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# 18 Achievement and Identity: Exploring the Career Narratives of Academic Nurses

SUE FROST AND DALLAS CLIFF

## **Introduction**

This paper presents some of the initial findings of a narrative study that sought to explore the career narrative of nurse academics. The study used narrative approaches to try and understand the experience of lives in transition “from the inside”.

Although there are many uses of the concept of ‘narrative’ and the term is often merely used interchangeably with ‘stories’, there is a common view emerging in sociological writing that defines narrative as a crucial organising principle through which people make sense of the world. Narrative has been described in Lieblich et al. (1998:36) as “discourse or an example of it designed to represent a connected succession of happenings”. Narratives have the potential to give an insight into the ways in which we interact with the world and the consequent claims for self. In the context of understanding representations of experience in this study the matter of factual accuracy was less important than the trustworthiness of these lengthy accounts as a representation of lived experience. They may thus be said to “represent the flow of fiction back into life” (Murray, 1996:194). This offers an opportunity to understand how people see the world in ways that are otherwise difficult to articulate. As Coffey and Atkinson (1996:68) observe:

As social actors, we are all involved in retelling our experiences and lives. In doing so we chronicle our lives in terms of a series of events, happenings, influences and decisions. Narrative as autobiography describes the ways in which people articulate how the past is related to the present ... Social actors organise their lives and experiences through stories and in doing so make sense of them.

Clandinin and Connelly (2000:46) remind us that “experiencing the experience is ... aimed at understanding and making meaning of experience. ... narrative enquiry is a way, the best way we believe, to think about our experience”. These methods offer an opportunity to understand in ways that enables the lived experience to be heard, to be made narratable. In this way the researcher seeks to support the storyteller in representing his/her experience rather than ascribe a superior meaning. This is reflected in a sense in Becker’s

(1999:86) argument that the emergence of narrative approaches in the social sciences is particularly significant because

Personal narratives are celebrated as a way of bringing the individual back into the social sciences, to provide the researcher with insights in how people make meaning ... such a hearing contributes to the understanding of the self that provides an alternative to the modernist idea of an autonomous, self-controlled and independent individual, an alternative that values the lives and narratives of (older) people.

As Langellier (1989:246) points out this emphasis on the importance of stories connects with our earliest experiences of making sense of the world. The use of narrative draws out and builds on the natural devices that we use in making sense and sharing experience. Langellier suggests

In everyday talk, we tell stories, or personal narratives, about our experiences - the mundane happenings of an ordinary day and extraordinary events that mark our lives. One of the first structures of discourse acquired by children, personal narratives continue to be told throughout the lifespan by a wide variety of people from diverse social classes in a far ranging array of situations.

## **Background and Context**

This study was generated by an interest in the relatively bounded and unique experience of nurse academics who were moved as an occupational group from hospital schools of nursing into university departments where they were 'redefined' as academics. This provided an opportunity to explore the way in which the transitional and liminal phases in our lives are expressed by a number of people who had experienced a particular enforced change simultaneously with the whole cohort of their colleagues.

Nursing careers with in universities are relatively new in the United Kingdom. The decision to move nursing education into higher education was made towards the end of the 1980s. Prior to this nursing education was largely undertaken as a 'training' in hospital schools of health studies. The teaching staff in nursing schools were, and still are required to have a professional qualification and a significant period of clinical practice experience before embarking on a teaching career. They are then expected to become qualified teachers having completed an academic course of teacher education in their specialist field.

The move into higher education required this highly specialist 'training' workforce to operate in a conventional academic environment that tended to be less hierarchical, more scholarly and based on education underpinned by research evidence. Seniority was no longer a reflection of natural progression

through the management structure, but in the university would only be achieved through academic merit with appropriate credentialing. Traditional clinical expertise, valued highly in colleges was no longer recognised in the same ways as hitherto.

The study sought to explore the inner world of these teachers who worked within universities a result of transferring from an NHS teaching role. A decision was made to use a narrative approach collecting stories from men and women. This was particularly interesting given the gender profile and role stereotyping in nursing.

### **Collecting the Stories**

Stories were collected from nurses who had been employed as 'academics' for more than two years. The study sought to collect the 'whole narrative' of the careers of the participants. Men and women were included in the study to explore how gender differences, if any, were reflected in the stories.

The participants were recruited from four university locations through an open letter of invitation. Approved ethical protocols were in place to maintain confidentiality and all references to individuals are anonymised. The narrative 'interviews' took place in a setting chosen by the participants. Most were in the work place, some were at home and one was in a social setting. The storytelling varied in length. Some stories were intense and short, others were flowing and reflective. The time varied from approximately one hour to several hours.

### **The Story Tellers**

All of the participants are Registered Nurses and all had a higher degree from a British University. Two had doctorate qualifications. All participants held positions of considerable seniority, two at national policy level at some time earlier in their career. All of the participants had careers in nursing of five years or more before moving into nursing education where all participants had worked for more than five years. All of the participants had worked within Higher Education for at least two years.

Two experienced researchers conducted the interviews and each participant shared their stories with a researcher of the same gender. All of the stories were tape recorded with no voice-activation so that silences were recorded as well as sound.

There are many ways in which to generate story telling and this study used minimal prompts to generate stories. Participants were given a brief introduction and encouraged to talk about their story "as a nurse, a teacher, a

person ...” During the story telling the researchers were active listeners and some open prompts were used, predominantly “tell me more about ...” The stories were varied, intensely engaging and interesting. The listeners participated naturally and in ways that tried not to direct the story although points of interest, areas avoided or key areas of transition were cued where appropriate. The interviews were interactive where appropriate with the researchers being one of the actors as listener, confidante and sometimes peer. This was particularly noticeable in the interviews with women because the interviewer had a similar background to the participants. The male interviewer is a sociologist and therefore did not share the same background as the men he interviewed. The women often made direct appeals in their interviews using what Bernstein (1968) refers to as sympathetic circularity, ‘you know how it is’ implying that this did not need to be fully explained because the listener shared the same background and culture. The interviews, therefore, were interactive with the researcher being one of the actors - the role of listener and confidante. The storytelling was also performative. There were moments of drama and times of humour. The tape recordings have long silences where there were tears and many moments of shared laughter with the listener.

### **Understanding Stories**

The process of making meaning and understanding Frank’s notion of “the point of the story” was a responsible and painstaking process (Frank, 1995). The stories were first transcribed and read carefully several times. The transcripts ran to many hundreds of pages. The initial consideration was to explore the immediate impressions, the things that were close to the surface, the repeated and recurring themes within the stories. This was intended to start a much deeper journey of understanding the voice within the story. This paper shares the initial impressions and explores some of the themes that are emerging from the more substantial analysis that is currently being undertaken. It is interesting to note that some of the impressions represented in the performance belie underlying deeper elements that give a more substantial access to the inner world of the storytellers.

## **Stories of Experience**

### *1. "I Loved it in Practice ..."*

There were many positive aspects of these nursing stories, one of the most important of which was the identification with practice. Although many of the nurse academics said that their own clinical skills were no longer at the cutting edge of practice, they all made reference to the importance of practice in their own careers. They talked of the importance of, '*Making a real difference in patients lives*'. To some extent this was now transferred from patients to students. '*My patients*' were spoken of in the same way as '*My students*' and the same degree of care and concern was in evidence. There was also real pleasure and enjoyment in achievement. The storytellers shared a sense of 'I am confident and competent' when they talked about clinical practice. They were fast and flowing accounts with many examples of 'how I really made it work'.

### *2. Gender Differences in Career Stories*

There were significant differences between the men and women in the way that they told their stories. Men's stories frequently spoke of the problems of being male in female profession particularly in the earlier stages of their career. Men related that they needed to increase their earnings to fulfil the 'breadwinner role'. Nursing is a job and they (the men) were accomplished in order to fulfil their role as breadwinner. This was a career with movement and progression in the men's stories. The way to move on was described as 'entering management or education'. They described overtly that to pursue a career as nurse-academic was for them a way of increasing their status and earnings. One man was quite clear about this and explained that in his present role he was where he wanted to be, '*I've died and gone to heaven*'. Women spoke differently. Women were more self effacing and seemed to have struggled harder to achieve. Nearly all of the women described themselves in more derogatory ways "*I was a thick lass*", "*I was the girl from the North who would never do anything worthwhile*". Several spoke of being "passed over" for promotions that went to men they saw as less competent. The women used more humour in their stories that seemed to be used to diffuse some of these resentments. They were also more influenced by the views of others as to their abilities. Whilst the men decided they needed to move on to further their careers and provide for their families the women were motivated by others. One women related, '*They told me I should go for promotion 'cos I was good ...*' The construction, content, style and outcome of stories in men and women were generally but not exclusively different. Men told stories that had futures, that held transitions and explored possibilities with strong senses of forward movement. Women told

stories of achievement and closure that reflected that each stage may be the pinnacle with glimpses of things that could be.

### 3. *Educational Underachievement*

One strong and recurring theme in these stories was a sense of educational under achievement. This was a major element in every story even though by any standard every participant had considerable and highly reputable academic credentials. One woman summed up her story with '*I was a northern lass. I failed my 11 plus and that is the whole story really.*' Other spoke of disappointing O level and A level results or failing university. Nursing was what they were "*told I was able to do*" and was started with sense of educational failure. All of the storytellers then pursued professional and educational qualifications that led them to the most senior positions but they still talked of feelings of still needing to '*catch up*' and not "*being quite proper academics*" in the same way as others. The following exchange between Sue, the interviewer and 'Emily' a senior nurse academic illustrates the shared humour in acknowledging the anxiety of the chasing the '*the Holy Grail*' of the benchmark of educational credentials.

**Emily:** I failed my 11 plus and that's followed me throughout my nursing career. When I started it was the London University Diploma of Nursing that was the Holy Grail. Then everyone was suddenly doing a degree. So I did my degree when everyone else was doing a masters.

I am 58 and I've just got me masters and ... I know what you're going to say

...

**Sue:** I'm a nurse; I've been there.(Then in another voice.) So are you going to do your PhD?

Both dissolve into giggles.

These stories that tell so painfully of a sense of failure seem to create a link with a recurring search for legitimacy and credentialing. Many of the storytellers had worked hard to combine a gruelling schedule on part time university courses with a demanding day job. They spoke of '*Sticking it out*' in order to be successful in conventional career terms. They spoke of, '*wanting to be like real academics*' despite the fact that they had more varied careers and wider qualifications than most conventional carer academics. These stories reflected a sense that education was not purposively located in a need to learn but was about securing credentialing that reflected their skill and achievement more adequately.

### 4. *Trauma Narratives*

These stories included trauma narration, particularly those of some of the women. Many spoke of feelings of *'being different and not in control'* after they had moved into universities. These storytellers wanted to make the move, they saw the benefits and strengths, they were positive about the change and yet these were in part trauma stories. Stories of loss, bereavement and reconstructing who you are. There was loss of *"the old times, the camaraderie of the school of nursing"*. The stories reflected trauma of desired moves but no choice *"we had to move into the university"*. This seemed to do with moving from situations in which one was valued to those in which one felt devalued. That this was the case even for these talented people who welcomed the changes and eventually thrived and succeeded in the new environments suggests that these problems were significant and widespread. Those who chose to move into the university and were not forced to do so reflected the joy and pleasure of such a move with the excitement of expectation and opportunity that was largely achieved.

#### 5. *Aspirations and the Reality of their Realisation*

All the storytellers shared how hard they had worked hard to achieve their aspirations but for some their perception was often that the realisation of those aspirations was flawed. The paradox here was that despite all their success many told of *'masquerading'* as academics. One woman who had been a clinical teacher spoke of *'knowing a secret'*. The secret was that, whilst she felt that she was perceived by *"traditional academics"* not to be a *"real academic"*, she had clinical skills of which that her non-nursing peers in the university had no real knowledge. This sense of dislocation and recasting was more prominent in the stories of the women nurse academics than the men.

#### 6. *Power, Role and Identity*

The role of the nurse academic is conventionally perceived as powerful but many of these stories reveal a search for power and legitimacy that remains unfulfilled. *'I always wanted to be important but when you got there you realise how unimportant you are'* and *'I have been isolated all of my professional career'*, are illustrations of many comments reflecting a sense that the new role construction as an academic connected with uncertain identities and powerlessness. There was much *"powerless talk"* in the stories. Several stories directly talked feelings of insecurity and lack of self worth that comes from having a role and identity that lies outside *conventional* constructions. One person said, *'It is because nurses are seen as different from other academics'*. Whether this is the case or not is arguable, the point is that these were claims for self in these storied accounts. There was a sense that *'real'* nurses were the front line carers of patients whilst *'real'* academics were career



academics in traditional disciplines. Whilst this seemed to be more of a problem for the women in the sample, interestingly it took its most acute form in one of the men's stories. Despite having a doctorate and a significant amount of academic experience one storyteller emphasised that he was, '*an NHS man*'. He held onto a strong identity that defined him in contrast to academics who were, '*not credible in practice, out of touch with the real world and not quick on their feet*'. For him the fact that he would go back into practice and be a credible nurse was an defining feature of his identity. The strengths of such casting creates problems of legitimacy and seems to create identities that mean moving in and out of perceived roles, being "*different people for different listeners*".

### **The Function of Narrative**

These stories serve a number of purposes in understanding the inside world of this group of people. Langellier (1989) identifies from the literature:

- Narrative as story text reflecting events and happenings
- Narrative as conversation
- Narrative as a performance for the listener
- Narrative as a social process
- Narrative as political praxis.

The stories of nurse-academics reflect all of these functions but the final one is particularly important. Langellier argues:

All personal narratives have a political function in that they produce certain ways of seeing the world which privileges certain stories and meanings over others. The unmasking of ideology in personal narrative requires an analysis of deep rather than surface meanings.

The stories tell us about real events and their consequences, they give a dialogic voice to the inside "plot", these stories are performed in ways that draw the listener into the experience in ways that leave you "feeling ..." and perhaps most importantly they tell of deeper meanings of power, control and value.

In these terms the narratives of nurse academics make sense in the context of the struggles involved in the emergence of nursing as a separate discipline in higher education. These are talented people with evidence of achievement, yet their stories help to *position* them in the context of the external value placed on such accounts. This first generation of nurse academics draw on common histories to tell their stories. This is, in one sense, a collective cohort story. The

stories valorise clinical skills even though these may be used a long time in the past. The stories are heroic in overcoming adversity and achieving in spite of ... In one sense there is an emplotment that reflects the external debate about the legitimacy of nursing as an academic discipline and the place of nursing in higher education.

Using narrative in this way helps to explore experience without deconstructing the experience, without “standing above” and making judgement. While there is still much to be done in the deeper analysis this paper has sought to reflect the initial findings in ways that suggest the considerable value in these approaches to knowing and meaning.

Rolfe (2000) cites Lyotard (1979) who argues that:

The knowledge transmitted by ... narrations is in no way limited to the functions of enunciation; it determines in a single stroke what one must say in order to be heard, what one must listen to in order to speak and what role one must play ... to be the object of a narrative.

Through the struggles of this generation of nurse academics nursing is becoming more secure as an academic discipline and it remains to be seen if future generations of nurse academics will tell stories that celebrate this achievement.

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