; 2) willingness to provide guidance and help colleagues in their professional duties; 3) respect for the ideas of others; 4) conduct of one's professional life without prejudice towards others. While the area collegiality is ambiguous, indicators of collegial behaviour can be identified.
Barrett M.C., Goldenberg D. & Faux S. 1992. Canada	To describe the career patterns and job satisfaction of nurse educators.	Full-time faculty from universities and college schools of nursing (n=44); questionnaires. Quantitative study (survey).	Nurse educators were found to be only 'somewhat satisfied' in their present positions. The only factor with which college faculty were significantly more satisfied than university faculty was 'salary'. College faculty was more dissatisfied with their 'administrative style of leadership' than university faculty. Both groups were 'somewhat dissatisfied' with the factor of 'time and facilities to do nursing research'. Nurse educators reported 'student contact' as most liked about their job, and 'workload' as least liked. 'Opportunity for promotion' was rated as the least satisfying factor by all subjects. University faculty suggested that 'increased salaries', 'more peer support and less division by competition' and 'increasing the status and understanding of the discipline of nursing within the university as a whole' would retain faculty. College faculty recommended that 'opportunity for professional growth and development' would retain faculty.
Cahill H.A. 1997. UK	To identify and explore key areas of both nurse teacher workload and educational gain and some potential means of measurement.	Nurse teachers (n=16), college managers (n=6), students (n=17), clinical supervisors and assessors (n=8), higher education academic staff (n=8), education commissioners (n=5) and education officer (n=1); 1) literature review, 2) focus group and individual interviews. Qualitative study.	The findings are part of a larger study. The available literature on resources tends to focus on how the financing of nurse education at a college or corporate level is determined. Educational resources are clearly limited. Time is the ultimate scarce resource. The findings from the focus group discussions tended to focus internal resourcing. Rooms, support services and human resources were the areas most commonly identified as requiring improvement.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Gormley D.K. 2003. USA	To examine the various factors that influence job satisfaction of nursing faculty in institutions of higher education in the United States.	Research articles (n=6) between 1975 and 1996; meta-analysis. Quantitative study (statistical analysis of quantitative studies).	Eight predictor variables of job satisfaction in nursing faculty were professional autonomy, leader expectations, role conflict, role ambiguity, consideration of the leader, initiating structure behaviour of the leader, organizational climate and organizational characteristics. Several factors appear to predict a relationship with job satisfaction, whereas other factors seem to have little to no effect. Factors that appear to have the highest predictive power are intrinsic. A factor that appears to significantly affect nursing faculty job satisfaction is the perspective/expectation of the leader's role in curriculum and instruction. Role conflict and role ambiguity also have significant effect.
Grigsby K.A. & Megel M.E. 1995. USA	To facilitate understanding of the caring situations experienced by nursing faculty.	Nursing faculty (N=7); interviews. Qualitative study (phenomenology).	For these nursing faculty, caring means being cared for by other faculty or administrators, feeling valued in the academic and clinical areas, and caring for students, patients, other faculty, and administrators. Uncaring experiences occur for everyone; they involve being treated with indifference, feeling diminished and separated from others, and acting to protect the self. Nursing faculty strongly value caring in the academic environment and experience negative emotions and erosion of connections to colleagues and to the organization when uncaring experiences occur.
Harri M. 1996. Finland	To investigate nurse educators' perceptions of the quality of their working life.	Nurse teachers (n=309) and their spouses (n=167); semi-structured and open-ended questions. Both quantitative and qualitative study.	The findings are part of a larger study. Best things at work were: students, freedom, challenges, teaching, colleagues and environment. The three first items emerged clearly as the most frequent ones. Worst things at work were: workload, inadequacy of personal resources, administrative issues and the other things (e.g. changes, interpersonal relationships and the physical environment). The inadequacy of individual resources was less often, and administrative issues more often commented on by the spouses than by nurse educators themselves. Spouses frequently commented on nurse educators' trying too hard and too submissively struggling with unreasonable workloads, difficult interpersonal relationships and administrative problems at work.
Sarmiento T.P., Laschinger H.K.S. & Iwasiw C. 2004. Canada	To test a theoretical model specifying relationships among structural empowerment, burnout and work satisfaction.	Nurse educators (n=89); questionnaires. Quantitative study (correlational survey).	Nurse educators reported moderate levels of empowerment in their workplaces as well as moderate levels of burnout and job satisfaction. Empowerment was significantly related to all burnout dimensions, most strongly to emotional exhaustion and depersonalization. Emotional exhaustion was strongly negatively related to access to resources and support. Educators' empowerment and job satisfaction were negatively related to the number of classroom students taught and hours worked per week. Higher levels of empowerment were associated with lower levels of burnout and greater work satisfaction.
Slamnes J.H. 2000. Norway	To enhance and deepen our knowledge of the expressive factors relevant to experienced satisfaction and excessive workload among Norwegian nursing educators.	Nurse educators (n=14); semi-structured interviews. Qualitative study.	Excessive workloads are quantitative in nature, there is too much to be done. One of the most important determinants of satisfaction is colleague to colleague relations. The majority of nurse educators claim that administrative personnel are distant and invisible. On the other hand, administrators are accessible when one really needs them. Informants claim that they receive little feedback from their colleagues and none from their administrators concerning their job performance. Throughout, nurse teachers claim that they are satisfied with their work situation. Work assignments provide many positive challenges. Teachers have opportunity to influence their work situation, and possibilities for job development.

Author(s), year and country	Purpose(s)	Data and methods	Main results and conclusions
Stamnes J.H., Mykletun A. & Mykletun R. 1998. Norway	To describe experienced work overload among Norwegian nurse teachers.	Nurse teachers; questionnaires, 1) in 1988 (n=75), 2) in 1990 (n=284), and 3) 1995 (n=288). Quantitative study (survey; a follow-up study).	Educational background or position size has no bearing on experienced work overload. On the other hand, work becomes more of a burden with increasing age. Many teachers at all three measurement time experience changes at nursing colleges as occurring too quickly. Many teachers experience the changes as stressful. Supervision of the students appears to consume most of nurse teachers' time, and with an overloaded work situation, research and development are areas which suffer neglect.
Suess L.R. 1995. USA	To examine the attitudes of faculty teaching in baccalaureate and higher degree programs in nursing toward post-tenure performance evaluations.	Faculty (n=248); questionnaires. Quantitative study (survey).	Tenure faculty were more positive in stating that they would like post-tenure performance evaluation system in their school and were more positive in the overall idea of this evaluation system than non-tenured colleagues. Faculty agreed that they want: 1) feedback on their work (79.6%); 2) to identify areas of weakness that can be strengthened (79.2%); 3) the opportunity to define objectives (77.1%); 4) to identify individual strengths (76.1%); 5) to identify faculty who deserve rewards (74.3%) and 6) to help faculty who are not as productive as they should be (71.3%). There were no significant relationships between attitudes toward post-tenure evaluations and perceived productivity in teaching, service, scholarship, age, sex and educational preparation or rank.
Valentine P.E.B., Richardson S., Wood M.J. & Godkin M.D. 1998. USA	To describe group process among nurse educators and administrators who were engaged in making major changes to integrate nursing education programs from a variety of institutions.	Female nurse educators (n=8) and administrators (n=19); group meetings and interviews. Qualitative study (a case study).	Five conflict strategies were described: not competing, talking it through, deferring, sorting out and confronting. The findings from this group were compared with findings reported in the traditional management research literature. In literature conflict strategies were: competing, compromising, avoiding, integrating and accommodating. Although the research results indicated similarities between the conflict-handling modes used by the group studied and those reported in the research literature, there also were significant differences. Competing as a strategy was rejected, and compromising and avoiding were used frequently by the group. Organizational and administrative theories based on men's conflict management behaviour fail to adequately explain nurses' (women's) conflict-management behaviour. The frequent use of compromising fits with women's orientation to relationships. Avoiding was used often based on the belief that consensus was important.
Wareham P.L. 1996. UK	To explore and discover the world of nurse teachers.	Part-time (n=5) and full-time (n=5) nurse teachers; informal interviews. Qualitative study (ethnography).	The part-time teachers showed the fear of not being fully informed about important college information. Also they showed the vulnerability that results when they are not feeling included in the formal network system. They had the overwhelming pressure to take work home and complete it in their own time. An important fact was that part-time hours were seen as a flexible compromise when juggling between the demands of work and the demands of home.





Appendix 10

Original publications I-V

## Kuopio University Publications E. Social Sciences

- E 127. Korhonen, Heikki.** Tietojärjestelmät suun terveydenhuollon ohjauksessa ja johtamisessa Suomessa 1972-2001.  
2005. 219 s. Acad. Diss.
- E 128. Ryttyläinen, Katri.** Naisten arvioinnit hallinnasta raskauden seurannan ja synnytyksen hoidon aikana: naisspesifinen näkökulma.  
2005. 216 s. Acad. Diss.
- E 129. Kinnunen, Juha & Lindström, Kari (toim.).** Rakenteellisen ja toiminnallisen muutoksen vaikutukset HUSin johtamiseen ja henkilöstön hyvinvointiin.  
2005. 278 s.
- E 130. Pättiniemi, Pekka.** Social enterprises as labour market measure.  
2005. 50 s. Acad. Diss.
- E 131. Kouri, Pirkko.** Development of maternity clinic on the net service – views of pregnant families and professionals.  
2006. 114 s. Acad. Diss.
- E 132. Sirviö, Kaarina.** Lapsiperheiden osallisuus terveyden edistämässä - mukanaolosta vastuunottoon: asiakastilanteiden arviointia sosiaali- ja terveydenhuollon työntekijöiden ja perheiden näkökulmista.  
2006. 178 s. Acad. Diss.
- E 133. He, Hong-Gu.** Non-Pharmacological Methods in Children's Postoperative Pain Relief in China.  
2006. 160 s. Acad. Diss.
- E 134. Löfman, Päivi.** Itsemääräämisen edistäminen. Osallistavan toimintamallin kehittäminen reumapotilaiden hoitotyöhön.  
2006. 118 s. Acad. Diss.
- E 135. Saaranen, Terhi.** Promotion of school community staff's occupational well-being in co-operation with occupational health nurses – participatory action research in Eastern Finland in 2001–2004.  
2006. 105 s. Acad. Diss.
- E 136. Jansen, Ilona.** An Archaeology of Philosophical Anthropology - A Reconstruction of the Historical Philosophical Background of Ethnography and Consequences for Nursing Science.  
2006. 149 s. Acad. Diss.
- E 137. Waldén, Anne.** Muurinsärkijät - Tutkimus neurologisesti sairaan tai vammaisen lapsen perheen selviytymisen tukemisesta.  
2006. 312 s. Acad. Diss.
- E 138. Klemola, Annukka.** Omasta kodista hoitokotiin. Etnografia keskipohjalaisten vanhusten siirtymävaiheesta.  
2006. 145 s. Acad. Diss.
- E 139. Willberg, Mirja.** Millä perusteella kilpailuttamaan? Tutkimus sosiaali- ja terveyspalvelujen kilpailuttamisen ja sen toimijoiden tietoperustasta ja preferensseistä.  
2006. 192 s. Acad. Diss.
- E 140. Pirskanen, Marjatta.** Nuorten päihteettömyyden edistäminen. Varhaisen puuttumisen malli koulu- ja opiskeluterveydenhuoltoon.  
2007. 132 s. Acad. Diss.