Becoming-to-Be and Being-to-Become: An exploration of midwives and nurses based in England and how they perceive the formation of their professional educator identity.

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A thesis submitted in partial fulfilment of the requirements of the University of East London.

Professional Doctorate in Education (EdD)

22nd February 2024

Abstract

This inquiry critically explores the narratives of eight midwifery and nursing (educators) about how they perceived the formation of their professional educator identity. All participants were employed as educators in higher education institutions (HEI's) in England at the time of the study.

Exploration of identity is not a novel enterprise, however factors which have influenced the professional educator identity formation of midwives and nurses are not well known.

By adopting Pierre Bourdieu's social theory and through the utilisation of narrative inquiry, educator stories revealed 'seeds' demonstrating how their primary habitus (or identity dispositions) formed. The study also explored educator growth through the lens of metaphorical 'panes'. This revealed how the educators navigate the competing demands of the NMC, NHS and HEI as they grow in their educator identity.

Common to all participants was that their stories of becoming and being educators began in childhood or teenage years. Each described psychological threats which influenced their growth as educators. Further, and most significantly, each articulated a proclivity towards affective care which was deeply rooted in childhood narratives and strengthened as they journeyed to become midwives and or nurses.

In a climate where there is a global shortage of midwifery and nursing educators, the richness and depth of the educator identity formation stories might inspire would-be-educators to pursue roles in education. Higher education institutions are advised to provide time and space for collectives of educators to share their becoming and being stories, with no agenda other than to support educator well-being. Lastly, the educators were united by their commitment to affective care, and resistance to the dark side of healthcare and HEI settings, thus revealing a common disposition which characterised the collective educator habitus of midwives and nurses in this study.

Declaration

This thesis represents my own research and original work.

It cannot be attributed to any other person or persons.

Name: Marcia May Ogunji

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Date of submission of thesis:

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Acknowledgments

Abba,
It would be remiss of me not to acknowledge the One who has been my most constant companion throughout this journey. Thank you for all the amazing people whom you have placed along my path, and even though there was a time when a supervisor said: “I don’t think you can do this Marcia”, it was to You Jesus that I retreated and, in Your Word, I found the encouragement to keep going. It was in times of worship that I felt grounded, enabled, and strengthened to cope, especially after Kenny became unwell. I found myself giving palliative care, to Kenny and then to dad, working, running the home, and doing a doctorate! Without You I would not be here, and I would not have finished this task. I am changed by this doctoral journey and grateful for everyone who has helped me along the way.

Thank you, Gerry – you have been incredibly patient, consistent, and deeply compassionate. Your questions, feedback and prompts have assisted me beyond my ability to express. You have journeyed with me through some of my toughest life challenges to get to this point. The academic standard which you have modelled for me was just what I needed. Time has been a challenge Gerry, but I hope this work honours your input. Thank you.

Thank you, Iona – you kindly agreed to join the supervisory team to support me as I grappled with Bourdieu! I thoroughly enjoyed reading your feedback as it spurred me to pursue deeper reading and articulation.

Thank you, Stephen – you were there in the early days when I really had no sense of direction. Your calm manner and questions provoked me to think more deeply. I am grateful.

Thank you, Dr Marvelle Brown, my critical friend. You have been encouraging my doctoral journey from day one. Thank you for sparing the time to discuss my research over large cups of tea. Talking helped.

Thank you, Joshua, Sarah, Emanuela, Charis, Junior, Gracie, Ashley, Eli, Blake, and Elisa – my young'uns! Thank you for loving me, reading for me (more critical friends), releasing me, encouraging me, saying you are proud of me, praying for me and for looking after me on what has been a mammoth journey. Children I have felt daddy through you. Thank you.

Thank you, Glen, Sammy, Hilaria, Marie for asking "How are you getting on sis". Your prayers, hugs, support, and confidence in my ability to succeed has meant the world to me.

Thank you to ALL my sisters and brothers– you have been constant in your encouragements. I could always rely on someone to text, to call, to check in with me to see how I was getting on. When you found me feeling overwhelmed, you cheered me up! When you found me too busy to talk, you politely hung up! When you found me hiding from my supervisors, you gently corrected me and said call them! Thank you.

Thank you, pastor Kingsley, for coming to lock up the church for me on those Sundays when I would remain (late) in the building to study!

Thank you, Uncle Fred, for your warm hugs and gentle encouragements to "just keep going".

Thank you, Sarah, Emanuela, Laverne and Marie for reading some of my work. I really value your input.

Dedication

Kenny: “Darling, finish it for us”

Marcia: “Baba. It’s done!”

This thesis is dedicated to the memory of:

Simeon ‘Kenny’ Olawale Ogunji

21st June 1962 – 29th November 2015

… my wise man.

1.0 Introduction to the thesis

The purpose of this inquiry was to critically explore the narratives of eight midwives and nurses about how they perceived the formation of their professional educator identity. All participants were employed as educators in higher education institutions (HEI's) in England and qualified in the United Kingdom (UK) in accordance with the educational standards set by the Nursing and Midwifery Council, (NMC). Exploration of identity is not a novel enterprise, however as a process of being and becoming (Jenkins, 2008) it is relevant for the fields of midwifery education and nursing education to gain greater insight into how the identities of its main protagonists is formed. The findings may better inform HEI's of how to support midwives and nurses' once they join academic faculties as educators. Although there is considerable research into the professional socialisation of student midwives and nurses, and a growing dataset exploring the transition of midwives and nurses into teaching in higher education settings, there is less known about how midwives and nurses perceive their educator identities were formed. Adopting aspects of Pierre Bourdieu's social theory provided a theoretical framework to explore how the interplay between social structures and personal agency, that process by which individuals exercise self-will, may have influenced the formation of midwife and nurse educator identity and habitus. Through narrative inquiry this study hopes to contribute new insights associated with the midwife and nurse educator journey. In a climate where there is a global shortage of midwifery and nursing educators the findings of this study might encourage others to recognise the seeds of their own educator identity and inspire would-be-educators to pursue career paths into teaching future generations of midwives and nurses.

1.1 Background to the study - A personal reflection

Following a series of personal experiences which required me to care for my own relatives, I was struck by some of the caring and non-caring practices I encountered. I saw much which gave birth to questions about my professions of nursing and midwifery (I am dual qualified). Some questions were borne of confusion and disbelief as I observed practices which I deemed to be less than caring. I began to question "why do I feel so disconcerted?" and I asked myself "how do I teach affective care to students?". Affective care is taken to mean emotionally mature, compassionate, kind, respectful behaviours, and values (NMC, 2018a).

It must be noted early in this recollection, most staff, and practices which I encountered were excellent.

However, in both maternity and nursing settings (specifically, medical, oncology and respiratory wards) I found such variance from the NMC Code of professional standards (2018a) that it led to a growing incredulity about what I was experiencing. Recognising signs of dissonance in myself – "how, I wondered, could practice be so far from the values which I held to be true and right?" Providing me with a sense of assurance that my questions were not unreasonable or unfounded, in her study of nurses who had received treatment as hospital inpatients, Zeitz, 1999. p.70, wrote:

> "The manner in which care is delivered was described by participants as being as important as the care that is delivered. The spirit of the nurses providing the care makes a difference to the experience of being a patient."

This finding resonated with my experiences both as patient and carer, but also as a healthcare professional and educator. I felt distressed in my professional soul by some of the practices which I had seen. Questioning myself by asking what kind of educator I had become, I wondered how I could harness my personal experiences to challenge poor practice, and thus equip students to do the same. Knowing my own educator position led me to inquire within myself about how my professional identity as a midwife and nurse educator had been formed. I began to see that many of my personally held values resonated with my professional values, attitudes, and beliefs. For example, I believe all human beings are created in Imago Dei (Genesis 1:26; Peterson, 2016). As such all people should be treated with dignity, compassion, and kindness. This personally held belief aligns with NMC (NMC, 2018a) Code of Professional standards of practice and behaviour for nurses, midwives and nursing associate which asserts that midwives and nurses should prioritise patients in their care ensuring they are treated with kindness, respect, and compassion (NMC, 2018a, section 1- point 1.1).

Determining what kind of educator, I had become was also important for two reasons. Firstly, it helped me to understand my reaction to what I had witnessed as a relative. Secondly, and more profoundly I believed it would help to structure the ways in which I supported students in their journey to professional status as midwives and nurses. Running concurrently to the formulation of these thoughts, and in addition to teaching pre-registration

student midwives and nurses, I was also the academic lead for the Master's degree in Advanced Midwifery Practice and teaching onto the Master's degree in Advanced Nursing Practice. I believed inquiry into how one's professional identity had been formed was important for post-registration midwives and nurses as they would be leading clinical practice and regarded as role models for a range of staff and students. Classroom conversations revealed a diverse range of psycho-socio-economic factors contributed to the professional identity journeys being taken by pre and post registration students. In addition, I would have corridor conversations with other educators only to discover that they had rich, but untapped narratives of how their journeys to become educators.

As I explored my own narrative, I identified that my faith, my race, my Jamaican heritage, being born and raised in England, encouragements from my parents, my schooling, and other pre-professional influences had shaped my personal identity, how I treated others and in turn shaped how I conducted myself as an educator. Further, I found myself ruminating on the influence which the NMC, being dual qualified and years of working in the National Health Service (NHS) had exerted on me. The culmination of these reflections birthed a curiosity which caused me to appreciate my educator identity more fully, but also to conclude that others must also have stories to tell about how their educator identities were formed. I began to wonder how I might access others to learn more about their experiences without imposing my own experiences those who might agree to speak with me.

To discover what was discoverable about the formation of the midwife and nurse educator identity I deemed it necessary to create an opportunity for others to share their stories. Therefore, I adopted the position that I would inquire into the narratives of midwifery and nursing participants. Deciding to make this inquiry reflects my perception that midwives and nurses do not arrive at their professional educator identity as blank sheets. Personal and professional growth does not occur in a vacuum, rather, it is informed in an ongoing manner based on one's background, experiences, and relationships with others and through engagement with organisations and their various processes. Hence, personal reflections, perceptions, knowledge, and experiences culminate to tell a story of how one's educator identity was formed, and it is these stories which are pivotal to this study. However, to ensure that any contribution which this study might make is worthwhile to the field of midwifery

education and the field of nursing education, I undertook a search of the literature to discover what was already known about the formation of the midwife and nurse educator identity.

I found that the professional identity formation of student midwives and nurses had been extensively researched (Howkins and Ewens, 1999; Attenborough, 2010; Norris and Murphy, 2020). Further, I discovered that much is known about nurses transitioning from clinical practice to work as lecturers in higher education settings (Dempsey, 2007; Penn, 2008; McArthur-Rouse, 2008; McDonald, 2004; Schoening, 2013; Wood, et al, 2016; Toll, 2020; Ambusaidi, 2021; Mutenga, et al, 2023). To illustrate, nurse practitioners reported feelings akin to struggling in water until they learned the swimming strokes required to flourish in a higher education environment (Anderson, 2009). In a further study (Laurencelle, et al, 2016) highlighted the dearth of evidence available to understand the meaning attributed by nurse educators to being educators, and which explained their attraction to working in higher education. In a personal reflection, Terry (2008) recalls her transition from being a mental health nurse practitioner to becoming a nurse educator. In a similar vein in an earlier study, two nurse educators Chan and Schwind (2006) demonstrated a clear link between personal experiences and their professional educator identities. However, despite this volume of growing data, two factors remain evident. Firstly, little is known about midwives transitioning to and working in higher education settings (Gray, et al, 2023). Secondly, there seemed to be a paucity of literature exploring the formation of the midwife and nurse educator identity prior to obtaining qualification as either a midwife, nurse, or both. This piqued my curiosity further and thus this research study was conceived. Aware however that identity is a vast topic about which many theories exist**,** for example Erikson, (1950/ 1994) considers how one explains oneself to others, experiences of belongingness, a sense uniqueness and the eight stages of man. Whereas identity formation in adolescence is presented as four statuses of development (Marcia, 1980). In theorisations presented by Taylor (2015) identities are constructed and complex, not fixed, or essential in nature. With so many conceptualisations from which to choose it was necessary to determine create a sense of boundedness when thinking about identity in the context of this study.

Firstly (and helpfully) Jenkins (2008) offers the following thought “individual identity – embodied in selfhood – is not a meaningful proposition in isolation from the human (social) world of other people” and structures (Jenkins, 2008, p 40). Individual identity thus is concerned with the exercise of personal agency, but does not function is isolation from others

and from the structures which govern the social world. Secondly, (again drawing on Jenkins, 2008) individual identity is not isolated from collective identity; both are "entangled with each other" (Jenkins, 2008 p.37) with the distinction between the two being, the former is focused on difference and the latter is focused on similarities. Hence, stories submitted by the midwives and nurses in this study, although they cannot be presented as providing a generalised commentary on all midwife and nurse educators (Anderson and Kirkpatrick, 2016), they can provide a sense of the collective experiences of participants in this study. With this bounded view of educator identity in place movement away from personal perspectives to the wider context affecting the formation of midwife and nurse educator identity formation will now be considered.

1.2 Considering the wider context for this study

In the following section consideration is given to the global shortage of healthcare staff and its impact on the recruitment of midwives and nurses to become educators. The member nations comprising the United Kingdom (UK) are neither exempt from, nor unfamiliar with healthcare staff shortages (Nove, et al, 2021) with statistics demonstrating a UK shortage of staff dating back to as early as 1932 (Charlesworth, 2021).

In the face of a shortage of healthcare staff, the UK government has made a pledge to see midwifery and nursing numbers rise to 50,000 by 2025 (Buchan, et al, 2019) however it is uncertain how this will be achieved. Several factors appear to contribute to the current shortage of healthcare staff, for example, an aging workforce (RCM, 2017; Beech, et al, 2019) and high attrition rates from pre-registration courses (Beasley, 2018). Both factors influence the shrinking pool of suitably qualified and experienced midwives and nurses to become educators. Other factors impacting the availability of midwives and nurses to become educators is the increase in innovative roles such as clinical research academic or advanced midwife / nurse practitioner (Cowley, et al, 2020; NHS England, 2020; Palmer, et al, 2023). Situated in clinical practice these roles function in partnership with HEI but remain close to the heart of patient services. Renumeration for clinical academic / advanced practitioner roles is often better than salaries offered to lecturers. As a result, the NHS is likely to retain clinical staff who may otherwise have left the service.

Another factor contributing to a shrinking staff pool is that two thirds of midwife and nurse educators are currently in their fifties, with retirement predicted to occur for this group within the next 10 to 15 years (Council of Deans, [CoD], 2017). Without a concerted effort to attract and recruit staff to posts as educators the crisis in midwifery and nursing education is only likely to worsen (The Royal College of Midwives, [RCM] 2017). Midwifery and nursing educators occupy a vital role in preparing students to become knowledgeable practitioners (Gillespie and McFetridge, 2006; Marshall and Furber, 2017). Loss of educator expertise might lead to a devaluation of the professional status of midwifery and nursing, and there will be a loss of valuable expertise and knowledge from midwifery and nursing faculties (Nardi, and Gyurko, 2013; Evans, 2013; Joe, et al, 2013; Albarran and Rosser, 2014; Fang and Kesten, 2017; RCM, 2023). Thus, poor succession planning in midwifery and nursing education conceivably equates to not meeting the learning needs of students (Girot, et al, 2003; Albarran and Rosser, 2014; Phillips, 2020). Considering the correlation between bachelors' education and the well-being of healthcare service users (The Lancet, 2014; Audet, et al, 2018; Harrison, et al, 2019) losing the knowledge and expertise of retiring educators potentiates serious implications for the well-being of healthcare service users (Aiken, et al, 2014). To avert a deepening crisis in recruiting midwives and nurses to become educators, and the sequential effect of not being able to adequately support students, HEI's need to act promptly by finding ways to attract staff (Baltruks, et al, 2020).

In response to the problematical crisis of recruiting midwives and nurses to educator roles midwifery educators Marshall and Furber (2017) have called for efforts to make becoming and being an educator more attractive. Encouragingly there is evidence that role modelling achieved via written narratives can have a positive effect on its audience (Drumm, 2013). Thus, one possible solution to attract would-be-educators might be that midwife and nurse educator narratives could inform, and possibly inspire would-be-educators to pursue roles in higher education (Drumm, 2013). Additionally, HEI recruitment strategies might benefit from understanding midwifery and nursing educator attributes showcased by their narratives. Such information could be utilised to recruitment drives. Further, HEI's could ease transitions for those who become educators (Hunter and Hayter, 2019) and improve programmes of continuing professional development designed to support educators (Salminen, et al, 2013). What is evident from the literature to date is that transitions made by midwives and nurses to become educators is fraught with tension between their primary

professional statuses of midwife, nurse or dual qualification, and the novice role of teacher or academic. In the following section the differences between teacher, professional educator or academic are explored.

1.3 University settings and understanding the identity of teacher, professional educator and academic

Understanding the complex environment of universities and the impact this has on the professional educator identity formation of expert practitioners forms the introduction to the following section. The discussion considers differences between teacher, professional educator, or academic identities before returning to consider how working in universities might impact the educator identity and function.

Universities are complex environments into which expert midwives and nurses enter as novice educators. Factors such as the marketisation of higher education (Newman and Jahdi, 2009; Brown and Carasso, 2013; Hall, 2018), widening access to university courses (Bateson, et al, 2018; Lohmann-Hancock and Morgan, 2019; Robinson and Salvestrini, 2020) and the demand for employment ready graduates to populate the workplace (Hogan and Dogherty, 2015; West and Cridland, 2014) have led universities into an Age of Supercomplexity (Barnett, 2000). As other sources of knowledge abound universities are no longer able to claim exclusivity as providers of knowledge. To survive universities and educators have to 'market' knowledge as commodities worth buying (Buchbinder, 1993; Boulton and Lucas, 2011). Experiencing a dichotomy between the priorities of HEI compared to those in their work-based practice environments, becoming an educator in supercomplex university environments proved challenging for expert schoolteachers (Boyd and Harris, 2010) and healthcare staff (Smith and Boyd, 2012). To navigate their way into working within HEI's Wood, et al, (2016) found professional practitioners from teaching, youthwork, sports and health, constructed their professional educator identities in a liminal or transitional space between their professional and academic domains. Defining the term professional is notoriously controversial (Cogan, 1955) as becoming a professional is not a homogenous process or experience (Scanlan, 2011). Nonetheless, "knowing how professional identity is formed in student midwives and nurses identifies drivers and inhibitors to professional development, which can generate strategies to motivate professional growth" (Maginnis, 2018, p.91). Such knowledge however is not automatically

transferable to understanding drivers and inhibitors to professional identity and development in midwives and nurses who become educators. As discussed in section 1.1 there is a growing body of literature detailing transitions made by midwives and nurses to become educators. Nonetheless, assumptions cannot be made about how midwifery and nursing educators explain the formation of their professional educator identities, or the factors which they deem to have been influential along their journey. Delving into one's own educator formation narrative is beneficial for the educator's own understanding of their own biography, history, culture, and identity influenced her experiences of becoming a professional educator and her researcher position (Skerrett, 2008).

Clearly defining the term professional educator is not a straight-forward proposition. Nonetheless, there are accepted features common to one designated a professional and one designated an educator. Considering each designation in turn, professionals are described as those who receive formal instruction (with certification) usually from a university (Flexner, 1915); possessing professional intellect (Quinn, et al, 1996); and subscription to an ethical code which informs, guides and sanctions behaviour if professionals act out of keeping with the values of the profession (Frankel, 1989). All midwives and nurses are registered professionals with the NMC. To prepare students for professional registration, midwives and nurses must undertake post-registration studies in the principles of teaching and educating adults to comply with the NMC teacher standard (NMC, 2008). Having obtained a formal, post-16 professional teaching qualification midwives and nurses are recognised as qualified professional teachers. They can practice in a range of settings, for example as clinical academics, a role situated mainly in hospital settings (Latter, et al, 2009; Cooper, et al, 2019; Henshall, et, al, 2021). The most common setting for midwives and nurses to teach is in higher education where they are known as educators or academics. Turning to consider the designation of educator it is helpful to contemplate differing modes of education and how one who educates functions in relation to each mode.

In the banking method of education educators are elevated as the fount of all knowledge and students are empty vessels into which wisdom is poured (Freire, 1970; hooks, 1994). Conversely, in a liberating education both educator and students are responsible for education, with each learning from the other. In this model the educator is equally willing to learn from students, as well as instructing them (Freire, 1970; hooks, 1994). In a further model the educator engages in reflexive practice to modify their approach to education.

Drawing on experiential learning the educator adjusts their teaching to the learning content and style required to facilitate student learning (Kolb, et al, 2014; Kolb and Kolb, 2017). A difficulty faced by midwifery and nursing educators is that they have a statutory duty to teach mandatory skills, which could limit the degree to which students are able to share the educator role. Offering a solution, Freire's suggests the problem-posing method which allows the educator to "reform his reflection in the reflection of his students" (Freire, 1970, p. 53-54). As a result, the students are no longer passive listeners to the subject in question but become co-investigators engaged in conversation with the educator. As such the problem-posing educator creates a learning environment where criticality can be expressed. Hence an educator is one who facilitates learners to become invested in their own learning. Confusingly, the designation of educator is sometimes used interchangeably or at the same time as that of academic (Anderson, 2009; Duffy, 2013); hence another area for consideration is what it means to be an academic (or scholar). Offering a very specific response to this question Collins, (2004) suggests that "For teaching to be recognised as scholarship it must be public, susceptible to critical review, and accessible for exchange and use by other scholars; unless teaching has all three of these characteristics, it cannot be considered scholarship" (Collins, 2004, p135). By comparing Collins' (2004) criteria against the demands placed on academics working in the age of supercomplexity faced by universities, a clear response emerges.

Academics are expected to produce excellent results for HEI's through performativity in teaching (Wood, 2017) and research activities (Watermeyer and Olssen, 2016). Facing staff performance reviews (Parker and Jary, 1995; Kallio, et al, 2015), being subject to student evaluations on their teaching performance (Kreitzer and Sweet-Cushman, 2022) and by publishing, academics meet the scholastic measures identified by Collins (2004). Midwifery and nursing educators are measured against the same criteria. Acting as catalysts for improving university ratings these measures are used to attract students to apply for courses. However, achieving high student ratings can act against academic freedoms such as the right to express views without sanction or the right to determine which research projects they engage in or the right to challenge administrative decisions (Watermeyer and Olssen, 2016; Holt, 2020). Further, as highlighted by Kreitzer and Sweet-Cushman (2022), student evaluation of teaching can be biased and often is a poor measure of teaching quality. Setting aside concerns over student bias, the discussion so far demonstrates that defining the term professional educator is challenging. Nonetheless, for the purpose of this study the term

professional educator refers to a midwife or nurse who has undertaken post-graduate study to obtain a recognised teaching qualification, which is recordable by the NMC. Their scope of educational practice is comparable to academics who are employed by universities. As such each midwife and nurse professional educator can be defined as being an academic. Participants recruited for this study were deemed to have:

> "… a firm grasp of the subjects they teach and are true to the intellectual demands of their disciplines. They are able to analyse the needs of the students for whom they are responsible. They know the standards of practice of their profession. They know that they are accountable for meeting the needs of their students" (Wise, 1989, p. 304305).

For the continuance of this discussion, the terms educator and educator identity will be used when referring to midwifery and nursing academics. The rationale for this is that identity refers to internal perspectives for it these self-identifying, internalised meanings about the educators' identities which this study is focused on. However, the following section undertakes an important exploration of what the term role means in relation to the educator. Thus, although educator role will not be used in discussing the educator identity, because roles are externally imposed and linked to positions adopted within social structures such as a place of work (Stryker and Burke, 2000) roles are nonetheless important. By contemplating roles, responsibilities and requirements imposed on midwives and nurses as they establish their identity as educators a deeper understanding of their educator journey will be achieved.

1.4 Roles, responsibilities and requirements of midwifery and nursing educators

Just as individual identity does not exist in isolation from others (i.e., people or structures) so too midwifery and nursing education does not occur in a vacuum, nor is it influenced by one set of organisational, political, and social agendas. The Council of Deans [CoD] (2016; 2017), the NMC (2008; 2018a; 2019a and 2019b) and the (Department of Health [DoH], 2010; 2012; 2014) each have expectations of midwifery and nursing students and by default

they have expectations of those who teach the students also. The following section provides an overview of the roles, responsibilities and requirements of the educators who are therefore answerable to several professional fields.

All participants were recruited from university settings as this is where they were employed as educators. Further, as the university setting represents a new field of practice for midwives and nurses to navigate, any influences of working in a university setting on the formation of their educator identity might become known. Indicated above, universities' (due to internal and external pressures) appear to be constantly contending to secure a clear sense of their organisational identity and responsibilities (Barnett, 2014), and at times this creates a sense of being overworked leading to instability in those who teach (Gill, 2009). It is necessary for the fields of midwifery and nursing education to know how the culture of working in a university affects midwifery and nursing educators. Knowing this may lead to better preparation of the next generation of would-be-educators.

A key role and responsibility for midwifery and nursing educators is to devise curricula which are concerned with preparing students for professional practice, (Strouse and Nickerson, 2016). They are described as agents responsible for creating learning encounters through which socialisation into the profession(s) can take place (Maginnis, 2018). Appreciated by students for the contribution which they make to student preparation for clinical practice (Attenborough, and Abbott, 2018) midwife and nurse educators have a statutory duty to ensure that future contributors to the healthcare workforce are fully inducted into the values, principles, beliefs of what it means to be a practising midwife or nurse, (Nursing and Midwifery Council [NMC], 2019a and b). Further to this, reports such as that of Sir Robert Francis, following the MidStaffordshire enquiry sets the agenda for nurse educators, in collaboration with clinical colleagues, to undertake values-based recruitment, that is to find the right candidates for nursing courses. In addition, there was an injunction to regularly review and implement improvements in student mentorship. The focus in the Francis report was on improving student understanding of compassionate care:

> "… there should be an increased focus in nurse training, education and professional development on … delivering compassionate care in addition to the the theory…". (Francis, 2013, p.105 recommendation 185).

Although Francis refers here explicitly to nursing, at other points in his report he also refers to the education of medical staff, and the ongoing professional development of qualified staff and leaders in the National Health Service. Essentially compassionate care is not the exclusive domain of nursing, therefore the recommendations made here are transferrable to midwifery education. In agreement with the Francis report, Bill Kirkup's investigation into maternity services failings at university hospitals Morcambe Bay NHS Foundation Trust, found serious failings. These resulted in avoidable harm to mothers and babies, including unnecessary deaths. The Trust was found to have engaged in a toxic pattern of failing to recognise the risk faced by mothers and babies and the Trust denied the problems existed. Kirkup emphasised the absolute need for candour, transparency and an improvement of recruitment and education of learners, especially those who would be placed in smaller and rural maternity settings. There have been other reports which have led to concerns such as an inquiry into mental health care (Behrens, 2018; (see also Francis, 2013; Keogh, 2013; Berwick, 2013 and Kirkup, 2015; Independent maternity review, 2022). These reports evidence that a need to ensure that discourse in relation to troubling aspects of midwifery and nursing practice forms part of the midwife and nurse educators' identity.

Considering further the role and responsibilities of midwife and nurse educators, it is clear that they also have to maintain their knowledge, skills and expertise in order to address familiar topics, as well as being able to address the contemporaneous changes which occur in healthcare practice such as, the move from low technology to high technology care, (Free, et al, 2013; Archibald and Barnard, 2018); advances in pharmacological provision and the impact on lifespan, (Lichtenberg, 2013). Further to this maintaining a minimum standard of education for midwifery and nursing is seen as offering a safeguard against poor standards of care, which amongst other things ultimately reduces the cost of caring for pregnant women (Vermeulen, et al, 2018) and patients (Universities UK, 2015). Further still, given the mass exodus of healthcare staff following Brexit, the United Kingdom will need to be creative in its workforce planning efforts. The instability caused by Brexit is thought to have led to 12.8% EU nursing staff leaving the NHS in 2017/18, compared to 9% in 2015/16, (whole numbers not supplied), (Baker, 2019). However, Baker warned that as a significant number of NHS staff withhold their nationality, the percentages cited here can only be taken as an indication of a trend, not a precise measure. In response actions to actively recruit non-EU students for the UK has escalated with observation and local knowledge suggesting that recruitment campaigns in nonEU countries, for students increased following the removal

student bursaries (The Royal College of Nursing [RCN], 2018). In a climate where black and Asian educators are underrepresented in UK universities (Gabriel and Tate, 2017) midwifery and nursing educators may find they lack the cultural capital to engage with first generation migrants. The implications point to the possibility of them having to learn new ways of teaching to meet the learning and development needs of more diverse student groups. This challenge (already faced) by teachers of children have concluded that pedagogical approaches to teaching must change at policy level if the diverse linguistic and cultural needs of all students are going to be met, (Diallo and Maizonniaux, 2016).

Unquestionably the educational sphere of practice traversed by midwife and nurse educators is multifaceted requiring that the concerns of many differing agencies are attended to. This is not an unusual finding. In similar professions such as teaching (Department of Education, [DoE], 2011), social work (Health and care professions council, [HCPC], 2016)) and medicine, General Medical Council, [GMC], 2015) it is common for practitioners to achieve standardized qualifications and that their practice is regulated. Along with midwife and nurse educators each of these professional groups have public expectations which they need to satisfy and must being remain competent and current in their professional knowledge. It is evident that the roles and responsibilities of midwife and nurse educators is informed by complex, sometimes opposing frameworks. To complicate this further it is known that midwives and nurses are recruited to teach in higher education institutions based upon their clinical expertise and experience.

Clinical expertise and experiences developed in clinical practice do not necessarily prepare midwives and nurses for pedagogical practise. Acceptance of an academic role represents a transition from a workplace setting and organisational culture with which they were highly familiar (and probably identified as being influential) to one where they become a novice employee. This career transition whilst sought after can be disorientating and lead to inner conflict, anxiety, and a sense that they have been separated from the 'tribe' (Braithewaite, et al, 2016 p.1). Such is the conflict experienced by some midwife and nurse educators that they actively retain clinical titles which reflect their previous level of seniority. This acts almost like a defence against the novice-like status that the university confers on them (Smith and Boyd, 2012). Despite the potential difficulties in transitioning from one role to the next, if well supported, midwife and nurse educators can make the adjustment to their new roles in positive spirit (Summers, 2017). However, it cannot be assumed that because a

midwife or nurse attains a certain level of seniority in healthcare settings that this alone equips them for pedagogical practise in a higher education setting. The development of pedagogical practice requires intentional effort (Horsfall, et al, 2012). This takes time, patience, and practise to develop.

Although midwifery and nursing are now fully graduate professions in the United Kingdom, apparently much remains to be done in respect of increasing diversity in the approaches taken to teaching students (Beccaria, et al, 2018). My observation over the past twenty years is that there has been a greater emphasis placed on encouraging midwives and nurses to develop their pedagogical practice. Efforts to do so however are often thwarted due to excessive workloads. This is perhaps one reason why midwifery and nursing educators struggled to engage diverse teaching methods (Mackintosh-Franklin, 2016). Nonetheless, pre-the Covid pandemic there were some excellent examples of pedagogical practice emerging from the UK. For example, the use of poetry, drama, art, interwoven with a reflective approach now forms part of my personal practice, and written about by Madden, (2018). Lawrence and Weir, (2018) also report on interdisciplinary teaching approaches where drama students are engaged to play the role of patients in support of student midwife learning. Pront, et al (2018) report that despite the paucity of games available to nursing, the ones which are available have been positively evaluated as beneficial to learning by students. Post-the Covid pandemic midwifery and nursing pedagogical practice has embraced new ways of engaging with students (Luyben, et al, 2020; Cooke, et al, 2021; Haslam, 2021; Charalambous and Townsend, 2023). At the heart of midwifery and nursing education is a drive to promote affective care. It was the demonstrable commitment to affective care which nations applauded during the covid pandemic, but my researcher position was to question how concepts of care and being caring might have impacted the identity formation of midwifery and nursing educators. The following section explores understandings of affective and considers how it is promoted by the NMC.

1.5 Affective care and its place in the socialisation of midwives and nurses

In midwifery and nursing meanings ascribed to affective care are neither simplistic nor straightforward. As such any influence which affective care exerts over the educator identity formation of midwives and nurses cannot be assumed. In the discussion below the known

impact of affective care and the role of the NMC in promoting affective care in the education of midwives and nurses is explored.

All midwives and nurses in the United Kingdom are educated in accordance with educational standards determined by the Nursing and Midwifery Council, (NMC, 2019a and b). Through the process of professional socialisation, the principles, beliefs, and concepts, which are deemed important and essential to their professions are (re)produced in students of midwifery and nursing (Price, 2009; Zarshenas, et al, 2014; Fitzgerald, 2020). Care and being caring is perceived as characterising the essence of the midwifery and nursing persona, illustrated by care being promoted as the core business of midwives and nurses (Cummings and Bennett, 2012). Perceiving care in this way has application for the work of midwifery and nursing educators, as well as clinical staff. Support for this perception can be found in the literature, (Song, 2016; Mazhindu, et al, 2016; Ménage, et al, 2017). So deeply held is this perception that something is deemed to have gone critically wrong when midwives and nurses have failed to demonstrate affective care. Often, they are judged as having acted unprofessionally and inappropriately, (Aiken, et al, 2018; Hutchinson, 2014; Adams and Maykut, 2015). So pervasive are views about care that midwifery and nursing literature is burgeoning with discourses about how to prepare students for the clinical setting and how to teach them about affective care, (Simonson, 1996; Dix and Hughes, 2005; Godson, et al, 2007; Rance and Sweet, 2016; Hall and Mitchell, 2017; Pearson, 2018; Pearson, 2022). Affective care however is a subjective entity and therefore open to a variety of interpretations.

For generations theorists have explored the meaning of affective care and by so doing the field has a variety of frameworks to support its conceptualisation. Being caring, for example, has been described as the criterion for being human, (Roach, 1984). In other examples it is considered the altruistic expression of love, (Boytkin and Schienhofer, 2015); the moral ideal for nursing, (Watson, 2008); a way of relating to others, (Swanson, 1993) and a framework for giving and receiving to take place between individuals, (Benner and Wrubel, 1989). In addition, it is asserted that perceptions of caring are formed in response to social influences, (Tappan, 1998) and the meaning of affective care has its roots in cultural expressions, (Leininger, 1988). Moreover, affective care is characterised by actions of 'being there for' and 'doing for' the patient, (Savage, 1995). What emerges from these discourses is a lens through which rich and diverse meanings of affective care become possible. This

body of work attests to the complex nature of this area of professional knowledge and might explain why it is difficult to separate affective care from the professional identity of midwife and nurse educators, evidenced by the drive to teach care (Adams, 2011). However, to claim, without unpacking meaning, that affective care influences the professional identity formation of midwife and nurse educators is too simplistic. To make this claim it is imperative to determine how individual educators view affective care. Justification for exploring influences on midwife and nurse educator identity is drawn from professional identity work undertaken with schoolteachers who did not arrive at their educational courses as blank sheets (Flores and Day, 2006; Bukor, 2013; Day, et al, 2013). Professional socialisation is a process which individuals who are already in motion engage with on their life journey.

So far, the literature suggests that where the professional identity of midwife and nurse educators is mentioned the emphasis is on its function in socialising students towards professional status (Apesoa-Varano, 2007), to act as a role model for students (Baldwin, et al, 2017) and to explore their own transition from clinical expert to academic. The latter observation does offer some insight into how the educator identity engages with other people and social structures in the execution of their role, however the exploration of this is limited. Even less transparent in the literature are discussions about how the midwife educator identity forms and the place of personal agency in its formation. Greater understanding about the educator role could lead to the emergence of effective communities of practice for midwifery and nursing educators (Woods, et al, 2016) and provide insightful information for would-be- educators. A means of delving into the educator narratives meant utilising a theoretical framework which would enable consideration of identity formation, the role of structure and agency and make it possible to discover what was currently hidden in the educator stories.

1.6 Theoretical framework and research approach utilised in this study

The study was framed by Pierre Bourdieu's social theory which was inspired by his views on the divide between objectivist, and subjectivist approaches to explaining human behaviour (Bourdieu, 1989). Incorporation of the theoretical concepts of habitus, field and capital affords a searching exploration for multivarious and once located deep inquiry into

the factors which midwives and nurses indicate have contributed to the formation of educator identity. A narrative approach to the study ensured that the participants were able to share their stories across two in-depth interviews. An interpretivist thematic approach was employed to analyse and make sense of the data.

1.7 My researcher positionality and reflexivity

The paradigmatic approach which I adopted for this study is that of an interpretivist inquirer (Paull and Girardi, 2015). My intention was to approach the narratives of midwife and nurse educators to explore the meanings they assign to how their educator identities were formed, and to learn more about the contexts surrounding their unique experiences (Greene, 2010). Deeply aware that it was my own perceptions and personal inquiry into how I became an educator which led me to this study (see section 1.1) I had to acknowledge the inevitability that knowledge produced through my interactions with the participants would be inter-subjective. Further, as a novice researcher I acknowledged (and was concerned about) the potential for my experiences to overshadow and possibly misrepresent the reality of the experiences which the participants shared with me. I was especially concerned that if our experiences were similar, this might lead to me assuming understanding and missing important nuances in the educator narratives. Nonetheless, as the purpose was not to rehearse the experiences which the participants shared, but rather to interpret the phenomena of their experiences related to how their educator identities were formed, I embraced the process of co-constructing the experiences which were shared with me (Crotty, 1998; Greene, 2010). However, due to the subjectivity which I bought to the study I constantly and purposefully clarified my position in the research process in three ways.

Firstly, and perhaps counter-intuitively to the preceding discussion I explored my own narrative of becoming an educator. In combination with the literature which details the transition experiences of nurses and midwives to educator roles (see above) I was able to formulate criteria for those who would be included in the study based on what was currently known about educators. Secondly, (see section 4.9) during the recruitment phase I maintained the formality of email contact until the participants indicated they were interested in participating in the study, at which point we had a telephone conversation. Managing sameness in the recruitment process provides transparency that all participants

experienced the same opportunity to learn about the study, and to determine if they wanted to share their data. I utilised purposeful and snowballing sampling in this study (see sections 4.6 /4.9) however I ensured that all participants were afforded the same opportunities to acquaint themselves with the research purpose before I engaged them in a telephone call. Lastly, inspired by a film titled: Qualitative conversations: Kim Etherington (Douglas and Carless, 2017) I engaged in reflexive practices designed to bring into perspective how I engaged with the participants and with the research process. Time was a mitigating factor against recording all my reflexive endeavours such as conversations I had with my supervisors, colleagues and interested others about my work. I often made midnight voice recordings as I realised, I feared losing ideas for the follow-up interview. Nervousness drove me to carefully save my data just in case my laptop died (which it did half-way through data analysis!). A time-consuming activity was to construct mirrored responses to the participants data. In short, this is where I recorded my reactions and questions to what I was hearing. By so doing I was able to attend more carefully to what the participants were sharing with me, and to demarcate my experiences from that of the participants (see appendix one for an example of a mirrored response). My reflexivity is further expressed by the way this thesis has been constructed. This will be noted most significantly in how I will at times turn away from a discussion point to highlight a significant connecting thought, to return to starting discussion point. By so doing I reflect how I process data. In the following section I demonstrate how the thesis is structured.

1.8 Structure of The Thesis

This thesis is divided into eight chapters.

CHAPTER TWO – Literature Review In this chapter I critically review the literature relating to the formation of Self, Selfhood, and performativity. Theoretical perspectives of personal identity and its impact on professional identity are considered. Factors thought to influence the professional identity formation of midwives and nurses form part of this review. Specifically, the history of the professions, the impact of gender on the professions, concerns for affective care (being caring) and professional socialisation are discussed in detail.

CHAPTER THREE - Bourdieu's theoretical constructs and the formation of educator identity.

In this chapter Bourdieu's constructs of the habitus, field and capital and their structuring effects on identity formation is discussed. The habitus is shaped over time, reliant on interactions with other social agents to develop individual and collective identity and is impacted by influences external to the social agents as such the habitus provides great utility in the effort to understand how the midwife and nurse educator identity might have been formed.

CHAPTER FOUR - The Methodology Chapter

This chapter focuses on my chosen methodology and research methods. I extend consideration of my researcher positionality and reflexivity (which began in chapter one) by exploring my epistemological position which aids explanation of my methodological stance. I adopt an interpretivist position, and by use of narrative commonplaces and thematic analysis I puzzle my way through the thick, rich but initially overwhelming volume of disordered narratives.

CHAPTER FIVE - Being an educator.

In this first of two findings chapters three categories are explored namely, two professional identities embodied in one person, educators or trainers and lived experiences inform teaching practice and engagement with students. To demonstrate the wealth of data, and to best represent the participants as co-constructors of the findings I make extensive use of verbatim quotes throughout this chapter. Accompanying the quoted material are what I term in-the-moment discussion points prompted by the findings. This potpourri approach to offering discussion in the finding's chapters felt like a risk, however it does reflect the unpredictable or messy (Bruce, et al, 2016) nature of narrative inquiry.

CHAPTER SIX – Becoming an educator.

This second findings chapter is divided into two sections. Sections 6.3 – 6.5 considers early influences on becoming an educator, namely, early educational encounters: A path to success; proclivities to care and teach; the impact of role models in the preregistration years. Sections 6.7 – 6.9 explore aspects of becoming an educator from the commencement of

midwifery and or nurse education and training. Categories considered are psychological threats to wellbeing; the power of praise and motivated by frustration.

CHAPTER SEVEN – Discussion of Findings

This chapter discusses the key themes emerging from the findings which are: Identifying seeds of the midwife and nurse professional educator identity and growing 'panes' – how midwives and nurses transitioned to become professional educators.

CHAPTER EIGHT – Conclusion to the thesis

In this chapter I respond to the research questions by discussing the ways in which midwives and nurses perceive their educator identities were formed. It was found that their educator identities arose from dispositions acquired during the formation of the primary habitus. Capable of improvisation, their primary habitus responded to the influence of structuring processes throughout the life course, including professional socialisation into midwifery and nursing leading to the formation of the educator identity and secondary (or specific) educator habitus. Viewed as a collective the participants in this study demonstrate shared characteristics of the educator habitus, which was most clearly seen in their articulations about care and being caring. Recommendations and limitations of the study are discussed, and how the research contributes to the fields of midwifery and nursing education are highlighted.

1.9 Conclusion

This introductory chapter has offered an introduction to my researcher position and the personal considerations which led to this research interest. Consequently, that chapter has identified the complex and diverse informants which might influence midwives and nurses in their journey to become educators. The educator identity does not exist in isolation (Jenkins, 2008) as such this study can offer limited insight into the collective (or similar features) of educator identity drawn from midwives and nurses who participated in this study. Gaining a better understanding of how midwives and nurses perceive their own educator identities were formed is not only an interesting proposition but will provide the fields of midwifery education and nursing education with an opportunity to better understand those responsible for educating future professionals. As previously discussed,

midwives and nurses in their journey to become educators are not only grappling with the concept of identity but are doing so in HEI's which (due to internal and external pressures) are contending constantly to secure a clear sense of their own organisational identity and responsibilities (Barnett, 2014). Knowledge of how midwifery and nursing educator identities are formed and perhaps discovering more about how midwifery and nursing educators' function within super-complex HEI environments has utility. Chiefly knowing more about how midwives and nurses navigate towards their educator identity might aid HEI's in attracting would-be-educators to pursue career transitions from the NHS.

2.0 Literature Review

2.1 Introduction

Identities are socially constructed (Lin, 2013) as such identity is a contested construct about which there is much debate (Sökefeld, 2001; Woodward, 2018). Midwives and nurses in their journey to become educators grapple not only with the contested concept of identity, but so across a range of relationships and social environments. To better understand the concept of identity this chapter explores the following themes:

2.2 Searching the literature – detailing the search strategy

A literature search was conducted using the following databases: EBSCO Host, a sophisticated search engine which gives access to over 20 data bases, including CINAHL (Cumulative Index to Nursing and Allied Health Literature). In addition, I accessed Emerald Insight, Google Books, Google Scholar, Wiley online library, Taylor, and Francis online, Science Direct, Proquest and Research gate.

Key search terms included:

- Nurse/midwife + identity + educator
- Student nurse /midwife + professional identity
- Midwife / nurse + expert + transition
- Professional identity + midwife/nurse + educator
- Identity + personal + professional
- Transitions + midwifery / nursing
- Being an educator + midwife educator / nurse educator

The search terms were entered using a combination of Boolean operators and restrictors; for example, searches were initially restricted to United Kingdom studies only, then opened to more extensive searching using the same terms. A theses search was also conducted using the British Library EThOS site. Reference lists in articles were back chained for other relevant sources. Although the key aim was to identify empirical data, given the growing, but small volume of data pertaining to the specific aim of this study, personal accounts of

educator journeys were not excluded from this review. Thus, three categories of literature are included, these are:

- Personal accounts from midwives and nurses about their transitions to become educators.
- Grey data such as (official reports /informational documents) in relation to midwifery and nursing education; care and caring.
- Primary (empirical) research of the midwifery, nurse, and teacher educator identity; professional identity formation.

In the following section the meaning of identity is explored in more detail.

2.3 Identity: 'a floating' state of being

In considering identity and its meaning the following section endeavours to capture key concepts relevant to this study.

> "…identity is the everyday word for people's sense of who they are"
>
> (Djité 2006:6).

Popularly held notions of identity (Benwell and Stokoe, 2006; Wibben, 2013; Hall, 2020) under-represent the complexities associated with this construct (Djite, 2006). In a sense identity belongs to everyone as Conde (2011, p.1) highlights "Identity is like a floating signifier for multiple meanings in almost all discourses, perceptions and paradigms, from the social sciences to politics, the media and daily life." As 'a floating signifier' or state of being, identity is discussed in philosophical and theoretical discourses which are diverse and consistent with the era in which they were conceived (Schacther, 2004; Leary and Tangney, 2012). Identity is studied for its construction (Erikson, 1950; Marcia, 1980; Taylor, 2015); performance (Goffman, 1956) impact on role choices (Stryker, 2008); its being a product of personal agency (Schwartz, et al, 2005) and communality (Neville, et al, 2022). Identity is formed at social intersections where personal agency meets social structures such as ethnicity (Ryan, 2007; Jensen, 2011; Spencer, 2014); race (Tembo, 2020; Burrell-Craft and Eugene, 2021); family norms and expectations (Silva, 2005; Adler, 2006; Meyer and Fozdar, 2020) and the influence of social groups (Spears, 2011; Thomas, et al, 2015). Turning aside

for a moment, it is important to offer a defining statement about personal agency at this point of the thesis as agency is implicit to the discussion of identity.

Agency has its own theoretical underpinnings (Bandura, 1989; Bandura, 1996; Thoits, 2003) and essentially personal agency refers to the sense in which an individual (also described as a social agent) believes they influence their own actions and life choices (Bandura, 2006).

> "The sense that I am the one who is causing of generating an action. For example, the sense that I am causing something to move, or that I am the one who is generating a certain thought in my stream of consciousness" (Gallagher, 2000, p.15).

Note is taken of terminology used in this quote, specifically, "The sense that I am the one who is causing …" (Gallagher, 2000, p.15) detects an underlying debate over what personal agency truly means. Concepts such as structuration (Giddens, 1984) and habitus (Bourdieu, 1977) attempt to assist with understanding personal agency, both will be considered in chapter three. For the purposes of this thesis personal agency is taken to mean "representing individual influences within structured societal pathways" (Hitlin and Elder, 2006, p.34). In short, personal agency is the exercise of free will in response to the structuring effect of societal structures which mentioned above include, for example, race, gender, and social class. These influences exert a structuring effect on identity (Saadatmehr et al, 2019). Interactions between structure and personal agency are of interest as they may explicate how midwifery and nursing educator identity has evolved through various career transitions.

Returning to identity, many differing definitions and explanations of identity are accessible in the literature (see Fearon, 1999). In one example, Tatum (2000, p.1) asserts, "identity is … complex … shaped by individual characteristics, family dynamics, historical factors, and social and political contexts". Thus, identity is both unique to the individual, while simultaneously shaped by external factors. In another discussion Esteban-Guitart, and Moll, 2014 state: "For us, subjectivity (lived experience) is a means by which we can capture funds of identity – the box of tools people use to define themselves" (Esteban-Guitart, and Moll, 2014, p.76). 'Funds for identity' denotes materials used by the individual to construct their identity. Some funds are physical, such as a "digital camera" and the picture it produces (Esteban-Guitart, and Moll, 2014, p.74). Enabling individuals to capture stories occurring

over time, a digital picture stores memories about places, people, and oneself, in short it captures one's "lived experiences" (Esteban-Guitart, and Moll, 2014, p. 75). Other funds are not visible as they are deeply buried in "sociocultural activities or … dispositions, or habits of the mind" (Esteban-Guitart, and Moll, 2014, p.75). The notion of some funds of identity being hidden resonates with an earlier assertion that identity equates to internalised meanings and expectations which individuals hold about themselves (see 1.3 above).

In yet another example identity is described as "… specific understandings…" (Wendt, 1992, p.397) excites the prospect that this inquiry will uncover hitherto unknown stories of how the educator identity formation of midwives and nurses occurred. Delving deeper "understandings and expectations about self" (Wendt, 1992, p.397) are supposedly derived from reflections and internal processing of experiences which a person might have with their inner-Self and others (Mead, 1934; Goffman, 1959; Giddens, 1991; Taylor, 1992). Identities, as expressions of self are learned, acquired outcomes reflecting the interrelated relationship of self with society (Stryker, 2007). Extrapolation of self from concepts of identity is difficult, indeed the two terms are at times used interchangeably (Oyserman, et al, 2012). However, although they are interdependent, identity and self are in fact unique entities.

For this thesis identity is understood to be simultaneously a project of individuation and belonging to collective groups as they are not formed in isolation one from the other (Jenkins, 2008). Consisting of subjective, experiential, and agentic responses on the part of the individual, identity is impacted by external influences such as one's family, schooling, or access to funding to enhance expressions of identity, such as owning a "digital camera" (Esteban-Guitart, and Moll, 2014, p.74). Crucially, identity is a complex social construct, rooted in personal and collective group history, thus it is impacted by time, places, and events. Essentially, identity (influenced by external factors) is an expression of hidden processes such as thoughts, feelings, habits, and dispositions. Concepts of self are explored in the following section.

2.4 The Me and the I: The self, personal agency and internal conversations

Self was extensively studied and reported on by George Herbert Mead (Mead, 1934) who rejecting Freud's notion of biological drivers (Freud, 1940) focused on how social experiences result in the emergence of the mind and self. Below Mead's explanation of the-

Me and the-I offer insight into how one achieves a constructed identity, expresses self-awareness, and achieves self-management and the expression of personal agency.

Individuals develop self-awareness over various stages of life, through engagement with social structures such as family, culture, language, play, games, (Bender, et al, 2010). Application of this principle suggests that as midwives and nurses engage with social structures unique to their professional socialisation in turn, they also develop self-awareness of how their professional identities are formed. According to Mead (1934) becoming better aware of oneself involves an increasing awareness of others, which in turn directly impacts on how one interacts with others. In nursing, for example, this is evidenced in how patients are viewed by nurses as valued Others capable of contributing to their own recovery (Fagermoen, 1997).

Through the Meadian lens, identity is constructed based on the relationship between the-I and the-Me, which are the two sides or phases of self (Mead, 1934). The-Me represents the social, objective self. Through learned behaviours such as occur in professional socialisation, the-Me evokes conventional responses enabling midwife and nurse educators to understand professional expectations, ways of thinking and being. The-Me is the part of self which exercises control over oneself. The-I, is the other side of self; it is the present and future phase of self.

> "… the "I" appears in our experience in memory. It is only after we have acted that we know what we have done; it is only after we have spoken that we know what we
> have said…." (Mead, 1934 p.196)

Mead's conceptualisation of self provides a clue to the complex nature of identity, by highlighting the possibility that the-I can make socially expected choices; but equally, the-I can also act impulsively and cause a person to make socially deviant decisions. Arguably, deviant decisions are not deviant at all but represent the assertion of personal agency, or the process by which individuals exercise self-will in opposition to external structures. Herein is an early indication that to best explore the narratives of midwives and nurses to discover how they perceive their educator identity was formed, a theoretical framework capable of assessing the duality of structure and personal agency is required.

Mead also suggests there is an internal conversation which the-Me has with the-I. Beneficially, accessing any such internal conversations will deepen understanding of how the educator identity of midwifery and nursing educators is conceived, formed, and operates (Eccles, 2009). If identities perform as lighthouses orientating the individual and making sense of life (Oyserman, et al 2012) then internal conversations can be viewed as switching the light on. Viewing identity through the lens of the-Me and the-I therefore lead to consideration of how the one's inner being or self, engages with itself, and that this might occur through inner clarifying conversations. In the following section the self in relation to identity is considered in more detail.

2.5 The Self: Performativity and multiple identities

As seen from the discussion above the concept of the self through the-Me and the-I give expression to personal agency and expression of identity. In the following section consideration is given to one aspect of the self, which is the conceptualisation of the self as a social mechanism consisting of beliefs and knowledge which individuals hold to be true about their own (various) identities (Stets and Burke, 2003; Baumeister, 2019). Expressions of the self as described by Goffman (1959) aid this discussion.

Self emerges when interacting with Others, be that other people or with social structures (Kelly et al, 2019). Overall self is organised into multiple identities, each of which functions in relation to or even opposition to what Others think about them (Ferguson, 2009; Cast and Stets, 2016: Silvia et al, 2017). In turn selfhood reflects how self operates in the social world. For example, selfhood is viewed as a co-creation, outworked in a public space with others who either verbally, or symbolically express understanding of the other (Taylor, 1989). Through acts of recognition individuals agree upon courses of action. For example, in a bus full of strangers, a symbolic gesture of fanning oneself might act as a semiotic signal, an intentional or unintentional way of communicating meaning to another person to open a window (Sebeok, 2001). Selfhood thus consists of the freedom to act in certain ways which is reminiscent of agency (Taylor, 1989; Oshana, 2010). Selfhood and being human are characterised by our ability (irrespective of difference in terms of time, place, culture, and language) to be self-interpreting, dialogical and relational (Taylor, 1989). Keeping this view of selfhood in mind suggests the exciting possibility that participants' narratives will highlight how their educator identities have emerged over time, in which places and reveal

the impact of culture and language on them becoming educators. As stated above, self is organised into multiple identities thus suggesting that identity is neither fixed or rigid, but dynamic and constructed through a range of socially structuring processes (Leeds-Hurwitz, 2009).

Offering the perspective that there are three expressions of identity Goffman (1959) highlights that personal identity is based upon collective values embedded within the individual through the structure of family, culture, and schooling for example. Social identity is recognised through the alignment and unquestioning agreement of values held by the individual with those embraced by others. Lastly, ego, otherwise known as felt identity, can be seen to function in a similar fashion to Mead's the-I and expresses agency. According to Goffman these expressions of identity, assumed from birth onwards, are enacted on a never-ending metaphorical stage called, everyday life.

Known as dramaturgy (Goffman, 1959), on this stage people through the social process of identity engage in the performance self (Goffman, 1959). Midwives and nurses are not exempt from such performances (Deery, 2009; Deery and Fisher, 2010; Malouf and West, 2015; Plimmer, et al, 2022). Which aspect of self (or identity) presented to the world at any given time is dependent upon circumstance and situation. Stages are referred to as front of stage or backstage, when front of stage social agents present the version of self which they would like the world to most see. Often this version of self is presented in non-familiar, formal settings where management of positive impressions is perceived most essential (Deery, 2009; Slootman, et al, 2023). An example from midwifery, when front of stage, midwives consistently managed and performed emotions they felt would support service users and colleagues; however backstage the midwives in their study felt emotionally drained (Deery and Fisher, 2010). Choosing how to perform, knowing how to behave to create a good impression suggests the embeddedness of specific values (Bolton, 2001; Deery and Fisher, 2010). Backstage performances reflect the version of self when it is most relaxed, comfortable, and unencumbered by any need to impress. Goffman's theory is not without detractors, for example Goldner (1971) suggests there are key questions such as why individuals choose the version of Self which they express in preference to other versions of self which they possess? Further, Williams (1986) accuses Goffman of debasing human interactions to a sordid game of insincerity with social agents performing to maintain

appearances. Despite these concerns, awareness of the front and backstage self creates an alert to notice any mention in the educators' narratives which sound like performativity.

Understanding the flexibility of the self to perform and present differing identities depending upon the audience demonstrates the complexity associated with understanding identity. Specifically, formation of and presentation of identity is a project of individuation, however individual identities do not form in isolation from collective identities. Hence, operating as part of a collective identity, individual identities are impacted by influences such as the feelings of others or one's physical environments. Awareness of the self as an overarching concept by which individuals understand and express their various identities focuses attention to all manifestations of identities including, midwife and or nurse which might have impacted the formation of a professional educator identity. However, this study offers scope to consider how personal identities such as daughter, son, sister, friend might also have influenced the formation of a professional educator identity.

2.6 Historical considerations of personal identity

It has been established that the self is an expression of multiple identities, shaped by collective values, which can express personal agency and perform in front of others, as well as existing in its most relaxed form when unencumbered by the expectations of role. Of interest to this study is how the professional educator identity of midwives and nurses is formed. Understanding of how personal identity is theorised might assist with this understanding, hence an outline of theoretical considerations is now presented.

Drawing on historical perspectives in his treatise, "Meditations on first philosophy" Descartes (1641) undertakes to explore the meaning of who am I, hence a study of self or personal identity. He proposed the concept of dualism otherwise known as Cartesian theory, in which human reality or existence is divided into two parts; the division is between the mind and body, which he asserts can exist independently of each other. From his viewpoint, the ability to study the physical body empirically does not negate the presence of the mind (or soul), which cannot be seen, but which nonetheless exists. The mind is conceptualised as the seat of a person's consciousness, where feeling, initiative, passions, understanding, in short, personal identity is formed and found "I am, however, a real thing and really exist; but what thing? I have answered: a thing which thinks" (Descartes, 1641/2008, p.9). I am a

real thing, a thing which thinks suggests personal identity is a dynamic entity. Grounded in lifelong experiences which generate deeply held convictions, personal identity can be overtly felt and expressed through bodily actions, at other times its influence is more passively expressed (Demblon and D'Argembeau, 2017; Drummond, 2021). Significantly, personal identity is mostly recognised by its faculties such as, intellect, a will, desires, hopes, fears, and sensations, in short, these faculties describe the mind. According to Descartes (Descartes, 1641/2008) the body is extendable, meaning that its functions can be quantified or measured; the mind is not so. Activities of the thinking being cannot be measured or divided in the same fashion as the physical body.

Descartes is sharply criticized by Ryle (Ryle, 1949) who argued that the use of the word 'mind' and the notion of 'mind' as an unseen entity, with the power to control a mechanical body, was in fact a category mistake. Proposing instead that a sense of self is derived from human behaviour and that the workings of the 'mind' are not distinct from the actions of the body. For example, someone thinks they are incapable, because they act incompetently. The 'mind' therefore is a set of capacities and abilities which belong to the body (Ryle, 1949). There are other schools of thought about the meaning of personal identity. For example, Locke proposed "For whatever substance there is, and whatever it is like, without consciousness there is no person." (Locke, 1689, p.120/Bennett, 2017). Here Locke seems to suggest agreement with Descartes that there is no sense of person without mindful awareness. In another offering, Hume rejects the conception of one stable identity and states that "by the term *impression*, … I mean all our more lively perceptions, … we hear … see… feel… love… hate… desire… we will… impressions are distinguished from ideas, which are the less lively perceptions" (Hume, 1748, E 2.3, SBN 18). Herein Hume proposes that life consists of ideas and impressions, which represent shifting elements of a person's existence thus making one's personal identity a dynamic entity.

Though dated the theories cited above are pertinent to this discussion and find expression in stories of how personal experiences and personal identity have impacted the educator identity development of teachers (Day, et al, 2006; Bukor, 2015 and Hahl and Mikulec, 2018) and nurse educators (Cain, 2018; Brower, et al, 2022). It can be reasoned therefore from this outlining of theories that it would be imprudent to disregard the potential influence of personal identity when considering the professional educator formation narratives of midwives and nurses. To illustrate this last point, care is a quality which can be embedded

in one's personal identity; however, caring is also requirement of professional healthcare practice (Cummings and Bennett, 2012, NMC, 2018a). The place of affective care therefore is considered in the following section.

2.7 Affective care and its prominence in midwifery and nursing

Affective care (emotionally mature, compassionate, kind, respectful behaviours and values, NMC, 2018a) is conceptualised as being fundamental to midwifery (Halldorsdottir and Karlsdottir, 2011) and it is seen as a defining characteristic in nursing (Chokwe and Wright, 2012) (see appendix two). As such affective care occupies the position of being a taken for granted truth, which if confirmed by this study would signal that affective care exerts a profound influence over the professional educator identity formation of midwives and nurses, both as individuals and as a collective group. In the following section affective care and its antithesis that is not caring are considered.

In midwifery and nursing there is a deeply rooted focus on care and being caring (see appendix two). The focus on care is unquestionably attributed to the organisation of the underlaying values taught as part of the socialisation processes designed for novices to gain access to the professions. Nevertheless, although being caring is a key aspect of the midwife and nurse professional identity, it is recognised that there is a "bullying dark side" (Adams and Maykut, 2015, p. 765) to nursing and midwifery (Gillen and Sinclair, 2008; uncaring staff attitudes
(Department of Health, 2015) and excessive dark passion for the role, leading to burn out (Bushardt, et al, 2016) co-exist alongside the image of a caring professional identity promoted by regulatory authorities, such as the Nursing and Midwifery council in the United Kingdom, (NMC, 2018a). Further, the observance of uncaring behaviours witnessed by nursing students (Traynor and Buus, 2016) provide a worrying image about the professional identity of staff. This might contextualise why energies (seen through the historical lens above) and through midwifery and nursing scholarship) have focused on highlighting the uniqueness and importance of being a midwife and / or a nurse. This effort is international, for example evidenced by scholarship from The Netherland's (De Vries, et al, 2013), Italy (Nocerino, et al, 2020), United States of America (Fitzgerald, 2020). In addition, international organisations such as, the International Confederation of Midwives [ICM] (ICM, 2023; Barger, et al, 2019) and the International Council of Nurses [ICN] (Stievano

and Tschudin, 2019; ICN, 2021) also stipulate their expectations for practitioner identity and ethical practice. Views and expectations held by the public pertaining to what a midwife or nurse should be, add to the complexity of professional identity (Griffiths, et al, 2012; Boyle, 2013; Barksby, 2014; Care Quality Commission, 2018). Moreover, diverse specialisms exist within the professions creating vast difference between individuals, who although they bear the same title of either midwife or nurse, might have little in common in terms of how they function (Hurley, 2009).

Discovering how midwives and nurses in this study have experienced affective care and its possible influence on the formation of their educator identities is an exciting proposition, especially given the proven presence of a dark side of midwifery and nursing. This antithesis to affective care challenges the usual perception of the professions being rooted in care. In response, nursing and midwifery scholars have engaged in active discussions which seek to promote care and the uniqueness and importance of being a midwife and / or a nurse. The discussion so far indicates that far from being static and predictable, professional identity constitutes just one of the many identities which a midwife or nurse might possess. The preceding discussion highlights how being caring might impact the professional identity formation of midwives and nurses. The following section focuses on the meaning of professional identity.

2.8 Understanding the meaning of professional identity

The term professional educator was discussed above (see section 1.3) however the question of how professional identity (in a universal sense) is formed requires careful consideration. In the following section theoretical perspectives discussing the meaning of professional identity are explored with consideration of how these might be applied to midwives and nurses as they transition to become educators.

Professional identity is a limited entity if defined as: "… the constellation of attributes, beliefs, values [including care], motives and experiences, gives rise to an inflexible construction, which changes little over time" (Wood et al, 2016 p.2). The suggestion that professional identity "changes little over time" (Wood et al, 2016 p.2) appears to run contrary to Ibarra's perspective (1999) which asserts that professional identity is a fluid, or

changeable concept, with her conceptualisation resonating within teaching (Cattley, 2007); social work (Moorhead, 2018) and for late career medical staff (Onyura, et al, 2015). Ibarra viewed professional identity as an adaptive mechanism. Three elements are thought to be at work, namely, situational, and personal variables / adaptation repertoire / and adaptation tasks. Ibarra postulates that through a process of experimentation new role holders will adapt to their professional roles by experimenting with a repertoire of identities (Smith and Boyd, 2012; González, et al, 2014; Wood et al, 2016). The outcome or identity the new role holder settles on might be influenced by individual experience, values, self-concept, and the situation which the professional finds themselves in. In a later work Ibarra and Barbulescu (2010) extend this model, which is highly applicable to midwives and nurses, to include factors which would influence the professional identity of more seasoned professionals, who move on to adopt new professional identities. Those who move from a primary/ first order professional roles such as midwifery or nursing, into higher education (second order roles) need to maintain a sense of why they transitioned as motivation to drive forward and sustain the adaptation process. By gazing backwards (Clandinin and Connelley, 1990) on the journeys taken to become educators' this study makes it possible to discover actual reasons why participants moved into HEI in the first instance, and to identify reasons why they remained.

The work of Shreeve (2010) provides a lens through which to understand the transitional process of moving from one identity to another. Consisting of five experiences of identity where creative professionals began their journey to educator status firstly by dropping in, almost like visitors, to their new educator identities. However, their roots remained firmly located in their originating practice and identity. From this 'dropping' in stage some practitioners experienced progressive movement across from their primary, practice identity to where their secondary, educator identity began to take on greater importance. In the third experience of identity both the primary and secondary identities are considered equal in importance and exist in a liminal space, recognised and functioning as 'two camps'. Eventually the educator becomes adept at balancing their educator identity with their previous professional identity. The five stages of identity are highlighted below:

- 'dropping in' – identity is firmly located in the former area of practice
- 'moving across' – where teaching develops prominence

- ‘two camps’ – both teaching and practice are now perceived as equally important (professionals may find this to be a difficult time because neither is more important than the other)
- ‘Balancing’ – here knowledge is exchanged between practice and teaching. There is fluidity.
- ‘Integrating’ – the identities are completely blended to produce ‘an artist-educator’.

The liminal space and state of being created by the ‘two camps’ might cause stress for those transitioning to an educator identity. As personal and professional values are restructured in the liminal space distressing experiences can be the result for the educators (Gourlay, 2011a and 2011b). Eventually however resolution of conflict between the primary and new identities occurs, aided perhaps by those internal articulations occurring between the-Me and the-I (Mead, 1934) leading to some educators leaving HEI’s (Gourlay, 2011b), but others remain. The outcome is that the professional midwife and nurse is remodelled to become an educator. There is evidence of how those new to teaching in HEI function in a liminal space (Wood, et al, 2016) demonstrated that they remained in a liminal space for as long as possible because it was safe, familiar and they can hold onto their previous professional identity for longer (Wood, et al, 2016). It will be interesting to determine if midwives and nurses in this study describe experiences akin to the liminal space to notice how the impact which it had on them.

It is evident that professional identity is a complex, adaptive process which takes place in a liminal space where individuals resolve conflicts between their primary and new professional identities. If the educator narratives in this study demonstrate that their professional identity formation has taken place in liminal spaces, this might grant insight into how the educators balance their status as knowledgeable expert, with evolving to become and to be educators. However, as previously stated identity formation does not exist in isolation from others or from external structures; it is therefore important to consider the role which professional socialisation may exert on midwives and nurses.

2.9 Professional socialisation in midwifery and nursing

Understanding novice socialisation is important as it might assist with recognition of influences on midwife and nurse professional educator identity. Although it would not be appropriate to assume that midwife and nurse educator socialisation occurs in the same way as that of the novice, there are however lessons which can be gleaned about professional socialisation when considering the novice. The following section begins with a brief, but important consideration of historically rooted conflicts about the meaning of professional identity in midwifery and nursing might have affected the cultural background in which professional socialisation takes place. This is followed by a discussion of professional socialisation and group processes.

The formation of professional identity and its refinement are influenced by a process known as enculturation, which "includes being socialized into the language, behaviours, identity, socio- political historical knowledge, and values of one's … group …" (Hakim-Larson, and Menna, 2016, p.39). The importance and impact of 'socio- political historical knowledge' (HakimLarson, and Menna, 2016, p.39) cannot be overlooked as it sets the context within which professional identity is constructed. To illustrate, there have been longstanding debates about what is meant by professional identity in midwifery and nursing (Willetts and Clarke, 2014; Wood et al, 2016) highlighting that the very notion of professional identity and its meaning are contested in midwifery and nursing. This is evidenced between the professions themselves where midwifery has struggled internationally to be recognised as a profession independent of nursing (Kennedy and Lyndon, 2008; Ayala, et al, 2014; Zhang, et al, 2015). Further, conflicting with medicine midwives have struggled to assert autonomous practice (Symon, 2014; Sonmezer, 2020). Complicating debates about professional identity in midwifery and nursing, is the proposition that both professions are semi-professions (Hiscott, 1998; Burns, 2014; Dingwall, 2016 and Fenton, 2016). It is possible that they have been labelled thus due to their scope of practice being limited by managerialism and medicalisation in midwifery (Donnison, 1988; Sonmezer, 2021) and the persistence of the handmaiden stereotype in nursing (Summers, 2010; Garcia and Qureshi, 2021). Further, and despite being regulated professions (midwifery since 1902 and nursing since 1919 in the United Kingdom) in healthcare settings there persists a power imbalance in favour of the medical profession and medical knowledge (Adamson, et al, 1995; Churchman and Doherty, 2010; Germov, 2018). Further still, debates about midwifery and nursing being women's work continue to challenge how midwifery and nursing are perceived by ?? (Young, 2008; Williams, 2023). Collectively these historical factors have

led to shaping the cultural norms which inform midwifery and nursing practice. It is within this historically and culturally structured milieu that the socialisation of novices to the professions of midwifery and nursing takes place. However historical and cultural factors are not exclusively responsible for influencing the professional identity of students, nor educators. Professional identity formation is bolstered by professional socialisation, personal identity and group processes.

Professional socialisation is "a nonlinear, continuous, interactive, transformative, personal, psychosocial and self-reinforcing process that is formed through internalisation of the specific culture of a professional community, and can be affected by individual, organisational and interactional factors…" (Shahr, et al, 2019, p. 1). Described thus, professional socialisation can be likened to a journey which occurs in relation to and because of others social agents and structuring processes. The outcomes described by Shahr, et al (2019) are facilitated by both transactional and transformational encounters. In the case of pre-registration students these encounters occur between students and their educators, as part of placements, and through engagement with mentors (Bolan and Grainger, 2009). Student socialisation builds on personal identity and forms a distinguishable pathway to professional qualification, through the process of formal midwifery and or nursing education (Bolan and Grainger, 2009). Professional reality or the process of becoming a professional is significantly influenced by being able to undertake clinical placements and to observe mentors (Marañón and Pilar Isla Pera, 2015). Although preregistration students did not always feel that their professional identity was supported by clinical staff, nor the curriculum, they were committed to opportunities they believed were legitimate to the formation of professional identity (Marañón and Pilar Isla Pera, 2015; Clements, et al, 2016). Such loyalty might be explained by social identity theory [SIT] (Tajfel and Turner, 1979; Hogg, et al, 1995; Willetts and Clarke, 2014).

Social identity theory assumes that professional identity is socially constructed based on having the right qualifications and is expressed in group (or collective) settings. For professional groups, the workplace is the environment where relationships are formed; this is achieved through gradual, and progressive interaction with other professionals from whom learning takes place and skills are acquired. Social identity theory places emphasis on belongingness or being part of the in-group rather than an out-group (Tajfel and Turner,

1979; Worley, 2021). Within any given group therefore at least two distinct identities, namely, the personal and social can be located (Ashforth and Mael, 1989; and Clarke, 2014). In relation to personal agency individuals within the group will self-categorise in ways that reflect their navigation of the liminal space mentioned earlier; but they will also categorise other group members based on collective characteristics, such as values, beliefs, education, and training, hence shared understandings and ways of working emerge (Borrelli, 2014). Exploration of the midwife and nurse educator narratives will highlight where and how collective educator identities may have been formed. Belongingness, as an outcome of self-categorisation, serves as both a strength and weakness to social groups. As a weakness it may lead to blindness within the group about its flaws, which may explain where a dark side to nursing and midwifery exists (Gillen and Sinclair, 2009; Adams and Maykut, 2015; Brown, 2017). In turn the group may fail to recognise or challenge long held assumptions, leading, at minimum to the perpetuation of poor practices (Heffernan, 2011; Clearly and Duke, 2019). As a strength, it can lead to the formation of strong, supportive, and loyal ways of working (McKenna, et, al, 2013; Bloxsome, et, al 2019). Thinking about the loyalty created in students by the pre-registration socialisation process, raised an awareness to observe for a similar effect in midwifery and nursing educators.

Becoming a member of and belonging to a social and professional group is a complex process. Nonetheless, if it is accepted that professional socialisation is a structured, cyclic, and ongoing process (Shahr, et al, 2019) then it is likely that midwifery and nursing educators experience this process as well when they transition to work in HEI's.

2.10 Conclusion

This chapter set out to better understand the meaning of identity from differing perspectives, with a view to recognise how identity is formed and shaped over the life course of midwives and nurses who become educators. Discussion in this chapter began with meanings of personal agency, self and identity in a general sense, before proceeding to discussion of personal identity, professional identity, and professional socialisation. Knowledge of identity provides an opportunity to mine the complex interrelationships associated with personal identity, early life experiences and professional identity formation. The literature demonstrates the existence of a relationship between external structures and engagement with other social agents, suggesting that this shapes the formation of professional identity.

In addition, the role of affective care is regarded as fundamental to midwifery and nursing practice, as such it might prove influential in shaping the educator identity. As a result of this literature review two research questions were formulated and they are detailed below.

The aim of the study is to:
To critically explore the narratives of midwives and nurses to discover how they perceive their professional educator identity was formed.

The research questions:

1. How do midwifery and nursing educators explain the formation of their professional educator identities?
2. How does affective care (i.e., being caring) influence the professional educator identity of midwives and nurses.

To facilitate an in-depth inquiry into structure and agency Pierre Bourdieu's social theory presents as a valid theoretical framework and this will be considered in the next chapter.

3.0 Bourdieu's theoretical constructs and the formation of educator identity

3.1 Introduction

This chapter offers a brief commentary on Bourdieu's oeuvre and its relevance to this study, followed by explaining how Erikson's (1994), Marcia's (1980), and Giddens' (1991) theoretical frameworks were identified as possible lenses through which to view the midwife and nurse journey to become professional educators, and why they were subsequently rejected. Following this is a detailed discussion of the habitus, with reference to its relational constructs of field, capital and practice and mechanisms of doxa and illusio (Bourdieu, 1977; Bourdieu, 1984; Bourdieu, 1990a and b; Bourdieu, 1998). The possibility of cleft habitus is explored (Friedman, 2016) followed by a discussion of forgotten history to discover how past, but forgotten experiences are thought to influence dispositions associated with identity formation. The habitus has been described as "a multi-layered prism, allowing a kaleidoscopic view of past and unexpected experience[s] …and is not a mere conductor reassuring the continuous reproduction of pre-existing material conditions" (Bouzanis and Kemp, 2019, p.10). As such the habitus has a mediating (Schneider and Lang, 2014) and structuring effect on identity formation (James, et al, 2015; Stahl and McDonald, 2021) thus making it an appropriate theoretical construct for this research study.

3.2 Pierre Bourdieu – a brief commentary on his work and its relevance to this study

To learn more about the professional identity formation journey of midwives and nurses it has been assumed their stories will be perspectival, thus personal, and subjective. Nonetheless, there will be elements of their narratives which reflect encounters with objective processes, for example, socialisation into professional identities. Further, as stated in section 1.1 individual identities do not exist in isolation (Jenkins, 2008), hence a sense of the collective educator identity of those who participated in this study will be subject to interpretation. Consequently, a theoretical framework which facilitates exploration of both individual and collective educator identity formation, taking into consideration the subjective and objective influences in the educators' stories was required. Bourdieu's social theory lends itself well to this study as his central argument was based on an objection to

the “ruinous” divide between subjectivist and objectivist perspectives of how the social world is structured, and thus impacts how identity is formed. He submits:

> “Of all the oppositions that artificially divide social science, the most fundamental, and the most ruinous, is the one that is set up between subjectivism and objectivism” (Bourdieu, 1990 p.25)

Convinced that objectivism and subjectivism are irreducible from the human experience, any effort to separate them occurred to Bourdieu as incongruous (Bourdieu, 1990). Hence, by harmonising views on objectivism and subjectivism, Bourdieu focused on discovering how social agents interact in ways which adhere to given norms and rules of social and professional groups; but at other times act in ways which are free and non-conformist, thus expressing personal agency.

Bourdieu’s work has been utilised by other researchers in the study of individual and collective identity. For example “a *discuss(ion) of how organisational actors' identity work is reflected through their strategy work”* (Peiris and Kaluarachchi, 2023, p.163); “Using habitus and field to explore Access to Higher Education students’ learning identities” (James, et al, 2015); “I elucidate the synergies, opportunities, and foreclosures involved in the consideration of life history material within the context of Bourdieusian social theory” (Barrett, 2015, p. not given). There were however several other theoretical frameworks which had applicability to this study, these are considered in the following section.

3.3 Considering possible theoretical frameworks

To assist the process of engaging with and extrapolating meaning from the individual educator stories a range of theoretical frameworks were considered. In the following section each theory is briefly explained, accompanied by a rationale for why I subsequently rejected them in favour of Bourdieu’s social theory.

In search of a theoretical framework for this study Erikson’s (1994) eight stage theory of human development was considered (Erikson, 1994; Orenstein and Lewis, 2022). Erikson hypothesised that there are eight stages of development each of which consist of psychological crisis or conflicts where opposing states, (such as trust vs mistrust, or identity

vs confusion) are experienced by individuals (Erikson, 1994). According to his theory "… each stage becomes a crisis" (Erikson, 1994, p.56) because although growth in each stage can lead to confidence, facing the next stage can reveal vulnerability. Dependent upon how an individual resolves each stage and its adherent conflicts can lead to positive or negative impact on the formation of their personality and identity. Although Erikson's theory is highly valuable in addressing how human identity might develop across a life span, not just during childhood, to make best use of it the interviews might have required a psychoanalytic approach which I am not qualified to undertake. Consequently, Erikson's theory was rejected.

Marcia's identity status theory (1980) tends to focus on identity formation during the adolescent years. In Marcia's theory teenagers grapple with, explore (and in most cases) commit to beliefs about complex social structures such as gender roles, religion, politics, relationships, and career (Marcia, 1980). Consideration of these complex issues can lead to crisis which results in four recognisable identity statuses. Firstly, identity diffusion occurs in early adolescence and is a state of being where teenagers have neither considered or committed to an identity. The second status is known as identity foreclosure. During this stage teens commit to an identity without having apparently considered other options; for example, they may choose to adopt parental beliefs about careers or politics. In identity moratorium, the third identity status there is an active exploration of identity to determine which identity to adopt, but during this stage a stable identity remains elusive. Finally, identity achievement is the stage post-exploratory efforts, and a stable identity is achieved (Marcia, 1980). Although Marcia's theory suggests there is a striving towards a stable identity which commences in the teenage years, this is not a global concept meaning that a stable identity in one area of life, such as holding political views, equates to being settled in all identities. Further, achieving a stable identity might not occur until after adolescence has ended, if at all. Thus, although Marcia's theory is well-respected, I was concerned about becoming focused only on adolescent period in the educators' narratives. Marcia's theory was therefore rejected.

As cited in section 1.1 individual identity formation does not take place in isolation from other individuals or social structures, for example, parental support (Sartor and Youniss, 2002; Para, 2023); influence of peers (Meeus, and Dekoviíc, 1995; Branje, et al, 2021; Para, 2023); influence of groups (Spears, 2011; Thomas, et al, 2015); in relation to adult-age

(Fadjukoff, 2016); culture (Weedon, 2004; Jensen, et al, 2011); race (Tembo, 2020; Burrell-Craft and Eugene, 2021). Taking the influence of structuring processes in 'mind', the social theories of Giddens (1991) and Bourdieu (1977) were examined as both discuss the relationship between structure and agency (or self-government).

Giddens' structuration theory purports that an individual's self-government is influenced by structure and that structures are sustained, adjusted, and renewed through the exercise of personal agency and reflexivity (Giddens, 1991). In Giddens' view social actors engage in constructing and crafting their own self-identity, terming this a reflexive project, hence nothing about one's identity is taken for granted. Instead, social agents have the essential capacity to reflect on their identities. Through the exercise of personal self-government (or agency), they can conform to or reject the influence of structural norms and expectations. According to Giddens, the interface between structure and personal agency, is known as structuration (Giddens, 1984; 1991); it is at the interface between structure and personal agency where personal autonomy evokes its effect. Concepts such as reflexivity and reflective practice are popular in midwifery and nursing (Johns, 2022), hence aspects of Giddens' theory felt familiar. However, Bourdieu's position is that although reflexivity is possible (Bourdieu, 2004) social agents are not always aware of the processes which may have led to their current identity or social position. From Bourdieu's perspective therefore intentionality in identity construction is limited. Although each of the theories would have provided excellent theoretical frameworks, ultimately Bourdieu's construct of habitus provided the starting point for the exploration of educator identity. Justification for this choice pivots around the habitus being a structure which structures (Bourdieu, 1977; Bourdieu, 2014; Maton, 2014) the dispositions of identity (Bottero, 2010) by embedding social and cultural norms within social agents over time (Wacquant, 2005). As such the habitus gives rise to dispositions which have been described as 'identity formations' (Dillabough, (2004). Further, the habitus provides a means to unveil (potentially hidden) aspects of the midwives and nurses' history which may have influenced the formation of their educator identity. To best understand the structuring effect of habitus, an understanding of social structures is required. The concept of social structure is considered "a vague notion" (Leyton, 2014, p.170). Social structure seems to lack a shared "definition, function, and understanding" (Leyton, 2014, p. 170). In view of this critique, it is imperative to clarify the usage of social structure in the context of this study.

Social structures are taken to mean "patternings in social relations that have some sort of obduracy" (Martin and Lee, 2015, p.713). In other words, social structures can be considered as any combined set of social circumstances, systems of human behaviours, rules, and laws which have permanence and provide the context and environments for shared or similar actions on the part of social agents. Social structuring also applies to how institutions function to maintain order and govern. Social structures are generally considered to create order and act as stable, fixed entities which are not easily modified by the unique actions of individual social agents (Chikoko, and Msibi, 2020). Nonetheless social agents can and do exercise personal agency, (Bandura, 1989; Gallagher, 2000; Lawless, 2017). The exercise of personal agency suggests that individuals can conform to, resist, or totally reject the structuring effect of social structures on their individual identity (Bandura, 1989; Gallagher, 2000; Lawless, 2017). If this is correct, then the ability of social structures to reproduce more of the same might be limited by personal agency (Hays, 1994). By exploring the narratives of midwives and nurses who have become educators, the role of habitus, field and capital in identity formation becomes more evident. These constructs will now be examined in more detail.

3.4 Exploring Bourdieu's relational concepts of habitus, field, and capital

Comprehending how individuals are prepared for life, come to belong to a social class, perpetuate cultural norms and form their unique identities is supported by an exploration of the habitus (Bourdieu, 1977). Described as relational constructs (Bourdieu, 1998) there exists an intricate relationship between the habitus, field, and capital. In the following sections each construct is considered to determine how they can explain the formation of an individual's dispositions which are regarded as integral to one's identity.

The habitus

Etymologically habitus originates from the Latin word habeō, meaning to hold and have (Benveniste, 2006). It forms the root for concepts such as habit, habitation and habitual, and is strongly associated with patterned or routinised ways of thinking and being. Further, habitus refers to a collective, organising social structure through which and into which dominant social and cultural conditions are established and reproduced. The habitus acts by depositing society within the individual in the form of long-lasting dispositions or ways of

being, thinking feeling and viewing the world (Bourdieu, 1977). Dispositions are not necessarily unique to individuals, for example family members can share similar views and characteristics. However, individuation and therefore specific identities are influenced by the habitus based on how individuals engage with societal norms and structures (Bourdieu, 1990b, see p.56). Social agents can have more than one habitus, with the primary (generic) habitus (Wacquant, 2014) arising from socialisation processes and schooling which begin in childhood. Subsequent or secondary habitus are recognised as being in relationship to primary habitus (see section 3.5) (Bourdieu and Passeron, 1990). Bourdieu's references to the habitus evolve across the course of his writing, for example in 1977 he states the habitus is:

> "a subjective but not individual system of internalised structures, schemes of perception, conception, and action common to all members of the same group or class" (Bourdieu, 1977, p.86)

and in 1992 he expands an aspect of habitus by stating:

> "[W]hen habitus encounters a social world of which it is the product, it is like a "fish in water": it does not feel the weight of the water, and it takes the world about itself for granted could, to make sure that I am well understood, explicate Pascal's formula: the world encompasses me (me comprend) but I comprehend it (je le comprends) precisely because it comprises me. It is because this world has produced me, because it has produced the categories of thought that I apply to it, that it appears to me as self evident." (Bourdieu and Wacquant, 1992, p.127-128)

Drawing on these descriptions it can be asserted that the habitus results in systematically internalised schematic ways of thinking, acting, and understanding which are common to social groups, but expressed by the individual. So ingrained are the blueprint patterns created by the habitus in the individual and on social groups that when familiar social settings are encountered there is a sense of being a "fish in water" (Bourdieu and Wacquant, 1992, p.127-128). The habitus therefore is a subtle but learnt mechanism which appears in human agency as stated above in the form of dispositions, which although not necessarily permanent, are long lasting (Bourdieu, 1990b) schemes of perception, concept, and action all of which are

components of one's identity (Guzmán-Valenzuela and Barnett, 2013). Being a "fish in water" (Bourdieu and Wacquant, 1992, p.127-128) implies the existence of arenas in which individuals and social groups engage in familiar, interactive, and transactional endeavours; these arenas are described as fields or social fields (Bourdieu, 1990a; Jenkins, 1992; Bourdieu, 1993). As indicated by the title of this section the habitus, field and capital are relational concepts, thus, to better understand the habitus it is necessary to the concept of field (as this constitutes the setting in which the habitus is formed) and then capital as this potentiates activities on the field, before returning to consider the habitus in more detail.

The role of Field and identity formation

Organising the social world are diverse fields (Bourdieu, 1990a) which are likened to Le Champs (or battlegrounds) (Thomson, 2008; Christin and Blanchard, 2020) and upon which strategic games (Bourdieu and Wacquant, 1992) for power (or capital) are played. Field positions (occupied by players (or social agents) are acquired through the exchange of economic, cultural, or social capital (Bourdieu and Wacquant, 1992; Hilgers and Mangez, 2015). Considered as semi-autonomous, each field, in keeping with the analogy of a game, is characterised by differing rules and interests (or stakes) (Bourdieu, 1990a) and constitutes the site upon which "struggles take place" (Jenkins, 1992, p.84). Struggles on the field result in acts of domination where positions are established or destabilised leading to shifts in power.

Crucial to understanding how their educator identity has been formed is understanding how the relational transactions of capital exchanged on various fields has impacted the educator habitus. As Bourdieu highlights "… it is only in the relation to certain structures that habitus produces given discourses or practices" (Bourdieu and Wacquant, 1992, p.135). In other words, through encounters with organisational structures and other social agents, individual midwives, and nurses experience changes to their habitus (i.e., their dispositions) perhaps leading to the formation of their professional educator identity. Without structuring encounters taking place on relevant fields, it can be asserted that the habitus of midwives and nurses would not have produced "… discourses or practices" (Bourdieu and Wacquant, 1992, p.135) necessary for the emergence of their professional educator identities.

It is the position of this study that an exploration of the educators' narratives will grant insight firstly, into the fields the educators traversed during their pre-professional years and secondly, offer some understanding of how engagement on those fields has contributed to the formation of their educator habitus and identity. Justification for this assumption is that as a "life-wide context-specific phenomenon" (Trede and McEwen, 2012, p.6) professional identity formation does not exclusively begin in adult years (Koçak and Younis, 2022). Hence, interest in the early years' socialisation of midwives and nurses and the formation of their primary (or first habitus) is valid and relevant to comprehending how their educator identity has been formed (Wacquant, 2014). In considering field and the formation of the educator identity there are three key points to highlight.

Firstly, as stated above, fields are sites of power mainly interested in their own concerns. This immediately creates challenges for midwives and nurses who must engage with at least three highly influential fields, namely HEI, the NMC and the NHS. To illustrate this Rolfe (2016) highlights the tension between universities existing to educate students and at the same time competing for student custom by producing attractive score ratings. This tension has led to what Rolfe calls dishonest practices. He asserts:

> "… some of the strategies employed by institutions to improve their scores without directly addressing the issue of quality can, in certain practice-based disciplines such as nursing, result in dire consequences for practitioners and service users" (Rolfe, 2016, p.173).

Rolfe's assertions make it necessary to discuss illusio and doxa. Acquiescence to the rules and stakes of the field is known as the illusio. Truths about the field are known as the doxa. Based on the "unanimity of doxa" (Bourdieu, 1977, p.168) social agents can agree to prevent or promote the advancement and position of individuals within the field and the position of the field itself through acts of subversion or submission (Bourdieu and Wacquant, 1992; Christin and Blanchard, 2015). An interesting dilemma is how midwifery and nursing educators relate to and maintain the illusio of the NMC which states its purpose is to protect the public by ensuring candour, high standards of care and clinical practice, alongside being expected to subscribe to the illusio to "… improve scores without directly addressing the issue of quality…" and thereby running the risk of "… dire consequences for practitioners and service users…" (Rolfe, 2016, p.173).

The second key concern will be to notice how midwives and nurses' educator identities form as they relate to power exerted by objective structures. To explain, professional fields design policies with the purpose of bringing order and control to social agents. All social agents irrespective of their positions are expected to adhere to policies affecting their positions. Thus, power in the field is not strictly limited to human agency (Hilgers and Mangez, 2015) and can lead to social agents complying with field illusio which they might not consciously agree with (Webb, et al, 2010). In practice, social agents tend to adopt one field to which they are most invested, thus potentiating the likelihood for struggle and conflict as they engage with other fields (Bourdieu and Wacquant, 1992a). To illustrate the notion of struggle and conflict within midwifery and nursing the issue of wearing uniforms provides a good example.

The history of both professions is such that the wearing of uniforms is seen as a form of ethopoietic or characteristic fashion (Hardy and Corones, 2017). Written into many staffing policies, midwives and nurses conform to wearing uniforms, even if they object. Such conformity might be driven by conscious or unconscious efforts to retain the impression of being a "fish in water" (Bourdieu, 1992; Stahl, et al, 2023). Another example is the wholescale adherence of midwives and nurses to the Nursing and Midwifery Council professional code of practice (2018a). The NMC demands agreement from all practitioners to exercise a duty of care, candour and uphold practical standards associated with their professional body. These stakes of the field are promoted as a means of maintaining patient safety and professional standards, which if contravened leads to sanctions. By maintaining their registration, midwives, and nurses buy-in to the illusio of the NMC even if they do not personally agree with all that the NMC represents. The NMC is not unique as all social fields achieve compliance based upon the degree to which social agents buy-in or invest in the values, beliefs, and truths of the field.

An interesting element associated with power is symbolic violence, which is:

> "…the violence which is exercised upon a social agent with his or her complicity" (Bourdieu and Wacquant 2002, p.167)

> "…it is for the most part exerted invisibly and insidiously through insensible familiarization with a symbolically structured physical world and early, prolonged

> experience of interactions informed by the structures of domination" (Bourdieu, 2001, p.38)

Given the power dynamics which govern the operation of fields, symbolic violence highlights how social order and inequalities are maintained through everyday activities such as communication and feelings in response to experience. More subtle than physical violence exerted against groups and classes of people, symbolic violence is perpetuated through internalised ideas and structures which tend towards subordination (Bourdieu and Wacquant, 1992; Thapar-Björkert, et al, 2016). The strategies and language of symbolic violence are internalised by social agents as being normal, hence this form of violence is both misrecognised and harmful. Left unchallenged, symbolic violence renders the field a place of domination where power resides with those in possession of greater capital, with others appearing to collude with symbolic acts of violence against those in less powerful positions within the field (Lupu and Empson, 2015). Doxa or unquestioned truths about the field strengthens symbolic violence. Without making this inquiry into midwives and nurses' perceptions about their professional identity journey, acts of symbolic violence committed by and against the participants may remain hidden and unknown. Additionally, it becomes possible to identify those who seek to transform the field by changing the rules for their benefit or the benefit of others through acts of subversion. This study could possibly confirm a subversive trait which has previously been reported in midwives and nurses who engage in subversive acts in favour of women (Hawke, 2021) and patients (Hutchinson, 1990) in their care.

The third key concern when considering field is the role played by capital both in the formation of habitus and in enabling social agents to gain access to the field and to progress to positions of power. As "a system of acquired dispositions" (Bourdieu, 1977, p.72) the habitus reflects the social, economic, geographical, and environmental influences which a person has been exposed to. Specifically, "if economic capital is at the root of all the other types of capital" (Bourdieu, 1986, p.24) it could be argued that, through the opportunities it affords, economic capital and its relational companion social class profoundly shape the dispositions developed within the individual. The implication of this being that personal achievement(s) may not solely be due to natural ability but are significantly aided by the capital(s) constituting the habitus. Therefore, the habitus through the operation of dispositions impacts the degree to which social agents can succeed (Edgerton and Roberts,

2014) and feel like 'fish in water' (Bourdieu, 1992) or perhaps find themselves dominated by others. Significantly, depending upon the exchangeable nature of their acquired dispositions, midwives and nurses equipped by the habitus enter and navigate various social and professional fields throughout life. By exploring their narratives not only can the impact of their engagement on various fields be recognised but capitals aiding formation of their educator identity and relevance to primary and secondary habitus become discoverable. A closer inspection of how capital aids the formation of the habitus now follows.

The role of capitals in the formation of dispositions

Types of capital discussed by Bourdieu are known as social, economic, and cultural capital, and collectively known as symbolic capital. Each type of capital has the power to convert itself into recognisable goods which can be exchanged on social fields (Bourdieu, 1986). One of the goods which all participants will have in common is the right to be called an educator, but nothing can be assumed about the routes taken to achieve this role. Hence the importance of asking midwives and nurses about how they perceive their educator identity was formed.

Symbolic capital represents how a field functions, as well as the product which arises from the field (Edgerton and Lance, 2014). In this study there will be a collective of fields which have converged to exert sometimes divergent demands on the educators. How they navigated these demands will provide powerful insight into which illusio they subscribed to and how the educator habitus might have been formed. Taking a closer look at the three components of symbolic capital, the social capital (of the individual and collective) grants access to influential contacts enabling social agents to pursue and procure advantageous positions in the field (Bourdieu, 1993; Bourdieu, 2009). Some contacts may have been made at school, in family settings or interest groups (Bhandari and Yasunobu, 2009; Dufur, 2013). However, social capital or the lack thereof can perpetuate inequality leaving some social agents struggling to gain recognition (Moore, et, al, 2009; Field, 2017). Influencing social capital is the degree to which an individual demonstrates sociability, that is a personal trait or tendency which appears to widen the number of connections an individual makes (Cheek and Buss, 1981; Forgas, et al, 2022). Sociability leads to one getting known, representing a significant trait especially when it is considered that midwifery and nursing are not level

playing fields evidenced by gender bias in favour of men (who represent the minority gender in nursing) gaining senior posts (NHS Digital, 2018) and racial disparities in healthcare settings (West, et al, 2017; Johnson, et al, 2021; Woodhead, et al, 2021) and HEI settings (Baltruks, et al, 2019). Data from the study will be scrutinised to determine patterns of influence which may have advantaged participants. Despite potential disparities, what the data might also address is how participants from differing backgrounds might have experienced a shift (albeit slow) in their habitus as they acquired new dispositions designed to enable them to function in the field of education. Equally, it is noted that networking and making use of connections is not without collateral damage, as symbolic violence may hinder the progress social agents can make in the field.

Whereas social capital appears to be strongly rooted in one's social connections and personality, cultural capital is concerned with the possession of expert knowledge, qualifications, appropriate language, and social presence (Bourdieu, 1986; Huang and You, 2018). As such it confers significant standing on social agents.

Cultural capital is usually rewarded with increased status, esteem from others and influence over the field (Bourdieu, 1990a; Bourdieu & Wacquant, 1992b). Sensitivity to the potential impact of cultural capital will raise awareness of its operation if identified in the participants' stories. Paradoxically, acquisition of cultural capital gained through their qualifications can lead to the accumulation of other types of capital, such as economic power making the purchase of educational and networking opportunities more likely. In turn economic capital equates to possession of quantifiable assets that are "convertible into money or buying power and rights" (Bourdieu 1989, p.242). Fundamentally, economic capital grants social agents' best advantage to access, adopt and adapt to positions of power and dominance in each field. The collective narratives of midwife and / or nurse educators will potentially illustrate the various impacts of economic capital on the participants' educator journeys. Further, given the various backgrounds of the participants, inequalities might be exposed accompanied by explanations of how these were overcome, thus having made it possible to achieve educator identity.

A cautionary consideration is that although capitals are exchangeable between differing fields, thus increasing their utility, this is not an automatic process (Navarro, 2007). Ultimately, viewing the midwife and nurse educator narratives through the lens of capitals, enables an exploration of how they grappled with, and acquired (consciously or

unconsciously) the differing capitals as they traversed differing fields to become educators (Bourdieu & Wacquant, 1992b). Instrumental in advancing or limiting a social agent's ability to progress in social fields is whether they are in possession of the relevant doxa.

Doxa: An unquestionable state of being.

I mentioned doxa earlier, however in this section a more detailed outline is offered. Doxa represents embedded, shared rhythms or know-how beliefs about the field. In other words, taken-for-granted knowledge (Bourdieu and Passerson, 1979; Bourdieu, 1984). The effect is that those sharing the same doxa do so without necessarily realising it. Adherence to a particular doxa therefore is noted by the allegiance it creates in social agents who accept the way things are in the field (objectively). Objective acceptance of the doxa leads to subjective acceptance and thinking that this is how things are supposed to be in the field (Bourdieu, 1977; Deer, 2012). Consequently, doxa's powerful effect is seen in how it informs practice on the field, which in turn impacts the formation of the habitus (Bourdieu, 1977; Deer, 2012). Subsequently, the field continues to function in an unquestioned manner according to the accepted doxa (Bourdieu, 1977). Equipped with doxa and coupled with the right capital, social agents can navigate the social field to arrive at positions of power (Bourdieu, 1977).

Possession of doxa therefore acts as a pass-key which gains midwives and nurses' entry to their desired field(s) (Bourdieu and Eagleton, 1992). As indicated above doxa is complex. It consists of orthodox and heterodox norms (Koch, 2020). The implication being that midwives and nurses can embody a mix of conventional, taken for granted beliefs; however, they are also capable of holding dissenting views about the field. Hence, although a core operation of doxa is to determine what is thinkable and sayable and is generated during the formation of the habitus. Through heterodoxic action social agents can oppose the prevailing doxa (Koch, 2020), however the extent to which this achievable is moderated by dispositions which though modifiable, take time to change (Wacquant, 2014). Nonetheless, social agents' ability to resist doxa might offer protection to social agents and others, and advance changes to practices where doxa is mis-recognised as acceptable, but is perpetuating harmful practices (Smith and Valenta, 2018; Ortiz, 2021; Essex, et al, 2022). Although doxa prepares participants to engage on social and professional fields, field membership is neither an automated nor instant activity. In the words of Bourdieu, "one cannot enter this magic circle

by an instantaneous decision of the will …" (Bourdieu, 1990a, p.68). To gain doxic understanding of midwifery and or nursing in the first instance, participants must have been exposed to the illusio of one or both fields; this does not necessarily mean they have a professional qualification.

As alluded to above the influence of childhood experiences on future career is also a possibility (Koçak and Younis, 2022), although professional socialisation is an obvious route to gaining doxic understandings. Fields do not stand in isolation from other fields, therefore knowing which fields midwives and nurses engaged in on route to becoming educators creates a greater understanding of the participants backgrounds. Further, through the narratives it will become possible to determine which capital(s) midwives and nurses possessed to gain entry to various fields. It may transpire that the participants perceptions of their individual educator journeys expose commonalities across all the narratives. At minimum commonalities allow for comparisons between the participants to take place, which in this study would represent an interesting finding. More importantly, commonalities between the participants provides useful information when considering desirable qualities of future educators. More profoundly it is possible that although the participants are from various cultural, racial, geographical backgrounds, and one was male, if it were found that they share similarities in terms of fields, experiences and commitment to the midwifery and nursing illusio, this would constitute a significant finding which challenges possible subconscious stereotyping of educators (Grenfell and James, 1998). Further, through this study the possibility exists to detect how doxa acted to advance progress made by participants on the fields of midwifery and or nursing practice. Additionally, as possession of the power is retained by certain persons in selected positions on the field, thus establishing the given political order, the narratives might reveal ways in which inequalities are sustained in nursing and midwifery (Swartz, 2013). Working in conjunction with the doxa is the illusio of the field which will now form the next consideration.

Learning more about Illusio

First mentioned in section 3.1 the illusio, derived from "ludus = game" (Bourdieu and Wacquant, 1992, p.98) is a phenomenon comparable to having an invested interest in the "game" played on social fields (Bourdieu and Wacquant, 1992, p.116). Critically, the term

interest conjures up economic connotations. However, as a theoretical device, knowledge of the illusio allows for "questioning the social space" (Bourdieu and Wacquant, 1992, p.116) to determine what individuals are invested in. In other words, awareness of illusio enables me to firstly, recognise that there are rules and stakes considered critical to the fields upon which midwife and nurse educators are engaged; and secondly, to explore the participants' data for indications of where they have been "taken in by the game" (Bourdieu and Wacquant, 1992, p.116); and lastly, to detect instances where participants are wholly committed to one field above another. Such commitment would be manifest in how they discuss their actions in relation to various fields. A concern with the illusio is that it is thought to be created by repeated behaviours and routines, and as such there is little to no reflexive thought given to reproducing the stakes of the field (Bourdieu, 2000). Critically this exposes social agents to investing into potentially dangerous illusions about the field (Bourdieu, 1990a) which if left unquestioned could lead to unthinking behaviours. Nonetheless, each field expects social agents to align with their illusio, however, given the influence of personal agency, differences will emerge between participants to explicate how they have related to the illusio of the fields which they traversed both to become educators. This will constitute new and important knowledge for the fields of midwifery and nursing education where inequalities and power struggles are already documented, for example, in nursing where there is an imbalance of males occupying leadership roles in what is a female dominated profession (Williams, 1995; NHS Digital, 2018; Brandford and Brandford-Stevenson, 2021). Globally the proportion of men in midwifery is small (Sannomiya, et al, 2019), a finding mirrored in the United Kingdom where there appears to have been a disproportionate number of male midwives practising as educators (McEwan, 2014; Baltruks, et al, 2019). Considering the points made as pertaining to gender here and earlier in this discussion, it would be insightful to learn how and if gender inequality manifests in the participants' identity narratives.

Returning to the habitus

As indicated earlier in the discussion, when a field is familiar to a social agent it indicates that their habitus or dispositions have prepared them for that field, hence being in certain social fields can feel like being a "fish in water" (Bourdieu, 1992). To expand, the habitus is structured on social fields such as the family (Bourdieu, 1998; Silva, 2005); school (Edgerton and Roberts, 2014; de Moll and Hadjar, 2023); in social class groups (Bourdieu,

1993; Riley, 2017). In an endeavour to learn about the formation of the midwife and nurse educator identity, it is not unreasonable to probe their narratives for stories pre-dating professional education and training as links between earlier experiences and current educator identity might be formed. Further, because the habitus exerts a structuring effect on individuals and social groups, links between the participants (in-the-present stories) and how they view future possibilities for their educator identities to grow and adapt, become discoverable. Elements of personal and professional identity, for example, "perceptions, appreciations, and actions" (Bourdieu, 1977, p.83; Chikoko and Msibi, 2020) are regarded by Bourdieu (1977) as making "possible the achievement of infinitely diversified tasks, thanks to analogical transfers of schemes permitting the solution of similarly shaped problems" (Bourdieu, 1977, p.82-83). Thus, as participants share stories of how they moved from one field to the next it will become clear as to how their habitus adapted to accommodate this.

Being equipped to navigate social fields translates into being able to grapple with the illusio of fields and routinised (or patterned) modes of conduct existent in midwifery and nursing education. Evidence to support this suggestion is found in the teaching profession (Notar, 2009) where a lack of certain dispositions exerted a negative effect and hindered teachers' success. Routinised behaviours are seen to form the basis for professional identity Karali (2021) and highlight that influence is exerted by the group, upon group members, resulting in adherence to group goals and similar behaviour from all group members. Understanding that routinised behaviours are common to groups has relevance to this study which assumes that there may be commonalities in the participants' narratives to illustrate the embodiment of similar dispositions. Similar dispositions were recognised across midwives, nurses and allied healthcare staff who had become academics (Boyd and Smith, 2010/2012). In addition, common dispositions were found in nursing academics when discussing their transitions to HEI's (Attenborough and Abbott, 2018). The habitus capacitates insight into how the participants' subjective selves and the social structures they encountered, specifically, "… laws and systems of relationships independent of individual consciousness and wills" (Bourdieu, 1990a), p.26) have interacted and contributed to dispositions central to their educator identity. In response to the question: "Why did you pick up this notion of habitus?" (Bourdieu, 1990a, p.12) Bourdieu responded by articulating how the concept, or notion (as he described it) did not originate with him but could be traced back to a series of philosophical writers, including Aristotle (Aristotle/Rackham, 1962). Bourdieu asserts that

philosophers shared largely similar intent by adopting the notion of habitus. As already highlighted its utility supports conceptualisations about dispositions, moral thought, and human action (Bourdieu, 1977).

Dispositions (Bourdieu, 1977), moral thought (Hardy and Carlo, 2011; Hardy et al, 2012) and functioning of the social body (Bottero, 2010) are fundamentals which amalgamate to form and inform identity. Aside from habitus, other perspectives are offered to aid understanding of these fundamentals. For example, Goldman (1970) considered that acts of individuation, and therefore intentionality arose from a balancing of an individual's desire to experience specific outcomes, circumstances or relationships and beliefs. In the narratives of midwives and nurses identifying wants and beliefs is likely, however, the question of how their beliefs were generated may not be immediately accessible through the lens provided by Goldman.

In discussion of habitus, Swartz (1997) who explored culture and power, states that:

> "[t]he dispositions of habitus represent master patterns of behavioural style that cut across cognitive, normative, and corporal dimensions of human action. They find expression in human language, nonverbal communication, tastes, values, perceptions, and modes of reasoning" (p.108).

Viewed as master patterns (Swartz, 1997; Edgerton and Roberts, 2014), the dispositions of habitus are equivalent to inculcated ways of being and beliefs which govern how individuals and social groups engage with social structures. It could be argued that at the juncture where patterns of habitus meet patterns of field, identity is shaped and expressed. As such the habitus emerges as patterned human practices, but its duality is seen in that habitus also informs human practices a phenomenon which Giddens strongly argued as he considered structure and agency interrelated and interdependent (Giddens, 1991; Rafiee, et al, 2014). A relevant example of inculcation in midwifery and nursing centres around the assumption that being caring (compassionate, kind, supportive) is synonymous with the professional identity of midwives and nurses (Nicholls, 2007; Cummings, 2012; Watson, 2012). In chapter two, assertions related to care and the professional identity of midwives and nurses were discussed in detail. It is important to note that care, and the professional identity of midwives and nurses are profoundly challenged by stories of dis-compassion arising from

clinical practice (Adams and Maykut, 2015). An outcry and outcome from educators in response to narratives of dis-compassionate practices, is that publications have increased debating whether students of midwifery and nursing can be taught to be caring and compassionate (Chokwe and Wright, 2012; Hawke-Eder, 2017; Pearson, 2022).

Determining if caring attitudes are more than politically correct reactions to stories of poor care, searching the participants' narratives for the presence of caring attitudes may reveal the genesis of caring inclinations. Any such revelation would attest to attitudes of care being rooted somewhere in what Bourdieu calls the habitus' forgotten history (Bourdieu, 1990) rather than purely being the by-product of professional training and education. If caring proves to be an inherent disposition in the educators, this might provide reassurance that teaching about being caring is not an act of virtue signalling. On the contrary, if a proclivity to caring can be traced to the primary habitus (Wacquant, 2014) of educators this would strongly indicate that being caring is an essential and personal concern, rather than being politically driven. Significantly an implication of caring being inherent to the educators' dispositions is that efforts to teach care to students is unlikely to fade over time due to the durability of dispositions; this would have a structuring effect on how educators explore messages about being caring with students. Teaching and messaging about caring and being caring is known to augment and evoke improved clinical performance in students of midwifery and nursing, hence such messaging is vital to shaping the future of the professions (Blasdell, 2017; Krausé, et al, 2020). Consideration must also be given to the possibility that contrary and unexpected, even controversial, antithetical perspectives about being caring might emerge from the narratives. Although this would raise concerns about how educators align with the NMC Code (NMC, 2018a) for respectful and compassionate practice, it is necessary to invite the educators to engage with their narratives to determine what they know (in this instance about how their tendency towards being caring began) and to discover what they may have forgotten.

3.5 The importance of Forgotten history

Operating on a subconscious level, forgotten history equates to history which has become embodied, appearing in one's actions as being second nature responses (Bourdieu, 1990b) but in fact originates from a "matrix of perceptions, appreciations and actions" (Bourdieu, 1977, p.83) which have been forgotten. It is possible that the participants may only be

conscious of aspects of their educator journey; consequently, through the discovery of their dispositions and forgotten history they can interrogate and interpret their own narratives. Forgotten history therefore serves to bridge the gap between what is known about how the educator identity developed and to explore unknown influences. Described by Bourdieu thus: "the habitus is embodied history, internalized as second nature and so forgotten as history - is the active presence of the whole past of which it is the product" (Bourdieu, 1990b, p.56). Thus, although the habitus is embodied history and forgotten as history, it is nonetheless felt in the here and now (Leaney, 2018). Consequently, it may not be fully apparent to the participants how, when, or why their caring inclination arose or developed. All that might be certain is the presence of a caring disposition, the feeling that one cares, and that caring has always been present in one's identity might feature in the educator narratives. Awareness that each habitus has its own history (Smith, 2013) and that forgotten history is even a possibility, acts as a guide in this research study to probe for clues offered by the participants, to search for the genesis or inspiration for otherwise taken for granted professional qualities.

The likelihood of forgotten history being present in the educator narratives promoted an awareness that: "…ultimately, their [the participants'] social skills, practical knowledge dispositions and patterns of perception and judgement" (Gebauer and William, 2000, p74) would have been constructed through interaction with a range of social structures. Through these structuring processes habitus itself is formed, reproduced, and continues to structure itself through "generative" effort (Bourdieu, 1977, p.78). Problematically there is an element of determinism associated with the structuring process of the habitus as described by Bourdieu (Jenkins, 1992**;** Perales, 2008) and about which his writing appears ambiguous. For example, he states that the habitus explains human actions, but that such actions are not necessarily orchestrated via conscious deliberation on the part of individuals (Bourdieu, 1986), thus limiting the place of intentionality and reflexivity in guiding personal agency as purported by Goldman (1970) and Giddens (1991). However, rejecting the notion that social agents are automatons, Bourdieu asserts that the habitus though durable, is not everlasting (Bourdieu, 1990b). Specifically, social agents can be in possession of more than one habitus, with the primary habitus acting as the basis for the formation of other habitus (Bourdieu and Passeron, 1990). Thus, although one's primary habitus (Wacquant, 2014) is foundational, historical, and responsible for shaping lasting, but modifiable dispositions, social agents can have secondary (or multiple) habitus. In fact, if social circumstances require it there can be

a “killing off the ‘old man’ and engendering the new habitus” (Bourdieu and Passeron, 1990, p. 44). Secondary habitus therefore arise over the life course and are responses to changing social circumstances.

To illustrate this in his ‘Sketch for Self-Analysis’ (Bourdieu, 2008) is found the notion of cleft habitus which occurs when social agents become socially mobile. The discussion will now consider this important topic.

3.6 Cleft Habitus: Experiencing changes between primary and secondary habitus

Having mentioned that it is possible to have more than one habitus in the section above, this will now be explored in more detail (Bourdieu and Passeron, 1990; Wacquant, 2014; Malak Akgün, 2018; Shotton, 2021). Further, this will be followed by a discussion focused on cleft habitus, that is the phenomenon of the habitus becoming disrupted and divided.

One’s primary (or generic) habitus consists of dispositions acquired in early life, dating back to childhood (Wacquant, 2014; Malak Akgün, B, 2018; Shotton, 2021). As indicated in section
3.5 dispositions are almost undetectably acquired to the extent that social agents might suppose their dispositions to be naturally inherent qualities and forgotten history (Bourdieu, 1990b; Leaney, 2018). The primary habitus (and therefore primary dispositions) are considered so embedded in the character of social agents that they are described as the basis for personality (Wacquant, 2014) and form the foundation of any other habitus (Bourdieu and Passeron, 1977 [1970]: p.42–6). Secondary (or specific) habitus could run into double figures as social agents adopt more than one identity. For example, a midwife may be a father, brother, husband, sports coach, and lay minister. Each identity commands its own habitus all of which overlap the primary habitus causing the permutations of competing illusio to become vast. Bourdieu seems to argue that secondary habitus, unlike primary habitus are borne from hard work and self-discipline, suggesting that the acquisition of a secondary habitus is a conscious work, unlike the unintentional nature of the primary habitus indicating a place for reflexivity (though limited) (Bourdieu, 1984). Of interest to this study would be identification of the primary dispositions of midwife and nurse educators and observation of how their primary habitus may have informed the formation of their professional educator habitus. More strikingly, just as there is the possibility acquiring a multiplicity of (specific) habitus (Wacquant, 2014) probing the data might also reveal the

degree to which the educators' habitus changed, remained the same or became divided in the process of becoming educators.

Transitions to secondary habitus are not without challenges, for example, triggering a troubling disruption to the primary habitus. Manifesting as cleft habitus, summarised by Bourdieu as a durable, lasting 'conciliation of contraries' (Bourdieu, 2008, p.103) social agents experience dispositional shifts potentially separating them from familiar social settings, relationships, and norms. In short, cleft habitus is a troubling state of contradictions, particularly as social agents move from positions of lesser to greater power and attract greater recognition within a social field. Cleft habitus therefore appears at the junction between discordant circumstances which reduce the social agent to feeling uncertain about their experiences and organisational position (Bourdieu and Wacquant, 1992; Perger, 2023). For Bourdieu, as he became more accepted within the field of academia, the break he experienced with his primary habitus manifested as tension. A study of the cleft habitus demonstrated the role played by shame, guilt and having a working-class background (Ivemark and Ambrose, 2023). The class struggle resonates with Bourdieu's narrative which is one of upward mobility. It is not uncommon for cleft habitus to cause emotional distress, which can manifest in an (re)appraisal of self-image, as well as exerting an impact on how one maintains relationships with others (Friedman, 2016). Bourdieu reports feeling torn between his upbringing and the consecration (or recognition) of being accepted into academic circles. Maybe, in an act of defiance, his response was to engage in a conciliation of contraries characterised by the subjects which he researched. Often his research focused on subjects which he suggested others may have regarded as less important, however, given his background he saw their worth (Bourdieu, 2007; Camic, 2011). This is exemplified in his book The Weight of the World: *Social Suffering in Contemporary* Society, (Bourdieu, et al, 1999) which captures the struggles experienced by ordinary men and women as they dealt with everyday life. Bourdieu entreats the reader thus: do not deplore, do not laugh, do not hate – understand (Bourdieu, et al, 1999, p.1). I found it discomforting that Bourdieu had to implore his readers to employ a compassionate view of the lives which were researched in Weight of the World. His plea perhaps highlights the degree to which the lives detailed in the book had been largely ignored by the academic circles into which Bourdieu's divided habitus had gained him entry.

Awareness of cleft habitus extends the ability to not only explore how participant dispositions and therefore habitus are formed, but also to contemplate how changes to habitus may have impacted actions (or practices) undertaken by midwife and nurse educators in the fields where they are located.

Practice

In his well cited equation that (habitus) x (capital) + (field) = practice (Bourdieu, 1990b) it becomes clear that it is from the relationship between habitus, capital, and field that practice emerges. Practice therefore cannot be viewed as a taken for granted human activity: that would constitute a narrow perspective and denies the agentic qualities, skill sets and previous experiences of individuals who come to the field with established histories. As demonstrated by Oleson and Hora (2013, p.15) those who enter higher education to teach have "… knowledge about teaching and learning" which "represents a rich body of practical experience that can be acknowledged and built upon." Although it cannot be assumed that midwives and nurses have received instruction in educational theory, many are likely to enter higher education with some experience of pedagogical practice, albeit rudimentary. This assertion is rooted in knowing that midwives and nurses routinely incorporate health promotion, patient education and student supervision and assessment into their clinical roles (Reynolds, et al, 2020). As student supervision and assessment are mandatory NMC requirements (NMC, 2023) to practise midwifery and or nursing, one must support student learning. The data generated by this study could possibly discover how the participants developed a "feel for the game" of education, even before they entered it as educators (Bourdieu, 1998, p.25).

3.7 Conclusion

Over the course of this chapter the work of Pierre Bourdieu was introduced and discussed as a means of exploring the educator identity formation narratives of midwives and nurses. Having considered, but rejected Erikson's (1994), Marcia's (1980), and Giddens' (1991) theoretical constructs, the habitus, field, capital and the mechanisms of doxa and illusio were selected and interrogated to demonstrate how they might assist in recognising how dispositions of midwives and nurses might be formed in relation to external factors which juxtapose their personal agency. The habitus serves the twin function of informing how

collective identities are formed through socialisation into families and professions. Hence the narratives of midwife and nurse educators will potentially illustrate the collective educator identity of midwives in this study. Further, the habitus manifests in the individual as it reacts in the context of specific "discourses or practices" (Bourdieu and Wacquant, 1992, p.135). Though not a flawless construct, the habitus is useful for gaining insight into transitions from the primary habitus to secondary (or plural) habitus, noting where cleft habitus may have occurred and for where forgotten history (Bourdieu, 1990b) surfaces to fill gaps in educators' knowledge about the acquisition of their dispositions. The next chapter will detail the methodological approach taken to this study.

4.0 Methodology chapter

4.1 Introduction

In this chapter the reader is reminded of the aim of this study which is:

To critically explore the narratives of midwives and nurses to discover how they perceive their professional educator identity was formed.

And the research questions which are:

1. How do midwifery and nursing educators explain the formation of their professional educator identities?
2. How does affective care (i.e., being caring) influence the professional educator identity of midwives and nurses.

The aim of the study and questions are interested in discovering data, which is perspectival, personal, and uniquely held by the participants (see appendix 11). Hence in this chapter through a process of elimination, I explain my rationale for choosing a narrative approach, narrative commonplaces, and in-depth interviewing to secure an answer to each question. Underpinning these choices is a discussion of my epistemological positioning which extends opening comments on my positionality and researcher reflexivity made in section 1.7. Steps taken to analyse the data are explicated followed by an explanation of the approach taken to ethical concerns. (Please note, participant information sheets are found in appendices 3 – 10).

4.2 Research paradigms and justification for choosing Narrative Inquiry

Research paradigms act as doorways through which discoveries can be made about the nature of knowledge, and about the realities of the subject under investigation; hence the importance of selecting the best research approach (Žukauskas, et al, 2017). Broadly speaking there are two specific research approaches or paradigms, namely, the quantitative (also known as positivist/realism) paradigm (Bhatt, 2010; Antwi and Hamza, 2015) and the

qualitative (variously described as naturalistic inquiry/interpretivist/idealism) paradigm, (Lincoln and Guba, 1985; Malterud, 2001). Both quantitative and qualitative paradigms are associated with differing philosophical positions and research methodologies (Mack, 2010; Steen and Roberts, 2011) and provide a framework upon which research studies can be structured. Quantitative research approaches are focused on the collection of numerical data, which is analysed through numerical comparisons and statistical analysis, (Jacobsen, 2017). My focus was not to observe, measure or detect causal relationships in the educators' narratives (Guba and Lincoln, 1982; Bacon-Shone, 2021) hence I eliminated this paradigm.

Ontologically qualitative research adopts a relativist stance which accepts that an individual's understanding of the world may differ significantly from that of others (Denzin and Lincoln, 1998; Levers, 2013). Therefore, interpretivist probing gains access to the social and behavioural phenomena and subjective realities of participants (Moschkovich, 2019). Specifically, the multivocality and multiple realities of participants are accessed thus attempting to secure answers to what, and in what way and why questions, rather than those which rely on determining weight, size, and volume responses (Tenny, et al, 2022). Fundamentally qualitative research aims to explore and make sense of the social reality of individuals, groups, and cultures (Crotty, 1998; Driessnack, et al, 2004; Ellis, 2007).

The truth sought by my study was held and owned by the participants. I assumed their stories would be perspectival, thus personal, and subjective due to their unique lived experiences (Lincoln and Guba, 1985; Ryan, 2018). Hence, I had to select a research methodology which would gain access to how the participants' educator identities were constructed based on their perspectives (Berryman, 2019). Considering my intention to search the data for the educators lived experiences I selected to adopt an interpretivist, narrative inquiry [NI] (Bell, 2002; McQueen and Zimmerman, 2006; Clandinin and Caine, 2013) as this would enable me to explore participant narratives to learn about their lived experiences of becoming and being educators. My chosen methodology will be discussed in more detail in section 4.4, however prior to this it is necessary to state my epistemological position.

4.3 My epistemological position

Arriving at a clear epistemological position was deeply challenging. I attribute this to several factors. Primarily, as a novice researcher I found myself in debate with the ontological underpinning of the qualitative paradigm. By accepting that individuals are individual, the notion of truths and absolutes becomes contested because it follows that what one person holds to be true another person may wholly disagree with. This strikes me as being an absolute, however I had to quickly learn that my research findings would not reveal truth, but rather should be focused on generating credible interpretations of subjective data (Roller and Lavrakas, 2015). Secondly, I felt confronted by the indisputably objective edifice which governs midwifery and nursing practice, namely the Nursing and Midwifery Council. Initially I felt compelled to undertake a study which would measure the impact of the NMC code and standards of practice on the professional identity journey taken by midwives and nurses [NMC], (NMC 2018a). Each midwife-nurse educator is duty bound to adhere to the tenets of this Code. In real terms lack of compliance can result in disciplinary procedures at best, or permanent removal from the register as the ultimate sanction. Although the purpose of my research was not intended to determine a causal relationship between the midwife and nurse educator professional identity formation, their role /career transitions and the NMC Code, intuitively I suspected that the Code might appear in participant narratives. I spent a significant amount of time contemplating if this assumption might necessitate an epistemological position which allowed for exploration of this probability. After much reflection I had to refocus on the essence of the research study. A research methodology which would gain access to the participants experiences and, facilitate interpretation of their experiences was required.

Lastly, I had to acknowledge that the literature identified the paucity of literature about the professional identity journeys taken by midwives and nurses to become educators, compared to literature available about students. In this regard my approach to the data required an open approach, which embraced the interpretations participants apply to their experiences. These considerations led me to consider interpretivism and narrative inquiry and the central place of the story. These narrative inquiry and story are considered in the following section.

4.4 Narrative inquiry and the centrality of story

It is necessary in the following section to highlight the importance of story as stories (or narratives) are integral to the focus and function of narrative inquiry. Stories of experience(s) represent "the story in the study, the tale in the theory, the parable in the principle and the drama in the life" Sandlewoski, 1991, p. 161). In short, participants stories contain the phenomena which is being sought (Greenhalgh and Wengraf, 2008; Steen and Roberts, 2011). Participant stories, which may be messy (Andrews, 2020) due to the characteristically, nonlinear method by which stories are told, can be interrogated in a meaning-making, relational space created by and between the researcher and participants (Sandlewoski, 1991; Wang and Geale, 2015). Narrative inquiry recognises that human experiences are constantly changing entities and as individuals we live storied lives. Considering the criticality of story to narrative inquiry the meaning and function of stories is now discussed in more detail.

Narrative inquiry (NI) is the study of experience which is told as stories (Dewey, 1934; Clandinin and Connelly, 2006). As experiences beget experiences, they are considered dynamic, changing entities which constantly add new data to the life course of individuals (Connolly and Clandinin, 1990). Stories about life and experience represent personal interpretation and sense-making activities (Connolly and Clandinin, 1990). Arguably this is what makes them so powerful (Connelly and Clandinin, 1990; Greenhalgh, et al, 2005). When shared the stories give the midwife or nurse (or storyteller) and the researcher opportunities to understand the characters, settings, plots, and developments which occur in the stories; also, in recounting the past the storyteller can consider the future and hope for new prospects (Dewey, 1934). The cumulative effect of the stories gives access to truth from the perspective of the participants, which was the aim of this study. As individual identity formation does not occur in isolation from that of collective identity (Jenkins, 2008) convergence of the educator stories will create a collective story of midwife and nurse educator identity. This is something about which little is currently known.

Stories are situated in time, place, are future predictive, contextually, and socially sensitive (Moen, 2007). Feelings and events are remembered, in addition the role of others in their lives is scrutinised and locations are viewed for their influence and significance (Wortham, 2001). Consequently, stories grant admittance to the hidden world of the participants and enable them to recall, interpret, process, and make sense of what is happening or has

happened in their lives. Concisely, stories are perspectival therefore they are not reliant on organizational or assumptive perspectives and do not attract the burden of trying to prove a particular truth (Earthy and Cronin, 2008; Schiff, 2012). Personal narratives therefore offer the promise of cutting across the multiple and complex gaps of human understanding (Riessman, 2000) to reveal factors which may have led to midwifery and nursing educators' professional identity formation as they transitioned from one role and career move to another. Narrative inquiry therefore encourages self-representation, thus elevating personal stories from being interesting tales (Bell, 2002) to providing a means of understanding the essence of that life. Through narrative inquiry connections can be made between a person's history, biography and how they have experienced society, and in the case of my study, how they have experienced professional socialization (Hunter, 2010). Through the telling of their stories known knowns, known unknowns and the unknown unknowns, (Luft and Harrington, 1955) become accessible. For participants to discover unknown unknowns is indicative of the possibility of forgotten history being present and realized as they share their narrative (Bourdieu, 1990b; Leaney, 2018).

Inquiring into the stories of midwives and nurses required a methodology which facilitated participants to dwell on aspects of their stories which helped them to make sense of their experiences, and which enabled me to visit and re-visit the data to best understand the participants' journey to educator identities. In the following section the recursive and reflexive nature of narrative inquiry is outlined in more detail.

4.5 Narrative inquiry: A recursive, reflexive research methodology

A research methodology attends to methods of data collection, data analysis, presentation and discussion of the findings and ethical concerns, (Crotty, 1998). In the section that follows I explicate the steps taken to engage with the participant stories through the means of narrative inquiry.

As detailed in section 1.1 and in keeping with NI I began this inquiry by probing my own stories and experience of being and becoming an educator (Caine, et al, 2013). Although I am deeply aware that midwifery and nursing are two separate professions, I elected to explore stories from midwives and nurses because I am dual qualified and appreciate how

both identities have converged to shape my educator identity. I determined that there was a rich pool of data to be gained by hearing stories from this professional pairing. As a "recursive, reflexive process of moving from field" to field (Clandinin and Huber, 2010, p.436) narrative inquiry provides an opportunity to co-construct the participant story by collecting it and interpreting it to extrapolate meaning-making discoveries (Riessman, 2007; Bignold and Su, 2013). Through collaboration with the participants, I could present to the readership diverse accounts of the possibilities, opportunities, and disappointments they experienced as they journeyed to their educator identity (Patti and Ellis, 2017). Narratively inquiring into the educator stories has enabled the surfacing and shifting into clearer view what is the complex, puzzling world occupied by those who teach future generations of midwives and nurses.

There were eight participants in my study, and I conducted two interviews (interview one and two) giving a total of 16 interviews. By the time I conducted interview one, with the second participant, I realised that the narratives had no such thing as a beginning, rather the story starts where the participants decide they should start. Consequently, becoming puzzled, confused, and overwhelmed by the "unruly openness" (Robert and Shenhav, 2014, p.1) of narrative data was a real possibility. To avoid confusion and misunderstanding of the results, I adopted a narrative way of thinking (Clandinin and Huber, 2010). This involved paying attention by listening to the interviews and reading the transcripts as stories of experience (Nasheeda, et al, 2019).

Narrative commonplaces provided a conceptual model which proposes the existence of three inquiry spaces (or dimensions) known as temporality, place, and sociality (Connelly and Clandinin, 1990; Clandinin et al, 2007). Temporality facilitates exploration of the past, present and future. Sociality, identifies feelings, hopes, desires, reactions, values held by the participants. Place refers to singular or multiple locations, boundaries within role, culture or even events; it is known to exert influence over personality and identity formation, therefore an important lens through which to explore the complexities of being human (Riessman, 2005). Adoption of narrative commonplaces provided an apt methodological aid (Given, 2008) and advantageously it enabled exploration of Bourdieu's temporally constructed habitus. To amplify the commonplaces narrative inquirers are encouraged to gaze inward on the narratives to pay attention to matters of sociality such as feelings, aesthetic reactions and

hopes; to gaze outward to notice external conditions, specifically (in the case of this study) to notice how structure relates to agency. There are also backward and forward lenses which are concerned with the temporality of the story, allowing movement between the past, present and future, (Clandinin et al, 2007). I devised questions to assist with gaining entry to the stories. This focused my attention as I explored the vast amount of data generated by interviewing the participants. The questions are detailed in the table below:

Table One: Narrative Commonplaces - Questions to unlock the stories.

Commonplaces: (Riessman, 1993; 2005; Clandinin et al, 2007)	My questions
Temporality – past, present, future	What were the main events in the story? When did they occur? What is the educator doing now? How do they speak about the future?
Sociality – feelings, hopes, desires, reactions, values	What did the participants say about themselves? Which emotion words were used?
Place - singular or multiple locations, boundaries within role, culture or even events	What are the main events discussed by the participant? Where did they occur? Do they discuss culture?
	Do they discuss family, working relationship as places?

The questions detailed in the table prompted me to pay attention to the complex, relational characteristics of the lives which midwife and nurse educators described. I was able to get into the stories, rather than just being puzzled by them (Haydon, et al, 2018). I had not anticipated how far back in their history some participant stories would begin, although this was perhaps naive as my own narrative began in childhood. Nonetheless, to further understand the genesis of their professional educator identity formation (following discussion with my supervisors) I decided to engage with Bourdieu whose "… theoretical and empirical agenda is understood … as being channelled by socially derived, implicit, and largely precognitive sets of "fuzzy" principles), embodied through the habitus (Bourdieu, 1977a, p. 113). These both reflect, (now) and tend to reproduce, (future) the historical (past) conditions within which they were generated." (Barrett, 2015, p.2).

Getting to the core of what are described here as 'fuzzy principles', (which includes abstractions; oppositions; perceptions; skills; habits) which affect personal agency now and, in the future, but which are based in the past captures the essence of this research study. I wanted to get behind and underneath the participants stories of professional identity formation to discover, interpret and explain how they perceived their educator identities were formed. Narrative commonplaces gave entry to the stories and combined with Bourdieu's social constructs sense was made of the participants' early and changing habitus. To ensure generation of an adequate but manageable volume of data careful consideration was given to the sample size for this study. I will explain how I approached sampling in the following section.

4.6 Sampling method and Sample size

In the following section I move to explain how I addressed concerns as pertain to securing an adequate sample for this study. To achieve this, I will discuss the adaptable method applied to sampling and then move to discuss the sample size.

Sampling method

The study required participants who could tell the in-depth story of becoming and being a midwife and or nurse educator. The findings did not have to be generalisable, neither did they have to test a theory, however they did need sufficient intensity or focus on the phenomena to elicit rich data (Sandelowski, 1995; Patton, 2002). Purposeful sampling is commonly used in qualitative research as it enables identification of an information rich sample which best relate to the phenomenon in question (Benoot, et al, 2016; Gentles, et al, 2015; Palinkas, et al, 2016). For this study, I elected to adopt two purposeful sampling strategies. The first, is intensity sampling which gathers information rich cases which display the phenomenon intensely, but not extremely (Patton, 2002). The second was snowballing which required me to ask the recruited participants for information about other potential participants who might be appropriate to participate in the study. Both sampling strategies were approved by the ethics committee.

To support recruitment to the study of those with relevant experience, drawing on my knowledge of being an educator I devised a sampling frame (or list) to specify participants who would best fit the research (Rice and Ezzy, 1999).

- Had first line qualification as a midwife, nurse or that they were dual qualified.
- Had recent experience, (within the last three years) as midwifery or nursing educators, working in a higher education institute.
- Had been educated in the United Kingdom, in accordance with educational standards set by the Nursing and Midwifery Council [NMC, 2019a and b].
- Working or have worked in higher education institutions within the United Kingdom. This ensures that they are exposed to working with curriculum designed to satisfy NMC requirements.
- Had taught / or teach at least one unit/module of learning to undergraduate student midwives and / or nurses.

Based on this sampling frame eight educators agreed to participate in the study (of which five were white, women, two were black African women and one was a black African male. I had not included social class or race as a criterion in the sampling frame; however, as the participants began to share their narratives it became evident for two of the three black participants that race had featured significantly in the formation of their educator identities. (The findings and discussion chapters will illustrate key learning points in relation to the specific area of race). Securing an adequate sampling size is key for any research study. The following section explains how this was achieved in this study.

Sample size

In response to the question of sample size, Rice, and Ezzy, (1999) offer the following advice:

> "…. when the researcher is satisfied that the data are rich enough and cover enough of the dimensions they are interested in, then the sample is large enough…"
>
> (Rice and Ezzy, 1999 p.46)

Upon first reading this statement it was not helpful, especially to a novice researcher. On reflection however it suggested the exciting prospect that I could select the sample size which best suited my study. To support my decision-making, I adopted the approach that once new data had ceased to appear in the narratives, I would terminate recruitment to the study. Ultimately, the sample size serves the purpose of generating sufficient data to produce trustworthy results and generate worthwhile knowledge for transfer to the field (Cleary, et al, 2014). Sufficient data for this study was interpreted to mean the point where data was considered "rich enough" (Rice and Ezzy, 1999 p.46) and when data was no longer generating new codes but being added to those already formulated. This decision felt in keeping with and respectful of heuristic nature of this study (Hiles, 2002).

The original intention was to recruit six to ten participants, with the aim of interviewing them twice. Data analysis commenced with the first interview and "rich enough" data (Rice and Ezzy, 1999 p.46) was reached by interview fourteen; however, as I had already recruited eight participants, I conducted the remaining interviews. Of note, data gathered in the last two interviews did not generate new codes. In the following section the interviewing process is discussed.

4.7 In-depth interviews: The research method of choice

As inferred in section 4.2 the qualitative research methodology(ies) focus on the human experience, therefore appropriate research methods or tools are required to access the experience of participants. The aim of the study was to critically explore the narratives of midwives and nurses to discover how they perceive their professional educator identity was formed. Based on anecdotal knowledge gleaned from conversations with colleagues about their educator journey's I determined that the most appropriate research method would be in-depth interviews conducted with individual midwives and nurses.

Taken at face value the following statement might sound simplistic, and yet it provides a clue to the purpose of the in-depth interview, "… if you want to know how people understand their world and life, why not talk to them?" (Kvale, 1996 p.1). Gaining access to what is known by research participants is not dissimilar to the conversation one has with other people on a dayto-day basis. A critical distinction however is that although in-depth interviews might resemble day-to-day conversations, they are in fact purposely designed to

access participant knowledge and thereby learn more about the research phenomenon. To achieve this Kvale (1996) describes the interview as a site of construction. It is on this site where inter-views or an exchange of views between two parties takes place. This small play on words focuses attention on and illustrates the potential of in-depth interviewing with narrative inquiry, which accepts that the researcher collaborates with the participants to co-construct units of meaning from stories shared. Through inductive reasoning the coalition of stories results in temporally derived understandings of the research phenomenon. Described as a biographical research method (Tedder, 2012) in-depth interviews probe the life history of participants in search of stories, and stories represent the construction materials necessary to make sense of the participants' life experiences (Squire, 2008). I had to keep this in the forefront of my thinking as each interview represented an interactive, relational field (Clandinin and Huber, 2010) where power dynamics existed between myself and the participants (Riley, et al, 2003; Berry, 2016). To ensure that data was collected in both an ethical and credible manner it was imperative that I did all I could to prioritise the participants responses by minimising my reactions and responses. This acted to safeguard against skewing the study towards my views which crucially avoids nullifying the thoroughness of the research process and findings. I therefore engaged a range of skills designed to elicit as much information about the phenomenon as possible, but without overshadowing the participants response. For example, active, careful listening on my part mandated that attention was paid to what was said by participants, how they said it and required close observance of the participant pauses and use of body language (Rice and Ezzy, 1999).

Interview one was an unstructured interview, guided by one opening question.
"Please tell me about your journey to becoming and being a midwife or nurse educator" (further questions were devised insitu and in response to the participants answers to my opening question). Justification for the opening question rests in its purpose which was to encourage participants to begin their stories where they wished. The dual effect of the question is that despite its broad and open nature it focused attention on the two topics central to my inquiry, without it feeling as though I was imposing a preconceived agenda on the participants. For example, I purposely did not ask about their becoming or being a lecturer as this may have led them to discuss qualifications and restricted the responses to discussing working roles. Further, although there is a growing body of data about the

midwife and nurse educator identity (see chapter one) knowledge in this area remains limited; hence at the commencement of my study the relevance of which questions to ask was unknown. To accommodate this uncertainty and to allow time for rapport and trust to build between participant and myself, the interviews were scheduled to last for 90 minutes, (Rice and Ezzy, 1999). In practice they lasted between 28 – 95 minutes. During the interview I kept my interjections to a minimum and attempted to ask questions only after the participant had shared their story. During those moments when focus was lost as co-constructor of the story, I was able to interject comments such as 'can you explain a little further' or 'you were saying' or '… I have not thought about that before...'. Further I supported the participant to speak by not speaking myself when they fell silent. In such moments of stillness, the participants were thinking; eventually they continued with their narratives. My silence during moments of stillness was paramount and although participants would say: 'you know what I mean', as gap fillers to the story, I tried as far as possible to remain quiet to avoid re-directing their story. However, this does not mean that the stories were not probed; as stated above I asked questions which occurred to me as the interview progressed, but these were designed to elicit a deeper response to something which the participant had already raised in the telling of their story.

The interviews were digitally recorded, (with participant consent) and I personally transcribed each interview to deeply familiarise myself with the data (see data analysis below). Personal transcription of the interviews was not just an exercise to illicit the text, it also gave me the opportunity to become deeply familiar with the narratives, to think about what had been shared and not shared. Stories were searched for the way in which narrative commonplaces, habitus, field, and capital were articulated. For example, in relation to the narrative common place of sociality, one question was: Which emotion words were used? (See table one). Searching the stories revealed words such as 'grieving' and phrases such as 'mourning practice' and 'feeling at a loss'. These led to the formulation of more specific questions for interview two and eventually came to represent the finding of 'Psychological threats to wellbeing' (see section
6.7).

Having collated data from interview one I undertook the work of reading individual transcripts in a recursive manner with the aim of becoming immersed in the data. This led to the generation of an interim research text highlighting topics which could be probed

further in interview two (Clandinin and Caine, 2008). As a result, I was able to devise a semi-structured schedule of questions to discuss with participants in interview two (Rice and Ezzy, 1999). Interestingly, although the questions were unique and specific to each participant there was however some commonality in the topics which arose from interview one. For example, at least three participants spoke (unprompted) about imposter syndrome, and all spoke (in varying degrees) about being caring and its impact on their educator identity. Interview two was scheduled to last 90 minutes and although the plan was to conduct this interview ten to fourteen days after interview one, this was a naïve ambition on my part as transcription of the digital recordings took approximately four to six weeks depending upon the length of interview one; hence I did not meet the participants again until six to eight weeks following the first interview.

The transcripts were returned to each participant with the request that they check for accuracy and to refine their story(ies) as they deemed necessary. Methodologically this served the purpose of empowering and enabling participants to exert some control over how their stories were crafted, potentially minimising any power differential between them and me. Furthermore, this process acknowledged and honoured the time taken to form a relationship with the participants. Additionally, returning text to participants in this way aims to demonstrate that the research was undertaken in a trustworthy and transparent manner. How the data was analysed will be presented in the following section.

4.8 Data analysis

Determining how midwives perceived their educator identities were formed, but there being a paucity of research studies exploring this area required me to determine a starting point for interview questions. Consequently, I decided to ask the participants about their journey to becoming and being educators (Jenkins, 2008) thereby adopting two topics which focused data collection, interpretation, and analysis throughout the research process. Through the process of narrative analysis, a third topic namely, early influences on becoming an educator was identified in the educator narratives. Exploration of each topic led to the emergence of two themes, namely, ‘Identifying seeds of the midwife and nurse professional educator identity’ and ‘Growing ‘panes’ – how midwives and nurses transitioned to become

professional educators. The themes will be discussed in chapter seven. Steps taken to analyse the data and arrive at the final themes are discussed below.

4.9 Data analytical process in detail

I adopted a thematic analysis process described by Butina (2015) to manage the rich, thick data generated by this study (Stahl and King, 2020). Although Butina (2015) used five identifiable steps in her study and from which I drew instruction, it is noted that narrative analysis is not bound by set procedures (Riessman, 2005; Butina, 2015). Nonetheless, there are several acceptable approaches to analysis of narrative data (Riessman, 2005). My study was best suited to thematic analysis as it was interested in the content contained in the narratives which was elicited by asking how questions, for example, 'How do midwifery and nursing educators explain the formation of their professional educator identities?'

Organisation and preparation of the data and obtaining a general sense of the information (Butina, 2015)

The interviews were digitally recorded, and I undertook verbatim transcription myself, rather than hiring someone else to transcribe for me (Rice and Ezzy, 1999). Using the questions detailed in table one, I listened to the interview recordings and made research notes detailing points of interest about each participant. Once available I read the transcripts as whole stories and added more detail to my research notes (Nasheeda, et al, 2019). Reading the whole transcripts in this way alerted me to the narrative commonplaces in the stories. Full immersion and familiarisation with the transcripts created better understanding of the participants. In preparation for interview two I created word documents consisting of two columns. The first column held the participants transcribed material from interview one. In the second column, drawing on my research notes, I noted topics and questions for further exploration in interview two. The transcripts were returned to the participants prior to interview two for them to check for accuracy, to refine or remove what they had told me and to reject any questions or topics which they might feel uncomfortable answering in interview two (Carlson, 2010). Affording member checks of transcripts provides a level of assurance to the research community, participants, and readership of the trustworthy nature in which the research is undertaken (Creswell and Miller, 2000). None of the transcripts were altered.

Due to time constraints transcripts were not returned after interview two. Interview two was supported by semi structured, participant specific interview schedules.

The coding processes (Butina, 2015)

Coding began with the reading of the first transcript and continued as transcripts were added. Codes, or short phrases such as 'educational beginnings' were identified and in total I had 30 codes. I stuck the codes onto a wall and beneath them created lists consisting of words, ideas, and phrases extrapolated from the transcripts which corresponded with the code. This led to a visual representation of my early findings and served as another mechanism by which I remained immersed in the data. From my early research notes I noted codes relating to sociality and the emotional well-being of the educators. Acting as building blocks (Haydon, et al, 2018) narrative commonplaces helped me to see the shape of the story being told, and led to a deeper understanding about how the professional educator identity was formed.

Categories and themes (Butina, 2015)

At this stage I read the transcripts again and actively scrutinised the data listening for the answer to the 'how' questions detailed in the research questions (see questions in section 2.10). By searching the data for points of interest in this way I noticed the topic early influences on educator identity. Codes were now arranged under the three topics, being an educator, becoming an educator and early influences on educator identity. I had not arranged codes under the topics to begin with as I wanted to see which codes were present in the data first. However, arranging the codes under the topics caused me to see where codes were similar; thus, I was able to merge codes to form categories. This resulted in ten categories (or sub-themes) which were then grouped into two major themes and are titled: 'Identifying seeds of the midwife and nurse professional educator identity' and 'Growing 'panes' – how midwives and nurses transitioned to become professional educators.

Interpretation of the data (Butina, 2015)

Interpreting the data and making sense of it was an ongoing process. I listened to the interviews repeatedly, sometimes replaying sections over and over. I read the transcripts of both interviews four times for each participant. Throughout the data collection process and writing up of the findings I remained open to discovering how the participants were making sense of their educator identity journey's. In turn I had to examine their narratives by considering other sources which I achieved by undertaking further searches of relevant literature. This is evidenced by detailed commentaries accompanying verbatim participant quotes in the finding's chapters. Originally, I identified three major themes, but realised this could be condensed without losing meaning. Further still, application of narrative commonplaces guided my attention to identify the shape of the emerging stories; in tandem application of Bourdieu's theoretical constructs directed me to listen repeatedly for how their educator dispositions (i.e., habitus) may have developed. Consequently, this analytical process indicates how the collective participant professional educator identities were formed. Throughout writing up the thesis, if necessary, I would revisit the data sources to ensure that I have accurately represented the narratives and personalities of the educators.

4.10 Ethical Concerns

This section discusses ethical concerns related to this study and how they were addressed. Providing a guide to consider fundamental ethical issues this discussion draws on the work of Kvale, (2007). The principles outlined here include informed consent, confidentiality, potential for causing harm and the researcher's role in engaging participants in the research process.

The principle of informed consent mandates that research subjects are informed about the overall purpose of the research study (Kvale, 2007). All participants were briefed on the risks and benefits consequential to participating in the study. In the first instance ethical approval for this study was granted by the ethics committee at the university where I undertook my doctoral studies. I had planned to contact heads of midwifery and nursing departments (HoD's) at universities located in the East of England and London. My rationale was motivated to achieve convenience of travel. As it transpired, due to the covid pandemic, all interviews were conducted in 2020 through to early 2021 via the zoom platform. To maintain confidentiality, I conducted all interviews in a room which offered me maximum privacy and freedom from distractions, however, it was evident that at least two participants

were sitting in general areas of their home as family members could be seen to be moving around. I took time to confirm with each participant that they were happy to speak with me from where they were located, all agreed that they were. Prior to commencing the interviews, I confirmed I still had consent to conduct the interview. In addition, I reiterated to the participants that they were not obliged to continue with the research process and could withdraw at any time without explanation (Kavle, 2007).

In the final version of the ethical process, the first HoD whom I contacted advised me to contact the Head of their graduate school, who advised me to contact the Head of their ethics committee. After three weeks I was granted permission to approach staff via email. I responded via email to each educator who volunteered to participate in the study. This allowed me to send information about the study, highlighting the requirements. Non-verbal contact was preferred at this stage as my aim was to reduce any sense of obligation to participate in the study, (Nuremberg Trials, 1947; Aluwihare-Samaranayake, 2012). Following email contact, the educators emailed back to indicate if they were willing to participate in the study. Completion of this process required me to contact the participant by phone, thus affording an opportunity to respond to questions, to confirm that participants met the inclusion criteria for the study and to arrange their consent form to be signed. It was only at this stage that they were considered as being formally recruited to the study. Although an all-staff email had been sent out advertising the study only five educators volunteered to participate. I therefore engaged the snowballing sampling strategy and asked those already recruited if they could think of any other educators who might be willing to participate in the study. This generated three additional participants. I approached the additional participants by following the same steps taken with the original five. Hence a sample size of eight participants was reached.

Implicit in informing participants about the study it is necessary to detail the whole research process at recruitment. To this end participants were informed that they would have the opportunity to debrief following the completion of the study. In practice this was conducted in two ways. Firstly, each participant was given a written debriefing form. This fully appraised the participants about the nature of the study and its aim. At recruitment participants were told that the study was designed for them to tell their educator story. It was only during debriefing that I explained my specific interest had been to learn how their professional educator identity had formed. Calculated deception of this nature was approved

by the ethics committee and is considered justifiable to prevent leading or influencing the participants in terms of the type of data they might share (Wickström and Bendix, 2000; Kimmel, 2012). Secondly, due to the small sample size I offered each participant the opportunity to meet with me in person following interview two if they wished. During this meeting any concerns or questions would have been addressed. None of the participants took this opportunity.

Finally, there were no anticipated physical risks to participants in this study. However, given the exploratory and inquisitive nature of qualitative interviewing I could not predict the potential harm which questioning participants about the formation of their educator identity might evoke. At the recruitment stage I discussed with participants the safeguards which would be in place in such cases as they might require support during the research process. As indicated above, they were made aware that they could stop the interviews at any stage and either withdraw completely or take a break before returning to the discussion. In those cases where a participant may have become distressed, I would have utilised my listening skills to determine which professional service to signpost them to. In practice as the narratives were shared there were a few participants who shared profoundly personal recollections, some as deep as discussing their mental and emotional well-being. I was concerned about how such reflections might impact the participants. To manage this concern, I would thank each person at the end of the interview for participating and I monitored their response to determine if they seemed disquieted in any way. Once I had produced the interview transcripts, I offered to subtract any inclusions which they felt uncomfortable sharing. No participant showed any signs of distress, and none requested that their transcripts were altered.

4.11 Conclusion

This chapter re-introduced the aim of the study and research questions, followed by a brief discussion of the quantitative and qualitative research paradigms. Narrative inquiry was selected for its ability to treat stories of experience as research data and research phenomenon. Understanding how midwives and nurses in this study articulated that their educator identity was formed was essential. Hence, by adopting narrative commonplaces I was able to craft a selection of questions which enabled me to explore the subjective data of the participants. I discuss my epistemological positioning which was that of an interpretivist

inquirer who adopted in-depth interviewing to elicit the participants rich narratives. I sought and selected research participants who possessed experiences which aligned with the aim of the study. This led to the recruitment of eight participants who met the in-inclusion criteria (see 4.6). There are several acceptable approaches to undertake the analysis of narrative data (Riessman, 2005), all of which must demonstrate thoughtfulness and thoroughness. To this end I adopted analytical steps described by Butina (2015) which (combined with application of the theoretical framework) led to a structured, methodical, thematic approach to data analysis and interpretation. All participants were recruited, consented, and protected from harm in accordance with ethical principles. Over the next two chapters the findings from this study are presented. This is achieved using verbatim quotes and relevant commentary.

5.0 Being an educator

5.1 Introduction

In the previous chapter the methodological approach taken in this study was discussed in detail. It highlighted how I entered the research field with the aim to explore the perceptions of eight midwives and nurses to discover how their professional educator identities were formed. Identity was conceived as a "means of being [and] becoming" (Jenkins, 2008, p.17) therefore being and becoming were the topics which guided this inquiry. During data analysis, a third topic, early influences on the formation of educator identity was identified. In the first of two findings chapters I explore three categories which illustrate what being an educator means to participants.

5.2 Two professional identities, embodied in one person

In this section the participants discuss the essence of their educator being in contrast with being healthcare professionals. Probing their experiences, they arrive at explanations of how they manage tensions and struggles existent between their differing identities. Ultimately the participants prioritise ideals from both identities which they deem important to being educators.

To illustrate how the educator being emerged from two professional roles, Jenny for example characterised herself by having a profound sense of responsibility to child birthing women and their families. Although now separated from working directly with women she explained how her work with students was still focused on being with women by proxy. She regarded herself as having added a layer to her professional identity when she became an academic and that education was part of her professional identity, but did not comprise its entirety, stating that:

Jenny "What I teach them will directly affect care that woman is getting. It's not about me replacing practice, it's about adding another layer of responsibility and that weighs heavy on me – [because] the core of me as a midwife is to influence good practice … I need to be able to instil them with

the drive that I had, and I was given by my educators to challenge poor practice and question".

Compellingly Jenny exclaimed that "the core" of her as a midwife is to influence good practice. To contextualise this statement, at the time of Jenny's interview England had been rocked by several public inquiries into poor practice in maternity settings (Francis, 2013; Department of Health, 2013; Berwick, 2013; Keogh, 2013; Kirkup, 2015). Each inquiry culminated in the overhaul of the maternity services involved, with lessons learned disseminated on a national scale. A criticism of these inquires was the impact of wilful blindness, that is many people were seeing what was going wrong, but with no one escalating (Heffernan, 2011; Pope, 2017). Jenny felt compelled to ensure that students had what she considered the best education possible. This would enable and empower them to escalate concerns if they were ever to observe poor standards of practice, something which does not occur without consequence such as ostracization for those labelled as whistle-blowers (Stein, 2019). Despite the negative connotations associated with speaking up about clinical practice, Felicia too engaged in pedagogical practices designed to agitate her students to think critically about what it means to be a good practitioner. Part of being an educator to Felicia meant working with students in ways designed to help them think beyond what appeared to be obvious.

Felicia "You know an awful lot of our education what counts for or passes for formal education tends to be transactional, rather than transformational. As an educator myself if its transactional knowledge or transactional processes that I am expected to take part in, I don't know what the point of them is, because that's just information – students need to know how to think, how to challenge…".

In her journey to being an educator Felicia, explained how she rejected much of what she called the "hang over from the maze of the NHS" where teaching was focused on see one, do one (Han, 2020). Arriving at a point where she valued transformative learning encounters (Boden, 2019) she developed courage to take students on journeys where they could discover their own voice and personal philosophy for practice. In this sense, although Felicia was not essentially clinical at her core like Jenny, she wanted students to 'know how to think' and 'challenge' when in clinical practice. Jenny's narrative is more in line with that

of others who expressed that maintaining a strong sense of clinical identity was paramount to their academic role (Boyd and Smith, 2012; Attenborough and Abbott, 2018). Clinical identity was rooted in the concept of being caring. Tiny for example, was almost indignant as she considered the numerous times, she had to explain to clinical colleagues that being an academic did not negate one from being a caring practitioner.

Tiny "Oh when you went into teaching didn't you miss caring? Didn't you miss nursing… didn't you miss that patient care? You're still getting those elements of care, it's just in a different way. I think caring and being approachable is hugely important as a lecturer. It's massive".

Describing a caring approach as being at the centre of everything she does, Tiny offered examples of how caring for struggling students was akin to the caring role which she highly valued when working as a nurse. "You're still getting those elements of care" emphasised the importance Tiny ascribed to being caring. Tiny offered examples of how caring for struggling students, followed by the pleasure of seeing them graduate exerted a positive effect on her as an educator. Tiny's professional satisfaction was intrinsically linked to the sense of her being an educator. Jo's narrative suggests that nurturing and caring actions towards students, models a pattern of what it means to care.

Jo "We can be that stable body that shows the gold standard of what you shouldn't be doing in practice … and we can keep pushing them back and saying: no, don't let that stop you from what you need to do. We can develop the students to develop that ability to continue with caring and compassion … they've got us behind them".

In almost defiant tones, Jo went on to express her resolve to not follow her employing university's guidance to only see students three times per year for tutorials. Rather, she preferred to exercise her own judgement and offered more frequent contact for students throughout the academic year. Jo was determined to emulate the approach of her own midwifery tutor who had shown interest in a holistic sense, not just focused on their academic and clinical ability. By developing what she called "a personable" approach, Jo practised compassionate care towards her students. Being caring was not discussed in each

narrative, but there are concepts such as valuing communication with students which act as an adjunct to being caring.

Veronica "…you know communication makes you feel valued [so] you know … how you conduct yourself is important to being valued".

Veronica asserts that communication is vital to "engaging students". To improve communication with students Veronica made a concerted effort to communicate regularly via returning emails promptly. Even in cases where she experienced incivility from students, which had led to tension and her decision to leave the HEI, Veronica stressed the importance of fostering positive relationships. She explains.

Veronica "You have to know to be kind and balance things because sometimes in some situations the demands can be unrealistic … you have to know where to draw the line".

Essentially being an educator seems to be informed (in part) by being a professional midwife or nurse. The narratives demonstrate how participants balance the demands of university requirements, with maintaining a focus on clinical practice and rebutting judgements about the nature of the educator role. This occurred alongside the burden to promote good clinical practice, to model caring behaviours and maintain healthy boundaries with students. Collectively all these factors feature as part of being an educator. Tensions of straddling two professional fields therefore are complex and impacted by both internal and external drivers.

5.3 Educators or Trainers?

This section attends to an interesting dis-ease between understandings of education and training. For some education, specifically critical thinking, was paramount if outmoded knowledge found in clinical practice could ever be challenged. For others any difference between the two was less apparent.

Clinical, or basic midwifery and nursing skills are rooted in the absolute genre, meaning they must be performed safely as per set standards to optimise woman-centred and patient-centred care (Morgan, 2006; NMC, 2019c). However, with the movement of both

professions to all degree status (midwifery since 1996 and nursing in 2009 in the United Kingdom) teaching methods akin to chalk and talk, have become less supportive for 21st century health care students. Tiny alludes to the differences she observed between the two approaches to teaching:

Tiny "When I started studying [for a top-up Batchelors degree], I realised it was a whole new way ... It makes you realise over the years how things have changed… though some people still like being told everything …"

Pre 2000 midwifery and nursing courses in the UK were based on a non-academic apprenticeship model (UKCC, 1986). Both Monica (a dual qualified nurse and midwife) and Tiny (a nurse) received what was referred to as midwifery or nurse training in the early 1980's, "one went to train… we got a certificate, not a degree" (Tiny). Whilst patient advocacy has always been a primary concern, admittedly an evidence-based approach to teaching and learning was not always present. This assertion is supported by Tiny who recalled that her nursing classes consisted of times when "someone … just stood in front of me and taught".
Monica who confirmed this in the following comment:

Monica "The way that perhaps education was set out at that particular time, was very much you see something, you do something".

Monica's comment resonates with Felicia's observation (see section 5.2) of a see one, do one approach to teaching in the NHS. Despite their own socialisation into the professions through an apprenticeship model, Tiny and Monica promoted educational practices determined to create independent learning in students. For example, Tiny utilised of group work and a flipped classroom approach. Her goal is to encourage students to not rely on tutors talking through "70 slides and thinking they (students) don't have to do any work". Whereas Monica's passion for educating students centred around her use of reflective practice. She categorically stated that, the educator who thinks over the day "in the car" on the way home, can unpack the intricacies of their day and is more likely to incorporate such learning into their educational practice:

Monica "I think that reflecting back enables you to look at the minutiae and really think. I would say that's important to being an educator in many ways".

Although she is clearly discussing individual reflection in this quote, there is a correlation with looking at the 'minutiae and really think[ing]' and Freire's comments about reflection (Freire, 1970). He suggested that the educator reforms their "reflection in the reflection" (Freire, 1970, p. 53-54) of the student. Monica employed reflection as a pedagogical tool (Bass, et al, 2017; Wain, 2017; Bastable, 2019). Although the focus of midwifery and nursing educators is to prepare students for clinical practice, there is also the sense of valuing "education for educations sake" (Felicia; Deasy and Mannix-McNamara, 2017). In other words, learning and acquisition of knowledge are valuable pursuits in their own right and should not be regarded as "means to an end". Having left what, she describes as a "toxic clinical environment", Felicia entered higher education brimming with hopes to explore ideas and areas of interest with her students. Her narrative was tinged with regret as she described how in her earlier career, she had to confront what she perceived as a prescriptive "transactional training model" of midwifery. This model placed more emphasis on knowledge transfer, than on education. She speaks of "prodding accepted forms of knowledge" to determine their validity.

Felicia "I encouraged students to take short-cuts to theory if you like and I use the word theory carefully… through feeling. So, I was very aware that that's what I was doing – you know – let's try and find the knub of this – how does this experience that you are having in practice make you feel, and what does that feeling – tell you about you [yourself] as a practitioner?".

Felicia's view of education was that education should exist for its own sake. Her goal was to make students think firstly about the kind of practitioners they were becoming. Secondly, she nudged them to find a critical voice to advance best care for maternity service users. Seemingly in agreement with Felicia, a report from the Council of Deans (2017) suggested that upon qualification, in addition to possessing clinical skills and competencies, "We should also aspire for them [student midwives] to demonstrate graduate attributes such as scholarship, global citizenship and lifelong learning" (CoD, 2017, p.13). Further, in reviewing nurse education, the CoD (2016) state there is a "desire to foster competent,

confident, critical thinkers capable of applying knowledge and skills to evidenced-based care" (CoD, 2016, p. 13). Regrettably, although this may not have been the intention, in both reports the use of language when discussing the graduate qualities of midwives and nurses is benched in terms of desirability. However, when discussing clinical competencies affirmative words such as 'will' and 'must' are used. For example, use of the phrase 'should also aspire' could be construed as meaning 'graduate attributes such as scholarship, global citizenship and lifelong learning' are bolted on to the primary goals of acquiring clinical skills and competencies. Hence, Felicia speaks of taking "short cuts to theory". She explained, this was because the curriculum from which she drew her teaching modules, was primarily focused on teaching for assessment and promotion of clinical practice. To her the curriculum felt prescriptive, that is unequally weighted in favour of the acquisition of skills and competencies with less demand placed on the development of critical skills. Felicia was not alone in her quest to promote critical thinking within the midwifery profession (Kirkham, 1989; Bryer and Sinclair, 2011; Carter, et al, 2022) and challenges in raising the status of critical thinking has also been addressed in nursing (Shoulders, et al, 2014; Pitt, et al, 2015; Paynter-Armour, 2020). Low risk care for pregnant and childbearing women is the sphere of practice for midwives in the UK (NMC, 2017/2021). However, considering the danger of midwives being 'excluded from' (Najmabadi, et al, 2020) delivering low risk care to pregnant women, due to the increasing medicalisation of maternity care, Felicia's focus on educating students to be critical thinkers is paramount. Jenny too had a clear perception of education compared to training and her narrative demonstrates a concerted effort to separate the two:

Jenny "When I first started my midwifery education, I absolutely did not think that I would be sat training and educating midwives of the future. In my [previous] career - I ended up as a consultant and ended up training – which I know is very different to education … yeah …. in my previous role I taught … well I trained … it wasn't teaching as in education, it was training".

Jenny did not expand on the types of roles she occupied prior to her midwifery career. What is noticeable is the differentiation she makes between training and education, almost labouring to explicate the difference. Both Jenny and Felicia can be seen to bare a sense of responsibility to ensure that critical thinking had its place in midwifery education. To

provide best care and challenge decisions made in practice, midwives must be proficient in the execution of clinical skills. In addition, they must also be able to support their actions with evidence-based rationale.
Jenny explained:

Jenny "Education is about empowering them to think for themselves …
… to think critically and then apply that to their practise and then challenge;
- if we don't teach that, then we will only ever be trainers …we have to get them to think for themselves … to challenge things and it's their duty to protect the profession".

Further highlighting what appears to be a polarity between training and education, Jenny now links critical thinking with 'protecting the profession'. This is something which the World Health Organisation also seem to address when emphasising the importance of midwives being trained and educated to international standards to deliver continuity of care for all women (WHO, 2019). Outworking the ability to challenge practice in her own experience, Jenny recalled a scenario in which she had to 'protect the profession'. Raising objections to a nonevidence based clinical intervention, Jenny defied it by standing up to the clinical policy making team. She calculated the intervention would add no benefit to maternity service users and through her efforts it was aborted. She notes:

Jenny "… being an educator gives you a platform … to explore … I research … and it makes me feel brave enough to bring it into my teaching … I had a really good… experience with my educators … they had standards … not all of them … but there was a strata of midwifery educators that … urm … that showed me what it … what it could be like, and I wanted to be like that".".

By engaging her intellectual capital(s) (see section 3.4/ *The role of capitals in the formation of dispositions)* and bolstered by the example of her own educators, Jenny was able to role model for students the direct impact which critically approaching practice can have on client care and professional practice. However, not all educators expressed the same emphasis on critical thinking. For example, Jo focused on the importance of practice knowledge and practical skills. For Jo her deeply rooted connection with clinical practice provided the confidence she needed when she first entered teaching. Central to her

educational ethos was the view that being clinically current increases student regard for and confidence in their educators:

Jo " I remember standing in my first class and it was the third years. I remember sort of standing there thinking: Oh my god I don't know what I'm doing
and actually, almost winging it a bit … the fact that I'd just come from practice probably helped me a lot in terms of the credibility with the students".

A mixed picture emerged from the narratives. Where Jo seemed more inclined to skills training, Jenny and Felicia placed more emphasis on education for its own merit. Tiny and Monica provided a historical perspective on how preparation for nursing and midwifery had changed and how they had changed by incorporating new pedagogical approaches into their practice. Participants agreed that excellence in patient and client is paramount, and that their role as educators was significant in contributing to positive outcomes for healthcare service users.

5.4 Lived experiences inform teaching practice and engagement with students

This section focus' on how personal and clinical experiences underpinned approaches taken to teaching and student engagement. Being an educator was strengthened by the application of life lessons when teaching and engaging with students.

Recalling a personal experience where she was accused of poor practice, but was later exonerated, Jo emerged feeling crushed and disillusioned with the NHS. As an educator this experience informed how she shaped her approach to pastoral care for students. For example, more than once she found herself breaching her job description to support students whose mental health had deteriorated. Jo justified this apparent departure from her academic role, stating that it delivered long-term results which enabled those students to progress to qualification. In turn former students still send Jo comments like the following:

Jo "Another student messaged me again the other day and said I wouldn't be here if it wasn't for you. The first time I met you I was a patient in A&E…".

By looking backwards (Clandinin and Connelley, 1990) into her own experiences of practice Jo was able to provide a safe space for the students to debrief but meant "less time for teaching … you know the subject … but it was worth it … " (Jo). Jo expresses a vulnerability and passion in her educational practice which manifests in how she cares for students. Something similar is observed in Opé's educator Being as she recalls how her own profoundly traumatising experiences encountered during childhood, through to early adulthood strengthened her resilience. Through the lens of personal trauma, Opé was alerted to those students for whom education equated to a means of escape from a difficult past.

Opé I [had] a background of lots of trauma … mum and … dad … thrust me into an all-white school as soon as apartheid ended. I was one of very few black children. I worked [very] hard. I can see that now with my students who were very high achievers … often they are trying to get away from something … they're trying to create something for themselves … I was like that"

A direct outcome of Opé's struggle to overcome negative past experiences was to strive for academic excellence (Griffin, 2006). This meant Opé developed a strong sense of advocacy for herself and for others. She spoke of being interested in "GNT" that is gifted and talented students, and those who university discriminated against. Some of her actions were directly aimed at black students:

Opé I used to particularly focus on the black students to help them to listen to their language and their tone… I said to them you know you can speak clearly in your own accents, it's not a problem, but make sure that you use the language that your patients will understand".

Never seeking to compromise patient care, Opé ensured all her students knew how to undertake clinical assessments to a high standard. Her narrative reveals her acquired emotional and spiritual strength gained from her own experiences of cultural shock,

acculturation into a non-apartheid society, followed by entrance to British society. As a black, female student and later educator, Opé functioned for years in higher education organisations predominantly surrounded by others who were white. Experiencing a dearth of black role models, and never meeting a black educator until she became one, Opé resolved to be the best educator she could be. She set out to provide students with healthy challenges to enhance their growth and learning. At this juncture it is interesting to note that Opé qualified as a mental health nurse in 1997, the absence of black nursing educators in her school of nursing seems incredible, especially as by then decades of black African and Caribbean nurses and midwives had undertaken professional education in the United Kingdom. However, underrepresentation of black educators in UK healthcare faculties remains a challenge even in the 21st century (Baltruks, et al, (2020). Her self-advocacy evolved in a context where she was met with a hostile reaction from a senior nursing colleague.

Opé "A folder with four pieces of paper that's all she gave me … no conversation, no meeting, no follow-up… nothing. And that was where my desire to mentor new academics transitioning into higher education came … I said to her: You don't know Maya Angelou, do you? … "and still I rise… I made a decision to induct myself".

Opè embraced her experiences of being black and all that it had taught her about harnessing disadvantage to one's advantage. There was no room to disconnect from something so obviously on show for others. Thus, rather than engage in a game of trying to fit in, Opè employed her negative experiences to excel in her educational practice and to stand out from the crowd. Opé did finally meet and work with another black educator and very quickly after commencing her role she decided that her students would fully benefit from her survival instincts. Thus, whilst maintaining a fair approach to all students, she indicates that in conjunction with her black colleague they set out to be the best educators possible:

Opé "We made, we made higher education look good… we made nursing look good, and of course, our black students in the classroom were like - yeah… we're being taught by people that look just like us … we connected with the

white students just as much… don't get me wrong… but here's another opportunity to be …seen",

Both Jo and Opé's narratives demonstrate how internal and deeply personal experiences provided the basis for ways in which they engaged with and taught students. Felicia's narrative follows a similar pattern as she stories how she grappled with the concept of her midwifery educator identity. Having a background in humanities, Felicia describes a peaceful childhood but a difficult journey through the NHS to qualify as a midwife. She speaks of her love for education, art, and poetry, but found the working climate in the NHS hostile to her passions. Therefore, she hid within her work, secreting herself in women-centred projects which required minimal input from others. Upon transitioning to the role of educator Felicia hoped she would finally be able to express her passions, but instead she encountered sterility of ideas.

Felicia "I felt that that the sorts of things I w[as] interested in, were not particularly valued".

Undeterred by the lack of interest shown in her interests, combined with having to teach what she perceived as being a prescriptive curriculum, Felicia again buried herself in her work. Education was vastly more important to her than being a midwife. However, she accepted that as a midwifery educator, despite the tedium of training for skills, she had to find a way of bringing 'the threads of her midwifery educator identity' together with her personal values. She sought ways in which her aptitudes and experiences could benefit the students. Felicia concentrated on being unpredictable. By drawing on influences from other disciplines such as, art and drama, she was able to enrich her teaching sessions. She adopted a "let's really talk" approach with students. Like Opé, Felicia believed in role modelling and in her effort to disentangle the known from conjecture, Felicia would demonstrate what she called "tangents of thought" in the classroom. Meaning she would "play with ideas".

Felicia "You don't have to reach a concrete answer… in fact you won't – which is another aspect of midwifery education and healthcare education that I'd always found frustrating that students increasingly were hooked onto the search for the correct answer".

To avoid appearing as the all-knowing teacher, Felicia would externally process her thoughts as she taught. Thus, during teaching sessions Felicia would seek inspiration from a range of academic disciplines, ignoring boundaries because she regarded such boundaries as false anyway. By so teaching she role modelled the value of thought (Nickerson, et al, 1985; Pring, 2015). Felicia's own experience of education led to the "passion … about helping people find their own questions". Kofi too possessed a passion for education; however, unlike Felicia whose passion began in her college years when observing her teachers, Kofi's passion for education arose from self-doubt. At the heart of Kofi's narrative is an awakening to the possibility that he could educate others. Having spent time questioning his ability as a black male to become an educator, Kofi eventually found validation in student feedback. Unlike Felicia he did not have the advantage of an untroubled upbringing. Caught up in the Biafra war (Nigeria 1967-1970) he learnt skills of survival and adaptability. Being an educator was the outcome of a lifelong project to reframe his primary habitus (Wacquant, 2014; Malak Akgün, B, 2018; Shotton, 2021). His experience might explain why he conceptualises the student journey to professional qualification to being akin to completing a puzzle or following a roadmap:

Kofi "How they start building that puzzle is different for them… Seeing students grow in their clinician persona is like light-bulb moments… I really enjoy it"

Echoing aspects of Jo's and Opé's narratives (see above), Kofi is empathetic towards students. He purposely held onto memories of his own naivety, in relation to mental health nursing, as a means of staying relevant to students. Going backwards (Clandinin and Connelly, 1990) in his own narrative ensured that whenever he recognised that same naivety in students, he was more invested to support their learning. Student development therefore featured significantly in how he executed his educator role.

Kofi "There was natural satisfaction from student development. I remember a first student who did not know the difference between a CP and CPN. Really did not know the difference. Three years down the line you see this is one of the best students – I'd not mind them to look after me", Kofi.

Contrariwise, there were those students who came to the course having worked for "three to fifteen years" as mental healthcare assistants. Kofi describes a process of having to deconstruct the healthcare assistant to make room for the emerging nurse. This required challenging embedded knowledge and ways of knowing, especially about the role of the mental health nurse. An endearing feature of Kofi's pedagogy is like Jo, who spoke of understanding the student as a whole person. Kofi embraced a notion of working "beyond a timetabled session". He entertained the feeling of being a "secret agent" whom students consulted for help beyond the curriculum. Speaking of working with small groups of students he asserts:

Kofi "I create the environment convenient enough for them to actually express how they feel".

In Kofi's estimation education is a collaborative effort (Freire, 1970) where he crafts a conducive learning environment, in turn this encourages students to behave authentically. Kofi's comments about working "beyond a timetabled session" helps to summarise how participants harnessed personal experiences to support students. Especially those students whose own life experiences might have challenged their ability to learn. Educator experiences of racial injustice, unfair accusation when working as a clinician, having one's academic interests being misunderstood, and undervalued, and surviving a war, are a selection of some life experiences which were shared. The cumulative effect is that the educators were galvanised by a sense of ensuring students were cared for, as this in turn would exert a positive effect on the clinical setting.

5.5 Conclusion

In this first findings' chapter attention was focused on what it means to be an educator. The findings indicated that being an educator is informed by one's primary profession of midwifery or nursing. The narratives strongly indicated how some participants act to maintain a sense of who they are as clinical experts. There was a profound sense of determination to balance the demands of university requirements, against working "beyond a timetabled session" to support students who were caught up in personal struggles. Informing their pastoral work with students were their own personal lived experiences.

Caring for students therefore and modelling caring behaviours was essential, as was maintaining healthy boundaries with students.

Part of the strategy to model caring behaviours included engagement with critical thinking, as well as teaching for the acquisition of skills. Striving to create a transformative education for students, featured strongly in the responses, even though midwifery and nursing curriculums might be regarded as prescriptive. A collective view emerged that excellence in patient and client care were paramount. The educators considered it their role to contribute to positive outcomes for healthcare service users through the promotion of critical thinking and the teaching of clinical skills. Having considered being an educator, in the next findings chapter the participants make sense of the journey to become educators.

6.0 Becoming an educator

6.1 Introduction

The previous findings chapter explored how the midwives and nurses articulated the essence of their educator being. This second findings chapter explores six categories which illustrate the participants journeys to becoming educators. As mentioned in section 4.8 a third topic, that is early influences, arose from the narratives hence this chapter is divided into two halves. In the first half early influences on becoming an educator is discussed. The second half of the chapter considers aspects of becoming an educator commencing from becoming a student midwife or nurse.

6.2 Early Influences on becoming an educator

Three early influences on becoming an educator are noted in the following section. These are early educational encounters: A path to success, proclivities to care and teach and the impact of role models on their journey to becoming educators.

6.3 Early educational encounters: A path to success

When questioned about becoming and being an educator Kofi, Opé, Jenny and Veronica tell stories of school and family dynamics. Educational opportunities were viewed as gateways to a successful life. Thus, pursuit of such opportunities was exerted either by the participants themselves, or their parents. In Kofi and Opé's narratives educational success was directly linked with changing their primary habitus (Kofi's from poverty and Opé's from racial oppression). Their narratives demonstrate how the societal milieu, in which individuals develop, impacts their ability to adapt and adjust to circumstances throughout life (Baker, et al, 2003). Beginning with Kofi's narrative we learn details of his social and economic environment. Efforts to gain an education resided outside the parameters of what his primary habitus regarded as possible. His is a story of striving for success.

Kofi "… I was born (into a black) Muslim family in Africa … dad was not educated… and he did not put his children to school. So, what happened is a … umm … I think I was a bit clever and there was one teacher in the

village (who) said: This boy is very clever, you carry my bag to school; so, I used to carry (her bag) …"

Kofi exposes the contrast which existed between his primary habitus (crafted by his father who did not send his children to school) and the opportunity afforded him by the local teacher to attend school. Two factors resonate here, firstly Kofi's experience demonstrates that his habitus was not rigid, but adaptable over time. This observation resonates with Sweetman (2003) who asserted that for those in possession of a flexible habitus, self-refashioning is not difficult to accomplish. Secondly, some might suggest the teacher exploited a small child by making him carry her bags. Distressingly sexual, emotional, and psychological abuses of children sadly exist on a global scale (Stoltenborgh, 2011). However, by noticing that Kofi was a clever child, his teacher's actions suggest her motive was to test Kofi's desire to learn, and subsequently confirmed his potential to learn. Praise from significant others impacts the way a child thrives throughout life (Koçak, et al, 2022). As Kofi reflected, he suggests an awakening on the part of the teacher to the fact that this small child was not only willing, but also able to attend school.

Kofi: "what I was told was … you know you take her bag …. A four-year-old /five-year-old, take her bag… accompany her to school and [she would] say: Oh, you can actually come to school… [I would say] yes, I can"

The passion with which Kofi said "Yes I can" cannot be over emphasised. As he related this story, he almost seemed to relive it. With a promise of poverty and no education even all these years later Kofi's relief at being asked to carry the teachers bag remained tangible. Her actions provided a way of escape for a small child who was striving to extend beyond his environment.

Kofi explains his striving to escape more fully:

Kofi: "So, basically, I did not really have any guidance at all. No family guidance. Probably, if I may say it was more (of a) search for opportunities, rather than I … a role model … it was more searching for opportunities … this idea that I need to escape from the circumstances … my fundamental principle was:

Distinguish between what you want and what you need".

Even in early childhood there is evidence of Kofi's resistance to his primary habitus and to the structural context in which he found himself. His statement to "Distinguish between what you want and what you need" resonates with Brannen and Nilsen (2007) who explain that although in childhood there is some distance between their immediate life experiences, their aspirations, and future outcomes, picturing the future from childhood is meaningful (Brannen and Nilsen, 2007). Kofi's story offers insight into how his teacher recognised his ability and willingness to learn. It also demonstrates his determination to accede with what was needed to succeed in life. Kofi could not explain how he concluded that education was the route to success. Nonetheless rather than conforming to the habitus which included his father denying him educational opportunities, Kofi's '… habitus [was] transformed by the action of the school' which provided 'the basis of all subsequent experiences, from restructuring to restructuring" (Bourdieu 1972, cited in Reay, 2004: 434).

Experiencing a different route into education, Opé, a black African woman described herself as having been an educator from the age of four. Her narrative starts with the abolition of apartheid.

Opé "Independence came and the next day I was in school with white kids."

Opé grew up in Southern Africa at the end of the apartheid period. The apartheid system created educational inequalities mainly for black people (Murphy, 1992) thus her childhood narrative is set within the context of drastically changing political, social, and cultural systems. The speed with which Opé's parents transitioned her into a previously all-white school suggests they were keen for her to access educational privileges. The following quote confirms that her parents saw education as a means of escape from the difficulties faced in her country.

Opé "Like typical African parents: I want my children to have better than what I had … I think both my parents, my mum and my dad were traumatised in their lives … and what they wanted … they wanted me to have a better education … they wanted a better life for me".

Parents have been recognised as the key to accessing and experiencing education in Africa (Rheault, 2014). In other words, they found that the chances of a child attending and graduating from high school was heightened, even if only one parent had completed primary school. This perhaps explains that why with little preparation Opé was catapulted into a school setting where she was one of the first black children. In her opinion this was fuelled by her parents' own history of trauma, though at this stage in the narrative she does not expand on what might have led to the trauma. One could be left wondering about the impact which being rapidly dislocated from one school setting to another may have had on Opé. However, in the following quote she articulates how she viewed her move into a previously all white school:

Opé "… as a kid going into school at the age of 4 ½ / 5… with all these white children… my generation are the first … group of children who have no issues around race or colour … we got on… our parents pulled us out, integrated us very quickly – but integration, created a …. a strong sense of being bi-cultural, if not multi-cultural, …"

Opé enjoyed the move to a new school, although her experience is not necessarily representative of others. Ndimande (2012) explored the challenge of race in post-apartheid South African desegregated schools. They found that parents had an uneasiness and expressed vexation about the racism their children encountered in previously white-only schools. Opé's view of race clearly differed from what was felt by black parents (Ndimande, 2012) and possibly even by her own parents. She reflects fondly on the experience of school and the journey to multi-culturalism.

Opé " [at school] everything was in English … looking back, maybe my teacher was just very, very kind and she made time for me… I just loved being at school with her… I think maybe my process of becoming an educator started there. I was acculturated into English thinking and doing things… at home, we spoke in [in my first language] … we did things in [traditionally] and then when my grandma came – No English! Grandma's coming!"

Opé's experiences of school and integrating into a multi-cultural setting prompt a deeper consideration of habitus. As a structuring structure which structures, changes to the habitus

can impact the social trajectories not only of the individual, but of others to whom they relate.

Notice in the following quote how Opé speaks of educating her parents (Bourdieu, 2008).

Opé " I had to educate my mum – that you and dad want me to have this life, this existence that is the opposite of being raised in apartheid? … you've got [a] black child going to school with all white kids and you expect her to remain exclusively black – you've got another thing coming mum…"

Later in her narrative Opé reiterates that her educator identity was formed during childhood (see section 6.4/). What is noted here is how unprepared Opé's parents might have been for the discontinuity between the culture at home and the culture of school (Reed-Danahay, 2000). Opé's narrative illustrates how "children reflexively develop their own perspectives as they encounter new experiences" (Pimlott-Wilson, 2011, p.2) which in turn shape their evolving habitus. Opé's social trajectory was likely altered by being sent to a new school.

Comparing Kofi's narrative with Opé's, Kofi's narrative is of a child utilising educational opportunities to escape poverty. His story is one where adult agency (that of his teacher) was exercised to aid his transition from a primary habitus which rejected education. Opé's narrative conveys an element of striving for educational success, driven again by the agency of adults (that is her parents). Both sets of adults (Kofi's teacher and Opé's parents) seem to recognise that to achieve social mobility each child needed to experience a shift in their cultural capital. A better education provided the means for this shift to occur; although in Opé's case the degree to which it would change her may not have been fully appreciated by her parents. Striving for social mobility is not new and positive adult relationships and expectations (usually from parents) undoubtedly impact the educational performance of children (Yamamoto and Holloway, 2010). Both Opé and Kofi made the most of their education and the benefits of their efforts are seen across the life span. For example, Opé, explained how she was 'groomed for public speaking' during high school, became head girl, ran her own television show by the age of 17 and eventually pursued nursing in the United Kingdom. Kofi went on to complete high school and A 'levels which led him onto study

maths at university. After graduation and dissatisfied with teaching maths he turned towards healthcare and studied nursing.

Offering a slightly different perspective on how pursuit of educational opportunities might impact social trajectory, Jenny a white female participant commented:

Jenny "So I'm the eldest of four ummm which I know being the eldest of any number its … you're always kind of the trend setter aren't you! You're the one that can't go out …[laughs] I don't think that there was an expectation put on me that I would achieve [at school] … umm … but it felt like there was an expectation that I would (be) the achiever…"

As part of a discussion about her schooling during which she joked about how memory of her school reports differed from reality, Jenny suggests there was no pressure applied by her parents in terms of her academic achievements. However (as the oldest child) it did feel to her as if she was expected to be the achiever or trend setter for her siblings. Downey (1995) points out that sibling size or the number of siblings in a family is a consistent predictor of educational outcomes, with older siblings attaining higher outcomes than those following. This effect is attributed to the dilution model which proposes that with the first child parents are more engaged. They seem to exert more effort, money, and time into resourcing the older child. In turn, the older child becomes an adjunct or proxy parental influence for younger siblings. Parental time and attention lavished on Jenny to do well may have led to her attaining high grades at school, but these seem to have come at a cost.

Jenny "… I'm a bit of a perfectionist… and I know where it comes from, it's a lack of self-belief … striving for perfection is almost about proving to me that I'm good enough … I think looking back being the eldest of four I've always felt that's the case … always had that … moniker attached to me… always being told I am clever. Once you've had that pinned to you, you feel like you're on a constant treadmill … … trying to maintain that standard… and yeah, that's exhausting a lot…"

In Jenny's case she is the first born in her family, not only by birth, but was also considered the first child due to her level of performance in her sibling group (Adler, 2006).

Consequently, greater expectations and responsibilities were conferred on her by her parents. Jenny's perception of being expected to lead her siblings by example manifested as her striving for perfection, but this was rooted in self-doubt. Her narrative suggests an inevitability of being expected to always perform well. Tethered by a weight of expectations, she experienced an emotional burden which felt exhausting. Work conducted by Dungey (2022) suggests that roles adopted during childhood within the family setting are closely aligned to enduring traits which manifest during adulthood. Self-doubt and perfectionist traits may explain Jenny experiencing imposter syndrome which she discloses in her narrative. This will be discussed in more detail below, prior to this however one further contribution to the category of early influences arises from Veronica's narrative.

Veronica explained how her sense of 'being drawn to study' was in some way linked to her mother being a teacher. And how familial expectations translated into her being driven to be the top of her class.

Marcia	"You said something really interesting (Veronica) - you said you were always drawn to study… do you know why?
Veronica	"…so my mum is a teacher and where I come from … education is a very valuable asset … from a young age I was always somebody who was always interested in school. I always cared about my results; I always wanted to be top of the class… for my GCSE's I had nine A's … [my] family…were 'Wow…so proud of you' … 'you're going to be the most educated and you know it'..."

The impact of parental and teacher interest in a child's education has previously been discussed, here Veronica extends consideration to the role played by the extended family and the notion of cultural reproduction (Bourdieu, 1990 /2009). Although Veronica does not offer the titles of specific family members, there is significant evidence to support her experience that family members play a significant role in the educational attainment and career choice of children (Mtemeri, 2019; Kenner, et al, 2007; Lehti, 2019). It has been noted that "the total effect of family background on educational success originates in the immediate family, the extended family, and in interactions between these two-family environments" (Jæger, 2012 p.903). Although Jæger also concedes not all family exchanges

are beneficial. Without being explicit Veronica alludes to a sense of underachievement when she attained a diploma in nursing, indicating a sense of competition existed in her family.

Veronica "… it was all those things from my background and growing up … and then for me to end up with a diploma, I'd have felt like I was an underachiever. I … it was in my nature … my upbringing … to make it
you had to be educated. If you were not educated it would be bottom of the pile, you would struggle."

Kofi, Opé, Jenny and Veronica's narratives demonstrate the complex plot which exists between attitudes towards education and the correlation between education and having a successful life. Noticeably, each narrative highlights similarities, such as the role played by family in motivating children to pursue educational opportunities, to work hard to be successful. A counter narrative is that of Kofi's whose striving for a successful life was supported initially by his teacher and later a cousin, but not his father. Although Opé is the only participant to clearly state at what age she perceived her educator role started, seven out of eight participants began their narratives in childhood or the teen years. This suggests the importance of early influences on their educator identity.

6.4 Proclivities to care and teach

Findings in this section indicate that several participants felt they have possessed tendencies towards being caring and being drawn to teaching from early childhood. A wide range of complex rationales emerged to explain this phenomenon. For example, Jenny seemed at pains to dismiss the possibility that her attraction to teaching was linked to her father who was also an educator.

Jenny "I don't (know) whether or not I'm seeing a correlation… so that correlation doesn't equal causation kind of thing, because ummm I don't think it was ever intentional … but I wouldn't necessarily say that I role modelled myself on him"

Jenny was adamant that although her love for teaching could be traced back to her early childhood, this was not linked to her father in any way. There was no sense that she had been consciously nurtured to teach, claiming instead that she was "inherently good" at teaching, but this had nothing to do with her father's role.

Jenny "maybe his professional life, my professional life just happened to coalesce at one point and we've sort of gone off… I don't know… it might be because he was good at that, then I'm inherently good at it and that's why that's happened"

Jenny's narrative surfaces notions of nature and nurture as opposed to nature verses nurture (Pinker, 2004). Her struggle is apparent as she grapples with trying to understand what has shaped her love for teaching. As a disposition her love for teaching might have been socially reproduced (Edgerton and Roberts, 2014; Bourdieu and Passeron, 1990), by her father, but also by her peer group given she was a high achiever (Pinker, 2004). Dispositions are deeply internalised, embodied, cultured ways of being. As such the process by which a teaching disposition is formed can become forgotten history but is evidenced by a sense of how to teach (Bourdieu, 1990b). It is possible that forgotten history was at work in the background and shaped Jenny's engagement with teaching. Whilst forgotten history seems to be at work in Jenny's narrative, Tiny indicates her attraction to teaching arose following work experience within a school for children with "special needs".

Tiny "… I remember the class teacher she kept saying: 'You must go into teaching … you know you're really good … I can really see you as a teacher'… it must have been so close to me going into teaching… those days you know when … I was 14, so we're talking about it was 1977 there weren't… the scope of jobs that there is now, especially for women … women ended being nurses, teachers, clerical work … I was very close to going into teaching, but I think the nursing … the caring aspect won me over really and that was why I went into nursing".

The zeitgeist of the 1970's and early 1980's benefited from a resurgence of feminism in the West (Sandage and Radosh, 1992) which bought great change in terms of roles available for women in the workplace (Goldin, 2006) accompanied by swathes of laws designed to

establish gender equality (Fawcett Society, 2016). Nonetheless in a survey undertaken in Britain, 49% of those surveyed between 1994 and 2002 (compared to 13% in 2012) regarded it as the man's role to earn money and the woman's role to take care of the house and children (Park et al, 2013). Tiny's narrative echo's the view of the 1994 and 2002 survey, for although she states that she loved teaching and caring, she also admits that the only professions she was aware of growing up were teaching, nursing and secretarial work. Attributing her perspective to growing up with hard-working parents, but who left school in their early teens, her knowledge of possible careers was limited. Cultural reproduction functions to perpetuate states of being (Bourdieu, 1973; Bourdieu and Passerson, 1977; Bourdieu and Passerson, 1990) hence a lack of familiarity with other, wider possibilities such as knowledge of working roles available to women may have had a two-fold impact on Tiny. Firstly, she may not have developed the dispositions required to pursue change. In Tiny's case no effort was invested into developing her habitus to strive for other roles, even in school she was encouraged to consider teaching. Secondly, lack of familiarity with other roles seems to have limited her to only considering working roles deemed suitable for women. Hence the cultural influences which shaped Tiny's habitus are reproduced through the career choices which she made (Bourdieu and Passeron, 1990).

Comparing narratives, with Jenny there is a tendency towards teaching borne from an inherent quality, which seems to have no specific starting point. Tiny however was able to pinpoint the genesis of her love for teaching but was limited by her upbringing to consider only a few roles. In Opé's narrative we encounter a clear assertion that she has been an educator from the age of four due to growing up in southern Africa.

Ope "… I became an educator (at four) and up to this day I am my mother's educator"

Opé's parents were ambitious for their children to break free of what they considered an oppressive system, where opportunities for black people were limited. However, Opé explained that her parents held a fantasy. According to her they believed that schooling with white children would propel her into an opposite world to that created by apartheid, but expected her to remain a good African child. Opé's childhood response was to educate her parents. To illustrate, she explained how the white children were collected from school by their parents, but she was collected by the house girl. Observing the love and affection shown

to the white children caused Opé to object to being collected by the house girl. Complaints from Opé about this led to responses from her mother such as: “Eh! I give you food! That’s how I love you”. Turning her protestations into explanations, Opé had to educate her mother that she had the same needs as the white children and wanted to be told that she was loved. Opé’s narrative demonstrates a habitus in transition as she managed to grapple with moving to a multi-cultural mindset from an early age. She was able to observe and interpret cultural difference, explain it to her mother and demand that her mother changed her expressions of love towards her. All this was accomplished while remaining true to her African culture, especially when her grandmother visited as not to offend tradition. Opé’s narrative demonstrates incredible adaptability, resilience and know how in one so young. By generously sharing their own experiences Tiny, Jenny and Opé have illustrated how teaching and educating others featured in the formation of their primary habitus. The proclivity towards care and social justice also emerged from the data.

Research question two asked: How does affective care (i.e., being caring) influence the professional educator identity of midwives and nurses. Justification for this interest rests in the knowledge that affective care is inextricably linked to the role of the midwife and nurse (Cummings and Bennett, 2012; (see appendix two). So unquestioned is the link between midwifery and nursing, and affective care it could be mistakenly assumed affective care would automatically feature in the narratives. It was necessary therefore to observe the data for this phenomenon. What emerged was a strong inclination towards affective care which pre-dated midwifery and nurse education. In some instances, it is a preregistration inclination towards affective care which acted as the catalyst for becoming a midwife or nurse. Professional education merely strengthened this primary disposition. Tiny, Jenny, and Felicia exemplify this finding.

Tiny “… I remember from 6, 7 years old I remember if my parents were ever going to visit somebody in the hospital, I was there… I want to see what the nurses do … I knew I wanted to be a nurse … in my head I just wanted to care”

Tiny tried but could not explain where the desire to care came from. None of her family were in healthcare, but Tiny knew that the desire to care was at the heart of what led her into nursing. Once in a healthcare environment she became engaged in teaching patients and then students. The latter sparked her interest in becoming an educator.

Jo also spoke about experiences of being caring from her teenage years onwards. As a college student she recalled undertaking a maternity placement where she witnessed a caesarean birth.

Jo "I don't remember the exact feelings … it was a long time ago… my memory isn't great!… when people ask me… I say –… I just remember wanting to be able to care for people – I don't even think it was (to) make a difference …it was about caring for people at a really poignant time and just seeing that new
… its really corny isn't it… just seeing new life…"

Although Jo articulates her desire to care for people at "poignant" moments in their life journeys, she is not able to express where her desire came from, even deriding it as being "corny". Further, her choice to pursue a caring profession seemed counter-intuitive as she had an aversion to blood and stated that her mother was "surprised when I said I wanted to go into health care "cos, cos I'm a real calamity Jane" (Jo). Both Tiny and Jo's narratives highlight a motivation to care which appears to have emerged from internal drivers for which they could not vocalise the source. Prosocial behaviour recorded amongst children is not uncommon. In an extensive literature review Brownell (2013) demonstrates both what is known about prosociality in children, alongside emerging theories of pro-sociality. She asserts that small children discriminate which behaviours they display and to whom in differing situations. Their prosocial behaviours might be based on how they have seen adults react to others. Which, if proven, would form a strong link with how the habitus is thought to shape dispositions. However, simply linking pro-sociality back to habitus is not sufficient given that prosocial behaviours are ubiquitous in children across cultural divides (Callaghan and Corbit, 2018). Prosocial behaviour therefore remains observed in Jo and Jenny's narratives, but the cause remains elusive.

Neither Felicia or Opé mentioned the words care or being caring in their early years' narratives, nonetheless they described sentiments akin to affective care. For example, Felicia spoke passionately about her sense to give back to society. Being a public servant provided the stimulus which led her to a career in midwifery. Her sense of care manifested as a strong inclination towards advocacy and social justice. Initially she struggled to determine from

where her sense of duty and leaning towards public service had originated. However, in an 'Aha' moment, Felicia realised that it came from the examples set by her father. She fondly described him as: 'a get stuck in kind of person'.

Felicia "… I remember being at the bus stop and dad saying to me: "You wait here", as he walked over to a man who was whipping his dog. His gentleness, his …umm... interest in other people always making sure other people were feeling ok. I was aware of it very much as a child …".

Context and environment are key to developing cultural capital. Pherali's study (2011) demonstrated that international academics working in British Universities (although wellendowed with academic capital) required structures such as induction programmes and training opportunities to aid acclimatisation to their new working environments. In a similar vein, Felicia's father encoded her with a lifelong sense of what is considered right and fair behaviour. Consideration extended not only towards other human beings, but to those who have no power as represented by the dog who was being beaten. Importantly cultural capital is acquired and transferable.

6.5 The impact of role models in the preregistration years

In this section we address role model experiences which appear to have shaped the early, preprofessional education of participants. Role models through their actions demonstrate attitudes, values, behaviours which observers will either regard as good or poor examples of conduct. A subtle internalisation of a role model's values, behaviours or attitudes occurs and emerges in how an individual acts in similar or new situations (Weaver, et al, 2005). As young children, through to late teenage years, several participants highlighted the influence of role models on their developmental journey.

In a clear example of how she was inspired by her sixth form tutors, Felicia recalls that they "prodded everything she thought she knew about the world … this was personally challenging".

Felicia: "My journey to being an educator started really… ok with my own experience of education … the lecturers were dynamic … my memory watching them absolutely transfixed by the amount of energy they put into the room … doing A'levels was errr I suppose transformational … and it piqued my interest in education …this interest in education came from my personal experience, [of] being taught …"

Findings presented earlier demonstrate the extent to which her college role models influenced Felicia's own educator being. Examples from her narrative above describes how she was strongly focused on developing critical thinking in student midwives, and the roots for this passion are now tracked back to her own educational experience. Her testimonial lends validity to the notion that "good teaching is not innate, it can be learned" (Kane, et al, 2004, p.306) and in Felicia's case that learning began by watching her "dynamic" tutors. Felicia's role models inspired by the "energy" they put into their teaching, in Tiny's experience she was inspired by the care and attention paid to her as a teenager by a particular teacher she met when on a work placement.

Tiny "I do think it was this particular teacher at the school, you know, she was just somebody who took time to chat to me … she was lovely – you would walk in and it was "oh thank goodness you're here!" and, "it's lovely to see you"– sometimes my children have been made to feel like a nuisance when they do … [work] experience … she always made me feel I'm here for a reason So, she was probably my role model…"

Although Bandura (1977) theorised that most learning is obtained from observation and is often reliant on the influence of role models, some of whom might be teachers (Lashley and Barron, 2006), it cannot be assumed that all teachers act as desirable or good role models, (Sanderse, 2013). What is interesting in Tiny's experience is the comparison she makes between her children "feeling like a bit of a nuisance" when attending their voluntary work experience. This contrasts with her memory of not being made to feel that way by a particular teacher. It could be possible Tiny's response to the teacher in claiming her as a

role model, may not have been in response to the functionality of teaching, but more so in response to the affective care demonstrated by the teacher (Noddings, 1988).

Another example of roles modelled, is found in the relationship which participants had with their mothers, where there appeared to be tension and difference (Boyd, 1989; O'Connor, 1990). Notably, at the time of interview, those participants who spoke about their mothers were all over fifty-five thus locating their birth dates in the mid-1960's. It is likely that their mothers were born in the mid 1930's and 1940's. Noting dates enables contextualisation of prevailing attitudes about women's work (which varied) and which may have shaped the habitus of the participants mothers (Spencer, 2005). For example, Monica identified that from an early age she wanted to do something different from her mother, who even years after she qualified as a nurse and midwife did not understand her educational endeavours.

Monica "… my mother had me when she was quite young, and she worked probably for a very short period of time… (pauses) … I wanted to have a career and I wanted to do things with that career and as it turned out that's actually what I've done! … in a way … [she]… inspired [my]
vision to become educator that I've become … she's been a great mum, I just wanted something different".

In her work on emotional capital, Reay (2000) stipulated that mothers' negative emotions towards their children's' education did not equate to negative outcomes, essentially "there was no simple correlation between positive emotions and emotional capital" (Reay, 2000, p.62). Thus, although Monica is grateful to have achieved her chose of career, in no sense does she reject the model of motherhood she experienced. The statement, "she's been a great mum" highlights that. Conflict however was noted as Felicia relationship with her mother after she decided to go to university.

Felicia "… the angst came from mum, and I think … I remember mum saying to me 'didn't expect you to make it through the first term…her mantra was: never be disappointed, which was very interesting, therefore don't hope…".

Felicia later suggested that her mother's attitude to life might have reflected "… bitterness about life doing to her" as she surmised that her mother did not have the opportunity to fulfil her life's hopes and aspirations.

6.6 From student midwife or nurse to clinical expert

The second half of the chapter now considers aspects of becoming an educator which spans from being a student midwife or nurse, to attaining professional educator status. Categories contemplated here are psychological threats to educator wellbeing, how being motivated by frustrations midwives and nurses moved into higher education and the role of positive praise in becoming an educator.

6.7 Psychological threats to wellbeing

Psychological well-being is a multi-faceted construct. It refers to a state of being when there is a co-existence of positive, enabling states such as good relationships (Merika, et al, 2020), satisfaction with life (Easterlin, 2003) and feelings of emotional security (Zotova, 2015) and the absence of debilitating human experiences such as depression, anxiety, anger, and fear (Diener, 2000; Ryff, 2008). A range of factors which could be described as negative psychological threats formed the milieu for midwife and nurse educator transitions. Commonly mentioned were imposter syndrome, a sense of inadequacy and a fear of losing connection with their clinical identity. Counteracting these threats were more positive experiences such as the impact of positive praise conferred by peers, former educators, students, and managers.

The imposter syndrome was first coined by Clance and Imes (1978) who observed a self-deprecating phenomenon in high achieving women in professional and academic roles. Believing themselves not to be bright, they carried a sense of being frauds who had managed to infiltrate predominantly male working spaces and working roles. Four key behaviours characterise imposter syndrome. Firstly, hyper-diligence involving working hard to deflect others from noticing their imposter status. Secondly, "intellectual inauthenticity" (Edwards, 2019, p.19) where efforts are exerted to hide their "true ideas and opinions" (Edwards, 2019, p.19). Often the women will only voice opinions deemed as audience pleasing, to protect personal and professional ideas which they feel may disclose their imposter status. Thirdly, they utilise "charm to gain approval" (Edwards, 2019, p.19) from their seniors, making it

more likely for them to be considered as special and needed. Lastly, presenting themselves as timid avoids shows of confidence, thus counteracting a personally held perception that society is intolerant of successful women. Jenny's statement demonstrates the pervasiveness of imposter syndrome on her entire self-concept as an educator.

Jenny "Ah Okay, but I don't think I am one still [an educator] just saying… you know … ummm I suppose … I think that's an important caveat, is that ummm I still don't really think I am one… which is a bit of an odd thing to say, but I think that's that … what do they call it arhmmm the umm ahooo… (sighs) the Imposter Syndrome".

Although Jenny had been a senior lecturer for three years at the time of interview, she stated that she had not entered midwifery to become an educator. This observation came notwithstanding her involvement with teaching and providing learning opportunities in her work life before entering midwifery. Jenny seemed genuinely surprised that she had gravitated to the role of educator once she became an experienced midwife.

Jenny "Now I think about it in previous jobs I ended up teaching … yeh it's always been there (teaching others) … maybe I do … maybe it's just bred into me… oooooh woooo that's weird…"

Displaying the ability to teach and engage others in learning featured when Jenny was a student midwife. She recalled an experience as a third-year student where she was asked to teach a group of junior doctors. Observing the session was the Head of midwifery who commented on the excellence of her delivery. Others, including her former educators, would often commend Jenny's ability to communicate with learners. Despite this Jenny commented:

Jenny "I feel with Imposter syndrome … it's what drives me in particular … because I don't want be caught out… I don't want that person to tap me on the shoulder and go we've made a mistake actually we don't think you should be doing this, cos actually you don't know enough".

Paradoxically imposter syndrome acted as an internal driver which kept Jenny motivated to excel as an educator. Later in her narrative she speaks of her determination as an educator, and before that as a clinical midwife, to research topics so that she could engage in detailed conversations with students. However, she also disclosed that she studied so that she "wouldn't get caught out" (Jenny). Jenny's commitment to midwifery was deeply personal. She speaks about practising clinical midwifery thus:

Jenny "Midwifery is not what I do, its who I am…I utterly mourned practice, utterly mourned it. For the first year or so I missed I hugely".

Congruent with her sense of mourning is a similar finding from Brower, et al (2022) who reported on nurses feeling a sense of loss and grief as they transitioned to become educators. Jenny's total immersion into midwifery is also reminiscent of healthcare roles being perceived as vocational callings; callings which prevail beyond the boundaries of a physical organisation. "Midwifery is who I am" perhaps demonstrates the phenomenon of occupying a role without borders. As such it is difficult for practitioners like Jenny to separate themselves from their clinical role. Being so heavily invested in her role as a midwife, coupled with the disposition of striving for perfection as a child (see section 6.3) might explain why transitioning to education left Jenny with a profound sense of losing her identity, and feeling like an imposter.

Similarly, Monica expressed feelings of being an imposter.

Monica "When I first started working for the university I recall really feeling like an imposter … thinking I'm not really sure what I'm doing here"

Explaining why she felt like an imposter Monica highlighted the language of higher education as a foreign entity. She explains her curiosity about the use of phrases like blue-sky thinking, which could be regarded as a common, everyday term. However, coming from a clinical context where ambiguity in the use of words must be avoided to advance best care for patients (O'Daniel and Rosenstein, 2008) phrases like blue sky thinking appeared odd to her:

Monica "I thought, why do you have to use words like blue-sky thinking when actually you could say what it meant! I still don't really understand what they mean by that! (laughing)"

Another feature which Monica shared with Jenny was her commitment to being a clinician. The notion of still being embedded in clinical practice hints that the opposite is unacceptable. Loss of practitioner status and clinical involvement might be regarded as more than just a move from one role to another. For Monica clinical practice amounts to a central facet of her professional identity.

Monica "I guess there's an element of me that … still liked the idea if practising. I think that has to remain central to what I do, absolutely… I really strongly believe that"

Uncovering why participants felt so strongly about their clinical identity is not a straightforward proposition, but a clue is provided by Jenny and Jo. In differing ways both speak of retaining clinical credibility as it seems to justify their professional status in the eyes of clinical colleagues and students. Clinical credibility is a recurring theme debated in midwifery and nursing literature (Elliott and Wall, 2008; Ousey and Gallagher, 2010; Cook, 2013).

Jenny "There's this fear that your colleagues, your clinical colleagues view you as being… ummm not being as 'mid-wifey' as them (laughs)… Do you know what I mean by that".

Mostly discussed as affecting women, imposter syndrome has also been found to be more prevalent in underrepresented racial and religious groups (Chrousos and Mentis, 2020). Kofi's narrative demonstrated a disconnect between his perception of clinical and educational practice. Having transitioned from mental health nursing to a clinical educator role, he explained how it took him some time before he could accept, he was "good enough" to become a lecturer. There seems to be an internal struggle between his perception of what

it means to be a clinical educator, compared to being a lecturer. Elevating the role of lecturer aloft from that of clinical educator he explained:

Kofi "Psychologically I still had not made myself a lecturer… although I was teaching … I felt more like a clinical tutor within [the] University – I was doing practice".

It was only after repeated instances of teaching in clinical practice and gaining praise from recipients of his teaching that Kofi began to believe he could be a lecturer. Praise from students and other educators seem to have boosted his confidence.

Kofi "But then what happened was, as I was teaching on site, I started getting feedback from colleagues, feedback from others, started making me [think]… Ah actually probably I can become a lecturer. I can become an educator"

Felicia also experienced imposter syndrome, but this occurred in her role as a clinical midwife. She explained that studying the humanities had transformed how she thought about and viewed the world. Often, following her qualification as a midwife, she was at odds with what she described as hierarchical and psychologically harmful practices encountered in the National health service [NHS]. Reminiscent of the dark side of nursing and bullying behaviours described by Adams and Maykut, (2015), Felicia spoke passionately about the infantilisation of staff which she witnessed and personally experienced. To illustrate this, she recalled being "told off" by a ward sister for speaking directly to a consultant. Consequently, throughout her time in clinical practice, she questioned if she fitted in with the culture of the NHS and specifically asked "Am I a real midwife? What is my primary identity?" Commencing her role as a midwifery educator Felicia felt that coming into academia was like "Coming home". She described feeling a sense of "homeyness" in the academic environment. Moving from clinical practice to education she felt offered her the opportunity to employ all her creative abilities. However, Felicia was hindered by certain personalities she met in HEI as they reminded her of bullying colleagues she had encountered in the NHS (Peters, 2014; Jones, et al, 2020; Feeg, et al, 2021; Park and Kang,

2023). Therefore, for her first ten years in academia she quietly crafted her true passions for critical thinking, exploration of theory, and the study of humanities. Hiding her true educator self from colleagues, she performed on the stage provided by the classroom (Goffman, 1959). Hiding in this way is a characteristic of the imposter syndrome (Clance and Imes, 1978; Magro, 2022). Interestingly, despite the presence of difficult personalities, and although she comprehended the academic setting as being more like home than the NHS, she keenly highlighted that:

Felicia "Being a midwifery educator left me without the instant gratification of cards which come from patients, or a box of chocolates on the day he's born".

Thus, although she has experienced dissatisfaction in her relationship with the NHS, client gratitude provided Felicia with a sense of personal and professional fulfilment. Perhaps this mitigated the feelings of being an imposter. Feelings of fulfilment upon being recognised and praised by patients was not unique to Felicia. The following section demonstrates how the midwives and nurses valued being seen and commended in their transition to become educators.

6.8 The power of praise

Transitioning from expert practitioner to become a novice educator is challenging, as demonstrated in work undertaken by Smith et al (2012). Being seen, that is being recognised and praised by others for their educator potential and abilities, occurred at different points in their individual journeys. Being seen appears to exert a validatory effect on the midwives and nurses, even if at first, the educators seem almost reticent about accepting the recognition.

Veronica "I remember there was one of the lecturers I will never forget her. She said to me 'Have you ever thought about going into teaching:' I said: No! I'm a nurse (laughing)….

Veronica was undertaking a master's degree at the time when she had the conversation above; reluctance to even consider herself as having the ability to become an educator is evident. Later, she explains, up to the point where she attended an interview for the role of clinical tutor she still carried a lack of belief in her ability to undertake the role. Laughingly, she described how it was not until her interview panel told her they could see the potential she had to teach, that she finally conceded that she could indeed become a nurse educator.

Opé also recalled similar sentiments towards adopting an educational role. Opé tells of being recognised as having teacher potential on the day she was interviewed for her nursing course:

Opé "[the interviewer] said we really, really want you for the programme –we just wanna let you know that, not only are you good for mental health nurs[ing], you are going to be a mental health nurse lecturer…"

Thoughts of entering the teaching profession were non-existent at the time of her interview. Notwithstanding this praise and recognition that she could become a lecturer seemed to plant a seed in her thinking. Years later, her potential to teach was verified by other educators. They provided Opé opportunities to engage in educating student nurses through teaching sessions, by contributing to research projects and by contributing to a nursing textbook. Each opportunity galvanised Opé's confidence to pursue a career in education.

There appears to be a link between receiving praise for their teaching ability and entering the educator role. Both Veronica's and Opé's narratives emphasise the influence of having received positive praise from established educators and insightful clinicians. Tiny also experienced such feedback.

Tiny "After receiving good reviews on my teaching session to a group of peers, it made me think that I might be a good teacher"

The impact of being seen by others boosted confidence. Tiny, Jenny and Veronica explain sentiments akin to feeling empowered by feedback received. Being seen therefore by

educators and clinical colleagues, that is those with experience in the field of clinical and educational practice, formed a common thread in the narratives. Another, equally significant, source of positive praise came from students.

The NMC requires all midwives and nurses to support student learning by adopting the role of mentor. During her time as a clinical mentor Opé was approached by colleagues who wanted to orphan their students to her. Orphaning students is not a recommended practice (Huybrecht, 2011) as it can lead to students feeling abandoned, however anecdotal evidence suggests this is a traditional practice in healthcare settings. It forms part of the mechanism (amongst other things) for mentors to gain a second opinion on student performance, especially if there are concerns. Opé provided mentoring to some students via this mechanism. She was an effective mentor. Students informed other students, as well as their educators about her teaching ability. Consequently, her reputation grew, and she found herself working ad hoc for the university.
She explains:

Opé "My colleagues would bring students and say 'look after them' … and so what did the students do? they went back to uni didn't they [and said] Opé and her team! Amazing!"

Jo explained that positive student praise was akin to what she experienced when caring for clients in clinical practice.

Jo "[I came into education] To inspire… to make a difference… and when I get that positive thank you so much Jo, you've made a difference to me –that's almost as rewarding as a mum and the partner giving you that feedback in labour … there's nothing… I don't think there's anything that can replace that"

Impassioned in her speech, it was clear that Jo keenly felt the importance of what she communicated here. Attention is turned to the powerful comparison made between student feedback and client feedback. Jo gained a sense of having 'made an impact on somebody'. Her sense of professional fulfilment is created via positive student feedback; however, Jo

also generously grants insight into a deeply personal reason why positive praise matters so much to her.

Jo "I don't like people thinking badly of me or thinking poorly of me… and I always … I like to … know that I'm liked. I don't necessarily consciously think to myself: I'm going to do this because the girls will like me… I do it because I feel it's the right thing to do"

In accord with Jenny, whose persona was to be a midwife, Jo reveals a hidden layer of vulnerability in her persona. Dislike for being disliked therefore acts as a motivating factor for how she conducts herself as an educator. Looking back over her narrative (see section 5.4) pastoral care is vital to Jo. Perhaps this is explained by her own vulnerabilities. Opé, in a similar vein disclosed that she thrived on validation from others, simply explaining "I thrive… I thrive because I didn't get it from my dad!".

Praising staff is known to build morale (Whitaker, et al, 2013) however, if offered disingenuously praise, particularly from employers, can be perceived as an empty gesture (Tanner, 2023). Nonetheless, the impact of positive praise from students and colleagues appears to have boosted the self-perception and self-esteem of participants in this study. Another factor in their becoming journey are frustrations they encountered within their employing organisations, with colleagues, processes, and circumstances. These are now discussed below.

6.9 Motivated by Frustration

Jo, Jenny, Monica, Felicia, Opè and Veronica each reflected on frustrations which either propelled them towards making career moves into education, or once in education, inspired the materialisation of their educator being.

Frustration can result when one's ability to exercise a duty of care to healthcare service users is challenged (Meadows, et al, 2000; RCM, 2016). Yet providing the best care for patients and clients is considered a duty to which all healthcare staff are bound ethically, professionally, and legally, (Martin, 2015; Carvalho, et al, 2017). However, how this duty is

exercised can be problematic, especially when the term duty of care itself is a contested concept (Sheahan and Lamont, 2020). In Jo's case she described her experience of the fractured ways in which maternity care was delivered. To exemplify this, she explained how clinicians working in one clinical area might exalt their function as greater than other areas, leading to a lack of team spirit across the maternity unit. A specific example was the hurriedness which she felt when transferring women from labour ward to the postnatal ward.

Jo "I was feeling quite despondent about the fact that I was struggling to be doing the job that I wanted to do, I was struggling to provide the care that I wanted to provide in the NHS because of the feeling that it was a conveyor belt and there was this constant defensive practice and me constantly having to watch my back"

In reference to defensive practice Jo had found herself facing disciplinary action due to an error which she states was made by a medical professional. Nonetheless, as the midwife responsible for the woman's overall care she found herself having to give account for the action of the doctor. Although Jo rationalised this as "them following protocol", she was left with a deep sense of being unfairly treated and defenceless. Completely unaware of Jo's narrative, Felicia's observations seem to contextualise how Jo's experience could have happened.

Felicia "My experience … in the NHS, working with women was everything [but working] with some midwives … I was horrified by the small mindedness of the organisation, by the infantilisation of midwives by each other, as well as by their own hierarchy – this world was expecting people to be adults and yet it put them in, in an environment where they
were treated like children and learned that umm learned what? Well learned to give that back or learned to shut up".

Accounts from both Jo and Felicia make for uncomfortable reading, but their accounts are not isolated. Elsewhere the dark side of working in healthcare is addressed (Adams and Maykut, 2015; Capper, et al, 2020; Ullah, et al, 2023). Bullying and the infantilisation of

adults has led to staff leaving the professions (Gillen, et al, 2008; Carter, et al, 2013). Rather than driving Jo and Felicia away from midwifery however, they decided to transition to the educator role to inspire the next generation of midwives.

Offering a different rationale for leaving clinical practice, Opè reveals the sometimes-difficult tension which exists between maintaining compassion for patients, while addressing one's own adverse experiences (Kim and Chang, 2022). As the oldest sibling and a girl born into an African family there were many expectations placed on Opè. Describing a difficult and "traumatising" relationship with her father, Opé explained how he bought her to England as a teenager but abandoned her. Lacking praise from her father, but years later having to nurse him as he died, left her feeling bereft. Adding to her trauma, she had to repatriate her father's body back to Southern Africa, only to discover that her uncle had also died. Sandwiched between these two bereavements was the birth of her nephew, which she attended and in her role as a big sister. After attending to all these demands Opè found herself in no frame of mind to tolerate a client who disclosed that she wanted to commit suicide:

Ope "I loved my job, as a mental health nurse – but I said the day, the day that a patient gets under my skin is the day to leave…I was vulnerable I had all these multiple bereavements [then] a patient rang…and said 'I'm gonna kill myself! What you gonna do about it!'…I [was] polite…but inside: I was completely melting down inside…I was furious …"

"I was completely melting down inside" describes Opé's internal state of being. There is a wealth of evidence demonstrating that when the practitioners own mental and emotional health is severely challenged this can act as a demotivator for the continuance of their clinical role. For example, midwives and nurses considered leaving clinical practice for several interrelated reasons such as, poor emotional well-being (Cramer and Hunter, 2019); personal ontologies of care clashing with organisational requirements (Curtis, et al, 2013;) work related stress (Ravalier, et al, 2020; Peter, et al, 2021) and burnout (Stoll and Gallagher, 2019; Dall'Ora, et al, 2020). Nonetheless, midwives and nurses are considered as crucial in recognising, reporting, and cooperating in the care of patients and women presenting with suicidal ideations (Stevens and Nies, 2018; Holland, 2018). However, as in Opé's case she reached a point where she could no longer maintain her internal composure, hence she decided to leave clinical practice. Those participants who were motivated by frustration to

leave clinical practice chose to remain closely aligned to position of knowledgeable educator.

6.10 Conclusion

This second findings chapter has explored six categories which illustrated the participants journeys to becoming educators. The chapter was divided into two halves, with the first half considering early influences on the becoming journey of educators and the second considering their journey from the point of becoming student midwives or student nurses. This conclusion is longer than that found at the end of chapter five because it back on a wider number of subjects.

All but one narrative reflected on early educational experiences and the impact which these had on the formation of the educator identity. Significantly, the educators recalled the role played by adults, mainly parents, but also schoolteachers who steered them towards educational facilities and opportunities. Upon reflection the educators recognised adults in their lives who had perhaps exerted a role model effect. In many instances the effect was positive. Inverse role modelling was also noted in participants who rejected the role model of homemaker seen in their mothers, instead they chose careers in midwifery and or nursing. Gazing backwards on their early educational encounters', participants recognized education as being a means to success in life. Indeed, early educational encounters resulted in significant cultural shifts from the primary habitus in some cases. The outcome in such cases led to an increase in their cultural capital and subsequent ability to negotiate professional and educational fields. A unifying quality noted in the early years narratives which cannot be explained by formal education were proclivities to care and teach. Although the participants could not always fully articulate why they were drawn to either caring or teaching, there were several 'Aha' moments or moments of insight (Kounios and Beeman, 2009 / 2014; Laukkonen,et al, 2021) where they seemed to suddenly remember parts of their history. In those moments they were able to make links with past events and their current practice.

In the second half of the chapter three categories emerged, namely the psychological threats to well-being, the power of praise and being motivated by frustration. Significantly, each category relates to the affective domain (Bloom, 1956). Insight is granted to the complex ways in which midwifery and nursing educators were impacted as they assimilated to their

educator identity. Having gained the necessary qualifications and experience to be regarded as an expert midwife or nurse, becoming a novice educator was destabilizing for some participants. Commonly mentioned by the participants was the prevailing experience of imposter syndrome (Clance and Imes, 1978). Giving rise to a sense of inadequacy, imposter syndrome evoked a fear in some participants of losing their clinical identity. This was a major concern as it was their clinical identity which contextualised their educator identity. Counteracting these threats were more positive experiences such as the impact of positive praise conferred by peers, former educators, students, and managers. However, the role played by frustrations, personal pain and encountering the dark side of midwifery and nursing cannot be under-estimated or overlooked (Adams and Maykut, 2015; Illing, et al, 2016). Nevertheless, the presence of frustrations (found both in clinical and educational practice) was not necessarily a negative finding. For some, frustrations propelled them towards careers in higher education where they worked as clinical tutors or lecturers. For others, frustrations, personal pain, and encounters with the dark side of midwifery and nursing lent shape to how they engaged with students and colleagues. At the time of interview all participants were employed as lecturers.

Exploration of the educator narratives has identified two major themes. Both are summarised under the following headings: Identifying seeds of the midwife and nurse professional educator identity and growing ‘panes’ – how midwives and nurses transitioned to become professional educators. Both themes will be discussed in chapter seven.

7.0 Discussion of Findings

7.1 Introduction

This chapter brings together the key findings from sixteen in-depth qualitative interviews in connection with my research questions, literature, and theoretical framework. It discusses the educator identity narratives of individual midwives and nurses who participated in this study. Moreover, based on the participants' shared experiences, it is possible to comment on the collective midwife and nurse educator habitus of this participant group, a topic with a growing, but limited knowledge base. Exploration of the educator narratives has identified two major themes. Both are summarised under the following headings: Identifying seeds of the midwife and nurse professional educator identity and growing 'panes' – how midwives and nurses transitioned to become professional educators. Both are discussed below.

7.2 Identifying seeds of the midwife and nurse professional educator identity

Theme one adopts the symbol of a seed to denote the developmental, becoming and being nature of this theme. In his writings on identity Jenkins (2008) states: "Identity is a means of being and becoming" (p.17). It was the desire to understand the processes of being and becoming educators which led to exploring the narratives of midwives and nurses. Despite differences in gender, racial group, and the time when they qualified as midwives and or nurses, the genesis of the participants educator identities was rooted in processes and periods occurring prior to pre-registration education and training. However, this is not an unusual finding with pre-professional identity formation exemplified in business undergraduates (Jackson, 2017); nursing students (Browne, et al, 2018) and teachers (Botha, et al, 2023). Developmental factors common to prospective academics, such as emerging from families which valued intellectual pursuits and academic achievements, or being the first or only child in a family has been previously reported by Finkelstein, (1984). Nevertheless, it is unusual to find a discussion of factors which may have influenced the formation of professional educator identity in midwives and nurses, but which considers pre-professional influences. In the sections which follow there are four sub-sections that explore: Being drawn to teaching and the educator role; The impact of educational experiences gathered over time; 'Aha' moments and surprises and Early signs of being able to adapt to changing circumstances.

7.3 Seed one - Being drawn to teaching and the educator role

Seed one considers those experiences which resembled processes and proclivities to teaching and education, occurring during childhood up to teenage years. Participants who best exemplified this seed were Opé and Tiny. Although similarities were found across the entire participant group. Monica however represents an exception as her inclination to teaching only became apparent once she became a student nurse.

Contained within Opé's narrative of childhood is a clear indication that she regards herself as having been an educator as a child. Opé: "I have been educating my mother since I was four". At the end of the apartheid era Opé found herself thrust from attending an all-black school, to attend a predominantly white school almost overnight. She asserts that her transition to the school developed in her a "a strong sense of being bi-cultural …". Her experiences were positive, but not typical of an era in which child shock, resulting from poverty, racism, and political unrest, left many black children in Southern African countries with poor mental health (Hickson and Kriegler, 1991). The sense of being bi-cultural to which Opé refers suggests the beginning of a shift in her primary habitus (Wacquant, 2014; Malak Akgün, 2018; Shotton, 2021). The shift becomes more transparent however when she explains that although she was undergoing a seismic cultural adjustment, her parents were not.

Consequently, Opé found herself teaching her parents lessons gleaned from the acculturation process which she was undergoing (Schwartz, et al, 2010). For example, (detailed in section 6.2) Opé raised objections to being collected from school by the house girl after she observed how white parents greeted their children at home time. Her objections were met by protestations from her mother such as "Eh! I give you food! That's how I love you". Opé's description of changes to her habitus are situated in her early childhood (see sections 5.4 and 6.2). Changes to Opé's habitus are no less sophisticated when compared to Bourdieu's which occurred in adulthood, as he transitioned to a place of consecration in the academic world (Bourdieu, 2008). Opé's reflections as pertaining to school are profoundly positive. In fact, she speaks of feeling loved by her white teacher who "saw her and understood her sensitive nature", offering this as a counter narrative to how love was expressed at home. The impact on Opé of this reshaping of her primary habitus profoundly affected her perception of other cultures, and their practices (Faulkner,

et al, 2016). Further, it left an indelible impression on her understanding of how she became an educator long before ever gaining a formal teaching qualification.

Tiny (who is white) recognised her leaning towards educating others from her mid-teens (see section 6.3). Predilection towards a particular career occurring in one's early years is not a new phenomenon (Koçak and Younis, 2022) and can be influenced by reproduction of familial habitus (Bourdieu, 1973; Bourdieu, and Passeron, 1990). However, Tiny did not emerge from a family which promoted academic performance. Instead, the attraction towards teaching seems linked to her having enjoyed a work-placement in a school as a fourteen-yearold schoolgirl. Following much debate and reflection Tiny pursued nursing instead of teaching, only to be pulled towards teaching again once she qualified as a nurse (see 6.4). Opé's and Tiny's inclination towards education and teaching suggest a disposition towards teaching was likely generated by their pre-professional habitus (Bourdieu, 1990) although it cannot be asserted that this was consciously known by either of them. It would seem as though Tiny and Opé's dispositions led them into teaching.

Dispositions are internalised, "master patterns of behavioural style" (Swartz, 1997, p.108). As inculcated ways of being dispositions become embodied so deeply within the social agent making it difficult to determine how and when they were acquired (Ostrow, 1981; Edgerton and Roberts, 2014). The emerging and cultured ways of being, generated by the habitus, are what constitute the habitus itself and influence identity formation (Schneider and Lang, 2014; James, et al, 2015; Stahl and McDonald, 2021). The work of the primary habitus is so unintentional its roots and impact become forgotten history (Bourdieu, 1990b). As such it could be argued that it was a disposition towards teaching which gave Opé and Tiny a sense of the teaching game (Bourdieu, 1973 / 1979 / 1993; Wiegmann 2017). Specifically, they understood (implicitly) the social fields of teaching and education (to which their younger selves were attracted) and in which they later became professionally engaged. A sense of the game or practical reason therefore evokes a shaping effect on opinion and informs behaviour, explaining perhaps why Tiny found herself "drawn to teaching students" once she qualified as a nurse. However, it was only after teaching a group of peers that Tiny acknowledged: "receiving good reviews on my teaching session to a group of peers … made me think that I might be a good teacher". Her experience here demonstrates how her educator identity was informed and formed by interactions with others. Fundamentally, it is understood from Opé's and Tiny's narratives

that their dispositions towards teaching were formulated in childhood, remained stable over the life course, and shaped their educator identity, significant to this discussion therefore is the concept of temporality.

7.4 Seed two - The impact of educational experiences gathered over time

Stories of human experience are co-created between humans and their environment, over time and are never created in isolation, as illustrated in the last quote from Tiny above. As we experience one thing, this leads to how we not only perceive what we have experienced, but in turn shapes further experiences (Dewey, 1934). Seed two therefore considers the impact on the identity formation of the participants based on experiences gathered over time.

Narrative commonplaces of temporality, sociality, and place (Riessman, 1993; 2005) were utilised methodologically to gain entry to and make sense of the participants "fuzzy" identity narratives (Bourdieu, 1977 p.113). Temporality is "vital to Pierre Bourdieu's social theory" (Atkinson, 2018 p.no number) and vital to the formation of habitus. As a time, enduring entity, the habitus generates lasting, though not eternal dispositions (Bourdieu, 2005). The practice of being an educator is an act of temporalization (Bourdieu and Wacquant 1992). In other words, cognition of past experiences is bought forward into the present to shape what might be future-possible educator practices. Therefore, through the lens of temporality retrospective processes which led to identity formation were traceable (Ashforth and Schinoff, 2016). By looking back on their own history, the participants began to identify how the formation of their dispositions occurred, as well as recognising the types of dispositions which they possessed. For example, Jenny's previous experience of resisting a non-evidence based clinical intervention led her into direct conflict with medical policy makers. Having fought the policy and won, it led her to contemplate how she might pursue further studies, the findings of which she envisioned would impact her teaching. Jenny asserts "being an educator gives you a platform … to explore … I research … and it makes me feel brave enough to bring it into my teaching …" (see section 5.3). By utilising her symbolic capital(s) (Bourdieu, 1986; Edgerton and Roberts, 2014) Jenny exchanged her intellectually acquired knowledge (episteme Lane, 2006) and know-how doxa (Bourdieu, 1977) to enter a conflict with others in positions of power on the clinical field. By so doing she secured a victory and increased her power within the field.

Perceptions of the past, present and future filled the narratives, forming a temporal, nonchronological sequence of events in the journey to become an educator. In comments such as "my journey to being an educator started with my own experience of education" (Felicia) offers more than just a timeline. As she spoke Felicia explored both the genesis of her educator disposition and identified how her own educational experience influenced the educator she became (Strekalova-Hughes, 2015; Schaefer, 2022). Similarly, Opé stated "… looking back, maybe my teacher was just very, very kind and she made time for me… I just loved being at school with her… I think maybe my process of becoming an educator started there". In this instance the genesis of her educator identity is also highlighted, and sociality is clearly apparent here as Opé speaks of how her teacher made her feel valued (Connelly and Clandinin, 1990; Riessman, 1993; 2005). Both examples demonstrate how attention paid to the temporality of a story can discover historical beginnings of the educator disposition (Connelly and Clandinin, 1990; Bourdieu, 2005). Further, if agreed that one's identity and habitus result from an interplay between time, field and is co-created with other social agents (Bourdieu, 2000/2005) then these examples reflect how educator habitus was shaped by educational fields, separate to any influence from the family setting. Apart from Jo and Veronica the remaining participants were inspired by their own educators to pursue teaching. Reference to early childhood however did not appear in all the narratives, it would be misleading to suggest otherwise. Awareness of temporality however afforded opportunities to gaze forward to the future from the past and the present. Heidegger supposed that human beings are always in a state of becoming, with the future possessing possibilities which we can reach for from the present. The very fact that possibilities are envisioned at all is based on past experiences (Grosz, 1999; Heidegger, 1927/ Stambaugh, 2010). To illustrate this Monica spoke avidly about two role models, one was a midwifery lecturer, the other a senior nurse, both of whom she claims inspired her to become a better educator for students. In thinking about her current educator identity, she reflected on her role models, "… that probably sparked my interest in education and when I was qualified – [wanting to be] the best I could be". Thus, by gazing backwards on past experiences Monica was also able to gaze forward to envision future possibilities for her educator identity. In contrast, not all educational encounters engendered positive responses in the educators. For a few participants they rejected some personal experiences of being taught as they considered the strategies applied represented ineffective pedagogical practice.

Rejection of pre-professional experiences of education can be found in teaching (Chang-Kredl and Kingsley, 2014) and in this study is exemplified when Tiny. Referring to the method of "chalk and talk" which she experienced as a student nurse, she stated that it was an ineffectual way to teach (although there are counter views to Tiny's (Aranha, et al, 2013). Tiny explained how she actively avoids the use of 'chalk and talk' methods in her own teaching practice, preferring to engage students in group work and a flipped classroom approach (see section 5.3). In Jenny's narrative comparison of educators whom she considered had excellent teaching standards, with those who did not, led her to the following reflection, "I had a really good… experience with my educators … they had standards … not all of them … but there was a strata of midwifery educators that … urm … that showed me what it … what it could be like, and I wanted to be like that" (see 5.3). Implied in these examples are ways in which the educators look back on past experiences of learning, to look forwards, and then towards ways of becoming effective educators themselves (Baldwin, et al, 2017). It could also be postulated that the educators sought to form their "reflection[s] in the reflection of … students" (Freire, 1970, p. 53-54) and thereby foster a more open approach to teaching and learning.

Looking back to how they experienced education provided the participants were able to make sense of how the past had impacted their current approaches to teaching. Monica however pointed out this was not a conscious activity, which concurs with Bourdieu's assertions especially in relation to the non-intentional formation of the primary habitus and dispositions (see section 3.4/*returning to the habitus*). Essentially, the social agent is thought to have no control over how their primary habitus is instructed, making it a product of those co-created interactions occurring between humans and their environment mentioned above (Bourdieu, 1984; Bourdieu and Passeron, 1990). Monica states: "being inspired by other people sort of led to the idea that you could actually do that yourself… but I think it's very much something that you imbibe unconsciously, not something necessarily that's a conscious progression I think really". The phrase "sort of led to the idea" seems to capture the sense that temporality is "… what practical activity produces in the very act whereby it produces itself…" (Bourdieu and Wacquant, 1992, p.138). Consequently, an extrapolation from the findings and supporting literature is that professional identity formation does not entirely rely on professional education but is also informed by experiences gathered over

time (Weinberger and Shefi, 2012; Duffy, 2013). Examples detailed above demonstrate how some educators were conscious of the commencement of their educator journey's, this however was not true in all cases. In examination of seed three it becomes apparent that 'Aha' moments (Kounious and Beeman, 2009; Laukkonen,et al, 2021) acted as a lens through which some participants were able to better understand the emergence of their educator identity.

7.5 Seed three – 'Aha' moments and sudden surprises

Seed three explores the phenomena of 'Aha' moments which occurred with some participants as they reflected on the formation of their educator identities. In what appears to be a transactional occurrence, it seems as if the 'Aha' moments surprised participants in two ways. Firstly, as they reflected, they became aware of forgotten moments in their journey to become educators (Bourdieu, 1990b; Smith, 2013; Leaney, 2018, also see section 3.5 *the importance of forgotten history*). Secondly, it appeared that the 'Aha' moments provided here and now opportunities (Leaney, 2018) to clarify how they acquired their pre-professional know-how (or doxa) about the field of education (Bourdieu, 1977; Bourdieu, 1984; Bourdieu, 1990; Bourdieu, 1998).

'Aha' moments are variously described as sudden moments where solutions to problems surface to ones' consciousness (Laukkonen,et al, 2021) and can occur in any setting (Ovington, et al, 2015). From the perspective of neuroscience, the 'Aha' moment is defined as a culmination of brain states and processes operating at different time scales, triggered by specific stimuli, and resulting in new insights (Kounious and Beeman, 2009). For this discussion the 'Aha' moment is taken to mean sudden and unprompted insights arising from the subconscious of the educators. These occurred in direct response to reflecting on their journey to becoming educators (Kounious and Beeman, 2009; Ovington, et al, 2015). Noticeable, as the participants reflected, they seemed to suddenly awaken to how their 'knowhow' (or doxa) for the field of education came into being.

To clarify, doxa as previously discussed is one's know-how knowledge about the field, which bestows a practical sense of the field upon social agents. Recognised as embodied and unquestioned truths (Bourdieu, 1977) doxa arises from one's socialisation into specific fields (Bourdieu, 1977; Wiegmann 2017). Shared doxa enables social agents to navigate social fields through the exercise of practical 'this is how we do it' sense (Bourdieu, 1977).

The crucial point to note is that doxa exists without conscious effort. Therefore, its effect is to give the appearance of natural ability or practical sense. Opé exemplifies practical sense when recalling attendance at an interview for a nursing course. When asked to deliver a presentation to the interview panel she states: "I just knew what to do … how to make it work best". It was later in the interview during a 'Aha' moment (Kounios and Beeman, 2014) that Opé realised that her high school experiences (as a member of the debate team) had possibly prepared her for being able to excel in her presentation to the interview panel (Kennedy, 2007). Thus, in a clear 'Aha' moment Opé came to realise that her know-how (or doxa) about undertaking a presentation originated from previously acquired experiences at school. Evidently, she had never questioned either her ability to present, or whether her technique was correct as she stated: "…I just knew what to do".

In another 'Aha' moment Kofi explained why he felt passionate about teaching as a clinical tutor (the role he occupied in a HEI before becoming a lecturer). He commented: "… the question is (now that I'm reflecting) … was a passion [there] before I went in [to teaching]? … once you go in … the feedback you get, [w]as as if I [was] naturally able to teach … that drives you… people suddenly realise: … you know that you can explain things for us to better understand and probably that is what drove me within that context…". "Drove me within that context" and "you know that you can explain things for us to better understand" relates to the field of practice which Kofi found himself in. As a social agent engaged in the field of higher education Kofi found himself in command of knowledge (gained through study) which his students benefitted from. However, it appears that it was only in this 'Aha' moment during the interview that Kofi paused to reflect on what "drove" his ability to function in the field of education. He seemed to conceptualise that he had a practical sense of how to teach and the ability to explain concepts to students, but he only embraced this after he began to receive positive feedback from students. Thus, although Kofi may not have consciously recognised his know-how (or doxa) which enabled him to teach (Bourdieu, 1977; Bourdieu, 1984; Bourdieu, 1990) nonetheless, he entered a teaching role and thrived on the field of education. Both Opé's and Kofi's narratives illustrate how the embodiment of doxa, through unconscious activity (Bourdieu, 1984) can cause social agents to be unaware of how their ability to function on social fields or to be in possession of certain dispositions came into being. Hence, 'Aha' moments acted almost like agents of temporality, connecting participants to their forgotten history (Bourdieu, 1990b) and past experiences, through in-the-moment reflections. Thereby participants became aware (in part) about how

their educator dispositions might have been formed. The outcome of the 'Aha' moments was a powerful noticing of their own biographical and historical, but forgotten data (Skerrett, 2008).

In another 'Aha' moment, Felicia suddenly realised that her unquestioned truths about social justice, had arisen from the passion for social action she had witnessed through her father's community spirit. She too was taken by surprise at this connection, but very quickly began to utter sense making phrases such as, 'it makes sense' and 'of course I got it from dad'. In yet another example, Jenny noticed when her educator identity might have been formed. She was stunned to realise that she always ended up teaching in whichever role (voluntary or paid) which she undertook. "Now I think about it in previous jobs I ended up teaching … yeh it's always been there (teaching others)" (Jenny). This led her to wonder if "… ending up teaching in every role she had" was linked to the educator role which her father had occupied, however she dismissed this thought. Nonetheless, Jenny may have unconsciously absorbed an educational doxa by observing her father as he prepared his work when at home. The 'Aha' moments described above represented significant moments in the telling of the educators' stories. There were sudden and surprising insights, and profound moments of clarification as several participants made sense of how their 'know-how' and feel for education might have been formed. For some 'Aha' moments led them to think about relationships with family members, for others they thought about the influence of school on the formation of their professional identity. In Kofi's case his struggle to accept that he could become a lecturer may reflect how his habitus had been undergoing a process of slow change from childhood (see discussion below).

7.6 Seed four - Signs of cleft habitus and adapting to the role of educator

Each social agent is deemed to have a primary habitus, that is shaped and influenced by primary carers, usually parents and by which they first view the world (Wacquant, 2014; Malak Akgün, 2018; Shotton, 2021). However, although the habitus is shaped by and consists of dispositions 'inherited' in early life (Bourdieu and Passeron, 1979) it is not inflexible or unable to adapt. Each social agent can adapt to acquire an assortment of secondary habitus (Waquant, 2014). Adaptability, defined as "appropriate cognitive, behavioural, and/or affective adjustment in the face of uncertainty and novelty" (Martin, et al, 2013, p.728) was noted in several participant narratives. For example, Jo recalled

having a significant phobia towards blood, it was so pervasive that she said her mother: "was quite surprised when I said I wanted to go into health care". Nonetheless, Jo overcame her fear to commence midwifery education. In another example of adaptability, Opé overcame the trauma of being catapulted, with very little preparation, from an all-black school into a mixed-race school. In both cases the impetus to adapt led to momentous changes in their primary habitus. Significantly for each participant the changes occurred in teenage years and childhood respectively.

Adjustments to one's primary habitus ensures that new paradigms and world views and changes can occur throughout one's life. Such adjustments might lead to the acquisition and development of new social and professional identities (Conde, 2011) although this is not an automatic outcome. Indeed, professional development has been observed to commence during childhood (Hartung, et, al, 2005) a finding which resonates with the assertion that practical sense to navigate social fields arise in childhood (Lamaison and Bourdieu's, 1986). Tiny tells the not uncommon story of playing schools with her sister, and "every time mum and dad would visit a relative in hospital I wanted to go – I was fascinated with the nurses". Thus, rather than viewing childhood as being a period of development detached from vocation, childhood (for some) is the development period when the primary habitus becomes divided. Illustrating how the primary habitus became divided in childhood for one participant, Kofi's narrative demonstrates how he made the most of educational opportunities.

As a small black boy living in a rural West African village, Kofi slowly realised that the opportunity to carry the local primary school teacher's bag to school for her would set him on a path to gaining an education. After arriving at school, he would linger and eventually joined the teacher's class where he began to learn. Kofi's story demonstrates what Carl Rodgers describes as a tendency for growth (Rogers, 1956; 2015). Consequently, Kofi developed a secondary habitus which included acquiring an education. His secondary, specific habitus was formed in opposition to the primary habitus created by his father, which ascribed no value to educational endeavours. Kofi's secondary habitus eventually emancipated him from poverty, although the degree to which his actions were fully cogent of this possible outcome as a child are debatable.

The primary habitus (and therefore primary dispositions) are considered so embedded in the character of social agents that they are described as the basis for personality (Wacquant,

2014) and form the foundation for any number of other specific habitus (Bourdieu and Passeron, 1990). Secondary (or specific) habitus could run into double figures as social agents adopt more than one identity (Conde, 2011). For example, a midwife may be a father, brother, husband, sports coach, and lay minister. Each identity commands its own habitus, all of which overlap the primary habitus. Bourdieu seems to argue that secondary habitus, unlike primary habitus are borne from hard work and self-discipline, suggesting that the acquisition of a secondary habitus is a conscious work, unlike the unintentional nature of the primary habitus (Bourdieu, 1984). Submitting to the possibility of intentionality in the creation of the secondary habitus' suggests a role for personal agency or self-government (Bourdieu, 1977/1990; Schwartz, et al, 2005) and reflexivity (Bourdieu, 2004; Telling, 2014).

Felicia's personal agency is manifest in her narrative. She explains how her mother was unsupportive and discouraging after she decided to pursue a degree at university. Being the first in her family to do this she explains: "… the angst came from mum, and I think … I was the first one to go to university … I remember mum saying to me 'didn't expect you to make it through the first term …''. Undeterred Felicia pressed on to gain her academic qualifications, thus altering her primary habitus. Being the first to attend university from her middle-class family for Felicia was not in her own words "a huge … shift"; nonetheless it represented a breach from her primary habitus in terms of academic qualifications as her siblings had left education at the A 'level stage. However, in terms of her sense of social justice (see section 6.4) there was no shift as she retained this passion all the way through her academic career. Felicia's narrative suggests that shifts towards a secondary habitus do not necessarily obliterate the dispositions formed by the primary habitus. Transitions to secondary habitus however is not without challenge (Forbes and Maxwell, 2018). A notable observation from this study was the impact which belonging to an underrepresented group extended to two participants, Kofi and Opé.

Black African and Black Caribbean staff who work in the field of higher education in the UK (Baltruks, et al, 2019) and in the NHS (West, et al, 2017; Johnson, et al, 2021; Woodhead, et al, 2021) are known to experience inequality in terms of recognition and promotion compared to their white counterparts. Opé reported her experience of obstructive behaviour from a senior teaching colleague and Kofi reflected on the surprise

demonstrated that he, a black male would be teaching nursing. Being black does not equal being part of a homogenous group (Bhopal and Pitkin, 2020; Saint-Cyr 2020), but teaming up with the only other black lecturer in her department was one way in which Opé circumvented attempts at sabotaging her success as an educator. Her partnership with the other lecturer led to the formation of a specific habitus which functioned to ensure their survival in HEI. Further, their partnership also benefited black heritage students. Speaking first of the distress she experienced because of her race, Opé states: "… your mind is in such distress, and you know there's things inside you that need to come out, but how do I tell you? How do I tell you as a minority living in a very white, middle-class place, how does, how does that work…". Finding another person who at least looked like her, though they may have not had much else in common, meant Opé could find a place to "exhale" when she felt fraught. As a direct result of her own distress felt in the face of racism Opé further explained: "I … teach my students … particularly the black students … listen to their language … their tone … speak clearly in your own accents … make sure … you use the language that your patients will understand… that will help you … if you want to go for promotion … that's whats gonna make you be recognised … as well as your knowledge … It's not just your degree … it's … how you learn the language … that's what drove me to … really help the students". The phrase "It's not just your degree" could be labelled as a descriptor for what is entailed when changes to the primary habitus occur. Though she encouraged the students to remain true to their accents, she issues a rallying cry to them to also attend to elements of capital (your epistemic knowledge / your language), doxa (know how to speak to the patients, they will expect you to communicate in a certain manner) and illusio (this is how you will get a promotion).

This first section has explored changes to the individual educator habitus which seems to have arisen from sometimes subtle, other times overt, but always significant changes across the life course. Common to the collective identity of midwives and nurses in this study are mandatory training requirements designed to create sameness in terms of professional qualification. Nevertheless, it was the disruption to their clinical habitus which led to the most obvious examples of cleft habitus. The chapter will now move to the second section which explores growing 'panes' – how midwives and nurses transitioned to become
professional educators.

7.7 Growing 'panes' – how midwives and nurses transitioned to become professional educators

The metaphor of glass panes is adopted to enable the researcher and reader to view the world of the midwife and nurse educator, without having lived in their world. The use of panes also involves word play as growth to become a midwife and or nurse educator for some participants included psychological pain. Three growing 'panes' are discussed: Move from expert clinician to novice academic, personal vulnerability? At the heart of the growing educator identity? and being an educator – recognising the collective educator habitus, which is divided into two subsections: *Response to the illusio of competing fields* and *Buy-in to affective care*

7.8 Pane One - Move from expert clinician to novice academic

In pane one insight is offered by participants as relates to their experience of moving out of familiar positions as knowledgeable clinical experts, to become midwife or nurse educators. The findings demonstrate that growing into the identity of an educator involved refining, clarifying, and retaining qualities, values and beliefs promoted by the NMC (NMC, 2018a).

Becoming an educator requires midwives and nurses to enter a new field, a metaphorical plane upon which they are required to tread and trudge until they identify the kind of educator they wish to become (Dempsey, 2007 Penn, et al, 2008; McArthur-Rouse, 2008; McDonald, 2004; Schoening, 2013; Wood, et al, 2016; Toll, 2020; Ambusaidi, 2021; Mutenga, 2023). Several factors were combatted by the participants as they entered and grew accustomed to the field of academia. For example, 'feeling of struggling in water' (Anderson, 2009), mourning the loss of their clinical role, (Brower, et al, 2022) and existing in a liminal space between clinical practice and their HEI role (Pierce, 2007; Petersen, 2017). Bourdieu's self-analysis helps to contextualise some of the struggles experienced by the midwifery and nursing educators.

In his self-analysis, Bourdieu (2008) offers a personal reflection of how his mobility from a 'poor, background' to his exponential rise to academic influence affected him. Afflicted by a sense of betraying his past life, Bourdieu explored his own broken, disordered, disrupted habitus. Cleft habitus represents significant shifts in familiar, consistent, stabilising

structures which have guided an individual throughout life (Friedman, 2016). As indicated above this can be a slow process. To depart from one's primary habitus has a profound impact on psychological well-being (Friedman, 2016). Primarily this is associated with social agents reporting conflict between the field they are leaving and their new social status, with most experiencing a shift in social class (Heller, 2011; Curl, et al, 2018; Paulson, 2018). Jo alluded to this phenomenon as she explained her experience of being one of two from her family to have attended university. Coming from a close-knit working-class family, who although proud of her, she notes that they did not understand the scope and concerns of her emerging educator identity (Crew, 2020). Finding this an isolating experience, Jo hardly engaged them in discussion about her work, instead she found support from others in her community of practice (Wenger, 1998). In the move from clinical expert to novice academic, some participants found they lacked understanding of what the educator identity and academic practice entailed. Jo had previously coordinated busy maternity environments, nonetheless she was un-prepared for the "never the same two days" experiences she met in higher education. On the surface there is nothing particularly complex about this last statement from Jo, however loss of control over her working pattern became a professional burden (Dall'Ora, et al, 2020/ 2023) hence she invested much effort in trying to master her academic workload to gain a sense of expertise. Gaining mastery over one's academic performance is likely to have begun during the educators' own undergraduate education (Lee, 2012; Ivemark and Ambrose, 2023). There is evidence that for some participants mastering their educator performance was fraught with self-doubt and led to a feeling of disorientation.

Disorientation in relation to working in HEI's appears also to disrupt the habitus, demanding a mental shift from the midwife or nurse if they are to progress and continue in the field of academia. There are areas of tension for healthcare educators who move into higher education, often from very senior clinical roles (Boyd, 2009; Smith and Boyd, 2012). For example, although strongly motivated to engage in the development of students, the educators experienced imposter syndrome (Clance and Imes (1978; Chrousos and Mentis, 2020) as they struggled significantly to grow into their educator identity (Wise, 1989). Jenny and Monica felt like imposters that is they were self-deprecating and unsure of their educator ability and place in a HEI (see 6.7 for discussion of imposter syndrome). Jenny states: "when I first started my midwifery education, I absolutely did not think that I would be sat training

and educating … I was quite good at [teaching]… which of course I never believed because of imposter syndrome and everything else…".

Jenny, Jo, and Kofi took time to settle into their educator identities despite receiving commendation and praise from other educators and students. Indeed, many participants were found to hold onto their clinical identity rather than assimilating smoothly into the roles of academic and researcher (Smith and Boyd, 2010/2012). Jenny alluded to a possible reason for holding onto the clinical identity: "There's this fear that your colleagues, your clinical colleagues view you as being… ummm not being as 'mid-wifey' as them (laughs)… Do you know what I mean by that" (Jenny). Other participants in my study also reported a similar sense of being clinicians first and foremost, apart from one. Felicia, feeling more suited to the "homeyness" of an academic role, never regarded herself as being a midwife first and foremost and reported a sense of imposter syndrome when she worked in the clinical setting. However, the clinical persona for other participants was so deeply embedded it informed their sense of purpose even after transitioning to higher education (Dempsey, 2007; Wood, et al, 2016).

Further areas of tension which led to a sense of disorientation were that despite having the drive to make authentic contributions to the healthcare academy and field, through scholarship (Collins, 2004), publications and research (Watermeyer and Olssen, 2016), participants in this study reported threats to their wellbeing, such as feeling stressed by heavy workloads and having to learn the language of higher education (Boyd and Smith, 2012). Participants in my study reported similar concerns as those found by Boyd and Smith (2012). Other studies found that not all midwives and nurses are successful in navigating the academic field, with many reporting an intent to leave their positions due to factors such as burnout, (Aquino, 2018); dissatisfaction with workload, salary, and availability of teaching support (Yedidia, et al, 2014). Like Jenny, others experienced a sense of loss when they transitioned from clinical roles to that of academic, (McArthur-Rouse, 2008; Dempsey, 2007). Low sense of professional identity and well-being therefore represents another form of disruption and pane through which to observe the transition from expert clinician to novice educator (Apesoa-Varano, 2007; Brower, et al, 2022). It was apparent from all participants that some, in discussion of their disrupted habitus and others in relation to striving to establish their educator identity, were concerned with being caring educators. Affective care emerged as the crucible where the educator identity was best expressed.

Allegiance to the doxa and illusio of affective care motivated educators to equip students with opportunities to engage in critical thinking, despite working with a prescriptive curriculum (NMC, 2019a). Their goal is to prepare future practitioners who can resist and reverse poor standards of care, Jenny elucidates: "students must be able to think critically and then apply that to their practice and then challenge; - if we don't teach that, then we will only ever be trainers". It is evident from the data and literature that midwifery and nursing educators grapple with trying to fit into HEI's, at the same time as holding onto their clinical identities. The dichotomy between the two creates actions to appease the opposite demands, Bourdieu refers to this as the 'conciliation of contraries' (Bourdieu, 2007, p. 103). Running as a consistent theme through every narrative, without exception was allegiance to the ethic of affective care, it is therefore possible to assert that affective care is a key feature of the collective educator habitus of participants in this study.

7.9 Pane two – Personal vulnerability? At the heart of the growing educator identity?

Pane four addresses the area of professional educator vulnerability. Before moving to provide examples of how this construct appeared in the participant narratives, it is necessary to offer insight into what it means. In discussing organisational reforms within an educational setting, Liew (2018) observed "embracing vulnerability as part of change entails feelings of self-doubt, anxiety, loss and uncertainty" (Liew, 2018, p.256). Yet rather than being viewed as a sign of weakness, vulnerability can be a way of facing up to areas of challenge and thereby coping with un-predictabilities in life (Handmer, 2003). Seen through the lens of courage Palmer asserts that "teaching is a daily exercise in vulnerability" (Palmer, 1998, p.17). The teacher (in Palmer's writing the schoolteacher, but which resonates with midwife and nurse educators) engages in exercises of connecting personal understandings with the subject being taught and doing so in front of students where knowledge can be challenged. These encounters can surface teacher vulnerabilities.

The findings demonstrate the presence of vulnerability, typified by internal uncertainties. Jenny, Felicia, Monica, and Tiny all reported the presence of imposter syndrome which has been previously discussed and is defined as a self-deprecating phenomenon (Clance and Imes, 1978) also (see sections 6.7 and 7.8). Kofi discussed not realising how good he was at teaching until he received feedback (see section 6.7) and Veronica had not considered

teaching until it was pointed out to her that she might be good at it (see section 6.8) (McDonald, 2004; Sorrell and Cangelosi, 2015). Others like Jo, Jenny and Monica did not want to relinquish their clinical identity (Boyd, 2009; Smith and Boyd, 2012) (see earlier discussion below). Moreover, experiences occurred which undermined their confidence and contributed, in part, to propelling them towards education. In discussing vulnerability Wood, et al (2016) highlight lecturers who felt invisible upon entering educator roles, a considerable change for them from having been very visible in their former employment. With their expertise and seniority excluded from their new designation, they felt under-recognised with the title of lecturer not conveying the breadth of their experience. To retain a sense of control the lecturers described themselves with dual labels such as, lecturer practitioners, or coach and educator (Smith and Boyd, 2010/2012; Baldwin, 2017). For Jenny, her-self assigned professional descriptor went beyond labelling her role she states, "midwifery is not what I do, its who I am". For Jenny growth as an educator was marked by her determination to hold onto her midwifery persona. She explains, "the weight of responsibility is double as an educator, as a clinician my responsibility [is] to the woman and her family….that has never gone away … now I've got the added layer … I've added another layer… I feel responsibilities to the women, still, but I've also got the students what I teach them will directly … affect care". Vulnerability in Jenny's narrative is marked by her palpable sense of responsibility to women and their families.

The disciplines of midwifery and nursing are reliant upon adherence to guidelines, policies, standardised practice and remain focused on the transmission of skills-based knowledge (NMC, 2018a; NMC, 2019a,b and c; Butler, et al, 2020; Vaismoradi, 2020). It is from these fields that midwifery and nursing educators are selected. Clinical expertise significantly contributes to the capital required for midwives and nurses to become educators. Problematically, clinical expertise alone does not automatically equip midwives and nurses with the emotional and educational resources to navigate the liminal space created when transitioning to education, which might explain some of the vulnerability experienced by the educators (Pierce, 2007; Petersen, 2017). Nonetheless, participant stories provide evidence of how, despite not being highly familiar with academic practice, they were open to learning and growing through their interactions with students and colleagues.

Growing as an educator seems to have involved iterations of personal and professional socialisation for all the participants. Becoming an educator entailed more than merely

changing jobs, the educators could not enter university settings and continue to practice as they had done in the NHS. Through experiences of self-doubt, uncertainty, imposter syndrome and resistance to totally embracing an educator identity, paradoxically their educator identity grew to where being an educator was a skilled activity. When viewed as a collective, the midwifery and nursing narratives, provide many examples of educator vulnerability (Duffy, 2013; Liew, 2018). The outcome or by-product of midwife and nurse educator vulnerability appears to have positive consequences for student learning. Educators like Jenny, Felicia, Opé and Kofi explained how their own sense of exposure, uncertainty and self-doubt ensured that they exercised a duty to teach students to the best of their ability. This is exemplified by Felicia whose personal experience of encountering the dark side of health care practice (see section 5.3) contextualises why she encouraged "students to take short-cuts to theory". She explained that she engaged them in conversations about theory and asked them "how does this experience that you are having in practice make you feel … what does that feeling – tell you about you [yourself] … as a practitioner?".

Academic practice is designed to engage students and educators in transformative processes where theoretical understandings challenge disciplinary knowledge (Vereijken and Rijst, 2021). In the sharing of their narratives, it was clear that Felicia and Jenny embraced opportunities to journey with students into theoretical territories unfamiliar to them, if it meant promoting best practice at the bedside. If harnessed appropriately it appears that the educators' narratives of vulnerability can support better understanding of the collective educator habitus and demonstrates benefits for student learning and support.

7.10 Pane Three: Being an educator – Recognising the collective educator habitus

Arising from the individual narratives were many differing experiences, for example Felicia felt like an imposter in her role as a clinical midwife, unlike other participants who felt like imposters in their academic roles. Kofi and Opé's narratives highlighted struggles they had encountered due to racism, whereas Veronica never alluded to experiencing any racist concerns. Then for others pursuing midwifery and or nursing as their first professions received little support from their families, particularly their mothers. However, for Veronica succeeding academically was expected, she states, "…it was all those things from my background and growing up … for me to end up with a diploma, I'd have felt like I was an underachiever … from my upbringing [and] culture … you had to be educated. If you were

not educated it would be bottom of the pile, you would struggle." In this pane however consideration is given to similarities which arose between the participants. The highlighted similarities provide insight into the collective educator habitus of midwives and nurses who contributed to this study and are not intended for extrapolation to a wider group. Two areas are addressed: How they responded to the illusio of competing fields and their buy-in to affective care.

Response to the illusio of competing fields

Being an educator required midwives and nurses to respond to the demands of competing illusio. As mentioned above (see section 3.4) a field of practice is characterised by its own set of concerns, values, rules, and stakes (Bourdieu, 1993; Maton, 2008). The degree to which social agents buy-in or are invested in a field is known as the illusio (Bourdieu, 1992; Lupu and Empson, 2015). Several challenges faced midwifery and nursing educators in relation to illusio, primarily because they had to respond to the illusio of at least three fields, these were the NMC, NHS and HEI. Challenges to the function of their educator identity and development is not unexpected as the transition into higher education requires midwifery and nursing educators to adapt and reconstruct their professional identities (Hopson, 1982; Ashforth and Saks, 1995). However, in practical terms responding to the demands from each field created a struggle to know which field to buy-into. Emerging from the findings was a firm sense that midwife and nurse educators bought-in to the purpose of midwifery and or nursing education, although this was tempered by resistance to the prescriptive nature of curricula (see section 5.3) and negative personalities (Cater, et al, 2013; Adams and Maykut, 2015; Illing, et al, 2016). Nonetheless, Felicia states, "… students need to know how to think, how to challenge…". Jo contributed, "We can be that stable body that shows the gold standard of what you shouldn't be doing in practice … and we can keep pushing them back and saying: no, don't let that stop you from what you need to do. We can develop the students to develop that ability to continue with caring and compassion … they've got us behind them". Jo's comment about caring and compassion highlights allegiance to the ethic of affective care which emerged as a unifying feature from the educator narratives. Paradoxically, as a direct consequence of their buy-in to affective care they were also committed to the illusio of care as promoted by the NHS, even though some of them left the NHS as they were not able to deliver care as they desired.

Fields represent places of dominance where persons, policies and procedures exert power and can demand compliance from social agents. These demands are expressed through acts of symbolic violence (Bourdieu and Wacquant, 1992; Thapar-Björkert, et al, 2016). Opè's narrative provides an example of symbolic violence encountered when a senior manager repeatedly took credit for her income generating ideas as this "made her manager look good in front of the vice chancellor" (Opé). Illustrating that taking credit for the ideas of others is an accepted practice by some in higher education settings, Rodrigues (1998, p.857) suggested: "next time that you share an idea with someone and then see it in their grant proposal feel proud: it was an idea good enough to steal". Justification for Rodrigues' assertion was that it freed her from concerns that her ideas might be stolen; thus, fear free she felt more able to have open discussions with colleagues as they exchanged knowledge. Rodrigues' observation (found it acceptable that her ideas might be plagiarised) highlights how doxa and illusio combine and in Opé's case caused distress. An erosion in ethical standards found in academic leadership is cited as driving this kind of behaviour (Ehrich, et al, 2012). Opé was more concerned with how she connected with her students than having her name recognised. She asserts: "I don't like that exploitation of my talents, I've never wanted to make a name for myself, I'm not that sort of a person –". In response to her managers behaviour Opé fully engaged her personal agency and ensured that she attended meetings where she presented her own ideas. By so doing Opé gained control over how her ideas were presented, discussed, and shaped, all the while retaining recognition for her own work.

Opé's example highlights the role of personal agency working in opposition to the illusio of HEI. The degree to which Opé and the other participants bought into the illusio of their employing HEI's varied. None seemed to buy-in completely, including Felicia whose expectation on transitioning to a HEI was that she was "coming home" in professional terms. However, there were ideological differences in her understanding of education and how midwifery was practiced at her employing HEI led Felicia, "I felt the sorts of things I [w]as interested in were not particularly valued". Consequently, Felicia hid her ideas and true educator identity for over ten years.

Another example of non-buy-in to the illusio of HEI came from Veronica who at the time of interview had decided to leave the university. She felt better suited to clinical practice than the academic environment, describing the work as being "too much … sometimes and umm

yeah it [s] just … same-y…". Her decision to leave is not unique. Pursuit of intellectually satisfying endeavours (Barcan, 2018) and experiencing emotional, ideological and subjective struggles (Gourlay, 2011) were reasons other educators gave for leaving academic roles. Apart from Veronica, none of the other participants indicated that they were considering leaving HEI, however as previously stated a unifying commitment to the ethic of affective care which seems to suggest a shared educator habitus.

Buy-in to affective care

Affective care (being caring, compassionate, respectful) is considered as central to midwifery and nursing practice (Cummings and Bennett, 2012; Ménage, et al, 2016). Arising spontaneously in the telling of their stories, the midwife and nurse educators offered examples of how by engaging in pastoral practices they ensured affective care remained part of their professional identity. This unifying phenomenon will now be discussed.

To begin it is interesting to trace the caring narrative as it emerged across the timeline of the educator's journey. In the following example Jo reflects on why she wanted to become a midwife: "I just remember wanting to be able to care for people – I don't even think it was (to) make a massive difference to midwifery, it was about caring for people at poignant time[s]…". Then thinking of her clinical experiences, she states: "I was struggling to provide the care that I wanted to provide in the NHS because of the feeling that it was a conveyor belt". Then finally thinking about her engagement with students as an educator "… student messaged me again the other day and said I wouldn't be here if it wasn't for you". Jo's reflections are not unique as all the participants spoke (initially unprompted) about care to varying degrees. Their reflections draw attention to the equation of (habitus) x (capital) + (field) = practice (Bourdieu, 1990b). Essentially, the educators embodied caring dispositions the genesis for which could be traced to childhood or teenage years, but which were enhanced when socialised into the professional doxa and illusio of midwifery and or nursing.

The expression of their caring dispositions culminated in caring practices which shaped their educator identities, substantiated by their clinical identities. Their views of care supported the tenet of affective care as articulated by organisations such as the National Health Service, (NHS Constitution, 2012) and the Nursing and Midwifery Council (NMC, 2018a). However, as noted in Jo's narrative (see section 6.8) she did not find synergy with

the way care was provided for women in the NHS, so she left. Jo's actions are not unique with 624 (11.1%) of registered staff left the NMC register in 2020 because they were "disillusioned by the quality of the care provided to patients" (NMC, 2020, p.7). However, turning to work in HEI's did not mean educators would no longer be able to care, neither did it mean they agreed with the doxa and illusio of the HEI about support mechanisms available for students. To elucidate, Opé rose to the defence of a student who had been called to face the university's fitness to practice panel. After hearing his case she concluded: "… coming from a clinical background this young man is experiencing mental health… distress … and his mental health is deteriorating to the point … where he's experienced … anticipatory anxiety, because someone is holding a knife over his academic and nursing career. He thinks he's gonna get kicked off … for such an issue like this? Nah, let's get this sorted out". Opé's intervention led to the issue being resolved, the student qualified as a nurse and now refers to Opé as: "my educator". Reminiscent of the dark side of healthcare (Gillen and Sinclair, 2009; Adams and Maykut, 2015; Brown, 2017; Capper, et al, 2020) Felicia's narrative (see section 6.6) highlights the complexity of working in a HEI setting affected by bullying and incivility between colleagues (Peters, 2014; Paull and Girardi, 2015; Park and Kang, 2023). Plagued by imposter syndrome she hid her true educator self from colleagues, only exploring topics which she felt passionate about with her students.

To the educators in this study students were not customers (Calma and Dickson-Deane, 2020) although there are divergent opinions about the student-customer (Naidoo, and Whitty, 2013; Campbell-Perry and Williamson, 2017; Calma and Dickson-Deane, 2020; Paredes 2022). First and foremost, the participants saw the students as fellow human beings who, during the process of becoming midwives or nurses, may encounter a range of challenging personal circumstances. The educators were determined to maintain caring principles even though they had swapped patients for students. Tiny explains this in her response to a clinical colleague who asked if she missed caring: "Oh, when you went into teaching didn't you miss caring? Didn't you miss nursing … You're still getting those elements of care, it's just in a different way. I think caring and being approachable is hugely important as a lecturer. Its massive". However, despite the commitment to affective care expressed by the participants in this study it cannot be taken for granted that all midwives and nurses are automatically caring (Adams and Maykut, 2015).

Indicative of the dark side of nursing described by Adams and Maykut, (2015) Felicia described the commonplace infantilisation of staff (Illing, et al, 2016) which she both witnessed and personally experienced. Felicia recalled being "told off" for speaking to a consultant as a junior member of staff and in response to protect herself and survive working in the NHS she hid in plain sight, by creating a specialist service for the women which only she could run. Surrounding herself by working with women with whom she felt safe seemed to protect Felicia from symbolic violence. Thus, the outcome of her interaction with the dark side of healthcare staff in healthcare settings was to create new practices, which not only facilitated her ability to hide and survive but led to improved care for women. Similar negative behaviours were encountered when she transitioned to working in higher education (Peters, 2014; Park and Kang, 2023), however in this setting Felicia eventually found ways to circumvent incivility (Illing, et al, 2016) and was able to offer caring educational support to students whom she encountered.

In terms of the collective educator habitus, the view was that students deserve to view their educators modelling affective care. What is difficult to capture in this discussion is the sensitivity expressed by the midwifery and nursing educators as they focused on offering extensive pastoral care to the student body, with the hope that this would manifest as compassionate bedside practice. It is the assertion of this discussion that (despite the commodification of education (Rolfe, 2014), the prescriptiveness of curricula (see section 5.2) and the experience of incivility in HEI settings (Hudgins, 2022), the ethic of affective care is where educators most strongly defend and uphold their clinical and academic expertise for the benefit of students, but ultimately for the benefit of health service users.

7.11 Conclusion

Through the theoretical constructs of habitus (consisting of dispositions), field and capital (Bourdieu, 1990; Bourdieu, 1993) it is possible to examine the formation of the individual and group identity (Schneider and Lang, 2014; James, et al, 2015; Stahl and McDonald, 2021). Utilisation of Bourdieu's theoretical constructs facilitated an inquiry to ascertain how eight midwives and nurses, perceived how their professional educator identities were formed. Additionally, drawing on the assertion that individual identity is not isolated from

collective identity (Jenkins, 2008) the collective educator habitus of midwives and nurses who participated in this study became discoverable.

Two major themes emerged from this study. The first, identifying seeds of the midwife and nurse professional educator identity. Seeds of the educator identity were present prior to professional socialisation. Journeying with the participants, sometimes back to early childhood, stories emerged of how their educator dispositions were present as early as being four years old in Opé's case. Essentially their teaching habitus (disposition) which is enduring, but not eternal (Bourdieu, 2005) was formed in childhood or teenage years, remained stable over the life course, and shaped their ongoing educator identity and being. By employing the narrative commonplace of temporality (Connelly and Clandinin, 1990; Riessman, 1993; 2005) it was possible to notice when participants looked back on their life course. By looking back, they were able to locate the genesis of their educator identity (which in most cases was rooted in their experience of education). This is most powerfully exemplified by Felicia when explaining how her A' level education "unpicked" all that she thought she knew. Additionally, by looking back they were able to surmise how they might continue to develop as educators. For example, Jenny's retrospection on the kind of midwifery educators she had enjoyed, highlighted for her how she had predicted the kind of educator she would become, and would continue to be. Further, as they explored aspects of their own history there emerged some powerful 'Aha' moments (Kounious and Beeman, 2009; Ovington, et al, 2015). These enabled better understanding of how they might have acquired their educator doxa, even before the commencement of formally entering midwifery and or nursing programmes. For Tiny, her 'Aha' moment led back to being inspired by a teacher who encouraged her to consider teaching when she was 14 years old. Interestingly, it was not until 'Aha' moments occurred for some participants that they realised that they had "unconsciously" "imbibe[d]" (Monica) the inspiration from others to become educators.

Changes to what is recognised as the primary or generic habitus can occur (Wacquant, 2014; Malak Akgün, 2018; Shotton, 2021) leading to the emergence of any number of secondary or specific habitus (Bourdieu and Passeron, 1990) however, this is not without challenge.

Challenges of a changing habitus are not necessarily negative. In Kofi's case he developed a secondary habitus which included acquiring an education. This was in opposition to the

primary habitus created by his father which ruled out educational endeavours. A secondary habitus can be achieved due to increased cultural capital gained by qualifying as a midwife or nurse. In turn this leads to upward mobility, which can expose the midwife or nurse to the phenomena of a cleft habitus and divided loyalties with their upbringing and background (Bourdieu, 2008; Friedman, 2016). The most pronounced example of cleft habitus in this study came between the secondary habitus of being a clinical expert and that of becoming an academic. This phenomenon was addressed in theme two, that is growing 'panes' how midwives and nurses transitioned to become professional educators.

Storying their experiences of moving from being expert clinicians to occupying academic identities revealed how becoming an educator consisted of refining, clarifying, and retaining personal and professional qualities. These processes occurred in the context of navigating the illusio (i.e., concerns, values, rules, and stakes (Bourdieu, 1993; Maton, 2008) held by the competing fields of the NMC, NHS and HEI. By becoming educators each midwife and nurse had to identify the kind of educator they wished to become (Dempsey, 2007 Penn, 2008; McArthur-Rouse, 2008; McDonald, 2009); and to do so whilst grappling with personal vulnerabilities. Jenny for example reported a sense of mourning the loss of her clinical role (Brower, et al, 2022) before identifying that she had in fact added a layer to her professional repertoire by becoming an educator. In what might appear as acts of defiance, the educators harnessed their personal vulnerabilities to ensure that care for students (and by proxy for healthcare service users) was maintained. Hence, in a culmination of all the participant narratives a collective educator habitus emerged to highlight two main concerns. Firstly, the educator habitus of participants in this study was concerned with buying-in to the purpose of midwifery and or nursing education. Even so this was not a whole scale buy-in as there remained resistance to the prescriptive nature of curricula (see section 5.3) and resistance when HEI policies did not accord with affective care (see 5.2). Jo seemed to capture the spirit of the educator habitus in the following quote: "We can be that stable body that shows the gold standard of what you shouldn't be doing in practice … and we can keep pushing them back and saying: no, don't let that stop you from what you need to do. We can develop the students to develop that ability to continue with caring and compassion … they've got us behind them" (Adams, 2011). Jo highlights here the second defining feature of the collective educator habitus, which is an unswerving commitment to affective care. Despite the commodification of education (Rolfe, 2014), the prescriptiveness of curricula

(see section 5.3), and the dark side of healthcare and the experience of incivility in HEI settings (Hudgins, 2022) the unanimous commitment to affective care was almost palpable.

Consistently iterating their commitment to affective care was manifest by their determination to teach students to think critically (Kennedy, 2007; Paynter-Armour, 2020; Carter, et al, 2022). Thus enabled the educators believed students would be able to challenge poor practice and improve bedside care. What was less forcefully expressed, but present nonetheless was a possible explanation for their inner drive for affective care. For the participants in this study caring was an essential expression of their personal being (Roach, 1984). The quality of being caring was present in their primary habitus and matured over time, and never fractured as in the case of cleft habitus (Bourdieu, 2008). Casting light on what might have led to the personal disposition to be caring are examples from their pre-professional history. To illustrate this, Felicia described a moment of seeing social justice in action as her father defended a dog who was being whipped by his owner. She states, "His gentleness, his … umm… interest in other people always making sure other people were feeling ok. I was aware of it very much as a child …". Later, during an 'Aha' moment she realised that her doxa about social justice, which translated into being caring, was rooted to what she had seen in her dad, and she reflected "of course I got it from dad". In another example, Tiny recalled her enthusiasm for accompanying her parents whenever they went to visit someone in hospital. Tiny, "I knew I wanted to be a nurse … in my head I just wanted to care". Unlike Felicia, Tiny could not link the impetus to care to a particular experience or example from her childhood. For her it was a feeling which never left her (Hartung, et al, 2015) and one which clearly remained and informed her educator identity (see section 5.2).

In the examples cited above, it is evident that being caring is strongly linked to the primary habitus and personal identity of the participants. Other participants expressed similar sentiments (see Jo in section 5.2; Veronica speaks of valuing students through effective communication in 5.2; Opé speaks about standing up for a student suffering from anticipatory anxiety, see *buy-in to affective care above*). Thus, upon encountering the dark side of health care (Gillen and Sinclair, 2009; Adams and Maykut, 2015; Brown, 2017; Illing, et al, 2016; Capper, et al, 2020) and HEI (Peters, 2014; Paull and Girardi, 2015; Park and Kang, 2023) their reactions can be understood as arising from personal

perspectives of affective care which were augmented by professional expectations to care (Cummings and Bennett, 2012; NMC, 2018a) and theoretical perspectives of care (Roach, 1984; Leininger, 1988; Benner and
Wrubel, 1989; Swanson, 1993; Savage, 1995; Watson, 2008; Boytkin and Schienhofer, 2015). Responses such as being "horrified by the small mindedness of the organisation, the infantilisation of midwives by each other, as well as by their own hierarchy" were evoked in Felicia. Jo's experience of the dark side of health care was more subtle, perhaps less defined (Gillen and Sinclair, 2009). As discussed above, she struggled with not being able to provide the care "that I wanted to provide in the NHS because of the feeling that it was a conveyor belt" and feeling despondent about "constant defensive practice" and the constant feeling of "having to watch my back" (see section 6.9). Jo explained how clinicians in one area would exalt their function as being more important than other areas. Jo perceived no team spirit. In HEI settings a dark side was evidenced through experiences of student incivility (Veronica
5.2), racism (experienced by Kofi and Opé 5.4; Hall, 2000; Skerrett, 2008; Spencer, 2014; Tembo, 2020) and plagiarism of intellectual property (Opé) although Rodrigues (1998) suggested this latter practice should be viewed as a complement.

In response to these experiences and encounters the educators were galvanised to engage students in ways designed to empower "… them to think for themselves … to think critically and then apply that to their practise and then challenge;" (Jenny). Felicia's view was that education should exist for its own sake. In her academic practice she prodded accepted norms by encouraging students to take "short-cuts to theory", using this to help students to profoundly interrogate what they were thinking and feeling. By so doing she hoped they would recognise what kind of practitioner they were becoming. Further, in their academic practice they would respond in caring ways to students over and above the illusio of their employing HEI. For example, Kofi described himself as acting as a "secret agent" whom students consulted for help beyond the curriculum.

Examples detailed above have led to the recognition of a collective educator habitus. Their habitus is rooted in the value of affective care and will defend and uphold the principles of affective care for the benefit of students, and healthcare service users. In the following section a conclusion to the thesis is offered.

8.0 Conclusions and Recommendations

8.1 Introduction

This final chapter of the thesis returns to the aim of the study which leads directly into an abstraction about identity and the habitus. The abstraction demonstrates the extensive and diverse discussions which arose through exploration of the midwifery and nursing educator narratives. Importantly the abstraction provides essential background information which contextualises the answers to the research questions which immediately follow. After responses to the research questions, I offer a brief positional statement, moving on to describe how my study contributes to the fields of midwifery and nursing education, followed by limitations of the study and finally the thesis ends with key recommendations.

8.2 Identity and the Habitus

The aim of this study was to critically explore the narratives of midwives and nurses to discover how they perceive their professional educator identity was formed. Problematically, identity has been described as 'a floating signifier' Conde (2011, p.1) thus making this an inquiry about a potentially elusive and subjective concept. Paradoxically, identity has been considered in concrete terms for its construction (Erikson, 1950; Marcia, 1980; Taylor, 2015); its performance (Goffman, 1956) its impact on role choices (Stryker, 2008); being a product of personal agency (Schwartz, et al, 2005) and its communality within professional and social groups (Neville, et al, 2020). Thus, confronted with an elusive and subjective concept, but one which is discussed in objective and measurable terms, it was necessary to probe the educators' narratives with broad parameters in mind. These were provided by Jenkins (2008) who asserts "individual identity – embodied in selfhood – is not a meaningful proposition in isolation from the human (social) world of other people" (Jenkins, 2008, p 40). Hence the educator narratives were observed for ways in which identity formation may have been influenced by interactions with other social agents and social structures. Further, individual identity is "entangled" (Jenkins, 2008 p.37) with collective identity, therefore ways in which participant narratives demonstrated commonality were also noted. To frame the identity phenomena arising from the narratives, the habitus, an autonomous structuring structure and system of dispositions (Bourdieu, 1984; Wacquant, 2005) was selected.

Regarded as ways of being, thinking, feeling, and viewing the world (Bourdieu, 1977) dispositions of the habitus equate to qualities considered as constituting identity (GuzmánValenzuela and Barnett, 2013; James, et al, 2015; Stahl and McDonald, 2021). Dispositions are co-created through interaction with other social agents and their environment (Bourdieu, 1990b), described as the basis for personality (Wacquant, 2014) and likened to an "invisible" fund required for the formation of identity (Esteban-Guitart, and Moll, 2014, p.75). Any notion that identity is formed through happenstance is thus eliminated (Wacquant, 2005). Inquiry into the participants narratives made it possible to notice experiences which contributed to the formation of the educator identity. For example, these included early encounters with education, the feeling of being an educator from childhood and the presence of proclivities to care and teach. However, exactly how their dispositions had been acquired was not necessarily a known known to all participants, (Luft and Ingham, 1955). For some knowledge of how their dispositions were formed was buried in what Bourdieu describes as forgotten history (Bourdieu, 1990b; Leaney, 2018). It was only through discussion of their educator journey that four seeds, namely, being drawn to teaching and the educator role, the impact of educational experiences gathered over time, 'Aha' moments and sudden surprises and early signs of being able to adapt to changing circumstances came into clear focus. These seeds have helped to shape my understanding, and that of the participants, as to some of the influences present in their stories of becoming educators. The emerging identity narratives gave expression to self-awareness and illustrated how personal agency operated through interactions between the-Me and the-I (Mead, 1934).

The-Me (which advocates conventional responses) and the-I (which can also act impulsively and cause a person to make socially deviant decisions) are two halves of the self (Mead, 1934). Between the-Me and the-I internal dialogue ensues thereby highlighting the existence of an internal, reflexive space where personal decision making, and personal agency functions (Mead, 1934). Challengingly, Bourdieu contested that although reflexivity is possible (Bourdieu, 2004) because social agents are not always aware of the processes which may have led to the formation of their dispositions, it is not always feasible to consciously construct their identity or exercise personal agency. Nonetheless, many participants expressed how they had engaged in internal conversations between the-Me and the-I (though not using those terms) about various subjects. For example, recognised as being a self-deprecating phenomenon in high achieving women in professional and academic roles,

imposter syndrome featured in several narratives; however, this was not limited to the female participants, as Kofi (the only male educator in this study) also reported feelings akin to impostor syndrome (Clance and Imes,1978). Although their narratives revealed that some participants were high achievers, and that they were caring towards students and had received praise for their teaching practice from colleagues and students, the issue of imposter syndrome persisted. Personal agency however refers to the sense in which a social agent believes they influence their own actions and life choices (Bandura, 2006). Thus, there were other examples of internal dialogue. To exemplify this, and despite experiencing imposter syndrome, Kofi avidly remembered a conversation he had with himself to encourage his attendance at school as a young child. Opé recalled how she talked herself out of all branches of nursing except for mental health nursing as a career choice. Jo recalled instances where she reminded herself that she knew more about midwifery than the 'clever third year students' that she had to teach. Identity formation therefore can be viewed as a project of individuation (due to acts of personal agency). Taking note however of the field(s) upon which identity is formed is necessary if the formation of identity is to be more fully comprehended.

According to Bourdieu (1990a) the social world is organised into diverse and at times competing fields upon which battles for power and status ensue (Bourdieu and Wacquant, 1992; Thomson, 2008; Christin and Blanchard, 2020). Field positions (occupied by players (or social agents) are acquired through the exchange of economic, cultural, or social capital (Bourdieu and Wacquant, 1992; Hilgers and Mangez, 2014). Considered as semi-autonomous each field, in keeping with the analogy of a game, is characterised by differing rules and interests (or stakes) (Bourdieu, 1990a) and constitutes the site upon which "struggles take place" (Jenkins, 1992, p.84). Struggles on the field result in acts of domination and symbolic violence where positions are established or destabilised leading to shifts in power. Opé experienced this when she refused to allow her line manager to continue taking credit for her income generating ideas. Formed on (social) fields such as the family, school and later in professional settings such as educational courses and in the NHS, formation of the professional educator identity of midwives and nurses grew as they moved from childhood to become expert clinicians and educators. Chapter seven explores growing 'panes' experienced by midwives and nurses as they traversed diverse fields in their journey to become educators. Impacting the formation of the educator identity were role models (see 6.5), schoolteachers (see 6.3 /6.5), parents (6.3), extended family members (see 6.3 /6.4

/6.9), students (chapter five), NHS colleagues (see 5.2 / 6.7), managers (see 6.7) and praise received from other educators (see
6.8). Inviting an intentional play on words the word pane focused attention on some of the pains experienced by the participants evidenced by experiences of racial prejudice (Opé); hiding her true educator identity from other educators, concerned that they would not value her view of education (Felicia); having to overcome a fear of not being liked by students (Jo); no longer being considered a nurse (Tiny); adversely affected by student incivility (Veronica); questioning his ability as a black male to become an educator (Kofi); not understanding language used in academia (Monica) and grappling with impostor syndrome (Jenny). In addition to their commitment to affective care therefore, the experience of growing pains was the second most unifying experience identified in the educator narratives. Complexly entwined in their growing pains were antithetical experiences to affective care. These revealed the dark side of healthcare and HEI environments and served to reinforce their commitment to affective care. Growing pains were experienced across a range of fields starting in childhood.

Movement on social fields is aided by forms of capital, specifically economic capital (Bourdieu, 1986); cultural capital (Silva, 2005; Edgerton and Roberts, 2014) and social capital (Bhandari and Yasunobu, 2009). For some participants moving to new social and professional fields led to the experience of cleft habitus (or a divided habitus). Arising due to significant, but not necessarily seismic shifts to their familiar, consistent, stabilising structures which have guided them throughout life, the primary habitus experienced transformation (Bourdieu, 2008; Heller, 2011; Friedman, 2016; Curl, et al, 2018; Paulson, 2018). Most clearly seen in the shift between their clinical to academic habitus (see discussion above) cleft habitus was also visible between the primary habitus and encounters with pre-professional preparation. This is exemplified in Felicia's narrative as she explained how her decision to attend university was not supported by her mother. Although Felicia did not regard attending university as representing a "huge shift" in her social class, it was significant enough to further augment a shift in her primary habitus which had begun as a teenager in college. Jo also alluded to this phenomenon (see 7.8). Coming from a close-knit working-class family Jo found her family did not understand her academic pursuits and subsequent educator status; she hardly engaged them in discussion about her work finding the isolation distressing. Ultimately, she gained support from others in her community of practice (Lave and Wenger, 1991; Wenger, 1998).

As stated above the preceding abstraction was deemed necessary to demonstrate the extensive and diverse discussions which arose through exploration of the midwifery and nursing educator narratives. The abstraction provides an essential background of information which seeks to contextualise the answers to the research questions which now follow.

8.4 Research question one

How do midwifery and nursing educators explain the formation of their professional educator identities?

In terms of becoming an educator the participants generously shared a range of factors which they believed had impacted the formation of their educator being. For many participants they began their narratives either in childhood or teenage years. They shared how, through the agency of adults, they were granted access to educational opportunities which led to shifts in their primary habitus and cultural capital. In a very moving example, it was possible to see how a young black boy, from a war-torn context and improvised background, was elevated to the position of a nurse educator through educational opportunities. Other participants cited how schoolteachers and college tutors had inspired in them, sub-consciously for some, the notion that they too could become educators. There were also participants who spoke inverse role models, such as their mothers whom they loved and respected, but for whom the role model of homemaker was not what they aspired to.

The participants explained how through the experience of praise they found the courage to press in and educate others. There were however psychological threats to their well-being such as, imposter syndrome, racial prejudice, and contending with bullying in both the NHS and the HEI settings. The participants explained how if they had responded negatively to these threats, they could have repelled them away from the HEI setting. This was the outcome for one participant who had decided to leave education. For the remaining participants however, they harnessed their negative experiences to create positive teaching encounters for students.

In terms of being an educator all but one participant strove to retain a sense of their clinical identity, and therefore their status as clinical experts. This finding resonates with previous studies (Boyd and Smith, 2010; Smith and Boyd, 2012). However, it was noticed from the

responses that adjustments to perceptions of who they were as educators were made as certain realisations occurred. For example, one participant recognised that instead of losing her clinical identity, she in fact had added another layer to being a midwife by becoming one who could inspire future generations of midwives. In another example, a nurse participant highly valued opportunities to demonstrate caring practices and behaviours for students to emulate. A key strategy engaged by the educators was to ensure not only the teaching of skills for acquisition, but to engage the students in critical thinking so they could become effective practitioners. Being a midwife or nurse educator, for this collective of participants, ultimately focused on promoting excellence in patient and client care (see more on this finding in response to question two).

8.5 Research question two

How does affective care (i.e., being caring) influence the professional educator identity of midwives and nurses.

It was unequivocal that care and being caring formed a golden thread which was woven throughout each narrative without exception. So prevalent was the commitment to affective care it is established as unifying the collective educator habitus of the participants in this study. Comments such as: "What I teach them will directly affect the care that the woman is getting", reflecting an explicit link made between the pedagogical practice of educators and bedside care. Seen as a defining feature of their professional identity, being caring motivated classroom sessions designed to agitate students to think critically about what it means to be a good practitioner. Describing a caring approach towards struggling students was likened to the caring role undertaken in clinical practice. Comments such as: "You're still getting those elements of care" and "I think caring and being approachable is hugely important as a lecturer. It's massive".

Though not found in all narratives, there were several participants for whom a caring disposition could be traced to their early years and primary habitus. Buy-in to the illusio of care is strongly rooted in educators harnessing their own experiences of growing through pain, which informed how they engaged with students. Further, there were clear efforts to raise the level of critical thinking and ability in students to challenge poor care practices sadly known to exist in midwifery and nursing (Francis, 2013; Berwick, 2013; Keogh, 2013;

Adams and Maykut, 2015; Kirkup, 2015). The impetus for generating critical thinking in students emerges as a co-ordinated act of resistance against the dark side of healthcare (Gillen and Sinclair, 2009; Adams and Maykut, 2015; Brown, 2017; Illing, et al, 2016; Capper, et al, 2020). Unprompted, each participant shared thoughts about affective care and the need to mitigate against dis-compassionate practices. One participant summarised it thus: "we [educators] can be that stable body that shows the gold standard of what you shouldn't be doing in practice". The educators articulated pastoral care by adopting a "personable approach" to students and by asserting that communication is vital to "engaging students". The educators were compelled to ensure that students had the best education possible, thus enabling them to escalate concerns. So deeply rooted was affective care in the educators being, they would defy HEI policy if this meant they could provide effective pastoral care. Borne from tensions of straddling two professional fields (i.e., being a midwife or nurse and being an educator) the participants ultimately prioritised ideals of caring over and above any other demand placed on their educator identity.

8.6 Reflecting on my positionality in the research process

My position in the research adopted the view that personal reflections, perceptions, knowledge and experiences of the midwives and nurses would culminate to tell the story of how their educator identity was formed. In practical terms this required me to adopt an interpretivist ontology, with stories of experience shared by the educators representing both phenomena and data. As phenomena it was imperative that I received the stories as they were shared, however as data I needed to add an interpretive perspective without diluting the essence of the educators' experiences. In the methodology chapter I endeavoured to explicate how I managed power dynamics in the interviews, immersed myself in the data to enhance familiarity with the stories, and collaborated with the participants to make sense of their narratives by inviting member checking of my early impressions. Deeply aware that the initiative for this study originated with my own inquiry into my educator narrative, I was concerned about imposing myself on the findings. Therefore, I recorded my reactions to the participants' narratives in what I labelled as a mirrored response (see appendix one). By so doing I kept the educators' stories central in my thinking, but also benefited from telling my own story even if only to myself.

8.7 The original contribution of my study to midwifery and nursing education

Firstly, through the exploration of how midwives and nurses perceive their educator identity was formed, knowledge about their primary dispositions (or habitus) has been revealed and links were identified between their primary habitus, proclivities to care and their professional educator identity. Secondly, midwives and nurses have equal voice in this study, this is not a common finding with midwives often forming a subset in healthcare educator studies (Gray, et al, 2023). Lastly, through the exploration of the collective narratives of midwives and nurses it is possible to assert that they share an educator habitus which is fundamentally rooted in a commitment to affective care. Their commitment to affective care, though strengthened through professional socialisation, could be seen as a proclivity towards care in their childhood or teenage narratives. The reality of healthcare and academic practice is that affective care is not upheld by all practitioners, thus lending weight to the shared educator habitus noticed in this study.

8.8 Limitations of the study

There were necessary limitations caused by the selection process and resulting sample for this study. Although consent was granted to approach staff in one university in England, initially only five educators volunteered to participate in the study. Upon reflection the need to engage snowballing may not have been required if I had approached more than one university at a time. Nonetheless, those participants who were recruited to the study were generous in suggesting others whom they thought were data rich sources and this led to the final sample number of eight participants. Having a small sample is not problematical, especially with qualitative research, however it does mean that the findings of this study are not generalisable beyond the participant group. Therefore, even though the collective of participants in this study are unanimously united in their attitude towards affective care, this finding cannot be taken for granted. Lastly, arising from the data are interesting connections between gender, race and psychological threats associated with becoming a midwife or nurse educator. Further, although the dark side of healthcare and working in HEI's is briefly explored above, these subjects require deeper exploration. Recommendations arising from this study will now be considered.

8.9 Recommendations

More research is needed to better understand the educator habitus of those who teach student midwives and student nurses. In the current global climate where faculties worldwide struggle to recruit and retain educators more needs to be done to strengthen commonalities across professional groups, while honouring our differences. The positive impact of this on students will be an increase in interprofessional educational encounters without the intrusion of negative historical struggles, borders, and stereotypes. More research and education are needed to extend and strengthen the ability and focus of educators to support the acquisition of clinical skills, equal to facilitating students of midwifery and nursing to engage with critical thinking with the view of promoting best care practices.

The NHS and HEI's should increase collaboration to create recognised, regular pathways for would-be-educators to gain lecturing and HEI experience prior to transitioning into HEI roles, such as lecturers. Collectives of midwives and nurses should approach HEI's for support, time, and space in the academic year to form and meet as communities of practice. This would not be attached to planning days, regular staff meetings or other such activity. Benefits to the educators emotional and mental wellbeing could be measured to provide justification for this endeavour. Collectives of midwives and nurse educators should consider collaborations where they can generate and produce stories of how their educator identities were formed to share with students and would-be-educators. These could be produced as written narratives / videos / or podcasts, thus forming legacy documentation and would add to the history of how the professions of midwifery and nursing have evolved and advanced. I recommend that research is undertaken to determine ways in which midwifery and nursing educators' impact how affective care impacts bedside care. In addition, a study to explore the ways in which midwifery and nursing educators have encountered and combatted the dark side of healthcare and HEI's, would provide educators opportunities to learn, possibly heal and to support the next generation of educators to navigate the NHS and HEI settings. Finally, although as a dual qualified midwife and nurse I considered both professions equally in this study, I recommend further exploration of the educator habitus and identity of midwives is undertaken. Justification for this recommendation rests in the knowledge that the experience of midwifery educators is under-researched when compared to nursing.

8.10 Concluding the Thesis

The professional educator identity of midwives and nurses is informed by and consists of subjective, experiential, and agentic responses and as such gives expression to hidden processes such as thoughts, feelings, habits, and dispositions. However, although the educator identity is a work of individuation, identity formation does not occur in isolation from other social agents, therefore it was impacted by external influences such as family, schooling, and professional socialisation. Through this study more is understood about the range of socio-psychological influences, commitment to affective care and resistance to the dark side of healthcare and HEI's, which converged to inform the formation of their individual educator identities. Further, and excitingly, it is possible to comment on commonalities which comprised the collective educator habitus of midwives and nurses in this study. As those who are integral to preparing the next generation of midwives and nurses to serve healthcare communities throughout England and beyond, it is incumbent upon the NHS and HEI's to consider how best to support the ongoing development of educators, and how to attract would-be-educators to the academy.

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Appendix One: Example of my mirrored response to excerpts from interview one

My intention with these mirrored responses was not to replicate, verify or refute what the participants shared, but rather to capture my own reflections considering what they shared. I confess to being surprised by my own reflections and the way in which at times they correlated with, but also diverged from that of the participants. Documenting my own story, felt as though I were engaged in an unintentional interview, resulting in my voice, experiences and understandings being uncovered in unexpected ways. Adopting this strategy has assisted with putting some distance between my experiences and that of the participants. It made it possible to appreciate the participants narratives more fully, and to re-story them with while being fully aware of my own story.

Interview one / participant one	**Journal entries**
MO) my starting point to ask you **** … um… what…Can you tell me about your journey to becoming and being an educator … I'm just going to let you talk… If anything comes up while you're speaking… I shall interject… P1) Ok… MO) … but at this stage I don't have any pre-planned questions, other than tell me about the journey… P1) Ok… MO) … to become a professional educator… P1) (laughing) ah Okay, but I don't think I am one still (both laugh), … just saying… you know…	Here I detail my reactions to the interviews:

MO) (laughing) ok… P1) Ummm I suppose … I think that's an important caveat, is that ummm I still don't really think I am one… MO) Ok… P1) Ummm … which is a bit of an odd thing to say, but I think that's that … what do they call it arhmmm the umm ahooo… (sighs) the Imposter Syndrome… MO) Ok… P1) …but I think quite a lot of umm, err, a lot of us suffer from that anyway particularly if it's not a … ummm… it wasn't something that you go into when you first sort do your training …you know I'm just gonna talk now…so when I first started my midwifery education, I absolutely did not think that I would be sat training and educating … ummm.. midwives of the future… it wasn't something that I consciously thought right that's my career path. But I suppose umm whilst I was… its always … I've always done some sort of education, even though it wasn't part of my midwifery career. So, if you go way, way, way back, ummm everything that I've ever done I suppose I've ended up teaching as part of it. So, for my current career, I was… I did something very, very different, and I ended up as a consultant and ended up training – which I know is very different to education, however … I'm gonna plant that one there – so I suppose for me as an individual that's a natural for me… **it must just be something that is… I dunno bred into me because that's quite similar to what my dad did.**	*Teaching. Inbred?* *Very curious about the comment - it must just be something that is… I dunno bred into*

	me because that's quite similar to what my dad did. Why the curiosity? I think it was the point around being like her dad. It caused me to search for educational / academic role models in my own family and social setting. At first, I could not find anyone. Mum and dad (raised in rural Jamaica both left school by the age of 14 – mum in 1944 and dad in 1947); and although both of them displayed deep wisdom, and encouraged me to learn as a child, neither furthered their academic education once in a financial position to do so. I had an aunt who trained as a nurse and then went to university in America; but I was not close to her as a child, so did not benefit from her academic journey or growth. Digging deeper, I acknowledge that my love for reading and dislike for maths started in infant school! Labelled as a slow learner, I recall spending one on one time in the library with a lady (I don't know if she was a teacher or not). We would take it in turns to read to each other. Fortunately, those moments are recalled with fondness and led, (I believe) to my love of English and passion for classic / period novels which manifested when I entered high school. Times spent learning maths were far less nurturing and I failed terribly at maths all the way through my school years, until I began to teach basic maths in my role as a midwifery educator! In my early teens (14) I began to share messages in church. It was in church that I discovered my love for exploring concepts in more detail, and then sharing what I learned with others. High school also provided me with many opportunities for growth in my ability to share my thoughts publicly, none more significant as the day

	when I was elected as head girl. I remember that day – I chose to speak last in an

	assembly designed for all candidates to set out their manifesto's. I went last because it would give me time to hear and adjust my own manifesto to glean the good points from everyone else, as well as adding my own! (a wisdom learned from my dad). As a teenager I garnered inspiration from various sources, but one which sticks out in my memory is thanks to a woman whom I never met. I remember standing outside the gates of my high school when a black woman drove past in really nice car. That resonated with me. I declared to myself: 'I'm going to be that woman one day'. The image of that woman has returned to me often over the years and confirms the importance of being able to see others who look like oneself represented in a positive way. It wasn't until I started to my training as a student nurse, that the confidence which I had gained in church and school felt challenged.

P1) Ummm … which is a bit of an odd thing to say, but I think that's that … what do they call it arhmmm the umm ahooo… (sighs) **the Imposter Syndrome…** MO) Ok… P1) …but I think quite a lot of umm, err, a lot of us suffer from that anyway particularly if it's not a … ummm… it wasn't something that you go into when	***Imposter syndrome*** The fact that P1 laughed before answering the question took me a little by surprise. My response was to laugh as well – on closer inspection, I believed I laughed because I did not expect that response. P1 seemed so confident. To be honest, until I undertook the literature review where I first discovered imposter

you first sort do your training …you know I'm just gonna talk now…so when I first started my midwifery education, I absolutely did not think that I would be sat training and educating … ummm.. midwives of the future… it wasn't something that I consciously thought right that's my career path. But I suppose umm whilst I was… its always … I've always done some sort of education, even though it wasn't part of my midwifery career. So, if you go way, way, way back, ummm everything that I've ever done I suppose I've ended up teaching as part of it. So, for my current career, I was… I did something very, very different, and I ended up as a consultant and ended up training – which I know is very different to education, however … I'm gonna plant that one there – so I suppose for me as an individual that's a natural for me… it must just be something that is… I dunno bred into me because that's quite similar to what my dad did.	syndrome, I thought that feeling as though one did not belong was unique to me. Of course, (having listened to interviews 1-5) I have come to realise that this in fact is not the case. *"The term impostor phenomenon is used to designate an internal experience of intellectual phonies, which appears to be particularly prevalent and intense among a select sample of high achieving women." (Clance and Imes, 1978)* Clance and Imes, (1978) first coined the term: Imposter phenomenon following their study of high performing women sourced from undergraduate and doctoral programmes of study. My sense of not belonging did not stem from feeling like an *'intellectual phony',* although on reflection I realise that part of the reason why I felt like an imposter related to educational challenges which I faced at school and how I was labelled as a child; as well as cultural difference in my upbringing, compared to my non-black counterparts. Although I relished my role as an educator from the start of my career in education, at times there would be a disconnect between my understanding and that of my colleagues which led to me retreating within myself until I could work out what was at play. I clearly remember choosing not to speak in certain meetings, primarily because I did not feel that I had the cultural capital to engage fully enough. Over time this feeling lessened and I began to stake out my territory in the workplace. To survive, (especially in the early years as an educator), I rested in my Christian faith which inspires me to hold dear the dignity of all others, even if they are harsh and mean. I found the courage through faith to grow and develop into the educator I finally became.

	I do however think my sense of not belonging stemmed from my own experiences of racism which were manifestly present in my journey to become a nurse. I was incredibly excited when I was offered a conditional place to undertake nurse training. The condition was based on me losing weight. Looking back, I realise how prejudicial this condition was. I say this for the following reasons: 1. I was overweight, not obese. 2. I had met of the educational entry requirements. 3. Being a certain weight had not featured as a required criterion. 4. Finally, on the first day of my nurse training I made new friend. She was white, five feet tall and weighed almost 14 stone! This was my first adult encounter with racial bias. There was no other explanation for the imposed condition. As I progressed through the course there were other encounters which awakened me to the prevalence of racism. I had two choices: fight back with anger or engage with a form of activism to win people over with love and forgiveness. I chose the latter. Qualifying as a nurse was my paramount goal. I had to be the woman driving that car and thereby inspire others to succeed.

Appendix Two: Conceptualisation of care as found in midwifery and nursing literature

Halldorsdottir and Karlsdottir, 2011	"…. caring within the professional domain is seen as the core of midwifery. The professional midwife is professionally competent. This professional competence must always have primacy for the sake of safety of woman and child. The professional midwife has professional wisdom and knows how to apply it. Professional wisdom is a new concept used to denote the interplay of knowledge and experience. The professional midwife has interpersonal competence, is capable of empowering communication and positive partnership with the woman and her family. The professional midwife develops herself both personally and professionally, which is the prerequisite for true professionalism"
Chokwe and Wright, 2012	"To ensure that the learner midwives are caring on completion of training the curriculum must include 'caring science' (Chokwe *et al*. 2010:148). If caring defines nursing and midwifery, it is imperative that caring and its attributes be included in the curriculum throughout midwifery subjects"
Apesoa-Varano, 2007	Educators seek to socialize students toward professionalism to raise the occupation's status by emphasizing the scientific and technical basis of nursing. Yet students uphold a gendered discourse by identifying a normative dimension of caring as central to their occupational identity. The dilemma
	between professionalism and caring is reconciled

	as students construct an occupational identity based on “educated caring,” where these two dimensions are equally valuable and significant.
Traynor and Buus, (2016)	We suggest that students’ strong identification with caring also needs to be understood as a discursive move in response to the anxiety evoked by the practice setting. It is a move that can serve to both distance their identity from senior members of the profession and enact group solidarity. This identification as ‘caring’ exists alongside an apparently contradictory identification as cynical. Understanding both as a response to anxiety is one way to make sense of this apparent contradiction.

Appendix Three: Ethical and Participant information sheets

University of East London

CASS school of Education and Communities, Stratford Campus,
Water Lane, London, E15 4LZ

Research Integrity

The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks.

The University is committed to preserving your dignity, rights, safety and wellbeing and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

Director of Studies
Professor Stephen Briggs
s.briggs
@u
el.ac.uk
Tel:
020822342
66

Student researcher
Marcia Ogunji
U1404029@uel.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

Sharing stories: An exploration of what has influenced your teaching practice and the formation of your professional identity as a midwife / nurse educator.

Project Description

The aim of the project is to:

To critically explore and discover factors expressed by midwifery and nursing educators (M-N), as having influenced their journey to becoming a midwife and / or nurse educator.

The objective is to:

To discover and explore factors which midwifery and nursing educators express as being influential in their teaching practice and the formation of their professional identity as educators.

Involvement in the project will be on a voluntary basis.

You will be invited to participate in two interviews. Each will be digitally recorded, uploaded to and stored securely on a computer. The interviews are scheduled to last for 50 – 60 minutes. After the second interview, you will be asked to review your transcript from interview one and two, to check for accuracy. This may take 30 to 60 minutes of your time, but can be done away from the researcher, over the phone or in person.
There are no known risks as relate to this project and the information which you share will be confidential; however, if there are any concerns about your safety or well-being, the researcher has a duty of care to terminate the interview process. In such cases, your well-being takes precedence over the research. Support will be offered as required and assistance sought from relevant colleagues accordingly.

If at any time you wish to withdraw from the project, you will be free to do so, and your recordings will be returned to you. Your transcript will also be returned to you.

Within ten years of the project completing, the digital recordings will be deleted, and your transcript will be returned to you.

Data will be retained in accordance with the University of East London's Data protection policy. If you wish to review the policy this can be provided.

The study will be disseminated via a thesis publication, conferences and journal publication.

As a requirement for the research project to be conducted, an application for ethical approval was made and granted by the University of East London's research and ethics committee.

If you have any concerns about my conduct as a researcher, you are respectfully asked to contact: researhethics@uel.ac.uk

Confidentiality of the Data

Although the sample size for this project is small, every effort will be taken to maintain your anonymity and to maintain the confidentially of the information which you share with the researcher. Your information will only be shared, in cases where a disclosure is made which indicates that you, or someone else is at serious risk of harm. Such disclosures may be reported to the relevant authority.

The information/data which you share will be de-identified, (i.e. direct and indirect identifiers will be removed and replaced by a code. The researcher will be able to link the code to the original identifiers and isolate the participant to whom the sample or data relates.
Research data, codes and all identifying information to be kept in separate locked filing cabinets. Access to computer files will be available to researcher by password only. stored on a will be stored and what steps will be taken to protect its confidentiality.

All electronic data will undergo secure disposal. To avoid electronic files being restored after deletion, they will be overwritten, thus making them completely irretrievable. All hardcopy data (i.e. paper copy of transcripts and researcher notes, will undergo secure disposal via shredding.

Data will be retained in accordance with the University of East London's Data protection policy. If you wish to review the policy this can be provided.

Location

The research will be conducted at higher education institutions, which offer midwifery and nursing courses. These will be located in the East of England and London.

Remuneration

There will be no renumeration for participation in this research study. However, you will be offered refreshments consisting of a light snack and non-alcoholic drink.

Disclaimer

Your participation in this study is entirely voluntary, and you are free to withdraw at any time during the research. Should you choose to withdraw from the programme you may do so
without disadvantage to yourself and without any obligation to give a reason.
Please note that your data can be withdrawn up to the point of data analysis – after this point it may not be possible.

University Research Ethics Committee

If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact:

Catherine Fieulleteau, Research Integrity and Ethics Manager, Graduate School, EB 1.43

University of East London, Docklands Campus, London E16 2RD
(Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)

For general enquiries about the research please contact the Principal Investigator on the contact details at the top of this sheet.

Appendix Four – Participant Consent Form

UNIVERSITY OF EAST LONDON

Consent to Participate in a Programme Involving the Use of Human Participants.

Sharing stories: An exploration of what has influenced your teaching practice and the formation of your professional identity as a midwife / nurse educator.

Marcia Ogunji

Please tick as appropriate:

	YES	NO
I have the read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.		
I understand that the interviews in the project will be audio recorded and I agree to participate fully with the recordings.		
I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researcher involved in the study will have access to the data.		
I understand that maintaining strict confidentiality is subject to the following limitations: Due the small sample required for the project, I understand that this may have implications for my confidentiality / anonymity, but that every effort will be taken to ensure that my confidentiality and anonymity are not breached. However, I understand that my information will only be shared, in cases where a disclosure is made which indicates that I, or someone else is at serious risk of harm. Such disclosures may be reported to the relevant authority.		

I understand that anonymized quotes will be used in publications.		
I understand that I will not be named in publications.		
I understand that the study will be disseminated via a thesis publication, conferences and journal publication.		
It has been explained to me what will happen once the programme has been completed.		
I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to the point of data analysis and that after this point it may not be possible.		
I hereby freely and fully consent to participate in the study which has been fully explained to me and for the information obtained to be used in relevant research publications.		

Participant's Name (BLOCK CAPITALS)

…….

Participant's Signature

……..

Investigator's Name (BLOCK CAPITALS)

……..

Investigator's Signature

……

Date: ……

Appendix Five – Letter to the Head of School

Dear Head of School,

I hope this email finds you well.

My name is Marcia Ogunji. I am a research student and I am currently undertaking a research project, within the CASS school of Education and Communities, at the University of East London.

The working title of the research project is:

Sharing stories: An exploration of what has influenced your teaching practice and the formation of your professional identity as a midwife / nurse educator.

Aim:

To critically explore and discover factors expressed by midwifery and nursing educators (M-N), as having influenced their journey to becoming a midwife and / or nurse educator.

I would be most grateful, if you would consider disseminating the attached flyer to your teaching teams.

It is my intention, to meet with any suitable participants at a time which is convenient to them, and by so doing not distract staff from their day to day activities.

It is envisaged, that the outcome of the project will enrich what is already known about the journey taken by midwives and nurses, to become professional educators. This in turn may influence how the transition from clinician to academia is managed/informed.

Thank you for taking the time to read my email.

With kind regards,

Marcia Ogunji
Post-Registration research student
University of East London

Email: u1404029@uel.ac.uk

Appendix Six – Research Flyer

Research FLYER

Are you a midwifery or nursing [M-N] educator?

Do you have recent experience of teaching pre-registration health care students? (Within the past three years?)

Would you like to talk about your professional journey and how you became a M-N educator?

Do you meet the following criteria?

- You qualified as a midwife, nurse or both in the United Kingdom
- You must have recent experience, (within the last three years) as M-N educators
- You must be working in higher education institute, or have worked in a higher education institution in the UK within the last three years.
- You must have taught or are currently teaching at least one unit/module of learning to undergraduate student midwives and / or nurses.

Why not consider participating in a new research project entitled:

Sharing stories: An exploration of what has influenced your teaching practice and the formation of your professional identity as a midwife / nurse educator.

Aim of the project:

To critically explore and discover factors expressed by midwifery and nursing educators (M-N), as having influenced their journey to becoming a midwife and / or nurse educator.

Sole Investigator: *Marcia Ogunji*

- Involvement in the project will be on a voluntary basis.
- You will be invited to participate in two interviews. The second interview will take place two/three weeks after interview one. Both interviews will be digitally recorded. The interviews are scheduled to last for 50 – 60 minutes. After **interview two** you will be asked to review your transcripts to check for accuracy. This may take 30 to 60 minutes of your time, but can be done away from the researcher, over the phone or in person.
- This research project forms the final part of a professional doctorate programme, undertaken by Marcia Ogunji, within the CASS school of Education and Communities, at the University of East London. This is not a funded project.

- Your identity and information shared will be treated with the strictest confidence.

Thank you for taking the time to read this flyer. If you are interested in participating in the study email me at: u1404029@uel.ac.uk

Appendix Seven – Debriefing Form

Debriefing Form

Thank you for agreeing to participate in the research project. You consented to a project entitled:

Sharing stories: An exploration of what has influenced your teaching practice and the formation of your professional identity as a midwife / nurse educator.

The formal title of the project is:

An exploration of factors which influence the professional identity and pedagogical practice of midwifery and nursing educators; with particular focus on how affective care (i.e. being caring) manifests in their teaching.

The aim of this research project to was:

To critically explore and discover factors expressed by midwifery and nursing educators (M-N), as having influenced how their professional identity was formed; with a focus on how affective care manifests in their teaching.

The research questions were:

•How do midwives and nurses narrate, (ie express), their transition in professional identity, to become midwife and nurse educators?

•Which factors do they recognize as having influenced their professional identity formation?

• What rationale underpins how they teach affective care to pre-registration healthcare students?

The exact project title, aim and research questions were not disclosed to you. This is because I wanted to avoid bringing your attention to affective care. I was primarily interested in discovering the stories which you had to share about your professional journey to becoming a midwife / nurse educator. I also wanted to explore factors which you identified and expressed as influential in the formation of your professional identity as an educator, rather than the title distracting you by suggesting a role for affective care. Equally, in light of the importance assigned by the professions, the NMC and the public to affective care, I wanted to discover if it featured in how your professional identity as an educator was formed.

The following represents a brief summary of the preliminary findings of the study:

-

-

(detail to be added)

These findings will be shared with the midwifery and nursing educational community, through publications in peer reviewed journals, at relevant conferences and through departmental meetings.

My email address is: u1404029@uel.ac.uk

Please feel free to contact me for any reasons, but particularly if you have specific questions or concerns which you wish to raise. I am more than happy to meet with you in person, or we could talk on the telephone or via an online conferencing facility. This meeting would be arranged at your convenience.

Thank you once again for participating in this research project. Your contribution was greatly appreciated.

Marcia Ogunji

Appendix Eight – Interview Schedule (One)

Schedule for interview one:

T**he interview will commence with an open question:**

Can you tell me about your journey to becoming and being a midwife and / or nurse educator? Start wherever you like and include anything that you can think of ….

As the interview progresses, the following **prompts** may be used: (these are derived from the pilot discussions)

- That's an interesting point, can you tell me more…
- What happened next…
- You always wanted to teach/nurse etc? Do you know why…
- You mentioned values in passing, can you tell me more about this…
- You mentioned the word professional, what is your understanding of being professional…
- What was it about your tutors that inspired/demotivated you?
- That's interesting, why do you think that was the case…
- I see, please carry on…
- You just said… "------" can you expand on that for me please

Appendix Nine – Interview Schedule (Two)

Schedule for interview two:

Questions will be based on themes which emerge from interview one. The following sample schedule is based on questions which have arisen from pilot interview two.

At the commencement of the second interview, I will confirm that participant information has been read and understood. I will ensure that the participant gives consent to doing the second interview and is willing to sign the relevant consent form again.

Thank you for agreeing to take part in this second interview.

Do you have any questions before we begin?

I found it really interesting listening to and reading through the transcript of your first interview. As a result of that activity, I would like to ask you the following questions:

1. In our previous discussion you said that you were persuaded your 'teacher-father' that by doing a history degree you **would only end up teaching** – you clearly listened to him, but still ended up teaching anyway … - Do you know why this is?

- What is it about teaching that attracted you?

- What did your father express to you about not pursuing a career in education? How did he explain his reasoning?

2. In your first interview you speak highly of your nursing tutors in Wales. In fact, you describe them as 'inspirational'. I wonder would you be able to tell me more about this.
- Can I also ask what was the learning environment like in Wales?
- Were there specific features of being a student in Wales or at any time during your professional journey which you think may have led to the kind of educator which you have become?

3. I would like to read something which you said the last time that we met: 'I never considered education for me as a role'.
- What made you feel and think this way about yourself?

4. You shared with me that ‘teaching the students has always been something which you really enjoyed’ – I wonder if you could expand on this – what is it about teaching students which leads to such enjoyment?

5. When we last met, you said something really powerful, about not wanting to do harm, and that being something that has been with you since you were a little girl… Can you talk a little more about that in the context of being an educator?

- As you know the NMC expects midwives and nurses to practice with compassion, kindness, respect towards patients – what is your view of this expectation?

6. If I were to ask you to summarize, could you suggest to me which would be the factors which have most influenced your identity as a midwife / nurse educator?

- Why these factors?

UEL Risk Assessment Form

Name of Assessor:	**Marcia Ogunji**	**Date of Assessment**	**To be confirmed**
Event title:	**Research Interview**	**Date, time and location of activity:**	**Dates: TBC** **Time: Will vary, dependant on participant availability.** **Location: Dependant on participant recruitment.**
Signed off by Manager (Print Name)			

Please describe the activity in as much detail as possible (include nature of activity, estimated number of participants, etc) If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:

The event will consist of a researcher and participants meeting for a confidential one on one interviews. This will take place in public buildings, but in a discrete areas, such as meeting rooms. The interview will be recorded using a digital Dictaphone.

Overview of FIELD TRIP or EVENT:

The event in part of a postgraduate research study.

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)

Which Activities Carry Risk?

Activity / Task Involved	Describe the potential hazard?	Who is at risk?	Likelihood of risk	Severity of risk	Risk Rating (Likelihood x Severity)	What precautions have been taken to reduce the risk?	State what further action is needed to reduce risk (if any) and state final risk level	Review Date
Interview one	Psychological upset	The interview participant	1	1	Minor	The interview will be conducted in a sensitive manner.	The interview will be terminated if participants become distressed. They will be signposted to appropriate support. Risk rating: 1	TBC
Interview two	Psychological upset	The interview participant	1	1	Minor	The interview will be conducted in a sensitive manner.	The interview will be terminated if participants become distressed. They will be signposted to appropriate support.	TBC

2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-5 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6-9 = High (Further control measures essential)

							Risk rating: 1	

A comprehensive guide to risk assessments and health and safety in general can be found in UEL's Health & Safety handbook at http://www.uel.ac.uk/hrservices/hs/handbook/ and a comprehensive guide to risk assessment is available on the Health & Safety Executive's web site at http://www.hse.gov.uk/risk/casestudies/index.htm. An example risk assessment is also included bel

Appendix Ten - UEL Risk Assessment Form

Appendix Eleven: Meeting the participants

Name	**Midwife**	**Nurse** (specialism)	**Gender**	**Racial / ethnic group**	**Duration as an educator at time of interview one** (all participants met the selection requirement of having taught in university for at least three years. Additionally, three indicated how long they had been working in HEI)
Opé	No	Yes (MH)	Female	Black / African	Over ten years
Jenny	Yes	No	Female	White / E/unknown	-
Tiny	No	Yes (Paeds)	Female	White / English	Over ten years
Kofi	No	Yes (MH)	Male	Black / African	-
Monica	Yes	Yes (Ad)	Female	White / E/unknown	-
Jo	Yes	No	Female	White / English	-
Felicia	Yes	No	Female	White / English	Over ten years
Veronica	No	Yes (MH)	Female	Black / African	-

Key: MH – Mental health registered nurse / paeds – Paediatric registered nurse / Ad – Adult registered nurse - E/unknown – ethnicity unknown

Ethics approval

University of East London

Pioneering Futures Since 1898

Dear Marcia

Application ID: ETH1819-0127

Project title: AN EXPLORATION OF FACTORS WHICH INFLUENCE THE PROFESSIONAL IDENTITY AND PEDAGOGICAL PRACTICE OF MIDWIFERY AND NURSING EDUCATORS, WITH PARTICULAR FOCUS ON HOW AFFECTIVE CARE (IE BEING CARING) MANIFESTS IN THEIR TEACHING.

Lead researcher: Mrs Marcia Ogunji

Your application to Research, Research Degrees and Ethics Sub-Committee meeting was considered on the 27th of June 2019.

The decision is: **Approved**

The Committee's response is based on the protocol described in the application form and supporting documentation.

Your project has received ethical approval for 2 years from the approval date.

If you have any questions regarding this application please contact the Research, Research Degrees and Ethics Sub-Committee meeting.

Approval has been given for the submitted application only and the research must be conducted accordingly.

Should you wish to make any changes in connection with this research project you must complete 'An application for approval of an amendment to an existing application'.

The approval of the proposed research applies to the following research site.

Research site: England, UK (Specifically in the East of England and London)

Principal Investigator / Local Collaborator: Mrs Marcia Ogunji

Approval is given on the understanding that the UEL Code of Practice for Research and the Code of Practice for Research Ethics is adhered to.

Any adverse events or reactions that occur in connection with this research project should be reported using the University's form for Reporting an Adverse/Serious Adverse Event/Reaction.

The University will periodically audit a random sample of approved applications for ethical approval, to ensure that the research projects are conducted in compliance with the consent given by the Research Ethics Committee and to the highest standards of rigour and integrity.

Please note, it is your responsibility to retain this letter for your records.

With the Committee's best wishes for the success of the project

Yours sincerely

Fernanda Silva

Research, Research Degrees and Ethics Sub-Committee

Docklands Campus
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University Square Stratford
Salway Road
London E15 1NF

+44 (0)20 8223 3000
srm@uel.ac.uk
uel.ac.uk

Amended Ethics Approval

University of East London

Pioneering Futures Since 1898

Dear Marcia,

Application ID: ETH2324-0128

Original application ID: ETH2223-0145

Project title: Becoming-to-Be and Being-to-Become: An exploration of midwives and nurses based in England and how they perceive the formation of their professional educator identity.

Lead researcher: Mrs Marcia Ogunji

Your application to Ethics and Integrity Sub-Committee (EISC) was considered on the 6th February 2024.

The decision is: **Approved**

The Committee's response is based on the protocol described in the application form and supporting documentation.

Your project has received ethical approval for 4 years from the approval date.

If you have any questions regarding this application please contact your supervisor or the administrator for the Ethics and Integrity Sub-Committee.

Approval has been given for the submitted application only and the research must be conducted accordingly.

Should you wish to make any changes in connection with this research/consultancy project you must complete 'An application for approval of an amendment to an existing application'.

Approval is given on the understanding that the UEL Code of Practice for Research and the Code of Practice for Research Ethics is adhered to.

Any adverse events or reactions that occur in connection with this research/consultancy project should be reported using the University's form for Reporting an Adverse/Serious Adverse Event/Reaction.

The University will periodically audit a random sample of approved applications for ethical approval, to ensure that the projects are conducted in compliance with the consent given by the Ethics and Integrity Sub-Committee and to the highest standards of rigour and integrity.

Please note, it is your responsibility to retain this letter for your records.

With the Committee's best wishes for the success of the project.

Yours sincerely,

Fernanda Da Silva Hendriks

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