Critical incidents in nursing academics: discovering a new identity

Incidentes críticos en los docentes de enfermería: descubriendo una nueva identidad

Incidentes críticos em docentes de enfermagem: descobrindo uma nova identidade

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ABSTRACT

Objective: a qualitative study that followed the principles of the grounded theory in order to analyze the professional identity of nursing academics through the analysis of the most disturbing critical incidents. **Method:** semi-structured interviews were conducted with seven nurses who worked as professors and researchers in a private university in Barcelona. **Results:** the resulting empirical material was organized into two categories: characterization of critical incidents and responsiveness to the incident. **Conclusion:** the professional identity of nurses regarding the academic area is still under construction and inexperience is the major obstacle in the management of critical incidents in the teaching career.
Key words: Professional Identity; Nursing Education; Critical Incident.

RESUMEN

Objetivo: estudio cualitativo que siguió los principios de la teoría fundamentada con el fin de analizar la identidad profesional de docentes de enfermería por medio del análisis de incidentes críticos que más las desestabilizaban. **Método:** entrevistas semi-estructuradas fueron realizadas a siete enfermeras que actúan como docentes e investigadoras en una universidad privada de Barcelona. **Resultados:** el material empírico resultante fue organizado en dos categorías: caracterización de los incidentes críticos y reacción de las enfermeras frente a ellos. **Conclusión:** se concluye que la identidad profesional de estas enfermeras en el campo académico está aún en construcción y que la inexperiencia es el mayor obstáculo que enfrentan para gestionar los incidentes críticos en el trabajo docente.
Palabras clave: Identidad Profesional; Educación en Enfermería; Incidente Crítico.

RESUMO

Objetivo: estudo qualitativo que seguiu os princípios da teoria fundamentada em dados com o objetivo de analisar a identidade profissional de docentes de enfermagem por meio da análise de incidentes críticos que mais as desestabilizaram. **Método:** entrevistas semiestruturadas foram realizadas com sete enfermeiras que atuam como docentes e pesquisadoras em uma universidade privada de Barcelona. **Resultados:** o material empírico resultante foi organizado em duas categorias: caracterização dos incidentes críticos e reação das enfermeiras frente a eles. **Conclusão:** concluiu-se que identidade profissional dessas enfermeiras no campo acadêmico está ainda em construção e a que inexperiência é o maior obstáculo que enfrentam para gerenciar incidentes críticos no trabalho docente.
Descritores: Identidade Profissional; Educação em Enfermagem; Incidente Crítico.

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INTRODUCTION

The establishment of the European Higher Education Area (EHEA) and the Bologna plan has changed the curricula and educational methodology of several subjects. For years, professors have been considered to be the official transmitters of knowledge. The Bologna treaty leaves this principle behind and reinforces the idea of professors as facilitators of learning. This challenge has led professors to think over their educational practice, review new methodological proposals that fit into that model, and definitely transform teaching according to the principles proposed by the European Higher Education Framework[1].

Therefore, the nursing career in Spain underwent important changes. On October 30, 2007, a decree on university education was published, which qualifies nurses to obtain degree, expanding the number of credits from 180 to 240, and adding one additional year to conclude the course[2]. The passing of that decree affected the academic career of the professionals in charge of training future nurses, both for teaching and researching.

The replacement of traditional teaching for a model that fosters students to take on learning with more autonomy made nursing academics develop teaching and learning processes different from those being used up to then, and brought about tensions and mismatching curricula[3].

Likewise, in the field of research, the enactment of the Bologna treaty opens more opportunities for nurses in the academic career, as it fosters the development of research in this very field. This obliges more nurses to supplement their education with Master's and Doctor's degrees[4], acquiring instruments that allow their participation in research under equal conditions with other professionals, but with no obligation of being under the wing of those subjects when it comes to research.

As can be inferred, when the role of a professor is added to that of a researcher, reflection is extended to practices that also guide and influence on teaching and, ultimately, lead to redefine the identity of that professional who, in turn, is compelled to be adjusted to and adapt different identities throughout this process[5].

The process of building nurses' professional identity implies going deeper in their history, knowledge and relations with health professionals[6]. Thus, it means several changes and challenges posed to the development of the teaching identity* of this professional.

Analyzing the nursing academic's identity implies going deeper in their construction process and in the elements that make up nursing, even more when the professional is expected to match the roles of professor and researcher, despite the epistemic differences between both practices[7].

One could refer to the professor identity – here the nursing academic – as the set of representations related to it that are built in the context of professional training and practice, and which are expressed through discourses, procedures and feelings before, during and after professional exercise[8-9]. However, 'could what professors think be independent from what they do and say?', and 'could what they feel be different from what they think and do?' Following this thread of argument, if we want to analyze the identity-building process we should go deeper in the concepts, strategies and feelings that make up the professor's identity.

Research has shown that the analysis of professional identity requires specific devices that favor deeper knowledge about these elements, where critical incidents (CI) are a useful way to get access to the professors' perceptions about their professional roles, teaching strategies and learning process, and the feelings associated with those representations[10].

Kinds of critical incidents (CIs) and responsiveness to them

A critical incident could be defined as an event delimited in time and space, which when exceeds to a given emotional threshold could lead to a crisis or destabilize the professor's identity in action[11-12]. Due to its stressful nature, a critical incident demands improvised response, - mostly a reactive one – disclosing concepts, strategies and feelings that would hardly be accessible in a more direct way.

University professors typically face situations like that during their educational practices. Nonetheless, to be considered critical an incident must comply with two basic criteria. Firstly, one must check if the situation is expected or not. Secondly, it is necessary to observe if the presence of such event brings emotional uneasiness to professors or, rather, if they can control the response resulting from the event. In brief, an incident will be critical when it matches a destabilizing situation and lack of emotional control.

Some international initiatives like the Learning and Teaching Centre of the Victoria University, and further studies, succeeded in formulating a classification of the most frequent CIs in university educational practices related to different situations[13] briefly presented below:

a. **Relating to the organization of time, space and resources:** concern the distribution and management of time devoted by professors to teaching-related contents and activities, as well as to the management of spaces and resources.

b. **Relating to norms of conduct:** the different forms of disruptive conducts change the dynamics and can affect interpersonal relations. This category also comprises ITC-related issues like access to computers, abuse and aggression in social networks, work plagiarism, etc.

c. **Relating to clarity and appropriateness of contents taught:** mastering contents is crucial for professors to produce high-quality learning.

d. **Relating to teaching methods:** where the methodology is to be innovated, the starting point should be the

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* Nursing academic: stands for the nursing professional devoted to higher education teaching, most of whom have taken or are taking a Master's or Doctor's Degree course and, as part of their duties, also perform research in nursing.

customary practice, and the teaching team must provide the required support. The lack of these conditions could give rise to an environment favorable to the emergence of critical incidents.

e. **Relating to motivation:** the weariness, boredom and indifference of many students in classrooms affect professors. Motivation depends on several factors as the usefulness of what is being taught and the possibility of learning it through different means, but notably to the extent professors believe in what they teach, and attribute the quality of students' learning to the quality of their professional work.

f. **Relating to evaluation:** the consequences of evaluation, both for its influence on what is learned and how it is learned, and for its selective and supportive function, are permanent focus of tension among students, parents and professors.

g. **Relating to personal conflicts** that could be produced between students and professors, ranging from minor disputes and confrontations to serious situations of repeated abuse or harassment.

Ultimately, critical incidents are a useful instrument to build awareness about specific situations and, in the end, could enable managing alternative actions in face of similar events[14]. Therefore, it would be pertinent to review the most frequent coping responses by professors. The research emphasizes different kinds of response that could be classified as follows: responses of avoidance (denial of the problem, considering it transitory or just unsolvable); reactive responses (aggressive, ironic, of escape); and, finally, the reflective responses that assume awareness about the situation and, thus, an attempt to improve the work[15].

Up to now we have reviewed the definition of a CI, the most frequent types, and the coping strategies typically used by professors. Most of the studies on this matter were performed in the fields of psychology and education. That is true for a study that aimed at exploring how professors that educate future professors define their identities, and which were the most usual critical incidents they faced in classrooms[16]. Other initiatives have decided for evidencing, through a CI-based training to professors, the impact on different dimensions of their identity, and the persistence of the changes promoted in the teaching practice[13].

Nonetheless, in nursing little is known about which situations are more destabilizing for nursing academics, and the most useful strategies to cope with such situations. The few existing estimates concern the hospital setting and aim at identifying the incidents affecting nurses in clinical care[17], whereas others aim at reviewing how nursing students cope with given incidents when managing patients, or the usefulness of CI as a technique of qualitative investigation that could assist understanding the interaction of work in health contexts[18].

The aim of this study was to investigate the identity of nursing academics by analyzing the most destabilizing CI. More specifically, its objective was to characterize those incidents, get to know the potential coping responses in the light of the professors involved, and feelings and concepts associated

with their work. It bears the purpose of contributing with the knowledge about the professional identity of nursing academics and, thus, helps to improve teaching the subject.

METHOD

This study adopted a cross-sectoral interpretative descriptive design, and was developed following the grounded theory principles based on the assumptions raised by Glaser and Strauss (1967).

Moreover, the research complied with ethical principles, and was approved by the ethics committee of the Blanquerna College of Psychology and Educational and Sports Sciences of the Ramon Llull University, on October 24, 2012 under protocol 241012/DP.

Seven nurses with teaching and research functions in the nursing school of a private university in Barcelona, Spain, participated in the study. They were selected according to the following inclusion criteria: being an active nursing academic; and having concluded or being taking a Master's or Doctor's Degree course. Years of teaching experience ranged from six – the least experienced – to more than 20 years – the most experienced. All participants signed an Informed Consent Form that asked their collaboration in the process.

Table 1 - Sampling data

Participant	Academic degree	Experience in teaching
Nurse 1 (N1)	Doctor's Degree	More than 20 years
Nurse 2 (N2)	Taking Doctor's Degree	16 years
Nurse 3 (N3)	Master's Degree	18 years
Nurse 4 (N4)	Master's Degree	19 years
Nurse 5 (N5)	Taking Doctor's Degree	6 years
Nurse 6 (N6)	Doctor's Degree	More than 20 years
Nurse 7 (N7)	Taking Doctor's Degree	15 years

Information was obtained through semi-structured interviews that lasted 45 – 60 minutes, following a previous open-ended script that allowed adjusting the participants' responses. Statements were recorded and later transcribed for content analysis using the ATLAS.ti software.

Analysis was descriptive, and resulted from an inductive and emergent process of construction. To that end, a hermeneutic unit was designed comprising the seven interviews. In the first stage, all interviews were encoded based on a central category named *CI development* that tried to identify the concepts resulting from the event, feelings involved and the respective coping strategies.

The second stage refined the analysis and resulted in a list with new codes that were further submitted to a triangulation process by experts on the topic, and set two new categories: *CI characterization* and *responsiveness to CI*. Table 2 presents these categories, their definitions and the codes resulting from analysis.

Table 2 - Definition of categories

Categories	Definition	Codes
1. CI characterization	Corresponds to the events considered to be destabilizing to the academic during the training of nursing students: causes, type of event and description.	- Causes - Types of CI - Description
2. Responsiveness to CI	Corresponds to the academics' reaction in face of the incident. It involves the associated feelings, strategies of resolution and further reflection about the event.	- Feelings raised by the incident on the academic - Strategies of resolution - Incidents as a learning opportunity

RESULTS

In order to fulfill the objectives of this study, results are presented according to the aforementioned categories.

1. CI characterization

The first objective was to characterize the most frequent CI among nursing academics. In face of the event description, its causes were the first important aspect considered. Academics have identified at least four causes that, in their views, were relevant as triggers of the event: inexperience, lack of motivation, kind of society, and generational factor.

First, they assumed *inexperience* as a determinant fact to the emergence of a CI, as well as to how they could manage the CI. Although feeling responsible for managing the event, as they were beginners, they largely blamed the group of students. Thus, the presence of positive and operative leaders was considered of great help to facilitate the settlement of some situations. For example:

As I see it, in my case I believe these resulted from my inexperience as a professor; for sure, if what happened to me had happened to a professor with 20 years of experience, this professor would have known how to put an end, "that is over", it is not allowed, cease it. I didn't know how to put an end to it, and it was like a snowball; above all, I blame myself because of my inexperience, because I couldn't tackle the problem. Secondly, I believe the group of students that were somehow leaders in the class and who have not contributed to solve the problem; rather, they have even worsened it. It is basically these two components. Things were solved, nothing happened, but I clearly learned something different for the other classes … the following year I had a totally different view. (N5)

Secondly, the *lack of motivation* of students emerged as a very powerful element to justify the rise of critical situations. Respondents emphasized that things would be different if they dialogued with students to help making classes more exciting.

[...] I'm aware, I'm sure they are not motivated. Our students aren't motivated neither focused; they can hardly focus attention for a while. (N6)

This cause was also related to the students' profile, something we have named *generational* factor. According to participants, students today are quite different from students in the past, when university education was generally viewed as an opportunity of development and self-fulfillment. Students currently feel as if they were clients of an educational system more accessible to them, but with no respect to professors.

[...] but in my almost 20 years of experience the method has changed, as well as the student; i.e., these changes are somewhat parallel and in the past perhaps students were more receptive and passive, and behaved like "let's see what you have to say for us today" and be attentive, and obviously followed the class because they had to copy and assimilate everything for the exam. (N4)

Likewise, this factor would be closely related to the prevailing *kind of society*. According to the responding nurses, the environment favors incoherence and contradictions among the youth. On one hand, prohibitions of all sorts have increased, while, on the other hand, opportunities to claim their rights as citizens have also increased. Many times these opportunities are misused by youngsters and their families when demanding from the educational system.

In my view, the personal component is always present but, leaving aside the personal questions of each one, I guess the environment, society, the world we live today is boosting it. (N4)

Regarding the types of incidents, the most recurring ones were those related to the *rules of conduct* and to the *clarity and appropriateness of contents taught* and, to a lesser extent, those related to *lack of motivation* and *personal conflicts*.

As regards the first group, *rules of conduct* emphasize situations of indiscipline and noncompliance with the agreements previously undertaken by the students. Academics responded in a hot-headed way and, thus, oppositely to the profile of a strategic professor. Moreover, when thinking over the characteristics of the event, respondents recognized to have acted precipitately and without dimensioning their actions.

I had just distributed the activities and called the names, and I was explaining a doubt to one group and suddenly those in the back lines gave me the paper and went away, didn't do the activity, did it terribly because they did it just to comply with the requirement that I am in the class, and left 15 minutes before the class ended. I got really mad. (N3)

When it comes to the second group, *clarity and appropriateness of contents taught*, it basically corresponded to situations of discredit by students in relation to the professor. Sometimes it had to do with the professor's inexperience, while in others it regarded the persistent belief that nursing - as a subject - is taught under the umbrella of medicine and, thus, there are gaps of knowledge that only physicians could fill in.

[...] for example, when I talk about multiple trauma which is strictly related to the work of health transport technicians, the ambulance technicians, they say: "Came on. It is not this way". How can you say "it is not this way", let's see "why isn't it this way?" [and the student answers]: "no, because we do it this way", but "is it ok?" or in fact to be ok should you do it this way … ? "Sure, man", but I am here to explain what should be done right, then we talk about "how it is done in fact". But my first message is to explain to you how to work in the right way and that reality is different. (N2)

To a lesser extent, respondents pointed out the CI related to *lack of motivation* from students, where some cases were stated as a consequence of the failure in fulfilling their career expectations, as well as a product of the frustration of not having entered a course that would really motivate them.

[...] now I remember, I met another student, a brilliant student, who told me: "Look, I am here because I have to pass this class, but I definitely don't like it, I want to be a midwife, I have to go through it, and I don't like anything you teach, because accidents, patients dying, I don't care about it. I want to bring people to life". (N2)

Finally, there were situations related to *personal conflicts* between professors and students, many times marked by disregard and use of inappropriate words by the students.

One day I was on the hall, talking to a student, there was a group and we were talking and out of the blue a student says: "Don't fuck me!!" Seriously, I say: "No, darling, this I do at home, privately. I don't do these things here." She was clearly embarrassed, turned red like a tomato and said "Forgive me!", and I said "Ok, it is over". I don't get shocked; I understand it as an expression, but you must be careful about expressions and how you use them. (N2)

Regarding the description of the incidents, these were related to situations of rule and, above all, to the development of the teaching role. Nonetheless, when asked about situations that unsettle the performance of the research duty, there were reports of methodological difficulties as the difficulty in showing the participants' lack of cooperation during the interview. But what really caused a commotion during research processes – and which participants considered to be critical incidents – had to do with difficulties associated with data collection, characterized by strong emotions because of the topic approached, as shown in the following statement about the experience of a woman with breast cancer.

[...] to me they are informants, but they are people; and, surely, it is very hard for early-stage researchers and for me too, but I learned to show that I master the situation. An example that unsettled me, and you have to pretend, and I had to change my focus, and it was really hard; I remember it was really sad … "what do you do to handle with all of your emotions?" I don't know, it was a group of discussion with family members of women with breast cancer. (N6)

2. Responsiveness to CI

Regarding the second and third objectives, results have shown that feelings and emotions reported by the nurses in our sampling were discomfort, distress, anger, helplessness, and lots of frustration. Some respondents have even stated to be afraid when they have to face again the group that generated a given problem. Inexperience in the field of teaching was an element that caused in nurses a feeling of lack of confidence and deception with students.

First, frustration, because I felt that despite all my efforts to do my best, I couldn't convey the message, and I got frustrated. I wondered "What should I do, what could I change?" After feeling sad because I was hurt, because I perceived the questions they asked me sometimes were not effectively focusing on 'I want to learn more about it', but 'I want you to go away'. And that is hard! Fear, fear when I had to face the situation again, when I had to get back to the class, fear, and … basically this: frustration, sadness, fear, lack of confidence, strong lack of confidence. Consider: next year I will have to come back here; but it is over and no, I did not really have any more problems; in fact, I had already taught this subject and have never had any problem; it was something isolated. (N5)

[...] in anyway, when I find someone like this girl who told me she was not interested in anything, that I am recalling, it hurts me, it makes me feel bad; it is a kind of frustration, I don't know how to put it: disappointment, frustration, I don't know ... (N2)

Respondents have also emphasized situations in the field of research. According to them, emotional situations during the data collection process are very strong, and if you are not experienced enough you will face difficulties to manage your own emotions. In this sense, some respondents said they have developed several personal strategies of self-control that will help them to manage similar situations in the future.

[...] my experience tells me to take a deep breath, count until 200, take a break, take the second researcher's hand, we are two researchers …, breathe, observe and then … stop for a while and take your line of questioning … per se … take a question and say: And this is what it means, such a moving statement, "what does it mean?" (N6)

Regarding the coping strategies, respondents said that dialogue and reflection in group helped them handle some CI.

Table 3 - Development of critical incidents

CI characterization		Responsiveness to CI		
Type of CI	Description of the event	Feelings	Strategies of resolution	Kind of strategy
Norms of conduct	Students that perform the activities proposed by the professor. (N3 54:54)	Annoyance Anger	Decision to accept and evaluate noncompliant students in a different way.	Reactive (aggressive)
Clarity and appropriateness of contents taught	Lack of trust by a student regarding the contents taught by the professor. The student was a paramedical assistant. (N2 95:95)	Helplessness Pain Frustration Disappointment	Talk to the student and tell him/her that the professor's duty is to explain the right way of performing the procedures, although in practice these are done in a different way.	Reflective
Motivation	Comments of students that they do not like attending a given class. (N4 68:68)	Lack of motivation	Reflection by the professor. Redesign the class to make it more attractive and exciting for students.	Reflective
Personal conflicts	Use of inappropriate words and lack of respect towards the professor. (N2 99:99)	Helplessness	Make fun of the student in front of the group.	Reactive (aggressive)

They emphasized the interest in engaging the course group in the search for the causes, sharing responsibilities in the development of some events. First they presented reactive strategies that were further alternated with aggressive reactions and responses of escape.

[...] last year I flunked two students ... and I knew I was wrong in punishing them, because they paid the price and they were not the only ones, right? (N7)

[...] I say: I need a little break, in a short time I can block it, I leave the class and return: Let's see it. (N6)

These were momentary reactions limited to the event. After evaluating the conduct of students and their own, they analyzed the elements involved, using reflective strategies that assume building awareness about the situation and trying to improve the work. Therefore, they stated that over time similar incidents caused less tension, and were perceived as easy to solve.

[...] but of course when all that happened I had to consider: let's see how I can approach the issue, how I can solve it, what I should do, which mechanisms I have to put in place to stop it. So, I tell you: I thought the easiest

for them, for me, the wisest not the easiest, because it was not easy, would be to talk openly; stop the class and say: well, let's see what is happening here, what you think I should change so it doesn't happen again, what is going wrong, what you could change to prevent such a distressing situation; dialogue was the mechanism. What happens is that the best didn't work 100% and I had to talk to the representatives and ask them to mediate the situation. (N5)

All nurses interviewed said that the experience of coping with some CI, despite being unpleasant and uncomfortable when these appear, implied a learning opportunity: experiencing a given event strengthened them and increased their confidence. Moreover, they recognized that coping with this kind of situation is required to favor professional development as professors. They also said that the fact of being able of adjusting methodologies to the context made them more flexible and less vulnerable to some events.

Well, I have made changes now, haven't I? And what I said at pedagogical level, at class level, I shift the focus for each course, depending on how well it worked and I tell them: we have changed this, it was like that and is now this way because ... I believe every new critical situation will make

me take new decisions, but in this sense I have changed the focus mainly regarding my classes towards learning based on resolution of situations, ok? (N7)

[...] I've learned a lot, I somehow learned that what you perceive is that you can be a professor that dialogues, who is accessible, always trying to help, but that you also somehow have to be safeguarded, as sometimes you will meet people that believe in a philosophy quite different from yours; so, sometimes I make more rules. (N5)

Table 3 discloses a brief illustration regarding the *development of critical incidents* from the analysis of some representative examples in each category.

DISCUSSION

The first relevant aspect to be mentioned is the divergence between what theory teaches and the statements by nurses concerning the identification of the causes of CI. In their light, most of the times CIs are caused by situations resulting from the inexperience in teaching practice. On the other hand, when compared to theory the same incidents would be associated with the lack of clarity about the contents taught. Professors must master the content as a requirement to produce quality learning, and it is obtained through the professional career.

Other cause would regard the lack of motivation by students, which participants have linked to a generational factor that could be bound to the kind of students entering universities. Hence, these would be prototypical behaviors of the socialization process corresponding to the kind of society where these youngsters live in[12].

Regarding the description of the most frequent CI as part of the teaching endeavor, the first one to be mentioned would be that respondents referred to it as anecdotes in their educational practice. This would indeed account for the fact that having to recall a negative image of the self, recognize that you made a mistake or that you did not know the right way of handling things, would influence on the failure in considering given episodes as destabilizing[16].

Nonetheless, in their role as researchers some events might be recognized as critical by the respondents. This result seems to point out that, as they are being trained in this field, they can more easily cope with critical situations when working as researchers. The Master's and Doctor's degrees provide them with stronger research instruments but, on the other hand, they also add a duty to that of teaching which, in turn, demands the development of specific elements of identity[4]. When performing this duty, CIs are usually mentioned as a consequence of the nature of the interview; for example, treat diseases that damage the person's self-esteem. This finding seems to show that sharing the emotiveness or destabilization resulting from a CI facilitates recognizing the incident as a CI.

Regarding feelings associated with the development of a CI, respondents insist on saying that some feelings are expectable, depending on the stage they are in their careers. Similar conclusions can be drawn from a recent study that compared veteran professors and new ones, where new professors experienced feelings of frustration, helplessness and lack of confidence, in opposition to veterans that have even said that difficulties resulting from a CI provided them with opportunities to improve their teaching quality[14].

As regards coping strategies, these have progressed from reactive response to a more reflective one, demanding time to clarify the facts and reflect about the measures adopted. Such reactions also correspond to responses typical to inexperience in teaching, so that along time professors increase their confidence and security to play this role. Some previous studies also confirm this extreme when they conclude that some incidents cease being critical along time and as consequence of professional experience, and professors only consider these as problematic when situations are new[10].

The comments above let us infer that inexperience intertwines both categories resulting from our analysis. On one hand, this would evidence that nurses wanting to work as professors, or who already work as so, need specific information to perform this duty[19]. On the other hand, it can be concluded that the academic career of nursing professionals is a territory little explored, with many inaccuracies regarding the way CI can be managed in classrooms.

Questions like the non-recognition of the event as a CI, its causes or the way for managing it would mirror the moment of change that nursing academics are undergoing in our context. The Bologna process opened new horizons in the educational system, posed huge challenges but, in turn, brought difficulties to its implementation. Academics must change the way they teach to fit into the European Higher Education Framework[1].

CONCLUSION

After characterizing the CI that nurses have to cope with, we could say that their professional identity in the academic field is being built, and inexperience is the main obstacle to manage the CI resulting from the professor's performance.

When it comes to limitations and further considerations, we could say that describing a CI demands some degree of trust in the interviewer. Therefore, to get further information in the future regarding frequency and nature of those events in similar samplings, the period of interviews should be extended in at least one semester to build confidence among respondents and, thus, optimize the research results. As previously mentioned, recalling uncomfortable situations is not a pleasant task, just like reporting these to virtually unknown people.

Likewise, nursing schools should comprise, as part of the permanent education, an intervention program on CI management to assist professors to manage their emotions when performing this duty. Moreover, it would contribute to build knowledge about the professional identity of teaching nurses, which could, ultimately, improve education in nursing.

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