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The Perceptions and Experiences of Midcareer Professionals (Aged 45 years and Over), Who are Masters Level Part-time Students Participating in Health and Nursing Programmes at a Higher Education Institute in Scotland.

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Copyright Statement

Signed: F. J. Raymond Duffy

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List of Abbreviations Used

ANP	Advanced Nurse Practitioner
AHP	Allied Health Professionals (There are 14 recognised occupations allied to medicine)
BMJ	British Medical Journal
CNS	Clinical Nurse Specialist
CPD	Continuous Professional Development
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders 4th Edition – Text Revision
EACEA	Education, Audio-visual and Culture Executive Agency (of the European Union)
EU	European Union
HE	Higher Education
HEA	Higher Education Academy
HEI	Higher Education Institute
HESA	Higher Education Statistics Agency
HNM	Health, Nursing and Midwifery
ICN	International Council of Nurses
IT	Information Technology
M-Level	Masters Level
NMC	Nursing and Midwifery Council (of the United Kingdom)
NZ	New Zealand
PIS	Participants Information Sheet
PDP	Professional Development Planning
PL	Programme Leader
RCN	Royal College of Nursing
RPL	Recognition of Prior Learning
SEN	State Enrolled Nurse
SLA	Service Level Agreement
SRN	State Registered Nurse

TDHHS	Tasmanian Department of Health and Human Services
UCAS	Universities and Colleges Admissions Service (for the United Kingdom)
UK	United Kingdom
UKCC	United Kingdom Central Council for Nurses
UNESCO	United Nations Educational, Scientific and Cultural Organization
USA	United States of America

Abstract

This thesis explores the perceptions and experiences of midcareer (aged 45 years and over) nurses and midwives attending a particular Higher Educational Institute (HEI) in Scotland to participate in part-time Health and Nursing programmes at Master's Level. Midcareer nurses are the largest group of currently registered nurses (NMC, 2019) and the number of midcareer nurses and midwives participating in Masters Level study is increasing. Despite this, very few research studies have been conducted looking at their views.

The aim of this descriptive phenomenological study was to bring to the fore the perceptions that midcareer nurses have about participating in Masters programmes as older students in order to identify actions that can be taken forward to add to debates about the participation of midcareer professionals in higher education. Twelve midcareer nurses were interviewed, in depth, about their experiences.

Utilising Braun and Clarke's (2006, 2013b) framework for thematic analysis an overarching theme, 'Becoming a Confident Contributor' emerged. Participants revealed that they aspired to be 'confident contributors', valued for the knowledge and skills they brought to their teams, making efforts to improve themselves, others and their workplaces. Confident contributors also work towards creating a positive legacy as their careers advanced. Two subthemes 'Seeking recognition as a skilled practitioner' and 'The price of recognition' revealed the personal, social and cultural factors that impacted upon participants experiences. They discussed the factors that contributed to their recognition and boosted their self-esteem. This was not however without personal cost both inside and outside their workplaces. Participants also discussed their supports, the contribution of the HEI and the particular character required to succeed.

Viewing participants' experiences as a struggle for recognition (Honneth, 1994, 1995) provided the richest insight. However, it was not the only theoretical lens that helped to provide an understanding of the participants' involvement with the process of gaining a Master's. Incentive theories suggest that midcareer nurses

may have more altruistic goals that their younger peers, while Maslow's (1954) and Vaillant's (2002) work on psychosocial development indicate that they also have a desire to be generative both inside and outside their workplace. There was also evidence that participating in M-Level study improved both the social and identity capitals of participants (Bourdieu, 1986; Schuller, 2002).

The study findings indicate how both employers and HEI's could improve the support mechanisms available for such students. It also recommends that more effort be expended on making midcareer part-time students feel part of the University community.

Chapter 1: Introduction to the Study

This study looks at midcareer professionals, specifically nurses and midwives returning to University to study on Masters Level Programmes. Midcareer professionals aged 45 and over are an important group to consider because the number of nurses and midwives participating in Masters Level (M-Level) study later in their careers appears to be increasing with little explanation of why.

The first issue to address in relation to this study is what is meant by the term midcareer professional. One of the problems facing researchers looking at middle-aged/midcareer postgraduate students is the lack of clarity that exits in the terms used to describe them (Burrow, Mairs, Pusey, Bradshaw, & Keady, 2016). The Universities and Colleges Admissions Service (UCAS) in the UK, since their foundation in 1992 have defined mature students as any student aged 21 or over at the start of their studies (UCAS, 2018b). UCAS only collect data for undergraduate mature students and while their figures reveal that undergraduate mature students in the health and social care fields are most likely to be female and over 31 (UCAS, 2018a) there are no plans to revise their use of the word mature. J. Smith (2010) in an extensive review of mature learners conducted for the UK Higher Education Academy (HEA) pointed out that many researchers had suggested the term be reserved for students over the age of 25, in order to differentiate them from those students who have recently left full-time schooling. However even that definition is inadequate when considering postgraduate students and postgraduate part-time students particularly, who tend to be older, working full-time while learning, and managing additional factors relating to their age such as dealing with family life and health and disability experiences (Mallman & Lee, 2014; Sandiford & Divers, 2010).

Other terms used to differentiate older students from younger students, such as “non-traditional students”, “lifelong learners” and “Third-Age” learners also prove to be problematic[1] as they fail to effectively describe the situation where

[1]Other terms which have been used to differentiate older students from younger students

mature learners are re-entering higher education while still engaged in their chosen professions. There are also no clear age parameters for what constitutes mature middle-aged midcareer professionals within the UK education literature; so this study adopted a clinical and lifecycle view of the middle-aged; midcareer professionals whose experiences are explored. In this study therefore the preferred term **midcareer professional** will be used. Midcareer professionals are those aged from 45 to 65. This age range has been adopted because it is also the definition used by American Psychiatric Association (1994) in DSM-IV, and by the Oxford English Dictionary (2018) for middle-age, which they define as "The period between early adulthood and old age, usually considered as the years from about 45 to 65." (Oxford English Dictionary, 2018)

Another commonality that requires clarification for the midcareer professionals of interest in this study is what constitutes a part-time student? Part-time education within Higher Education Institutes (HEI's) is not new. Briggs (1991) for example traces the long history of Birkbeck College, London's part-time provision. As an institution it has had a commitment to providing Higher Education (HE) to individuals engaged in full-time paid employment since 1858 and since 1920's part-time provision has been its raison d'être. Currently, part-time study

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Non-traditional students are not identified by age and generally belong to one or more of three categories:
1) Students not coming from school directly into higher education, 2) Students with atypical qualifications for the programmes they join, 3) Students enrolled in part-time or study programmes related to specific occupations. (Grauer, 2014; Thunborg, Bron, & Edström, 2013). While two of these categories, specifically 2 and 3 may be relevant for some participants in this study this term fails to capture the fact that respondents in this study are aged over 45 years.
Life Long Learners is a term often used in reference to older learners. However, lifelong learning has been defined as "…ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons." (Commission of the European Communities, 2007). Although it is positive that this definition recognises that learning is not confined to the young but takes place throughout life, it also implies that learning includes informal learning and self-directed learning as well as any formal learning and that this is part of our relationship with the wider world (Golding, 2011; Thöne-Geyer, 2014). Since the term holds different meanings in different contexts, it has a tendency to be used in HEI's to refer to older people retuning to HEI's often for short courses post-employment (Talmage, Lacher, Pstross, Knopf, & Burkhart, 2015; Withnall, 2010).
"Third Age" Learners are those aged over 50 years. While this describes most of the participants in this study. Learners in this category are generally considered to be undertaking higher level learning for its own sake rather than to support career or employment progression, so the term often omits older learners entering higher education through work-related learning routes (Findsen, 2012; Lakin, Mullane, & Robinson, 2008).

makes up a significant part of UK Universities provision both in terms of student numbers and HEI income generation, especially at post-graduate level. Over 500,000 students were studying part-time in the UK in 2018–19. While the majority were undergraduate students, about 229,080 were postgraduate. Nearly 122,950 of those students were enrolled on part-time M-Level taught programmes. The number of students on these programmes in the UK rose for the first time in 6 years in 2016-7 and continues to rise slowly (Higher Education Statistics Agency, 2020). Prior to this rise the numbers on part-time M-Level programmes had been in decline (Higher Education Statistics Agency, 2018). The Higher Education Statistics Authority (HESA) believe this rise is related to the introduction of post-graduate loans for M-Level students in England and now also in Scotland.

Looking more closely at the more detailed HESA figures on Masters programmes from 2016/17 women were more likely to study subjects allied to medicine than any other subject (HESA, 2018) making the focus of this study, female mature part-time Masters students, one of the most important subgroups of part-time students. This group of students are also significantly different from other groups encountered in HEI's because each individual has to balance their studies with their ongoing careers, their often complex family lives and demanding professional roles. They represent a growing future market for HEI's as retirement ages increase and professional lives are extended, but very little is known about their experiences as students returning to learning. In fact our understanding of the postgraduate experience both inside and outside the healthcare sphere is limited, something confirmed by several critics (Sandiford & Divers, 2010; Shannon, Pearson, Quinn, & Macintyre, 2017; Tobbell, O'Donnell, & Zammit, 2010). This is compounded by the even more limited work done exploring the experiences of the part-time postgraduate students (Butcher, 2015; Callender & Little, 2015; Universities UK, 2013)

This study explored the perceptions of the experience that some midcareer nursing and midwifery professionals studying part-time had within a Scottish university, on M-Level programmes during 2017. This thesis set out to examine their

motivations for participating in an M-Level programme and the views they had of the experience while still active participants. The reason for examining their participation while they were still students was so that their views would be about their experiences of being students and would not be retrospective views, which may become more polarised by the passage of time and based on the success or otherwise of their studies. (Atkins & Wallace, 2012; Brinkmann & Kvale, 2015)

This study was initiated as a response to my own practice as a postgraduate lecturer who has dealt almost exclusively with health and social care students studying part-time undergraduate and post-graduate degrees over the last 19 years. During that time there has been a significant growth in both provision and uptake of M-level study across a number of healthcare professions following what seemed to be a world-wide professionalisation strategy centred on making all entry level nursing and midwifery courses, degree courses (Tyrrell, 1998; United Kingdom Central Council for Nursing, 1986). Since this occurred Continuing Professional Development (CPD) planning activity for the majority of nurses and other healthcare professionals has become an M-Level activity. For many degreed professionals the goal in undertaking M-level study is to gain promotion and become advanced level practitioners (Cooper, McDowell, Raeside, & ANP–CNS Group, 2019; Royal College of Nursing & Ball, 2005). However midcareer professionals, the focus of this study, often already work in advanced practice roles. Regardless of this and despite them entering the end stages of their careers many still enrol in Master's programmes. This study explored why this may be occurring.

When this study was originally conceived one of the issues I set out to explore was the influence that a phenomenon labelled educational credentialism was having. In his analysis of the rise and fall of educational credentialing systems in Europe, Asia, and North America, Collins (1979), who coined the term, argued that the awarding of a qualification provided a device that can be used to limit access to well-paid and rewarding occupations by those already in positions of privilege. Some professions explicitly use educational credentials to control access to them, including medicine and all allied healthcare professions thus restricting who can

hold such jobs. Collins (1979) documented periods of 'credential inflation', during which increasingly higher levels of educational credentials were required to secure occupations whose objective complexity had not increased. Credential inflation of this type was evident prior to and around the time that all-degree nursing and midwifery registration came into being within the UK at the turn of this century (Dowswell, Hewison, & Hinds, 1998; Pelletier, Donoghue, Duffield, Adams, & Brown, 1998).

Another manifestation of credential inflation has been reported by the Organisation for Economic Cooperation and Development (2012) and the European Centre for the Development of Vocational Training (2010). In their view 'credential inflation' also occurs as part of a process that involves recognising that the entry requirements for most skilled jobs has risen therefore many people in midcareer find that their previous qualifications and degrees that brought them into post, do not allow them to maintain a competitive position in what has become an increasingly exclusive job market. Isopahkala-Bouret (2015a) argued that in many workplaces there is pressure to attend higher education and upgrade your credentials in midlife because ageing workers are compared to, and compare themselves with, the younger workforce. It was posited that this type of credential inflation might be occurring currently in nursing and healthcare and could be one of the main drivers behind midcareer professionals' desire to be Masters qualified. As this study reveals my original views were an oversimplification and the emergent interpretation was far more complex.

1.1 About the Researcher

I am a postgraduate lecturer in nursing at the University in which this study was conducted. I am currently 59, in the same age group as the participants that I was interested in studying. I undertook this dissertation as someone steeped in both utilising and doing quantitative research. My initial degree prior to nursing was in a biological science where empiricism was considered vital. I undertook my own

Master's in Nursing on a part-time basis from 1990 to 1993 and my own Master's thesis was a descriptive quantitative survey. Undertaking this study has been a very different experience since it was qualitative in nature and required me to shift my perspective on the phenomenon under study at a very early stage.

I have been employed full time in nurse education since completing my Post Graduate Certificate in Education in 1995. As a nurse I don't feel I was ever exposed to credential inflation but I have become very conscious of its impact more recently as an academic as lecturers in my field have come under growing pressure to attain their PhD's to stay competitive and eligible for promotion within the HE sector.

In my academic career I have been a programme leader in two programmes, a Top-up-to degree BSc programme from 2010-2015 and currently a much smaller Masters in Gerontology programme. In my role as programme leader in the BSc programme it was very clear that credentialism and credential inflation did create a pressure to participate and succeed on the students, a phenomenon acknowledged as occurring by Altmann (2011) in her meta-analysis on registered nurses returning to attain a degree award. In my current role as an MSc programme leader, participants are noticeably older and have more work experience. They may also be employed in more senior roles. They are often recognised as specialist practitioners even though they don't usually carry the title Advanced Practitioner or Specialist Nurse; nor do they possess M-Level qualifications. My interest in the experiences of older part-time students returning to undertake M-Level studies was sparked by these students who I encounter frequently on the Masters programme that I manage. During their studies they are subjected to a range of family and workplace pressures. I was interested to discover what they thought of this experience and how they coped. I believed I could use the information gained exploring their experiences to help my School and others in the sector to create programmes and modules more suited to the needs of midcareer health and social care professionals.

It is worth noting that I am male nurse. I am also a father as well as having caring responsibilities for my son. While conducting this study I was also subjected

to family and workplace pressures caused by my involvement in the care of my father and my mother-in-law, now sadly both dead who were both dealing with the health impacts of long term conditions.

I currently have no plans to retire but equally I have no intention of continuing in my role until I am aged 67 when I become eligible for my State Pension.

1.2 Structure of the Thesis

This thesis details and explains the method employed to explore the perceptions that midcareer nurses and midwives had of their HE experience while participating in health and nursing M-Level part-time programmes. This phenomenon was investigated by reviewing existing literature and via a study of the experiences and views of 12 such students interviewed during their programmes. These collected experiences were analysed in a manner suggested by Braun and Clarke (2006) as appropriate for descriptive phenomenology. The findings are used to make recommendations to midcareer professionals commencing or currently participating in part-time M-Level programmes, lecturing staff who may encounter them, HEI's and also their employers on ways that the midcareer professionals experience might be improved.

This thesis is presented under the following headings:

Chapter 1: Introduction

This chapter is brief, providing the outline context and the basis for carrying out this study. It includes details about my own background to establish my credibility as the researcher. It also maps out the content of the thesis chapters which follow.

Chapter 2: Contextualising the Study

The chapter looks at the influencing factors which may lead to midcareer professionals returning to University for M-level study. It maps out the influence

and effect that the move towards an 'all degreed' profession had on the nursing profession. It also looks at the growth of advanced and specialist practice roles and the relationship between this and the rise in M-Level provision for nurses and other healthcare professionals that has occurred over the last 20 years. It also looks at what may motivate midcareer professionals to re-commence studying and introduces the concept of credentialism and an associated process called credential inflation.

Chapter 3: Literature Review

The literature review examines the limited research that is available about mature part-time, postgraduate nurses and midwives. It identifies what is known about their motivations to study and the positive and negative influences that have been identified previously as having an effect on their participation. The wider literature on other mature part-time postgraduate students will also be considered in order to establish the existing consensus, and highlight the gaps this research aims to fill. This review shaped the research question and study aims that this thesis aims to address and they are presented at the end of this chapter.

Chapter 4: Theories That May Contribute to Understanding the Participants Views

This chapter looks at different theoretical perspectives that may help to provide some insight into the findings reported in this study. These different theories, from psychology, sociology, education and philosophy have been used as lenses through which to view the differing perceptions that midcareer professionals may have of their experiences while participating in their part-time M-Level programmes. Seven perspectives are considered, clustered in the chapter into three groups. The first grouping covers intrapersonal views, the second grouping deals with interpersonal views and the final perspectives are unified (integrated) views.

Chapter 5: Methodology

This chapter identifies the ontological underpinnings of the study, explaining the relevance of the guiding methodology, in this case descriptive phenomenology. It details the methodological approach taken from conception through to analysis. Descriptive phenomenology as a method of inquiry calls for exploration of the phenomena under investigation through direct interaction between the researcher and the study participants. It calls on investigators to set aside preconceptions through the procedures involved in bracketing so that the lived experience itself, as described by participants, is used to provide a universal description of the phenomenon (vanManen, 1997; Wojnar & Swanson, 2007). The relevance of this approach to the investigation of this topic is explained. This chapter also details the ethical considerations underpinning the research method adopted and outlines how these principles were applied within the study.

Chapter 6: Analysis

The purpose of this chapter is to identify from the participants accounts the key perceptions that midcareer professionals participating in health and nursing programmes at M-Level had regarding their experience. What the study revealed was that midcareer nurses and midwives had a desire to become 'Confident Contributors' to their chosen profession and their workplace. This became the overarching theme linking the narratives. Confident Contributors were perceived to be autonomous, able to express their own views and opinions, were respected by their peers and the other professionals that they encountered. Confident Contributors also felt valued enough to consider how they could contribute further through mentoring individuals and teams and leading change; thus enabling them to leave a legacy before their career concluded.

Becoming a Confident Contributor though, involved a struggle in which gaining an M-Level qualification was seen as significant. Analysis of the 12 interviews conducted exposed two themes which both had subthemes. One theme has been titled 'Seeking Recognition as a Skilled Practitioner' and the other titled

‘The Price of Recognition’. Each of the subthemes attached to these themes expose some key elements of that struggle.

Chapter 7: Discussion

This chapter begins by looking at the new contribution to knowledge that this study makes. It examines the literature connecting a number of the theoretical lenses used to explain the findings and the influence they may have on understanding the lived experiences of midcareer nurses on their return to an HEI to participate in an M-Level programme. The study strengths and limitations are discussed and recommendations for those commencing or already participating in such programmes are made. Further recommendations are made that may assist lecturing staff, HEI’s and the employers of midcareer professionals who are part-time M-Level students. Proposals for further research are offered and the chapter ends with a reflective discussion of my research journey.

Chapter 2: Contextualising the Study

2.1 Chapter Overview

This chapter provides the context for this thesis. It begins by looking at the meaning of Advanced Level Practice within nursing and other healthcare professions allied to medicine and why this is becoming synonymous with M-Level study. It will then look briefly at the growth in Masters' provision and define the population of nurses that this study will examine. It will then focus upon what motivates older healthcare professionals (aged 45 years and over) to return to Higher Educational Institutes (HEI's) and become part-time students. Finally, it will introduce the concept of credentialism and an associated process called credential inflation. As a consequence, this chapter is divided into the following sections;

2.2 Advanced Level Practice in Nursing and Healthcare
2.3 The Growth in Masters Level Provision and Participation
2.4 Mature Students and Midcareer Nurses and Midwives as Students
2.5 Motivation: What is Known About Those Aged 45 and Over who Come Back to HEIs?
2.6 Credentialism and Credential Inflation

2.2 Advanced Level Practice in Nursing and Healthcare

The International Council of Nurses (ICN) (2009) has defined an advanced practice nurse as:

> "A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for advanced practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed. A Master's degree is recommended for entry level." (p.1).

Other health care professions, for example occupational therapy, physiotherapy, and dietetics all agree that advanced practitioners are expected to demonstrate Masters level learning. However, at present not every advanced health and social care practitioner will have undertaken an M-level course. It is anticipated though that more employees who are appointed to these advanced roles will have attained an M-Level qualification (NHS Education for Scotland, 2012). Advanced level practice in many of the health care professions in the UK remains poorly defined and unregulated, there is also a lack of consistency in the job titles of advanced practitioners which causes confusion not just to the general public but also among employing organisations, commissioners of services and even their colleagues, so it is hard to know who the advanced level practitioners are, what education they have undertaken and what is required to fulfil their role (East, Knowles, Pettmann, & Fisher, 2015; Leary, Maclaine, Trevatt, Radford, & Punshon, 2017). Masters degrees are however becoming recognised as the accepted norm for advanced level and specialist practice (Cotterill-Walker, 2012; Drennan & Hyde, 2008; East et al., 2015) and now serve as a job requirement in many occupational structures.

2.3 The Growth in Masters Level Provision and Participation

The growth in studying to M-level in the UK is generally aligned to changes in nurse education, particularly the migration of nurse education into the university sector in the late 1980's (United Kingdom Central Council for Nursing, 1986). A consequence of fully integrating nursing, midwifery and other health and social care professionals' education into tertiary level education nationally and internationally has been considerable growth in the provision of Postgraduate Diploma, Masters and Doctorates in recent years. This has also been accompanied by a growth in health and social care professionals now studying to Master's level. (Drennan, 2008; Watkins, 2011; Zwanikken, Dieleman, Samaranayake, Akwataghibe, & Scherpbier,

2013). Nurses and other healthcare professionals are now completing postgraduate degrees with the aim of practicing at advanced levels in management, education, practice development, research, consultation and administration, as well as practice. (Drennan, 2008; Green, Perry, & Harrison, 2008; Jokiniemi, Pietilä, Kylmä, & Haatainen, 2012). Although little research has been undertaken looking at the motivations of nurses and other healthcare professionals to participate in Masters programmes, indications from the work that has been done suggests that the reasons may include the enhancement and development of career or promotion prospects, the ability to increase earnings potential, the need to acquire advanced professional and research capabilities and even a desire to change career (Burrow et al., 2016; Cotterill-Walker, 2012; Green et al., 2008; Zwanikken et al., 2013). This is discussed more fully in Section 3.4 of this thesis. The growing requirement within the professions to have a Masters to practice at an advanced level, fuelled by pressure from the UK government for all health and social care professions to develop an infrastructure for continuous professional development (CPD) with recognition of M-level education as a key component, has led to an increasing number of mid and late career professionals returning to University to pursue Masters level education (Drennan, 2008; Watkins, 2011; Zwanikken et al., 2013).

2.4 Mature Students and Midcareer Nurses and Midwives as Students

Mature students' are a category of learners who embark on a course of study later in life than those who enter HE directly after full-time schooling (J. Smith, 2010). The age at which students are considered mature is defined by the UK's Higher Education Statistical Agency and the Scottish Funding Council (2015) as students over the age of 21 on entry to HE. Woodfield (2011), J. Smith (2010) and others, suggest the category should be those students embarking on HE over the age of 25, as this puts a time space between those students who have recently left full-time schooling and those that are restarting their education. This group are also known as non-traditional students/learners or non-standard entrants, but these

terms rest on the assumption that HEI's have a norm or a 'traditional' clientele, generally taken to mean those that are aged 18-21 on full-time programmes. These assumptions fail to recognise the growing diversity in the HEI student population (Scottish Funding Council, 2015; Storkey & Nicholls, 2012).

This study takes a more lifespan orientated view of the word "mature" and focuses on the age group that the general public would consider to be mature, rather than focussing on Higher Educations' sectoral definitions. In this study the focus of attention is on those students who are middle-aged (aged 45 to 65, see p.13). Middle age is a period of life when work tends to be central both to people's lives and their social networks. Those in middle-age also occupy a range of social roles; parents, workers, carers, husbands and wives for example and conflict between these roles is common (Boyd & Bee, 2015b; Twyman, 2005). Social roles often shift for this age group as they assume greater responsibility within the workplace and their ageing parents begin to create new demands requiring them to accept greater caring responsibilities. Their children also begin to leave home. Change can occur unpredictably and swiftly against a background where they find themselves dealing with the physical and psychological challenges of their own ageing (Boyd & Bee, 2015a, 2015b; Twyman, 2005).

All the participants in this study were facing having to adapt to such changes as they were all middle-aged (45+ years) female registered nurses as well as students studying on part-time Masters Health and Social Care programmes.

Across the HE sector the number of part-time female students in recent years has been on steady decline, however it is worth noting that despite that trend 58% of part-time students in higher education in 2013-14 were female with males accounting for just 42% of the total in Scotland (Scottish Funding Council, 2015). In nursing and health and social care the percentage of part-time women students will be considerably higher as the whole sector is dominated by women rather than men. Estimates are that in nursing the gender difference is as high as nine women to every man (Royal College of Nursing, 2017). This ratio of 9:1 is consistent with

the number of female students on Masters of health and social care programmes compared to men in the University in which this study has been undertaken.

It also worth noting that across the UK the nursing workforce is ageing. The Royal College of Nursing (2017) reported that two fifths (43%) of the nursing and midwifery workforce in Scotland was aged over 45 in 2006. By 2016 this had risen to over half (54%) of all nurses and midwives. The demographics suggest therefore that middle-aged nurses are an underrepresented group in Masters level programmes as more than half of participants currently are under 45 years old. This makes them an interesting group because there is potential to attract more of them to University while they remain within the workforce. DiSilvestro (2013) and Lakin et al. (2008) discussing older students (those aged 50+) participation in HE in the United States of America (USA), point out that the sector has been very slow to respond to the potential of CPD for older students despite the fact that in terms of numbers, there is probably more room for expansion of provision in this population than in their traditional under 21 years of age base. J. Smith (2010) discussing the same situation in the UK laments that HEI's tend to treat their older students as a standardised group, often considering them to be undertaking higher level learning for its own sake, rather than to support career or employment progression.

2.5 Motivation: What is Known About Those Aged over 45 who Come Back to HEIs?

This perception that middle-aged and older students participating in Higher Education (HE) are doing so for the enjoyment they get from learning or the interest that they have in the subject (Findsen and McCullough, 2007; Smith, 2010) is one that many middle-aged students would challenge. A growing number of older adults want to work longer and are being encouraged to do so in many high-income countries because of the escalating costs of pensions and healthcare for retirees (UNESCO, 2008; World Health Organisation, 2011; World Health Organisation Regional Office for Europe, 2012). Furthermore, in the UK and most other

westernised economies enforced retirement has been removed and citizens can now work for as long as they want to and have the right to retire when they wish.

In 2019, around 10.3 million people aged 50+ were working in the UK. Since 2004, workers aged 50+ have been the fastest growing segment in the workplace. In 2004, only 26% of workers were 50+ now its 32% of the workforce, projected to rise to 37% by 2040 (International Longevity Centre-UK, 2013). The number of workers aged 60+ has increased particularly significantly – by around 80% over the time period to over 1 million. However 64% still retire between the ages of 53 and 67 (Chartered Institute of Personnel and Development and International Longevity Centre-UK, 2015). Health, social work, education and public administration are recognised as being at risk of facing a skills shortage because they are reliant on older workers so strategies are required to support longer working lives in order to reduce the impact of a potential skills exodus in coming years (Chartered Institute of Personnel and Development and International Longevity Centre-UK, 2015; Royal College of Nursing, 2016).

Economics is also driving this trend as people in the 45+ age group face the challenges caused by the economic recession of 2008 and the current era of austerity, which has been marked by poorer investment returns, a lack of certainty about the security of workplace pension schemes and their ability to provide a secure income during retirement and also older workers limited knowledge of the pensions marketplace (Casey & Dostal, 2013; McNair, 2009; R. O. B. Webb, Watson, Ring, & Bryce, 2014). Given the slow progress and continued uncertainty economically since the financial downturn, the pressure or desire to remain in the workplace to earn more for, or during retirement, in those aged 45+ is likely to have increased. This desire to remain in the workplace however has exposed them to a phenomenon that has been labelled ‘credential inflation’ (European Centre for the Development of Vocational Training, 2010; Isopahkala-Bouret, 2015a; Organisation for Economic Cooperation and Development, 2012).

2.6 Credentialism and Credential Inflation

Credentialism has been described as a persistent trend towards the need for ever increasing educational credentials in order to acquire a job. Another view of credentialism is that it acts as a means by which those that are the highly educated can be rewarded more for their contribution to the workplace, perhaps more than that contribution is worth (Bills & Brown, 2011).

Credential inflation is a result of the process of credentialism and involves the realisation that the entry requirements for most jobs has risen and so for many people aged 45+ their previous qualifications and degrees do not allow them to maintain a competitive position in what has become an increasingly exclusive job market (European Centre for the Development of Vocational Training, 2010; Organisation for Economic Cooperation and Development, 2012). Isopahkala-Bouret (2015a) argued that there is pressure to attend higher education and upgrade your credentials in midlife because ageing workers are compared to, and compare themselves with, the younger workforce. The demand for advanced credentials also distinguishes select occupations like medicine and its associated allied health professions from others, as educational credentialing intensifies in occupations for which the right level and type of academic degree has become the only acceptable entry requirement (Isopahkala-Bouret, 2015b). Remaining in such occupations often requires constant renewal, thus making educational credentialing a long-lasting practice now so widely accepted in healthcare that it appears to have escaped critical questioning. While there is recognition of the phenomenon of credential inflation, the effect that this has had on the motivations and the experience of older healthcare professionals studying at HEI's, has received very little attention.

The growing requirement to have an M-Level qualification to be considered an advanced practitioner or specialist nurse or healthcare practitioner, can be viewed as a further step in credential inflation that places a pressure on older degree holding professionals to return to HEI's if they wish their experience in

practice to be acknowledged (Isopahkala-Bouret, 2015a). Kate Gerrish, McManus, and Ashworth (2003) warned that attaining an M-Level qualification and the status within an organisation that may follow could become more important than the educational process itself and any intrinsic rewards for the student. As a result the motivating forces for nurses and other healthcare professionals undertaking Master's degrees may be more related to career development and promotion than to enhancing professional practice or performance (Kate Gerrish, Ashworth, & McManus, 2000; Kate Gerrish et al., 2003).

Since older nurses and healthcare professionals will continue working for much longer now and into the future, there is a need to consider the impact of credential inflation on their professional status and continuing careers. Credential inflation also leads to an increase in the cost of education, and decreased access to education (Baker, 2011) and this may also prove to be an issue for older healthcare professionals as they may find access to non-mandatory training and education limited because their younger colleagues may be given precedence (Findsen, 2015; Ryan, Bergin & Wells, 2017).

With so many factors to consider, it appears timely to examine the views and experiences of midcareer professionals' who are part-time students undertaking the journey towards obtaining an M-Level qualification. Withnall (2010) pointed out that older students are very likely to have very different beliefs about, and experiences of, HEI's than their younger counterparts.

Chapter 3: Literature Review

3.1 Chapter Overview

The review provides the framework for this study which explores the lived experiences of midcareer professionals (aged 45+) during their participation in health and social care Masters programmes within a single HEI in Scotland. This chapter provides a historical, social and cultural context for the experiences of midcareer nurses and midwives who chose to study in part-time M-Level programmes within UK HEI's. It also looks at the research available covering taught part-time postgraduate students more generally before going on to focus on studies that look specifically at the experiences of midcareer nurses and midwives on Masters programmes.

This review according to Grant and Booth's (2009) typologies of reviews is a systematised review because it includes elements of the systematic review process while stopping short of claiming that the resultant output is a systematic review. Systematised reviews are limited in that they are not able to draw upon the resources required to conduct a full systematic review. It is complex because the topics explored are interdisciplinary drawing on knowledge from education, nursing and the allied health professions, sociology and psychology. Once the outline of how the review was conducted is given, the substance of the literature review is divided into the following sections;

3.4.2 Professional (Extrinsic) Factors

3.4.3 Educational Credentialism and Credential Inflation

The final section of this chapter frames the research questions and aims that arose as a result.

3.1.1 How the Literature Review Was Conducted

Cohen, Mannion and Morrison (2018) highlight that the literature review must be formative and lead into or give rise to all aspects of the research, the field, the topic, the theoretical grounding, methodology, data analysis and implications of the research and is therefore the foundation of for all ages and stages of the research. It contributes to greater understanding of the phenomenon being examined and may increase a researcher's sensitivity to the latent relationships within the data helping the researcher to achieve the main goal of qualitative research; "Verstehen" (understanding) (Tummers & Karsten, 2012).

Strauss and Corbin (1990) also suggested that qualitative researchers should not dissociate themselves from the literature, but should to engage with it and use it in all the phases of a research study. They claimed that engaging with the existing literature could further foster the process by helping the researcher to identify what is important, as long as the researcher remained sceptical and reflexive (Strauss and Corbin 1990). "Verstehen" (understanding) also requires the researcher's active, ongoing, and deliberate commitment to prioritise the data over any other input (Ramalho, Adams, Huggard, & Hoare, 2015). Tummers and Karstan (2012) have also suggested that research reports should be explicit as to the phases in which literature has been used, and to what extent. While this literature review is presented as a seamless and continuous narrative, in practice it actually developed in a number of stages over the whole life of the study. In order to demonstrate the process involved I have included a timeline that illustrates the stages of the process. There were at least three distinct phases, which I have labelled Exploratory, Explanatory and Revising and Revisiting. Further details of these phases and the

whole process are outlined in Appendix 1: Viewing the Literature as Part of the Iterative Process.

The rest of this section explores the factors affecting midcareer professionals' participation in HEI's. It commences by looking outside the profession at the growth in postgraduate taught provision in westernised higher education systems and the reasons why this may have occurred. It then goes on to examine the impact of these developments within nursing and midwifery and three other issues which have played a significant role in their rise. The three issues are

- The impact that nursing becoming a degree-entry only profession in many countries has had.
- The concepts surrounding Advanced Level Practice and the role that this development has had on postgraduate course provision.
- The requirement placed on post-registration professionals to demonstrate engagement with CPD activity.

The final section of the review looks at the intrinsic and extrinsic motivations that midcareer nurses may have for commencing M-Level study and concludes by looking at educational credentialism and the impact this may be having on midcareer nurses views of taught postgraduate education.

3.1.2 The Literature Search

The following databases were used to find and access the literature:
The British Education Index, which provides information on research, policy and practice in education and training in the UK. It covers education from pre-school to university level and includes a thesaurus using UK-specific educational terminology. Most of the journals included in British Education Index are published in the UK, although some international literature is included.
Education Resources Information Centre (ERIC), is an online digital library of education research and information, sponsored by the Institute of Education Sciences of the United States Department of Education. The database contains

more than 1.3 million records and provides access to information from 1996 to present. Approximately one quarter of the collection is available in full text.
CINAHL Complete, which is the world's largest source of full text for nursing and allied health journals, and provides full text for more than 1,300 journals indexed in CINAHL. Full text is provided for many of the most-used journals in the CINAHL index.
Proquest Nursing and Allied Health Source provides reliable, comprehensive coverage of the fields of nursing and allied health including journals, video, dissertations, reference books and more. While other databases tend to focus solely on the information needs of professionals, Proquest takes a holistic and interdisciplinary approach to its subject coverage.
BMJ Journals is a database that allows searching of all of the journals published under the British Medical Journal (BMJ) publishing group banner. There are more than 60 peer-reviewed journals and over 3 million articles in their collection. It also provides access to other resources designed for the practice of evidence-based healthcare.
PsycINFO contains references to journal articles, books, book chapters and dissertations in the field of psychology and behavioural sciences. Almost all the materials included in PsycINFO are peer-reviewed. As well as psychology it includes references to the psychological aspects of: health, sociology, education, pharmacology, technology, linguistics, business and law.
Blended Online Learning and Distance Education (BOLDE) Research Bank, has details of books, articles, reports and conference papers collected by the Australian Council for Educational Research. Material is drawn from the Australian Education Index, produced by Cunningham Library, with additional material sourced from a variety of international organisations and publishers.

The keywords used to search were taken from the British Education Index and ERIC's thesaurus of search terms. The words used to search were older people, older students, adult students, Master's degree, Masters Programs, part-time

students, credential*, Nurse Practitioners, Allied Health Personnel. Mature Students, motivation*.

Additionally when searching within Cinahl Complete and other medical databases the following words from the Cinahl Thesaurus were also included, Clinical Nurse Specialist, Advanced Practice Nurse, "Students, nursing, masters" Allied Health Professions. The searches were limited to English language only and articles published in the last ten years (since 2008). Some key literature published prior to this date particularly in relation to nursing moving towards an all degree profession and the process of credentialism has been included.

3.2 The Rise of Taught Postgraduate Programmes of Study

In Chapter 1, pp.12-13, it was explained that there is a lack of clarity in the terms used to describe middle-aged professionals returning to University to participate in M-Level programmes. As a result, the preferred term used in this thesis to describe this group is midcareer professionals, in this case nursing and midwifery professionals. Chapter 1, pp.13-14 explained that the vast majority of midcareer professionals require to study part-time and highlighted the importance of part-time postgraduate study to HEI's.

In recent years there has been a substantial growth in the number of students taking taught postgraduate courses and also the number of such awards offered in certain industrialised countries (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2010) . This rapid expansion can be traced back to the 1980's and 1990's and the expansion of higher education provision in knowledge led economies (Daymon & Durkin, 2013; Giroux, 2009; UNESCO, 2010). Since this expansion undergraduate degrees have become broader and focussed more on obtaining graduate attributes, a process aided by the intergovernmental cooperation of the 48 European countries who have adopted the Bologna Process. Since its inception in 1999, this process has streamlined the differing education and training systems used across Europe. Prior to this agreement it was hard to use

qualifications from one European Union (EU) country to apply for a job or a course in another. The result has seen increased compatibility across the higher education sector which has made international mobility within Europe particularly, easier (European Commission, 2018; European Commission/EACEA/Eurydice, 2014).

The Bologna Process encouraged the adoption of a two-cycle system of study in the higher education sector where generic Bachelors level study is followed by a Master's programme which features in-depth study. A consequence of adopting the Bologna Process has been that in-depth study is seen as a valuable experience and it is taught postgraduate programmes that now provide this (European Commission, 2018; Wastl-Walter & Wintzer, 2012). Postgraduate courses have been boosted as a result by those who have entered a profession, and found it necessary to undertake further study to obtain the advanced knowledge and skills required for specialisation. An upshot of this is that many professionals no longer see an undergraduate degree as a terminal award. Those entering particular professions have found it necessary to take taught postgraduate programmes to obtain the advanced knowledge and skills required of a specialist, for example in administration and business as well as the professions allied to medicine (Green et al., 2008; Gupta & Bennett, 2014; Sandiford & Divers, 2010). Increasingly a Masters is considered necessary to be competitive, and now taught doctorates are becoming common (Tobbell & O'Donnell, 2013).

This massification of postgraduate qualifications as a response to the demand for a more qualified workforce and the individual's requirements to meet their professional needs (Jepsen & Varhegyi, 2011; Kember, Ho, & Leung, 2016), has meant that those enrolling for taught postgraduate awards are often practising professionals within the field of their chosen course (Shannon et al., 2017; Visser, 2011). As they are practicing professionals the vast majority have to study in part-time mode. They are normally mature students returning to study, with a significant gap since completing their undergraduate degrees. Such programmes generally comprise coursework in the form of structured, taught modules followed by a minor research dissertation. In most cases the fees are costly, as most courses

operate on a self-financing or revenue-raising basis (Ho, Kember, & Hong, 2012; Wastl-Walter & Wintzer, 2012). It is therefore a very significant decision to enrol in a part-time taught postgraduate programme (Burrow et al., 2016).

This situation is in marked contrast to undergraduate course provision where enrolment tends to regulated, participation is supported financially by government and programmes operate across whole professions and sectors (Woodfield, 2014). Taught postgraduate provision in many universities seems to be localised, opportunistic and provided in response to local markets and business pressures. Taught postgraduate courses consequently often have limited long-term planning and the norms of the market economy, which include competition, accountability, massification, economic success and a focus on the needs of the consumer are all required to be successful (Daymon & Durkin, 2013).

Postgraduate students have to find the programme that fits their needs, a funding source and also the time for study on top of their professional, family and social commitments. In spite of these challenges, more and more professionals are choosing to become part-time postgraduate students (Green et al., 2008; UNESCO, 2010).

However, taught Masters Programmes together with other postgraduate programmes are affected by low completion rates, high attrition and lengthy completion times particularly of the dissertation element of the programme (McCallin & Nayar, 2012; Shaw & Roux, 2017; St.George, 2006). The explanation for these consistently reported difficulties include variables such as family and work commitments (Dowswell et al., 1998; Visser, 2011); preparedness for postgraduate study (Andrew Jenkins, 2018; Johansen & Harding, 2013; Shaw & Roux, 2017) and student–supervisor relations (McCallin & Nayar, 2012).

Despite the rising number of students on taught postgraduate programmes, there are comparatively few studies specifically examining their experiences. Shannon et al. (2017) point out that most studies have concentrated on undergraduates or on mixed samples of under and postgraduate part-time students. The concentration of government and institutions has been on mature

undergraduate rather than postgraduate study (Bye, Pushkar, & Conway, 2007; Woodfield, 2014). What we know from studies that have been conducted into mature part-time masters students is that there is considerable diversity in the intensity and nature of part-time postgraduate study (Kember et al., 2016) and that mature students differ in age, life circumstances, personal values, motivations for studying and the positive outcomes they accrue from the experience (Frith & Wilson, 2014; Mallman & Lee, 2014; McVitty, Morris, Million Plus (UK Firm), & National Union of Students (NUS), 2012). A lot less is known about the admission patterns, demography, needs and motivations of postgraduate students than perhaps any other student group (Swain & Hammond, 2011; Universities UK, 2013). Even less is known about the experiences of midcareer healthcare professionals returning to HEI's who are the focus of this study.

3.3 Taught Postgraduate Programmes in Nursing and Midwifery.

In a similar manner to professions such as law, teaching and business administration there has been a rapid expansion in the number of postgraduate taught programmes on offer to nurses, midwives and the other professions allied to medicine. The reasons for this rise in provision is strongly associated with three advances within healthcare professions that continue to have a huge impact on the nature of the provision of postgraduate programmes currently offered by HEI's. The three advances have been

- Nursing and midwifery becoming an all graduate profession in many countries in the world.
- The ideas embraced in the concept of Advanced Level Practice
- The need for UK nurses, midwives and other healthcare professionals to take part in CPD to maintain their professional registrations.

Each of these will be dealt with in order and their impact on provision clarified

3.3.1 Becoming an All Graduate Profession.

The move to an all graduate profession across the UK is a recent development as the involvement of HEI's in nurse education only extends back to the 1960's. Despite the first bachelor's degree in nursing becoming established over a century ago in the USA, it was many decades before nursing was considered to be a suitable subject to be taught in UK universities (Independent Willis Commission on Nursing Education, 2012). Prior to this nursing and midwifery training had followed an apprenticeship model initially established by Nightingale in the 1840s which survived for over one hundred years despite several attempts by the profession and other groups to change this approach (Independent Willis Commission on Nursing Education, 2012; Tyrrell, 1998). The apprenticeship model of training was conventionally associated with NHS hospitals and later NHS Health Boards. The process of change from apprenticeship to degree has been described as part of a national and international professionalising strategy (Birks, Chapman, & Francis, 2006; Carlisle, 1991; Dowswell et al., 1998; Kate Gerrish et al., 2003). In the UK this commenced in the 1980's and continued through to 2013, a deadline date set by the Nursing and Midwifery Council of the UK (NMC) by which time all UK pre-registration nursing programme providers were required to prepare all registering new nurses to Bachelor's degree level (Nursing and Midwifery Council, 2010). The requirement to complete initial training with a degree placed all nurse registration education firmly within HEI's (Independent Willis Commission on Nursing Education, 2012).

As part of this professionalising process, education for second level nurses within the UK; called State Enrolled Nurses (SEN's); was phased out and only Project 2000 nurses, who were educated at HEI's and those from already existing degree entry programmes could join the professional register. Project 2000 nurses initially all exited their programmes at graduate diploma level (United Kingdom Central Council for Nursing, 1986), but by 2008, the newly formed registering body, the NMC had decided that the minimum academic level for all pre-registration nursing education would in future be a Bachelor's degree. These reforms to nurse education

at the turn of the century positioned nursing in HE alongside almost all other health and social care professions where registration required Bachelor degree completion (Health and Care Professions Council, 2017).

Alongside the upgrading of pre-registration qualifications increasing numbers of qualified and registered health care staff were already engaging in degree level study (Dowswell et al., 1998; Hardwick & Jordan, 2002). Post-registration degree courses offered registered nurses with a certificate or diploma in nursing, the opportunity to upgrade their qualification to baccalaureate level. These taught post-registration programmes allowed already registered nurses a way into the higher education teaching environment as well as providing a foundation for specialisation at postgraduate level and access to higher-degree studies (Birks et al., 2006; Pelletier et al., 1998).

National and international moves towards nursing becoming a degree only profession had a significant impact on the growth and development of Masters programmes for all health care professionals. Nurses are the single largest professional group in healthcare, far outnumbering other Allied Healthcare Professional (AHP) groups, so one consequence of the migration of nurse education into the university sector during the 1990's was the creation of a larger market of healthcare professionals able to study to M-Level. Other AHP's have benefitted as a result providing further fuel for the accompanying growth of health and social care professionals wishing to study to Master's level. (Drennan, 2008; Watkins, 2011; Zwanikken et al., 2013).

Master's programmes have been available to nurses in the United Kingdom (UK) since 1975, when the first MSc/Diploma in Nursing Education programme was offered at the University of Edinburgh (Whyte, Lugton, & Fawcett, 2000). However, it took the movement of nursing education into HE and the introduction of the concept of `advanced practice' to the UK (United Kingdom Central Council for Nursing, 1993) to provide the impetus for greater provision. The idea that nurses should participate in advanced practice was accompanied by the creation of 'extended' and 'advanced' nursing roles including nurse practitioner and nurse

consultant posts (Guest et al., 2001), and it was at that point that UK universities began to show interest in developing taught postgraduate M- Level programmes orientated towards the professional practice of nurses (Gerrish, Ashworth, & McManus, 2000). Nurses and other healthcare professionals can all now complete postgraduate degrees with the aim of practicing at advanced educational, managerial or clinical levels (Drennan, 2008; Green et al., 2008). However although tertiary-based nursing education is commonplace and was a significant factor in professionalising nursing, it remains the exception rather than the rule in the world's developing economies (Birks et al., 2006).

3.3.2 Advanced Level Practice

Another key reason for the growth of M-Level provision in nursing and other AHP's has been the widespread establishment of advanced practice roles. The International Council of Nurses (ICN) (2009) defined advanced practice as " …a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context or country in which [she or he] is credentialed to practice" (p.1). The Department of Health in the UK clarified their expectations of what advanced practice would mean in their 2010 position statement, stating that

> "Advanced level practice encompasses aspects of education, research and management but is firmly grounded in direct care provision or clinical work with patients, families and populations. Nurses working at an advanced level promote public health and well-being. They understand the implications of the social, economic and political context of healthcare. Their expertise, experience and professional and clinical judgement are demonstrated in the expert nature of their practice and the depth of their knowledge" (p.7).

The idea of having nurses working in advanced practice roles can be traced back to the development of Clinical Nurse Specialist (CNS) roles during the 1930s

and 40s in the United States (Hamric & Spross, 1989). In the last thirty years however advanced practice roles have grown globally.

In the UK, advanced roles have tended to develop opportunistically and in an inconsistent manner and advanced practice nursing is viewed more as a level of practice, than a specific role or speciality. Currently it is not a title deemed recordable by the NMC (Chief Nursing Officer Department, 2017; Health Education England, 2017). Despite attempts to formalise advanced level practice in many of the healthcare professions in the UK it continues to be poorly delineated and unregulated. NHS Education for Scotland (2012) attempted to address this lack of formalisation through their Advanced Practice Competence and Capability Toolkit stating that they expected those appointed to advanced practitioner roles after 2012 to demonstrate M-Level learning, and have attained this level of education. However they had to admit that not every advanced nurse practitioner will have undertaken an M-level programme and that there may not be suitable course provision for some highly skilled and/or specialist practitioners. So across the UK at present not every advanced level practitioner has undertaken an M-level programme but it is anticipated that those appointed now and into the future will. This situation continues to make it hard to know who the advanced level nurses are and what education they require to fulfil their role (Cooper et al., 2019; East et al., 2015). Since their conception advanced level practice and CNS roles can be found in almost all UK clinical specialties, including midwifery and primary care (Cooper et al., 2019; Donald et al., 2010; Jokiniemi, Pietilä, Kylm, & Haatainen, 2012).

In the UK nursing is reaching a position where a Master's Degree is being recognised as the accepted norm for specialist or advanced level roles. Cooper et al. (2019) in their literature review comparing the roles of ANP's and CNS's in the UK argued that all nurses practising at the same level within the UK's Career Framework (Skills for Health, 2010) as ANP's and CNS's are, should be educated to the same academic level, namely M-Level. Already in other developed countries advanced practice roles are regulated and specific requirements have been agreed before anyone can assume that role, for example in Eire, (Comiskey, Coyne, Lalor, &

Begley, 2014) and Canada (Kaasalainen et al., 2010) specific requirements are placed on using the title Advanced Practice Nurse. While achievement of an M-level qualification is required, so also are several years of clinical experience within the practitioner's specialist area.

There are a number of reasons why Advanced Nurse Practitioner (ANP) and CNS roles have arisen. Dowling, Beauchesne, Farrelly, and Murphy (2013) conducted a concept analysis aimed at clarifying what is meant by advanced practice nursing internationally that indicated that three antecedents led to the development of advanced practice roles. These were; international changes in how medicine is practised with roles often created as a response to a perceived physician shortage (Begley, Murphy, Higgins, & Cooney, 2014; Dowling et al., 2013; Kaasalainen et al., 2010), the higher education of nurses and nursing's ongoing development as a research-based profession (Dowling et al., 2013; Jokiniemi, Pietilä, Kylm, et al., 2012) and the development of clinical expertise often tied to the trend toward increased medical specialisation (Brodsky & Van Dijk, 2008; Dowling et al., 2013; Kaasalainen et al., 2010).

Once in place, advanced level nurses are viewed very positively (Begley et al., 2013; Donald et al., 2010; Tsiachristas et al., 2015). The manner in which advanced level practitioners engage and provide support to patients and their carers improves patient and carers' practical skills, education and understanding, which as a consequence improves both satisfaction levels and outcomes (Comiskey et al., 2014; Donald et al., 2010; Jokiniemi, Pietilä, Kylm, et al., 2012; Tsiachristas et al., 2015). The literature review carried out by Tsiachristas et al. (2015) looking at the cost and effects of CNS's and ANPs in Western Europe, USA, New Zealand and Australia reported that they were at least as effective as medical staff in tasks related to case management, the first consultation and follow up of patients. Tsiachristas et al.'s (2015) review also suggested that these roles could help contain healthcare costs as well as improve the quality of health care.

There are clearly cost implications in employing staff in advanced nursing roles compared with standard nursing roles and in place of medical personnel, but it

has been difficult so far to claim there is a significant difference in cost in employing more advanced level nurses. Begley et al. (2013) comparing the roles, responsibilities, and perceived outcomes of Clinical Nurse Specialists, Clinical Midwife Specialists, and Advanced Nurse Practitioners in Eire claimed that the higher salaries paid to advanced level nurses may be partially or completely offset by the increase in activity levels that accompanies their employment. Begley et al. (2014) published the findings of a series of interviews conducted in 2010 with 12 policy-makers also in Eire, finding that the majority believed that advanced practice roles were cost-effective due to increased clinical effectiveness but this did not lead to the policy-makers employing more advanced level practitioners. As both Begley et al. (2014) and Tsiachristas et al. (2015) concluded, further economic research needs to be conducted particularly since evaluation studies have tended to be conducted before the impact of any new roles is clear and the number of evaluation studies conducted that looked at cost as an outcome were too few to draw accurate conclusions. Moreover, for new advanced practice roles to become established some investment is needed in developing other staff so that the advanced task roles are delineated appropriately (Lowe, Plummer, O'Brien, & Boyd, 2012).

This shifting of specific tasks and responsibilities from medical staff to advanced level practice nurses as a response to physician shortage, limited access to quality care, long waiting times and high costs is a trend that looks set to continue in those countries where there is an education system and a high enough ratio of nurses to doctors to support the move (Maier, 2015; Sheer & Wong, 2008). Where this is being done, the impact of nurses working in advanced level positions continues to have a positive impact on the healthcare provision difficulties that such roles were created to address (Lowe et al., 2012). This shift towards advanced level practice has to be viewed as a natural process of adaptation within changing health care systems, even though currently the way such roles are regulated across the globe continues to be a concern as a lack of governance and regulation in many countries, including the UK, still exists (Heale & Rieck Buckley, 2015).

From the perspective of HEI's advanced level practice looks set to expand rather than contract, which means the need to provide suitable M-Level programmes which allow nurses and other healthcare professionals to achieve advanced practice levels looks set to continue (Heale & Rieck Buckley, 2015; Health Education England, 2017).

3.3.3. Requirements for Continuing Professional Development

Worldwide, professional healthcare organisations and associations, employers and governments have introduced requirements for almost all healthcare professionals to take part in CPD activity after their registration. While globally participation in CPD is not yet mandatory for all, it is widely understood that nurses and AHP's have a responsibility to undertake CPD to enable them to keep abreast with changes in healthcare (Brekelmans, Maassen, Poell, Weststrate, & Geurdes, 2016; Sykes & Temple, 2012).

In the UK, CPD became mandatory for all registered nurses in 1998. At that point nurses had to verify that they had achieved a minimum of 35 hours learning activity over three years to remain on the NMC register and this requirement has continued unchanged since its introduction (Nursing and Midwifery Council, 2018b). Continuous professional development cannot include education on statutory topics such as manual handling updates and fire safety which have been described as education undertaken to self-protect employer's from litigation (Bahn, 2007). Providing opportunities for non-mandatory CPD is believed to contribute to the retention of well-qualified and experienced staff (Department of Health, 2000; Drey, Gould, & Allan, 2009).

Since the majority of healthcare professionals in the UK are now baccalaureate degree holders this has meant that development or education aimed at addressing CPD requirements is now offered at postgraduate level (Brekelmans et al., 2016; Gould, Drey, & Berridge, 2007).

The need for appropriate CPD is also a subject for discussion in relation to the new, extended and advanced level roles which nurses have adopted that have

required the acquisition of new knowledge and skills essential to allowing safe practice (Gould et al., 2007; Maier, 2015). As new roles and procedures are increasingly becoming advanced level roles created in response to the reduction in junior doctors' hours, scarcity in some medical specialisms and advances in technology (Dowling et al., 2013; Royal College of Nursing & Ball, 2005) CPD requirements have become increasingly more complex and more likely be achieved only at postgraduate level.

There is no single reason to undertake CPD. It offers professionals the opportunity to maintain, improve and broaden their knowledge and expertise while maintaining their competence. It also has the potential to introduce new skills. For nursing to be credited with the status, authority and autonomy that accompanies being a profession, then mandatory CPD was inevitable. However, the advent of mandatory CPD has also contributed to the demand for postgraduate qualifications (Sykes & Temple, 2012). As M-Level education has grown as a key component of CPD, a consequence has been increasing numbers of mid and late career professionals returning to University to pursue Masters level education (Coneeley, 2005; Drennan, 2008).

3.4. What Motivates Midcareer Nurses to Commence Taught Postgraduate Study?

While the three advances, becoming an all graduate profession, the current conceptualisation of advanced level practice and the need to participate in CPD are likely to impact on early career nurses and midwives, the desire to participate in a taught Masters programme on nurses contemplating the end of their careers is less certain.

There is a modest body of literature on the reasons why health and social care professionals engage in part-time taught postgraduate study at HEI's. The literature however tends not to focus on particular age groups and often includes post-registration (baccalaureate degree) students as well as those at M-Level.

In the focus groups that informed the Willis Commission's report on the future of nurse education in the UK (Independent Willis Commission on Nursing Education, 2012), some nurses expressed uneasiness about the prospect of engaging in future postgraduate study to support their career progression. The Commission highlighted that this may be because there was a lack of clear pathways supporting moves across and synthesis between practice, management, education and research. The Commission pointed out that different career paths after registration and degree attainment were unclear at that time and more promotion and support for nurses' CPD was needed as an investment to retain more staff and promote safer and higher quality care into the future.

On a more pragmatic level the common characteristics of taught postgraduate study; that it is part-time, will usually take place alongside the demands of clinical practice and that students are likely to be older with additional family commitments and may have spent considerable time out of formal education; probably explains much of the apprehension midcareer professionals have about returning to study (Burrow et al., 2016). The practical issue of funding has also been highlighted as likely to impact on participation. In Colley's (2008) small phenomenological study of Irish nurses undertaking post-registration education for example, both focus groups involved highlighted the importance of full financial support to attend courses. Richardson and Gage's (2010) exploratory focus group interviews with practice nurses in New Zealand (NZ) attending post-registration education also indicated that provision of financial support was a key motivator as did Watkins (2011) study looking at UK and German nurses participating in Masters study.

The workplace also plays a crucial role in positively encouraging, or discouraging, applications to engage in post-registration learning. Nurses in Cooley's (2008) study in Eire, generally found management to be unsupportive and unlikely to encourage nurses to take up M-Level study. Practice nurses in Richardson and Gage's (2010) study highlighted that a process of negotiation with their employers often went on to try to ensure they received managerial support. Failing to receive

that support was not uncommon. Indeed, two practice nurses from their sample of 16 New Zealand nurses were so keen to engage in study that they part-funded courses themselves. Tame (2010), in a study of 23 preoperative nurses who had recently completed HE study, found that three nurses had chosen to study 'in secret' without colleagues or management knowing. There were different influencing factors for those who studied secretly, but Tame (2010) suggests that what these individuals had in common were high levels of academic confidence and low levels of workplace support. These exceptions though were in marked contrast to the apprehension and concerns about support commonly reported by others. In both Richardson and Gage's (2010) and Illingworth, Aranda, De Goeas, and Lindley (2013) studies of students preparing to become advanced practitioners, participants spoke of the 'steep learning curve' they faced adjusting to the academic requirements of M-Level study.

Looking beyond the need for both finance and workplace support, Spencer's (2006) phenomenological study in which she interviewed 12 UK nurses', midwives' and health visitors' who had completed their Masters about their perceptions of the impact the experience had had on them, identified that there were other factors that should be considered. She grouped these together as those arising from the personal (internal) domain and factors related to the professional (external) domain. Although this division is a simplification it is a useful device to examine what is known already about the motivations midcareer nurses have for studying at M-Level.

3.4.1 Personal (Intrinsic) Factors

Within her interviews Spencer (2006) found the personal factors that her respondents discussed included the desire to be personally and academically stimulated. Half of her respondents went further indicating that they continued to learn in order to challenge their own clinical and professional practice, and the practice of their colleagues.

In another later study looking at UK healthcare professionals Watkins (2011) carried out an interpretative qualitative study where she interviewed 15 UK nurses and 10 German nurses about the influence a Masters in Nursing programme that they were all participating in was having. This revealed a variety of personal motivations including career advancement, not being 'left-behind', increasing their credibility and professional confidence. Although there was little difference between British and German nurses reported motivations and the impact they felt M-Level participation had had, nine out of ten of the German nurses were promoted or moved to senior positions on completion. This was related to the MSc being seen as too high a qualification by German managers to be wasted on providing direct patient care; a decision that some German participants were unhappy with and perhaps had not expected (Watkins, 2011).

Outside of the UK, Cooley (2008) conducted an exploratory, descriptive qualitative study to look at the motivations of 12 nurses in Eire undertaking postgraduate study. To do this she used two focus groups and one further nurse's motivations were explored in a separate interview. She found that like Watkin's UK participants the main motivation was to aid professional development particularly knowledge and learning about inter-disciplinary team working, research and IT skills. Increasing promotion prospects was important but seemed secondary. Cooley (2008) also highlights that two-thirds of the nurses in her study had dependents and that child care and domestic commitments were influential in the decision to undertake study with both focus groups suggesting that the 'time was right' because their family commitments had reduced and there was enough support within the family to allow them to manage studying.

Participants in Richardson and Gage's (2010) study of New Zealand practice nurses, also collected data via two focus groups. One focus group was with students on degree programmes (10 students) and the other was with 6 postgraduate level students. Richardson and Gage (2010) again noted that both groups talked about wanting to improve themselves and gain in confidence and skills. Two further studies, one in Sweden which looked not only at nurses but drew its 42 participants

from five other professions: biomedical analysis, dietetics, occupational therapy, physiotherapy, and social work highlighted again the need participants had for personal challenge and personal development (Olsson et al., 2013). Zahran (2013) who conducted an ethnographic study of Masters provision in Jordan, interviewing 37 stakeholders including the students from the 2 Jordanian universities that offer Masters programmes in nursing described her participants as all having a 'drive for self-development'.

In one of the few surveys carried out that look at health professionals views of CPD (although they also included human services professionals), Gibbons and Shannon (2013) surveyed 350 Tasmanian health department staff about their HEI experiences. Two hundred and seventy people replied after two rounds, a seemingly high response rate although the sample still represented less than 3% of the department's staff. Gibbons and Shannon (2013) chose to report the results of the survey in terms of 3 capitals, derived from the work of Bourdieu (1986). The capitals they looked at were identity capital, social capital and human capital (Schuller, 2004), (See p. 67, for more information about Schuller' work). Increased motivation to learn was the main intrinsic factor they found, although it should be noted that the focus in this study was more on outcomes in terms of the capitals rather than on investigating motivation to study.

In a recent Delphi study by Brekelmans et al. (2016) their nursing panel experts who all worked in the Netherlands, explored factors that they believed influence nurses participating in education after registration. A key factor they identified not reported elsewhere was the attractiveness of the educational programme to the person (Brekelmans et al., 2016).

3.4.2 Professional (Extrinsic) Factors

Returning to Spencer's (2006) study the extrinsic factor that almost all her respondents reported was a pressure which seemed to come from management and the wider profession. It was expressed in Spencer's (2006) study as the Health Care Trust management making evidence of HE participation almost a prerequisite

for career progression. Newly qualified degree nurses were also perceived as a threat, not because they threatened the opportunities available to the participants, more because respondents felt the need to advance their practice by gaining further knowledge at an HEI, in order to support their degree holding junior colleagues and undergraduate pre-registration students. This was despite them reporting that their senior colleagues and managers believed that participation would have little benefit for clinical practice (Spencer, 2006). Spencer's study however was limited because it was small scale involving only 12 respondents and consisted of students undertaking just one programme in one NHS Health Trust area making any generalisations difficult. However the findings are similar to those reported in Cooley's (2008) study in Eire. In Cooley's (2008) study the extrinsic factors reported included; to gain access to a nursing speciality and to increase promotion, progression and employment opportunities. Similar to the UK situation this was against a backdrop where many Irish nurses found themselves in clinical practice with graduates and future graduates of pre-registration Bachelor of Nursing programmes. They were also motivated to study to be academically credible preceptors to their degree holding students and colleagues and also to be on a par academically with the other members of the multi-disciplinary team. A possible explanation for this is that they felt their pre-registration training and other educational experiences were inadequate when compared to the newly-prepared degree students and other members of the multi-disciplinary team who were undertaking CDP, often at M-Level. Cooley's (2008) study like Spencer's (2006) study involved 2 focus groups with students from one institution. It differed from Spencer's study in that 2 programmes of study were involved and all participants were in the first year of their programme. One person was interviewed so wasn't part of any focus group, which may affect the impact that this one person's contribution had on the study. A further weakness of this study was that there was no indication within the paper that any member checking or other type of trustworthiness check was carried out (Denzin & Lincoln, 2011).

In agreement with both Spencer (2006) and Cooley (2008), Richardson and Gage's (2010) practice nurses in NZ also highlighted that a Masters qualification would broaden their promotion, progression and career opportunities, and had value when they were acting as preceptors. They also discussed that the programme they were involved in was developing their clinical skills and that participation had improved their knowledge and skills allowing them to enhance practice. The desire for practice improvement was also one of the key extrinsic motivators for M-Level study reported in Watkins (2011), Zahran (2013) and Olsson et al (2013).

Richardson and Gage (2010) also reported the opportunity to network that attending courses provided as a motivating factor and pointed out that M-Level participation helped some practice nurses deal with concerns they had about dealing with people who were both better informed and able to access more health information than ever before. Practice nurses have a very public facing role often dealing with people who have a very good knowledge of their own health conditions because they have been encouraged to self-manage their long term conditions (Poghosyan, Norful, & Martsolf, 2017).

These possible motivating factors were only mentioned in Richardson and Gage (2010), perhaps because it involved only practice nurses. Practice nurses are unusual in that they are a small group of advanced nurse practitioners generally employed in small numbers and attached to individual GP practices, so opportunities to meet other practice nurses regularly are limited. They were also drawn from only one organisation thus excluding other NZ practice nurses who might have different experiences accessing post-registration education, thus preventing wider generalisation of their results.

Another extrinsic factor reported by both Cooley (2008) and Watkins (2011) was a desire to develop an understanding of research so that it could be used effectively to inform practice. Finally, Zahran (2013) points out that for some of the Jordanian students whose experiences she examined, who principally worked in

Intensive Care Units there was a desire to move away from direct patient care to management and education.

3.4.3 Educational Credentialism and Credential Inflation

While intrinsic and extrinsic motivating factors will play a part in all midcareer professionals' decisions regarding participating in taught postgraduate programmes, there is another perhaps more subtle factor that may encourage midcareer professionals in particular to enrol in taught Masters Programmes and that factor is credential inflation.

Credential inflation is a product of a process called educational credentialism. According to Bills and Brown (2011) educational credentialism takes three forms. It can refer to the way in which society allocates individuals to particular roles within the occupational hierarchy on the basis of the educational qualifications that they have when first employed. This has been referred to as 'credentialist hiring'. Credentialist hiring tends not to be about employee and employer preferences. Occupational regulation, professionalisation and other status markers constrain the options of employers, so hiring on criteria outside educational credentials becomes uncommon (Brown, 2001; Collins, 1979). Credentialist hiring has long been linked to the process of getting sought-after graduate positions where the degree subject, the HEI in which the degree is obtained and social class markers all prove to be important (Bathmaker, Ingram, & Waller, 2013). A second meaning and the one of relevance to the subject of this study views educational credentialism as a persistent trend towards ever-increasing educational requirements for jobs, a process referred to as 'credential inflation' (Tholen, 2017). While this plays a part in credentialist hiring as job entry criteria rise over time (Brown & Bills, 2011), credential inflation is more visible in relation to getting promotion. Credential inflation is a process in which the educational requirements for particular jobs rise more rapidly than that demanded by changes in the skills necessary to function in that post (Bills & Brown, 2011). Credential inflation becomes a persistent trend where ever increasing educational credentials

are required in order to acquire prestigious and/or the best rewarded posts (Tholen, 2017). A third view of credentialism is that it acts as a means by which those that are the highly educated can be rewarded more for their contribution to the workplace (Bills & Brown, 2011). Economist and sociologists point out that in this view of credentialism people are often rewarded for holding credentials that fail to distinguish the real and important productivity enhancing differences between them and others who do not hold those credentials, implying that there are unearned benefits in acquiring particular credentials (Brown & Bills, 2011).

Credential inflation for midcareer professionals involves the realisation that the entry requirements for their current posts have risen and so for many midcareer professionals their previous qualifications and degrees do not allow them to maintain a competitive position in what has become an increasingly exclusive job market (European Centre for the Development of Vocational Training, 2010; Organisation for Economic Cooperation and Development, 2012). Isopahkala-Bouret (2015a) argued that there is pressure to attend higher education and upgrade your credentials in midlife because ageing workers are compared to, and compare themselves with, the younger workforce. The demand for advanced credentials also distinguishes select occupations like medicine and its associated allied health professions from others, as educational credentialing intensifies in occupations for which the right level and type of academic degree becomes the only acceptable entry or promotion requirement (Isopahkala-Bouret, 2015b). Remaining in such occupations often requires constant renewal, thus making educational credentialing a long-lasting practice. This is now so widely accepted in healthcare that it appears to have escaped critical questioning. While there is recognition of the phenomenon of credential inflation, the effect that this has had on the motivation and the experience of older healthcare professionals returning to study has received very little attention.

The growing requirement to have an M-Level qualification to be considered an advanced practitioner or specialist nurse or specialist healthcare practitioner can be viewed as a further step in credential inflation that places a pressure on older

degree holding nurses to return to HEI's if they wish their experience in practice to be acknowledged (Isopahkala-Bouret, 2015a). Kate Gerrish et al. (2003) have warned that attaining a M-Level qualification and the status within an organisation that may follow could become more important than the educational process itself and any intrinsic rewards that may motivate the student. As a result the motives for nurses and other healthcare professionals undertaking Master's degrees may be more related to career development and promotion than to enhancing professional practice or performance (Kate Gerrish et al., 2000; Kate Gerrish et al., 2003).

A further pressure that midcareer professionals experience that may be adding to the influence of credential inflation is the growing number of midcareer professionals and older adults who want to work longer and are being encouraged to do so in many high-income countries because of the escalating costs of pensions and healthcare for retirees (UNESCO, 2008; World Health Organisation, 2011; World Health Organisation Regional Office for Europe, 2012). In the UK and most other westernised economies citizens can also now work for as long as they want to and have the right to retire when they wish. As a result, there were 10.4% (1.19 million) aged 65 and over in employment in the period for May to July 2016. The proportion of those aged 65 and over who work has almost doubled in the UK since records began back in 1992 (Office for National Statistics, 2019). Of particular note the European Commission (2015) expect the proportion of 55 to 64 year olds in work in the UK to increase from 60% to around 70% between 2010 and 2060.

People in the 45+ age group also face challenges caused by the economic recession of 2008 and the current era of austerity, which has been marked by poorer investment returns and a lack of certainty about both the security of their workplace pension schemes and their ability to provide a secure income during retirement (Casey & Dostal, 2013; McNair, 2009). Given the slow progress and continued uncertainty economically since the economic downturn, the pressure or desire to remain in the workplace to generate more wealth for, or during retirement in those aged 45+ has increased. Since midcareer professionals will continue working for much longer now and into the future, there is a need to

consider the impact of credential inflation on their professional status and their continuing careers. Credential inflation also leads to an increase in the cost of education, and decreased access to education (Baker, 2011) and this may also prove to be an issue for older healthcare professionals as they may find access to non-mandatory training and education limited because their younger colleagues may be given precedence (Findsen, 2015; Ryan, Bergin & Wells, 2017).

3.5 The Research Question

To summarise, midcareer professionals in nursing and midwifery have witnessed a number of changes in the professional and educational landscape that seem to be encouraging many of them to return to HEI's and participate in taught part-time M-Level programmes. The changes have included a professionalising strategy which has seen nursing and midwifery become an all graduate profession in the westernised world and elsewhere. They have also lived through a period of role expansion caused by changes in how medicine is practised with nurses' jobs altering and new roles being created in response to a shortage of doctors (Begley et al., 2014; Dowling et al., 2013; Kaasalainen et al., 2010) and the development of specialist clinical expertise linked to increased medical specialisation. (Brodsky & Van Dijk, 2008; Dowling et al., 2013; Kaasalainen et al., 2010).

There is also a pressure on all professionals in healthcare to fulfil their legislated requirement for CPD. Since the vast majority of registered practicing nurses are now degree holders a lot of CPD courses are now delivered at M-Level which applies a further spur to participate in Masters Programmes. This however is not likely to be the only factor motivating midcareer nurses and midwives to commence taught postgraduate studies. There are likely to be intrinsic factors like a desire to be personally and academically challenged, to not feel 'left-behind', a way of increasing their credibility and professional confidence and a way to advance their careers (Cooley, 2008; Spencer, 2006; Watkins, 2011). There may also be extrinsic factors like pressure from management, a way to increase their promotion

and employment prospects, the opportunity to access a specialist role and a desire to support their degree level colleagues and students more effectively (Cooley, 2008; Richardson & Gage, 2010; Spencer, 2006; Zahran, 2013). Finally, they may find themselves responding to the pressure placed on them by credential inflation (Isopahkala-Bouret, 2015b).

Very little information exists about how these factors have impacted on midcareer professionals who are also likely to have longer working histories than at any time before (European Centre for the Development of Vocational Training, 2010). In response to all of these issues, this study proposes to address the following research question and aims.

3.5.1 The Question

How do midcareer professionals (aged 45+), participating in taught postgraduate health and social care Masters Programmes perceive their experiences?

3.5.2 Aims

- To bring to the fore the perceptions that midcareer professionals have about participating in health and social care Masters Programmes as older students.
- To reveal the personal, social and cultural factors including the influence of credential inflation that may have a bearing on their experiences while engaging in learning within an HEI.
- To uncover and understand from their perspective the challenges facing midcareer students participating in taught postgraduate M-Level study.
- To identify actions that can be taken forward to make a contribution to ongoing debates about the participation of midcareer professionals from health and social care in Higher Education.

This study intends to expose the key issues that midcareer professionals consider important to success, as revealed by themselves. Addressing the students

perceptions and challenging the existing culture and pedagogies that exist within the HE sector based on their responses, could challenge universities to better meet the needs of a significant and growing number of midcareer taught postgraduate students.

It is hoped that it may be possible to suggest ways in which the experience for older students can be made more attractive in future. Any strategies revealed could significantly enhance the experiences of many future midcareer healthcare professionals participating in taught Masters Programmes particularly since this group will be expected to pursue educational goals and remain in the workplace longer than currently.

Chapter 4: Theories That May Contribute to Understanding the Participants Views

This chapter provides an overview of the development of my thoughts in relation to the theoretical frameworks that have informed my study. I offer a narrative of how I ultimately settled on one over-arching theoretical framework which informed the analysis of my findings.

In the introduction (see p.15), I indicated that my initial interest in the lived experience of midcareer nurses returning to undertake Masters programmes was that I believed that credential inflation (See Section 3.4.3 Educational Credentialism and Credential Inflation) was a key motivation for the rise in midcareer professionals on Masters programmes occurring in several HEI's. Twenty years ago I was involved in teaching post-registration nurses commencing study at Universities to complete Baccalaureate degree programmes. There was a clear indication at that time that pressure caused by credential inflation, played a key role in motivating many nurses to come to an HEI to study for the first time (Dowswell et al., 1998; Hardwick & Jordan, 2002; Stanley, 2003). Now I wondered whether a similar pressure was also driving this rise.

However, according to Sandelowski (1993, 2000, 2010) descriptive phenomenology is a naturalistic inquiry process that requires researchers to suspend any 'a priori' theoretical assumptions and attempt to bracket their thoughts concerning the phenomena of interest. The aim she contends is to provide a descriptive summary organised in a way that best contains the data and presents it in a manner relevant to the audience for which is intended (Sandelowski, 1993, 2000, 2010). This study attempts to do this. Therefore the questions used when conducting participant interviews as a consequence were wider, although still allowed credentialism to be explored (See Appendix 8: The Interview Schedule Explained). As data collection progressed it quickly became apparent that suspending this a priori assumption was merited as credentialism and credential

inflation proved to be a very inadequate explanation for a phenomenon that was far more complex.

The theories presented in the chapter offer a series of lenses through which I hoped to understand my findings and therefore did not inform data collection but assisted in data interpretation. The seven theories which were considered useful to understanding the phenomenon under investigation were derived from psychology, sociology, education and philosophy. Each has been used as a lens through which to view the differing perceptions that midcareer professionals had of their experiences while participating in part-time taught health and social care M-Level programmes. For clarity, the theoretical viewpoints utilised have been clustered into three groups.

- Intrapersonal Views
- Interpersonal Views
- Unified (Integrated) Views

These three theoretical groupings will now be examined in turn.

4.1 Intrapersonal (Psychological) Views

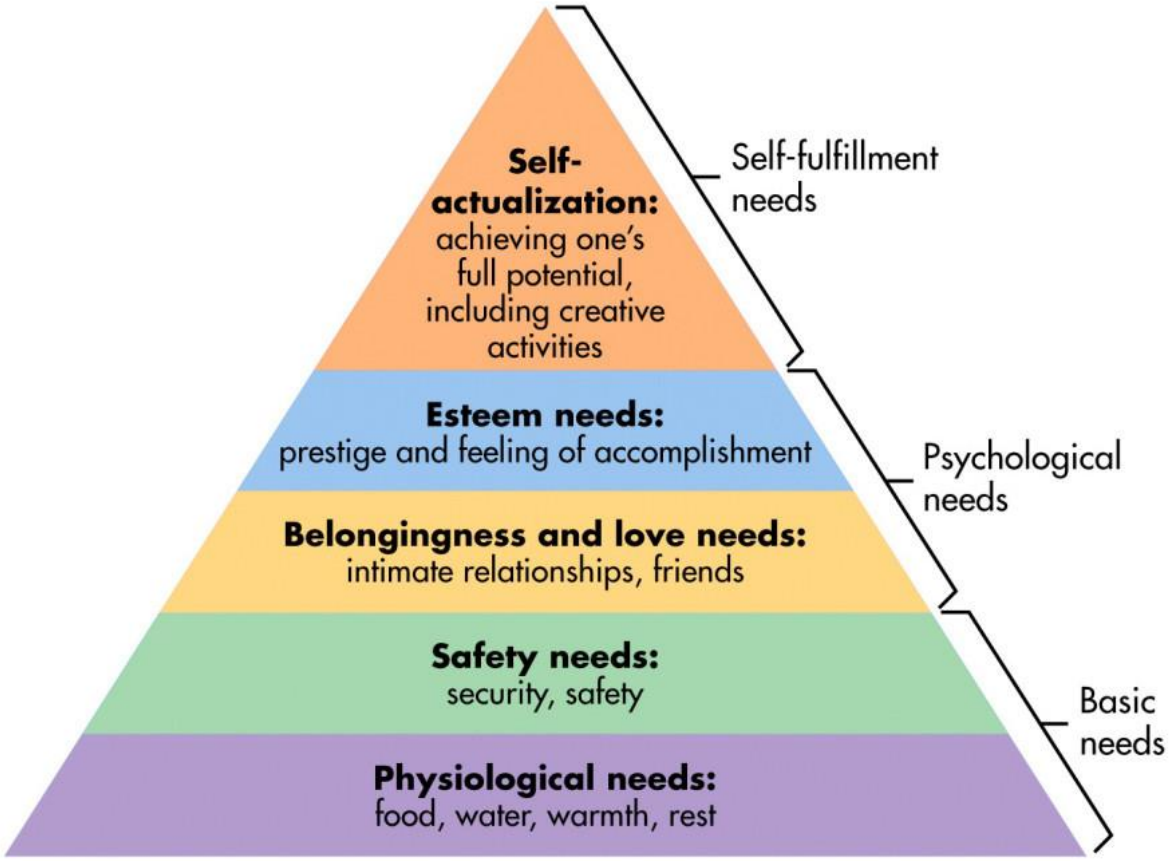
When I first began my study, I looked for interpersonal (psychological) views that seemed relevant particularly to what motivated midcareer professionals to return to HEI's. The first of the intrapersonal views I considered was one of the most influential theories of motivation Maslow's (1943) Hierarchy of Needs.

4.1.1 Maslow's Hierarchy of Needs

Maslow's (1943) five-tier model of human needs is often depicted as hierarchical levels within a pyramid (See Figure 4.1). The popularity of Maslow's theory lies in its simplicity and the ease with which it can be explained particularly pictorially using the pyramid. From the bottom of the hierarchy upwards, human needs are: physiological, safety, love and belonging, esteem and self-actualization.

Although this presumption has been questioned the five stages typically follow a hierarchical progression where ‘‘…higher needs will not even appear in consciousness until lower, prepotent needs are gratified.’’ (Maslow, 1968 p.70).

Figure 4.1: Maslow’s (1943) Hierarchy of Needs (McLeod, 2018)



Maslow’s hierarchy suggested to me that midcareer professionals are motivated to participate in postgraduate study to meet their esteem needs and having achieved feelings of accomplishment may be moved towards self-actualisation in relation to their careers. Improvements in self-esteem in postgraduate nursing and healthcare students is reported in the studies of Gibbons and Shannon (2013) and Shannon et al. (2017) in Tasmania and within the literature review into the impact of postgraduate study on practice conducted by Cotterill-Walker (2012), although none of these authors were specifically looking to utilise the ‘Hierarchy of Needs’ as the explanation.

Additionally, despite its widespread use Maslow's (1943) hierarchy has been criticised as lacking in empirical support to a point where it may not be verifiable or even testable (Wahba & Bridwell, 1976). It has also been criticised for being mechanistic particularly in assuming that everyone wants to self-actualise when the opportunity to pursue this goal may be both difficult and rare (Acevedo, 2018). Even Maslow thought that self-actualisation may not be a fully attainable end state, suggesting the hierarchy is a process that may not have an end (Acevedo, 2018; Koltko-Rivera, 2006). So although Maslow's (1943) Hierarchy of Needs may have a value in explaining aspects of what motivates postgraduate students to participate, it is likely to be too simplistic and impersonal to provide a full understanding of all participants' views.

4.1.2 Incentive Theory

Another theory that I believed may have some value when considering the motivations and views of taught postgraduate students was incentive theory (Bruner, 1966; Lepper & Greene, 1978). Incentive theory operates on the premise that people are more motivated to take action when they perceive they will be rewarded. Recognition of what the reward is depends on the individual's views and experiences but the desire to take action generally requires an identifiable reward.

In the 1960's educational psychologists identified that incentives could be intrinsic or extrinsic. Intrinsically motivated behaviours were defined as behaviours where the motivation came from within the person. For example they were undertaking learning for the knowledge and understanding that it provides or for the enjoyment they derived from it, or the feelings of achievement it evoked. Extrinsically motivated behaviour, by contrast, involved actions undertaken in order to obtain a reward or avoid punishment external to the activity itself; for example for additional payment or another tangible reward. The reward need not be immediate but can be seen as the means to an end as might occur when considering promotion as a possible reward (Bruner, 1966; Lepper, 1988; Lepper & Greene, 1978).

There is a considerable literature on the effect that being intrinsically or extrinsically motivated has on school pupil and student performance. Studies have shown that pupils who were intrinsically motivated were more likely to stay in school than students whose motivation was more extrinsic (Deci, Vallerand, Pelletier, & Ryan, 1991; Vallerand & Blssonnette, 1992). Others studies have linked intrinsic motivation to positive academic performance and also suggest that those who are intrinsically motivated are likely to tackle more challenging problems, where those who are extrinsically motivated may only do enough to obtain their reward (Benware & Deci, 1984; Boggiano, Main, & Katz, 1988). However, the idea that people will respond to either intrinsic or extrinsic rewards alone is perhaps naïve. For many people it's not a single reward type that will drive their actions but the interplay between both intrinsic and extrinsic rewards (Acevedo, 2018).

Relating this theory to the work that has already been done looking at the motivations that drive taught postgraduate students to return to studying some intrinsic motivating factors (See Section 3.4.1) and extrinsic motivating factors (3.4.2) have already been discussed, particularly in relation to the studies conducted by Spencer (2006), Cooley (2008) Richardson and Gage (2010) and Watkins (2011).

These studies have suggested that the most likely intrinsic motivators are the desire to improve oneself and to be personally and academically challenged, and the extrinsic motivators of most significance are likely to be to improve future employment opportunities and advance career progression. Two more recent literature reviews, one conducted by Burrow et al. (2016); which looked at the qualitative evidence only surrounding motivations and the experiences of both graduate and undergraduate health and social care professional's studying part-time in higher education, and I. A. Pool, Poell, Berings, and ten Cate (2016) whose review looked at nurses motives for participating in CPD, particularly in relation to the situation in the Netherlands, both highlighted the same intrinsic and extrinsic motivators as already reported. There are however no studies that focus on the views of midcareer professionals and whether these reported motivators change with age.

4.1.3 Theories of Psychosocial Development

The final intrapersonal view I considered was Erikson's Theory of Psychosocial Development first proposed in 1950, and a revision of this theory offered by Vaillant initially in 1977, which has also been called the Adult Tasks Theory (Vaillant, 2002).

Erikson (1964) proposed that all humans are motivated by a desire to achieve competence dealing with specific life challenges that occur during particular periods of their lives. His theory states that we all experience eight development tasks that we must resolve during our lifespan in order to preserve our egos and self-esteem. Successful completion of each developmental task results in a sense of competence and promotes contentment. Failure to master these tasks can lead to feelings of inadequacy. Each of the developmental tasks are outlined in Table 4.1 with an indication of where and when within our development they fall.

Table 4.1: Stages of Psychosocial Development According to Erikson's Theory of Psychosocial Development and Vaillant's Adult Task Theory

	Development Phase (Approximate Age)	Erikson (1950) Life Stage Challenges	A Description of Erikson's Challenges	Vaillant (1977) Developmental Tasks	Description of Vaillant's Tasks
Stage 1	Infancy (0-1.5)	Basic Trust vs Basic Mistrust	Infants must learn how to trust others, particularly those caring for their basic needs. Depending on how they are treated the sense of threat posed by an unfamiliar world can be replaced by trust. When this happens, they gain a sense of security and begin to learn to trust the people around them.		
Stage 2	Early Childhood (1.5-3)	Autonomy vs Shame and Doubt	Children are taught basic ways of taking care of themselves, including changing their clothes and feeding themselves. If a child can't take care of their own basic needs and continues to rely on others they may feel shameful when they see their peers are able to perform basic tasks.		
Stage 3	Play Age (3-5)	Initiative vs Guilt	Children learn new concepts and are expected to practice these lessons in real life. They know that they can accomplish these tasks on their own,		

			but if they fail to do so and end up asking for assistance from others, they may feel a sense of guilt.		
Stage 4	School Age (5-12)	Industry vs Inferiority	Children also become more competitive during this stage. They want to do things that their peers can do. When they perform a task and succeed, they develop self-confidence. However, if they fail, they may feel that they are inferior to others.		
Stage 5	Adolescence (12-18)	Identity vs Role Confusion	Young people are expected to develop their sexual identity. This is gained through a process of self-discovery and recognition of their own personhood. They may also experience an identity crisis as a result of their transition from childhood to adulthood. Crisis at this stage may also be brought about by their own expectations and the expectations of the people around them, e.g. their parents.	Developing an Identity.	Establish an identity that allows a separation from their parents. This identity is made up of one's values, passions, and beliefs.
Stage 6	Young Adulthood (18-40)	Intimacy vs Isolation	Young adults become worried about finding the right partner and fear that if they fail to do so, they may	Development of Intimacy	This task involves expanding one's sense of self to develop

			experience isolation. Young adults are most vulnerable to feelings of both intimacy and loneliness because they interact with others frequently. However, not all young adults find a partner and some may choose to spend their lives single.		a reciprocal relationship with another person.
Stage 6a	Middle Adulthood (30-50)			Career Consolidation	Finding a career that is valuable to society and to him or herself. A career requires contentment, compensation, competence, and commitment. Careers also include that of a spouse or stay-at-home parent.
Stage 7	Maturity (40-65)	Generativity vs Stagnation	Adults who are in their 40s and 50s tend to find meaning in their work. They feel that at this this point in their lives, they should be able to contribute something meaningful to their society and leave a legacy. If they fail to achieve this, they may feel like they have been unproductive and stagnate.	Generativity	Involves the unselfish will and capacity to give. Generativity means being in a relationship in which one gives up much of the control. For example, serving as a mentor to others helps establish generativity.
Stage 7a	(50-65)			Becoming Keeper of the Meaning	This task involves passing on traditions and values that benefit the next generation.

Stage 8	Old Age (65+)	Ego Integrity vs Despair	People are in their older years and in westernised societies are typically retired. It is important that they feel a sense of fulfilment knowing that they have done something significant during their lives. They feel content, as they believe that they have lived their life to the fullest. If they fail to find significance within their life history it's likely that they will experience a sense of despair.	Achieving Integrity	Achieving a sense of peace and unity with respect to one's life and world in the face of your inevitable death.

From Sugarman (2001), Vaillant and Milofsky (1980) and Vaillant (2012)

For adults aged 45-65 years, the focus of this study, Erikson (1964) stated that the developmental task people were engage in is 'Care and the search for generativity versus stagnation'. He contended that people in this life stage are tasked with acquiring a sense of generativity, which involves developing an interest in establishing and guiding the next generation usually through parenthood. Parenthood however is not the only mechanism for achieving generativity. Erikson highlighted creative activities and altruistic concern for the future, educating the next generation and succession planning as generative activities (Sugarman, 2001). Generative adults not only contribute to the advancement of younger generations they work towards leaving a positive legacy of themselves to the future. That legacy can be a small as a piece of advice offered to a co-worker or raising a family. It can be as large as building a business, making a discovery or leading a community (McAdams, 2013; Sugarman, 2001). Those who fail to progress to generativity often suffer from a sense of stagnation and personal impoverishment and may become deeply pessimistic, cynical and regretful about their society's future (McAdams, 2013; Sugarman, 2001; Vaillant & Milofsky, 1980).

In Vaillant's (2002) revision two stages were added, both of which may have significance for midcareer professionals. The additional stages of note are called 'Career Consolidation' and 'Becoming Keeper of the Meaning'. Career consolidation involves transforming a job into a career and also involves the person in creating a social network centred on their workplace. This network and the work role it involves is used to meet the persons need for contentment, compensation (which in Valliant's view means doing something that is useful to others and will be rewarded, so something you will receive compensation for), competence and commitment (Vaillant, 2002). Failure to achieve career consolidation leaves people unsure of what they want to do for the rest of their working lives. If they are not comfortable with the way their life is progressing, they may also feel regretful about the decisions they have made and develop a sense of futility (Vaillant & Milofsky, 1980).

Becoming a 'Keeper of Meaning' denoted efforts by people in midlife to ensure the perpetuation of their own culture and values through efforts to share

what they had learned themselves. The reason for wishing to do this is so that others can carry on to accomplish goals they may not attain during their lifetime, a process of 'passing on the torch' (Sugarman, 2001 p.98). Those who did this had an enduring sense of identity and felt they had found their niche in society. Vaillant also saw this stage as a precursor to the final stage of development 'Integrity versus Despair'. Accepting a 'Keeper' role was likely to have a positive impact on this final stage (Vaillant, 2002). Failing to move towards generativity perpetuated a sense of hopelessness as it suggested investments made in the future would not bring positive returns (McAdams, 2013; Vaillant, 1977).

Generativity as a component of professional development for midcareer nurses and midwives is rarely directly identified, which means that 'Career Consolidation' and becoming a 'Keeper of the Meaning' in the way Vaillant (1977, 2012) describes rarely appears in nursing and healthcare literature. However generative activities are mentioned frequently in relation to the work of Advanced Nurse Practitioners, Clinical Special Nurses and other highly skilled healthcare professionals. Begley et al. (2013) reporting on the SCAPE study comparing the roles, responsibilities, and perceived outcomes of Clinical Nurse Specialists, Clinical Midwife Specialists, and Advanced Nurse Practitioners in Ireland found that all were active in teaching and practice development in both formal and informal settings and considered themselves to be positive role models and mentors, not just to their peers but across multidisciplinary teams. The desire to be a role model and to mentor is frequently mentioned in the studies that Cotterill-Walker (2012) included in her literature review seeking the evidence that M-Level nursing contributed to patient care.

Both Spencer (2006) in England and Birks et al. (2006) in Malaysia highlighted that nurses as part of their participation in higher education placed great store on being an exemplar for colleagues and encouraging others to follow their example through coaching and mentoring. Birks et al. (2006) also point out that in Malaysia where education is highly valued, the desire to be a role model for family and community is also strong, suggesting that generativity extended beyond

the workplace. More recently Larkin (2015) in a grounded theory study that looked to explore how experienced midwives pass on their practice knowledge and skills found that her subjects, who were primarily in midlife, worked hard to transmit their practice knowledge to their students so that they were better able to provide care that was sensitive to the individual needs of the women they encountered. Larkin (2015), Spencer (2015) and Birks et al. (2006) all point out that experienced older workers have significant skills and expertise that they can pass on to younger staff and play valuable roles as coaches and mentors. Ryan, Bergin, and Wells (2017), in a scoping review of the challenges facing older nurses in the workplace, highlighted that one positive aspect was the enjoyment older nurses gained by being role models in the workplace and the experience of working alongside younger nurses. However this was tempered by the frustration that had been reported by older nurses when these abilities were not appreciated by their younger colleagues (Ryan et al., 2017; Spiva, Hart, & McVay, 2011).

Erikson's and Vaillant's views of career consolidation and generativity suggest that midcareer professionals as parents, teachers, mentors, role models, and leaders do contribute to the advancement of the younger generations and therefore strive to leave a positive legacy of themselves for the future and will strive to a have a positive view of their careers. Credential inflation (See Section 3.4.3) could however be viewed as a threat to the person's psychosocial development particularly the efforts the person may make towards career consolidation (Vaillant, 1977), if the value of their professional qualifications is undermined. Credential inflation may also have a negative impact on the views midcareer professionals hold of their generativity leading to feelings of stagnation in mid-life (Erikson, 1964).

It is worth highlighting that both Erikson and Vaillant's views on psychosocial development have been criticised as being reductionist. One reason is because there is little account taken of individual variation. There is a presumption that everyone will go through the same sequence at roughly the same age point in their lives, even although considerable variation has been reported with the developmental milestones occurring at different points that depend on people's

experiences and self-concept (Lachman, 2004; Malone, Liu, Vaillant, Rentz, & Waldinger, 2016). Both models are also based on a very US/Westernised view of development that assumes successful ageing (Bowling & Iliffe, 2011) and both fail to reflect the values held by other cultures (Sneed, Schwartz, & Cross Jr, 2006; Sugarman, 2001).

4.2 Interpersonal Views

Having looked at what may motivate midcareer professionals to return to study using psychological theories I began to consider other viewpoints. Building upon my reading I believed there was a need to consider theories that explored interpersonal viewpoints that would have impacted on all the participants in the study and would have influenced each individual's choice to return to study. Two theories particularly drew my attention and appeared important in relation to this study.

The first one has been present throughout the lives and working careers of all female midcareer professionals, and that is the ideals perpetuated by familialism (also called familism) and tied to this view the gendered stereotypes associated with the concept of the male breadwinner. The second is the impact of ageing and the ageism associated with it.

4.2.1 Familialism

Familialism is a dogma that has been present in Western cultures since the ancient Greeks. In Westernised cultures familialism views the nuclear family of one father, one mother, and their child or children as the central social unit of human organisation and the principal unit of a functioning society and civilization. It involves placing the needs of the family higher than that of individuals (Arber & Ginn, 1995). It can also be viewed as a social construct that promotes a welfare system where it is accepted that families will take responsibility for the care of their own members rather than passing that responsibility to others or the authorities

(Lewis, 2002). Familialism is an ideology grounded on the defence of the family as an institution, one in which women were viewed as caretakers of the home and family, and men were responsible for securing the family's financial well-being thus implying male dominance and promoting gender differentiation (Cunningham, 2008). Since it was accepted as a ruling principle for many centuries familialism is a key vehicle of gender-bias in both law and public policy (Revillard, 2007).

Familialism is responsible for the gendered stereotypes associated with the concept of a male “breadwinner” and the resulting gendered division of work and care that until the end of the last century had dominated British culture. Feminist movements have only challenged this view of the social order since the beginning of the 20th. Century (Revillard, 2007).

The dominance of this view may have particular relevance to older women brought up in a society prior to the erosion of the breadwinner role in the UK. The period of decline of the notion of the male breadwinners and stay at home wife in late 1970’s to mid-80’s occurred around the same time as 45-65 years olds were being schooled and starting out on their career paths. Participants in this study will have been born between 1952 and 1972 and therefore experienced secondary education in Scotland in the 1970’s and 80’s. At that time considerably more than half of the population supported a gendered separation of social roles with the man in the “breadwinner” role and the woman in a dependent “homemaker” caring role (Creighton, 1999; Scott & Clery, 2013). The British Social Attitudes Survey in 2013 highlighted that it took until the late-1980s before it became more accepted that both men and women should be contributing towards the household income (53% of respondents agreed, in a question asking about this in their 1989 survey) (Scott & Clery, 2013). This meant that female midcareer professionals were schooled at a time where there was little expectation that women would be academically or career orientated, or that they required to play a role in wider society beyond being a homemaker and caretaker of the children. This predominant societal view between the 1970’s and 1990’s meant schools were predominantly ‘male’ in ethos and were fashioned to ensure male advantage in education provision (Acker, 1990).

However during the 1970's and up until the present day there has been a marked increase in the labour force participation of women and mothers and the simple male breadwinners and female homemakers view has almost been eradicated (believed by only one in eight people in 2012) (Scott & Clery, 2013). This profound change in societal views is something that all participants in this study have observed and lived through, often as working women and mothers.

It is not exactly clear what impact living through this social change will have had. Cunningham (2008) who interrogated the data from mothers within the Intergenerational Panel Study of Parents and Children, a US longitudinal study which spans the years 1962 through 1993 which investigated the reciprocal influences of parents and children on each other, found that increased exposure to full-time employment decreased women's support for gender specialisation. Cunningham (2008) also showed that women with high school and college education were less likely to support the breadwinner role earlier in their lives than their more poorly educated peers. Creighton (1999) highlights that the decline of the male breadwinner view did bring undoubted gains for women with wider opportunities in both education and the workplace across this time period. However, although women have the opportunity to contribute to household income the expectation that men would participate more in household and caring duties blurring further the outmoded breadwinner view was perhaps hopeful. The decline of the breadwinner view is an incomplete project and gender relations still retain a high degree of asymmetry (Creighton, 1999; Scott & Clery, 2013).

There also appears to be very little written on how midcareer professional women and nurses view their primary and secondary school experiences and the impact that this had on their personal development. Issues surrounding family life and family caring roles are however frequently highlighted as barriers to post-registration education and CPD participation (Cooley, 2008; Dowswell, Bradshaw, & Hewison, 2000; Dowswell et al., 1998; I. A. Pool, Poell, Berings, & ten Cate, 2015). Also commonly reported is the struggle to balance domestic, childcare and caregiving responsibilities once their studies began (Christie, Munro, & Wager,

2005; Kahu, Stephens, Leach, & Zepke, 2013; White, 2008). There is little evidence that the hours spent by married women working and then studying is offset by equivalent changes in the contribution of men towards sharing the housework, childcare and other caring responsibilities. Women are still expected to be responsible for most domestic affairs (Creighton, 1999; Lewis, 2002; Scott & Clery, 2013). Despite the fact they still assumed responsibility for organising child-care and family life, female part-time students still expressed guilt regarding studying infringing on family life (Burrow et al., 2016; Guendouzi, 2006).

4.2.2 Ageing and Ageism

Another interpersonal issue that requires consideration is the impact of ageing and ageism. Both of these issues can be considered gendered issues because the nursing workforce is predominantly female, approximately 9 female nurses to every man within the UK (Royal College of Nursing, 2016). Social roles can be quite dynamic for women in this age group as they assume greater responsibility within the workplace often at the same time as their ageing parents begin to create new demands, requiring them to accept greater caring responsibilities. They may still be dealing with young children and/or older children may also begin to leave home. Change can be both unpredictable and swift against a background where they also find themselves dealing with the physical and psychological challenges of their own ageing (Boyd & Bee, 2015a, 2015b; Twyman, 2005). Women aged 45 to 54 years are consistently shown to have higher levels of work-related stress, anxiety and depression when compared to other age cohorts (Health and Safety Executive, 2016).

Undertaking multiple professional and personal roles can also lead to increased physical and emotional strain in older female workers (Kenney, 2000; Stewart et al., 2000). Older female nurses tend to assume responsibility for many additional domestic duties within the home, not just caring for ageing parents and their own families but their own lives may involve moving home, marrying, remarrying, becoming ill and experiencing the death of a close relative or partner

(Moseley, Jeffers, & Paterson, 2008). Perhaps it is not surprising that additional caring responsibilities has been identified as a prominent factor in why older nurses chose to leave (Hayes et al., 2012) and that many older nurses allude to struggling and report having a lack of energy to complete physical tasks within the workplace (Ryan et al., 2017; Spiva et al., 2011).

Regarding the impact that these issues have on midcareer professional's in taught postgraduate programmes; firstly, nurses within this age group are less likely to join such programmes and also less likely to participate in formal CPD activities relative to younger workers (Pool et al., 2013b; Wray et al., 2009). They also face time constraints to engaging in most CPD activities because of their other commitments (Gould et al., 2007). Secondly, personal and family pressures have been recognised in several studies as reasons for difficulties encountered while studying and for programme withdrawals (Bahn, 2007; Dowswell et al., 1998; Gould et al., 2007; Spencer, 2006). Finally, the impact of age related changes such as declines in vision and hearing; reduced strength and flexibility; persistent mental fatigue and tiredness; dealing with the menopause and their own age-related illnesses (Hatch et al., 2018; Ryan et al., 2017; Spiva et al., 2011) may all contribute to the high attrition rate and lengthy completion times that affect healthcare and other postgraduate taught programmes (Burrow et al., 2016; Spencer, 2006; St.George, 2006).

As well as dealing with the impact of their own ageing older nurses are not immune to ageism, defined by (Butler, 1969) as "…systematic stereotyping and discrimination against people because they are old" (p. 243). Literature reviews by Kagan and Melendez-Torres (2015) and Moseley et al. (2008) suggest that older nurses are challenged by negative attitudes and do not enjoy as positive a working experience as might be desired. Moseley et al. (2008) conducted a substantial literature review in the area of older nurses' employment from 1998 to 2007 and identified a number of issues that led to older nurses staying in the workforce or leaving. These included the respect they were given, the recognition given to their experience, the attitude of management, the autonomy they had, their sense of

community, opportunities for professional development, work demands, flexibility, and financial factors.

Gabrielle, Jackson, and Mannix (2008) looking at the experiences of older female nurses between the ages of 40 and 60, reported that two themes emerged. Nurses felt that they are not being cared for and exposure to work stress and burnout. While stress and burnout are issues experienced by all nurses the respondents thought that no account was taken of their changing needs as they age. Gringart et al. (2012) looked at the views of people recruiting older nurses and found even in this group, clear evidence of negative attitudes toward older nurses declaring that these same attitudes would be injurious to the psyche of older nurses in the workplace. Negative stereotyping included older nurses being seen as more cautious than younger nurses, less adaptable, less physically strong, less trainable, flexible, and efficient, less interested in technological change and lacking technological proficiency as well and as lacking necessary physical capabilities (Gringart et al., 2012; Moseley et al., 2008; I. A. Pool et al., 2015; Spiva et al., 2011).

Kagan and Melendez-Torres (2015) point out that age discrimination in nursing is generally hidden beneath a rhetoric of rationales based on the psychosocial and physical demands of practice, and limited flexibility in working systems such as staffing patterns and shift times. This occurs despite positive stereotyping around older nurses being more dependable and reliable, more loyal, and as hard working as younger workers (Letvak, 2003; I. Pool, Poell, & ten Cate, 2013). It also seems that employers are not willing to invest in the development of ageing workers, because there exists a common view that with a reduced number of working years ahead of them the cost in time and money is a poor investment.

Many employers take no action to increase the hiring of older workers or to improve the productivity of older workers through training, despite official government policies to the contrary (Gringart et al., 2012; Isopahkala-Bouret, 2015a). This negative stereotyping is occurring sadly at a time when the retention of older nurses within the workforce is vital to address the worldwide shortage existing within the profession (Moseley et al., 2008).

4.3 Integrated Views

Finally, following further reading I explored the usefulness of theories and ideas that integrated both the intrapersonal and interpersonal and take a more holistic view that may help explain the findings from my study. Two views derived from philosophy that have deliberated upon the societal role of education are of particular interest. The two holistic views of note are views on Human Capitals as explicated by Bourdieu and others and Recognition Theory, particularly as it has been expounded by Axel Honneth.

4.3.1. Human Capitals Theory

Human capital relates to the qualities that people have, the knowledge, skills and competencies acquired during their lifetimes that can be used to contribute to economic growth (Keeley, 2007). Human capital as an idea can be traced back at least 300 years to the Scottish philosopher and the pioneering political economist Adam Smith who discussed the idea of human capitals in the 'Wealth of Nations' (A. Smith, 1776) considered the first book of modern economics.

The current view of human capitals theory was popularised by Gary Becker an economist and Nobel Laureate, Jacob Mincer and Theodore Schultz all colleagues at University of Chicago Department of Economics. Schultz first put forward the notion that the essential role of education was to increase human capital (Schultz, 1961). It is through investment in their own human capital that individuals acquire knowledge which encourages their participation in society, opens doors to career opportunities and financial improvements that benefit the wider society (Schultz, 1961). However Becker (1964) writing in more depth and explicitly about the links between capitals and education had more impact on how human capitals are now viewed and it was Becker's work that chiefly influenced Pierre Bourdieu and his views on human capital theory. Bourdieu (1986) questioned Becker's (1964) emphasis on economic capital as being the only form of capital benefitting from investment in education and contended that capital can be viewed

more widely and exists in three fundamental guises. They are economic capital which relates to the persons' material assets, social capital which relates to a person's social connections and obligations and cultural capital which is an accumulation of knowledge, behaviour and skills that can be used to demonstrate your cultural competence and social standing within your society.

Bourdieu (1984) in earlier writing had observed that cultural capital is used to facilitate and enforce social divisions, hierarchies, and ultimately, inequality. So we all have an awareness of cultural capital, and deploy it on a daily basis to navigate the world around us. Bourdieu (1984) emphasized that cultural capital exists in a system of exchange with economic and social capital and that the three are often swapped for each other. For example, with economic capital, one can buy access to prestigious educational institutions that then reward the person with valuable social capital. This socialisation and education with an elite group can then be used to boost your social standing allowing the person to gain more forms of cultural capital as a consequence.

Cultural capital may also be institutionalised in the form of educational qualifications (Bourdieu, 1986). In a similar manner to economic capital Bourdieu (1986) also posited that other capitals are "…unequally distributed in society and the dominating classes are deriving profits from them all at the expense of others" (p. 248). Bourdieu suggested that economic capital is at the root of all other types of capital and that other forms of capital are just disguised forms of economic capital. Accumulation of capitals is also a method for acquiring power.

Bourdieu's premises around these three capitals came from his efforts to explain the class inequalities which lead to the unequal scholastic achievement observed in children. Their academic success was not down to natural aptitudes but related to the economic, social and cultural capital that they acquired principally from their families (Bourdieu & Passeron, 1977). Bourdieu (1986) pointed out that cultural and social capital take time to accumulate and once in place have a capacity to reproduce themselves because they have the potential to increase economic capital. This ability allowed inequality in achievement in school and other spheres

to persist in a variety of ways across generations despite efforts made to remove them. It also led to Bourdieu and Passeron (1977) suggesting that formal qualifications are objectifications of a person's cultural capital and therefore not always reflective of the person's real abilities.

Aligned with capitals Bourdieu also discusses the idea of habitus. This is a concept he used to express the way that individuals become themselves and develop their attitudes and dispositions. The process is unconscious and a habitus is acquired though continual exposure to particular environments and conditioning (Bourdieu, 1972). This means that a habitus is shared by people subjected to similar experiences even though each persons' exposure has been different (Wacquant, 2008). Habitus also determines the way individuals engage with others in practice, for example being a nurse (or being socialised into becoming a nurse) disposes the person to adopt certain activities and perspectives that express the cultural and historical values of nursing and other healthcare professions.

Connected to the idea of habitus is another concept Bourdieu adopted called field. When Bourdieu discusses field he is referring to a sphere of life, like science or politics which have distinct sets of rules, conventions, titles and behaviours which sanction certain discourses and activities (Wacquant, 2008). People entering into that field have to abide by its conventions, however the fields are created out of conflict as individuals and groups who align themselves to particular stances and associations in a field aid in determining what constitutes cultural capital within that field (J. Webb, Schirato, & Danaher, 2002). Fields are also fashioned by their interactions with other fields. While the agents and institutions within one field seek to preserve, change or overturn the existing distribution of capital they also have to defend themselves from the influences and intrusions of neighbouring fields (Tholen, 2017); for example nursing and medicine can be considered fields which may come into conflict. Fields play an important part in determining your social position within society as entering a field often requires a particular composition of cultural capital (Wacquant, 2008).

In relation to part-time mature students, there are studies that have looked at their participation in HEI's and tried to determine the impact this has on their capitals. In several studies looking at mature students, the capitals that have been examined have been human capital, social capital and a third capital labelled identity capital. Identity capital is derived from Bourdieu's (1986) social and cultural capitals and is used to outline the resources required for adult identity formation. Described initially by Côté (1996) it was utilised by Schuller (2004) to create his three capitals model. These three capitals, Schuller, Brasset-Grundy, Gree, Hammond, and Preston (2002) claim, are the most obvious outcomes of learning. Schuller (2004) suggests that we should consider

> "…learning as a process whereby people build up – consciously or not – their assets in the shape of human, social or identity capital, and then benefit from the returns on this investment in the shape of better health, stronger social networks, enhanced family life, and so on" (p. 23).

Two studies that have examined this three capital view are linked because they make use of information from the same data set. In the academic year of 2004-05, Feinstein, Anderson, and Hammond (2007) conducted a large survey of part-time mature-age (over 25 years) graduates and postgraduates from two UK universities ; Birbeck University and the Open University. Both these HEI's specialise in teaching students with this profile and the survey asked them about the benefits of this experience. Over 5,000 students who had graduated from both institutions in 2003 were surveyed and around 57% replied yielding 3,072 responses almost evenly split between both institutions. Respondents were asked over 40 questions about the outcomes of their studies and their answers were summarised into 14 types of resulting benefit using a combination of factor analysis and theory. Benefits were grouped into 4 categories one of which was labelled identity capital which included self-development and learning progression. Feinstein et al. (2007) reported that about 70% described benefits in skills, 30% thought that their

occupation had benefited either in a direct way through better job appreciation or that their career opportunities had improved. However, most graduates appeared to have the same employment status, and to be in the same type of work as when they began studying. In relation to identity capital over 60% mentioned personal development, improved self-confidence and increased happiness (but not always all three) as benefits of participation. Attitudes to further studying also showed improvement. Feinstein et al. (2007) point out that their response rate was around 60%, so just over 40% of the graduates did not respond. The 40% were not followed up, so it is not clear if not participating was related to dissatisfaction. Selecting out two Universities which are atypical of the overall sector also limited their findings usefulness. That it is also a retrospective study conducted once the students had graduated may also have coloured the results, as their positive degree outcome may have affected their responses to some questionnaire items.

Having completed this survey, Jamieson, Sabates, Woodley, and Feinstein (2009) returned to the data set and regrouped the responses into categories that fitted more closely with the 3 capitals framework (Schuller, 2004). On reporting though, they used a four-way classification of outcomes and benefits which included generic skills (such as leadership, management, communication and problem solving); personal benefits (identity capital items such as self-confidence and happiness); employment-related benefits (human capital items such as an increase in job satisfaction) and socially related outcomes (social capital items, such as meeting new people). Respondents from both Universities were consistent in reporting that it was their identity capital that had benefitted most (60%), followed by human capital (23%). There was also an improvement in generic skills (16%) and in social capital (15%) (Jamieson et al., 2009). They also noted that postgraduate students reported the least benefits in terms of identity and human capital. Two other notable findings in relation to midcareer professional nurses was that graduates motivated to participate for employment-related reasons were significantly more likely to report benefits in all dimensions and those with school-age children reported significantly more social capital benefits than those with no

children. Jamieson et al. (2009) felt that may be a consequence of how they measured social capital because they had included items like 'the ability to help children's education', 'relationship with children' and 'family more interested in learning' as questionnaire items that counted towards social capital gains.

A later UK study by Swain and Hammond (2011) involved in-depth narrative interviews with a mixed group of 18 mature-age, part-time graduate and postgraduate students drawn from Feinstein et al's (2007) survey, all at Birbeck College. This qualitative study was a planned phase 2 following the phase 1 survey and took place between 2005 and 2006. Their sample was purposively selected to include, six men aged 30 and under without dependent children, six women aged 30 and under without dependent children and six women aged 31–46 with dependent children. The sample was drawn from graduates from a range of subject areas to get some measure of whether participating in vocational or non-vocational degrees made a difference. Within the 18 graduates interviewed, two had completed a Masters qualification as their first degree award. Four of the female participants had been undertaking a second degree and therefore had experience of HEI's prior to this one, four had also begun on undergraduate HE courses but had left within or after the first year, so as a group they had a range of experiences of HEI's beyond their most recent one which may have strongly impacted on their views. One study question was also framed as: '… in what ways, if any, did the course affect you positively or negatively in terms of self, family, work and lifestyle?' (Swain & Hammond, 2011, p. 597). These factors make Swain and Hammond's (2011) study, which ostensibly focused on undergraduate students more relevant to this study of the postgraduate experience than might otherwise first appear.

Swain and Hammond (2011) undertook face-to-face interviews that covered the reasons for engagement with an HEI, the experience of undertaking study and their perceived outcomes. In their study the largely positive outcomes they reported were grouped into four categories. Identity and social capital as Jamieson et al. (2009) had done but this time human capital was divided into professional capital (relating to skills) and economic capital (relating to employment).

Swain and Hammond (2011) indicated that the strongest perceived benefits again occurred in the area of identity capital, with reported increases in self-confidence and self-understanding. The second most reported benefit was in human capital (skills), and included a sense of improved work performance and a deeper understanding of their work. Changes to social capital, such as the development of new friendships, were also reported (Swain & Hammond, 2011). A major benefit of studying in mature adulthood Swain and Hammond (2011) claim is that that the positive outcomes reported by mature students are often greater than those gained by other students. Their view regarding this and the importance of identity capital to mature graduates is expressed in Swain and Hammonds (2011) last sentence which states "… lists such as increased skills, attitudes, confidence and better health do not do full justice to the vivid and passionate descriptions from many of the ways in which studying (at an HEI) had profoundly changed their lives" (p. 610).

Neither Jamieson et al. (2009) nor Swain and Hammond (2011) used the 'capitals' based frameworks they had adopted to look specifically at the experiences of part-time students from the health and social care sector. A study that does both was conducted by Gibbons and Shannon in 2013. This study was mentioned previously in relation to personal motivation (see p.48). Gibbons and Shannon (2013) chose to report the results of their survey in terms of Schuller's (2004), three capitals. Within their study they adopted an approach which combined survey data with free-text responses they received from the survey and via email. Their survey was derived from a survey questionnaire used by Preston and Hammond (2002) who looked at teacher/lecturer views of the wider benefits of further education in England. This was supplemented by questions exploring areas of interest associated with the each of the three capitals. The survey respondents were those willing to participate from a group of 350 employees who were part-time mature-age graduates and postgraduates drawn from the Tasmanian Department of Health and Human Services (TDHHS) staff. Two hundred and seventy two people replied after two recruitment rounds, a high response rate, however this still represented less than 3% of the department's staff.

The most common benefits identified by respondents from engagement with an HEI in rank order were; a self-reported improvement in job performance (human capital benefit), improved self-esteem (an identity capital benefit) and an increased motivation to learn (human capital benefit). Of note, social capital benefits were not emphasised in Gibbons and Shannon (2013) results with social capital being reported as neutral and perhaps worsening for some, indicating that there may be a cost associated with participating.

Gibbons and Shannon (2013) attempted to contextualise their findings by conducting an analysis of the free text responses they had received. What their analysis indicated was that it was the students' work and home environments that may have had a role in shaping their perceptions of benefit. Factors such as workplace/management support (or the lack of it), the stress they associated with their profession/position (generally in terms of unpaid overtime) and their personal (family) situation may all have influenced their views. The work with the TDHHS staff in Tasmania continued until 2015. In that time two further surveys were conducted. One was administered to a group of part-time, postgraduate students studying in Public Health and Leadership and attracted 86 responses from students engaged in part-time postgraduate study, but not necessarily employed by TDHHS. The fourth survey conducted in 2014 targeted the line managers of TDHHS staff registered and attracted 41 responses (Shannon et al., 2017). In this later survey work the same list and view of "capitals" as used in Gibbons and Shannon (2013) was used. Exploring all the data that was now available to the team (Shannon et al., 2017) concluded that across the health and social care workforce it was human capital benefits (job satisfaction, performance and pay) that had primacy, identity capital was next, with social capital the area least likely to benefit. This differs from the conclusions of Jamieson et al. (2009) and Swain and Hammond (2011) regarding graduates and postgraduates in other fields where identity capital was identified as the capital most likely to benefit. They also found the views of line managers interesting in that they were not as positive about the benefits of part-time postgraduate study as the staff who were attending HEI's. Shannon et al. (2017)

also point out that despite their intensive examination of this topic in the Tasmanian workforce the understanding we have of these (and other benefits) in relation to age, gender, seniority, profession and the impact of prior tertiary education remains poor.

The study described in this thesis which looks solely at the views of midcareer part-time nurses, who may occupy senior professional roles may shed further light on Shannon et al's (2017) findings in relation to the capital benefits derived from postgraduate study and provide some further insights into the areas they felt required further exploration.

4.3.2 Recognition Theory

The second integrated view of note was Recognition Theory. The term recognition in this context is used to mean more than a form of identification, such as when we 'recognise' someone across the street. Recognition is used as a social construct in the theory to refer to the act of acknowledging or respecting another person to show that we accept their status, achievements and their rights. Taylor (1994); Honneth (1995) and Fraser (2003) point out that there are a number of ways we are recognised and recognise others and that the ways in which we are recognised play a role in determining our quality of life. They also suggest that recognition is so important that it helps form and may even determine our sense of who we are and the value accorded to us as individuals (Fraser, 2003; Honneth, 1995; Taylor, 1994). Honneth (1995) places recognition as the central mechanism through which our existence as social beings is conferred because it is required to successfully integrate into any community. It also involves all of the members of a community because everyone can receive and confer recognition.

Philosophical and political interest in recognition can be traced to the work of Hegel who first coined the phrase 'the struggle for recognition' in 1807 (Hegel, 1977). For Hegel, recognition was the mechanism through which our existence as social beings was generated; meaning that our successful integration into particular communities is dependent upon us receiving (and conferring) appropriate

recognition. Honneth (1995) develops this further contending that the establishment of our individual identities is also a relational process. Individuals can only attain a healthy self-identity by experiencing recognition from others. If there is no intersubjective recognition, we cannot establish an accurate view of ourselves and the development of our personal identity is put at risk (Altmeyer, 2018).

Recognition not only provides the basis for our sense of self; Honneth (1995), like Hegel (1997) also reasons that it is the process by which individuals develop awareness of their self-esteem and standing within a community. Honneth (1995) contends that the struggle for recognition is based on an individual's experiences of disrespect and their need for self-esteem. He proposed that there are three positive 'patterns of recognition', necessary for people to feel they are recognised appropriately within their communities. These are 'love', 'rights' and 'solidarity'.

Here, 'love' refers to a need for physical love and emotions being met by others, generally our family, close friends and lovers. Love furnishes us with rudimentary self-confidence but this can be damaged by exposure to physical and emotional abuse.

The type of recognition that Honneth (1992) refers to as 'rights' concerns the development of our morality which is established via our ethical relationships with others. It is a mutual mode of recognition where the person learns to see themselves from the perspective of other people in interactions and in that process observes that others have the same rights as themselves (Honneth, 1992, 1995). The denial of rights through social and legal exclusion can threaten one's sense of being a fully active, equal and a respected member of society (Fleming, 2016; Hamer, 2013).

The final form of recognition is 'solidarity' which relates to recognition of our personal qualities and abilities. Solidarity is essential for developing our self-esteem and determines how we see ourselves as individuals. Honneth (1995) states that because this type of recognition involves affirmation of our personal traits and our abilities by others, it plays a role in defining us. Unlike 'love' and 'rights' therefore,

expressions of ‘solidarity’ and thus the development of self-esteem requires the acknowledgement of an individual’s contribution to the collective. It requires that a person’s traits and abilities are valued and seen as in tune with the society to which they belong. As a result their achievements are respected, particularly in situations when they support the accomplishment of the group, community or society’s goals.

Not being engaged in relationships that provide solidarity risks alienation from a preferred group and potential vulnerability to persecution from both within and out with the collective (Hamer, 2013; Honneth, 1995; Thompson, 2006). For Honneth (1995), receiving recognition through expressions of solidarity and mutual respect underpins the development of self-esteem. He goes on to point out that solidarity also has a strong evaluative component, indicating not only recognition as an accepted member of a group, but also a measure of relative status within that group. All three spheres of recognition are crucial to developing a positive attitude towards oneself (Hamer, 2013; Hanhela, 2014; Honneth, 1992, 1994, 1995).

Honneth (1994,1995) also made the point that failing to be recognised or being denied recognition or rights could be regarded as disrespect or misrecognition and had the potential to cause harm to a person’s personality development. Just as there are three positive patterns promoting recognition there are also three negative patterns of disrespect. The first of these is the denial of rights, and the extremes of rape and torture which are violations that damage a person’s self-respect. The second form of misrecognition relates to laws. It results from being excluded from a societal benefit (e.g. education or healthcare) that one would believe they had a right to within their society. This would include the right to be protected from discrimination on the basis of gender etc. (Fleming, 2016). The third form of disrespect is based around cultural norms and includes abuse, insults, ignoring people and other forms of putting people down that undermine their identity and reinforce prejudices (Honneth, 1994, 1995). A table (Table 4.2) outlining Honneth’s view of Recognition is presented below.

Table 4.2: The Structure and Relations of Recognition (Adapted from Honneth 1995, p.129).

Mode of Recognition	Emotional Support	Cognitive Respect	Self-esteem
Forms of Recognition	Love (and Friendship) Primary Relationships	Rights Legal Relationships	Solidarity A community of shared values.
Dimensions of Personality Impacted	Needs and Emotions	Moral Responsibility	Traits and Abilities
Practical relationship to the self	Basic Self-confidence	Self-respect	Self-esteem
Forms of Disrespect	Abuse, rape	Denial of rights, exclusion	Denigration, insult, undermining
Threatened personality component	Physical integrity	Social integrity	Dignity, Honour

Honneth's work extends beyond the impact of recognition on the individual. He also looked at applying recognition theory on a societal level, hypothesising that societal and social development is the result of morally motivated social groups attempting to establish institutionally and culturally expanded forms of recognition (Honneth, 1995, 2014). For example in an interview with Gonçalo Marcelo in 2010, Honneth briefly discusses Italian immigrants to the USA at the turn of the 20th Century who for many years were not respected to the same degree within society as the white Protestant American majority (Marcelo, 2013). It is Honneth's view that it was a struggle for recognition that brought about the social transformation that led to their wider acceptance (Honneth, 1992; Marcelo, 2013)

Fraser (2003) contends that it is not just recognition that is required for social development and transformation such as this, we also need to consider the distribution of wealth (or worth, generally in the form of salary) and the distribution of rights and goods across society as these are defined by an underlying value

structure which is economically driven. Fraser (1995) summarising views held by several authors about social justice contends that it consists of both socioeconomic justice and cultural or symbolic justice. To illustrate this she points out that that socioeconomic injustices include exploitation, economic marginalization (being confined to undesirable or poorly paid work or being denied access to income-generating labour altogether); and deprivation (being denied an adequate material standard of living). Cultural injustices include cultural domination (being subjected to patterns of interpretation and communication that are associated with another culture and are alien and/or hostile to one's own); non-recognition (being rendered invisible via the authoritative representational, communicative, and interpretative practices of one's culture); and disrespect (being routinely maligned or disparaged in stereotypic public cultural representations and/or in everyday life interactions). Despite the differences between them, both socioeconomic injustice and cultural injustice remain ever-present in contemporary society (Fraser, 1995, 2008). Distributive justice, which is the equalization of the rights and redistribution of goods alone cannot remedy social injustice. Equally recognition without redistribution cannot be perceived as the cure for social injustice. Both an economic shift (redistribution) and a cultural shift (recognition) are required to achieve social justice (Fraser & Honneth, 2003).

In relation to higher education Recognition Theory has been little explored. One study of note which highlighted how the use of Recognition Theory helped in the interpretation of their results was the Access and Retention: Experiences of Non-traditional Learners in Higher Education (RANLHE) project. This was an EU funded project looking at factors which promote or inhibit the access, retention and drop-out of non-traditional students in higher education. It involved eight partner HEI's based in six EU countries and ran from 2007 through to 2011. In Eire, one of the participating partner countries, Fleming and Finnegan (2011b) conducted auto/biographical narrative research interviewing students at the beginning, in the middle and towards the end of three years at university. The basic question that they asked was 'What enabled non-traditional students to continue at university for

the duration of their courses?' One hundred and twenty five in depth interviews with non-traditional learners in three very different HEI's were conducted. The HEI's were an elite university, a university that provides access to non-traditional adult students and an Institute of Technology with an explicit mandate to address community and economic needs in an under-developed urban area (Fleming, 2016; West, Fleming, & Finnegan, 2013). Although the study was primarily about undergraduate students there are some interesting parallels with the midcareer professionals involved in this study. The undergraduate students interviewed were studying social sciences, arts and humanities including health related topics. The majority were also female students with ages ranging from 18-70 years with the majority (30-40 years of age) just below the sampled age range used within this dissertation. Fleming and Finnegan's (2011b) narratives provided important insights into the lived experiences of non-traditional students in higher education and how they perceived it fitted into their lives and their sense of themselves. The study also yielded rich data on pedagogy and learning, on the impact of social class, migration, gender and the nature of student resilience, but what surprised Fleming and Finnegan was the predominance of the theme of 'self-esteem' in the interviews and the relationship between education and a desire for recognition and respect. Having discovered this, Fleming and Finnegan (2011b) analysed their findings about the student experience using Honneth's (1995) ideas about the desire for recognition as a possible explanation for student success and continued motivation. This proved to be particularly fruitful for teasing out some of the most prominent themes that emerged from their data. Although these ideas did not explain all aspects of the student experience they were key to grasping how the desire for social recognition might be linked to student motivation and student success.

Recurrently RANHLE study interviewees indicated that their success and failure had a complex but significant relationship with aspects of improving social recognition, in many ways emulating Honneth's theory. Intersubjective recognition emerged as a key theme and was central to students' accounts of their motivation for applying and then in their determination to complete. Fleming and Finnegan

(2011b) believed this 'struggle for recognition' helped to frame many of their findings. For example, in relation to student resilience and determination to succeed, some struggled throughout their degree with financial and academic challenges with relatively little support but stayed the course because getting a degree was seen as meaningful and significant. This determination to succeed appeared rooted in their desire for social recognition as expounded by Honneth (1995). Participants pointed out that the desire to be recognised took various forms including a desire for greater social equality and 'inclusion', the meeting of perceived personal developmental needs and greater choice within the labour market on degree completion. Fleming and Finnegan's (2011a; 2011b) results cannot be understood simply as just 'inherent' personal characteristics of participants but were the outcome of a complex interplay between coping with and reflecting on the structural demands placed upon them in their search for a better life (Honneth, 2014). Students were clearly not seeking status or prestige alone but rather recognition, which touched on their own sense of self and their 'public' persona (Fleming & Finnegan, 2011a, 2011b).

While the 'struggle for recognition' helped to frame many of their empirical findings it was not the only concepts Fleming and Finnegan (2011b) explored. They also discussed the idea that university was a transitional space in which aspects of their interviewees identities were explored, renegotiated and sometimes transformed, thus permitting significant personal development to occur (Fleming, 2011; Fleming & Finnegan, 2011a). The University at the same time was a habitus (Bourdieu, 1986) where many non-traditional students felt uncomfortable. In a later paper West et al. (2013) discussed some of RANHLE students experiences to illustrate how their academic journeys had been shaped by disrespect in school or work that related to their social class, structural inequalities, gender and positive and negative interactions with teaching staff. HEI's were seen by some to be a place which could undo the impact of disrespect and the low status they had in society and the workplace. HEI's were places where self-esteem could improve if you could adapt to the demands of the institution and the programme (the habitus) that you

found yourself in (Fleming, 2016; West et al., 2013). In more recent work reflecting on what was learned during the RANHLE project Fleming (2016; 2017) argues that for adult learning to be a transformative experience (Mezirow, 1991), the students struggle for recognition needs to be considered. The struggle for recognition has to be accepted as a key motivation for learning and an important part of the underlying forces that lead to transformative learning (Mezirow, 1991). Fleming (2016; 2017) also contends that lecturers need to acknowledge that teaching adults is a process of mutual recognition that has the potential to strengthen identity development, if the significance of mutual support, peer teaching and student-centred activities are embraced.

Other studies that have utilised Honeth's (1995) Recognition Theory have focused on developmental aspects of the Recognition of Prior Learning (RPL) process. RPL generally involves the assessment of previously unrecognised skills and knowledge that an individual has achieved outside the formal education and training system. The processes involved often require the student to demonstrate how their experience matches the requirements of the credit they seek. It can be a developmental process if the assessor/educator adopts an approach that encourages reflection and assists the learner to make links between different learning contexts thus encouraging personal and professional development at the same time as the claimant achieves the required credential (Sandberg, 2014; Valentine, Bowles, & McKinnon, 2016). This process is generally viewed not only as a way to recognise previous relevant professional work experience but also one that acknowledges the difference between young students who enrol in HEI's straight from school and older students who may arrive with years of practice experience, family responsibilities, and significant financial commitments (Valentine et al., 2016). Most students undertaking RPL have a desire to join undergraduate programmes particularly those leading to vocational qualifications like teaching, social work and nursing. While this is a very different group of students in relation to their experience of HEI's than midcareer professionals returning to M-Level

study, RPL candidates do share some similarities in that they are mature students returning to education after a break initiated by employment pursuits.

In 2013, Sandberg and Kubiak, re-examined data from an English study and a Swedish study of RPL for healthcare workers. Honneth's ideas regarding recognition were used as an interpretive device during this secondary analysis. Both of the original studies were conducted in 2008, the Swedish cases were drawn from a field study of RPL in the health care sector and the English study drew upon a subset of data from a project focused on understanding support worker learning. From each data set both authors selected three participants with contrasting experiences that they had interviewed. They chose those that they thought could best illuminate different dynamics of recognition in relation to the RPL process (Sandberg & Kubiak, 2013).

It is difficult to grasp how comparable the two data sets were but both studies involved in-depth interviews with healthcare support workers at different points in their RPL journey. Little detail is given around the selection process for the three participants from each study beyond the fact they were the author's choices and therefore may not be wholly representative of all participants' experiences. However, Sandberg and Kubiak (2013) concluded a number of points from their comparison. Participating in RPL and the recognition this brought appeared to raise participants' self-awareness. They had a deeper appreciation of the skills and knowledge that they possessed. RPL allowed participants to rise above non-recognition in the workplace, it represented a raising of their cultural value and allowed them to re-appraise their capabilities. Arguably RPL enabled the participants to forge an enhanced identification of themselves increasing their self-esteem and helped legitimise recognition not normally accorded to them in the workplace (Sandberg & Kubiak, 2013). On the occasions where the qualification was recognised with increased salary, this legitimacy was enhanced by the concrete reward. There was some ambivalence on the matter of rewards in terms of salary and some participants were satisfied with achieving the academic credit even when it went unrewarded. Overall Sandberg and Kubiak (2013) and later Sandberg (2014)

claim that if the goal for participants is improved recognition, the enhanced self-esteem that RPL brings could have a positive effect on each participants work community.

Working in South Australia, Hamer (2013) was investigating how to support greater engagement with, and completion of, RPL by non-traditional learners working in the community services industry. All the participants were in similar roles and at similar grades as Sandberg and Kubiak (2013) participants but Hamer's participants were all community workers. Data was gathered through a series of semi-structured interviews with nine RPL candidates, their workplace supervisors and assessors at three stages during the RPL process. Thematic analysis was undertaken using constructivist grounded methodology (Charmaz, 2003, 2008). Honneth's Theory of Recognition (Honneth, 1995) was used to provide an interpretive lens. The candidates were six women and three men from differing cultural backgrounds, aged from 18 to 58 at the time of enrolment within the same registered training organisation. The experiences of these nine candidates were revealed through interviews with seven supervisors and six assessors, who exerted a significant influence upon their RPL process. From the 54 individual interviews, carried out at 3 stages and an assessor focus group, conducted at the later stages of the investigation the emerging themes indicated that candidates' sought a sense of social place and value, this included an acknowledgement of their abilities and ongoing contribution to their community.

The formal accreditation represented by the academic parchment as Hamer (2013) points out was not 'just a piece of paper', but carried a considerable emotional, psychological and social weight. All nine candidates expressed a desire to be affirmed as valuable to their workplace and to society and wanted to gain external legitimation of their claims to be recognised in a variety of roles often extending beyond the workplace. Greater self-confidence and sense of agency also drove the candidates' RPL ambitions; reaffirming their sense of worth. RPL was also seen as a practical step that could be taken to further their careers or gain an

increased salary (Hamer, 2013). There is a lot of similarity between these findings and the conclusions of Sandberg and Kubiak (2013).

Hamer (2013) went onto to discuss her findings in relation to Honneth's (1992, 1995) views of love, rights and solidarity. She suggests that love-based recognition is relevant to the candidates in that they are sensitised to the presence of appreciation of their struggle for recognition from the assessor and this can support their engagement in the RPL process, encouraging continuation with the task. Absence of this appreciation had the opposite effect.

With regards to rights, access to RPL was taken by candidates and assessors to be an enactment of rights-based recognition. Hamer (2013) puts forward the idea that the RPL process itself may become a form of misrecognition because the assessor always questions the competence of the participant as part of the process. Hamer (2013) suggests that this misrecognition may help to explain the experience of many non-traditional learners entering tertiary education who start but fail to complete.

With regards to solidarity, candidates seek solidarity as confirmation of being worthy and their relative value within a range of social contexts. Assessors as the appointed arbitrator of the individual's social value in relation to professional competency and the vehicle through which they can gain their award, hold significant influence. If participants do not feel encouraged they may face a kind of gradual attrition where the fear of failing to meet the competency required inhibits them from enduring through the pressures and obstacles that arise.

Hamer (2013) suggests assessors and the organisations supporting RPL need to consider how Honneth's (1992, 1995) conception of love, rights and solidarity operate through RPL if they want to assist engaging and maintaining non-traditional candidates through the process (Hamer, 2013).

Both Sandberg and Kubiak's (2013) and Hamer (2013) studies look at situations that are different from the experiences of midcareer professionals studying at M-Level. For most RPL students the RPL process is their first exposure to HEI's, however the age overlap, the fact that they are majority female and working

in the same fields as the participants of this study may mean there are some commonalities in how Honneth's Theory of Recognition applies.

4.4 Conclusion

In this chapter I have illustrated how my thinking around theories that could help inform my study developed as the data was collected. I have presented my theoretical journal as three succinct stages but, of course, this was an iterative and overlapping process where I questioned the relevance of each theory to the data I gathered.

My aim in exploring different theories from different disciplines was to best explain the findings that emerged from my study. It was not quite a ground-up approach but rather a process that involved me constantly re-evaluating how the various theories I identified could contribute to a more rounded understanding of the data and the themes that were generated. For example, part-time mature and postgraduate healthcare professionals face a complex balance between study, employment and personal commitments, all of which are likely to have an impact. Their situation requires compromises and sacrifices creating a student experience which may be packed with stress and tensions that need to be dealt with. Their experiences of studying are likely to be affected by their motivation, workplace, their family, their friends and work colleagues, their previous experiences in education and HEI's and possibly other factors linked to their age and gender.

This study hopes to provide some insight into these elements and how they are viewed by the participating midcareer professionals. In the next chapter I discuss how this study was constructed and conducted to address the research question I posed at the end of Chapter 3.

Chapter 5: Methodology

5.1 Chapter Overview

This chapter details the research methodology adopted including the rationale for selecting descriptive phenomenology as a suitable approach to investigate this poorly understood phenomenon. The chapter begins by clarifying the ontological and epistemological stance taken in this study and then reviews phenomenological theory as it relates to this study. The means of collecting the data, including sample selection and the method adopted for analysis is also discussed. In addition this chapter also covers the steps taken to ensure the project was ethically sound. The chapter closes by examining the approach to rigour taken within this study.

The purpose of this study was to examine how midcareer professional nurses and midwives aged 45 years and over participating in health and social care programmes at Masters Level perceived their experiences within HE. The aims of the research given in Section 3.5.2 was:

- To bring to the fore the perceptions that midcareer professionals have about participating in health and social care Masters Programmes as older students.
- To reveal the personal, social and cultural factors including the influence of credential inflation that may have a bearing on their experiences while engaging in learning within an HEI.
- To uncover and understand from their perspective the challenges facing midcareer students participating in taught postgraduate M-Level study.
- To identify actions that can be taken forward to make a contribution to ongoing debates about the participation of midcareer professionals from health and social care in HE.

The study was designed to expose some of the key issues that midcareer professionals experienced while studying at M-Level as revealed by themselves.

5.2 Research Methodology

An important aspect to consider at the start of any study is the perspective of the world that the researcher has, as this may impact on the way the study is conducted (Atkins & Wallace, 2012). This involves considering the ontological and epistemological stances adopted within the study.

Beginning with ontology, Denzin and Lincoln (2011) define ontology as the nature of the world and what can be known about it. Ontology concerns our beliefs about the nature of reality and the social world. This study takes a constructivist view. Ültanir (2012) points out that constructivists hold the belief that that no ultimate or absolute reality or knowledge exists and individuals create or construct their own new understandings or knowledge of the world around them through the interactions between what they already believe and the ideas, events, and activities with which they come into contact. The common core of constructivist theory is that we do not find knowledge, we construct it (Boghossian, 2006). This means that our knowledge and experiences of the world are limited, highly subjective and approximate in nature because they are a result of our endeavours to interpret and understand the world and its phenomena. According to L. Cohen, Manion, and Morrison (2018) "…the social world can be understood only from the standpoint of the individuals who are part of the ongoing action being investigated" (p.17). Since this means that there is no shared reality amongst people; what exists is only a series of different individual constructions of reality and meanings, as Ormston, Spencer, Barnard, and Snape (2014) contend "…all meanings are a product of time and place…the researcher cannot capture the social world of another, or give an authoritative account of their findings because there are no fixed meanings to be captured" (pp.15-16).

Since reality is perceived through people's beliefs and opinions, there exist different ways of viewing and interpreting it. This makes knowledge subjective because it is influenced by numerous personal and contextual factors. Reality then is 'socially constructed' and does not exist independently of human experiences and interaction. Therefore, I see social phenomena and their meanings as continually being accomplished by social actors through interactions. In addition, people will construct meanings in different ways, even in relation to the same phenomena since each one of them has his/her own personal perspective (Boghossian, 2006). Finally, I view truth as in a constant state of revision rather than something fixed awaiting discovery.

Epistemology is concerned with the nature and forms of knowledge and asks the question 'What is the nature of the relationship between the would-be knower and what can be known?' (Denzin & Lincoln, 2011). In taking a constructivist approach where reality is socially constructed, there can be no single reality or truth, only interpretations. So this study is interpretivist in nature. In adopting an interpretive methodology efforts are directed at understanding phenomenon from the individual's perspective, investigating interactions among individuals as well as the historical and cultural contexts which they inhabit (Scotland, 2012). One consequence of this is that I, as the researcher am also constructing meanings and interpretations based on those of the participants. In this situation the researcher cannot wholly detach him or herself from the research; they inevitably become personally engaged in the research and, as such, findings are influenced by their perspectives and values (Crotty, 1996). My perspective and values are explained in Section 1.1 About the Researcher.

In addition, the research process is considered to be largely 'inductive' in the sense that the aim is to generate a new understanding from the data collected rather than using the data to test an already existing theory. L. Cohen et al. (2018), advise that the study design should be founded on the research question, including the population and sample of the study, alongside the logistics and resources required for the study. Consequently, this study takes an interpretive, inductive and

qualitative approach, gathering together the participants' perceptions and thoughts about their lived experiences of undertaking an M-Level qualification late in their nursing careers. A quantitative approach in contrast would have looked at what can be observed and measured by studying the same group of students and then translating that into numerical data which could be used to either confirm, or fail to confirm, the basis of the research question (Buchanan, 1998; K. Gerrish & Lacey, 2010; J. K. Smith, 1989) . Very little data however has been collected on part-time postgraduate students, even without adding a specific age boundary (Butcher, 2015; Universities UK, 2013), making any wider analysis of newly collected statistical data difficult and comparison with any existing data near impossible (Punch, 2013).

As the experiences of the participants in this study involve a combination of both emotional and cognitive aspects of understanding, addressing the research aims required the use of methods capable of investigating what are deeply personal phenomena (Crotty, 1996). Phenomenology was selected as the principle approach to be adopted because the main aims are about exploring attitudes, beliefs and opinions. Descriptive phenomenology was felt to be most appropriate as it allows the essential meanings of the experience to be obtained through discussing the phenomena with those individuals who have been living through it (L. Cohen et al., 2018).

5.2.1: Descriptive Phenomenology

The two main schools of thought regarding phenomenology are attributed to Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976). The Husserlian approach was aimed at establishing a mechanism for understanding phenomenon that would yield absolute essential knowledge or universal laws that would apply to the phenomenon being examined (Ehrich, 2003). It involves three elements, epoche, bracketing and reduction which are intertwined. Epoche refers to the suspension of beliefs so that a phenomenon can be understood. For this to occur, researchers need to suspend their natural attitudes and biases in a process called bracketing. Whilst it is not humanly possible to achieve this, Husserl argued that by

being more aware that this is happening, researchers can make attempts to control it (Ehrich, 2003; Giorgi, 2006b; LeVasseur, 2003). Bracketing and epoche are seen to be essential attitudes that all phenomenologists should strive for. The final element, reduction, is the process involved in trying to seek out those elements of a phenomenon that show themselves to be universal, that is the essence of the phenomenon that gives it meaning within one's consciousness (Creely, 2016; Ehrich, 2003). Phenomenological reduction involves the phenomenologist attempting to meet the phenomenon as free and in as unprejudiced way as possible so that it can be precisely described and understood. Husserl, expressed this as a radical self-meditative process where the researcher brackets the natural world and world of interpretation to see the phenomenon in its essence (Creely, 2016). Judgements and theories must be temporarily suspended to attempt to see the world afresh. Reduction is described by Parse (2001) as ''…the process of coming to know the phenomenon as it shows itself as described by the participants'' (p. 79). It involves suspending impressions, conceptions or beliefs surrounding the truth or accuracy of the phenomena in question (Christensen, Welch, & Barr, 2017).

For Husserl, descriptions of the life-world of any phenomenon not only aim to capture the raw essence of the phenomena or how it was experienced, but also considers the nuances, the contextual underpinnings, the emotiveness, and the actions that have been evoked in the consciousness of those who have that experience. vanManen (1997), discussing Husserl's view of phenomenology describes the essence "…as that which makes a thing what is and without which it would not be what it is" (p.10).

Heidegger explored phenomenon differently and introduced a more interpretative form of phenomenology, labelled hermeneutic phenomenology. Heidegger believed describing the experience was not enough and that it was necessary to attempt to understand how people within the world come to experience phenomena in the way that they do. Phenomenology grounded in the work of Heideggar and other hermeneutic phenomenologists like Gadamer, and Ricoeur places emphasis on interpretation of meaning in which the researchers

preconceptions are integrated into the research findings (Caelli, 2000; Dahlberg, 2006). So rather than attempting to divorce one's self from any phenomenon investigated the researcher is required to consider their relationship with participants, the phenomenon being explored and the process of investigation itself (Ehrich, 2003; Wojnar & Swanson, 2007).

For the purpose of this study where an outsider's etic view was being taken rather than a more emic view, it was not felt necessary to interpret how the participants came to experience the phenomena, only to gain a rich understanding of their lived experiences while still participating within it. The research design chosen as a result was descriptive phenomenology following a Husserlian approach.

Descriptive phenomenology offers opportunities for insight because it requires research where direct experiences are taken at face value (L. Cohen et al., 2018) It places significance on personal experience and how individuals make sense of the world, their multiple perceptions of their social world and their reflections upon this (Bryman, 2016). Descriptive phenomenology also permits an exploration of phenomena through direct interaction between the researcher and the participant (K. Gerrish & Lacey, 2010), allowing the use of specific examples of everyday experiences to facilitate analysis and reflection. During analysis the researcher focuses on the concrete experience itself and describes how the particular experience has been constructed. Giorgi (2006b), writing about phenomenology and phenomenological analysis broadly supports a Husserlian view maintaining that the object of phenomenological description is achieved only via direct intuiting of the essential structure of phenomena within conscious understanding. Van Manen (1997) also supports this view stating that the thrust of phenomenological research, remains oriented towards asking the question, "What is the nature of the phenomenon as a human experience" (p.62).

This approach was especially appropriate in this study when considering the need to gain insight into the fundamental understanding of the participant's lived experience, capturing what that lived experience felt like for the individuals involved. In phenomenological research of this type, reality is considered subjective

and experience is viewed as unique to the participant (L. Cohen et al., 2018; Wojnar & Swanson, 2007). Using descriptive phenomenology had another advantage, in that generally only one contact with the study population may be required (K. Gerrish & Lacey, 2010), which may prove a benefit when studying a hard to reach student population who rarely come onto a campus.

As the person conducting descriptive phenomenology I was challenged to put aside all my preconceived knowledge to induce a pure description of midcareer nurses perceptions of M-Level study at HEI's. This necessity to bracket what I already know was required to ensure that the data derived from interviews was dealt with without preconceptions, presuppositions and predictions, letting the data speak for itself.

An essential part of this process was my on-going engagement in reflexivity. According to Koch and Harrington (1998) reflexivity is the engagement of qualitative researchers in a continuous self-critique and self-appraisal looking at how their own experiences do or do not influence each stage of the research process. Reflexivity requires researchers to operate on multiple levels and acknowledge that they are intimately involved in both the process and outcome of the research venture (Horsburgh, 2003). It involves being aware of what is influencing the researcher's internal and external responses while simultaneously being aware of their relationship to the research topic and participants (Dowling, 2006). Reflexivity as both Braun and Clarke (2013b) and D. Hamilton (2002) point out is also crucial in ensuring that participants are fully understood during their interviews and that the researcher is not simply relying on personal assumptions about the subject as this could lead to bias in data collection. It could however be argued that beginning with a certain level of knowledge generates a unique bias, as it helps when making sense of and understanding the participant's thoughts and views (Freshwater & Rolfe, 2001; Zembylas, 2014).

Bracketing, epoche, reduction and engagement in reflexivity were difficult but necessary steps as my professional expertise lies in teaching principally part-time post-registration nurses and allied healthcare professionals. Aside from

personal biases which I carried, I also bring with me professional knowledge and presumptions related to the phenomenon under investigation which may have an impact on my ability to discover the pure essence or meaning (Mercer, 2007; Merriam et al., 2001). As the researcher it was necessary to acknowledge and declare something of my personal beliefs and reasons for choice of this subject, see Section 1.1. It was also necessary for me to then set this all aside in order to ensure my knowledge, skills and professional role did not interfere with obtaining a pure description of the phenomenon. My thought on this are presented in Section 7.5: Post Study Reflections.

5.3 Defining the Sample Criteria

As discussed in Chapter 1, pp 12-13, there are no clear age parameters for what constitutes a midcareer professional within the UK education literature so this study adopted a clinical and lifecycle view of the midcareer professionals whose experiences were explored. Midcareer professionals in this study are middle-aged that is aged from 45 to 65 (American Psychiatric Association, 1994). As well as the participants being aged 45 years or over, they were all enrolled as students within a particular HEI serving Central and Southern Scotland. Participants were enrolled to Master's programmes at this HEI during academic year 2016 to 2017. All the interviewed students were enrolled in M-Level programmes that related to their roles as health and social care nurses and midwives. Students less than 45 years of age were excluded. Students who were participating in M-Level modules for CPD purposes only were also excluded. Students enrolled for CPD only in the participating University usually only take part in a single module from a larger programme and so are likely to be significantly differently motivated and involved than students whose goal it is to achieve an accredited award. It transpired that no CPD enrolled students volunteered to participate anyway.

All the participating students were involved in part-time study, a situation that is a familiar phenomenon across healthcare where very few mature students

are conferred the opportunity to study full time (Cotterill-Walker, 2012; Watkins, 2011; Zwanikken et al., 2013). All the participants were also either nurses or midwives. No students from any other AHP group volunteered to participate.

5.4 Ethical Approval and Subsequent Recruitment

Ethical approval for this study was gained from the University of Strathclyde's Research Ethics Committee in July 2016. Permission to commence recruitment was granted in August 2016. See Appendix 2: University of Strathclyde Ethics Application Form.

The School of Health, Nursing and Midwifery (HNM) Research Committee of the University from which the participants were to be drawn dealt with the approval of this study very quickly, so that by Mid-August 2016 my request to recruit from within the university of interest was granted. The School Committee did place a condition on recruitment which was that recruitment would only be permitted with the agreement and consent of 'Gatekeepers'. Gatekeepers are identified as the individuals or institutions who have the power to either grant or withhold access to a research population (De Laine, 2000). The gatekeepers in this instance were the Programme Leaders (PL's) for the MSc courses that participants would be recruited from. See Appendix 3: School of HNM Ethics Committee: Access to Participant Gatekeepers Form.

Permission from the gatekeepers was sought in September 2016 during the period of enrolment for MSc Students. Students who are participants on the MSc programme that I lead were not contacted and were not asked to be participate, as that could be viewed as coercion and would also be likely to affect their responses during interview (British Educational Research Association, 2011). Student enrolment to Masters Programmes for the academic term was complete by the 16th September during the rest of the month I secured the agreement of the majority of PL's to help with recruitment.

My first request to recruit students was circulated via PL's on 1st October 2016 but no student participants came forward to what was a very formal request to participate utilising both the original e-mail that it was agreed I should use with Gatekeepers and the PIS and Consent Form (See Appendix 4: Participants Information Sheet and Appendix 5: Consent Form).

Since the formal strategy was very ineffective a revised strategy that involved asking PL's to circulate a very brief e-mail request that asked potential participants just to contact me, the principle researcher was tried (See Appendix 6: Follow-up e-mail Approach). Everyone who responded to this e-mail was contacted and asked to confirm their willingness to be interviewed. Potential research participants were then sent copies of the PIS and Consent Form (See Appendices 4 and 5) and a date and time for their interview was negotiated with them. This second approach was circulated by the PL's in early November. Six student participants were recruited in this way. The first interview with a student took place on November 22nd. 2016. The sixth interview was completed on the 24th. January 2017. In the intervening period no new participants came forward.

Since participants were proving hard to recruit, I approached the School of HNM Research Committee Chair and the Assistant Dean of Education for the School, asking them both if they would act as 'Gatekeepers', rather than the individual PL's. As gatekeepers, I asked them for permission to circulate the same e-mail as used in the successful round of recruitment via the student e-mail system of the compulsory research module used by many different Master's programmes within the University's School of HNM. This allowed access to almost all the School's M-Level students who had participated in that module in the previous three years. A single e-mail sent out on 30th. March 2017 rapidly led to the recruitment of a further 8 students. Two 'volunteers' failed to match the interview age criteria and had to be rejected. The remaining six 'volunteers' participants were interviewed during April to May 2017. All 12 participant interviews were completed by the 31st. of May 2017.

All interviews took place at a location within the participants nearest Campus site or at a venue of their choice where a suitable interview room was booked. Prior to interview commencement all participants were asked to sign the written consent form and details regarding withdrawal, should they wish to do so, were re-affirmed.

5.4.2 Sampling and the Participants

The sampling typology involved in this process was purposive sampling. Purposive sampling is commonly used within phenomenological research to ensure that the participants included in the study are able to provide good personal accounts of the experience, ensuring that the necessary data is obtained (L. Cohen et al., 2018). Given the exploratory and descriptive nature of this study, those eligible to participate were selected on a first come, first served basis. The study was designed with some flexibility built in to increase the number of participants if data saturation was not reached.

Twelve people who had volunteered, participated and their details have been anonymised in line with both Nursing and Midwifery Council (2018a) and British Educational Research Association (2018) guidance are presented in Table 5.1

Table 5.1: Brief Profiles of the Participants

Pseudonym	Age	Programme of study	No. of Years Studying	Role (on date of interview)
1 Amy	55	Master of Research	3 years	Development Officer for a Local Health Board
2 Beth	54	MSc in Health Studies	2 years	Blood Transfusion Specialist Nurse
3 Claire	55	MSc in Nursing	3 years	Performance Manager for an NHS Central Agency.

4 Diane	52	MSc in Psychosocial Interventions	4 years	Primary Care Mental Health Practitioner
5 Evelyn	47	MSc in Health Studies (Maternal and Child)	2.5 years	Senior Midwife in a Labour Ward.
6 Fay	56	MSc in Health Studies (Family Health)	3 years	Clinical Team Leader
7 Grace	51	MSc in Vulnerability	3 years	Health Officer for a Local Authority
8 Heather	45	MSc in Mental Health Practice	2 Years	Senior Nurse in a specialist community team
9 Irene	51	MSc Health Studies (Community Health).	2 Years	Senior District Nurse
10 Jessica	45	MSc in Vulnerability	5 Years (Her studies had been suspended for a year due to personal circumstances)	Public Health Nursing Team Leader
11 Karen	46	MSc in Vulnerability	2 Years	Chief Executive of a Third Sector Organisation
12 Lorraine	60	MSc in Advancing Practice	2 Years	Advanced Nurse Practitioner (Part-time)

All the participants were female. They all worked in senior roles within their professions; on Band 6 on the NHS salary scale or above. Band 6 nurses are Senior Staff Nurses and are more experienced nurses likely to have responsibility for a team or a group of patients depending on their specialty and place of work. Many have responsibilities equivalent to that of a deputy ward manager's, a role which has a starting salary that can be either Band 6/7 salary. These roles bring with them more responsibility for the overall daily running of a ward or unit. Ward managers who tend to have budget control are usually Band 7 and above (Royal College of Nursing, 2020).

When the 12 interviews were completed it was clear that saturation appeared to have been reached as no new information or insights were emerging. To ensure that data saturation was accomplished and to address concerns about the planned focus of the study (See Section 5.7: Data Analysis) the early stages of analysis 'Familiarizing yourself with the data and identifying items of potential interest' and 'Generating initial codes' (Braun & Clarke, 2006, 2013b; Clarke & Braun, 2014) commenced during data collection. This process of familiarisation with the data and the search for initial codes was aided by the time gap that arose between completing the transcription of the first six interviews and transcription of the second six interviews. Further efforts to recruit participants on completion of the 12 interviews was deemed unnecessary as a result.

5.5 Consent

When participants contacted the researcher in the first instance, they were sent the Consent Form and Participant Information Sheet and a week later were recontacted to arrange an interview. Consent to having their interview audio recorded was also sought. No attempt was made to coerce or persuade any individuals to participate. When consent was finalised prior to interview, all participants were made fully aware that they could withdraw from the study, up to the point that their data was anonymised and data analysis commenced. This is inline with procedures suggested by the Economics and Social Research Council (2015) who have suggested that "….all research should indicate the point at which data will have been anonymised and amalgamated and (participant contributions) cannot then be excluded.'' (p.31) This procedure assures that elimination of one participants data will not compromise and diminish the value of other participants contributions and the validity of the research design.

Interviewing was designed to take approximately 60 minutes, however time varied from 27 minutes to 78 minutes. The first interview which was also the shortest was undertaken to test the robustness of the interview schedule and my

comfort with the interview questions and probes. As a consequence of this interview further probes were developed to ensure that subsequent interviews would be longer and interviewees would receive more encouragement to share additional information about their experiences (Atkins & Wallace, 2012; Brinkmann & Kvale, 2015; Doody & Noonan, 2013). All the interviews were conducted in mutually agreed rooms fit for purpose. The majority took place within the HEI the participants attended. Steps were taken to ensure that there were no interruptions and that participants were interviewed in venues that were not considered unsuitable or inconvenient, recommendations given within K. Gerrish and Lacey (2010).

Participants were also asked to review their interview transcripts before analysis in order to confirm that the interviews had sincerely reflected what they had said and what they meant. It also gave them the option to withdraw any statements which they were not comfortable with and clarify any comments they had made that required further explanation (Dearnley, 2005).

Returning transcripts to the participants was also a means of increasing the validity of the findings. It is a strategy based on the philosophy of participation, collaboration and openness and is also viewed as a means of improving the quality and rigour of qualitative research (L. Cohen et al., 2018; Koch, 2006; Tracy, 2010).

5.6 About the Interview Questions and Collecting Interview Data

The data collection method used within this study was face to face semi-structured interviews. Interviews were used because they facilitate a flexible approach to explore a phenomenon of which little is known (K. Gerrish & Lacey, 2010; King & Horrocks, 2010a). They also tend to focus on the participants experiences more than their general beliefs and opinions, although their success may depend on the relationship between the interviewer and interviewee (Brinkmann & Kvale, 2015; King & Horrocks, 2010a). Conducting the semi-structured interviews face-to-face, rather than remotely via telephone or Skype, was favoured

because face-to face allows a closer rapport with the interviewee which helped in capturing their thoughts and feelings (Atkins & Wallace, 2012). Remote interviewing though may have allowed the recruitment of more participants more rapidly (Hanna, 2012; Holt, 2010).

Semi-structured interviews were favoured because they have predetermined topics and questions which are open-ended (L. Cohen et al., 2018). They also assist when participants have difficulty answering a particular question because verbal prompts can then be used to encourage more in-depth responses. This permits control and direction during the interviews whilst allowing enough flexibility to be receptive to participants' answers (Brinkmann & Kvale, 2015; Dearnley, 2005). Being face-to-face at interview also allowed for the analysis of body language, emotions and physical reactions which led to some probing of participants about their hidden views on topics (Brinkmann & Kvale, 2015; Grove, Gray, & Burns, 2014). Responding to such nuances would have been far less likely using remote interviewing techniques (Hanna, 2012; Holt, 2010; King & Horrocks, 2010b).

Conducting a series of qualitative interviews is also an iterative process in which data collection, on-going data analysis and the interviewer's reflections may generate different lines of inquiry, as every participants interview is informed by the information and patterns discovered within earlier interviews (Braun & Clarke, 2013b; Brinkmann & Kvale, 2015). Using a semi-structured interview, allowed the freedom to probe participants to elaborate on their responses, or to follow lines of inquiry introduced by the interviewees, which Doody and Noonan (2013) explain helps elicit richer data. A more open interview with a less structured interview guide risked failing to address some key issues if the interviewer allowed participants to digress from the focus of the study, a risk which I believed I would be prone to recognised by King and Horrocks (2010a).

The interviews were conducted utilising an interview schedule based on the one approved by Strathclyde University's Ethics Comittee. (See Appendix 7: Interview Schedule). The schedule and probe questions were designed using

guidance given by (Braun & Clarke, 2013b) who suggest consideration of a number of issues. These include a means of developing a rapport with the participants, using an opening question, the importance of sequencing and wording so questions flow logically and are less likely to be leading and the addition of prompts and probes to encourage participants to expand their answers. Braun and Clarke (2013b) and Doody and Noonan (2013) also ask the interviewer to consider whether the questions being asked promoted socially desirable responses that may not provide useful data.

The interview schedule contained questions designed to explore student's motivations for returning to university to acquire a Master's degree. There were questions designed to explore the meaning that the acquisition of a Master's degree has for participants and whether that relates to their current role or workplace. They were also asked to consider whether they believe credential inflation applies to them currently. Questions also explored the effect that returning to study at M-Level has had on their lives outside the workplace and to identify the things that have acted as aids or barriers to them achieving their goal of successfully continuing towards completion of their Master's programmes.

The reasoning behind the construction of the interview schedule and the purpose of the questions is explained in Appendix 8: The Interview Questions Explained.

It was noted within the ethics application that the schedule would be subject to change based on insights gained during participant interviews if there was any recognition that I had overlooked an aspect of the phenomenon. This course of action is recommended by both King and Horrocks (2010a) and Brinkmann and Kvale (2015) and an important consideration given the iterative nature of this study. This proved to be very important because by the end of the first 3 interviews it was clear that the topics of credentialism and credential inflation (Brown & Bills, 2011; Isopahkala-Bouret, 2015a) originally a key focus of the study was only one amongst many concerns that was having an impact on midcareer professionals decisions to to seek an M-Level qualification.

Each interview was audio recorded digitally which enabled me during the interviews to give full concentration to the discussion taking place with respondents. Once the interview was completed the digital recordings were transcribed verbatim by an expert transcriber used by my University.

All recordings were clear and required only minimal editing for auditory and typographic errors meaning that the full content of all the interviews conducted could be included within the analysis. My thoughts and reflections immediately after the interview were recorded in a field note book. Bryman (2016) and Braun and Clarke (2013a) both suggest that a field notebook should be used to record details of the participants presentation and surroundings, the interviewers reflections on the participants responses as well as any additional prompts, ideas for analysis and lines of enquiry to follow in subsequent interviews. Also included were notes regarding the extent to which I was able to remain focused and attentive, occasions where I may have been over-intrusive or excited about an issue and any occasion where I thought I was accidentally leading the participant. Dearnley (2005) and Doody and Noonan (2013) recommend using field notes for this purpose.

This process ensured a thorough account of the participant interviews existed. Once the transcription process was complete copies were sent to each participant for review. This contributed to the accuracy of this process as any statements or interpretations that participants believed were misleading or wrong, could be altered or removed before analysis occurred (Koch, 2006; Silverman, 2014).

Having taken steps to ensure that the transcriptions accurately reflected the participant's views in-depth data analysis commenced. In line with a descriptive phenomenological approach the participants' own words were used throughout the process of analysis and phenomenological description (Braun & Clarke, 2006; Colaizzi, 1978; Denzin & Lincoln, 2011).

5.7 Data Analysis

Thematic Analysis was undertaken utilising a recursive six-phase process developed by Braun and Clarke (2006, 2013b) and Clarke and Braun (2014). The 6-phase approach presented by Braun and Clarke (2006) was used because it is a flexible approach that concentrates on the outcome, rather than the process. Thematic analysis necessitates transcribing and searching across a data set, identifying reoccurring patterns of meaning from collecting data to coding, and defining and naming themes (Braun & Clarke, 2006). Thematic analysis carried out in this way suits a descriptive qualitative approach (Braun & Clarke, 2006, 2013b). Braun and Clarke's (2006, 2013b), 6-phase approach is seen by Howitt and Cramer (2011) as a "sophisticated version of thematic analysis"(p.355), that offers a systematic way of identifying themes in data that allows the process by which they are identified to be explicitly documented and laid open to scrutiny.

The 6 phases of analysis are outlined in the table below.

Table 5.2: The Phases of Thematic Analysis (Braun and Clarke 2006, 2013b, 2014)

	Phases	**Description of the Process**
1	**Familiarising yourself with your data**	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2	**Generating initial codes**	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	**Searching for themes**	Collating codes into potential themes, gathering all data relevant to each potential theme
4	**Reviewing themes**	Checking if the themes work in relation to the coded extracts (Level 1; see below) and the entire data set (Level 2: see below), generating a thematic 'map' of the analysis.
5	**Defining and naming themes:**	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6	**Producing the report**	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research

	question and literature, producing a scholarly report of the analysis.

Level 1: This involves reviewing at the level of the coded data extracts. This means reading all the collated extracts for each theme, and considering whether they form a coherent pattern. If your candidate themes do appear to form a coherent pattern, you then move on to Level 2.

Level 2: Review the entire data set and consider the validity of individual themes in relation to the whole data set and whether the candidate thematic map 'accurately' reflects the meanings evident therein.

Reicher and Taylor (2005) state that adhering to a rigorous process of dissecting information to discover essential meaning and the inter-relationships within the data in accordance with thematic analysis theory is paramount

Phase 1 involved becoming familiar with the data. To do this all the interviews were re-listened to prior to transcribing. Transcribing was undertaken by a professional transcriber to save time. Once transcribed all interviews were re-read and checked against the audio recordings for accuracy and sense. The quality of transcription was high. Only a few items within each script required corrections primarily due to the transcriber's unfamiliarity with abbreviations and professional terminology. Transcriptions were returned to the participants for sense checking accuracy and additions as soon as they were available. Two of the participants did make changes that were applied to their transcripts prior to analysis. In one instance it was to provide further clarification of a statement made and in the other case it was to ensure improved anonymity of a work colleague mentioned within the interview.

Phase 2 generating initial codes started with line by line analysis looking for initial codes. Codes were initially colour coded to show that the study aims were being addressed. An example of Transcript 7, Heather's Transcript with colour coding and initial codes present is provided in Appendix 9. In the search for codes

no new concepts were being identified by Interview 11, suggesting that saturation was occurring (L. Cohen et al., 2018; Holloway & Galvin, 2016)

Phase 3 involved searching for themes. In line with the procedures outlined in Braun and Clarke (2013b) and Clarke and Braun (2014) manual coding using a systematic approach was undertaken. This generated 216 codes (See Appendix 10, which shows the codes sorted to fit Thematic Map 2 presented in Appendix 12).

This phase involved grouping similar codes together to form themes. Themes allow for fragmented elements of ideas or experiences to be brought together to provide meaning (Nowell, Norris, White, & Moules, 2017b). Themes also facilitate the linking of similar positions into storylines (see Phase 5). The codes were originally grouped around two themes 'Views and Motivations' and 'Challenges and Supports'. These are presented on a thematic map a device which Braun and Clarke (2013b) suggest can be used to aid analysis by showing the relationships between themes. This early iteration is presented in Appendix 11: Thematic Map: Iteration1.

However I felt that this was too simplistic and failed to capture the essence of what the participants were telling me although it suited the study aims. Having rejected this initial sorting, clustering around three themes was tried. The three themes were 'Seeking professional identity'; 'The cost of recognition' and 'Being a confident contributor'. See Appendix 12: Thematic Map Iteration 2. Two of these themes formed the basis of the final iteration of the analysis and this process also generated a number of the subthemes carried forward into the final iteration which is presented as Figure 6.1: on p.109.

Phase 4; Reviewing themes and Phase 5; defining and naming themes occurred as a response to the continued recurrence within the data that the most fundamental change to participants returning to HEI's for M-Level study was in their confidence and their self-esteem. The identification of inadequacies and making changes to coding and themes is considered a normal part of this stage of the thematic analysis process (Crowe, Inder, & Porter, 2015). Having identified an inadequacy an explanation was sought. A number of theoretical standpoints were

considered that might encapsulate this element of the data, including Capitals Theory that had been used in other studies for example Feinstein et al. (2007) and Swain and Hammond (2011) but it was when Recognition Theory was applied to the data that the overarching theme, striving towards 'Becoming a Confident Contributor' emerged as the key to the analysis and Honneth's (1992, 1995) conception of the struggle for recognition as a basis for the themes became apparent. See the final Thematic Map which is presented as Figure 6.1 on p.109. The themes and subthemes were reviewed and refined, to ensure they presented the essence and structure of this phenomena.

Phase 5, defining and naming the themes also involved identifying what aspect of codes and themes, captures and illustrates what the theme represents (Braun & Clarke, 2006). Once I had established the themes, these were named and grouped together to form a storyline which is considered the highest level of data aggregation (Braun and Clarke 2013b). The storyline is a social narrative which offers an explanation of the phenomenon being explored.

Cutliffe and McKenna (1999) suggest that sharing the research process with an expert or colleague offers the researcher the opportunity to explain the rationale for their actions, interpretations and choices and allows their colleague or expert to highlight any omissions in the research process and discuss the critical decisions they have made throughout the process of collecting and analysing the data. I was helped in this process by both my supervisors who assisted me to arrive at a more reasoned and complete interpretation of my data. Additional procedures to ensure the rigour of the study are detailed in Section 5.9.

The final phase of thematic analysis is to produce the report i.e. this thesis. This phase also involves communicating the process by which findings were generated so the reader can assess the claims made (Nowell, Norris, White, & Moules, 2017a). The process employed is documented in this section and selected extracts from each interview to exemplify the points being made and positions, themes and storylines identified are included in Chapter 6.

5.8 On Conducting “Insider” Research

In terms of the ethics the most problematic issue for me as the researcher was that I was conducting research within an organisation and culture of which I am a part. Mercer (2007) and Unluer (2012) discuss the issue of being an ‘insider’ and recommend that the researcher has to take account of the influence their connection with the culture has on the results and how they are interpreted. While being an insider can bring richness to the data it can also impede bracketing particularly because a stranger may be more easily able to critically observe events and situations than someone who may accept what occurs as a norm (Merriam et al., 2001; Unluer, 2012). There are also potential ethics problems that could result from a lecturer researching students including the possibility of exploiting the power relationship this involves to recruit students who otherwise would not participate in the study. This has the potential to generate biased data if respondents feel obliged to participate and then to answer questions in ways that they believe are suited to the person whom they perceive as having a responsibility for assessing and reporting upon them (Stern, 2016). To avoid these risks, firstly participation was entirely voluntary and this is made clear within the PIS. Secondly, as the researcher I did not recruit participants whom I had taught previously or from any programme where I am part of any assessment processes in which the students engaged. This should have meant that the impact of this unequal power relationship was reduced. While these actions may not mitigate the hazards posed by ‘insider’ research completely, they were designed to reduce the risk.

By participating in ‘insider’ research I benefitted in terms of access, rapport and shared frames of reference with the participants. I also had and an in-depth understanding of the organisation (Mercer, 2007; Stern, 2016). These benefits contributed significantly to the richness of the data collected and the subsequent analysis.

5.9 Ensuring Methodological Rigour (Quality)

In order to improve the rigour of the research the credibility, transferability and dependability of data collection and analysis was considered (Koch, 2006; Tracy, 2010).

To improve credibility and the resonance of the findings a form of member checking was conducted. True member checking, that is "…taking findings back to the field and determining whether participants recognise them as true or accurate" (Lindlof & Taylor, 2002, p. 242) was difficult because of the length of time from collecting the data to finalising the analysis. It also meant that the participants had completed their studies and their views at this later date would be coloured by their degree outcome. Member checking was conducted firstly by checking with the participants that the transcribed scripts accurately reflected what they wished to convey in the interviews (see p.97). Further 'member checking' was undertaken by sharing the data analysis (See Chapter 6) with one current student within the host University who would have qualified as a participant. Their views of my data analysis and interpretation of the phenomenon under investigation was requested. The analysis was also reviewed by a lecturer at the host HEI currently teaching midcareer part-time students on Masters Programmes. Both of their views, are presented in Appendix 13:

Transferability involves providing anyone who may read or encounter this research in future with sufficient information for them to assess similarities or differences between the context in which the study was conducted and their own circumstances (Crowe et al., 2015). The extent that this has been achieved was established by allowing not only the supervisory team to comment on the dissertation as it developed but also by asking a student who met the criteria for inclusion from another university to read the analysis and provide comment. A nurse lecturer currently teaching midcareer part-time students on a Master's Programme at another University was also asked to read the analysis and provide

comment, thus checking the analysis for wider resonance. Both of their views are presented in Appendix 14.

Dependability involved providing sufficient information on both the data collection and data analysis processes to enable the decision-making trail to be followed. Member checking of the data analysis section by both students and University staff members provided some reassurance that following the decision trail was possible. Adhering to the research procedures detailed within the ethics applications (See Appendices 2 and 3) also provides support that this has been achieved.

The process was also monitored by my supervisory team, who are both expert in the type of research that I was conducting and the methodology I employed. At a very early stage in data analysis I presented a poster on this study at the Nurse Education Today Conference in 2017 and prior to attending presented at a research forum within my own workplace. The feedback I received confirmed the value of the study and the appropriateness of my methodology but analysis was too early for further feedback from both of events to be meaningful. These events alongside the guidance provided by my supervisory team provided some assurance that I had received appropriate guidance and advice as the study progressed (McCallin & Nayar, 2012).

The final stage of ensuring methodological rigour is publication. This study will provide content to at least one article submitted to a peer reviewed professional journal. This opens the study findings up to a range of practitioners and academics and will ensure that the study meets two further elements of Tracy's (2010) criteria for excellent qualitative research. Publication and dissemination via a peer reviewed journal tests the study's ability to make a significant contribution and also examines its meaningful coherence, which Tracy (2010) describes as the research study's ability to show clear interconnectedness between the design, data collection, alongside analysis, theoretical framework and its goals.

Chapter 6: Analysis

6.1 Chapter Overview

This chapter discusses my analysis of the semi-structured interviews conducted with the twelve study participants. It is worth recapping that the purpose of this study was to examine how midcareer, (aged 45 years and over) part-time students, participating in health and social care Master's programmes perceive their experience of HE. The research also sought to uncover personal, social and cultural factors that may impact on participant's HE experiences. Another aim of the research was to examine what challenges midcareer professionals face while studying at M-Level.

One overarching theme was identified. This overarching theme encapsulates two themes which each had four subthemes attached to them.

The overarching theme concerned the respondents identifying that participation in an M-Level programme had seen each of them 'Becoming a Confident Contributor' to their chosen profession and their workplaces.

'Becoming a Confident Contributor' involved the respondents in a struggle for recognition that has been broken down into two themes,

1) 'Seeking Recognition as a Skilled Practitioner'
2) 'The Price of Recognition'

Together the overarching theme and themes provided some clear insights into the lived experiences of the participants. The overarching theme and the two underlying themes are discussed in more detail throughout this chapter.

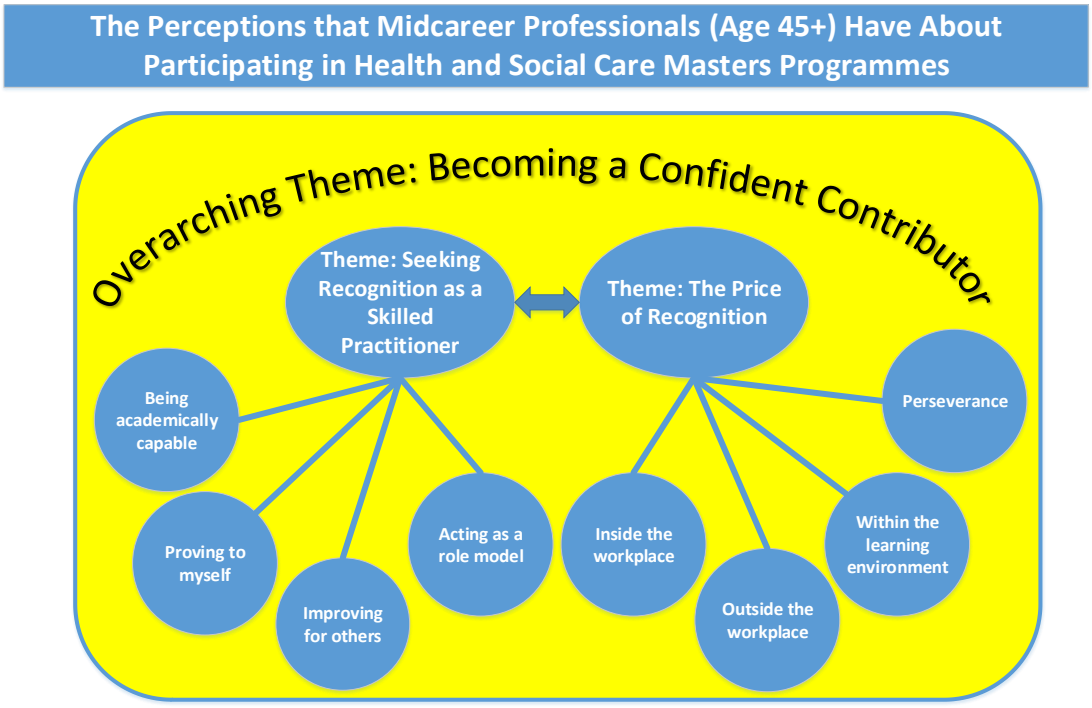
6.2 The Overarching Theme, Themes and Subthemes

The research analysis followed Braun and Clarke's (2013b) thematic analysis approach described in Section 5.7 Data Analysis. Braun and Clarke encourage

thematic analysis that goes beyond summarising the data to tell a conceptually informed and rich story which takes account of the meanings embedded below the surface of the data (Braun & Clarke, 2006; Clarke & Braun, 2014). The researcher's goal is to persuade readers of the legitimacy of their interpretation. My interpretation with an overarching theme and two themes has been derived from the initial complete coding and captures key aspects of the themes that the participants frequently considered and talked about. For more details about the coding and themes see 5.7 Data Analysis and Appendices 8 -11.

Braun and Clarke (2013b) indicate that a visual thematic map is a useful aid for exploring the relationships between overarching themes, themes and subthemes and visual mapping was a vital tool in clarifying the final form of my analysis. The final visual thematic map is presented in Figure 6.1 below to stress the interrelatedness of the overarching theme and its relationship to the themes. The thematic map also aims to identify and clarify the relationship between the two emergent themes and the subthemes that contribute to them.

Figure 6.1: A Representation of the Relationship Between the Overarching Theme "Being a Confident Contributor", the Themes and Subthemes.



In my analysis the two themes will be examined first, followed by the overarching theme. By taking this approach I will attempt to illuminate the struggle that the participants have been involved in as they strive towards their goal of 'Becoming a Confident Contributor'. Taking the view that 'Becoming a Confident Contributor' is a personal quest there is a task that needs to be undertaken first and that involved 'Seeking Recognition as a Skilled Practitioner', so this theme will be examined initially. This quest for recognition however had consequences. There were demands placed on the person as they sought recognition and these demands are the focus of the second theme; 'The Price of Recognition'. The chapter ends by examining the meaning of the overarching theme to the participants.

6.3 Theme: Seeking Recognition as a Skilled Practitioner

The route to 'Becoming a Confident Contributor', discussed in more detail in section 6.5 involved midcareer professionals 'Seeking Recognition as a Skilled Practitioner[2]'.

In this analysis when the term recognition is used it is being used to mean more than a form of identification. Recognition is being used here to refer to the act of acknowledging or respecting another person to show that their status, achievements and rights are accepted in the manner intended by Honneth (1992, 1995) See Section 4.3.2 Recognition Theory.

[2] The term Skilled Practitioner rather than the International Council of Nurses (2009) preferred terms of Nurse Practitioner or Advanced Practice Nurse is used here because there continues to be controversy surrounding the use of these terms when referring to all nurses believed to be operating at "Masters Level" in the workplace. The terms continue to be used regardless of whether the title holders have a Masters qualification or not, contrary to the ICN (2009) guidance. The title Advanced Nurse Practitioner is also being used to refer to a narrower occupational group, almost all based within hospitals and the use of other job titles such as clinical nurse specialist, clinical nurse consultant are also commonly used to refer to other M-Level nurses, meaning that there is no universally accepted descriptive term (East et al., 2015; Jokiniemi, Pietilä, Kylm, et al., 2012). No matter what their job title is, all post holders at this level are skilled practitioners working in roles that include tasks beyond the skills incorporated within their initial training.

Honneth believed that social change is driven by inadequate recognition and it is the struggle for recognition that brings about social transformation (Fleming, 2016; Honneth, 1992).

The importance of receiving recognition to the respondents in this study, particularly the types of recognition associated with 'rights' and 'solidarity' (See Section 4.3.2, pp. 73-74) as a consequence of participating in a Master's programme is a feature across all the subthemes within this theme.

The discussions within this theme all centred on what it would take for the participants to be recognised as skilled practitioners and the impact that this might have. It is important to point out that all the respondents thought that participation was having a positive impact on their self-esteem. This is significant when considering the view that what each respondent was engaging in, was their own personal struggle for recognition (Honneth, 1992, 1995).

In relation to becoming a skilled practitioner it is also worth highlighting that one of the reasons people have for seeking a taught Master's is that M-Level modules and programmes are becoming the main way to participate in continuing CPD within the healthcare professions See Section 3.3.3 Requirements for CPD. One reason for this, is that Master's level modules and programmes are intended to promote a critical attitude to learning and have been perceived by graduate nurses to not only enhance practice but encourage a creative approach to practice, based on specialist knowledge (Ashworth, Gerrish, & McManus, 2001; Whyte et al., 2000). In their systematic review which discussed primarily research from the UK and USA, Zwanikken et al. (2013) looked at the outcomes and impact of participation in Master's in health and social care and pointed out that in terms of career-related outcomes, Master's graduates reported being given more responsibilities, receiving promotion, changing jobs and changing careers.

Gijbels, O'Connell, Dalton-O'Connor, and O'Donovan (2010) and Drennan (2008) reported that higher financial rewards were also often achieved by Masters graduates. While these all appear to be desirable outcomes, almost all the respondents discussed the importance of gaining their Master's degree because

that was the qualification that they perceived would mark them out as expert and therefore skilled practitioners. This was reflected within my findings by Irene who was very clear about this.

> **Irene:** "…I think [a Master's] is important because I think you should have the specialist qualification if you're going to call yourself a District Nurse and…a specialist nurse…you're leading a case load so you really should have the qualification… uhuh."

Discussions around participants motivations for participating in an M-Level programme frequently touched upon what it meant to be a skilled practitioner and how you are recognised as having expertise. It was clear in Irene's quote and in other interviews, respondents wished to consolidate their positions as expert and viewed graduating with a Master's as a marker that their goal of being perceived as a skilled practitioner had been achieved.

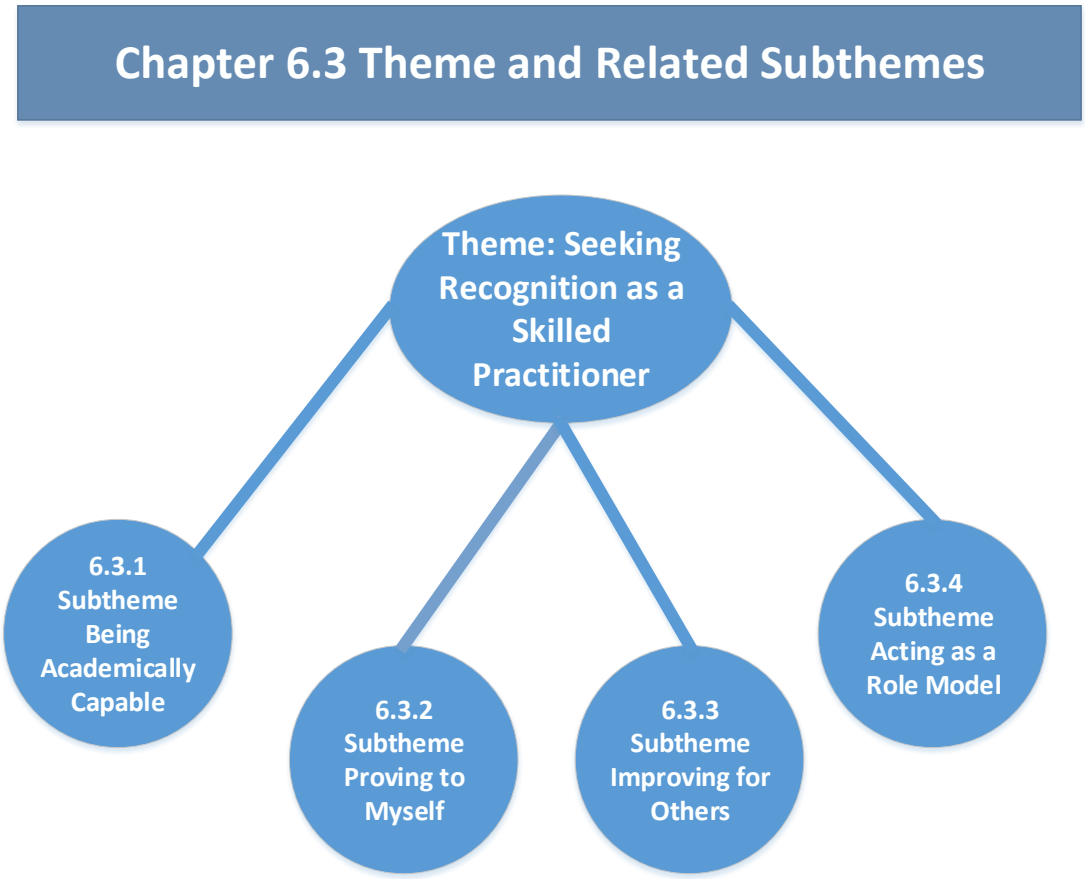
The first two subthemes 'Being Academically Capable' and 'Proving to Myself' look at respondents personal motivations for undertaking M-Level study. Both subthemes suggest that there is some doubt expressed by many respondents that they are capable of reaching their goal of qualifying with a Master's degree despite already being skilled practitioners in their own fields of practice. The reasons for their self-doubt appears in many cases to be manifestations of disrespect they had experienced across their lives. Beth, now a CNS provided a very clear example having discovered she had dyslexia early in her M-Level programme.

> **Beth:** "… a lot of it was … oh god … when I left school I remember going and they wouldn't give me my leaving cert…, this sounds really stupid, I feel really saddened by it, they wouldn't give me my leaving certificate and they basically said you will amount to nothing, that's what they actually, in my head said to me. You will amount to nothing and at the back of my head I've always heard, heard that wee voice saying you'll amount to nothing, so to be

able to say well actually you were wrong … I'm doing okay. I'm a professional in a professional job…Uhuh … and I would love; part of me would like to go back to the school and say well … Hey! Hey! Look what I did… I know, I know, but now and of course when I left school I was 16. When I left school, I don't even think dyslexia was something, it was kind of unheard of …"

The final two subthemes 'Improving for Others' and 'Acting as a Role Model' reveal a wider view of respondents' motivations to participate in M-Level study. They also mark out ways in which they recognised that their professional identities have changed or were being changed. Having explained the nature of this theme 'Seeking Recognition as a Skilled Practitioner', the subthemes within it, shown in Figure 6.2 below will now be explored.

Figure 6.2: Seeking Recognition as a Skilled Practitioner and Related Subthemes With Thesis Section Numbers Provided.



6.3.1 Being Academically Capable

There is a view embedded within the culture of healthcare workers in the UK that in order to be a specialist nurse or advanced practitioner you are required to work at M-Level and that it is desirable therefore, to have, or to acquire a Master's degree, a position that the respondents in this study shared (See Section 3.3.2 Advanced Level Practice). The view that a Master's is necessary has become the accepted norm, particularly in relation to the pursuit of promotion to advanced practice roles. This is despite the fact that the need for universal uptake of M-Level education in nursing continues to be questioned by national and state regulators and many employers in the UK, USA and Australia and elsewhere in the westernised world (Burman et al., 2009; Lowe et al., 2012). There are also concerns around the applicability of M-Level education to all advanced nurse roles and limited evidence of improvements in care delivery or patient outcomes (Cotterill-Walker, 2012; Watkins, 2011; Zwanikken et al., 2013). However despite the concerns, becoming an ANP usually also requires many years of experience and has a desirable level of status attached to it (Lowe et al., 2012; McCrae, Askey-Jones, & Laker, 2014).

Within this study the participants who are all aiming to graduate with a Master's qualification believed it would mark them out as capable of occupying a skilled practitioner's role but often it represented more. It was also seen as something that could consolidate their current position within the workplace or improve their credibility both inside and outside work. Karen commented that:

> **Karen:** "... this MSc will give me is that it'll give me a sort of rubber mark you know to start me to say this woman can, she's academically capable, you know, she's got a track record, she's got a degree and it might then enable me to think… to think more laterally … I think if I do something it'll be a sideways move, it'll be into either inquiry work or I don't know, policy… maybe Scottish Government."

Respondents believed that they required to have a Master's degree, or that they had to be seen to be working towards attaining one to show that they were skilful practitioners despite the concerns raised about the value of M-level qualifications (Cotterill-Walker, 2012; Watkins, 2011; Zwanikken et al., 2013). For example Fay stated:

> **Fay:** "Well, I think really just that I'd… as I say… I'd reached a stage in my career where I felt I'd outgrown my role, my post… that for me to be able to advance any further in my career I really needed to… I felt a pressure to. Everything was you have to have studied at Master's level or…. and some of that was studied or worked at Master's level… but obviously I hadn't studied at Master's level. I hadn't studied. I didn't have a [Nursing] degree and felt that that was quite a thing that was lacking on any application that I would potentially make. It would be… it would put me off… at that time, applying for a role because I felt that people who were better qualified would get it; even although they may not have had the same level of clinical experience and expertise."

Despite her years of experience Fay felt a pressure to prove to herself and others that she was academically capable particularly if she wanted to advance in her career. This required her to undertake a particularly lengthy journey to gain a part-time degree and then go on to M-Level study. To progress in her career Fay felt a need to prove not only that she had the experience but that she would have a qualification that marked her out as being academically capable.

The participants interviewed for this study believed that trying to gain a Master's qualification, helped them to acquire key skills generally associated with advanced practice status. These key elements of advanced practice were identified by the Royal College of Nursing & Ball (2005) as being capable of education, research and consultancy.

A variety of views were expressed about the need to have a Master's to have these skills. Some respondents stated that they were advanced practitioners already. Irene commenting on the supposed need to have the M-Level qualification put it simply:

> **Irene:** "…that's how I would like to go next but also I would… like to be able to maintain the complex care caseload management. I think I've been doing that for years anyway but obviously this [Completing my Masters Programme] is just quantifying it really, isn't it…"

Diane, also felt that the organisational recognition that results from having a Master's degree would make little difference and commented that:

> **Diane:** "… in my mind, it doesn't matter what credentials somebody's got, it's about what they're doing with it and how they're using it that, that's important or relevant…"

But, more commonly respondents could see benefits both personally and professionally already from pursuing an M-Level qualification including a perceived enhancement of their credibility, employability and occasionally their promotion prospects.

It seems from Karen's, Fay's, Irene's, and Diane's quotations that not only do they feel that they all are skilled practitioners, the recognition that they were all academically capable by others was an important aspect of their participation, even if completing the qualification would have no direct impact on what they were doing at work, which Irene and Diane both indicated.

Discussions about the need to be seen as academically capable not only raised some questions about the value of a Master's degree it also raised issues about credentialism. Occasionally respondents recognised that credential inflation

might be contributing to their reasons for undertaking M-level study. For example Beth discussed her own observation when asked about credential inflation,

> **Beth:** "… it's probably just my own perception, whether it's a right perception or not it's just I … I particularly feel, you know, I'm good friends with the girl that's actually my boss now and once she got her MSc… over at [Another University] …it was literally three months later and she was promoted and I thought …there's a message here somewhere…"

Later in the same conversation she said

> **Beth:** "We'd to, like kinda redo our job spec, it now says qualified to MSc level … so it even says that on the job spec… and they're saying … 'Oh that's okay, that's because, you know, you've got the experience', and I'm like thinking alright okay, but I'm really thinking I maybe need to … sort that out …so yeah… [credential inflation] it did have an effect."

More commonly respondents were aware of what credential inflation involved but did not think it was relevant to them currently. They discussed getting a Master's more as an internal pressure (See Section 6.3.2 Proving to Myself), far more than they mentioned that there was an external pressure to gain one. Credential inflation was something they felt familiarity with, often as a pressure they had felt themselves, or as a stress they had witnessed in other healthcare professionals. They associated it with the pressure that they had come under to attain their first degrees. Grace, when discussing getting her first degree said,

> **Grace:** "…I finished my degree in 2009, so I was in my late 40's and I really felt that if I wanted to keep my job, never mind have promotion that I needed to do a degree."

She goes on to discuss her initial training further and then stated;

> **Grace:** "…so although I had done some diplomas after that in family therapy and adolescent psychiatry I hadn't done my degree so… yes I felt pressured to do that."

Beth provides another example where credential inflation was recognised but not associated with getting an M-Level qualification. She recalled

> **Beth:** "I certainly saw the BSc as being a pressure because I felt as if everybody had a degree but me... you know. I felt, you know, I just think that was a definite pressure; I think the MSc though is a pressure I put on myself."

The pressure both Grace and Beth discuss relates to attaining their first degree. Pressure to have a degree grew once the United Kingdom Central Council for Nursing (UKCC) decided to reform nurse training during the mid-1990's in a project labelled P2000 (United Kingdom Central Council for Nursing, 1986). P2000 involved establishing all nurse training within HEI's. At the same time the UKCC, (now the NMC), discussed making the new entry requirement to join the professional register a first degree (See Section 3.3.1 Becoming an all Graduate Profession).

Following the training reforms and establishment of P2000 courses the NMC announced that all new nurses would have to hold a degree-level qualification to enter the profession from 2013 onwards. As a result, the number of degree holding nurses increased dramatically from 2000 to 2013, creating a situation in which registered nurses, trained before the reforms, feared being academically inferior to graduate nurses, since the value of their knowledge, acquired principally experientially, was not always recognised (Beach, 2002; Cooley, 2008). As a response to this almost imposed credential inflation many diploma-qualified nurses

began pursuing degree level qualifications on a part-time basis in order to maintain their workplace status as more newly qualified degree nurses entered the profession (Spencer, 2006; Sykes & Temple, 2012). This situation meant that it became almost mandatory to have a degree to be considered for promotion.

Those who had had direct experience of this earlier period of credentialism, like Grace and Beth who had become registered nurses without a first degree and achieved degree status later, did not feel that the pressure they had felt trying to pass their undergraduate programme existed in relation to their postgraduate studies. Only occasionally had credential inflation consciously motivated the respondents in this study when it came to getting their Master's. The lack of acknowledgement of the potential impact of credential inflation underlined the fact that most respondents did not feel that their work roles were threatened by their younger peers, a mechanism for credential inflation that is described by Isopahkala-Bouret (2015) and Jacobs and King (2002). Instead they appear to be focussed on proving to themselves that they are capable, not just because of their experience and acquired skills but also because they feel a need to demonstrate they are academically capable of completing a Master's.

6.3.2 Proving to Myself

The motivations respondents had for getting a Master's involved different goals including; the possibility of promotion, the opportunity to change role or even change career direction. These motivations were also reported by participants in Cooley (2008), Richardson and Gage (2010) and Watkins (2011) studies. Some participants in this study discussed motivations that spread wider, hoping that the knowledge and skills they gained would impact on the people they work with, their working environments and even family life (See Section 6.3.4 Improving for Others and 6.3.5 Acting as a Role Model).

However almost all viewed getting a Master's degree as a personal ambition. Amy expressed her view by stating

Amy: "…it's a kind of odd thing now that I'm thinking about it, I don't, I don't lack ambition because obviously I want to achieve this… so ambitious enough, I am ambitious enough to be, to be doing this qualification but in terms of my career, you know, I think that is, that's a completely separate thing. This is a kind of personal ambition I think… It's …for me."

Heather made the same point more directly

Heather: "I am doing this Master's just to prove to myself that I could do it."

And she adds later

Heather: "…it is a personal thing I think, very much. Just I didn't quite take the easy pathway through education as an adult when I went into nursing originally… well late 20s… so I think it's just partly just to do with proving to myself I suppose, what I can actually achieve."

Amy and Heather were personally motivated and it was about improving themselves. Other participants hadn't set out to do a Master's degree but got caught up in a similar desire. Evelyn talking about progressing through her programme is a good example:

Evelyn: "… they didn't do that back then. You finished with a diploma… your nursing diploma obviously, so initially there was a bit of… 'Hmm… don't know if you would manage…' but the couple of people I spoke to said …'Oh well, we'll give you a shot.' They didn't know whether I should've done something else before continuing onto this but… I mean I've completed the six modules with good grades in them all, no fails, so I think once we'd got to the post grad certificate point they thought… I think you'll be absolutely fine… So I carry on! [Towards attaining a Master's]"

Evelyn had completed her initial midwifery training a considerable number of years before returning to academia to participate in a specific CPD programme that would allow her to become a Supervisor of Midwives.[3] This was a statutory role in the UK and requires participation in a specialist educational programme often provided only by HEI's. Having completed the Supervision programme, she just kept on going from undergraduate degree through to her participation in her current M-Level programme.

The majority of participants viewed the attainment of a Master's degree as the pinnacle of their academic achievement with several stating that this was the goal that they had always wanted to attain. Jessica was very clear about her goal as were other respondents:

> **Jessica:** "… it's always been my aim to finish my Master's. My aim was to complete it by the time I was forty, but I've got three children so that got in the road of that …but I've always aimed educationally to achieve a Master's."

For some the Master's qualification was what they desired to prove to those who had undermined them previously, that they were successful within their chosen careers. Fay's comment captured that feeling;

[3] A 'Supervisor of Midwives' provided support and advice to midwives to ensure their practice was consistent with the UK regulatory framework. Until 2017, supervisors were accountable to, and appointed by, the Midwifery Officer. They were practising midwives, with at least three years' experience. Each supervisor worked within a specific geographical area. Supervisors were required to meet with each midwife for whom they are a named Supervisor at least once a year. The role of the Supervisor was to monitor and support the practice of each midwife for whom they were responsible. They also have a role in investigating untoward or serious incidents and determine whether action is required. Supervisors were required to liaise with the Health Authority's Midwifery Officer when an investigation was undertaken and notify the Midwifery Officer what action is required (if any) upon completion of their investigation. In fulfilling this role, Supervisors had a statutory capacity that was independent of their employers. In 2017 in the UK the role changed to an employers led model where employers became responsible for governance of midwifery practice and the NMC took over all aspects of midwifery regulation and investigation. Supervisors were not lost but are now expected to contribute to improved services, safe care and better outcomes by supporting midwives to advocate for women's needs and to reflect on clinical midwifery practice in line with professional accountability and regulation.

Fay: "… those things stay with you forever and I think you don't realise that when you're 16 that these things stay with you forever. It doesn't matter whether you're 40, 50, whatever, you're still asked what you achieved at school. So I suppose it was to kinda counterbalance that and say… "Well actually do you know what, I'm actually able to demonstrate that now." So here I am… a Master's student."

Fay's comment demonstrates that she felt she had proved to herself that she could achieve academically and professionally despite taking up this personal challenge late in her career. Fay's journey had been long. She was one of the oldest respondents and had commenced degree studies fairly recently continuing onto an M-Level programme with almost no significant break.

Many participants discussed aspects of their previous academic history. Often this involved poor performance in secondary school or failure of the school to recognise the learning challenges that they experienced. Several stated that they had not taken school seriously enough perhaps because of a lack of encouragement to pursue a career at that time (during the 1960's to 70's). Later in her interview Fay recalled:

Fay: "Thinking back to school and I had been at what at that time was a senior secondary so there was an anticipation that you were selected and passed your 11+ to go to a senior secondary… that you had a certain level of intellect to be able to achieve your Highers and whatever… but when I went to school… I was at an all girls' school… it was a bit of a giggle and I think 4th and 5th year for me was just a bit… it was more about the Bay City Rollers than it was about doing my studies. So, I left school with kinda… 5 'O' levels, but I knew that I was capable of much more."

Another example from Irene incorporates another issue for some, which was a consequence of their disappointing achievement at school. This meant they had begun their healthcare career at the lowest entry point available, as student SEN's. On completion of that qualification, they had found themselves requiring to undertake further education to become State Registered Nurses (SRN's) to maintain their professional registration. This was swiftly followed by a need to have a healthcare degree qualification if they wished to gain promotion to a senior level. Irene said of her experience of this

> **Irene:** "I didn't do well at school. Girls were never actually encouraged to go to university when I was at school but I wanted to do something to get on in life….I wasn't a… I didn't get Highers or anything at school. I left school in 5th year and started in the pupil nurse intake… so therefore that's probably where that's come from… is that I wasn't a very… I wasn't one of your high attainers at school…sort of thing… so that's maybe why I… kind of written myself off to be honest with you
> **Interviewer:** So you did your SEN[4] training first?
> **Irene:** Uhuh… I was an enrolled nurse and then bridged… That was '87, I started that and finished in '89 and then I worked in a [A Large Acute Hospital] … uhuh for about 10 years, got my degree and then worked down here for the past 19 years, quite a long haul to go from no qualifications to Master's."

Fay and Irene and Heather felt a need to prove to themselves that they had overcome their poor schooling. When Amy reviewed her transcript she added,

[4] State Enrolled Nurse (SEN) qualification provided a second level of entry to the UK Nursing Register. SEN's entered their training with lower academic qualifications. As students they were usually called 'pupil nurses'. Their training was shorter (18-24 months) when compared to 'student nurse' training to become a State Registered Nurse (SRN) which took 36 months. In 1989 changes to nurse education driven by 'Project 2000' marked the end of SEN training and nurse education moved into the HE sector so now there is only one route to registration.

> **Amy**: "I'm not sure if this is relevant but I should have said something about the lack of opportunity I had when I was younger … going to university wasn't something working class females necessarily did back in the day. Being given the chance to do something, to prove to myself I was capable of doing this was very significant."

As Irene and Amy's comments make clear, feelings of dissatisfaction and disappointment in their school experience may be a response to a perception that they were treated unjustly.

As pointed out in Section 4.2.1 on familialism, the respondents in this study were born between 1956 and 1972 and therefore experienced secondary education in Scotland in the 1970's and 80's. when familialism and the gendered separation of roles into the man in the "breadwinner" role and the woman in a dependent "homemaker" caring role (Creighton, 1999; Scott & Clery, 2013) was considerably more prevalent than currently. All would have been affected by being schooled at a time when women's rights to equality of educational experience were poorly considered and where their role in the workplace was also undervalued (Creighton, 1999; Diekman & Eagly, 2000; Scott & Clery, 2013). This meant that for many of the participants they were schooled at a time where there was little expectation that women would be academically or career orientated and little anticipation that they may be required to play a role in wider society beyond being a homemaker and caretaker of children. The predominant societal view at the time was also linked with ensuring male advantage in education provision (Creighton, 1999; Diekman & Eagly, 2000). According to the British Social Attitudes Survey in 2013, it took until the late-1980s before the familialism view of societal life waned and it became more accepted that both men and women should be contributing towards the household income (Scott & Clery, 2013). This profound change in societal views is something the respondents in this study observed and lived through as working women and mothers. This appears to have left some participants with dissatisfaction and disappointment in their school experience that is evident in Amy

and Irene's quotes. Their quotes and the quotes by Evelyn, Jessica and Fay in this section could be viewed as manifestations of a form of societal and institutionally generated misrecognition. Misrecognition in this context is bound to Honneth's theory about the struggle for recognition (See Section 4.3.2) and according to Honneth (1995) misrecognition results from being excluded from a societal benefit, in this case, equality of educational experience.

Adding together this misrecognition (Honneth, 1992) and the lack of distributive justice (Fraser, 1995) the respondents have been exposed to as working women in Scotland since commencing their careers (N. Hamilton & Richmond, 2017) it would appear that achieving a Masters qualification was seen as a way of achieving recognition that may make up for the esteem lost because they were held back by their social circumstances and the gendered expectations of their era.

This misrecognition led to a number of the respondents believing they were underachievers. Despite poor school experiences many perceived HEI's as a place that could raise their self-esteem, where they could undo the impact of their earlier experiences of misrecognition and disrespect. Unlike school it was very uncommon of respondents to mention underperformance in their initial nurse registration education, or initial degree as a motivating factor, supporting Fleming's (2012) and Murphy and Brown's (2012) view that HEI's are viewed as places where your self-esteem could be improved.

Some expressed the view that they did not want to stagnate in their current jobs and wanted more control over their own careers. They did not view age as a barrier to their development and indicated that they now considered themselves lifelong learners. Lorraine, the oldest person interviewed said,

> **Lorraine:** "I've, I done it for myself. I didn't do it for anybody else at all but I think I've learned an awful lot… you know… where I thought I was probably at the end of my career…and [things were] sort of going that way, I've learned an awful lot and now I feel I'm going on another path… so it's been

good for that… that I haven't got jaded…and it has kept my career going… and I'm happy"

Lorraine had retired from her previous post and came back to nursing to take up a new role, as an Advanced Practitioner within a GP practice. It was in this new role that she commenced her Master's programme.

This subtheme 'Proving to Myself' involved participants declaring that educationally at least they considered they had been treated unjustly in the past and that this had held them back.

The views of the respondents embrace the concept of social justice. Social justice Fraser (2008) highlights, is the idea that a fair and just relationship exists between the individual and society that can measured both explicitly and implicitly by noting the distribution of wealth and the right to have opportunities and enjoy privileges accorded to people within the society you are a member of. It also involves the person in fulfilling their societal role and receiving what they believe is their due from society (Huttunen, 2007; Rossiter, 2014).

The thrust of this subtheme for the respondents was that 'Proving to myself' was about addressing perceived injustices and striving for improved self-esteem. Participating in a Master's programme helped the respondents build up their self-esteem which Honneth (2014) and Huttunen and Murphy (2012) indicate they would recognise because of the respect they would receive from others for their efforts.

6.3.3 Improving for Others

Respondent's motivations for undertaking an M-Level programme were multifactorial. While many talked about having a personal motivation (see Subtheme 6.3.2 'Proving to Myself') it was also common for respondents to discuss their role and their desire to complete a Master's as a way of improving practice within their workplace. Occasionally this was viewed as the main reason, but more

frequently, it was another factor that motivated them to participate. For Diane improving practice was a key motivation

> **Diane:** "… well this will actually help me move forward, it would help give me a better understanding of some of the techniques I was using …it would improve my knowledge base and maybe make me a more effective practitioner in what, whatever role I was doing."

For Jessica improving care delivered to her patients was not the sole reason for her participation in an M-Level programme but she did recognise it as an important one,

> **Jessica:** "Yeah, although there were personal motivations they were probably underpinned by professional motivations because… like each course that I've did in my nursing career like… I've always wanted to progress, I've really enjoyed it and then thought I want to go on to the next part… if you know what I mean like… and it's not even so much for promotion, it's more for learning actually and learning that you're giving the best care to patients and learning more about evidence-based care and being a bit richer for that."

The nurses who mentioned their role and a desire to improve things as part of their motivation seemed to be more altruistically driven than some previous studies have suggested. In a systematic review of formal education including that delivered at HEI's Sykes and Temple (2012) suggested that registered nurses undertake higher education for personal reward and that there may be no benefit to their professional performance. Many respondents within this study had a different view. For example Diane stated

> **Diane:** "…but it also means that I've got a better all-round knowledge of different skills that I can use with clients… so to me it [the Master's] will better equip me to … you know … do as much as I can for the clients that I work with."

This view echoes the views of Grace who said

> **Grace:** "I've been interested in vulnerability for quite a while especially childhood vulnerability and how you can increase resilience in children…. these are the kinda things I was thinking of but when I heard about [this Master's programme] that's what caught my interest… I actually wanted to look at children and childhood development and vulnerability and resilience and how we… I work with a lot of traumatised children… so it was that particularly that appealed…"

It is clear from such quotes that the motivation for further study often related to improving their practice, but it was not just this aspect of their work role that had encouraged participation in M-Level study. There was also commonly a desire to make use of the knowledge gained to affect the behaviour and practices of other healthcare staff. This is illustrated within this example from Evelyn,

> **Evelyn:** "I don't know how my work colleagues feel about it, but I'm taking everything back with me. I'm trying to take back what I'm learning and pass it on to them. I'm sure sometimes they're annoyed at that but… but I'm trying 'cause I think once you start doing this you realise maybe where, in the clinical setting, we're going wrong at times… so I'm trying to use some of that and take it in… and change some of the practices we have. It's not easy… but I'm trying."

This sentiment was one that was also evident in what Karen stated

> **Karen:** "I thought… "I actually need to go off and make sure that I'm making enough sense of this information and I'm applying it in the best way I can as chief executive…'cause, if my role is to lead this organisation through really difficult times and ultimately to continue to provide support to very vulnerable groups, then I need to make sure that I know my stuff."

The desire of nurses to improve their own ability to deliver better care was also reported as a motivating factor in a small study conducted in the East Midlands by Spencer (2006) and another small study conducted in Southern Ireland by Cooley (2008). Both looked at the motivations of part-time nursing students on M-Level programmes and reported that M-Level students seemed more likely to want to act as change agents to improve the quality of their professional practice and that of their colleagues, with many professionals believing their participation had made a difference to practice. Spencer (2006) also indicated that a respondent's ability to be innovative and act as a change agent was influenced by the role they held in the organisational hierarchy. However, there is no obvious evidence that this had any impact on the midcareer professionals interviewed here. The majority of participants in this study did hold senior positions but there was no indication that they felt inhibited, restricted or powerless to initiate change. Watkins (2011) who looked at two groups of nurses in two different countries (the UK and Germany) participating in the same Master's' programme, found that the nurses in her study provided many examples of changes to practice they believed they had made. While these were anecdotal accounts of change lacking any supporting evidence from wider sources, the motivation to embark on a change process was more closely linked to their M-Level programme participation than to their employment status. A similar inference can be made from the responses received within this study.

While a desire to help others and a tendency towards empathy and altruistic ideals have been recognised as prevalent traits amongst nurses (Eley, Eley, Bertello, & Rogers-Clark, 2012; Eley, Eley, Young, & Rogers-Clark, 2011; Gambino, 2010;

Raatikainen, 1997), and likely to have an influence on the respondents desire to improve for others, another less obvious reason may be related to Recognition Theory.

Honneth (1995, 2014) declared that equality, identity, autonomy, freedom and self-realisation can only be achieved through our interactions, essentially via the process of being recognised by significant others. The impact of being accepted and recognised West et al. (2013) have pointed out is insufficiently understood although they believe that in relation to education it can be transformative. Fleming (2016) notes that one impact from the RAHNLE study was a desire to do more for the community you have been recognised within. Both Honneth (2014) and Hanhela (2014) suggest that in situations where individuals understand the significance of mutual co-operation, practices will arise by which every member within a group will provide recognition for each other's activities because those actions will be seen to be contributing to a common good. This mutual recognition in itself increases the value of the persons input to the community which has the effect of further boosting their self-esteem (Fleming, 2016, 2017; Hanhela, 2014; Honneth, 2014). This possible effect is looked at in more detail as a feature of the overarching theme, 'Being a Confident Contributor' (See Section 6.5).

6.3.4 Acting as a Role Model

The majority of the respondents also discussed ways in which they had become more aware that they were role models. Several indicated that they were happy to act as role models, were considered role models or aspired to be better role models within their workplace and for their colleagues. Fay recalled an exchange with a colleague from her workplace:

> **Fay:** "…the bit that I prefer in my role is that professional leadership and inspiring and developing and motivating the team to do more. In my old team I had a support worker who was motivated by me studying and she went…she started her degree, and that was really nice and she… you know…

she's told me that the reason for doing it was… and she was a bit older… she was about 50… was me. And I thought that, well it's really good to think that you've been able to inspire somebody else to… achieve their goals or whatever… so…"

Their participation in the Master's programme seemed to have an impact on their occupational role. Evelyn offered an example

Evelyn: "…I'm trying to bring in what I'm learning and as I said, you know, there is colleagues that are really quite interested in what you're telling them. There's a few that are actually quite interested in maybe doing the course themselves, so I think I'm having a positive effect in that way… I'm getting people more interested in learning and seeing what's out there. Whether management pay attention to anything you're doing… I don't know… that's… that's a more difficult one."

While acting as a role model to others is something that might be expected within a group of midcareer nurses, there was another less obvious way in which participants viewed themselves as role models and that was as role models for their children. Occasionally this was a conscious act. Heather talked about her children and the effect her studying was having on them

Heather: "… the other thing [about doing this Master's], my children are growing up, my eldest is only in first year [at University] but there's a wee bit about them being able to see that, you know, education can be a lifelong thing, it doesn't need to be choices that you make immediately when you leave school and that you can still progress at any point."

Some of the respondents in a similar manner to Heather talked about being role models for their children. Some had children in their households who were in

the last years of their schooling or were currently at University. Respondents in this situation where they were sharing similar educational experiences were often assisted by their children. While in their role as mothers they were acting as exemplars for their children and supporting them through their education, their children at times also assisted their mothers to cope with elements of the M-Level programmes. The focus of help was generally around information technology (IT) skill sets where their children could assist their mothers with computer software issues that they were experiencing. There were a number of examples of this, Irene's comments illustrated well what occurred

> **Irene:** "…Well when we had to do the poster presentation… how do you do a poster? You were just… there were instructions but you're like that… "How do you make a… How do you do this on a computer?"… and things like that… and so I should maybe have learnt more but luckily… well my son… after I found out I had to do this said… "Oh I do that every day in Graphic Communication or whatever … we do that when we're fed up." (She Laughs) No, no… so that should have been… that should've been something that I should probably have done … probably should have updated my IT skills. But here we are and I didn't do it… but I've learnt from my son how to do it now…"

As mothers, the respondents provided practical, financial and other support to their children and an understanding developed with their children around 'mutual assistance' particularly in relation to IT and e-Learning skills development. It would seem that for a number of the midcareer women in this study their older children assisted them when they had difficulty with IT they were expected to use as students. The positive role of the family and children in particular on the uptake and use of IT has been recognised before. Russell, Campbell, and Hughes (2008) in Australia and Chu (2010) in Taiwan both highlighted that older people with strong social networks had an easier and safer time accessing information online because

they were more likely to be given both emotional and instrumental help when doing so. A similar conclusion was also noted previously by Liff, Shepherd, Wajcman, Rice, and Hargittai (2004) within the Oxford Internet Survey. The respondents in this study benefitted from the same effect.

6.4 Theme: The Price of Recognition

Of the two themes identified in this study this theme was the most frequently discussed within the interviews. Participation in an M-Level programme was deemed worthwhile and appeared to be a key means for achieving a sense of personal social justice because attainment improved both esteem and respect from colleagues. Ohlström, Solinas, and Voirol (2011) point out that improved self-esteem and acceptance as a person of value in the workplace specifically, would positively impact on an individual's struggle to be recognised. It was clear though, that being recognised as a valued community member did come at a price. Firstly, almost all respondents thought that participating in their Master's had been hard. There was a variety of reasons for this, many of which are captured within the sub-themes. Perhaps surprisingly, recognition as a struggle for self-respect within their particular community and as a means of affirmation of their contribution to their profession and place of work (Fleming, 2017; Honneth, 1995) appeared more important to respondents than more obvious forms of distributive justice i.e. promotion or financial reward (Fraser, 2008). Why respondents appeared to accept this, is perhaps best explained by considering the dominant public view of nursing which is that it is a role which is poorly rewarded but which has high job satisfaction (Royal College of Nursing, 2016).

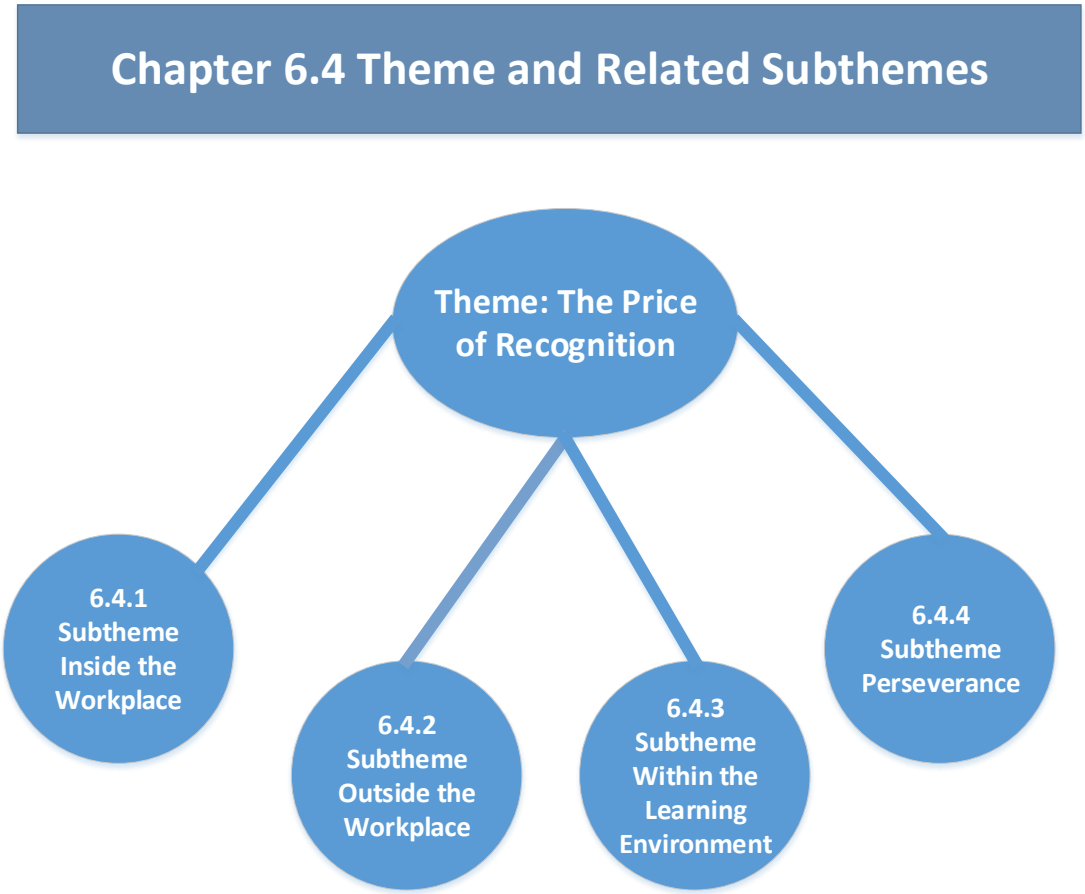
In a large mixed method study conducted in Australia that looked at why registered nurses entered the profession, which was published separately as Eley et al. (2011) and Eley et al. (2012), the conclusion was reached that people entering nursing were caring, helpful and sociable, preferred team work and had high levels of heritable traits that exuded empathy. They also had a caring nature and altruistic

ideals. Even those who were more pragmatic still portrayed a desire – almost 'need' to care (Eley et al., 2012). The view that nursing is a calling or vocation has been investigated by Raatikainen (1997) and Prater and McEwen (2006) who both found that the majority of nurses experienced a calling, resulting in high job satisfaction. It appears that for this group of professional women recognition rather than redistribution (in the form of financial reward) dominates (Fraser, 2008; Fraser & Honneth, 2003).

According to participants though, the price of this recognition was costly in terms of the impact it had on them, their family, friends, work colleagues and time for socialisation and enjoyment. The price was also often double-edged with both positive and negative consequences being described. Much of this is captured within the sub-themes. For this theme the emergent subthemes were, 'Inside the Workplace', 'Outside the Workplace', 'The Learning Environment' and 'Perseverance' (see Figure 6.3 overleaf).

In relation to credential inflation the surprise when considering this theme is perhaps how infrequently it was considered despite the acknowledgement given by several participants that the phenomenon had an effect although perhaps not directly at that time (see Section 6.3.1 Being Academically Capable).

Figure 6.3: Seeking Recognition as a Skilled Practitioner and Related Subthemes with Thesis Section Numbers Provided.



6.4.1 Inside the Workplace

This subtheme looked at the different social and cultural supports and challenges that respondents encountered within their places of work. One of the most important supports was being backed financially by their employers to participate in an M-Level programme. Self-funding was uncommon. Many were participating as part of Service Level Agreements (SLA) negotiated between the University and the health organisations that employed them. Many would not have been able to participate without this financial commitment to their studies. This did however cause some stress because funding arrangements were negotiated annually requiring students to join a ballot for SLA funding at the commencement of

every academic year with no guarantee of success. To access funding they also had to be supported by their managers when they applied and while many had supportive, encouraging and helpful managers, there were occasionally some respondents whose managers were less encouraging or expected a direct benefit to the workplace when supporting SLA applications. Referring to the issues around gaining senior management support, Grace who was the only student not funded by her employer to attend said

> **Grace:** "… I mean I've done this in my own time, I've paid for it myself but they're definitely getting the benefits from it. My topic for my research dissertation, my line manager wants me to do it on [One of Graces commonest client groups] for his department…and so he'll get a big, a lot of benefit out of that… I'll get access to a whole lot of boys just coming out of [a local prison] to do this [study] if I agree… that's my next stage…"

Heather talking about gaining the support of her manager in the first instance said

> **Heather:** "… when I first decided to go down that route… it was, it was quite tough, it wasn't particularly "That's fantastic, I'll support you" ….it was quite a slog trying to get her to support me and see that she wasn't actually having to pay for it out of her own money…. you know, it was quite … all that stuff… but my immediate peers I think they, they've been really supportive, quite interested sometimes, in what I'm doing"

Diane said of her manager,

> **Diane:** "…I would say there's a sense of a bit of pressure from her … but I think from what she said to me it's about her being able to say to other people, "Well I've got Diane on this team and she's got a Master's"… and I thought well … "I'm not interested in that perspective." I'm interested in

> what I can do, not to show off to somebody 'cause you know … I was going to say to her anybody could get a Master's… well maybe not anybody… but it's like not for showing off that you've got it"

It was also pointed out by a small number of respondents that they did not feel that their managers understood the challenges they were facing. Although funding was important it was not the only issue requiring organisational support. The issue of study days and support to study was raised. Some respondents felt that their organisations and management could have been more helpful/flexible in supporting them to study having paid for their participation; particularly if they wanted them to succeed. Summing up her feelings, which are reflected in other interviews Irene said

> **Irene:** "Obviously there's been no… been no backfill[5] for me… there's been limited amount of study leave… so therefore I would say colleagues like management, they're aware that I'm doing it but I'm just left to get on with it as well… sort of thing… so that rubbed a bit with me at one point because I felt nobody was bothering."

Discussing a situation that arose within her workplace while she was unwell Diane said

> **Diane:** "Yeah, well see I didn't ask for it [study time]. Yeah… so I think had I had study time it might have made a bit of a difference…"

she talks about her illness next… then returns to the topic

[5] By 'backfill', Irene means that no additional staff member has been employed to cover any shift she has been allowed to miss in order to study. Called backfilling because this brings staffing numbers back up to what was expected. Failing to "backfill" effectively leaves the workplace a staff member short on those days.

Diane: "…. I might've been able to do better, but that's not about the course, you know……that's just about here [her workplace]… so that meant me not asking for study time."

It was not only the attitude of the organisation and management that was important. Another important element was the attitude and support of their colleagues during their participation. Some had been encouraged and supported by colleagues to continue. For a few, it had been a colleague who had encouraged them to start. Most participants found their professional friends and work colleagues supportive and were encouraged by this. For example respondents stated that their experience had not received respect before, that their leadership skills were improving and this was being recognised by others. Their attitude to work as a result was more positive and this was linked to the positive attitudes shown by their colleagues. Irene gives this example

Irene: "… and I think they definitely… they look at you different. They… you know, they, they'll… they'll deliberately come to me now. They'll look me out to ask me things, even over and above… maybe even the… the Sister that's in charge, they will come, and look for me… to ask me and I'm sure that's just because they know I'm doing this and obviously… the amount of reading and research that I'm doing."

Amy discusses a similar effect

Amy: "I think the very fact that I'm doing a Master's has, has given … and maybe it shouldn't, but to other people…it kind of gives it a wee bit more credibility. Now that may be wrong … or not, I don't know … I mean it's just, it's something that I've certainly observed or I've, I've heard, you know, I've heard people saying, you know, "Oh Amy's doing this so that… it might be helpful if you asked her" …kind of thing you know and that's fine……so I

don't know whether people's perceptions are that it gives you a wee bit more credibility or it makes you more qualified to do something like that."

Sandberg and Kubiak (2013) discuss similar effects occurring amongst health and social care support workers in the UK and Sweden that they examined stating that such mutually positive behaviours demonstrated the type of solidarity in social groups referred to by Honneth (1995).

Occasionally though respondents found their work colleagues were discouraging but this tended to revolve around a "Why are you bothering?" narrative, perhaps because of their age or the stage they were at in their careers. An attitude of indifference by work colleagues, rather than a negative one, was mentioned and also viewed as unsupportive. Fay for example, was quite blunt when she talked about this attitude from her health visiting colleagues

Fay: "There is a feeling and whether it's just within my sphere of nursing, I don't know … I've had lots of people say to me, "What on earth are you thinking about? Why would you do that at your age? What are you thinking of putting yourself through that for? What's it for? Is it really going to make your job any better?" I've had lots of people say things like that, why would you do that and to be quite honest with you, there's times when I've asked myself…"What the heck am I thinking about?"…You know."

Examining the narratives provided by the respondents what is striking is the variation between support and discouragement that exists within the workplace. The impact that this variation has on the person's struggle for recognition is worth consideration.

West et al. (2013) claimed that the basis for self-respect and the means by which individuals become co-operative members of society whose efforts are socially valued is through the positive development of self-esteem. Honneth (1992, 1995) contends that it is not just self-respect and self-esteem but a person's

integrity that depends on the positive and negative reactions they receive from others as each one of us struggles for recognition. There is considerable benefit that can be gained in the workplace then, because a person's contribution in the workplace is a source of positive social value and recognition and creates an outlook that promotes solidarity. This allows individuals to construct an image of themselves that incorporates recognition from others (Gini, 1998; Pierson, 2011; Sandberg & Kubiak, 2013)

The three positive 'patterns of recognition' that Honneth (1992,1995) highlights, which are love, right and solidarity can all be improved if an individual has their efforts acknowledged and recognised at work (Fleming, 2016; Pierson, 2011). However, the price of seeking recognition in this way is that those workplaces also make anyone trying to do this vulnerable to hurt through insult and disrespect (Honneth, 1992; Rossiter, 2014). The experiences of misrecognition in the form of disregarding their attempts at self-improvement and the negative feedback experienced by respondents, threatens to reduce their self-esteem (Fleming & Finnegan, 2009; Pierson, 2011; Rossiter, 2014). The extent of exposure to both positive and negative influences on self-esteem are therefore likely to have an impact on their views of their participation in an M-Level programme and may even have an impact on their eventual success. Fleming and Finnegan (2009) in relation to the RAHNLE study of students in Ireland, (See pp. 77-78), believed that reciprocal and mutual recognition at work helped develop strong feelings of solidarity in the students in their study, which meant well recognised people also became strongly motivated to succeed. It seems likely a similar process was happening in the respondents in this study, however it is hard to verify since at the point of interview all participants were successful and continuing students.

More worrying to the nursing and midwifery professions perhaps are the reports that there are shades of ageism contained within some of the negative messages respondents in this study received. As previously mentioned (see pp. 25-26) the nursing workforce globally is ageing. In the UK more than 35% of those on the NMC register in 2019 were aged 50 plus (Nursing and Midwifery Council, 2019).

Ryan et al (2017) highlight that a combination of health and lifestyle advances has enabled midcareer nurses to extend their working lives. This trend is driven by social changes such as having children later in life and economic reasons such as the desire for a better quality of life in retirement. The likelihood then is that healthcare orientated M-Level courses will have more students over 45 years within them in future. This is particularly true if the current credential standardisation, a feature that Brown (2001) identified as one associated with bureaucratic professional labour markets, remains with regards to requiring a masters to become an ANP. The worry would be that ageism encountered within the workplace will have an impact on the enrolment of and success thereafter, of future midcareer M-Level programme participants.

6.4.2 Outside the Workplace

This subtheme examines the supports and challenges that respondents encountered outside of their workplaces and focussed on views expressed to the participants by their friends and family. The most mentioned support and often the first thing that came to mind for almost all of the participants was having a supportive partner. No one interviewed mentioned having an unsupportive or indifferent partner and many spoke of their partners expressing satisfaction in their achievements to date. Jessica is a good example of this

> **Jessica:** "My partner has been very, very supportive and when there's been times where I've went… "I just can't do this anymore... I just, I just can't do it." He has said to me… "You're nearly there, you're nearly there, just keep going"… do you know what I mean and he's been very supportive… "

Grace's experience with her partner was similar

> **Grace:** "[When I've thought]…I don't think I'm clever enough for it he just says "Aye you are, Aye you are" but I think half of that is because he likes me

being upstairs and he gets the telly … (we both laugh) …but his family have never done further education you know so… do you know that sounds dead snobby but I think he quite likes saying "She's studying for her Master's."

Many also had very supportive families but overall the attitudes of the wider family tended to vary more. While families were generally supportive, occasionally respondents discussed an outlook from their children, often their adult children, that was less helpful. Sometimes meant to be humorous the comments nevertheless had a negative impact on their mothers' esteem. Karen for example, was quite open about her daughter's almost dismissive attitude,

Karen: "And it's a standing joke in my family, my 14 year old daughter says "Mum, see if I hear one more time… do you know… research shows…" well actually she says "…you've just become a bit of a bore." So I think maybe once I've finished I might worry her by thinking…"Well what do I need to go off and do now …"

A similar story was echoed by Irene,

Irene: "… but my daughter, she's fed up with it already, I think it's just the… the mass of books and things that are on the table. So she's like… "When's this going to finish?"… and I said "Oh in August"… she said…"Thank goodness, I'm fed up with it."

Another focus of negativity from families was in relation to household chores that the respondents would traditionally be expected to carry out as wives and mothers. Fay indicates that her family didn't give her much leeway with this,

Fay: "I suppose I was just trying to do as much as I could for everybody else as well and it's not always easy. You know, they're used to a certain level of

service and then when it gets diminished at all it doesn't go down so well. Do you know what I mean? "Why is this ironing not done? You know… all that kinda stuff. So…so that was maybe my fault because I probably shouldn't have been doing all of that for them to start with…"

Evelyn mentioned some similar issues that had emerged in her family life expressing a hint of guilt about this on her part

Evelyn: "It takes all your time up but I wouldn't say it's had a major effect. I'm just very aware of… there… there comes a period where that's all I do, is I'm just sitting at my dining room table surrounded by things and everything else kinda becomes secondary. Silly things like… you don't get your housework done. My mum occasionally goes and does my shopping for me and brings it back, if I'm… if I'm in the midst and I'm in the zone and I don't want to kinda lose it. So it… it's nothing major but it definitely has an effect…

Later in her interview she comes back to this issue revealing

Evelyn: "…it makes life a lot easier if I get a run of days off Monday to Friday. I find that's when I can really sit and put the time in 'cause I've not got any other distractions cause as soon as they all come in… nobody's going up and making the dinner, I'm still going up and making the dinner and all that kinda thing."

Respondents were clear in the quotes above, that taking on this additional social role as a part-time student has had an impact on the performance of their existing roles within the family. Adding their student role led to a re-examination of their existing roles as spouse's, parent's and carers, and a period of adjustment to these demands appears to occur, as social role theory predicts (Diekman & Eagly, 2000).

It can be argued that respondents who have taken on this new role then have to make a choice. Davidson and Cooper (1992) in 'Shattering the Glass Ceiling' about woman managers, discuss three possibilities. Women managers can add the demands of their new role to the demands of their existing roles, alter their behaviour by doing less at home, or alter the behaviours of others at home to accommodate their new role. For the respondents in this study that would mean adding the demands of the student role to the demands of their existing roles, altering their own behaviour in relation to their roles by undertaking less housework or reducing the standards of tidiness in the house, or move to alter the behaviour of others by asking their spouse and families to help at home, or adopting some mixture of all three.

Success in adjusting seemed to depend on having a supportive spouse but some tensions still remained that suggest that older children still living at home disliked the changes the most. Guendouzi (2006) puts forward an interesting argument about this, based on the work of Elvin-Novak and Thomsson (2001) who looked at Swedish working mothers' views of motherhood. Their study suggested that working mothers had to be accessible for their children as well as achieving their own individual needs if they wanted to be viewed as 'good mothers'. Guendouzi (2006) states that while these two positions are not necessarily mutually exclusive, they may result in a dilemma of personal choice for working mothers, making feelings of guilt a normal experience. Older children it appears may be responding to this in an attempt to re-establish a previous family dynamic where their mothers role was more in keeping with the 'breadwinner; homemaker' view of family life (Cunningham, 2008).

Family life was not the only support and challenge that existed outside of the workplace. Another area that was impacted upon, was their relationships with their friends. Many reported that their friends were very supportive and encouraged their participation. This was true whether their friends had a background in healthcare or not. There was a darker side though, where some friendships had waned as a result of the participant not being as available socially as

before, or because their friend/s were not supportive of their undertaking. Fay provided a good illustration when she discussed one of her close friends

> **Fay:** "…one of my, a very close friend that I've had since primary school, I would say that that relationship has changed and I think that's, I don't know, probably for a variety of reasons. I would've got really fed up with being put off…if the roles had been reversed and I think I did a lot of that… so. But I suppose I decided in my head about what was important and what wasn't important and… and… and maybe she wasn't important enough and that relationship isn't great now. It's not ended, you know, we're still seeing each other but it has changed but some of that… I don't… I'm not saying it's fully because of my studying but she didn't get why I was doing it."

Some friends, particularly those within the profession had questioned why they were putting themselves through this stressful process often because those who were less supportive wouldn't undertake a Master's themselves. Diane for example, discussed the effect she thought her studying was having on her friends

> **Diane:** "So… I felt there was a bit of a mixture … you know… some people really supportive… and like 'Oh I know you need to get on with your studies…and that's fine and I'll not phone you and I'll not bother you' …and then the other people just complaining because…you know… I've never got time for them or I don't phone them back whereas I used to always do that. So wouldn't say any fallouts, I've not lost any friends through it but…you know… it's maybe kinda made relationships difficult but I would say that's maybe down to how… you know, these people's perceptions of what my studying means… but neither of them are going to go on to do that level of studying. They just stopped at their… you know… their diploma and neither of them are happy in their work and I think well… 'If you're not happy then you do something about it…"

When discussing life outside work most respondents also discussed the impact that studying had on their family life and family routines which were often disrupted particularly around assignment deadline times. Commonly, it was weekends that were discussed because that was when many respondents spent a lot of time studying or working on their Master's rather than spending time with family and friends, as they may have done previously. One example comes from Irene,

Irene: "I will say that it's the impact on my social life because I'm not a… a great one for it, but you know if I'm meeting friends I will still go and do that but I've… but I am very aware that… you know this takes up a lot of my time. Most of my weekends… erm… yeah that's it."

Lorraine made efforts to protect her weekend saying this about socialising

Lorraine: "Just going out with friends sometimes… you know that's all… or like that, maybe going away for a weekend or something…and I'm not saying I don't ever do it but there are times when I've had to say… "Well no… I better not…"

Jessica's weekends also fell into a pattern

Jessica: "… there's certain things that I wouldn't compromise [like] spending time with my children, I wouldn't compromise like... if I like… would study a good part of a Sunday, but that would only be if I've spent like all day Saturday with the children… do you know what I mean?... and went and did things that they enjoyed"

Everyone recognised that their social life while studying was poorer. Most talked about the things they were missing out on. Commonly that was things that

they used to enjoy doing, like, eating out regularly with friends, exercising, dog walking, horse-riding etc. Some were feeling isolated as a result. For Grace what she missed out on was her exercise regime,

> **Grace:** "I went to clubercise and stuff like this, I was a member of the gym and I ran 10Ks and stuff like that, so I would say I was quite an active involved person …and the one thing that went was all the exercise and gym and stuff…"

Although an uncommon response there were a few respondents that wanted to get their lives back to normal, as it was before they started down the road towards their Master's.

The problems of combining work, home responsibilities and studying have been recognized for many years (Burrow et al., 2016). The juggling of each of these elements of their lives by the respondents in this study, most of whom already had heavy work and domestic responsibilities, meant that a large price was paid for participation in M-Level study within their private and personal domains. The need to devote time to learning and studying meant that they were unable to spend as much time on both family activities and socialising and other things they enjoyed and this could lead to strains and tensions within their personal relationships. In some cases this was viewed as positive as family and friends rallied round to support them, seemingly equally, it was also a negative as some of their interpersonal relationships suffered because families and friends could also be unsupportive. Schaefer (2009) who looked at the experiences of a group of 'Baby Boomer' students in a Midwestern college in the US, noted a similar issue in that all her participants mentioned a need to restrict family socialisation or to limit time for personal relationships to meet the demands studying placed upon them.

The focus on what happens at the weekend in particular is interesting. Culturally the weekend in the UK is when most social activities takes place and when most contact with friends and families would be expected. Guendouzi (2006)

discussing the guilt experienced by working mothers points out that there is a societal view that mothers in particular are expected to spend quality time with their families on weekends and that this is seen as a prerequisite to good family dynamics. The need to protect family time in particular at weekends that some respondents discussed, for example, Irene, Lorraine and Jessica who are quoted, may be a reflection of their belief in this view that weekends required the inclusion of "family" time.

6.4.3 Within the Learning Environment

Having discussed the price of recognition in the context of the workplace and home there was also a price associated with returning to a higher education learning environment, which is the focus of this subtheme. At the University involved in this study, Master's programmes tend to be modular in construction and offered part-time. The majority of the modules offered are designed for online participation. Some modules within some programmes do however require classroom attendance, particularly where advanced skills acquisition is a component of the module/programme. For example many students participate in Non-medical Staff Prescribing modules where attendance is compulsory.[6] Others have classroom support sessions built into their timetables that can be compulsory but more generally are voluntary. Students who live at distance from the University tend not to come onto a University campus at all during their programmes of study, unless they are participating in a skills acquisition module. All module co-ordinators offer students remote support as a part of their modules usually by 'phone, Skype or WebX. This support can be individual or group and the type and frequency of remote support is at the discretion of the module co-coordinator. As a result, the

[6] All qualified nurses and midwives who undertake community practitioner nurse prescribing (V150) preparation are required to undertake a minimum of ten days study alongside nurses, midwives and specialist community public health nurses undertaking the Nurse/Midwife Independent Prescribing Programme of Preparation. To achieve the designation of 'Independent Prescriber' which was the aim of many of the respondents in this study, the number of compulsory taught days rises to 26 days. In addition they must undertake a minimum of ten days supervised practice (Nursing and Midwifery Council, 2009).

midcareer professional students have a range of differing experiences of their learning environment. This varies from no direct physical contact with any member of their class/year group, to regular contact with them in some modules. This is a very different experience from their nurse training where classroom hours were controlled and recorded as part of the NMC's standards for registration. Since 2010 the standards have required all pre-registration nurses to participate in at least 4,600 hours over a minimum of 3 years where 50 percent are theory hours (2300 hours) within a HEI and 50% (2300 hours) are recorded hours of practice (Nursing and Midwifery Council, 2010). The participants in this study who then went on to complete part-time undergraduate degree programmes (the majority), would generally have been required to attend for a set number of days/sessions of teaching to complete most modules either by day release from work or by attending evening classes. Some also have experience of distance and/or online learning gained at this point in their careers as part of the process of attaining their first degrees. This large variation in methods for participating in "Top-up" to degree programmes was and remains a feature of these programmes (Altmann, 2011; Carlisle, 1991; Hardwick & Jordan, 2002).

Coming back into the higher education learning environment as a midcareer professional on an M-Level programme was a very different experience for many who attended programmes where attendance in a class was compulsory. It left many questioning whether they really were in a class or year group because of the limited opportunities they had to meet other students. Claire was one example. She was very clear about the effect this had

> **Claire:** "I wouldn't know who was in my class, I've not got a clue, not got a clue.
>
> **Interviewer:** So you never looked for support from other class members at all?
>
> **Claire**: "No, I didn't because it wasn't obvious …it wasn't there… again when I was in [my last workplace] I knew one of the girls who was doing an MSc at

the same time as me, so we would chat… but now that I've gone onto dissertation ……I mean I, I have not got a clue who was in the class … how many there were … you know…"

The modular structure of programmes also mitigated against developing relationships with or getting support from peers because every term they encountered a new group of students, with no guarantee that any student they had contact with in a previous module would be on the next module class list. The effect of this was voiced by some, who felt that there was no one with them on the journey towards getting their Master's. Jessica provides a clear example of this

Jessica: "…you're dipping in and out of different modules …depending on when the modules run so you don't actually know who else is in your module or class if you like… unless you personally know somebody that's doing the module at the same time as you. With my dissertation, when I started that, we went to the first open session …. and I think there was about four or five people there, who I've never spoken to since that day."

Many would have liked at least an opportunity to have contact with, or support from their peers and liked the idea of having a 'study buddy', someone who was definitely on the same programme path as they were, whom they could discuss their experiences with. Diane discussed having someone to study with

Diane: "…having somebody else to meet would encourage me to study, whereas I might be tempted to go home and… you know… put the telly on to have dinner and then just get caught up watching telly and not studying…yeah, being able to share experiences with other people, being able to study… you know… with other people would help."

Evelyn had someone to study with when she started out but she lost that support as she progressed,

> **Evelyn:** "…I think it made a massive difference to the two of us… having each other going through that first module… yeah… 'cause unless there's somebody else round about… 'cause we're not really in here in classes… or speaking to anybody else so it made a massive difference… yeah."

Later she returned to this saying,

> **Evelyn:** "…somebody in a, similar circumstances, similar situation…and experience, try and match up the experience… Yeah, studying together, I think that made a massive difference to me and [My Colleague], definitely."

Some had gone as far as trying to create a peer support network outside their formal learning environments; sometimes meeting with other students but generally texting or e-mailing some of the other students in their modules recurrently, or keeping in contact using social media platforms (particularly Facebook and WhatsApp). Beth mentioned meeting up informally with some of her class peers

> **Beth:** "… it turned out one of the girls actually worked in [A Health Board Hospital Nearby] so I met up with her a couple of times and we sat down and we worked together, so that's … that's three different students now that I've actually met … even though I'm doing distance learning … we've met up and we've … we've worked together, so I have engaged and I never did that on the last Module. This module I've engaged with other students which has been really unusual … which is good, 'cause you suddenly think …"Oh I'm not on my own, you know…"

Irene discussed her peer groups use of Facebook,

> **Irene:** "… we organised our own social media …you know Facebook page as well… so we could keep in touch that way and moan and groan about things and… that helped. Uhuh… yeah, I think the peer support within the group, between the eight of us has been really good … you know, we can bounce things off one another there…"

The responses from the participants all point to a need for midcareer part-time students in health and social care programmes to feel that they belong to a community of learners. This may be because in their previous experiences of post-school education they have been exposed to a process of professional socialisation which has involved them being educated in large classes surrounded by their peers and encouraged to become 'team players' to fit in with their working roles (Clouder, 2003). Frith and Wilson (2014) discussing the needs of mature-age students more widely, point out that part-time mature students are concerned about sociality, and desire some social connection within the student community to which they belong, even although they may be more focused on their studies than their full-time younger counterparts. The comments of the midcareer professionals in this study appear to reflect this view.

As revealed by the quotations social support is particularly important for midcareer students, who often feel they do not fit into the culture of university (Urquhart & Pooley, 2007). The desire to have at least one person they can identify with and relate to in order to discuss their involvement (i.e. a study buddy), would be one way that several participants believed their experiences during M-Level study could be improved.

Frith and Wilson (2014) in their study looking at the support and retention of mature, part-time students highlighted that not having a sense of belonging to a learning community had a negative impact on student success and observed that the mature research participants that they were interested in formed a new peer

group to support each other where they could explore their shared concerns. While this may have happened within the learning environment in the Frith and Wilson (2014) study, in this study efforts to create a peer support network appeared to take place outside the classroom utilising social media as the means of contact. This is perhaps surprising given the findings of a recent literature review of Facebook usage by Chugh and Ruhi (2018) that reported that older students were less inclined to form collaborative friendships online and that that the use of Facebook may become a discriminatory factor for mature-age students who may not be net-savvy. The views of the respondents in this study contrast with this and indicate that many happily made use of communication technology and social media to seek support and stay motivated, much in the same way as mature students did in a small study looking at social media use conducted in the South of England by Price and Kadi-Hanifi (2011).

Regarding their experiences within the classroom, those who had this opportunity felt that it was an advantage. Meeting face to face provided support and created opportunities to discuss issues with other students. Some commented that they preferred this face to face contact to anything else, this example comes from Heather

> **Heather:** [Classroom sessions] ….I actually really like them. We all seem to get on quite well and there's a good sense of humour which is always helpful when everybody's getting a bit stressed out and again we're… you know… we're all quite good at sharing stuff as well and being supportive to each other…so I think that's been a huge advantage. I think if it had been a fully online course I would have struggled and felt quite isolated, so I feel it's been really beneficial having classroom sessions."

Interactions in classrooms though were not wholly positive. Occasionally students mentioned that they were looking at their younger-selves in classrooms and that wasn't a particularly comfortable experience. Grace talked about an

occasion when she was made uncomfortable in the classroom environment because she was expected to contribute as she had considerable work experience that the lecturer was aware of. However for her, being in class with a majority of people younger and less experienced than she was had proved to be quite a challenge. This wasn't helped by the following thoughts she was having:

> **Grace:** "Whereas the rest of them were kind of young and enthusiastic and up to date… it took me a wee while to find my glasses that morning and I was thinking about going for a hearing aid test. I had to sit down the front as well, that was really strange, I couldn't hear if I was sitting at the back. They must have thought I was dead keen… I remember sitting down the front because I couldn't see from up at the back, you know, nor could I hear the lecturer; so they must have been like… look at her… a swot"

While many of the midcareer professionals in this study felt accepted and enjoyed the classroom experience others were less comfortable with the situation. Their time in the classroom was marked out by an awareness of being different. Their reaction to this points to efforts to try not to stand out, which is in contrast to studies that report mature students tending to engage more actively in the classroom, offering more opinions and asking more questions (Kasworm, 2010; Wasley, 2006).

Their age and perhaps a perceived need to 'tone down' their enthusiasm caused them to feel like outsiders. This behaviour was discussed by Mallman and Lee (2014) in relation to the way the mature-age students in their study negotiated their acceptance into the Australian University learning community they had joined and the resistance they faced in doing so. Mallman and Lee (2014) point out that older students may be entering university with more life experience but still have insecurities about their new role, just as their younger peers do. In this study students also have previous experience of the University as a learning environment, but this did not appear to protect them from such anxiety.

Another facet of the learning environment that students had been asked to participate in, was synchronous discussions online. These were conducted on a number of different platforms depending on the choices and preferences of the module co-ordinators. Respondents had been exposed to Big Blue Button, WebEx and Group Skype calls, which all promised some 'live' interaction with the coordinator and other students on the same module. However when this was tried, the electronic systems often let them down and the live discussion experience as a result was often disappointing and off-putting. Claire discussed a range of issues that made any attempt to participate from a work computer difficult so she tried from home but very quickly after 2 or 3 attempts to participate in different discussions abandoned trying because the experience was so poor. Lorraine was even blunter

> **Lorraine:** "[synchronous discussion sessions]… none of them I don't think have ever worked. I don't think any of them have actually worked… so you know … they've all had glitches in them somewhere or they've all had to be changed at the last minute or… every one of them has had something wrong with them."

The use of synchronous discussions within online learning programmes has become commonplace. Yamagata-Lynch (2014) in her review sums up their usefulness beyond just another means of communication pointing out that they encourage students to stay on task and feel a greater sense of participation. Successful participation may also lead to a better experience and better course completion rates. The midcareer professionals in this study could see the value of synchronous discussion but very quickly gave up trying to participate in the face of technological challenges.

Czaja et al. (2006) showed that older adults are generally willing to put the effort in to learn to use a new technology if they can see a benefit. Those interested in participating in synchronous discussions did try, but as Hanson (2010) points out

older adults tend not to use new technology just for the sake of using it. The technology must be perceived as filling a need in their lives and must be perceived as being usable. The fact that 'discussions' technology was not easy to use and that respondents were still successful completing modules without online synchronous interactions seems to have led to a reluctance to keep trying alongside a frustration that this had not been possible.

For all but one of the students participating in this study, part-time study was the only means of participation available. While they appreciated the work done by all university staff they encountered to assist them in their engagement with the University's learning environment it was occasionally stated by respondents that they felt part-time students, particularly those working solely online were not as well supported as others and that the University favoured full-time students. Claire was the most vocal about this

> **Claire:** "I think full-time students are favoured and I definitely think that people who are in, the university, even if they're part-time are favoured because they're having the chance to speak to lecturers … It's not an age thing, cause I'm sure there are younger people doing an MSc that feel exactly the same as me… no. I think it's more a distance learning thing. And as a distance learning student I don't think the support mechanisms are there…"

Both Universities UK (2013) and the Higher Education Academy (Butcher, 2015) have drawn attention to the fact that UK part-time students can feel isolated from the institutional support structures provided for full-time students. The limited contact that students have to engage with the institution on their own terms, because of work and family commitments adds to a view that institutions pay too little attention to part-timers in comparison to full-time on-campus students for whom their support services tend to be geared (Butcher, 2015; Mallman & Lee, 2014; McVitty et al., 2012).

The University from which respondents in this study were drawn does have a long history of supporting part-time students and online students but still appears to be struggling to offer the support this student group desires. Butcher (2015) suggests that this could be mitigated if HEIs offered clearer advice and guidance around studying as a distance learner and if efforts were made to engage part-time learners more pro-actively in the support offered. Universities UK (2013) have indicated that more could be done across the sector to create a stronger student identity to assist older part-time online students feel part of their student communities.

6.4.4 Perseverance

'Perseverance' was the only subtheme term that I chose, all of the others came from the respondents themselves within their interviews. This subtheme is a reflection of the views of many participants who talked about their determination to continue until they completed their programme successfully, no matter what personal challenges and difficulties they faced while a Master's student. In the Cambridge Dictionary Online (Cambridge University Press, 2018) 'perseverance' is defined as continued effort and determination and this best reflected the respondents' attitudes even although it was not a term they used themselves.

During the interviews almost all participants made reference to the personal challenges that they had to face before commencing their studies or which they were currently facing. Challenges included dealing with a chronic illness, family bereavement prior to commencing their Master's or during their studies and dealing with role changes within their workplaces.

Some respondents had even been dealing with dyslexia that had not been recognised in high school/secondary school education which had now been identified at University. Those affected were being assisted to come to terms with this so that they could manage within their current programmes of study. Claire was one of the people that this had happened to

Claire: "… I came in one day, I was really upset by a mark and I came in and it was actually one of the lecturers sat down, she said would you mind if I looked at your paper and she said "Have you, have you ever been tested for dyslexia" and I said no… I said I don't think I've got dyslexia because you know obviously …. and she said … well, could we get you tested and I said yeah … but I'm pretty sure I don't have it. I was totally convinced I didn't have it. But now that they've given me the tests… don't get me wrong I don't get fantastic marks, but I pass! And that's really been … that's been a big change in my life and also coping strategies that it gives me and things, it just makes me … I think all those years of sort of getting really poor marks and everything and thinking …I don't know why this is happening and now I'm suddenly starting to see a wee bit of improvement and I think it really rewards me, not just intellectually …but emotionally…"

All the participants in this study were female and a number of gender-related obstacles to participation were discussed. It was commonly felt by the respondents who were mothers that they had had to bide their time before returning to higher education because of their role in bringing up children. It was only now (aged 45+) had they felt that the time was right for them. Evelyn's comment is a good example

Evelyn: "So… when you've got young kids and your husband's not there all the time it, and you work shifts… there's a whole… a whole remit of things that just …would've held me back, whereas it felt like it was the right time this time."

This idea of that there was a right time in their families lives for them to study recurs in the literature where childcare and domestic commitments are widely recognised as being influential in nurses decisions to commence post-

registration education (Cooley, 2008; Dowswell et al., 2000; Dowswell et al., 1998; I. A. Pool et al., 2015).

Having decided to commence a Master's programme several respondents still had extensive caring responsibilities. Some were still dealing with childcare responsibilities, commonly though they also had other caring roles looking after their partners, parents and partner's parents or even all three. Grace was possibly facing the toughest time at the point I interviewed her

> **Grace:** "….I'm quite a busy person and when I started this, things were okay and then everything started, you know, my mum had a heart attack and stroke, so I had to look after her for a while, she's fine now. My husband was in intensive care for… in fact he died on the operating table, he had a Strep[7] bug that attacked his throat and I'd to take some time off to nurse him because he had a tracheostomy and stuff …and then my dad is now in hospital, so these… these things didn't stop and my work couldn't stop but what did stop was me going to the gym and swimming… …I couldn't do everything. So that's why this last year has been particularly hard getting the time to study."

Such family commitments and expectations are known to create challenges, particularly for women who often struggle to balance their caregiving responsibilities with their studies (Christie et al., 2005; Kahu et al., 2013; White, 2008). Not surprisingly, some described a feeling that it was these extensive and

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[7] *Streptococcus pneumoniae* bacteria can cause many types of illnesses, including: pneumonia (infection of the lungs), ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), and bacteraemia (blood stream infection**).** *Streptococcus pneumonia* symptoms can include fever, cough, shortness of breath, chest pain, stiff neck, confusion and disorientation, sensitivity to light, joint pain, chills, ear pain, sleeplessness, and irritability. In severe cases, pneumococcal disease can cause hearing loss, brain damage, and death (Centers for Disease Control and Prevention, 2014)

often fluid caring commitments that frequently got in the way of their progress. There was often frustration expressed around these issues with many voicing concerns that they were doing this (studying), as well as their jobs and everything else. For example Beth said

> **Beth:** "I think as a student it would be great to be at university and focussed on doing that assignment and nothing else. Whereas I've still got to run a house, I've still got to do my job, I've still got to … you know … I've still got to go to the gym and I've still got to do all the things that women have to do but I know everybody has to do it…"

Occasionally there were thoughts that they were doing too much. An uncommon report was of replacing looking after your health with studying. Grace again discussing the demands placed on her said:

> **Grace:** "….my dad is needing his washing done and my mum can't drive and she's needing driven to doctor's appointments and stuff and you're working a full-time job and something had to give and it wasn't a conscious thing, it wasn't like I'm giving up the gym, it just happened… and I started eating a whole lot more chocolate and takeaways and stuff like that as opposed to cooking properly, so that's the one thing that's neglected … my own health."

One person even reported that at times she had felt that she might actually be becoming depressed.

Another challenge for some was their own ageing. Some respondents felt that ageing had reduced their stamina and tiredness limited the time they devoted to studying. Ryan et al. (2017) in the UK and Hatch et al. (2018) in the US both recognised that deficits in physical health contributed to tiredness in nurses aged 40 - 60 years in the workplace, with both suggesting that nurses had an increased need for recovery time from work. This need for longer recovery from the physical and

mental demands of the workplace also appears to have an impact on their ability to study.

For a few pain was also one of the problems they experienced, particularly when dealing with their own chronic illness(es). Another though more rarely mentioned ageing issue was declining eyesight which made screen reading tiring and therefore more of a challenge. Hearing was also raised as a particular problem that one person was having that made telephone communication with any University staff member or service difficult.

Despite these challenges respondents still remained up-beat about qualifying with their Master's with several stating that more midcareer professionals should be encouraged to participate at this academic level.

Almost all participants highlighted that achieving a Master's degree was a challenge that they had set for themselves (See 6.3.2 Proving to Myself). It was commonly discussed that there was a stubbornness within them that meant that because they had started out on this path, they were determined to finish, almost no matter what obstacles they faced. A lot of effort had gone into learning to cope. Jessica perhaps puts into words the thoughts of many of the respondents

> **Jessica:** "…. once it starts knocking the balance of your family life I think it then impacts on your learning and for me the learning's enjoyable and that would make it not enjoyable. So balancing it all… you've got all these plates spinning and it's really hard to balance… it's been a journey of balancing."

Lorraine in this example is clear about her attitude and determination to persevere

> **Lorraine:** "I think this one… this time… because I could finish now and still work as a nurse practitioner without doing it, but then I think… "Och I've come this far I might as well just finish it…" so it's not a pressure except maybe that it's a personal thing. I've started it so I've got to finish it. You know, see it through to the end…"

Midcareer professionals within this study faced many stresses during their M-Level studies. However, they were determined to succeed and stay focussed upon completing their studies at practically any price to their family, personal and social life. Price and Kadi-Hanifi (2011) observed a similar phenomenon in the students involved in their case study of mature students on a Diploma level course in England. Bye et al. (2007) and Justice and Dornan (2001) looking at mature students in undergraduate programmes reported that older students, possibly because they tend to be more intrinsically motivated and have made greater sacrifices to be there, tend to be more committed to their study. Perseverance appears therefore to be a key trait that midcareer Master's students require to succeed.

Considering perseverance through the lens of Honeth's (1995) Recognition Theory it is clear that attempts to establish, institutional, workplace and cultural recognition have become very important to the respondents in this study. West et al. (2013) contend that the struggle for recognition, based on experiences of disrespect and the need for improved self-esteem can explain the efforts individuals make to improve their social development. The subthemes discussed above suggest that there may be a heavy price to pay for undertaking that struggle but their perseverance shows that it is one that they have accepted.

6.5 The Overarching Theme: Being a Confident Contributor

The two themes 'Seeking Recognition as a Skilled Practitioner' and 'The Price of Recognition' explain the process undertaken by the respondents in their journey towards the goal of completing their Masters programmes, but that goal is more than just being recognised as a skilled practitioner it is about 'Becoming a Confident Contributor'; which is why this has been identified as the Overarching Theme. 'Becoming a Confident Contributor' encapsulates the perceptions that midcareer professionals have about being Master's students it also captures the impact that they felt participation was having on their lives.

Several respondents stated that taking part in a Master's programme had made them more self-assured and had improved their self-esteem. They also believed that they had developed more status inside and outside the profession. Grace provides a good example of the impact that studying for a Master's had on her confidence. She said:

> **Grace:** "I also feel much more confident. I don't see myself as an academic person. I've had to work really hard, I mean if someone reads a paper they get it, I read it five times and even then sometimes I don't feel like I've got it in my head and sometimes talking to other health professionals, I was very under-confident to say '…actually what about this evidence' and now I'm talking about probabilities and the methods that they've used and I'm feeling much more confident. I'm not saying I know what I'm talking about I just feel that I can look them in the eye and stand my ground a wee bit more… so it has had a big impact already, a massive impact and that's been noticed and reflected upon by my line managers."

Likewise Irene also provided an example of how participating in an M-Level programme impacted on her confidence at work. When Irene talked about being a team leader she said:

> **Irene:** "I think it's given me a bit of the confidence, maybe, to do that because before I would maybe have said… "Oh we'll just see what everybody else is doing"… but you know it's maybe given me a bit of confidence to say… "Well actually I'm not going to do it that way, let's find out what, how we can do it a bit better or different there". So it's maybe given me confidence… maybe that's it… uhuh … that I didn't have."

Importantly Masters programme participation also allowed them to compare themselves more favourably with other senior healthcare professionals

including even the junior medical staff that they worked with. Culturally, healthcare has traditionally been organised around the needs and desires of doctors particularly (Ponte et al., 2003). However as professional nursing has developed, it has been marked by the growing autonomy of nurses as their professional roles have expanded often to fill roles previously undertaken by junior medical staff (Hall, 2005; Skår, 2010). Much of this role expansion within nursing and other allied health professional roles has occurred as patient care has become more complex, but it has also arisen as a response to the growing cost of healthcare delivery (Brodsky & Van Dijk, 2008; Hall, 2005) and the reduced number of available doctors (East et al., 2015; Lowe et al., 2012; Royal College of Nursing & Ball, 2005). The use of nurses with advanced skills decreases expenditure and increases productivity (Cowan et al., 2006; Kapu, Kleinpell, & Pilon, 2014) and this has led to increasing specialism and a rise in the use of specialist nurses and other specialist healthcare practitioners.

The increasing complexity of specialised healthcare treatment requires professionals to immerse themselves more and more in the knowledge and culture of their own professional sub-group so that that they can influence others to have an effect on patient outcomes (Hall, 2005). Although a considerable part of nursing practice requires agreement with other members of the health care team, hierarchical structures and specific role responsibilities also play a part in influencing the significant decisions about patient care that experienced nurses can make (Brodsky & Van Dijk, 2008; Jokiniemi, Pietilä, Kylm, et al., 2012). A study conducted in Australia by Copnell (2008) exploring critical care nurses' understandings of knowledgeable practice found that their authority to give voice to their work and act autonomously depended on their ability to position themselves within the team as knowledgeable. Acquisition of knowledge gave them more credibility, allowing them to act which helped them to deal with some of the problems they experienced dealing with other professionals. Copnell (2008) points out that there was a perception that nurses were 'ignorant' because they were the least educated of the professional groups in the critical care environment as they

were not required to have a degree level qualification to practice at that time. As a consequence the Australian critical care nurses had to convince others that they were knowledgeable to have their views respected. As has occurred in other studies, they were also required to modify what they did and the decisions they made to suit accepted practice within the particular units in which they were working (Mantzoukas & Jasper, 2008; Skår, 2010). This process of requiring to convince others in the team that you had both specialist knowledge as well as the skills is significant because it appears that the participants in this study may also have been doing this to be recognised. As they received recognition from significant others they acted more confidently and autonomously. Heather confirmed her growing autonomy when her senior manager retired. She stated

> **Heather:** "… so I took on the training. I'll coordinate that, manage that and I plan that, so I think that's something where the Masters has been helpful, the reason for [taking on] that was because of the research I've been doing."

Another example from Grace shows the impact of the growth in her confidence as her knowledge base improved. She said

> **Grace:** "I don't know if it's about the psyche of nurses but I know that I've sat frequently at strategy meetings and stuff where there's lots of doctors and sometimes I'm the meek one, you know, I think I know what to say but I'm kinda apologetic for it, I notice that now I'm not, I'm just not as apologetic for having an opinion because I think I'm that much more confident in my knowledge, if that makes sense"

As participants' self-esteem grew, credibility outside of the workplace was also improved. Jessica discussed this a number of times. Firstly in relation to an opportunity she had to participate in a national strategy group. Having worked with

the consultation team, she took pride in the fact that her work with the team had been published and said the following

> **Jessica:** "I don't know that I would have contributed just as well, or as much, had I not been doing my Master's"

She goes on saying later in the interview

> **Jessica:** "[Knowing I am about to finish] my Master's has just enhanced all that as well and I do now have the confidence… I would say… to go and contribute to like… know quite often if they're changing policy… or they're [NHS Scotland and the Scottish Government] looking for consultations on things like that… and they send it through I'm quite confident in what my feedback is, do you know all because of doing my Master's really… because you know, you do have that enquiring mind now."

Huttunen and Murphy (2012) discussing how one builds self-esteem using the work of both Honneth (1995) and Fraser and Honneth (2003) took the view that self-esteem was something that is built through the respect one receives for one's work. They point out that it is only through self-directed and autonomous work that strives for a common good that people become respected within a community. Self-esteem is a feeling then that is derived from seeing one's work being acknowledged and recognised. Honneth (2014) points out that the highest form of recognition comes about when one is recognised as a person who has something to contribute to the community.

Rising self-esteem and confidence together with feelings that respect and recognition is growing seem also to be accompanied by the creation of a desire amongst the participants to contribute more to their own communities. Some respondents believed it was important that they used their Master's participation to enhance their workplace. There was even a desire in some to create or leave a

legacy that improved their workplaces into the future should they move on or retire. For example, Irene summed her thoughts about this

> **Irene:** "…this organisation has given me this chance to do it so therefore I would like to use it to the best of my ability in my job and continue to do a good job and improve things despite … you know yourself constraints within the… the service but no, I think I've been very lucky to have been given the chance to do it…even though it's every night working."

Evelyn went further, she was so keen to leave a legacy that she had already began to make changes in her practice area which was within a maternity delivery suite. She explains

> **Evelyn:** "So I had… I had a third year student who finished and she hadn't looked after anybody with low risk care and I thought that's… how can we… how can you finish a three year course and not have done that… that's not right… we have to do something about this. So we kinda put things in place. I've got two rooms now that we class as the low risk rooms and we try and actively encourage people to take their patients in there and keep everything…low risk. They're more like living rooms. We've changed the outlay of the rooms and we've done all… kinda things to try and make it more like a home."

Lorraine mentions another way that she planned to contribute more and leave a legacy, which was to pass on her skills to younger advanced practitioners via mentoring. This notion that as a consequence of participating in their Master's they would be better able to help other students and practitioners studying on M-Level programmes was mentioned by several respondents. Some also felt that they were more able to learn from others within their team. Honneth (1995) sees this mutual sharing within societal groups as an important step in the formation of a co-

operative member of society whose efforts are socially valued. This feeling of being valued furthers their self-esteem and this explains the label used for this overarching theme, participants were 'Becoming Confident Contributors'.

Lorraine was probably the most passionate about what it meant to her to be seen as a confident contributor

> **Lorraine:** "…but for me personally it feels well, I've done something… I've achieved something but in my career. I'm now doing a job that I'm really enjoying and it's nice to feel that I enjoy going to my work again… rather than just kinda of working if you know what I mean… it wouldn't matter what I was doing… I think it's just about feeling good about what you're doing and feeling you're contributing to something."

It is worth noting that not everyone interviewed worked in a positive working atmosphere, where individuals gave of their best and recognised each other's work. For example Grace received almost no support from her organisation and very little acknowledgement for her efforts commenting

> **Grace:** "No, they haven't paid any of it or freed up any time or anything. Which is fine. That's, that's okay, you know, they've got a whole lot of austerity cuts to deal with, but yeah, there was, there was quite a few times I had to come in [to University] on days off and to take annual leave… quite a few times."

Those who do receive support from their workplace Huttunen (2007) suggests may be more strongly motivated because they are likely to enjoy their work more. Tame (2013) and Cooley (2008) also point to the importance of not just enjoying what you do but being in a supportive workplace because supported nurses are the most likely to succeed academically. Pierson (2011) and Huttunen and Murphy (2012) highlight that feeling part of a collective encourages solidarity

and the social recognition this provides encourages a desire to do one's best. Both Huttunen and Murphy (2012) and Honneth (2014) state that the recognition that can be gained from being acknowledged at work allows individuals the freedom to exercise their autonomy which also provides assurance that their contribution will count for something. This notion that your contribution should count may also be age-related. It may also reflect the career stage that some respondents were at, in that some discussed retirement in a matter of fact way, even making firm predictions about when they thought they would retire.

Twyman (2005), discussing mid-life as a period of human development points out that changes in the views of women in their late forties and onwards are often brought about as their children approach an age when they might leave home. The realisation that the parental role is ending can lead to a renewed concentration on what the person wishes to achieve. This can lead to a radical reappraisal of life goals and a desire to address developmental tasks (Twyman, 2005). For adults within the age range covered in this study Vaillant (2002) in his revision of Erikson's (1963) theory suggests that the developmental task is most likely to be 'career consolidation' a task that coincides with being in midcareer. Career consolidation involves the adult creating a social network centred on the workplace. This network is used to meet the person's need for contentment, compensation, competence and commitment (see section 4.1.3 Theories of Psychosocial Development). Becoming more confident personally and feeling that your contributions are valued equates closely with acceptance by your peers that you are someone who is content, competent and committed and therefore meeting your developmental goals. It also shows the outcome of the person's efforts to consolidate their career, allowing them to consider the next developmental task, generativity which according to McAdams (2013) involves finding opportunities to make productive and meaningful contributions to their community before their careers reach an end. Erikson (1964) adds that acquiring a sense of generativity involves not only an interest in making progress in your career but also developing an interest in establishing and guiding the next generation.

Hamer (2013), discussing older students undertaking RPL activities at HEI's contends that formal education is expected to play a role in reassuring and re-affirming the person's sense of worth, while also acting as a means of increasing their recognition. When you consider the situation of the respondents in this study, who are all experienced midcareer professionals contemplating the end-stages of their careers, it could be argued that the improved recognition they feel they are gaining from M-Level programme participation also meets their life cycle developmental goals of affirming the consolidation of their careers and acquiring generativity.

6.6 Summarising the Findings from the Analysis

Having conducted a descriptive phenomenological analysis of the interviews undertaken with twelve female midcareer nurses studying part-time in M-Level healthcare programmes, an overarching theme underpinned by two linked themes emerged.

The overarching theme, 'Becoming a Confident Contributor', relates to the effect on midcareer nurses of receiving greater recognition for their efforts and the impact that this was having on the development of their self-esteem. As they progress in their programme, their self-confidence improves and they believe that they have a value they had not perceived before participating in their Masters programmes. The outcome is that they perceive that they become confident contributors to their workplaces and the profession. This is often marked by a desire to consolidate their careers or create a legacy in their remaining working years.

Attempts to achieve the recognition required to become a confident contributor gave rise to two conjointly occurring themes. The first of these is labelled 'Seeking Recognition as a Skilled Practitioner'. This theme revolves around the respondent's wishing to be recognised as advanced or specialist practitioners, a title which they feel will only be acknowledged if they attain an M-Level

qualification. This is despite many respondents already carrying out responsibilities and tasks that are both advanced and quite specialist. Respondents report that their motivation is not a response to any perceived threat from a process of credentialism but because they have a personal desire to be recognised. Four subthemes influence the establishment of their recognition as skilled practitioners, 'Being academically capable', 'Proving to myself', 'Improving for others' and 'Acting as a role model'.

The second theme explores the personal and professional price they pay in their search to be recognised. Three of the subthemes on this occasion identify how, where and why they are paying a price; 'Inside the Workplace', 'Outside the Workplace' and 'Within the Learning Environment'. The price paid in each sphere of their lives that this subtheme covers has both negative costs and positive rewards that respondents discussed. The final subtheme is a reflection of an attitude most of the students had adopted to get through their programmes which was one of 'Perseverance'.

My interpretation of this analysis will now be examined in more detail in Chapter 7, particularly in relation to its fit with what is already known about motivation and altruism, the desire amongst midcareer professionals for generativity, Recognition Theory (Honneth, 1992, 1994, 1995) and the relationship the findings may have with human capitals (Bourdieu, 1986). What these findings may mean for HEI's will also be examined.

Chapter 7: Discussion

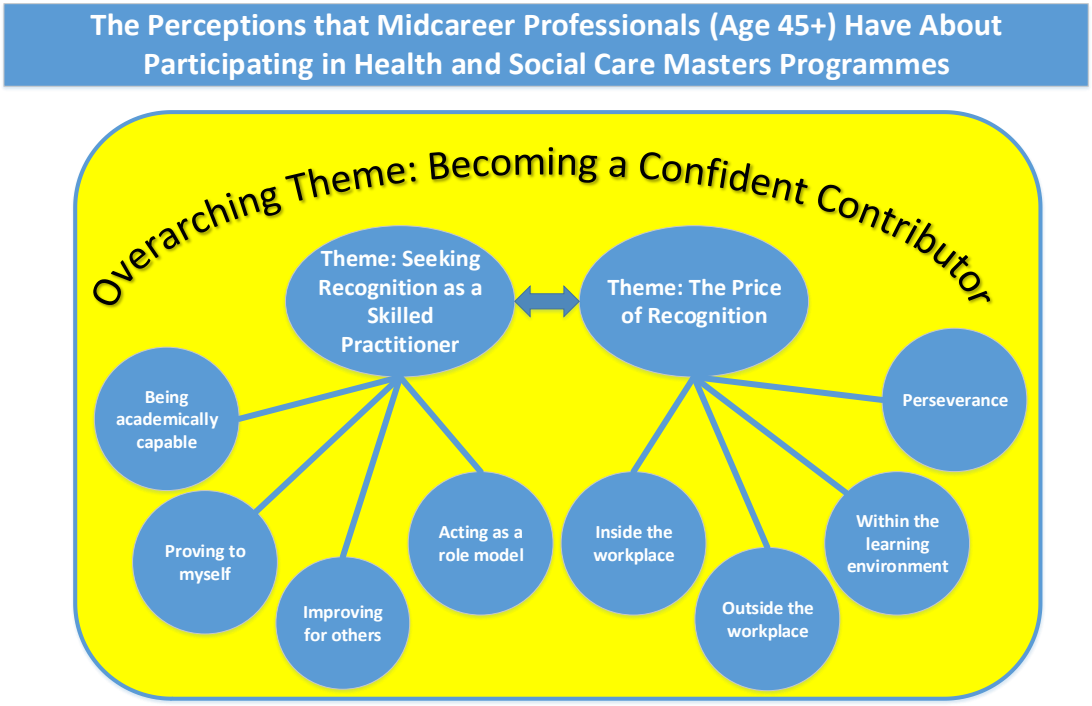
7.1 Chapter Overview

The chapter begins by looking at the new contribution to knowledge that this study makes. It examines the literature connecting a number of the theoretical lenses that were used to elucidate the findings and their contribution to understanding the participants' lived experiences of returning to an HEI to participate in an M-Level programme. The study strengths and limitations are discussed and recommendations for other midcareer professionals embarking on the same journey are made. Recommendations which may assist lecturing staff encountering this group of students and also some recommendations that may help inform the approach taken by HEI's are also made. Some proposals for further research in this area are also given. The chapter ends with a reflective discussion of my research journey.

7.2 The Contribution Made by this Study.

In setting out to answer the question "How do midcareer professionals (aged 45+), participating in taught postgraduate health and social care Master's programmes perceive their experiences?" I hoped to gain further insight into the personal, social and cultural factors that had a bearing on the students' experience. Section 6.6: Summarising the Findings from the Analysis detailed the findings of my study. The illustrative diagram from p. 109 is reproduced below as an aide-mémoire for this section as it helps explain my findings by presenting the Overarching Theme, Themes and Subthemes, giving a clear indication of the relationships that exist between them.

Figure 7.1: A Representation of the Relationship between the Overarching Theme "Being a Confident Contributor", the Themes and Subthemes.



The rest of this section will explore the Overarching Theme, Themes and Subthemes and these relationships further, in order to explain the contribution to understanding Midcareer professionals' experiences that this study has made. It begins by looking at the participants' motivations and will then consider what has been discovered in relation to generativity, the esteem needs of midcareer nurses', the part that disrespect and misrecognition of the participants earlier in their lives may have played and finally the impact the experience had on the human capital of the participants.

7.2.1 Intrinsic Motivation and Altruism

When looking at what motivates midcareer nurses to take part in M-Level study, extrinsic incentives like improved employment opportunities, career progression, promotion and financial reward, discussed in section 3.4.2 Professional (Extrinsic) Factors , played a part but these did not appear to be the main drivers.

Intrinsic motivation was far more prominent and a key feature of three subthemes 'Proving to Myself'; 'Improving for Others' and 'Acting as a Role Model' (see Section 6.3: Theme: Seeking Recognition as a Skilled Practitioner). This finding is in contrast to the work of Watkins (2011), Cooley (2008) and Spencer (2006) where tangible rewards like career progression and improved employment opportunities were considered important reasons for M-Level study. A possible explanation for this variance may be that the participants in those studies were drawn from a wider age range of M-level students than in my study, suggesting that perhaps extrinsic motivators become less important with age.

Focussing on the two subthemes 'Improving for Others' (See Section 6.3.4) and 'Acting as a Role Model' (See Section 6.3.5) there is an undercurrent in participant responses that hints that midcareer nurses and midwives frequently behave altruistically. As mentioned in section 6.3.4 'Improving for Others', behaving altruistically and demonstrating empathy was found in many studies to be prevalent traits amongst nurses even at the start of their careers (Eley et al., 2012; Eley et al., 2011; Gambino, 2010; Raatikainen, 1997). This study suggests that behaving altruistically does not appear to lessen with age or experience but may instead be enhanced.

While a desire to help and a tendency towards empathy is likely to influence respondents' desires to 'Improve for Others', another less obvious reason may be related to another facet of Recognition Theory. Honneth (2014) contended that part of being recognised is showing solidarity and a willingness to value and recognise others (Honneth, 1995) (See Section 4.3.2; Recognition Theory). Hanhela (2014) and Huttunen and Murphy (2012) supported the view that in the situation where a person is seen as wanting to belong and approved of by a societal group, part of being recognised and accepted is showing solidarity with others in that group. My study has suggested that demonstrating altruistic behaviours and encouraging others, particularly in the workplace was important to midcareer professionals and could be viewed as another means of seeking recognition. Erikson (1963) and Sugarman (2001) both point out that behaving altruistically and having concern for,

and a desire to educate the next generation are also signs of generativity (see Section 4.1.3 Theories of Psychosocial Development).

7.2.2 Generativity

Another way in which midcareer professionals appear to have been motivated altruistically was the strong desire some participants had to contribute to the development of their workplaces and leave a legacy. (See 4.1.3 Theories of Psychosocial Development). Erikson (1964) expounded that leaving a legacy no matter how small was an important part of viewing yourself as a generative adult. Those in midlife who believed that they had failed to do this were more likely to stagnate (Erikson, 1964; McAdams, 2013; Vaillant & Milofsky, 1980). There were some participants, for example Evelyn and Irene indicated that they may be 'Keepers of Meaning' (See 4.1.3 Theories of Psychosocial Development) that is a person in midlife who tries to ensure the perpetuation of their own culture and values through efforts to share what they had learned themselves (Sugarman, 2001; Vaillant, 1977). Several participants discussed their views of themselves as preceptors, mentors and role models for undergraduate and postgraduate students and other staff indicating that being a 'Keeper of Meaning' was important to them. Unknown to them though, this role would also have the benefit of improving their generativity and could reduce the likelihood of stagnation and despair (McAdams, 2013; Vaillant, 1977).

There have been very few studies that focus on the views of mid and late-career nurses and even less that identify or discuss a need for generativity amongst older nurses. Larkin (2015) discussed generativity in relation to how midwives pass on their practice knowledge and skills to student midwives. The ages of her participants however is not revealed although she indicated that the majority had many years of experience. Letvak (2003) who looked explicitly at the views of nurse's aged 55 and over in six USA hospitals, identified that older nurses valued being respected by their younger peers and enjoyed teaching them in the workplace so much that she suggested using older nurses to teach younger nurses,

in order to extend older nurses' careers. Friedrich, Prasun, Henderson, and Taft (2011) again looking at the views of USA hospital nurses aged 55 and over pointed out the value to the organisation of older nurses sharing their experience. The participants in Friedrich et al. (2011) study expressed pride in their profession and highlighted that some remained motivated to continue in nursing because of their desire to leave a legacy. Friedrich et al. (2011) like Letvak (2003) also suggested that retention of older nurses could be improved if they retained a role mentoring and teaching.

My study appears to indicate that generativity is as an important motivation for midcareer professionals within the workplace and a key reason for undertaking and continuing with postgraduate study. This is a finding worth further exploration as generativity could be used to help to motivate midcareer and older nurses' interest in further study and the profession, potentially lengthening their careers.

7.2.3 Enhancing Midcareer Nurses Self-esteem

In the literature review (see p. 47-48) it was suggested that midcareer professionals may be motivated to try and complete M-Level study to meet their esteem needs. Having their esteem needs met would enable them to feel accomplished and in Maslow's (1954) hierarchy this would move them on towards seeking self-actualisation. Conventionally self-actualisation involves a person seeking fulfilment of their personal potential. The specific areas that the person wants to seek fulfilment in, varies from person to person (A. H. Maslow, 1943; Maslow, 1954). Discussing esteem needs, Maslow (1954) supported later by Wahba and Bridwell (1976) suggested two categories. Firstly, esteem for oneself which may take the form of an achievement or mastery of a desired skill, and secondly the desire for reputation or respect from others. In relation to the context of the participants in this study their desire to become recognised as skilled practitioners (See Section 6.3 Seeking Recognition as a Skilled Practitioner) is one of the subthemes and relates to Maslow's first category of esteem need and 'Becoming Confident Contributors' to their professions (the overarching theme) relates to the

second of Maslow's categories, suggesting that participants' current esteem needs are being addressed allowing them to consider their own self-actualisation. This move towards self-actualisation seems to be borne out by a number of participants (about half) who stated that if they completed successfully they would have achieved a life goal. Participants' improvements in job satisfaction and contentment in their current role may also point towards a view that their actualisation needs are being addressed.

Improved job satisfaction and increased self-esteem have been reported as impacts of participation in M-Level nursing in several previous studies, (Gijbels et al., 2010; Shannon et al., 2017; Watkins, 2011; Whyte et al., 2000) however, there are indications from my participants that success means more than this and that increased self-esteem extends beyond their workplace into their wider lives. This idea that M-Level nursing students develop increased self-esteem both in the workplace and beyond has also been reported in studies by Illingworth et al. (2013) and Whyte et al. (2000). Neither of those studies though focussed on midcareer professionals.

7.2.4 Transcending Disrespect and Misrecognition

The personal and educational histories recounted by the participants revealed the effects of familialism (See Chapter 4: section 4.2.1 Familialism), During their upbringing and in their careers familialism appeared to have impacted upon them in a manner similar to a form of disrespect or misrecognition (Honneth, 1995). (See 4.3.2 Recognition Theory p. 74 and Table 4.3 The Structure and Relations of Recognition). For example, Fay discussed in some detail her school experiences as did Irene. Amy reflecting on her interview transcript also highlighted the lack of encouragement she had received at school (See section 6.3.2 Proving to Myself)

Altmeyer (2018) pointed out that if a person is permanently exposed to misrecognition in one or more of its forms, they will be in danger of suffering from a lack of self-confidence, from self-disrespect and impoverished self-worth potentially causing great damage to their self-esteem. Scottish school structures in the 1960's

through to the late 1980's failed to support working class girls who were academically or career-orientated or who wanted to play a role in wider society other than homemaker and childminder (Findsen, McEwan, & McCullough, 2011). This misrecognition had both a societal and political dimension that ran counter to the notion of the values of equality of treatment in school and in the workplace that these women may have anticipated (Cunningham, 2008). For the participants in this study the feeling that their expectations were not met at school was often followed by further misrecognition as junior nurses who as Birks et al. (2006) and Stanley (2003) highlight were often undervalued because they were the lowest qualified in a multidisciplinary workspace and traditionally viewed as the handmaidens of doctors (Copnell, 2008; Girvin, Jackson, & Hutchinson, 2016).

Previous experiences of disrespect and misrecognition at both social and societal levels appears to have provided several participants' with an incentive or spur to go and 'seek recognition' in midlife. For Fay, Irene and Amy it seemed to be linked to their secondary school experiences, for Beth, Irene and Jaqueline it seems to have been related more to their initial low status as they entered the profession as enrolled nurses and having had to struggle since to reach this level of academic achievement.

Honneth (1992, 1994, 1995) later supported by the work of Fleming and Finnegan (2011a) reasoned that the experience of disrespect is necessary to trigger the struggle for recognition and social development at both individual and societal level. Fleming and Finnegan (2011a) reported that their interviewees in the RANLHE study (see p. 76-77) indicated that student success and failure had a complex and significant relationship with the quest for social recognition such that it was a key theme in their data and had been central in students' accounts of their motivation for applying to college and their determination 'to stay the course' (Fleming 2011). While they were referring to mature students trying to complete undergraduate programmes, the quest for social recognition is also a key feature in the interviews conducted in this study with M-Level students. Like Fleming and Finnegan (2011a, 2011b) the conclusion this study has reached is that in many ways what occurred

duplicates what Honneth's (1992, 1994, 1995) Theory states about the personal struggle for recognition.

7.2.5 The Impact on Human Capital

It would appear from the data that there was an impact on the human capital of the participants in this study particularly in what Schuller (2004) classed as identity capital items such as self-confidence and self-esteem. Also that there was an improvement in other capitals; for many their social capital improved and for some their economic capital also benefitted. These improvements may even have been key motivations for some participants. For example almost all the participants sought to improve their social capital through gaining their Masters (See Section 6.3.2 'Proving to Myself'). However, this study did not fully explore the perceptions and experiences of midcareer professionals studying at M-Level in HEI's in terms of the effect the experience had on their human capitals. This is in contrast to other research in this field, for example in Feinstein et al. (2007) and Swain and Hammond (2011). Both these studies used adaptations of Schuller's (2004) three capitals framework derived from Bourdieu's (1986) work to examine mature students experiences in HEI's and found that identity capital benefitted the most. In nursing social capital gain has been associated with positive outcomes for patients, healthcare providers and the nurses themselves (Read, 2014).

This finding from this study, that social and identity capitals increased, is in line with the other literature in this field (see section 4.3.1 Human Capitals Theory). However, if I had confined this study to taking only a capitals view it would have been unlikely that the complexity of the students' experiences found by adopting Honneth's Recognition Theory as the principal lens would have been revealed.

Bourdieu (1990: p. 108) used an analogy, stating that some students arriving at University with limited economic, social and cultural capital had to adjust to the habitus of the university and become 'fish in or out of water'. He stated that some fish out of water survive and thrive; however, others do not. Universities (even at

post graduate level) seem to favour students with particular forms of social and educational capital, shaped by their class backgrounds (West et al., 2013).

Midcareer (middle-aged) female professional nurses with extensive experience even when they have already been successful at University previously, are still likely to feel more 'fish out of water' than in (See section 6.4.3 'Within the learning environment'). It could be argued that because this study only looked at students continuing in and nearing the end of their studies, it was a study of those that had learned to swim. While it may be true that my participants are those managing the experience well, it does appear that their continued participation was improving both their social and identity capital.

7.2.6 Summary of the Contributions

Norlyk and Harder (2010) consider an important feature of phenomenological research in nursing is to set out to describe the lived experience of particular groups to find the central underlying meaning to them of that experience, which this study has endeavoured to do. Participants were selected because they shared the common experience of being mature professional women studying at M-Level. This is an experience that is becoming more common for nurses worldwide (Massimi et al., 2017; I. A. Pool et al., 2015; Watkins, 2011). The research findings are useful because they provide a window into the lived experience of a group of professionals who are rarely considered in research. This is despite the fact that over 35% of all registered nurses in the UK are now aged over 50 years (Nursing and Midwifery Council, 2019).

Observations within my study suggest that:

- Midcareer professionals' motivations for seeking an M-Level qualification are more intrinsic and altruistically based than extrinsic and materialistically based
- There is a need for generativity and a desire to leave a legacy amongst midcareer M-Level nursing students

- Disrespect and misrecognition earlier in life may play a significant role in motivating midcareer professional nurses to seek an M-Level qualification
- Recognition Theory helps explain their experience and is a novel perspective which has only been considered before in an undergraduate context
- Participation in M-level study may have a positive impact on the social and identity capital of midcareer nursing students over the age 45.

These findings have the potential to inform midcareer professionals themselves about M-Level participation, may assist lecturing staff encountering this group of students and may help inform the approach taken by HEI's to part-time postgraduate study for midcareer professionals (See Section 7.4 Recommendations).

7.3 Study Strengths and Limitations

Since this is a small-scale study with a sample size of 12 respondents and given that the sample consisted of students who were all from one HEI, the findings cannot be generalised to other similar students. The study has also been carried out in a single geographical area of Central Scotland which again exposes the project to criticism about the wider applicability of the findings to other regions of the UK. Although a strength of the sample interviewed was that participants were drawn from a range of different nursing and healthcare Master's programmes they are still not representative of all Masters' programmes offered within Scotland to post-graduate nurses and AHP's and therefore not representative of the wider population of post-registration nursing students again reducing the generalisability of the study findings. Bassey (2001) pointed out that both scientific and probabilistic generalisations as considered above are unlikely to be made from single pieces of education research because researchers cannot identify, define and measure all of

the variables that affect the events that they study. This problem was also identified by Simons, Kushner, Jones, and James (2003) who suggested that 'situational generalisation' may be a better way to look at generalisation within educational research. They point out that generalisation (that is to say, the process of transforming context-bound data into transferable evidence that is used elsewhere) only occurs when the relationship to the given situation is sufficiently clear for others educators to recognise and connect with the findings through the common problems and issues discussed. Generalisation is then a process of collective judgement and shared confidence in the findings and this therefore is how educators validate and use research knowledge to improve their practice (Simons et al., 2003).

To test the 'situational generalisability' of the results a version of the analysis was given to another lecturer within the HEI where the study was conducted who also commonly teaches mature professional nurses and also a lecturer from another HEI with similar experience. Both confirmed that the analysis and the diagram illustrating the relationships between the overarching theme, themes and subthemes accurately portrayed their own involvement with midcareer professionals studying at M-Level in HEI's (See Appendices 12 and 13). The focus of this study was not solely on generalisation but on gathering rich in-depth, descriptive data from a growing population of students who have been under explored. As Rebar and Gersch (2015) explain, accessing individuals who are able to provide rich and detailed perspectives on the subject being explored, as the participants in this study were, is the key to the success of qualitative research.

A further limitation of the study was that the students were a self-selected group who volunteered to be interviewed and could therefore be viewed as atypical midcareer professional nurses and midwives. This is a form of selection bias that has been recognised by many authors including Robinson (2014), Brinkmann and Kvale (2015) as very difficult to avoid. However a descriptive qualitative sample is not meant to be representative of the total population, as Bryman (2016) points out it is more important that the interviewees possess knowledge and/or skills of the

phenomenon under examination, as was demonstrated by the rich data participants in this study provided.

A limitation of the interview process related specifically to nurse and midwives views of their own roles. The professional and public view that nurses are trustworthy and act for the common good and a view that they are not motivated by financial reward alone prevails (Clouder, 2003; Girvin et al., 2016). When you consider the habitus of nurses and the values they adopt during their professional socialisation the effect may mean that there is a deeply rooted view held by midcareer professionals that encouraged more altruistic responses to the interviewer's questions around that topic. Response bias of this type where a person answer questions misleadingly, perhaps because they feel pressure to give answers that are socially acceptable is common (L. Cohen et al., 2018; Doody & Noonan, 2013) and again difficult to avoid particularly since all the participants knew the interviewer was also a nurse. However from my perspective, and as evidenced in this thesis by some of the candid and emotional responses of the participants, response bias may have been minimal.

A final consideration in relation to my study was my position as an insider, conducting research within my own institution on Master's level students whom I have had considerable experience dealing with throughout my career. While being an insider (lecturer and fellow nurse of similar age) conferred certain advantages like easier access, knowing the organisational culture and familiarity with some student experiences thus allowing me probe in more meaningful ways (Merriam et al., 2001; Unluer, 2012) and perhaps reach a more authentic understanding of the participants views. It does expose the study to criticisms of bias (Mercer, 2007; Merriam et al., 2001). I have made efforts to mitigate this in terms of ethical considerations and the use of epoche, bracketing, reduction and reflection (Giorgi, 2006b; LeVasseur, 2003), however the risk remains. In one significant aspect I was an outsider and that was in relation to my gender. While I am aware of familialism and can understand the disrespect and misrecognition caused by exposure to a biased educational system, my experiences a male brought up in the same era are

significantly different from those of the participants. This same issue was commented upon by Formosa (2005) when discussing his own role as a researcher in critical educational gerontology where his participants are also predominantly female. As a man, I can only hope I am accurately presenting their situation, interviews with a female researcher could arguably have revealed more.

To overcome some of these limitations the following procedures were undertaken. Firstly, member-checking. On completion of transcription all the interviews were returned to participants to allow them to confirm that they were happy that what they meant by what they said had been captured and were given the opportunity to withdraw anything they were uncomfortable with. Member checking is a strategy based on collaboration and openness (Dearnley, 2005). Two students made minor changes; one added further explanation to some of her comments and the other wished to withdraw some statements made about a work colleague; otherwise all the interviews were considered by the interviewees to have accurately captured their interactions. Member checking was completed before the analysis was conducted ensuring the trustworthiness of the data.

Further member checking was also undertaken to ensure the resonance of the analysis however as it was problematic to go back to the participants. Their views of their own experience were likely to have been altered by the interview process. The passage of time also meant that their success or otherwise in attaining their award may also have strongly impacted on their current views. To overcome this, a late version of the analysis was given to one other female student in the same HEI and a female student in another HEI who both met the study sample criteria. Both students confirmed that the analysis has a clear resonance with their experiences (See Appendices 13 and 14).

The culture and environment of the University also imposes limitations that have not been revealed in this study and therefore any conclusions drawn may not reflect the situation in other HEI's. To strengthen the applicability of the findings the analysis was read and commented on by a lecturer from within the study HEI and a lecturer from another HEI, again both female, in order to provide some evidence of

the wider resonance of the study. Both lecturers also confirmed that the analysis had good resonance with both their experiences (See Appendices 13 and 14).

The study is also limited because it has only explored the views of midcareer professionals themselves, and has not sought to elicit the views and perspectives of other significant people such as their managers and working colleagues. Responses from other stakeholders, such as university teaching staff and employers from other organisations, would assist in building a fuller picture of what contributes to midcareer professional's experience of part-time postgraduate study.

The educational histories of some students may also make it difficult to isolate the possible effects of the Master's programme on professional practice from the effects of other courses undertaken earlier or during the same time period, such as mandatory training. The findings are perhaps not relevant to staff attending M-Level modules for CDP purposes (see page 15 and 24) rather than accredited Masters programmes. The experiences of older students studying at other academic levels may also be different although the work of Fleming and Finnegan (2011b) with mature undergraduate students in Eire suggests that there may be some similarities.

7.4 Recommendations

These findings have the potential to inform midcareer professionals themselves about M-Level participation, may assist lecturing staff encountering this group of students and may help inform the approach taken by HEI's to part-time postgraduate study for midcareer professionals.

Regarding midcareer nursing professionals themselves the results provide some insight into what returning to an HEI to study at M-Level might be like, allowing students to prepare more fully for the experience. It allows students to consider the kind of support they need both within the workplace and at home underlining the need for partner and family support at the outset as well as the type of support that it may be beneficial to receive from the workplace. The findings also

indicate the importance of creating a social network or at least finding one person (a study buddy) for peer to peer support throughout the process. It also makes clear some of the personal challenges that may be encountered along the way.

The study also helps to expand awareness of the benefits of university study for older professionals in terms of the gains in esteem and social and identity capital that may result.

For lecturing staff the study highlights the complexity of the experience for midcareer nurses and provides a model that can be used to help motivate and stimulate midcareer students. It also helps lecturers understand the wider support that midcareer professionals may need. For example an awareness that their motivations are largely intrinsic may impact on the way lecturers approach teaching this group. Reeve (2006) suggests that intrinsically motivated students prefer staff who support their autonomy and allow them to make choices. The primary task of the teacher is to support self-sufficiency and clarify the relevance of what is being studied (Reeve, 2006). To encourage those who are intrinsically motivated you need to consider how you use reward, appreciate that education is their choice not a requirement, encourage cooperation rather than competition and utilise “real life” problem based learning which encourages self-reflection about progress (Chikotas, 2009).

For the HEI, this study suggests that more effort is needed to make part-time students feel part of the University community an issue highlighted as a sectoral problem by Butcher (2015). A potential aid in doing this would be for HEI’s to consider introducing a formal mechanisms for encouraging “study buddying” which was also suggested by Foreman, McMillan, and Wheeler (2017). HEI’s could also encourage the use of social media for informal “external” support amongst older students. This may require them to introduce some social media skills training for mature students that lack a good understanding of what social media platforms can achieve. Finally, some flexibility around course entry criteria may be required to overcome the experiences of discrimination at work that may be discouraging midcareer professionals from applying at the outset.

For employers in the health and social care field the study highlights that credential inflation is occurring. It has also exposed some ageism within nursing that needs to be addressed, in this case particularly in relation to who is encouraged to attend/be funded to participate in M-level programmes. The negativity my participants encountered may be discouraging midcareer professionals from applying to participate In M-Level studies. This is despite the indication that the desire for generativity shown by this group has the potential to benefit the workplace and workforce overall.

7.4.1 Further Research

The confirmatory nature of the findings within this study around Recognition Theory as a means of explaining the experiences of midcareer postgraduate nurses' may also apply to midcareer professionals in other roles. For example midcareer AHP's and school teachers are exposed to similar pressures to return to education later in their careers and may face similar experiences.

That the study took place within only one Scottish HEI means that confirmation of wider geographical relevance could be sought by replicating this research elsewhere to see if similar findings arise. Gaining other viewpoints for example that of the lecturers, managers and partners and families particularly would reveal a more comprehensive picture of what this experience involves for all the significant actors.

Currently there is a need for the profession to retain older nurses to help address current and future nursing shortages. The place of generativity as a motivator for postgraduate study and also within the workplace needs to be examined as promoting generativity could help retain midcareer and older nurses' interest in the profession, potentially lengthening their careers. This is a timely finding because the Scottish Government have already announced a pilot programme which was due to commence in 2019 which, will see up to 100 retired nurses and midwives train as Professional Practice Advisers and share their

knowledge, skills and experience with new NHS recruits. However the pilot has still not commenced.

In 2018 the Scottish Health Secretary Jeane Freeman (Scottish Government, 2018) said

> "We also have a number of nursing and midwifery staff who have recently retired, but want to continue to provide service and support to newly qualified nurses and midwives. Experienced, retired staff have a wealth of knowledge, skills and experience, and, more importantly, confidence in using these abilities. We don't want valuable experience to be lost and this pilot is an excellent way to explore how we can use the knowledge of retired staff to support recently qualified employees."

7.4.2 Wider Relevance

This study, has implications for professions such as teaching, social work, and the allied health professions as all of these professions encourage graduate students to return to HEI's to participate in M-Level qualifications to advance or specialise within their careers. Those returning aged 45 plus, particularly women may be facing similar experiences to those in my study.

Having concluded that Honneth's (1992, 1994, 1995) Recognition Theory helps explain the experiences of midcareer professionals using the same lens may help in understanding the experiences of younger postgraduate nursing students or students at other academic levels or other programmes (e.g. doctoral studies or within specialist training programmes) where mature students under the age of 45 are returning to HEI's).

This study, like previous studies of older nurses' experiences (Gringart et al., 2012; Kagan & Melendez-Torres, 2015) highlighted that ageism has an impact on the lives of older professionals that needs to be further explored and more effectively tackled.

Reviewing this study there are limitations evident, particularly around the representativeness of the participants and consequential ability to consider the

findings predictive of the situation in other settings, however the methods used proved to be of value when investigating this specific issue.

7.5 Post Study Reflections

Completion of this research journey requires a revisiting of my own position, including a review of the research process applied. Sanders and Wilkins (2010) suggested that reflexivity is an important way in which researchers can account for their own beliefs, and how these may have influenced the research process. It is a longstanding accepted technique in common use and a necessary element in supporting the rigour of qualitative research because it makes the researcher's position transparent (L. Cohen et al., 2018; Koch & Harrington, 1998). In a recent paper in which they re-examine their interpretation of thematic analysis Braun and Clarke (2019) highlight the importance of reflexivity arguing that it is reflective and thoughtful engagement with the data and the analytic process by the researcher that marks out the users of their type of thematic analysis to the point that they wish to rename it reflexive thematic analysis. The process of reflexivity has been employed throughout this study (See sections 1.1 About the Researcher and 5.8 On Conducting 'Insider Research'). I also kept a reflexive journal throughout the process of data collection and data analysis to track my thoughts and considerations as my inquiry developed as recommended by Meyer and Willis (2019) and Denzin and Lincoln (2011).

I began my Doctoral dissertation as someone steeped in both utilising and doing quantitative research. My initial degree prior to nursing was in a science where empiricism was considered vital. When I entered nursing I was taught to utilise and then to teach both Evidence-based Medicine and Evidence-based Nursing. Both rely on using a grading scheme for research called the Evidence-based Medicine Pyramid (Haynes, Sackett, Richardson, Rosenberg, & Langley, 1997) that is used to evaluate different levels of research evidence in order to make health-related decisions. The pyramid and consequently my own education meant that I had an inherent bias towards valuing quantitative methodologies higher than

qualitative. My own Masters study undertaken in the 1990's as a result was quantitative, a survey study looking at the support offered to people with Chronic Obstructive Pulmonary Disease.

When I began planning this study I wished to explore the impact of only one aspect of the midcareer professional's student experience, which was the potential threat posed by credential inflation (see section 3.4.3: Educational Credentialism and Credential Inflation). I thought this could be explored in a quantitative survey, similar to the way in which I conducted my own M-Level study. However, it was clear from my examination of the literature that the experiences of midcareer professionals were far more multifaceted and credential inflation was only one factor in a complex scenario. This led me to decide early on that a quantitative study could not reveal all the influencing factors surrounding midcareer professionals' experiences, so I chose to conduct a qualitative investigation.

Descriptive phenomenology, a method that I had no previous experience in using appeared to me to be the most suitable method for getting to the core of my participants experiences because it would allow the participants to state in their own words their own perceptions of what M-Level study was and meant to them. It would also allow them an opportunity to recount their own lived experiences of the process so far (remembering that no participant had completed their programme at the time of interview).

However, it could be argued that by exploring the literature to try to refine a research focus and approach to the study I may actually have compromised my own methodology. Omery (1983) and Creely (2016) both argue that a primary requisite of phenomenology is that no preconceived notions, expectations, or frameworks be present or guide the researcher as they gather and analyse the data. The phenomenon can then be defined in the absence of any restraints or commitment to the researcher's previous views on the topic. However Swanson-Kauffman and Schonwald (1988) have questioned whether ignoring the literature makes much sense when personal experience or bias cannot be suddenly be dismissed. In fact,

the literature itself may even serve as a source that diminishes personal bias (Wojnar & Swanson, 2007).

In reality though, there has only been limited research into midcareer and older nurses and midwives. Even less that explored their experiences as postgraduates even excluding any age differentiation and nothing recent that considered the possibility that credential inflation was occurring.

As a person dealing with midcareer professionals on almost a daily basis, I felt they had no voice and it was in order to provide an opportunity for them to express their views that I undertook the study. I knew I had to renounce my own history and biases if I wanted to get to the essence of my participants' experiences.

Having decided to adopt descriptive phenomenology I did not set out with a particular theory in mind and it was during data analysis that I came to Honneth's Recognition Theory after consideration of a number of other explanations for what might be happening. (e.g. I had considered the 3 capitals approach used by other authors). Utilising a range of theories from a wider range of fields (developmental psychology, philosophy, education, feminist studies) with different perspectives enabled what I felt was a more comprehensive analysis of the participants' experiences.

My own position as a postgraduate lecturer dealing with many students participating in M-Level programmes may have influenced my interpretation of the student's motivations attitudes and perceptions of their experience. Arguably, it is a help in that I understand the landscape in which the students operate, it is also a hindrance in that they may have only told me what they thought I should hear. Whilst I have taken great care to bracket my thoughts and feelings and be truly reflexive (Braun & Clarke, 2019), and present an analysis which is both reflective of, and embedded in participants' accounts, this must be borne in mind, given the inherent nature of phenomenological researchers to be exposed to this dichotomy, despite, or perhaps because of, attempts at bracketing (See Section 5.2.1: Descriptive Phenomenology, p.88). It is hoped that the evidence from the

participants' quotes demonstrates the care taken to avoid my own presuppositions, and thus attempt to offer as representative account as I could achieve.

My journey during this doctorate mirrors some aspects of my participants' journeys. I was of a similar age to most of the women I interviewed. Gaining my doctorate is likely to be the last qualification I will study for. It could be regarded as the pinnacle of my academic achievement and something I have striven for, over a long period. It is a part of my legacy to my own profession and was done not only to benefit me, but also my colleagues and future midcareer nursing, midwifery and healthcare professionals.

During this process my literature searching skills, critical analysis skills and writing skills have all improved. I was able to adopt a more extensive perspective on what meaningful research consists of and I also understand all my postgraduate students' experiences better, not just those aged over 45 when they set out to acquire their M-Level qualification. The insights I gained within the process of the study also generated ideas for practice development that are presented in Section 7.4.

Becoming at ease with the type of research I conducted and the results has been challenging, as I have not always been comfortable in the role of qualitative researcher. However, I do now have confidence in what I have uncovered and need to make efforts to publicise my findings by presenting at a national conference and publishing the findings in both nursing and educational journals. I presented this study prior to data analysis at the Nurse Education Today Conference in 2017, it is now time to return with my findings.

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Appendix 1: Viewing the Literature as Part of the Iterative Process.

Exploratory Phase	**Activity**	**Relevant Sections within the Thesis**
January 2016 to May 2017	Initial construction of the literature review and seeking the literature that would inform the research interview schedule. During this stage the historical background of the phenomenon was established; the CNS/ANP debate was explored; motivations for returning to complete Masters programmes (intrinsic and extrinsic factors) were highlighted within the literature. Age and midlife experiences were explored. The role of credentialism and credential inflation historically and currently within and outside health care, was examined.	Section 3.1.1 How the Literature Review was Conducted 3.1.2 The Literature Search Appendix 7: Interview Schedule
July 2016	Commenced reflexive journal keeping once the ethics application was submitted. Reflexivity and bracketing required to draw up the research questions based solely on the available literature	Appendix 2: University of Strathclyde Ethics Application Form Appendix 7: The Interview Schedule Appendix 8: The Interview Schedule Explained
November 2016	Interviews commenced on 21/11/2016. Credentialism and credential inflation ruled out as the focus by Interview 3, (30/11/2016) based on reflections post interview and a growing feeling that the participants each had a personal story to tell beyond the remit of the initial interview schedule.	6.3.1 Being Academically Capable
February 2017 to May 2017	There was an unforeseen break in data collection at this point which allowed for a period of deeper reflection and an	

	opportunity to consider theoretical explanations based on the early participant responses. Transcripts for Interviews 1-6 were available for review by 7/05/2017.	
Explanatory Phase		
May 2017-July 2017	Interviewing recommenced and the final interview was completed on 1/6/2017. Transcripts for interviews 7-12 were available for review by 25/07/2017	
July 2017-August 2017	Feminist Theory and Familialism, Human Capitals Theory and Recognition Theory examined in depth and explored as potential lenses to explain the participants' perceptions and experiences.	4.2.1 Familialism 4.3.1 Human Capitals Theory 4.3.2 Recognition Theory
September 2017 – April 2018	Attempted to view the analysis using Honneth's (1994, 1995) views of Recognition Theory. By April 2018 Key themes and subthemes were identified	
Revising and Revisiting		
April 2018 – June 2020	Writing up began post data analysis once the Themes and Subthemes became apparent. Final phase was establishing the relationship between the Overarching Theme and the Themes and how these could be made explicit. Writing up was completed over May/June 2020.	6.3 Theme: Seeking Recognition as a Skilled Practitioner 6.4 Theme: The Price of Recognition 6.5 The Overarching Theme: Being a Confident Contributor
July 2020	Submission for Viva	

Ethics Application Form

Please answer all questions

1. Title of the investigation

The perceptions of older part-time students (aged 45 years and over), participating in health and social care programmes at Masters Level about their experience of higher education.

Please state the title on the PIS and Consent Form, if different:

2. Chief Investigator (must be at least a Grade 7 member of staff or equivalent)

Name:
✓ Professor (Acting as EdD Supervisor)
☐ Reader
☐ Senior Lecturer
☐ Lecturer
☐ Senior Teaching Fellow
☐ Teaching Fellow

Department: School of Education
Telephone: +44 (0)141 444 8117
E-mail: ian.rivers@strath.ac.uk

3. Other Strathclyde investigator(s)

Name: F. J. Raymond Duffy
Status (e.g. lecturer, post-/undergraduate): Post Graduate Doctoral (EdD) Student
Department: School of Education
Telephone: 07833518480
E-mail: francis.duffy@strath.ac.uk

4. Non-Strathclyde collaborating investigator(s) (where applicable)

Name:
Status (e.g. lecturer, post-/undergraduate):
Department/Institution:
If student(s), name of supervisor:
Telephone:
E-mail:
Please provide details for all investigators involved in the study:

5. Overseas Supervisor(s) (where applicable)

Name(s):
Status:

Department/Institution:
Telephone:
Email:
I can confirm that the local supervisor has obtained a copy of the Code of Practice: Yes ☐ No ☐
Please provide details for all supervisors involved in the study:

6. Location of the investigation

At what place(s) will the investigation be conducted
University of the West of Scotland (UWS)

If this is not on University of Strathclyde premises, how have you satisfied yourself that adequate Health and Safety arrangements are in place to prevent injury or harm?

All Campus sites within UWS are compliant with the same Health and Safety regulations that are applicable at the University of Strathclyde. All interviews will be conducted within Higher Education Institute premises.

7. Duration of the investigation

Duration(years/months) : 15 months

Start date (expected): 1st. / October / 2016 Completion date (expected): 22nd. / December / 2017

8. Sponsor

Please note that this is not the funder; refer to Section C and Annexes 1 and 3 of the Code of Practice for a definition and the key responsibilities of the sponsor.

Will the sponsor be the University of Strathclyde: Yes ✓ No ☐
If not, please specify who is the sponsor:

9. Funding body or proposed funding body (if applicable)

Name of funding body: Not Applicable
Status of proposal – if seeking funding (please click appropriate box):
☐ In preparation
☐ Submitted
☐ Accepted
Date of submission of proposal: / / Date of start of funding: / /

10. Ethical issues

Describe the main ethical issues and how you propose to address them:
The Lecturer as Researcher:
This research proposal involves a lecturer within a particular Higher Education Institute in Scotland carrying out research on students who are participating in courses within the same institution where that lecturer works. This situation where the researcher is investigating an aspect of their own organisation is often called 'insider' research and there a number of ethical challenges that this poses (Mercer, 2007). In this particular study the research ethical problems most likely to be encountered result from the potential risk of recruiting students who are on, or have been on programmes of study the researcher has been involved in delivering. The ethics problems that result from potentially researching your own students include the possibility of exploiting the power relationship this involves to recruit student who otherwise would not participate in the study and the potential for generating biased data as respondents feel obliged to respond in the interview situation planned within this proposal, in ways that they believe

are suited to a lecturer whom they perceive as having a responsibility for assessing and reporting upon them (Stern, 2016).
To avoid these risks firstly participation will be entirely voluntary and this is made clear within the participant information sheet. Secondly, the researcher will not recruit participant students with whom he has direct contact in class or where he is part of any assessment processes in which they are engaged, so that the impact of this power relationship is reduced. While these actions may not mitigate the risks posed by 'insider' research completely, they should limit those risks as the researcher will have no direct role in the appraisal system that participants are subject to within the University.
By participating in 'insider' researcher the lecturer/researcher will benefit in terms of access, rapport and shared frames of reference with participants, and an in-depth understanding of the organisation (Mercer, 2007; Stern, 2016). It is believed that these benefits will contribute significantly to the richness of the data that will be collected and its subsequent analysis.

Informed Consent and Withdrawal

All interview participants will be sent the attached Participant Information Sheet and will be required to sign the appropriate consent form in advance of any interview conducted as part of the research process. The participant information sheet provides details of the engagement and time required for participation, as well as information on how the data will be used, stored and disseminated. In addition to this, all participants will be given the opportunity to speak to the researcher in advance of signing the consent form. This will allow them the opportunity to ask questions or to seek clarification about the research prior to providing informed consent (British Educational Research Association, 2011).
Participants will be able to withdraw, without detriment, from the research process at any point before the analysis of data is undertaken. In this case data will be automatically withdrawn from the research process and destroyed in line with the stipulations outlined in Section 18 of this form.
After data analysis it will be impossible to withdraw data from the research process as it will by then have been used to inform emerging themes. All interviewees will be informed that this will be the case.

Data Handling and Storage

Interviews will be recorded using a digital voice recorder and then transcribed by the interviewer using Microsoft Word. All voice recordings will be transferred to Strathcloud Sharefile (See: http://www.strath.ac.uk/it/services/strathcloud/) as soon as feasible after the recording. Backups will be held on a secure encrypted storage device and stored in a locked cabinet within the researcher's place of work. Any hard copy data produced following transcription will also be stored in a locked cabinet in the researcher's university office.
Specific university documents relating to recruitment, enrolment and Higher Education Information Database for Institutions (HEIDI) extracted materials, will also be saved to Strathcloud Sharefile the University's secure syncing, sharing & storage platform, with any hard copies produced and all backup material held on a secure encrypted storage device stored in a locked cabinet within the researcher's place of work . All data will be stored in line with the University of Strathclyde's Research Data Policy (see https://www.strath.ac.uk/researchdataproject/) and will be destroyed in accordance with this policy.

11. Objectives of investigation (including the academic rationale and justification for the investigation) Please use plain English.

This study will look at the experiences of older students (aged 45 and over) in Scotland, who are participating in part-time learning within a Higher Education Institute (HEI) that leads to a Master's degree award in a nursing or health and social care related subject.
The International Council of Nurses (ICN) (2009) has defined an advanced practice nurse as:
'A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for advanced practice, the characteristics of

which are shaped by the context and/or country in which s/he is credentialed. A Masters degree is recommended for entry level'.

(International Council of Nurses, 2009)

Other health care professions, for example Occupational Therapy, Physiotherapy, Dietetics all agree that Advanced Practitioners are expected to demonstrate Masters level learning, However, at present not every Advanced Health and Social Care Practitioner will have undertaken a Masters level course although it is anticipated that those appointed to advanced roles will have attained this level of education (NHS Education for Scotland, 2012). Advanced level practice in many of the health care professions in the UK remains poorly defined and unregulated, so it is hard to know who the advanced level practitioners actually are and what education they require to fulfil their role (East et al., 2015). Masters degrees are however becoming recognised as the accepted norm for specialist or advanced level practice (Cotterill-Walker, 2012; Drennan & Hyde, 2008) and serve as job requirements in many occupational structures.

The growth in studying to Master's level is generally aligned to changes in nurse education particularly the migration of nurse education into the university sector. The consequence of fully integrating nurse education and other health and social care professions into tertiary level education both nationally and internationally has been the considerable growth in the provision of Postgraduate diploma, Masters and Doctorates, especially in recent years. This has also been accompanied by a growth in health and social care professionals now studying to Master's level. (Drennan, 2008; Watkins, 2011; Zwanikken et al., 2013). Nurses and other healthcare professionals are now completing postgraduate degrees with the aim of practicing at advanced educational, managerial or clinical levels (Drennan, 2008; Green et al., 2008). Although little research has been undertaken looking at the motivations of nurses to participate in Masters programmes indications from other health professions allied to medicine suggest that reasons may include the enhancement and development of career or promotional prospects, the ability to increase earning potential, the need to acquire advanced professional and research capabilities and even a desire to change career (Cotterill-Walker, 2012; Green et al., 2008; Zwanikken et al., 2013). The growing requirement within the professions to have a Masters to practice at an advanced level fuelled by pressure from the government for all health and social care professions to develop an infrastructure for continuous professional development with recognition of master level education as a key component, has led to an increasing number of mid and late career professionals returning to University to pursue Masters level education (Coneeley, 2005; Drennan & Hyde, 2008).

A significant number of these students are in the age group 45 plus and are considered "older" students (Findsen, 2012; Lakin, Mullane, & Robinson, 2007; Lakin et al., 2008). The American Council on Education recognise that age 45+; although not a precise marker for changes related to ageing because of the large variations in health status, participation and level of independence of older students; tends to treat 45+ students as a standardised group often considered to be undertaking higher level learning for its own sake, rather than to support career or employment progression (J. Smith, 2010).

This conceptualisation that older (age 45+) students are participating in higher education for its own sake is one that this particular group of students are likely to challenge. A growing number of older students want to work longer and are being encouraged to do so in many high-income countries because of the escalating costs of pensions and healthcare for retirees (UNESCO, 2008; World Health Organisation, 2011; World Health Organisation Regional Office for Europe, 2012). In the UK and most other westernised economies citizens can also now work for as long as they want to and have the right to retire when they wish. As a result, by June 2013 there were over 1 million workers over the age of 65 in the UK – the highest number since records began and this trend looks set to continue (International Longevity Centre-UK, 2013). Of particular note, in the UK, the proportion of 55 to 64 year olds in work is expected to increase from 60% to around 70% between 2010 and 2060 (European Commission, 2015).

Economics is also driving this trend as people in the 45+ age group face the challenges caused by the economic recession of 2008 and the current era of austerity, which has

been marked by poorer investment returns and a lack of certainty about both the security of their workplace pension schemes and their ability to provide a secure income during retirement (Casey & Dostal, 2013; McNair, 2009). Given the slow progress and continued uncertainty economically since, the pressure or desire to remain in the workplace to generate more wealth for, or during retirement in those aged 45+ is likely to have increased. This desire to remain in the workplace however has exposed them to a phenomenon that has been labelled 'credential inflation' (Isopahkala-Bouret, 2015a; Organisation for Economic Cooperation and Development, 2012; The European Centre for the Development of Vocational Training, 2010).

Credential inflation involves the realisation that the entry requirements for most jobs has risen and so for many older people aged 45+ their previous qualifications and degrees do not allow them to maintain a competitive position in what has become an increasingly exclusive job market (European Centre for the Development of Vocational Training, 2010; Organisation for Economic Cooperation and Development, 2012). Isopahkala-Bouret (2015a) argues that there is pressure to attend higher education and upgrade your credentials in midlife because ageing workers are compared to, and compare themselves with, the younger workforce. The demand for advanced credentials also distinguishes select occupations like medicine and its associated allied health professions, from others as educational credentialing intensifies in occupations for which the right level and type of academic degree has become the only acceptable entry requirement (Isopahkala-Bouret, 2015b). Remaining in such occupations often requires constant renewal, thus making educational credentialing a long-lasting practice so widely accepted that it appears to have escaped critical questioning. It is also worth noting that while there is recognition of the phenomenon of credential inflation, the changing motivations and their impact on the experience of older adults enrolling to study at HEI's, has received very little attention. As Withnall (2010) points out 'older' students tend to be defined as all those over 45 years of age, many of whom will continue working for much longer so there is a need to consider their very different experiences of education and their beliefs about learning in the design of the programmes that they choose to participate in.

The aim of this study is to examine what older students (45+) nearing the end of their programmes consider to be the social, cultural, political and organisational influences that have had an impact on their learning. How do they perceive their experiences returning to higher education, as they work towards completion of a Masters qualification in the health and social care field?

It is hoped that by understanding the perceptions of current older students it may be possible to suggest ways in which the experience can be made more attractive to their future peers. How are current students facing up to this backdrop of credential inflation particularly at a time when health and social care policy makers and the professions would like to see participation in higher level education rise?

Research Question

How do older, (aged 45 years and over) part-time students, participating in health and social care programmes at Masters Level perceive their experiences within higher education, as they near completion of their programmes of study.

Aims:

- To bring to the fore the perceptions that people aged fifty years and over have about participating in Health and Social Care Masters programmes as an older student.
- To reveal the social, cultural and political factors, including the influence of credential inflation that may have a bearing on their experiences while engaging in learning within an HEI.
- To uncover and understand from their perspective the challenges facing older students (45+ years) participating in Masters Level study**.**
- To identify actions that can be taken forward to make a contribution to ongoing debates about the participation of older health and social care professionals in Higher Education.

This study is likely to expose the key issues that older health and social care students studying at Masters Level consider important to success, as revealed by themselves. Addressing the students perceptions and challenging the existing culture and pedagogies that exist within the HE sectors based on their responses, could challenge the sector to better meet the needs of a significant and potentially growing proportion of older students. These students may be confronted within their workplaces potentially by both ageism and the phenomenon of credential inflation.
It is hoped that it may be possible to suggest ways in which the experience for older students can be made more attractive in future. Any strategies revealed could significantly enhance the experiences of many future part time older learners at Masters Level who will be expected to pursue educational goals and remain in the workplace for longer than currently.

12. Participants

Please detail the nature of the participants:
Students aged 45+ years enrolled to participate in HEI programmes at the participating University during Academic years 2016 and 2017. Students will all be participating in Masters Level study in Health and Social Care related programmes.
Summarise the number and age (range) of each group of participants:
Student Interviews: Number: 12 Interviews. Age Range of student participants: 50 years plus and all participating in Masters Level study in Health and Social Care related programmes.

Please detail any inclusion/exclusion criteria and any further screening procedures to be used:
Students less than 45 years will be excluded. Course participants who are participating in Master's level modules (generally for CPD purposes) but are not enrolled as either part-time of full-time students on Masters level programmes at University will also be excluded.

13. Nature of the participants

Please note that investigations governed by the Code of Practice that involve any of the types of participants listed in B1(b) must be submitted to the University Ethics Committee (UEC) rather than DEC/SEC for approval.

Do any of the participants fall into a category listed in Section B1(b) (participant considerations) applicable in this investigation?: Yes ☐ No ✓
If yes, please detail which category (and submit this application to the UEC):

14. Method of recruitment

Describe the method of recruitment (see section B4 of the Code of Practice), providing information on any payments, expenses or other incentives.

Interviews of programme participants 45+ years participating in Masters Level study in Health and Social Care related programmes drawn from UWS.
The programme leaders of all Masters Level courses offered by the University that are aligned to the University's School of Health, Nursing and Midwifery; School of Media, Culture and Society; and School of Education which are designed to attract students working in the Health and Social Care Industry or those working for third sector providers who have a health and social care interests, will be approached. Their agreement will be sought with a view to e-mailing all the participants within their programme via the internal student e-mail system. Students who are participants on the MSc programme that the Researcher leads, will not be contacted and will not be asked to be participants in the study, as that may be viewed as coercion and would be likely to affect the responses of those potential participants (British Educational Research Association, 2011).

Once agreement has been reached with programme leaders regarding contacting potential participants, the students will be e-mailed a request to volunteer to become a participant along with an attached Participant Information Sheet explaining the purpose of the study.
Volunteers who respond to this initial contact and reply to the researcher will be contacted and asked to provide consent (Using the attached Consent Form) and a time and date will be arranged for the interview to take place at a location within the participants nearest UWS Campus site or at a University venue of their choice where a suitable interview room will be booked, for the interview to take place. Prior to each interview consent to participate will be re-affirmed.

15. Participant consent

Please state the groups from whom consent/assent will be sought (please refer to the Guidance Document). The PIS and Consent Form(s) to be used should be attached to this application form.
Ideally the researcher would like to interview 12 volunteering participants. It is expected that data saturation may be achieved at that point. In the event that it is not, further agreeable participants will be recruited. Consent to having each interview audio recorded is also sought.
Given the small and exploratory nature of this study, those eligible to participate will be selected based on a first come first served basis. When participants contact the researcher in the first instance, they will be sent the attached Consent Form and Participant Information sheet. They will then have a 10 day period to decide if they wish to participate. No attempt will be made to coerce or persuade any individuals to participate and they will be made fully aware that they can withdraw from the study at any time.
On return of the signed consent form volunteers will be contacted and an appointment for interview by the researcher utilising an interview schedule similar to the one accompanying this application will be made. (See Attached Document Interview Schedule v3) The content of the interview will be subject to change based on the outcomes a small pilot study which will be undertaken to test the robustness of the interview schedule and to develop the skill, of the interviewer, in line with practice recommended in Dearnley (2005).
Interviewing is designed not to exceed 60 minutes and may be completed in a shorter timescale than this. Participants will also be asked to review their transcripts once transcribed in order to improve the rigour of the research.

16. Methodology

Investigations governed by the Code of Practice which involve any of the types of projects listed in B1 (a) must be submitted to the University Ethics Committee rather than DEC/SEC for approval.

Are any of the categories mentioned in the Code of Practice Section B1(a) (project considerations) applicable in this investigation? No
If 'yes' please detail:

Describe the research methodology and procedure, providing a timeline of activities where possible. Please use plain English.

Research Methodology and Procedure

This qualitative research design will employ descriptive phenomenology. Descriptive phenomenology allows an exploration of phenomena through direct interaction between the researcher and the participant (K. Gerrish & Lacey, 2010). The phenomenological approach will be grounded in Husserlian principles and will focus on the description of meaning of the phenomena experienced (Giorgi, 2000). Such descriptive phenomenology requires that the following be implemented, the description obtained from others has to be viewed from a natural perspective, the adoption of phenomenological reduction which requires the researcher to bracket their own beliefs and past knowledge of the phenomenon being investigated and finally, the use of

imagination in the search for the context and essence of the phenomenon being considered (Giorgi, 2006a; Norlyk & Harder, 2010). This approach will allow the use of specific examples of participant's everyday experiences to facilitate analysis and reflection.

The purpose of this study is to explore the views, beliefs and opinions of older, (aged 45 years and over) part-time students, participating in health and social care programmes at Masters level as they near completion of their programmes of study within a Higher Education Institute.

In order to do this a purposive sample of 12 participants will be recruited for this study. Purposive sampling is commonly used within phenomenological research to ensure that the participants included in the study are able to provide good personal accounts of the experience, ensuring the necessary data is obtained (L. Cohen, Manion, & Morrison, 2011). It will be possible to increase the number of participants if not enough data is forthcoming; however the sample size will be determined on the basis of data saturation. In order to achieve this, data review and analysis will be done in conjunction with data collection (Atkins & Wallace, 2012)

The participants will all be health care professionals currently undertaking part-time Masters level study within an HEI. The inclusion criteria requires that they also have to be aged 45+, as older students may be subject to a number of different experiences, including credential inflation that may colour their views of their time at University. The exclusion criteria will be those students who are aged under 45, students not on health or social care related Masters programmes and students on health and social care related Masters programmes who have spent less one year in part-time study and who therefore may not have established views yet.

It is recognised that in such research the researcher will be unable to bracket preconceived ideas and opinions fully, instead the researcher will identify beliefs, assumptions and preconceptions about the topic in order to facilitate openness and new insights (Grove, Gray, & Burns, 2014).

Data collection method will be by face to face semi-structured interview because within qualitative design they can generate rich data which reflects the perspective or views of the participants. Interviews also facilitate a flexible approach to explore a phenomenon of which little is known (K. Gerrish & Lacey, 2010).

Semi-structured interviews have predetermined topics and questions which are open-ended (L. Cohen et al., 2011). They allow control and direction whilst allowing enough flexibility to be receptive to the participants' responses (Dearnley, 2005). Face-to-face interviews also allow for the analysis of body language, emotions and physical responses which may lead to probing participants about repressed or hidden views (Grove et al., 2014). Brief field notes will also be taken throughout the data collection process (Dearnley, 2005).

Interviews generated through the use of the semi-structured interview schedule will be recorded verbatim using an audio recorder and will take no longer that one hour. A pilot interview will be undertaken to test the robustness of the interview schedule and this will be timed to ensure that subsequent interviews do not exceed this time bar (Atkins & Wallace, 2012). They will be conducted in a mutually suitable room within a Higher Education Institute. Steps will be taken to ensure that there are no interruptions and participants are in a venue that is not considered unsuitable or inconvenient , in line with conditions set out in K. Gerrish and Lacey (2010).

Atkins and Wallace (2012) explain that a successful interview is reliant on the researcher developing a rapport with the interviewee in order to capture their honest thoughts and feelings, whilst remaining neutral and non-judgemental. The researcher will attempt to 'bracket' their former knowledge and opinions in order not to influence the view of the participants (LeVasseur, 2003)

Thematic Analysis will be undertaken and will utilise a procedure for this type of analysis described by Braun and Clarke (2006). Thematic analysis necessitates transcribing and searching across a data set, identifying reoccurring patterns of meaning, from collecting data to coding themes (Braun & Clarke, 2006). Thematic analysis suits the descriptive qualitative approach (Braun & Clarke, 2006). Adhering to a rigorous process of dissecting information to discover essential meaning and the inter-relationships within the

data in accordance with thematic analysis theory is paramount (Reicher & Taylor, 2005). In line with the principles outlined in Braun and Clarke (2006); manual coding using a systematic approach will be undertaken. Analysis of codes produces main themes and subthemes which are then reviewed and refined, presenting the essence and structure of the phenomena. Saturation occurs when no new concepts are identified within the interviews undertaken (L. Cohen et al., 2011).
In order to improve the rigour of the research the credibility, transferability and dependability of data collection and analysis will be considered (Koch, 2006). To improve credibility the researcher will re-contact the participants to have his interpretation of the phenomenon validated by participants. Transferability involves providing the reader of any outcomes with sufficient information in order for them, to assess similarities or differences between the context in which the study was conducted and their own circumstances (Crowe et al., 2015). The extent that this has been achieved may be established by allowing not only the supervisory team to comment on the dissertation as it develops but also a student who meets the criteria for inclusion from another university and professional discipline to read the analysis and provide comment. Dependability involves providing sufficient information on both the data collection and data analysis processes to enable the decision-making trail to be followed. This process will be monitored by the researcher's supervisory team.

Timeline

Phase 1: Discovering more about the participating institution and its approach to attracting older students to participate in its Masters Level programmes (July to October 2016)
Phase 2: Interviews of MSc programme participants, 45 years+ (September 2016 to December 2016)
Phase 3: Analysis of Interviews (October 2016 to February 2017)
Phase 4: Writing up (November 2016 – May 2017).

What specific techniques will be employed and what exactly is asked of the participants? Please identify any non-validated scale or measure and include any scale and measures charts as an Appendix to this application. Please include questionnaires, interview schedules or any other non-standardised method of data collection as appendices to this application.

Participants are required to respond to an e-mail indicating their willingness to participate. Those who do so will be contacted by the researcher and an interview will be arranged at a time and University Campus location that suits them. Once their interview is transcribed they will be asked to review and comment upon it. Any statements or interpretations that they believe are misleading or wrong will be removed before analysis occurs.

Once data analysis has taken place some participants may be re-contacted to comment upon emerging themes before the study is complete.

A semi-structured interview will be utilised as the data collection method. The Interview schedule is attached to this application Form and is called "Interview Schedule v3"

Where an independent reviewer is not used, then the UEC, DEC or SEC reserves the right to scrutinise the methodology. Has this methodology been subject to independent scrutiny? Yes ☐ No ✓
If yes, please provide the name and contact details of the independent reviewer:

17. Previous experience of the investigator(s) with the procedures involved.
Experience should demonstrate an ability to carry out the proposed research in accordance with the written methodology.

Professor Ian Rivers is probably one of the foremost authorities on homophobic and transphobic bullying and its potential harm to LGBT children and adolescents, as well as

its cumulative effects on LGBT adults in later life. He is an HCPC registered health psychologist specialising in the study of the bullying behaviour and its psychological impact. Prior to joining the University of Strathclyde, Professor Rivers was the Professor of Human Development at Brunel University London (2008-2015) and served as Subject Leader (Head of Department) for Sport Sciences and subsequently served as Head of the School of Sport and Education. He has also held chairs in Applied Psychology (York St John University) and Community Psychology at Queen Margaret University, Edinburgh; where he was also Head of Psychology. He is also a visiting professor in Education at Anglia Ruskin University. Professor Rivers has conducted a number of qualitative and quantitative studies that have examined homophobic bullying and has co-written one of the leading books on the topic of LGBT experiences of ageing which is key reading for many health and social care practitioners working with older people.
Dr Cristina Costa is a Lecturer in Technology Enhanced Learning in the School of Education. Currently her research focuses on the intersection of education and the participatory web through a sociological lens. Cristina has a research record that links social theory to emerging academic areas such as Technology Enhanced Learning in an attempt to bridge the existing gap between theory and practice. This has resulted in researching areas as diverse as Curriculum Innovation, Digital Scholarship, and e-Health.
F.J. Raymond Duffy has previously completed an MN at the University of Glasgow which involved completion of research interviewing people with a specific chronic illness within NHS outpatient settings. He has also been involved in data collection on a number of different projects principally relating to older people's health and social care issues throughout his career as a University Lecturer. He also acts as a Programme Leader for two programmes at UWS, one of which is an MSc programme. He also acts as a supervisor for MSc Students at the University of the West of Scotland and has been doing so since 2010.

18. Data collection, storage and security

How and where are data handled? Please specify whether it will be fully anonymous (i.e. the identity unknown even to the researchers) or pseudo-anonymised (i.e. the raw data is anonymised and given a code name, with the key for code names being stored in a separate location from the raw data) - if neither please justify.
All data collected at interview will be pseudo-anonymised with the key to participant's identities being stored in a secure separate location from the raw data.

Explain how and where it will be stored, who has access to it, how long it will be stored and whether it will be securely destroyed after use:
All data collected will be non-identifiable and stored securely, complying with the Data Protection Act (United Kingdom Parliament, 1998) and any additional requirements required by the participating HEI's data management policies. The researcher will have access to the data, which at all times will be securely stored and password encrypted. The researcher's supervisor will also be aware of all collected information and where it is stored, but will not have direct access.
All digital recordings will be stored securely until all data is transcribed and analysed, thereafter they will be destroyed following the completion of the study and in line with the procedures required by the University of Strathclyde's Research Data Policy (see: https://www.strath.ac.uk/media/ps/cs/gmap/academicaffairs/policies/Research_Data_Policy_v1.pdf) and any additional requirements required to meet the needs of the other participating HEI's in which the study is being conducted. The requirements of any publishers will also be accommodated should the data be used to generate academic outputs.

Will anyone other than the named investigators have access to the data? Yes ☐ No ✓
If 'yes' please explain:

19. Potential risks or hazards

Describe the potential risks and hazards associated with the investigation:

Risk Identifier: 1: Risk Category: Reputation: Dept/School: School of Education: Coercion of Participants. Consequence: Complaints to the Chief Investigator or School by people approached to be research participants or research participants. Current Controls: Participation will be entirely voluntary and this is made clear within the PIS (See attached PIS). The researcher will not recruit participant students with whom he has direct contact in class or where he is part of any assessment processes in which potential participants are engaged, Likelihood: 2; Impact: 2; Risk Rating: 4; Grading: Low; No further action may be required.

Risk Identifier: 2: Risk Category: Education, Research and Knowledge Exchange : Dept/School: School of Education: Project not being carried out according to protocol: Consequence: Complaints to the Chief Investigator or School by research participants or the organisation in which the student is carrying out data collection. Current Controls: Ethical approval will be required from the organisation in which data collection is occurring, as well as this University. Regular supervision of the student throughout the research project which includes discussing and monitoring project progress. Reports of progress will be required by both HEI's until the project is complete. Likelihood: 2; Impact: 1; Risk Rating: 2; Grading: Low; No further action may be required.

Risk Identifier 3: Risk Category: Education, Research and Knowledge Exchange: Dept/School: School of Education: Data protection breech. Consequence: Complaints to the Chief Investigator or School by research participants or the organisation in which the student is carrying out data collection. Current Controls: See Section 18 of this form. Likelihood: 1; Impact: 1; Risk Rating: 1; Grading: Low; No further action may be required.

Has a specific Risk Assessment been completed for the research in accordance with the University's Risk Management Framework (Risk Management Framework)? Yes ☐ No ☐

If yes, please attach risk form (S20) to your ethics application. If 'no', please explain why not:

I have not been able to access an S20 form but the risks have been described in accordance with the Risk Management Framework as required and the overall risk is low indicating that no further actions by the school are likely to be required.

20. What method will you use to communicate the outcomes and any additional relevant details of the study to the participants?

All participants will be given the opportunity to review the final transcript of their interviews before these are subjected to analysis. To improve rigour one or two participants may be asked to comment on emerging themes before the study is completed. In addition, a summary of findings will be sent to all participants.

Given that this is phenomenological research which has the aim of informing current practice in relation to the experiences of older part-time students, the researcher will offer to present the findings to this University and the participating HEI from which students will be drawn in order to disseminate findings and will supply a copy of the final thesis to them if requested.

21. How will the outcomes of the study be disseminated (e.g. will you seek to publish the results and, if relevant, how will you protect the identities of your participants in said dissemination)?

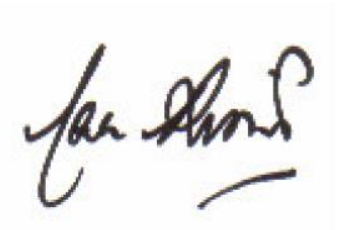
The outcomes of this study will be submitted to the University of Strathclyde as an Ed.D thesis. Publication may be sought thereafter in journals, for example the International Journal of Lifelong Education and Adult Education Quarterly. The findings may also be presented at Conferences, for example UK and Ireland Higher Education Institutional Research (HEIR) Conference and Universities Association of Life Long Learning (UALL) Annual Conference. Although the identities of the HEI's may be apparent, no specific person will be identifiable from the final text as pseudonyms will be used for all key informants and participants.

Checklist	Enclosed	N/A
Participant Information Sheet(s)	✓	☐
Consent Form(s)	✓	☐
Sample questionnaire(s)	☐	☐
Sample interview format(s)	✓	☐
Sample advertisement(s)	☐	☐
Any other documents (please specify below)		
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

22. Chief Investigator and Head of Department Declaration
Please note that unsigned applications will not be accepted and both signatures are required

I have read the University's Code of Practice on Investigations involving Human Beings and have completed this application accordingly. By signing below, I acknowledge that I am aware of and accept my responsibilities as Chief Investigator under Clauses 3.11 – 3.13 of the Research Governance Framework and that this investigation cannot proceed before all approvals required have been obtained.

Signature of Chief Investigator



Please also type name here: Professor Ian Rivers

I confirm I have read this application, I am happy that the study is consistent with departmental strategy, that the staff and/or students involved have the appropriate expertise to undertake the study and that adequate arrangements are in place to supervise any students that might be acting as investigators, that the study has access to the resources needed to conduct the proposed research successfully, and that there are no other departmental-specific issues relating to the study of which I am aware.

Signature of Head of Department

Please also type name here Professor Ninetta Santoro

Date: 16 / 06 / 2016

23. Only for University sponsored projects under the remit of the DEC/SEC, with no external funding and no NHS involvement

Head of Department statement on Sponsorship

This application requires the University to sponsor the investigation. This is done by the Head of Department for all DEC applications with exception of those that are externally funded and those which are connected to the NHS (those exceptions should be submitted to R&KES). I am aware of the implications of University sponsorship of the investigation and have assessed this investigation with respect to sponsorship and management risk. As this particular investigation is within the remit of the DEC and has no external funding and no NHS involvement, I agree on behalf of the University that the University is the appropriate sponsor of the investigation and there are no management risks posed by the investigation.

If not applicable, tick here ☐

Signature of Head of Department

Please also type name here

Date: / /

For applications to the University Ethics Committee, the completed form should be sent to ethics@strath.ac.uk with the relevant electronic signatures.

24. Insurance

The questionnaire below must be completed and included in your submission to the UEC/DEC/SEC:

Is the proposed research an investigation or series of investigations conducted on any person for a Medicinal Purpose? Medicinal Purpose means: ▪ treating or preventing disease or diagnosing disease or ▪ ascertaining the existence degree of or extent of a physiological condition or ▪ assisting with or altering in any way the process of conception or ▪ investigating or participating in methods of contraception or ▪ inducing anaesthesia or ▪ otherwise preventing or interfering with the normal operation of a physiological function or ▪ altering the administration of prescribed medication.	No

If "**Yes**" please go to **Section A (Clinical Trials)** – all questions must be completed
If "**No**" please go to **Section B (Public Liability)** – all questions must be completed

Section A (Clinical Trials)

Does the proposed research involve subjects who are either: i. under the age of 5 years at the time of the trial; ii. known to be pregnant at the time of the trial	Yes / No

*If "**Yes**" the UEC should refer to Finance*

Is the proposed research limited to: iii. Questionnaires, interviews, psychological activity including CBT; iv. Venepuncture (withdrawal of blood); v. Muscle biopsy; vi. Measurements or monitoring of physiological processes including scanning; vii. Collections of body secretions by non-invasive methods; viii. Intake of foods or nutrients or variation of diet (excluding administration of drugs).	Yes / No

*If "**No**" the UEC should refer to Finance*

Will the proposed research take place within the UK?	Yes / N

*If "**No**" the UEC should refer to Finance*

Title of Research	
Chief Investigator	
Sponsoring Organisation	

Does the proposed research involve:

a)	investigating or participating in methods of contraception?	Yes / No
b)	assisting with or altering the process of conception?	Yes / No
c)	the use of drugs?	Yes / No
d)	the use of surgery (other than biopsy)?	Yes / No
e)	genetic engineering?	Yes / No
f)	participants under 5 years of age(other than activities i-vi above)?	Yes / No
g)	participants known to be pregnant (other than activities i-vi above)?	Yes / No
h)	pharmaceutical product/appliance designed or manufactured by the institution?	Yes / No
i)	work outside the United Kingdom?	Yes / No

If **"YES"** to **any** of the questions a-i please also complete the **Employee Activity Form** (attached).
If **"YES"** to **any** of the questions a-i, and this is a follow-on phase, please provide details of SUSARs on a separate sheet.
*If "**Yes**" to any of the questions a-i then the UEC/DEC/SEC should refer to Finance (aileen.stevenson@strath.ac.uk).*

Section B (Public Liability)

Does the proposed research involve :

a)	aircraft or any aerial device	No
b)	hovercraft or any water borne craft	No
c)	ionising radiation	No
d)	asbestos	No
e)	participants under 5 years of age	No
f)	participants known to be pregnant	No
g)	pharmaceutical product/appliance designed or manufactured by the institution?	No
h)	work outside the United Kingdom?	No

*If **"YES"** to any of the questions the UEC/DEC/SEC should refer to Finance(aileen.stevenson@strath.ac.uk).*

For NHS applications only - Employee Activity Form

Has NHS Indemnity been provided?	Yes / No
Are Medical Practitioners involved in the project?	Yes / No
If YES, will Medical Practitioners be covered by the MDU or other body?	Yes / No

This section aims to identify the staff involved, their employment contract and the extent of their involvement in the research (in some cases it may be more appropriate to refer to a group of persons rather than individuals).

Chief Investigator		
Name	**Employer**	**NHS Honorary Contract?**
Professor Ian Rivers	University of Strathclyde	Yes / No
Others		
Name	**Employer**	**NHS Honorary Contract?**
F. J. Raymond Duffy	University of the West Of Scotland	No

Please provide any further relevant information here:

Regarding participants' status as NHS employees where this is applicable.

Please note that although many participants will be employees of the NHS, they are not being interviewed in this context. They are being interviewed and their opinions are being sought as students of a particular HEI, therefore an NHS passport will not be required for this research and a NHS passport holder is not required as the interviewer/data collector. See http://www.nihr.ac.uk/policy-and-standards/research-passports.htm

Appendix 3: School of HNM Ethics Committee: Access to Participants:

Gatekeepers Form

School of Health Nursing & Midwifery
Request SEC Access to Participant Gatekeeper Form (HNMSEC6)

For Projects External to the University of the West of Scotland/ Project External to the School of Health Nursing & Midwifery (HNM)

Applicant:

1. Complete Section A and B;
2. Submit completed form (and supporting evidence) by email to Professor Austyn Snowden, Chair of School Ethics Committee, School of Health Nursing & Midwifery, UWS (austyn.snowden@uws.ac.uk).

SECTION A: Project Details (and supporting documentation)		
Name of Applicant	F. J. Raymond Duffy	
External Institution (if the project is external to UWS)	The University of Strathclyde	
External School/Department (if the project is internal to UWS, but external to the School HNM)		
Title of project	The perceptions of older part-time students (aged 45 years and over), participating in health and social care programmes at Masters Level about their experience of higher education.	
Have you included the evidence of ethical approval for the project?	*All documents presented to University of Strathclyde are attached*	
A copy of the local application for ethical approval	YES	
A copy of the letter(s) confirming all local approval has been granted	e-mail	Confirmed 9th. of August 2016
A copy of all data collection tools	YES	
A copy of all participant information/ consent forms	YES	
Note: If the answer to any of the above is no, please be aware that your request for access permission will be declined.		

SECTION B: Proposed Access

Who are the proposed participants from within the School of HNM that you are requesting to access as part of your study? *Please give detail*	Participants in Health and Social Care orientated Masters Level programmes aged over 45.	
When would you require access to the proposed participants? *Please state the dates/ times/ duration of access*	From September 2016 to July 2017.	
What type of data collection will the proposed participants be involved in? *Please tick as appropriate.* *Include copies of supporting documentation (refer to Section A).*	Questionnaire	
	Interview	✓
	Focus Group	
	Other (please provide detail)	
How will the proposed participants be informed of the study? *Please tick as appropriate.* *Include copies of supporting documentation (refer to Section A).*	Participant information sheet	✓
	Written consent form	✓
	Other (detail)	

SIGNATURE OF APPLICANT

DATE: 4th. of July 2016

(If submitted by email, this will constitute a signature. Please ensure the date is accurately noted)

School HNM, School Ethics Committee (Chair):

1. Complete Sections C and D;
2. Submit completed form by email to Elaine Biggam, Administrator to School Ethics Committee, School of Health Nursing & Midwifery, UWS (elaine.biggam@uws.ac.uk);
3. Copy the email to the named gatekeeper.

SECTION C: Review of Request for Access Permission	
Has the request for access been accompanied by:	*Delete as appropriate*
1. Evidence of local ethical approval?	YES
2. All necessary supporting documentation?	YES

Note: If the answer to either of the above is no, the request for access permission should NOT be granted.

SECTION D: Outcome of Review	
I have reviewed the above request and supporting information. All relevant information has been included. The request decision is noted as:	*Delete as appropriate* GRANTED

The appropriate gatekeeper to the proposed participants in this study is/are:	All MSc. Health and Social Care Programme Leaders

SIGNATURE OF SEC REVIEWER (CHAIR) Dr Austyn Snowden

DATE 10th July 2016
(If submitted by email, this will constitute a signature. Please ensure the date is accurately noted)

Gatekeeper:

1. Complete Section E;
2. Submit completed form by email to Elaine Biggam, Administrator to School Ethics Committee, School of Health Nursing & Midwifery, UWS (elaine.biggam@uws.ac.uk).

SECTION E: Gatekeeper Decision	
I have reviewed the above request and supporting information. All relevant information has been included. The request decision is noted as:	*Delete as appropriate* ACCESS GRANTED
Dates/Times of agreed access	October 2016 to march 2017
Comments/ Conditions of Access *Please make any comment and/or list conditions of access. Conditions should consider:* 1. *Avoiding access to students during timetabled class time; during academic support sessions; during survey seasons;* 2. *Managing any potential student-staff/ staff-staff power relationships.*	Agreed

SIGNATURE OF GATEKEEPER: Karen Wilson

(Dean of School of Health, Nursing and Midwifery)

DATE: 12th August 2016
(If submitted by email, this will constitute a signature. Please ensure the date is accurately noted)

Appendix 4: Participant Information Sheet

Participant Information Sheet for Part-time Older Student Experiences Study

Name of Department: School of Education

Title of the study: The perceptions of older part-time students (aged 45 years and over), participating in health and social care programmes at Masters Level about their experience of higher education.

Introduction

My name is Raymond Duffy and I am a Doctor of Education student at the School of Education, University of Strathclyde. I am also a Lecturer at the University of the West of Scotland who has a special interest in teaching healthcare professionals about the health and well-being of older people. I can be contacted at francis.duffy@strath.ac.uk or at raymond.duffy@uws.ac.uk or at 01698283100 (ext.8503).

What is the purpose of this investigation?

This study, which I am undertaking as part of a Doctoral programme aims to investigate the experiences of older students (aged 45 and over), who are participating in part-time learning within a Scottish Higher Education Institute (HEI) that leads to a Master's degree award in a health and social care related subject.

The aim of this study is to address the following question. How do older, (aged 45 years and over) part-time students, participating in health and social care programmes at Masters Level perceive their experiences within higher education, as they near completion of their programmes of study?

Answering this question should reveal the perceptions that people aged 45 plus years have about participating in Health and Social Care Masters programmes as an older student. Doing this will help to uncover the social, cultural and political factors that may have a bearing on their experiences while engaging in learning within a university. By doing this, the study hopes to identify actions that can be taken forward to make a contribution to improving the experience for older health and social care professionals in Higher Education.

Do you have to take part?

Your participation is entirely voluntary and refusing to participate, not participating or withdrawing from participation at a later date, will have no impact on your standing as a student of the University that you are currently studying in. Accepting this invitation or refusing this invitation will have no impact on your studies but may benefit future participants in programmes like yours.

What will you do in the project?

You are asked to participate in a research interview which will last for a maximum of one hour and will be conducted at a time and place that is convenient for you on University premises. The interview will be recorded and then transcribed to allow analysis.

Why have you been invited to take part?

You have been invited to take part in this research because you are an enrolled student at a University where health and social care teaching is a key part of their part-time provision. To be an eligible participant you must be aged 45 or over.

What information do you need to be aware of, before taking part?

While participating in this study the researcher has a commitment to preserve anonymity for all individual participants throughout this research study and is bound by the code of conduct of the Nursing and Midwifery Council of the UK with

regard to research (NMC, 2015). It is worth noting that you have the right to withdraw from the study at any time up until the point that you are asked to review the information that you have provided at interview. , It will prove very difficult to remove any information that you have provided after this point as afterwards your data will be anonymised and will begin to contribute to the development of the themes arising from the data, which is an expected outcome of this type of research. If you do wish to withdraw, it is important that you let the principle researcher (Raymond) know as soon as you can before approving your reviewed interview transcript for use. .

What happens to the information in the project?

All data collected for the project will be pseudo-anonymised with the key for codes being stored in a separate location from the raw data. Interview data will be anonymised as quickly as possible after recording with only the specific programmes that any participants are studying remaining identifiable until a later stage of analysis. Interviews will be recorded using a digital voice recorder and then transcribed by the interviewer using Microsoft Word. All voice recordings and transcripts will be transferred to Strathcloud Sharefile (See: http://www.strath.ac.uk/it/services/strathcloud/). Backups will be held on a secure encrypted storage device and stored in a locked cabinet within the researcher's place of work.

What happens when the study is complete?

On completion of the research all the interview files will be destroyed in line with the procedures required by the University of Strathclyde's Research Data Policy (see: https://www.strath.ac.uk/media/ps/cs/gmap/academicaffairs/policies/Research_Data_Policy_v1.pdf) and any additional requirements required to meet the needs of the other participating University in which the study is being conducted and any subsequent publishers of the work's data requirements.

The research will also be disseminated in the form of a thesis and consequent conference and journal papers. A summary of the findings will also be made available to all participants. In all publications the identity of participants will not be disclosed. The University of Strathclyde is registered with the Information Commissioner's Office who implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please contact the researcher named below with any questions if you are unsure about anything contained within this information sheet.

What happens next?

If you are happy to be involved in the project, please contact the Principal Researcher whose details you will find below.

If you do not want to be involved in the project your attention and consideration is appreciated.

The findings of this study will be made available via presentation to the School of Education. Recipients of this e-mail will be informed when the presentation of those results is taking place.

Principal Researcher contact details:

F. J. Raymond Duffy
University of Strathclyde
francis.duffy@strath.ac.uk
Tel: 01698283100 (Ext.8503)

Chief Investigator details:

Professor Ian Rivers
School of Education
Lord Hope Building
University of Strathclyde

ian.rivers @strath.ac.uk

Tel: 01414448117

This investigation was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Co-Chairs of the School of Education Ethics Committee

Professor Yvette Taylor & Dr Virginie Thériault

University of Strathclyde School of Education Ethics Committee

School of Education

University of Strathclyde

141 St James Road

Glasgow G4 0LT

Email: yvette.taylor@strath.ac.uk & v.theriault@strath.ac.uk

Tel: 0141 4448048 & Tel: 0141 444 8371

Appendix 5: Consent Form

Consent Form for Interview Participants

Name of Department: School of Education

Title of the study: The perceptions of older part-time students (aged 45 years and over), participating in health and social care programmes at Masters Level about their experience of higher education.

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered any queries to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point where I approve my interview transcript for anonymisation, without having to give a reason and without any consequences. If I exercise my right to withdraw and I don't want my data to be used, any data which has been collected from me, will be destroyed.
- I understand that I can withdraw from the study any personal data (i.e. data which identifies me personally) at any time before data analysis.
- I understand that anonymised data (i.e. data which does not identify me personally) cannot be withdrawn once it has been included in the study reports.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in this study.
- I consent to being audio recorded as part of the project.

(PRINT NAME)	
Signature of Participant:	Date:

Can you help?

Volunteers Needed for a Study

Are you a Healthcare Professional?

Are you currently a student on an MSc Programme?

Are you aged 45 or older?

If so, can you please contact me at:

Raymond Duffy (Nurse Lecturer)

Telephone: 01698283100 (Ext. 8503)

raymond.duffy@uws.ac.uk

The study is looking at the experiences of mature students over 45's in higher education.

Appendix 7: Interview Schedule

The perceptions of older part-time students (aged 45 years and over), participating in health and social care programmes at Masters Level about their experience of higher education.

Research Question

How do older, part-time students (aged 45 years and over) participating in health related Masters programmes perceive their experience within higher education, as they near completion of their programmes of study?

Baseline

For the recording: Ask for name, confirm age, confirm programme of study.

Get an idea/confirmation of, how many years they have been studying.

Interview Schedule

Question Theme 1: Motivation

- Can you tell me why have you come back to University to study?
  - Possible Prompts: Can you explain further?
    Why this University?
    Why have you returned now? (and not at some other time?)
- Can you tell me what your motivations for joining this particular course were/are?
  - Possible Prompts: Were there personal motivations?
    Were there professional motivations?
    Were there any other motivators?
    Why a part-time masters in …?

Question Theme 2: Relevance to the Workplace

- Can you tell me a little about your current job?
- Do you think there may be an impact on your work if you complete the course?

Possible Prompts: If so, what do you think the impact might be?
If no, why do you think that might be?

Question Theme 3: Impact on the Person

- Have you felt at any point before or since you joined the course that you had to improve your qualifications to keep up?
  Possible Prompts: How did this feeling arise?
  Do you think others share the same feeling?
  Looking at others in the same role as you is it (a masters) expected?

  You could just explain a bit about credential inflation here and see what happens?

- In what way will getting a Masters (qualification) enhance or develop your career?
  Possible Prompts: Will it affect your promotion chances?

  Would you pursue (promotion) then?

  Will it improve your income?

  Would it give you job stability?

  How do you think your career will develop after completing the qualification?

- Has participation over the last 1, 2, 3 years had any effect on your life outside work?
  Possible Prompts: Why do you think this?

  Can you explain (this) each of these to me?

- When you talk to your family and friends about being back at University what do they say?

Question Theme 4: Aids and Barriers

- Is there anything you can think of that has helped you during the time that you that you have been a masters student?
  Possible Prompts: What about….work, family, friends, colleagues, the University?

- Are there any things you can think of that have not been helpful to you since you returned to study?
  Possible Prompts: What about….work, family, friends, colleagues, the University?

- Is there anything that you think universities could do to help students like you returning to study?
  Possible Prompt: Maybe give an example… or repeat something they have already said.

Question Theme 5: Open Ending

- Are there any other issues that we have not discussed so far that you think have affected your experience as a Masters student?

Appendix 8: The Interview Schedule Explained

The questions contained in the interview schedule created for this study were grouped into 5 different sections and constructed to achieve the following.

Section 1: Questions explore the student's motivations for returning to university to acquire a Master's degree.

There were two questions in this section.

Can you tell me why have you come back to University to study? and *Can you tell me what your motivations for joining this particular course were/are?*

The first question recognised the fact that almost all M-Level students have acquired a degree previously and that they had some insight into what studying at an HEI involved. The second question is more specific and begins an exploration into where the motivation to return comes from. The limited amount of literature looking at midcareer professionals motivations for returning to higher education show that cognitive interest and a desire to learn may be one reason they return to higher education (Barr, 2016; Cachioni et al., 2014). Palazesi, Bower, and Schwartz (2008), looking at the learning experiences of 40–60 year old adults attending community colleges in the USA labelled this self-identity modification (SIM), the desire to alter or improve one's own self. They felt that this desire may have three distinct triggers: life-changing events (such as divorce, children moving out of the home, or job loss), an opportunity to change one's perspective or outlook, and enhancing self-identity (Palazesi et al., 2008). It is important to this study to establish for each participant the extent to which their desire was intrinsic perhaps a response to SIM or extrinsic where material or social rewards, like promotion, fulfilling the commands or pressures from others was more important (Bye et al., 2007; Cachioni et al., 2014; Mulenga & Liang, 2008).

The second question in particular which looks at how the decision to join a particular course was made provides some indication as to which of these motivating factors may apply. The likelihood is though that the motivations for individuals will reflect the observations of Lauzon (2011) regarding older graduate

students, which was that as a diverse population of students they will have diverse motivations.

Section 2: Questions are designed to explore the relevance and/or meaning the acquisition of a Master's degree will have for participants in relation to their current role or workplace.

There were two questions in this section:

Can you tell me a little about your current job? and *Do you think there may be an impact on your work if you complete the course?*

These questions serve two functions. The first question established if there is clear link between the Master's course being undertaken and the person's role as a healthcare professional. Discussion and probing around this question also helped clarify whether the person's role equates to a managerial role or an advanced practitioner role, the roles where a M-Level qualification is increasingly becoming the accepted norm (Cotterill-Walker, 2012; Drennan & Hyde, 2008). The second question looks particularly at the positive gains participants think may result from postgraduate study at M-level. These could relate to professional and personal growth, an increased ability to positively influence patient care (Cotterill-Walker, 2012), further role development (Green et al., 2008), or may be more direct such as achieving promotion or going onwards to doctoral study (Drennan, 2008). Asking these questions made participants consider where they believe gaining a Masters qualification will take them.

Section 3: Questions are designed to explore whether they have any perception that credential inflation applies to them. It also examines the effect that returning to study at M-Level has had on their lives outside the workplace.

There were four questions in this section.

Have you felt at any point before or since you joined the course that you had to improve your qualifications to keep up? In what way will getting a Masters (qualification) enhance or develop your career? Has participation over the last 1, 2

or 3 years had any effect on your life outside work? and finally, *When you talk to your family and friends about being back at University what do they say?*

The first two questions examined one of the key aims of the study, which is to reveal the personal, social and cultural factors that may have an influence that on their experiences while engaging in learning within an HEI. The first question attempted to establish if the interviewee is conscious of the pressures that exist on older workers because of the economics and uncertainty regarding their ability to secure a comfortable income during retirement (Casey & Dostal, 2013; McNair, 2009). It is also asked them directly to recall any pressure they have come under or felt, that related to credential inflation, that is pressure to attend higher education and upgrade their credentials in midlife because they have been compared to, or compare themselves with, the younger workforce (Isopahkala-Bouret, 2015a, 2015b; Organisation for Economic Cooperation and Development, 2012). The second question asked them to consider their job prospects and career development over the remaining time they intend working. Indications from Drennan (2008), Watkins (2011) and Zwanikken et al. (2013) are that job prospects for most completing Masters students improve but the impact of credential inflation on the views of older healthcare workers is unknown. Indications from the work of Isopahkala-Bouret (2015a) and East et al. (2015) were that older professionals and those in advanced practice roles may feel vulnerable rather than secure, without a M-Level qualification.

The second two questions are designed to look at the impact of M-Level study on the wider aspects of their lives. The economic benefits of learning, in terms of higher earnings and better employment prospects (A. Jenkins, 2011; Universities UK, 2013) are recognised. However limited attention has been paid to other potential benefits. There is some evidence to suggest that midcareer professionals want to feel challenged to improve their practice and increase their confidence and credibility (Spencer, 2006; Watkins 2011). Self-efficacy and improved knowledge and skill development have also been reported by nurses and

midwives as benefits of participating in M-Level Study (Richardson and Gage, 2010; Olsson et al., 2013).

Sabates and Hammond (2008), summarising a number of evaluative studies looking at life-long learners principally in the UK, suggested that participation in HE led to improvements in psychological wellbeing, notably self-esteem, self-efficacy and self-understanding. However they cautioned that sometimes learning may actually undermine psychological wellbeing, particularly if individuals were not ready for the experience, or where the type of material or pedagogical style was not suitable; so it was unrealistic to conclude participation always had benefits. Are midcareer professionals, who are debatably life-long learners similarly affected?

The first of these question was designed to allow an opportunity to discuss those benefits, if any, with participants. The second question aimed to reveal where midcareer professionals felt their support came from. Older part-time students are distinguished within HEI's because they fit study around other commitments (such as work or family commitments), as opposed to younger full-time students, who fit other commitments around study (Universities UK, 2013). Examining why they may struggle while participating McVitty et al. (2012) revealed that the difficulties of balancing study and other commitments' followed by financial difficulties, personal, family or relationship problems, or health problems all made continuing difficult, thus recognising the complicated lives that part-time students lead. The role of supportive families and friends and others in facilitating the person's continuation is seen as a key requirement (Chu, 2010; J. Smith, 2010). Those who feel they do not have that support may have a different perspective of their HEI experience than those who feel that they have.

Section 4: Questions ask the participants to identify the things that have acted as aids or barriers to them achieving their goal of successfully continuing towards the completion of their Master's programmes.

There were three questions in this section.

Is there anything you can think of that has helped you during the time that you that you have been a masters student? ; Are there any things you can think of that have not been helpful to you since you returned to study? And finally, *Is there anything that you think universities could do to help students like you who are returning to study?*

A number of authors have looked at the barriers to participation that mature part-time students face (Butcher, 2015; Callender & Little, 2015; Palazesi et al., 2008; Universities UK, 2013). They include barriers to funding, restricted employer support, the age and sex of the student, the value placed on part-time students by the HEI (Universities UK, 2013; Woodfield, 2011) particularly since they may feel isolated and disengaged from the institutional support structures provided for other types of students (Butcher, 2015) and differ in attitudes towards IT and e-Learning (Githens, 2007). Similarly, there are enablers and aids that can encourage the participation of older part time students, for example the usability and design of e-learning interfaces (Githens, 2007), more supportive environments for part-time students (Butcher, 2015; Universities UK, 2013), flexibility and the design of the programmes they choose to participate in, even the location of the University may have an impact (Butcher, 2015).

While a number of these aids and barriers to the participation of part-time midcareer professionals have been identified, less is known about disciplinary differences and the effect that this has on student experience. Woodfield (2014), discussing these issues within the undergraduate part-time population highlighted a need to acknowledge that subject choices can be proxies for work-related up-skilling, or may indicate study driven solely by personal interest. The result therefore could be a very different set of student experiences across disciplines. Spencer (2006), in a study that looked at the perceptions of nurses, midwives and health visitors undertaking a Master's programme in Northern England reported that in terms of supports to undertaking postgraduate education, the results were mixed. Managerial support in the form of financial contribution and study leave was received in part or full by the majority of respondents. However, financial support

frequently had to be renegotiated every year. Respondents in Spencer's (2006) study also reported no corresponding reduction in workload to offset days spent attending their HEI's or study time. Domestic responsibilities, in particular childcare commitments were also identified as inhibiting their participation. There was also a view expressed that participation had a positive effect on their practice, but a number of factors including time and support for change within the workplace caused frustration and inhibited some of the possible benefits they felt they could make. The age range, of the participants in Spencer's (2006) study were not shared. Stathopoulos and Harrison (2003) similarly explored the experiences of physiotherapists who had completed their M-Level studies in a single focus group of 7 participants in an English University and found that retrospectively, the professionals stated that M-level had enhanced their career progression, helped develop their clinical practice, and had a wider enhancing effect on aspects of their lives particularly their confidence and an adoption of a more positive attitude towards change. They also reported some barriers which, although not direct effects of their programme, were the result of returning to clinical practice with higher ability and expectations. These barriers included the under-use of their new potential, an unrewarding career structure, the resistance to change inherent in their workplaces, and the negative attitudes of some professional groups toward their new status. None of the participants in Stathopoulos and Harrison (2003) were over 40 years of age. So while there are some similarities in what is reported by health professionals in the few qualitative studies that have looked at their experiences, very little is known about either the impact of age or the effect of being a nurse, midwife or AHP on either the supports or barriers encountered by M-level students. The limited work found indicates that clinical practice will have an impact on perceptions of both the support they have received and the barriers that they have encountered that may not be present in other part-time adult students experiences (Spencer, 2006; Stathopoulos & Harrison, 2003; Zwanikken et al., 2013).

Section 5: An open ending question.

An open ending question is a device both Braun and Clarke (2013b) and Brinkmann and Kvale (2015) call a clean-up question which will allow participants the opportunity to raise issues that are important to them, that have not already been covered. Such a question can trigger useful unanticipated data that could be used to improve subsequent interviews (Braun & Clarke, 2013b). The question used in this study was: *Are there any other issues that we have not discussed so far that you think have affected your experience as a Masters student?*

Field Notes

My thoughts and reflections immediately after the interview were recorded in a field note book. Bryman (2016) and Braun and Clarke (2013a) both suggest that a field notebook should be used to record details of the participants presentation and surroundings, the interviewers reflections on the participants responses as well as any additional prompts, ideas for analysis and lines of enquiry to follow in subsequent interviews. Also included were notes regarding the extent to which I was able to remain focused and attentive, occasions where I may have been over-intrusive or excited about an issue and any occasion where I thought I was accidentally leading the participant. Dearnley (2005) and Doody and Noonan (2013)Doody and Noonan (2013) both recommend using field notes for this purpose.

Appendix 9: Extract from a Transcript with Initial Codes Shown

Guide to Code Colours:

Red codes are Personal Perceptions/Attitudes about participating

Orange codes are Social Factors affecting participation

Green are Cultural Factors affecting participation

Purple are Challenges and Supports along the way

Interview 8: Heather's Anonymised Transcript	**Relevant Codes**
Interviewer: In what way do you think getting your Masters then will enhance or develop your career?	
Heather: Because I want to probably… well most likely education route… that, that, that was my only choice that I would need my Masters.	A move to the side a chance to do something else
Interviewer: Okay, right, so obviously you know that to get into education you need you're Masters, so I mean…	
Heather: Yeah and I chose the path, as I said I chose the pathway for that reason but now that I'm in, you know coming to the end of my second year, due to start my dissertation next year… I have started to, I suppose not narrow, I still very strongly feel that I do want to come into education but I'm also thinking about… well what other options would be there, you know like practice development or clinical specialist or you know…so I know that there may be other opportunities but these were… that was the main reason why I am doing the Masters.	A move to the side a chance to do something else
Interviewer: Do you think a Masters will affect your promotion chances?	
Heather: I think it probably would.	A chance to move up the career ladder
Interviewer: Okay, so in what ways?	
Heather: I do think it would because (pauses) …if wanted to go for a more senior post clinically I think if you do have your Masters it is an advantage. They do say equivalent but if you have the equivalent experience and the academic side I think it is an advantage… just from speaking to senior managers in the service	A chance to move up the career ladder A Masters does matter
Interviewer: Yeah	

Heather: …who have supported me to do it.	A Masters does matter
Interviewer: I know if you moved at the moment it probably wouldn't be promotion … from Band 7 to a practice, development and practice education post	
Heather: I know I do think I may have…	
Interviewer: Uhuh, but would you, would you pursue promotion anyway?	
Heather: Not particularly. I don't know… I'm unsure about that just now because part of me… if I could find the right job that I felt would challenge me enough and take me in the direction I want to go I would side step.. to another... It's not really about promotion, if that makes sense, to me (you)	No plans to get promoted Financial reward is not an important driver A move to the side a chance to do something else
Interviewer: Do you think it's more about opportunity?	
Heather: It's about opportunity and about job satisfaction and about doing something that I want to do rather than I don't feel that I… because I am at the top of a Band 7 but I would.. I would move to another Band 7 post to… for the experience and as I said the challenge…so I'd be happy just to do that, it doesn't have to be a promotion	A move to the side a chance to do something else No plans to get promoted It's a challenge putting pressure on myself to succeed
Interviewer: Yeah, yeah, doesn't have to be a promotion?	
Heather: No	
Interviewer: Would you pursue promotion if it was there though?	
Heather: I think I would if I felt it was the right job for me and I felt that I could fulfil that post yeah… but it's not a top priority, if that makes sense, just…	No plans to get promoted Financial reward is not an important driver
Interviewer: Yeah, okay we're not sure if it's going to improve your income because that was my next thing I was going to ask you about, do you think it'll improve your income but over time, well it's unclear isn't it…	
Heather: Uhuh	
Interviewer: …at the moment I think…	
Heather: Yeah	
Interviewer: …'cause you could move from post to post and stay Band 7…	
Heather: Uhuh, I know	
Interviewer: …for quite a period of time at the moment.	
Heather: Yeah, yeah I think it's the political climate as well, there's not… so no, I'm not and I don't know if I	Motivation: it was for me

ever done it for financial reasons either. I think it is more about what I want to do. To me going out to your work full time… it needs to be something that you want to do and you feel passionate about and… you know rather than a high salary for something that makes me feel miserable every day… No…	It was my choice to do this
Interviewer: Okay	
Heather: No thanks, no. So it's not financial, it's…	Financial reward is not an important driver
Interviewer: So what about job stability, do you think it's given you that, even… even at the moment before you've completed?	
Heather: I wasn't really concerned about the stability of my job. I don't know that I… I actually don't know the answer to that. I don't know whether that would affect… I don't know… that's quite a hard one but certainly at the moment there's, there's no concerns about…	
Interviewer: Yeah, so there's no threat at the moment…	
Heather: Not, not in terms of	
Interviewer: Not having the Masters …	
Heather: No, not in terms of kinda of…	
Interviewer: Isn't … a disaster?	
Heather: Redundancy, you know, but there is I suppose some threat in terms of service restructuring just now that we're all a bit uncertain to exactly what's happening and I don't know if decisions were made whether my Masters would make a difference to where I would maybe move within, within the current service that may be something that, I don't know… I don't know the answer to that	Uncertainty – will having a masters have an impact later Having a masters may prevent redundancy or may improve my redeployment
Interviewer: Don't know	
Heather: …because it is all a bit unknown, there's actually quite a lot of anxiety around that restructuring just now, 'cause we don't know what… what exactly is going to happen.	Uncertainty – will having a masters have an impact later
Interviewer: I know you've got plans to go into teaching…	
Heather: Uhuh	
Interviewer: …when you finish, do you think that's the way your career will go?	
Heather: I hope it will, that would be my hope…yeah definitely. It's just trying to find opportunities to… 'cause I think there is the bit about the academics part	A move to the side a chance to do something else

of it but actually you need hands on… I think hands on, trying to get as much experience as you can and part of that's a wee bit about… you know… being able to then reflect "did I enjoy that, do I like that, is it something I'd want to do…" rather than get my Masters and make the move and then think "Actually this really isn't what…". I'd often wondered about that sort of balance where you're part clinical, part academic but I don't know how… I don't know what opportunities there are any more, I think some people have got posts where they're… part…	Comparing myself to a doctor or other advanced practitioners.
Interviewer: … but it's very limited	
Heather: …that can be quite…	A move to the side a chance to do something else
Interviewer: It used to be better, Universities used to be a bit better at it, used to be a bit better at shared posts but…	
Heather: You know	
Interviewer: …they seem to have vanished.	
Heather: Uhuh …cause I think part of I do still enjoy direct clinical work so to completely move away from that…	I am an advanced practitioner already
Interviewer: Yeah	
Heather: You know I'm not quite ready I don't think.	I am an advanced practitioner already
Interviewer: Okay, right so in the last two and a half years, sounds bad doesn't it…(laughs)… in the last two and a half years ,do you think participating in your Masters has had an effect on your life outside work?	
Heather: Yes	
Interviewer: Okay	
Heather: I do, I have no life.	My social life is poorer
Interviewer: What do you mean you have no life?	
Heather: Oh, it definitely has. As I said, I always think quite carefully about my children, to make sure that I balance the time that I need to study, to ensure that I'm also having time with them and I think I do that not too badly…erm… but I think it is a, it is a hard balance when you work full time, you have three children and you're trying to study. It's extremely… it can be quite stressful at times, as well. Time management's pretty good… you know… in terms…that I really have to… I always have to plan ahead and work out when I'm going to study and I don't think it's had an impact on relationships within my family, I think things are as	My social life is poorer It's hard I am doing this as well as my job and everything else Being disciplined/keeping focused The issue of time (Its time consuming) I am doing this as well as my job and everything else

they've always been but definitely the time commitment. It's… cause apart from going to work… being a taxi driver for my children and studying… I really don't do very much, I haven't got the time, but I've always been a sort of you know, I kind of get my head stuck in the academic work once… you know if it grips me I'm quite happy just to you know I actually don't mind going to the library on a Saturday morning and leaving in the afternoon…you know…when I do… part of me… I am driven by enjoying studying, in a way. So time, time's been I would say the biggest impact on my life.	The 'lost' weekends I enjoy learning
Interviewer: What do you think the family think?	
Heather: I think they're quite proud of me in a way, I think, my husband (pauses) he's, he's not particularly driven academically but his… he enjoys his work and he was promoted so he's in a place that he feels okay so he doesn't want to do any further studying.	Having a supportive partner/family
Interviewer: Yeah	
Heather: No… I think he's quite proud and he supports me… you know… he is very supportive in terms of you know… when I have a deadline and having to make sure he's doing bath time every night and whatever else… you know… it's kinda full on. My children are, always seem really keen to know what my result is when they know that I'm waiting for something and my mum who sometimes edits some of my work when it's all last minute… you know, she'll say that she's so proud and can't believe that I'm you know still studying and balancing everything without everything kind of falling to the ground… 'cause I think like that my mum would have liked to have done a Masters but she felt, I think she was too, she felt she was too old and she probably was not far off the age I am, she was probably around my age or a wee bit older.	Having a supportive partner/family My mother encourages me to carry on Age should not be a barrier
Interviewer: So what does she do?	
Heather: Teacher	
Interviewer: She was a teacher?	
Heather: My mum's a teacher and then became an inspector. So… and at that point… they were sort of… but she instead, because she was a manager ended up supporting her staff to do… to study and she just decided she couldn't… but I think that's a thing that I find harder is my brainpower, I notice a huge difference in… well I suppose when I studied before I	My mother encourages me to carry on Having a supportive partner/family

didn't have children… so I had a lot more time on my hands… so sometimes that's… but no… I think, I think my family, they're very supportive of me doing it and I think they are proud of my achievements.	
Interviewer: Right, what about your friends?	
Heather: I don't see them (both laugh)… they all just went "Oh no not again." I probably, my social life has completely… not that I had a huge social life but I don't see people very much. I probably… I'm in more regular contact with my peer groups from the course, whether it's on WhatsApp or you know… seeing them on a sort of regular basis… because my weekends are committed to a day with my family and a day, or part of a day studying on a weekly basis really. So sadly I don't… I don't see my friends all that often. I would like to see them more but…	My social life is poorer The things I am missing out on Creating peer support outside the class – by using social media platforms (WhatsApp this time) Impact on friendship - negative
Interviewer: If it's any consolation it sounds very familiar to me.	
Heather: You know, I don't, no, I do keep in touch with but I don't see them regularly.	Impact on friendship - negative
Interviewer: You were talking about your colleagues… okay, so I suppose we'll split them, then will we, we'll split them into two… normally I just ask about your colleagues but we'll go for two … so first of all your colleagues at work, how have they viewed your participation in Masters? I know you said your family are supportive, what have they been like?	
Heather: I would say my peer colleagues definitely are supportive. I think originally when I approached the more senior person on the team, when I first decided to go down that route… it was, it was quite tough, it wasn't particularly "That's fantastic, I'll support you" ….it was quite a slog trying to say that she wasn't actually having to pay for it out of her own money…. you know, it was quite … all that stuff… but my immediate peers I think they, they've been really supportive, quite interested sometimes on, in what I'm doing because part of it links to some of our work so they are quite interested. Certainly within discussion with me I've never felt that they've been negative at all so no… I would say the team's supportive as well of what I'm doing and I think as I said earlier it's impacted on them in a way that they're beginning to question about what they're doing with their own… their own lives in terms of their careers.	Attitudes of colleagues both positive and negative Financial support from my employer – with or without strings attached Effect of friends inside the profession – positive Attitudes of (close) colleagues supportive

Interviewer: So do you think you've contributed to the team then since, since you, since you started your Masters?	
Heather: Contributed to the team?	
Interviewer: Yeah, contributed more?	
Heather: Yeah	Its impacting on my work positively already
Interviewer: Uhuh	
Heather: Uhuh, yeah, I think even before my Masters I think with them having been in that team for a long, long time you could tell they'd all worked together for a long, long time and I came in with slightly different… more varied experience within CAMHS…. and I think things were already sort of… sort of shifting. I think, I am quite a motivated person, so I think the… my motivation to do my Masters… yeah I think it's shuffled things up a wee bit for other people and that realisation that actually they can do it as well… if I can do it, then some of them don't have as busy family lives as I do… that actually if I can do when I'm… then they can you know it's possible… even though we've all got kids.	Its impacting on my work positively already Motivation: It was for me Role model in work
Interviewer: Okay that's your colleagues at work… what about your colleagues on the course then, are you actually meeting them…that's first of all	
Heather: Yeah, we do (meet)	
Interviewer: …'cause quite a lot of people I've interviewed don't get an opportunity.	
Heather: Oh right… No we… we do. Since it's blended learning so there's actually… I think there's only five of us left now… just with people who have dropped out of it at various points obviously. So we keep in touch on WhatsApp quite regularly so, but we also see each other at the blended contacts as well… which I actually look forward to. I'm not a good online person, I like people, I like face to face contact so I've got really good relationships with the people… I actually really like them all. We all seem to get on quite well and there's a good sense of humour which is always helpful when everybody's getting a bit stressed out and again we're… you know… we're all quite good at sharing stuff as well and being supportive to each other…so I think that's been a huge advantage. I think if it had been a fully online course I would have struggled and felt quite	Creating peer support outside the class – by using social media platforms (WhatsApp this time) Getting support from other students The older students are more likely to co-operate with each other (It may not be just older) An advantage to have classroom sessions

isolated, so I feel it's been a really, really… it's been really beneficial having classroom sessions.	
Interviewer: Uhuh, I was going to ask you about that next actually, so is there anything you think that's helped you during the time you've been a Masters student?	
Heather: Classroom	An advantage to have classroom sessions
Interviewer: Classroom	
Heather: Definitely face to face contact. I'm getting used to the Skype type thing …er… a wee bit… it's not or I don't hugely like it but the classroom, the blended approach to learning has definitely been a benefit for me personally.	An advantage to have classroom sessions The hopes for synchronous discussion (which usually let them down)
Interviewer: Yeah, so meeting people doing the same course as you?	
Heather: Yeah	An advantage to have classroom sessions
Interviewer: Yeah	
Heather: Yeah, being able to bounce things off them and talk about it and…yeah…. cause I know that there's opportunity to do that online but it's just written, it just, it doesn't feel, feel the same.	An advantage to have classroom sessions
Interviewer: Right	
Heather: …and sometimes some of us if depending on shifts and various things, you know, I will meet up with them in the library at the weekend and work… you know… so that's quite a… quite a support as well.	An advantage to have classroom sessions Developed supportive friendships outside class
Interviewer: So is it like having a study group?	
Heather: Yeah a little bit, 'cause that's something we'd all started talking about for the year we're doing our dissertation because we will all be a bit more isolated; that actually we might try and get at least make a particular date or time on a monthly basis so whoever can actually get to University Library that day just to keep a link if we possibly can, although we're probably all studying completely different subjects but you know just, it's just to make that, that link.	Developed supportive friendships outside class Having a study buddy- yes (but in this case its more than 1)
Interviewer: Right. So are you very much a group or have you got somebody within that group you're particularly close to? I can explain why I'm asking you that cause in previous interviews the notion that you	

need someone close, a study buddy essentially has been a… has been a big advantage to some people.	
Heather: I, I would probably say I'm fairly equal to them all, there's one, one girl that I'm maybe a wee bit more friendly with, I'll send her the odd text that's not within the …	Developed supportive friendships outside class Having a study buddy- yes (but in this case its more than 1)
Interviewer: Not in the group… yeah.	
Heather: She's got a wee boy that's ages with my wee boy so sometimes it's just… but I don't meet up with her more than I would anyone else, that's probably…	Developed supportive friendships outside class
Interviewer: Right, yeah, so you're in a group, yeah?	
Heather: … uhuh, yeah we're definitely a group because that's quite, there's only five of us, so it's quite small	Developed supportive friendships outside class Having a study buddy- yes (but in this case its more than 1)
Interviewer: Okay, right. What age are they?	
Heather: I would say… just [My Study Friend] there's probably someone a few years younger than me, so somebody definitely in their 40s, a couple of people in their 30s and a couple of people in their 20s would be my…guess	Age was not a concern
Interviewer: Right, so you're the oldest in the group?	
Heather: (Laughs) I am the oldest in the group… yeah	
Interviewer: Yeah?	
Heather: Yeah. I don't feel like the oldest but yeah, I am.	Age was not a concern
Interviewer: Uhuh, so how does it feel?	
Heather: It felt funny, I think the reality was more so… when I got the information about your (study) and I thought I'm in that age bracket now, "Oh my goodness, I am actually in that age bracket."… It feels alright. I don't… I sometimes forget that I'm 20 years older than one of the other girls in the class.	Age was not a concern
Interviewer: Right	
Heather: We were talking about, you know, we were talking about stuff… so no I don't, age wise I don't feel much older. I think it's… again it's just that whole… the commitments you have in your own life if you're single you don't have children and you might have other commitments but it does feel slightly different, I feel, when you've got a family… it's harder.	Age was not a concern I am doing this as well as my job and everything else It's hard
Interviewer: So have you ever felt awkward because of your age? Obviously you've got quite a close group	

now but I mean have you been in situations where you've gone into other classes where it's not been the same?	
Heather: No, I've not felt awkward at all, no, I don't… I forget what age I am. I still think I'm….	Age was not a concern
Interviewer: That's alright	
Heather: No, I couldn't say that I've ever felt awkward because I, I would probably say my memory of going into the first class, where there was quite a number of us 'cause all the different, three different pathways were together	Age was not a concern
Interviewer: They all get to converge, yeah, you all get to meet up at least once.	
Heather: Yeah and I would definitely say there was more, there was people older than me at that point definitely and they've moved on for different reasons but I would say the… the younger people were in the minority… there was a smaller group of younger people. I would probably say… well it depends where we're drawing the line on younger but being in their 20s I would say there was fewer, it was more sort of late. I would say late 30s in to their 40s was the… was the larger number. So no, my age hasn't bothered me in terms of feeling uncomfortable or awkward.	Age was not a concern Age should not be a barrier

Appendix 10: Initial Codes Listed to Fit Iteration 2 Thematic Map (See Appendix 12)

Theme 1: Seeking Professional Identity

It was my choice to do this

It was a long held goal

It's a challenge – putting pressure on myself to succeed

I wasn't sure I could do it

It was to prove my academic ability

It was expected that I should have one or try and get one (Masters)

I don't really need it

Motivation: It was for me

Motivation: Responding to credential Inflation

Motivation: I am not going to stagnate

I'm an imposter/ signs of imposter syndrome

I am more credible at work

I am more credible outside work

Better prepared to help others

Better prepared to help other advanced practitioners/Masters students

This improves my options after retirement

Doing my Masters is a personal stimulus

Didn't set out to do a Masters

It has improved my leadership skills

More positive attitude in work

Able to inspire others

Desire to improve practice in the workplace

Desire to reduce risk for patients

Desire to reduce inequalities for patients

Desire to leave a legacy

Driven by my topic choice

I need to do this on my own

My first experience of University was poor

I felt I underachieved the first time (at University)

Credential Inflation hasn't affected me

I am aware that credential inflation is happening

I feel sorry for those younger than me

We've seen this before (generally related to attaining/not attaining a first degree)

I feel sorry for those younger than me (or others), because they are affected by the pressure to obtain a Masters.

I am an advanced practitioner already

I am a manager already

My experience matters more

A Masters won't make any difference

A Masters does matter

No effect on my job stability

Financial reward is not an important driver

Financial reward is a driver (related to promotion)

A chance to step up the career ladder

I don't like feeling deskilled

(Nursing) Degrees were not highly thought of at first

Having a masters may prevent redundancy and/or may improve my redeployment

Neither further education nor credential inflation had an impact on my retirement plans

Fear of losing out financially made me (and others) retire

Many retirees return to work part time

Role model in work

Role model to my children – 'we are in this together'

It is impacting on my work positively already

Overcoming gaps in fundamental academic skills

Doing another programme at the same time (Is this a subtext here… because it was not covered in my MSc.)

I didn't come back for a Masters, this was my first experience of University.

Theme 2: The Price of Recognition

It's Hard

It's Lonely

I was looking at my younger self (in class)

I had to wait my time

The time was right (the children had left school)

I've started so I wanted to finish (generally nursing diploma to MSc without a break)

My experience wasn't respected

Participating in a Masters failed to meet my expectations

I picked the wrong module or programme

Full time students are favoured

Distance learning students are not supported well

Carer's role: as a parent

Carer's role: Looking after a parent or partner

Financial support from an employer, with or without strings attached

Support from manager

Effect of Friends –inside the profession

Effect of Friends – outside the profession

Having a supportive partner/family

Family not aware of the commitment involved

Attitudes of colleagues

Attitudes of family – what's the point?

Age: should not be a barrier

Age maybe a barrier

Age: I felt old

The dissertation period was relentless

Disappointment with my dissertation score

Marking should be a more open process

It is an advantage to have classroom sessions

I was expected to cope in class because of my work experience

The experience of returning for older students is different

Age: was not a concern

Age: reduced stamina and tiredness particularly

Age: physical pain

Age: eyesight became an issues for screen reading

Attitude of daughter - not supportive

Pressure to succeed – extrinsic from work

Pressure to succeed – intrinsic – feels like its hanging over me

Changing Life Circumstances (got in the way)

Meeting face to face in class provides support

My mother encourages me to carry on

Inspired by a colleague (to participate)

Encourage by a colleague to continue

Encouraged by an academic (to participate)

Pressure to succeed from a manager

Using other people within the programme to provide motivation

Benefit of flexible working

Part-time students not supported well

Part-time was the only choice/most flexible choice

Previous experience affected my choice of University

The most appropriate course was awarded here, at this University

It was the nearest University

Assignment schedules don't suit work patterns

Distance learning/flexible online learning suited me.

Distance learning/flexible online learning wouldn't suit me

Distance learning/flexible online learning won't suit everyone

I am not the only one with problems

My student was trying to teach me!

Unfamiliar with acute hospital terms

Retirement may be delayed

I'm already making plans to leave/ retire

No plans to get promoted

No plans to become a manager

No plans to retire

Managers don't understand the challenges

Should your supervisor really mark your dissertation?

Facing personal challenges: illness, bereavement, job change, dyslexia

My family routines are affected (particularly at assignment times)

I am doing this as well as my job and everything else

I am doing too much

My social life is poorer

The 'lost' weekends

Things I am missing out on

Impact on friendships – positive

The modular nature of courses

Am I really in a class/year group?

Having someone to travel with me on the journey

There is no one in this with me

Having a study buddy – yes (either has one or wished one) –with similar experience

Having a study buddy – no (and didn't want one)

Overcoming Technology Problems/University electronic systems

The technology didn't matter/make a difference

Would be useful to do a computer course first

The issue of time (time pressured/time consuming/time wasted)

Being disciplined/keeping focussed

Creating peer support outside the class – by texting using social media platforms

The hopes for synchronous discussion (which usually let them down)

Supervision/support from staff is a good thing

Staff did all they could to help

Staff support was good/poor

Staff support via phone calls was helpful.

Not all supervision relationships work

The role of the supervisor and supervisee should both be clearer

Negative thoughts related to failing

How do I judge if I am doing well?

Impact on friendships – negative

What I picked didn't suit my role

Wanting to get back to normal

Felt unable to complain

Problems with limited/no access to a Campus

Travelling between Campuses (good/bad)

Problems with University Ethics committee

Still lacking in confidence

Becoming depressed

Not enough books

Being able to borrow books at a distance (useful)

Librarians were supportive

Having to use the 'phone to get support (because of poor hearing)

The older students are more likely to co-operate with each other

Getting support from other (older) students

Getting support from other students (was/would be) helpful

I find exemplars helpful

More flexibility around assignment submission dates

Online referencing guidance was really helpful.

Replaced looking after my health with studying

Not confident about online discussion contributions

Always found feedback helpful

Feedback needs to be clearer

No support from the organisation (workplace)

Some module materials in class overlapped

Some online materials and what was delivered in the classroom were the same

I have had to keep going at this (relentless)

A 'Back to University' course would be useful

I wanted a motorway but they took me down a scenic route

I won't compromise my family life to study

Management could have been more supportive

Valuing the opinions of other students

Online guidance for dissertation could have been better

Prefer face to face contact to any form of electronic interaction

How do I judge if I am doing well?

Hours of notional student effort has been a helpful guide

An Induction process would be helpful

Previous students sharing their experiences

Wanted to go back to using paper rather than a screen

Being a Confident Contributor

It is an achievement to succeed

Motivation: Quest for more knowledge/insight

Motivation: Driven by work requirements

Motivation: It was for personal development reasons

Motivation: wanted to be able to assess/do research

I wanted to pick what I do next in my career

I am more confident

Making a difference

Making my own contribution

My self-esteem has improved

Better equipped to do my job

Masters makes you more questioning

Finishing will be an opportunity to learn from others

Helped reveal academic skills gaps that I can now self-correct

This experience has been life altering

A transformative experience

I decided to retire and then came back

I am enjoying my job more now

Appreciation of the difficulties involved in being a researcher

Life Long learner: It's become a habit; addicted to learning

Life Long learner: What else would I do?

I enjoy learning

A move to the side/ a chance to do something else

Opens up a lot of opportunities for me

Comparing myself to a doctor or other advanced practitioners

Uncertainty – will having a Masters have an impact later?

Advanced Practice and evidence-based practice is relatively new in, in social work

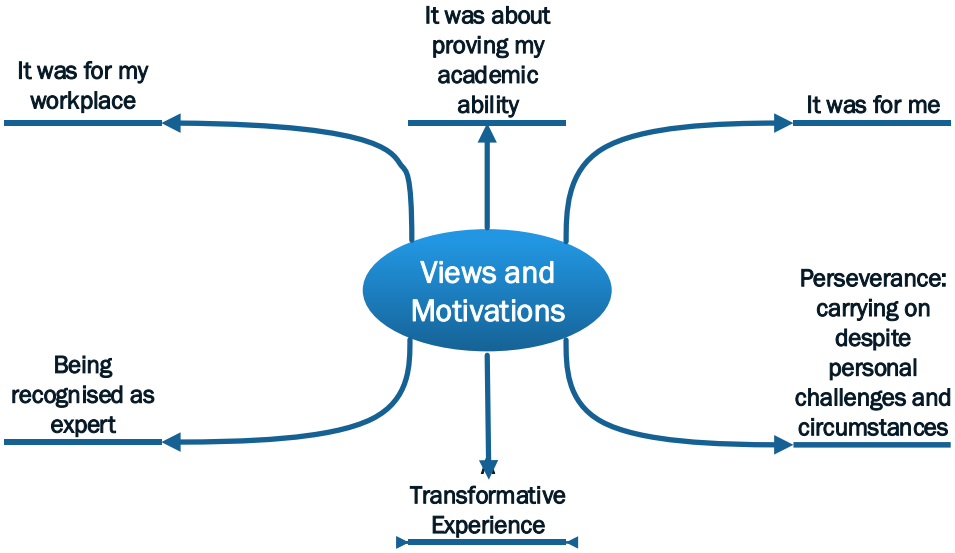
Participation by older students should be encouraged

I've already got a Masters (in something else!)

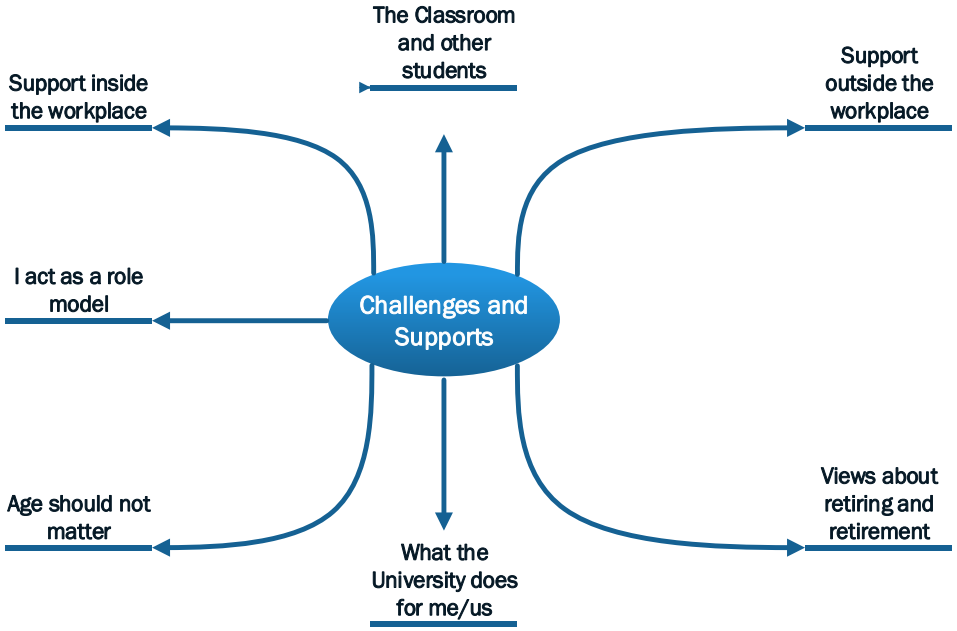
Appendix 11: Thematic Map Iteration 1

The Perceptions that Midcareer Students (45+) have about Participating in Health and Social Care Masters Programmes

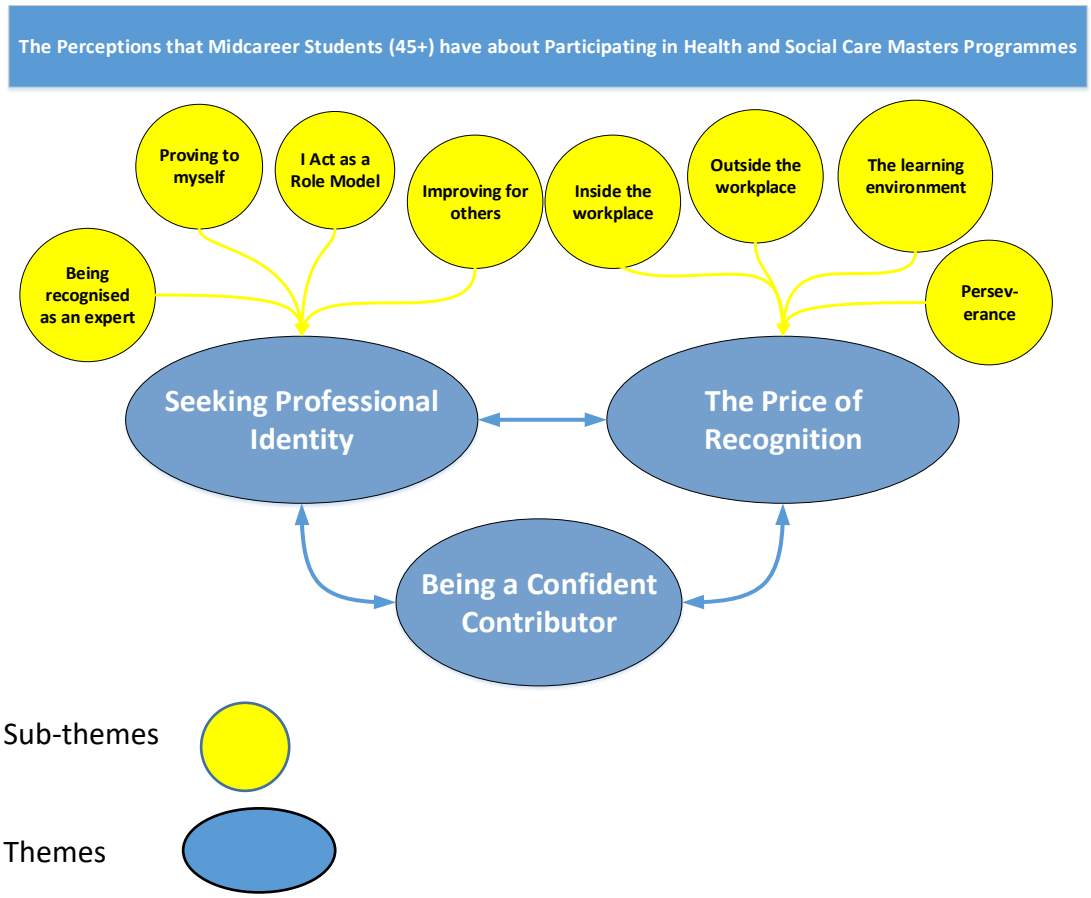
Theme 1



Theme 2



Appendix 12: Thematic Map Iteration 2



Appendix 13: Member Checking Within the Study University

Feedback was taken via a short interview with each person approached to carry out member checking after they had read through the data analysis. None of the feedback interviews were recorded. The areas considered and the questions asked were adapted from Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.

Student Feedback on the Analysis Section.

This student was an M-Level student at the HEI under study. She met the criteria to participate in the study had I still been collecting data. At the time of the interview she was awaiting the outcome of her dissertation submission. She is the quality manager for a small care home group within Central Scotland. Unlike the majority of the participants she did not work within NHS Scotland. The interview was held on 13th March 2019.

Which of these criteria for excellent qualitative research do you think this piece of my work shows?

The topic of the research…

- **Is it Relevant, Timely, Significant?** The student agreed that the research was relevant and timely in relation to advanced practitioner roles within the NHS. The idea of an advanced practitioner, even someone holding an M-Level qualification within the care home sector is very new and there are only one or two that she was aware of.
- **Is it Interesting?** The student felt that the work was engaging and had good resonance particularly around the theme **'The Price of Recognition'**. She also felt the study provided a bit of insight for anyone of her age considering commencing on a Master's programme and many of the sub-themes were reflective of her own experiences to date.

Does it contain sufficient and appropriate:

- **Theoretical constructs. Are they explained well enough for you to understand the findings?** The student thought that there was good clarity around the theories presented and they were presented in such a way that she had no difficulty understanding the theoretical content. She also felt that the quotes and the theory relating to them were well matched.
- **I have sent details of the people interviewed separately. Was there enough information given within the analysis to follow what they say?** The student was able to see that only one participant was not working in an NHS role and that no-one worked in a care home setting. She felt she had good enough information to understand their viewpoints.

Is the research marked out by any of these?

- **Thick description, concrete detail, clarification of implied (non-textual) knowledge, and showing/illustrating rather than telling, evidence of crystallization.**

  The student felt that there was more than enough description and detail although she did say that she had to read the **'Seeking Recognition as a Skilled Practitioner'** theme over twice before she could pick out the areas that had most resonance for her. These were mainly related to **'Improving for others'** and **'Acting as a role model'**. She could see evidence of crystallisation of her own ideas of her experiences and perceptions occurring as she read the work.

Does this research have a resonance? (Does it influences, affect, or move particular readers or a variety of audiences through its evocative representation, naturalistic generalisations and transferable findings).

We discussed this in more detail in relation to the themes and subthemes. The student was very aware of the overarching theme 'Becoming a Confident Contributor' and the impact this was having on her assertiveness. In relation to the overall proposition of a struggle for recognition she had a

great affinity to all the subthemes within the **'Price of Recognition'** theme, less so those in the theme **'Seeking Recognition as a Skilled Practitioner'**. On discussion this proved to be because **'Proving to myself'** and **'Being academically capable'** were not clear motives for her, her prime motivation was closer to a love of learning.

What did have clear resonance were the issues attached to the subthemes **'Outside the workplace'** and **'Perseverance'**. She discussed at length the impact that studying had on her family life, the lost weekends, the issues around being a mother both a married mother and subsequently as a single mother and her children's reactions to her studying. She had some regrets about struggling to maintain a work life balance that suited her family commitments but could now see some of the other benefits; for example **'Acting as a role model'** to her two daughters who were both at University at the same time as she was. This was something that she had not really considered until she read the analysis. It was more obvious that she was **'Acting as a role model'** to some of her colleagues at work.

There was some recognition that her initial schooling was very gender biased and that nursing was a career path she had chosen because it was one of the careers that women were allowed to pursue. Pursuing nursing a career was very much an exception as there was quite a pressure in the island community she came from to be a 'homemaker'. Her early career as a nursing student was also marked by a critical failure that she now feels she has overcome. This failure meant that she lost status and finished her initial training as an SEN rather than an RGN so she has had to struggle to get her career on track (her words).

She was happy to acknowledge that she now considered herself well on the way to **'Becoming a Confident Contributor'** and recognised her need to pursue something generative. Regarding the transferability of findings, the student thought that although they had resonance for her they would have

even more resonance with someone working towards advanced practitioner status within the NHS.

Staff Feedback on the Analysis Section

This staff feedback came from a colleague who had studied at M-Level previously. She is a lecturer at the HEI that was the focus of the study and has taught on a number of mental healthcare Masters Programmes at this HEI. She has also worked with many healthcare professionals participating in post-registration CPD modules and courses. She is currently completing her doctoral studies at another University where it was discovered that she has a form of dyslexia which she has been dealing with throughout her academic life. Only recently have mechanisms been put in place to allow her to deal more effectively with her dyslexia. This interview was conducted on 26th March 2019.

Which of these criteria for excellent qualitative research do you think this piece of my work shows?

The topic of the research…

- **Is it Relevant, Timely, Significant?** The lecturer agreed that the research was relevant and timely in relation to the growth and planned changes that are occurring within advanced practitioner development nationally within NHS Education for Scotland during the last year (2017-18) and within NHS England during 2018-19.
- **Is it interesting?** She thought that it was very engaging and had some resonance with her own situation currently as she is studying for her Doctorate. She could also relate some of this back to when she was an M-Level student herself and could see its relevance in relation to the midcareer students that she currently works with.

Does it contain sufficient and appropriate:

- **Theoretical constructs. Are they explained well enough for you to understand the findings?** The lecturer thought that there was enough information given to understand the theories that the research utilises. The passages explaining theory were well written in her view and easy to follow.
- **I have sent details of the people interviewed separately. Was there enough information given within the analysis to follow what they say.** The lecturer didn't really comment on this. What she did say was that the context of the quotes seemed clear enough.

Is the research marked out by any of these?

- **Thick description, concrete detail, clarification of implied (non-textual) knowledge, and showing/illustrating rather than telling, evidence of crystallization.**

  The lecturer felt that everything seemed to resonate and the analysis had an appropriate amount of description and detail. There was some crystallisation evident and some evidence of presenting the findings from more than one viewpoint. She also commented that it was written in a very easy to read style.

Does this research have a resonance? (Does it influences, affect, or move particular readers or a variety of audiences through its evocative representation, naturalistic generalisations and transferable findings).

We discussed this in more detail particularly in relation to the themes and subthemes. The lecturer understood the nature of the Overarching Theme **'Becoming a Confident Contributor'** and could see how this had been arrived at. In relation to the idea of this being a struggle for recognition she could also see how this view had emerged. However, it was the subthemes that seemed to resonate most. She discussed at length the nature of **'Proving to myself'** in particular as something that she felt was a more gendered experience than I had perhaps described it. She saw this from a very feminist perspective and felt that this was about oppression and the position of a predominantly female profession trying to overcome a

historical view that it is of less importance than the male dominated profession, in this case medicine.

There was also an element of striking out or back at the idea that misrecognition was a common feature of secondary school and nurse education that women constantly struggled against. She was particularly struck by this passage *"Most of the participants discussed aspects of their previous academic history. Often this involved poor performance in secondary school, failure to apply themselves in school and/or failure of the school to recognise the learning challenges that they experienced. Several stated that they had not taken school seriously enough perhaps because of a lack of encouragement at that time (1960's to 70's), to pursue a career."*

The feeling of not **'Being academically capable'** she felt was part of the same phenomenon because the self-doubt this suggests rang true for many of the students she encountered. She discussed this in relation to the idea that women no matter what went on were still perceived by the family and others to be the 'homemakers' and care providers and the guilt that is attached to this perception while taking part in personal and career development. She was envious of people (principally men), who could escape that burden because they were supported by wives who did not work or were in part-time employment that meant the 'breadwinner' could escape some of their homemaking responsibilities.

The fact that she knew many couples where this was not the case and 'homemaking' was more of a joint responsibility seemed to make little difference. This aspect of the work was something she thought I could discuss further. She also said that missing out on social life, part of the subtheme **'Outside the workplace'** also resonated strongly with her in her current situation as a doctoral student. The other subtheme she picked up on relevant to her own situation and the students she encountered was **'Perseverance'**, the idea that you had to struggle against the odds and that you were determined to succeed and not give up no matter what occurred.

She also suggested that the theme and subtheme descriptors although descriptive and evident in the work, failed to be eye-catching and maybe I should use stronger and more evocative language as labels.

Appendix 14: Member Checking Out With the Study University

Feedback was again taken via a short interview with each person approached to carry out external member checking after they had read through the data analysis. None of the feedback interviews were recorded. The areas considered and the questions asked as before were adapted from Tracy (2010).

Student Feedback on the Analysis Section.

The second student to review the analysis was a Masters Level student at another HEI in Central Scotland. She would meet the criteria to participate in this study had I collected data at the HEI she is attending. She is in the third year of her Master's in Health Studies. She is a senior nurse in an acute hospital. The interview was held on the 24th. of October 2019.

Which of these criteria for excellent qualitative research do you think this piece of my work shows?

The topic of the research…

- **Is it Relevant, Timely, Significant?** This student thought that the study was relevant to her situation particularly the **'Proving to myself'** and **'Acting as a role model'** subthemes. The overall idea of the overarching theme '**Becoming a Confident Contributor'** did sum up for her what she hoped to be when she graduated from her programme. She thought it was quite a significant study because it did sum up a lot of experiences that she had had herself and that she has heard from other midcareer nursing students on her programme and other midcareer students in her workplace.
- **Is it Interesting?** The student found the study interesting and very relatable to her own situation.

Does it contain sufficient and appropriate:

- **Theoretical constructs. Are they explained well enough for you to understand the findings?** This student thought the study was well explained. She also thought the quotes might have been better placed before the theory but the theoretical explanations did clarify what she read within the quotes. She thought Honneth's (1995) Recognition Theory and Fraser's work on recognition theory were both explained well. The research studies weaved throughout the analysis were also useful to read about.
- **I have sent details of the people interviewed separately. Was there enough information given within the analysis to follow what they say.** The student felt she had good enough information about the participants to appreciate their perspectives.

Is the research marked out by any of these:

- **Thick description, concrete detail, clarification of implied (non-textual) knowledge, and showing/illustrating rather than telling, evidence of crystallization.**

  The student thought the quotes gave a rich description and provided concrete details of participants' thoughts to the reader. Having now read about Recognition Theory she understood how it might be applied to her situation.

Does this research have a resonance? (Does it influences, affect, or moves particular readers or a variety of audiences through its evocative representation, naturalistic generalisations and transferable findings).

This student thought it had a resonance with her overall view of her situation. The subtheme **'Outside the Workplace'** resonated with her experience of being a mum, and juggling the demands of home, work and studying. The idea that you are role model at home had particular meaning for her as she had a daughter in the later years of secondary school. It reinforced the importance of studying with her daughter and being seen to study. She also felt that the experiences from participants at the University where the study was conducted were transferable to the midcareer

students she had met at her university. She also discussed the importance of Peer support 'Inside the Workplace' and support from her partner and family 'Outside the workplace'. She had also experienced the difficulty of being an older part-time student unable to engage with aspects of University life as other student do. Issues that are discussed in the subtheme **'The Learning Environment'**.

Staff Feedback on the Analysis Section

The second lecturer to review the analysis was a senior lecturer at another University in Central Scotland. She is a lecturer on a number of Adult Nursing Care programmes within her own HEI. She has a particular interest in care of people with a common specific long term illness. She has co-ordinates M-Level modules and taught on a number of masters programmes including both Nursing and Midwifery programmes. She has completed her doctoral studies and is nearing retirement herself. This interview was conducted on 30th October 2019.

Which of these criteria for excellent qualitative research do you think this piece of my work shows?

The topic of the research is

- **Relevant, Timely, Significant?** This lecturer agreed that the research was relevant and timely in relation to the continued debate in the UK about the advanced practitioner role and advanced practice. It was a topic she had recently written about.
- **Is it interesting?** She thought that it was interesting to read. Provided some insight into the situation that degree holding midcareer professionals found themselves in and she was particularly struck by the idea of generativity and the degree of altruism that midcareer professionals seemed to show when discussing the theme **'Improving for others'**.

Does it contain sufficient, abundant, appropriate, and complex

- **Theoretical constructs. Are these explained well enough for you to understand the findings?** The lecturer thought that enough information was provided to understand the theories being discussed. She did confer with me about adding more theoretical content in relation to people's responses to being taught traditionally in classrooms, via blended and online learning, but participants were exposed to all three and it would be difficult at this stage to separate out individual comments related to something that participants appear to have accepted as a norm.
- **I have sent details of the people interviewed separately. Is there enough information given to follow what they say.** The lecturer felt that there was too much detail given in the information that was sent and that I could do more to protect participant anonymity. I took this on board and spent time making work roles in particular more difficult to identify.

The research is marked by

- **Thick description, concrete detail, clarification of implied (nontextual) knowledge, and showing/illustrating rather than telling, evidence of crystallization.**

  The lecturer felt that the analysis was appropriately descriptive and detailed. The quotes were particularly powerful in places and allowed her to crystallise her own views on the wider impact that being an older women in a professional role had on the students she encountered. She also felt that more counter evidence expressing other viewpoints might be a useful addition.

Does this research have a resonance? (Does it influences, affect, or moves particular readers or a variety of audiences through its evocative representation, naturalistic generalisations and transferable findings).

The lecturer stated that her M-Level classes seem to be differently composed to mine in that there was a larger number of students aged 25-40 and very few over 45 years in her HEI, and that this pattern had been

consistent at her HEI across a number of years. This observation aside, she felt there was a strong resonance with midcareer students she encountered, particularly her dealings with Masters in Midwifery students at her HEI who in the majority tended to be 45 years and older in contrast to other classes she taught. The Overarching Theme was something she could relate to and the idea that a struggle for recognition was being played out made sense to her and was a powerful way to consider midcareer students experiences. In relation to the themes and subthemes, she thought the theme '**Seeking recognition as a skilled practitioner'** could be clearer, as where or who the 'recognition' needs to come from is not always clarified. However, all four of the associated subthemes had a resonance she could directly identify with within her own students. As mentioned the idea that **'Improving for others'** and the altruistic nature of nurses and midwives and the thinking around generativity that this had exposed, was something she thought was an important finding that could be explored further. The second theme **'The Price of Recognition'** and all the related subthemes were things that she could easily relate to that were apparent in her discussions with older M-Level students. She added that support from **'Inside the workplace'**, like study time and backfill were issues that she felt would feature more in participant discussions. She was struck by the idea of '**Perseverance'** and surprised that the term 'Persistence' seemed to be more favoured within the literature. She agreed that this did not mean the same thing. She was also surprised when I informed her that **'Perseverance'** was the only named theme or subtheme in the analysis that had not come directly from the quotes from a participant within the interviews.