Chapter One: Introduction to the Study

1.1 Introduction and rationale

The issues of recruitment and retention of student nurses, the location of nursing within higher education, the development of graduate level education, and skill acquisition within clinical learning, are common concerns within nurse education across the globe (Holloway, 2000). Within the United Kingdom, Europe, Australia, and America, the difficulties in selecting and sustaining student nurses have been well documented (Buchan and Seccombe, 2005). The International Council of Nurses (2009) highlight a shortfall of 70,000 nurses across Europe, and in many countries the situation is exacerbated by an ageing nursing workforce (Rich and Nugent, 2010). Although the current economic recession has resulted in an increase in applications to pre-registration programmes in the United Kingdom (Atwood, 2009), statistics indicate a long term trend of fewer people wishing to enter the profession (Buchan, 2002).

Following transition into the realms of higher education, nurse education has progressed through a succession of change as it strives to produce competent, efficient and effective practitioners able to work in a constantly changing dynamic clinical environment. The move to a degree based profession within the last decade supports the vision outlined by Modernising Nursing Careers (Department of Health, 2006) and the Darzi Report (Department of Health, 2008), and is even implicit within the manifesto of the Labour Party who promise to:

> *identify skills and support that frontline nurses and midwives need to take a central role in delivering 21st century health services* (Department of Health, 2009)

The drive towards integration of theory with practice is central to nurse education, and is evident within key documents such as "Making a Difference" (Department of Health, 1999) and "Fitness for Practice" (United Kingdom Central Council, 1999). Much is written within nurse education pertaining to the integration of theoretical

knowledge with clinical learning, and this dichotomy between academic learning and professional learning, known as the 'theory-practice gap' informs this study.

Finally, the national agenda within higher education now focuses upon access, accountability and adaptability, and more recently a drive for massification of higher education, equality of opportunity and widening participation (Dearing, 1997; DFEE 1998; Scottish Office 1998; 1999 a; 1999 b; Scottish Parliament, 2002). Furthermore, there is recognition of a variety of professional, vocational and academic qualifications within nurse education, resulting in a changing student profile. A variety of models are available to support the articulation of under-represented groups into higher education (Hill et al., 2006), and the articulation of students from Scotland's Colleges into higher education is central to the government agenda of widening participation (Knox, 2005). For this reason, the researcher decided to recruit a sample of students studying nursing higher education with a background of further education within Scotland's Colleges at a time when nursing is not perceived by the public to be a desirable career option.

1.2 The professional context

Within the author's place of work, a Scottish university, informal reflection among colleagues often focuses upon the contextual framework underpinning curriculum design and delivery- who are our students, what and how do we teach them (or what and how do they learn), and what do we want them to become? Nurse education in the twenty first century is characterised by change, and current debate focuses upon three important dilemmas:

- Nursing is a degree based profession yet needs to respond to the national driver of widening participation

- Nursing is a profession with learning rooted firmly within the domain of higher education, yet there is a desire within nurse education for learning to be situated within the clinical environment

- Nurse education is required to facilitate the development of nurses who meet the demanding requirements of workforce planning and the modernization agenda, yet nurses, educators and the public remain unclear about the role, function and focus of nursing in modern healthcare delivery

These apparent contradictions within nurse education provided the professional framework for this study and assisted in the creation of the research questions.

1.3 The research study

The individual student and how they perceive reality is the focus of this research. The study is an exploration of the influence of pre-entry expectation and the student learning experience upon the perceptions of nursing held by students with a further education experience. Within this study expectations are considered to relate to the future, their expectations of nursing, and their expectations of higher education before commencing the programme. The literature review supports the researcher's belief that expectations are an aspect of perception (While and Blackman, 1998) influenced by image (Takase et al., 2006), and in accordance with constructivist theory, it is understood that expectation and perception are terms which are used to describe how we view ourselves and our world. Similarly, within this study, perceptions relate to the student experience while studying upon the programme. Within this study the expectations and perceptions of respondents are explored to highlight the respondents' interpretation of reality and construction of knowledge. Expectations are significant concepts because they generate decisions, attitudes, perceptions and judgements (Higgs et al., 2005; Oliver, 1996). The research methodology requires respondents to identify and report their pre-entry expectations, and their perceptions while studying on the programme, and these are considered and analysed by the researcher.

The focus of the study subsequently impacts upon the literature review, selection of research paradigm, approach and method. A comprehensive and extensive literature review was carried out because the fluidity and abstract nature of concept formation evolved as a fascinating dimension to the study. In order to capture and convey this

rich and deep data, the use of repertory grid technique has been chosen by the researcher. This method allows the respondents to determine their own range of responses using their own choice of words or concepts, and the use of imagery within the repertory grid formation served to provide consistency of approach for the participants. The study also incorporated use of focus group interviews to create interaction between respondents. The researcher hoped this would add depth to the data elicited from the grids and enhance understanding of the responses.

1.4 Aims and objectives

The aim of this research study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students. In order to achieve this aim the following objectives were identified:

- To critically review literature relevant to student nurse expectations of nursing as a career
- To consider literature pertaining to the student nurse experience of learning within the university and the clinical environment
- To focus upon concepts held by student nurses relating to the role of the nurse
- To examine the experiences, expectations and perceptions of student nurses as they undergo the nurse education programme

To that end the following research questions were devised:

1. **What are the further education students' pre-entry expectations of nursing?**
   a) Why do further education students enter nursing?
   b) What do further education students expect nursing to involve when they start the programme?
   c) How do these expectations change throughout the education programme?

2. **What are the further education students' pre-entry expectations of**

higher education?

a) What do further education students expect nurse education to involve when they start the programme?

b) How do these expectations change throughout the education programme?

3. Which aspects of the student learning experience influence their perception of nursing and nurse education?

a) What are the further education students' experiences of learning within the clinical environment?

b) How does their on-course experience differ from their expectations?

1.5 Thesis structure

Chapters Two and Three provide a full and perhaps all-embracing literature review, investigating the student nurses' expectation of nursing as a career, and their subsequent journey through nurse education. The integration of theoretical knowledge and clinical learning within the university and the clinical environment is explored, and research questions are identified.

Chapter Four provides a discussion of the research questions that emerged from the literature review. Justification of the research design is presented, providing an explanation for the selection of research philosophy, paradigm and methodology. Ethical issues are addressed and issues of validity and reliability are explored.

Chapter Five details the implementation of the pilot study, which was carried out to evaluate the chosen methodology and highlight practical difficulties with data collection. Recommendations addressing methodological issues in the design and implementation of the study are included.

The sample is comprised of ten students with diverse professional and educational background and experience. In order to familiarise the reader with the sample, Chapter Six provides a vignette of each respondent, based upon biographical data and facilitating insight into the unique circumstances of each participant.

Chapters Seven and Eight focus upon detailed reporting and analysis of the findings arising from the study. The chosen research methodology underpins and informs the study, and data generated from the four data sources is explored in relation to the research philosophy. Thematic analysis is utilised to identify emerging themes.

Chapters Nine, Ten and Eleven contain a discussion of the findings generated within this study. The analysis of data casts new light upon the literature review, and this is considered in relation to the research questions of the study. The findings elicited from this study are compared to the findings of other significant studies.

Finally, Chapter Twelve provides a concluding commentary on the study as a whole, including a summary of the key findings. This chapter acknowledges limitations of the study, and includes recommendations for professional practice and further research.

Literature Review

The aim of this literature review is to contextualize the study by analysing literature related to expectations of nursing, the student nurse experience of nurse education, and the further education/ higher education relationship. The literature review is presented in two chapters. Chapter Two discusses the changing student nurse profile within higher education, and the importance of pre-entry expectations upon the perceptions of nursing as a career are explored. In Chapter Three the student experience of academic learning within university and professional learning within the clinical environment upon the perceptions of further education students will be discussed.

The literature was gathered by searching a range of databases including CINAHL, MEDLINE, Pubmed, ERIC and OVID. The following keywords were used: perception of nursing, image of nursing, the nurse curriculum, the clinical learning environment, student nurse experience, theory and practice, student expectation, further education and wider participation. Limits were set to include material written in English, dating after 1987, and material was gathered predominantly from the United Kingdom and Ireland, Australia, Canada, Hong Kong, Finland and Sweden. This date was chosen because it coincides with significant changes to the delivery of nurse education within the United Kingdom as a result of the key report published by the United Kingdom Central Council (UKCC) in 1986. It was felt that this limit would also ensure currency of literature, however, in order to acknowledge the significance of major studies pre-dating this limit, key studies before this date have also been included. Secondary sources were also accessed from material obtained by the initial search.

Chapter Two: Twenty First Century Nursing Students

2.1 Introduction

The aim of this research study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students. This chapter explores the literature pertaining to the current student nurse demographic profile within nurse education today. Students entering nurse education now present with a variety of vocational, professional, and academic qualifications, together with diverse education and professional backgrounds and experiences. Students taking part in this study have experienced further education within variety of Scottish Colleges, studying a variety of programmes, and this study aims to explore the effects of the student experience of nurse education upon the perceptions, beliefs and attitudes of these students.

Within the last decade the national agenda within higher education focused on access, accountability and adaptability, and more recently a drive for massification of higher education, equality of opportunity and widening participation (Dearing, 1997). Literature reviewed within this chapter will explore the implications of this philosophy upon nurse education.

Thirdly, as it emerges that nursing now appears less attractive to school leavers (Hemsley-Brown and Foskett, 2001) this chapter will examine the importance of expectation, perception and image within nurse education.

2.1.1 Clarification of terms

Mature students and non-traditional students

Within the nursing literature the term *"mature student"* has a variety of meanings, however in this study the most common definitions, as presented by Drury et al.

(2008) will be used. These writers report that although there are differences in some countries such as Australia and Ireland, the term "mature student" is most commonly applied to students ranging in age from twenty years to thirty five years. These writers also clarify the term *"non-traditional"* as describing any student entering higher education following a gap from school. Additionally non-traditional students present with a variety of academic, professional or vocational qualifications meeting nurse education entry requirements.

Expectation, perception and image

In this study the author uses the term *"expectations"* in accordance with dictionary definitions, suggesting a strong conviction or belief that a particular event or occurrence will happen or be the case. This is interpreted within this study as beliefs held pre-entry. The term *"perception"* is utilized in the study to denote the manner in which nursing and nurse education is understood, perceived and interpreted. This is interpreted within this study as on-course understanding. *"Image",* on the other hand describes a mental representation that typifies or embodies something or someone to the person concerned. Additionally an "image" is the general picture that someone presents to the public.

Studies within the literature acknowledge the interdependence between these terms, often using the terms interchangeably (Ehrenfield et al., 1997; Harvey and McMurray, 1997; Lindop, 1987; Andrews et al., 2005).

2.2 The student demographic profile

Youssef and Goodrich (1996) write

> *Nurse educators are accountable for devising curricula that produce nurses capable of using critical thinking skills to make appropriate clinical judgements. In order to do this we must take into account the characteristics of the student population we seek to educate* (Youssef and Goodrich, 1996, p. 77)

It is clear to those working in nurse education that the student profile is changing. From the author's professional perspective as a nurse educator, student cohorts now reflect national policy of widening access and increasing equity in provision of higher education, and mature students and non-traditional students enter the programme with different but equivalent qualifications accompanied by varying learning needs.

Although unwise to over-generalize student cohorts, statistics demonstrate a subsequent rise in mature non- traditional applicants to nursing, consequently resulting in an altered student nurse profile. In 2003 evidence suggested the average age of nursing students to be twenty six (Nursing and Midwifery Admissions System, 2003) and a study conducted by the Royal College of Nursing (2008) found that 47% of students in their survey across the United Kingdom were aged over thirty years. Similar demographic trends in other countries, notably Ireland and Australia, have also precipitated a change in student nurse profile. In Ireland, Fleming and McKee (2005, p.230) state that numbers of mature entrants to nursing have increased from 24% in 1999 to 52% in 2002, and in their study of 130 pre-registration students, 78.7% of the mature students (aged 23 years +) entered the programme with previous care experience. Studies conducted in Australia also acknowledge the changing composition of student cohorts in an attempt to address issues of equity of access and provision (Cantwell et al., 2001; Drury et al., 2008; Steele et al., 2005).

In an attempt to address the national agenda of widening participation within higher education, alternative pathways to higher education have emerged. Within further education, access programmes have evolved as a pathway into higher education, acknowledging the importance of personal attributes, and validity of transferrable skills, recognition of professional and vocational qualifications, and respect for life experience (Steele et al., 2005, p. 574).

2.2.1 Mature Students within nurse education

Mature students have been welcomed into nurse education for several reasons. Lowry (1992) proposed that emotional maturity and inbuilt motivation, qualities

recognized by the health service as desirable, often accompany older students who choose to remain in the profession for a longer period of time after registration than younger students (Bond, 1992). Keogh et al. (2008, p.1), write that mature students are well received in nursing because they have a range of educational and work experience, however they also face challenges not experienced by younger students (Ehrenfeld, 1997; Fleming and Murphy, 1997; Lauder and Cuthbertson, 1998; Leonard, 1999). Stressors, some of which are particularly pertinent for mature students include financial worries, lack of support, and family issues, and these are often compounded by academic difficulties, such as essay writing, study skills and time management (Howard et al., 2001).

There is much debate within the nursing literature concerning the success of mature students on nurse education programmes, although Cree et al. (2009), in their study of students commencing a range of arts and social science programmes at Edinburgh University conclude that students from further education entering university with qualifications at Higher National level "are not significantly different" (p.11) from other students. Factors related to successful progression through nurse education include previous education (Ofori and Charlton, 2002, Kevern et al., 1999; Houltram, 1996; Glackin and Glackin, 1998; Harvey and McMurray, 1997) and student support (Levin and Levin, 1991, Harvey and McMurray, 1997). Many studies demonstrate the link between age and academic performance, Kevern et al. (1999) and Houltram (1996) provide evidence that mature students (22 years +) with or without formal qualifications had a higher level of academic performance than younger students. McCarey et al. (2007, p.357) conducted an audit of 154 students to investigate predictive associations between entry qualification, age, gender, attendance and academic performance. The authors also found that mature students performed well, an observation explained by Ofori (2000) as potentially due to a more conscientious attitude, or because these students had a clear career path in mind (Kevern and Webb, 2004). There is also evidence within the literature that mature students lack confidence in their academic ability, often requiring high levels of academic support (Glackin and Glackin, 1998; Shanaghan, 2000). Previous educational experiences of these mature students tend to be pedagogical in nature, teacher led and passive (Quinn 2000), and the work of Ewan and White (1996) suggests that mature students

do not always find it easy to adapt to a learning situation in which they must take responsibility for their own learning.

Earlier studies also note the importance of characteristics such as motivation (Richardson, 1995) and assertiveness (Browne, 1993) upon the performance of mature students. Wharrad et al. (2003, p. 253) reached a slightly different conclusion claiming that students with non conventional qualifications did not perform as well as those with conventional qualifications, however mature students performed more positively. Similarly, in Australia studies also demonstrate that mature students perform well compared to younger students (Archer et al., 1999; Cantwell et al., 2001).

As part of a larger research project into the experience of mature students in nursing, Steele et al. (2005) conducted a small exploratory study of 7 mature students studying an access programme at a Scottish College, and they found that students weighed difficulties and negative experiences against the projected positive outcome of nurse registration…

> *When students faced some form of course–related problem they would transpose this onto this future oriented trajectory. This allowed students to shift their thinking in a temporal sense from the immediate concern to the rewards that would accompany successful completion of the course.* (Steele et al. 2005, p. 579).

Students were observed to have a positive attitude which increased their motivation, and this was identified by Steele et al. (2005) as an important coping strategy. Students used deferred gratification to offset difficulties, acknowledging that the prospect of registration was the incentive to keep going in times of adversity. Self efficacy, defined by Harvey and McMurray (1994) as:

> *beliefs in their effectiveness in accomplishing educational requirements and tasks inherent within the profession* (Harvey and McMurray, 1994 p. 383)

is also recognised as part of this coping strategy, Harvey and McMurray (1994) found that students with a clear self efficacy are known to be more enthusiastic, with heightened self control, supporting the point made by Metzner and Bean (1987) that self efficacy plays a large part in reducing course withdrawal.

2.2.2 Graduate nursing

Variation in demographic profile has also been considered in relation to level of study programmes. Traditionally within the United Kingdom nursing students have studied at diploma level, however as graduate programmes have emerged, changes in student demographic profile have been identified. Murray and Chambers (1990) conducted a study investigating the characteristics of students entering different types of nurse education, concluding that those entering degree programmes differed from those entering traditional programmes at the College of Nursing. Students choosing traditional nurse preparation were female, with a history of nursing within the family, and expressed vocational reasons for wanting to nurse. Students selecting undergraduate programmes expressed less vocational motivation, included males, and appeared less content with existing norms within the nursing profession. Winson (1995) also identified the degree student cohort as different from those studying nursing at diploma level, identifying characteristics such as younger in age, unmarried, possessing sound academic qualifications, and high career goals. Soothill et al. (1994) however, found little difference between students who chose degree education and those who selected diploma level study. More recently, Jones and Johnston (2006) compared two student cohorts within two Scottish universities - one following a traditionally taught programme, the other following a more innovative student-centred programme and found that demographically the composition of the two groups was similar. This suggests that the two programmes were attracting similar students via common articulation routes and pathways.

2.3 Widening participation in nurse education

There is concern, however, that this identified need for graduate level nurse education conflicts with the national drivers for widening participation, potentially resulting in fewer applicants with professional and vocational qualifications (Ousey and Johnson, 2007, p. 153). Although this is accepted by nurse educators as a valid concern, a variety of models are available to support the articulation of under-represented groups into higher education (Hill et al., 2006), and the articulation of students from Scotland's Colleges into higher education is central to the government agenda of widening participation (Knox, 2005). The National Health Service (NHS) modernization agenda (Department of Health, 2006) has a commitment to attracting individuals from under-represented groups within the nursing and healthcare professions, and is charged to demonstrate equity and diversity by attracting people from a variety of backgrounds.

Nurse education has attempted to respond to the national driver of widening participation and widening access, working closely with partners in further education, providing access to higher education for a more diverse range of groups. Nurse education acknowledges the recommendations of the Dearing Report (1997) and its emphasis upon the importance of strong links between further and higher education. The under representation of some groups, particularly students with non-traditional qualifications, within post compulsory education is well documented. A study by Gallacher in Scotland (2006) showed that boundaries between further and higher education have been blurred by national initiatives, collaborative partnerships and articulation arrangements, however students aged 25 years + were underrepresented in higher education. 50% of higher education students in further education 2003-2004 were aged 25 years plus, compared to 20% of undergraduates on first level degrees were in this age group (Scottish Further Education Funding Council, 2005).

Gallacher states:

> *While it has been noted...that further education colleges have had considerable success in widening access, the progression routes*

available to students after study in further education colleges are still limited, and the main opportunities exist in the post-1992 sector. (p. 49).

Studies have shown that articulation links are more likely to exist between further education and post 1992 universities (Maclennan et al., 2000; Osborne et al., 2000) who provide undergraduate programmes for middle class and relatively highly qualified young people, however students with non-traditional qualifications, or students from areas of social or economic deprivation are under- represented. Only 6% of nurses educated in the UK are from minority ethnic groups (RCN, 2003) and although lack of participation in post compulsory education in the UK has been partly addressed by an emerging culture of lifelong learning (Fryer, 1997), under-representation of some groups still exists (Rhodes et al., 2002).

Foskett (2002) writes that wider participation is acknowledged to be key to post compulsory education within the United Kingdom and should not be seen as merely increasing the number and range of those engaged with formal and informal education. However, encouraging under-represented groups to engage in learning activities in any discipline is a challenge:

> *expanding participation of adults and organizations in learning...requires more than simply "selling" learning to them.* (Foskett, 2002, p. 91).

Foskett is suggesting that educational providers, including nurse education providers, need to understand individuals' motivators for learning, they need to develop suitable study pathways, and they need to engage students in active learning and challenge the perceptions of potential students to higher education.

Post Dearing, much research has been carried out to identify which groups of potential students are under- represented in higher education and the barriers that preclude engagement with post compulsory education. The reasons for lack of engagement include lack of pre-entry guidance, qualification frameworks and transfer systems, structural barriers, attitudinal barriers and finance (Watt and Paterson, 2000; Yorke, 1999). These barriers also apply to students entering nurse education, and display a resonance with the student life cycle outlined by the Higher

Education Funding Council for England (HEFCE) in 2001. This concept identifies the six key stages of the student experience - aspiration raising, pre entry advice and guidance, admissions, first year experience, progression through the programme, and employment, stating that support is needed at all these key stages.

2.4 The effect of pre-entry expectations of nursing

It is documented throughout this study that expectations of nursing have an effect upon qualified and unqualified nurses. The most challenging influence of image and stereotype to surface from the literature is the effect upon recruitment to nurse education and the nursing profession. Nurse education today is characterised by an integration of theoretical knowledge and clinical learning, and serves to refine and illuminate perceptions held by students at the start of the programme. Nurse educators must also reflect upon literature that demonstrates student expectation of nursing has a significant impact upon non-completion of programmes. In a study in 1999 by Grainger and Bolan, data revealed that the most commonly cited reason for student withdrawal from nurse education programmes was wrong career choice, and the literature suggests this is due to inaccurate pre-entry expectations (Ehrenfield et al., 1997; RCN, 2008). Harvey and McMurray (1997) found in their study that 81.3% of early leavers reported that the programme did not meet their pre-entry expectations of nurse education as preparation for the nursing profession, and that this discrepancy contributed to course withdrawal. These studies predict that students entering nurse education with potentially erroneous expectations of nursing experience conflict when faced with nursing activities, both within theory and within practice, a prediction supported by the seminal study conducted by Lindop (1987). This key study of students withdrawing from nurse education courses found that many left because their entry expectations differed from reality. Lindop (1987) concluded that this disparity was stressful for students and contributed to their subsequent withdrawal from the programme. In their comparative study of fifty seven students remaining on a nurse education programme, and sixteen students who withdrew, Harvey and McMurray (1997) reported similar findings, however, they concluded that such withdrawal or attrition from the programme was not inevitable

as measures could be taken to alter pre-entry expectations, thus reducing discord between perception and reality.

Many studies have explored the impact of these perceptions upon the career choices of those seeking employment or further education, in an attempt to address issues within nurse education, although often such studies focus upon children and young people rather than mature students. Nevertheless these studies are useful in identifying the public perception of nursing within society today. In 2001, Moore acknowledged the two major disadvantages in attracting young people into nursing were low pay, and inflexible hours. While acknowledging the misrepresentation of nurses within the media, the students in Moore's small scale study of ten teenagers demonstrated a respect and "affection" for nursing, but were concerned about restricted career progression. Similarly, Coombs (2003) studied 37 school children and college students and concluded that potential applicants thought nursing was "moderately attractive" but better pay, greater recognition and flexible working would enhance this flexibility. In a much larger study, Hemsley-Brown and Foskett (1999) investigated 410 young people in schools and colleges and reported that although these young people respected nurses, they had no desire to join the profession themselves. In a review of the literature Neilson and Lauder (2008) also found that the caring role of nursing was seen to be a positive attribute, and a primary reason for choosing nursing, however they also noted negative attributes described by Moore (2001), such as low status, lack of power, low pay and unsocial work patterns. The sample studied by Neilson and Lauder (2008) also claimed to have no wish to enter nursing because they perceived nursing to be second best to medicine, a career which did not allow them to reach their full potential or to utilise their academic achievements. It is evident from the literature that in a society which deems intelligence and academic achievement to be desirable for nursing attracts significantly less status and prestige than medicine (Brodie et al., 2004; Seago et al., 2006), and interestingly medicine is usually the first career of choice for those entering nursing not nursing itself (Hemsley-Brown and Foskett, 1999; Beck, 2000). This finding is significant for nurse educators as it would arguably impact upon attitude, behaviour and self-concept of student nurses.

Lyckhage and Pilhammar (2008) cite evidence that altruism may be the main attraction of nursing rather than independence, creativity, and promotion of ideas. (Barriball and While, 1996; Williams et al., 1997), however this study is unusual in that it also acknowledges two studies which identify more positive benefits of nursing such as opportunities to work abroad (Williams et al., 1997) and the opportunity to demonstrate authority (Webb et al., 1996). In America four hundred and ninety five students were studied to identify influential aspects of the nursing profession upon the students' decision to become nurses, general factors impacting upon that decision, and thirdly the point at which the students made the decision to enter nursing (Larsen et al., 2003). This study also found that the desire to care was the strongest factor in their career choice, followed by a positive past experience of receiving care. Work within the care sector, or influence of a family member working in health care, were also noted as significant. Interestingly, in this study the influence of the media was of less consequence to this sample.

In relation to mature students from further education, many have first-hand experience of a clinical environment, either as a paid carer or as part of a placement provided by the articulating college. Andrews et al. (2005) write that it is therefore possible to deduce that these students will have some preconceived perception of nursing. In an interesting study of mature students in 2007, Miers et al. conducted a qualitative survey from an interprofessional perspective, investigating the motivation of students commencing a variety of health related pre-registration programmes such as radiotherapy, physiotherapy, occupational therapy and nursing, and again at the point of professional registration. 55.1% of the respondents were aged 21 + years, and 55.5% had previous health care experience. The study demonstrated that altruism was an important motivator for all students regardless of age, however students with prior health care experience were less likely to cite altruism as a key motivator, instead acknowledging the importance of prior experience in shaping their career choice. Miers et al. (2007) write that students aged between 21-30 years demonstrated the least altruistic orientation, either because they are more realistic in outlook, or they are unsure about career choice and their reasons for such choices. Respondents aged 30+ years demonstrated more selflessness in career choice, perhaps signifying a more considered approach to late career choice, whereas the

youngest students demonstrated the greatest altruism, explained by the authors as naivety and idealism in approach.

2.5 Perceptions of nursing

The public image of nursing is a powerful indicator of the contemporary value and status of nursing in modern society, defining public expectation and influencing the career choice of potential entrants to the nursing profession. It would appear however, that although many within the public domain have some idea of the role, function and activity of a nurse, this image may be firstly, incongruent with the reality of nursing in the twenty first century, and secondly, negative and pessimistic. A key message emerging from the Darzi Report (Department of Health, 2008a) is that the role of the nurse has become unclear, and recommendations include work to redefine the role, in an attempt to clarify nursing roles and responsibilities in today's society.

The public appear unaware of the extent of change and development within health care delivery over the last fifty years, Buresh and Gordon (2000) write that the public lack understanding of what nurses do. Because of this ignorance, society relies upon traditional stereotypes of nursing to inform their perceptions (Takase et al., 2006). Research demonstrates that student nurses rely upon images from the media to explain their expectations of the role of the nurse (While and Blackman, 1998), and Kiger (1993) demonstrates that although students entering nursing have clear beliefs and images about the role of the nurse, there appears to be little discussion about how these beliefs and images impact upon descriptive or propositional knowledge, and how they shape student nurse perception of working within nursing (Spouse, 2000).

A literature review by Bridges (1990) noted four consistent images of nursing over the last few decades; "attending angel", "battleaxe", "doctor's handmaiden" and "naughty nurse". These images are similar to findings reported by Aber and Hawkins (1992) that nurses are usually portrayed in the media as women aged thirty five or under, unmarried and white. The traditional perception of nursing as a predominantly female group of hand-maidens caring and cleaning for patients reflects the role of the

nurse throughout history (Cunningham, 1999), often accompanied by another stereotypical image of wartime heroines bravely serving their country (Hallam, 1997). In the seventies, eighties, and even early nineties nursing was seen as a predominantly female profession, Kalisch and Kalisch (1982) write that the nursing image in novels was 99% female. Latterly nurses have been depicted in a support role to the medical profession, often as objects of desire or objects of comedy, for example "Doctor in the House", and "Carry on Nurse" (Hallam, 1997).

More recently Ousey and Johnson (2007) question whether the image of nurses as medical helpers also reflects the role of the nurse today as nurses strive to meet the demands of extended roles, acting as assistants to the medical profession in a more elaborate but nevertheless subordinate role. Evidence suggests that modern television dramas such as "Casualty" and "Holby City" continue to have a significant impact upon the perceptions of potential students. A study by Godfrey (2000) revealed that although television nursing dramas were not truthful in their portrayal of nursing and the nursing profession, over half of a group of three hundred students felt these programmes were *"fairly or very accurate"* (p. 28) in their depiction of nursing. It is even more concerning for nurse educators that over twenty five per cent of a student sample in a study by While and Blackman (1998) revealed that expectations of nursing held by these students were based on very little else other than media imagery.

Neilson and Lauder (2008) conducted a study of high achieving school leavers and found that the most influential factor on their perception of nursing is the media, particularly television programmes. These pupils reported very stereotypical gender images consistent with the traditional image of nursing over many decades. From an international perspective, in Taiwan, the portrayal of nurses in the media as less autonomous, less well paid and of lower regard than other health professionals, has contributed to a decrease in the morale of students entering the nursing profession (Lai et al., 2008). In another international study, Lyckhage and Pilhammar (2008) report that despite the popularity of nursing as a career in Sweden, they agree with earlier research claiming that traditional female stereotypes still abound within nursing (Hallam, 1998; Hemsley-Brown and Foskett, 1999). This study concludes

the perceptions, beliefs and expectations of student nurses are varied, often shaped by the media or personal experience of health care, profoundly influential upon personal and professional development within nursing, often differing from the theory and practice of nurse education.

It emerges from the literature that nursing has a negative image in many cultures and societies (Austin et al., 1985; Fulton, 1997; Roberts and Vasquez, 2004), and this negative image is amplified by a combination of inaccurate media representation, medical dominance of healthcare, and disinterested nurses who do little to improve their image (Roberts and Vasquez, 2004). Such stereotypes distort public expectation and are detrimental to nursing for several reasons. They prevent the public from understanding the true essence of nursing with the potential of limiting the use of vital services. Also, stereotypes can be seen to influence the views of those entering nursing, with the potential of reducing applications. Thirdly, they influence nursing self image and professional identity (Kalisch and Kalisch, 1982).

2.6 Summary

This chapter has explored literature pertaining to the student nurse demographic profile, articulation of students from Scottish Colleges to nurse education programmes within higher education, and the influence of expectation, perception and image upon the learning experience of student nurses. The themes emerging from this literature review inform development of the research questions and underpin the chosen methodology.

Chapter Three: Nurse Education

3.1 Introduction

Nurse education has been characterized by change for many years, charting the evolution of nurse education from an apprenticeship model into what is described today as a partnership model. Nurse education in the twenty first century is acknowledged as a shared responsibility between higher education institutions and the NHS (Glen, 2009), and in accord with national drivers, is becoming a degree based profession (Department of Health, 2008a). The essence of nurse education is now more clearly focused upon developing the extensive knowledge base and improving the mastery of technical and clinical skills. Consequently, the philosophy of nurse education today is university based education, supporting the vision of the registered nurse as "a university educated knowledgeable doer" (Carr, 2008, p.120).

3.1.1 Clarification of Terms

Academic learning

Within this study the phrases *"theoretical knowledge"*, *"learning in university"*, *"studying nurse education"* and *"learning theory"* are deemed to refer to academic learning that occurs within the university setting as opposed to the clinical environment.

Professional learning

Similarly, within this study the phrases *"clinical learning"*, *"learning in practice"* and *"learning within the clinical environment"* are deemed to refer to professional learning that occurs in a variety of clinical settings out with the higher education institution.

3.1.2 The 'theory-practice gap'.

Throughout decades of change in nurse education there has been much debate concerning the relationship between nursing theory and nursing practice. The pre-registration curriculum requires students to practise and develop a variety of skills in a variety of settings, and integration of theoretical knowledge and clinical learning is necessary to achieve this. A dichotomy between theoretical teaching within the university, and clinical learning within the practice environment, has existed for many years (Ferguson and Jinks, 1994), attributed by some to the relocation of nurse education from hospital based to higher-education based education (Ousey, 2000).

The conventional belief held by nurse educators pertained to the view that theory underpins practice (Dale, 1994), however more recent views suggest that:

> *Knowledge gained by nurses in the classroom may be perceived to bear little resemblance to what is needed in practice* (Holmstrom and Larsson 2005, p. 153).

This divergence is characterised by disparity between theory taught in the classroom and practice carried out or demonstrated in the clinical environment (Jones, 1975; Gott, 1982), by academics possessing differing values to clinical staff (Melia, 1987), or by differing approaches within the educational model of nursing which replaced the training model (Lathlean, 1994). This tension between theory and practice is characterized by a distinction between "knowing how" and "knowing that" (Cope et al., 2000). Furthermore the application of theory learnt within the university to practice within the clinical environment is the essence of professional learning (Hislop et al., 1996), but the literature demonstrates that higher order thinking and cognitive development of nurse education (Girot, 2000) does not necessarily result in competent nurse practitioners (Cope et al., 2000). Ousey (2000) writes that this gap is neither desirable nor easy to reduce, and is potentially the most arduous task facing nurse educators, and although some writers believe this dissonance will always exist (McCaughtery, 1991) it is essential that nursing knowledge is grounded in clinical practice. Ousey (2000) cites Barnum (1998) who writes:

Nursing knowledge, arising from practice, should shape our theories, and theories, reciprocally, should direct our practice. (Ousey, 2000, p.116).

Further exploration of relevant literature informed the researcher that this dichotomy or tension is not exclusively related to nurse education, but is equally pertinent to other vocational programmes of study. Sfard (1998) argues that the 'formal' acquisition of knowledge and the 'informal' learning in everyday situations are both valid components of the learning process. This philosophy of learning is consistent with the educational theory of situated cognition (Brown et al., 1989) that theory has no meaning if not situated within context, and also with Lave and Wenger's theory of situated learning (1991), in which learning takes place in situ or in context.

Section One - Learning Nursing within the University

3.2 Introduction

Nurse education within the United Kingdom has been characterised by change for many years. The pre-registration programmes of the eighties were typically apprenticeship-based courses focusing upon traditional concepts of illness and disease. Programmes at this time concentrated on essential practice skills such as communication, reflective practice, research awareness, and evidence supporting practice. Criticism of this provision was led by the RCN (1985), and superseded by the new national nursing curriculum. This curriculum was designed as a response to the Fitness for Practice agenda in the late nineties, and anecdotal evidence from nurse educators suggests this was hoped to be transformational. Project 2000 introduced shared, health-based learning, students became supernumerary instead of part of the workforce, and nurse education became education rather than service-led (Crotty, 1993). Depth of knowledge, academic recognition as well as professional registration, and clinical competence were seen as key elements of the new curriculum.

Within nurse education there is anecdotal evidence that this reform in nurse education was not, however, the panacea it was hoped to be. Fitness for Practice (United Kingdom Central Council, 1999) highlighted many issues of concern, claiming that newly qualified staff possessed insufficient clinical skills (Thomas, 2006). The report recommended that nurse education should focus on outcome based competency principles developed by Higher Education Institutions and service providers. The ongoing review of Fitness for Practice identified developments required to ensure students were fit for practice at point of registration, essential skills clusters were introduced to support skills proficiencies, and standards were developed to support students in practice. These curricula developments were an attempt to address the theory – practice divide which emerged as a result of the move of nurse education into higher education (Longley et al., 2007). Similarly updated

standards produced by the NMC (2008) were designed to address the knowledge and skills required in supporting students in their learning and assessment in practice.

Post 2000 nurse education is characterised by partnership between the education institutions and the NHS, responding to national initiatives such as interprofessional working and patient-centred care. Key documents produced by the Department of Health (2008a, 2008b) address education commissioning and workforce planning relevant to higher education delivery of nurse education, debating a need for graduate nurse education the gap between nurse education and the NHS, and calling for graduate nurse education.

3.3 Nursing at graduate level

Within the arena of nurse education there is continuing debate concerning the level of academic award at the point of nurse registration. In America and Australia the advantages of graduate registration have been recognized for several years, however in the United Kingdom the Diploma in Higher Education has traditionally been recognized as the qualification required for registration. Although pre-registration nurse education has been delivered within higher education institutions for many years, studies demonstrate that the majority of students are not studying nursing to degree level, only 4% of nurses graduated from nurse education programmes with a degree in 2005 (Watson, 2006), however in 2008 38% of students in the RCN survey across the United Kingdom were studying for a degree. In recent years however standardisation of level has attracted wide support both in the United Kingdom and internationally as recognition of the intricacy of nursing that requires a corresponding level of knowledge and understanding, and also as acknowledgement of equivalency of nursing to other healthcare professions. Key stakeholders including the Nursing and Midwifery Council (NMC), the RCN and the Department of Health have led the call for a degree based profession (RCN, 2003; Department of Health, 2008a) acknowledging that a degree is now the required qualification of choice. Sheward and Smith (2007) write that discussion has focused on this issue within Scotland with

a national target of 80% of student nurses graduating with a degree at the point of registration by 2005.

The arguments supporting this national driver are persuasive, not least in an attempt to improve the quality of patient care by recruiting and retaining able staff into the profession (Department of Health, 2008a). Nurse education is charged with developing students who are able to provide holistic care to a wide range of patients and service users, by facilitating student knowledge and understanding, improving competence in clinical skills, and developing professional identity. The RCN (2004) writes that a graduate nursing profession is inevitable in order to meet the complex demands of twenty first century health care delivery as nursing practice evolves from medical direction towards being nurse-led. Until recently, nursing has remained one of few health care professions without standardized graduate registration, the RCN (2003) calls for equivalence of qualification with other health care professions in order for nursing to be recognized as a profession in equal standing.

Interestingly it is acknowledged that a move to a degree based profession is not necessarily a panacea to cure-all within nurse education. Taylor et al. (2010, p.240) suggest that the focus upon theoretical knowledge rather than clinical learning implicit within this development is diminishing student practical experience, and many writers claim that newly qualified nurses are entering the nursing profession unprepared for practice (Roberts and Johnson, 2009).

There is also concern that this identified need for graduate level nurse education conflicts with the national drivers for widening participation, potentially resulting in fewer applicants with professional and vocational qualifications. Although this is accepted by nurse educators as a valid concern, it is felt that partnership working to ensure articulation from further education, together with appropriate student support will facilitate non-traditional students to complete the graduate level programme.

3.3.1 Graduateness

The concept of graduateness refers to the development and utilisation of both intellectual and transferable skills that encompass structured reflection, critical thinking, analytical skills (Engle and Clarke 1979), research awareness, creative thought and reasoning strategies (Ashby, 1973). As nursing becomes more "academic" (Granum, 2004), there is demand from the government and from the nursing profession itself to include relevant knowledge, skills and understanding in an attempt to produce nurses who can provide good quality nursing care (Barnett, 1987; Glen, 1994, Girot, 2000). The Quality Assurance Agency for Higher Education in their subject benchmark statements, include skills and abilities such as critical thinking, clinical decision making and problem-solving (Quality Assurance Agency, 2007). Such skills feature strongly within the graduate nursing curriculum, Girot (2000) writes that critical thinking skills are considered necessary within all academic disciplines (Barnett, 1987; Glen, 1994) as evidence of high order thinking and cognitive development, and it is well documented that such skills are required in nursing practice (Brooks and Thomas, 1997). Ward et al. (2004, p. 287) write that

> *One of the challenges facing nurse educators here and abroad is how to progress their student's education beyond learning the fundamental content of nursing towards acquiring critical thinking skills, problem solving skills and lifelong learning skills within a context of application to patient care and service delivery.*

It has been commented that the relocation of nursing into higher education resulted in over-emphasis of theoretical learning over clinical learning (United Kingdom Central Council, 1999). The focus today is upon an interplay between theoretical knowledge and clinical skill:

Nursing today requires an intricate interplay between fundamental care and high level technical competence, bio-medical knowledge and decision making skills and the ability to develop therapeutic relationships based on compassion and holistic and intelligent care (Department of Health, 2008a, p. 9)

3.4 Student nurse expectation of learning at university

Many writers within nursing research acknowledge the importance of expectations of nursing as a profession upon academic work, role formation and clinical performance (Brown and Edelmann, 2000; Leyshon, 2002; Cook et al., 2003; Dubrin, 2004), however the expectations of student nurses regarding nurse education have not been well researched (Zysberg and Zisberg, 2008). This is surprising because within the human behaviour field of psychology expectation is clearly linked to attitude and behaviour (Fitch and Ravlin, 2005) and consequently upon behaviour and performance (Myers, 2002). Zysberg and Zisberg (2008) conducted two studies of students from a variety of programmes to identify whether the expectations surrounding college life of nursing students were the same or different to the expectations of non-nursing students. The study demonstrated that such expectations were similar for all respondents, although nursing students reported an expectation to become better people, and the acquisition of professional skills was a key expectation for most nursing students. There was less emphasis upon academic achievement among nursing students. The writers suggest this may be to do with the academic standing of nursing itself rather than the students. As a result of these studies and the background literature review, Zysberg and Zisberg (2008) concluded that the transition from student to nurse begins with vocational choice, and is influenced by student expectation of the education process and their image of their chosen profession.

A recent longitudinal study of forty five undergraduate students within a traditional university in Scotland revealed that students found the transition from further education to higher education to be daunting, reporting "learner shock" on entering

university (Cree et al., 2009). This suggests that students do not possess realistic expectations of higher education, the shift from teaching and learning within small groups in a supportive environment was underestimated:

> *College was too easy. You were too well supported- right? Here you're just- it's basically, "there you go, and away and do it". I enjoyed it [FE] because it was so easy, you were spoon-fed and you didn't, unless you wanted to, go and find stuff out, unless it was part of the work you had to do.* (Cree et al., 2009, p. 10).

3.5 The nursing curriculum within higher education

Much has been written within the literature reflecting upon the definition, philosophy and ideology of curriculum in both nurse education and higher education, and it is evident that higher education does not exist in isolation of other social structures but must be considered within the socio-political context (Glen, 1994; Caldwell, 1997; Hart; 2004). In a later paper Glen (1999) states that nurse education is directed to respond to political pressures on healthcare delivery such as workforce planning and service improvements.

Thomas and Davies (2006) agree:

> *The development of knowledge in nursing takes place within social contexts and is influenced by history and ideology, mediated by individuals who hold power and control* (Thomas and Davies 2006, p. 576).

Caldwell (1997) states that the educational curriculum is more than just the content of a programme, incorporating teaching methods, the teaching environment, and assessment of learning; the curriculum encompasses the aims and objectives of society, the educational institution and the profession. In 2006, Fraser and Bosanquet studied the concept of curriculum in higher education within an Australian university, and agreed with Caldwell, concluding that curriculum usually refers to the

structure and content of a programme, unit or subject, learning experience, and the interactive relationship between student and teacher.

Within the arena of higher education, QAA (2005) cite the definition of curriculum proposed by Bousquet (1970) as

> *the embodiment of the educational philosophy of the university... what the academic community deems worthy of knowing* (Bousquet 1970, p. 41).

This suggests a more abstract aspect to curriculum, described by Watson (2006, p. 623) as a "higher moral purpose". Within the realms of higher education, learning within university is about thinking at a "higher" level, "freeing the mind", developing an ability to conceptualise, to critically analyse and reflect, and identification of a "new level of self", although educators must be mindful of the potential for "academic drift" (Glen, 1994). This philosophy underpins debate within nurse education concerning the evolution of the curriculum. Following its integration into higher education, nurse education has moved away from the apprenticeship style of teaching and learning with a focus upon the acquisition of skills, described by Thomas and Davies (2006, p. 573) as a "list of learning requirements". Although nurse educators have acquired greater autonomy in curriculum design and delivery, and teaching and learning strategies, the "what and the "how" of the curriculum is driven by stakeholders such as the NMC. Despite this, it appears unclear exactly what should be included within the pre-registration curriculum.

The relentless pace of change within healthcare delivery poses a huge challenge to nurse educators as they consider the pre-registration curriculum. Dalley et al. (2008) cite the observation of Carroll (2005) that medical knowledge doubles every two years, and nurse educators are aware that knowledge and skills may not be current when students graduate. Similarly, there is evidence within the literature to suggest that student perceptions undergo change over the period of studying on the education programme, although there is dissonance concerning the extent of such change. In America Day et al. (2005) used the seminal study on student nurse socialisation by Davis (1975) to reveal that students alter their lay image of nursing to a more

professional image as they are exposed to the challenges of clinical practice. Other studies in the United Kingdom also found such change from a more ideal optimistic perception towards a disillusioned and cynical approach (Melia, 1987; Kiger, 1992; Smith, 1992; Watson et al., 1999; Randle, 2003). In Ireland 64.3% of the mature entrants in Fleming and McKee's study (2005) of one hundred and thirty pre-registration students reported that their perception of nursing had changed. These respondents commented particularly their expectation of the academic component was unrealistic citing that the academic content and standard were higher than expected.

As nursing becomes more "academic" (Granum, 2004), nurse educators are required to reflect upon the experiences and expectations of the new students in an attempt to design an efficient and effective curriculum equipping students to succeed in the nursing profession. There is great demand for nurse educators to include relevant knowledge, skills and understanding in an attempt to produce nurses who can provide good quality nursing care. For example, many believe it is necessary to include graduate skills and abilities, recognized by the Quality Assurance Agency for Higher Education in their subject benchmark statements. These include skills and abilities such as critical thinking, clinical decision making and problem-solving (QAA, 2007). Such skills feature strongly within the graduate nursing curriculum, Girot (2000) writes that critical thinking skills are considered necessary within all academic disciplines (Barnett, 1987; Glen, 1994) as evidence of high order thinking and cognitive development, and it is well documented that such skills are required in nursing practice (Brooks and Thomas, 1997). Girot (2000) conducted a study with a mixed sample of first year undergraduates, fourth year undergraduates, mature graduate practitioners and non-academics, exploring a belief that firstly, critical thinking skills are stronger in graduates than non-graduates, and secondly, that the achievement of graduate status has a notable impact upon decision-making in clinical practice. The study demonstrated that the combination of graduate status and clinical experience supports the development of decision making and critical thinking within clinical practice.

Within the literature, writers talk of an increasingly crowded curriculum. Ward et al. (2004) report on work in England and Wales, indicating that students believe there is undue emphasis on theory, often to the detriment of practice. Nurse academics agree with this observation, Hoyles et al. (2000) write

> *It appears that the pendulum may have swung too far in favour of theory at the expense of practice* (Hoyles et al., 2000, p. 490).

Carr (2008) conducted a qualitative study of thirty seven nurse teachers in a university in London, and reported a tendency for staff

> *to get their thing into the curriculum... they've got masters or they've done post-graduate diplomas and because this is wonderful and exciting they want to put it into an undergraduate programme* (Carr, 2008, p. 124).

Similarly, Dalley et al. (2008) report anecdotal feedback from nurse educators that

> *They have too much to teach and too little time to teach it* (Dalley et al., 2008, p. 63).

There is some evidence within the nursing literature that the overcrowded nurse education curriculum is stressful for student nurses (Jones and Johnston, 1997; Barrow et al., 2002), although evidence within medical education is more prevalent (Kiessling, 2004; Moffat et al., 2004; Moore-West et al., 1989).

3.6 Teaching and learning within nurse education in university

A claim emerging within the nursing literature is that in order to become efficient and effective practitioners, student nurses require both professional and university education (Eraut, 1994; O'Neill and Dulhy, 1997: Banning, 2005). This foundation is essential for the understanding of theory and practice, and development of cognitive and practical skills necessary for effective practice (Cooke and Moya, 2002), however Ward et al. (2004) report that many students believe the importance of theory and concept is over emphasised compared to its application in practice.

It remains clear that the aims of nurse education include the development of practitioners who are confident, capable and competent (Ousey and Johnson, 2007), and the facilitation of a smooth transition from student to qualified staff member in an attempt to reduce potential withdrawal from the profession (Thomka, 2001). Such aims need to complement the demands of service that nurse education provide them with practitioners who can respond to the demands of twenty first century health care delivery, and it is suggested that in order to meet these obligations a range of teaching and learning strategies are required (Banning, 2005). Writers within the literature suggest that although all pedagogies have value (Ironside, 2001) newer more innovative pedagogies such as student-centred or learning-centred teaching go some way to ameliorate these difficulties (Dalley et al., 2008). These approaches transfer the focus from a content heavy curriculum towards a model which encourages students to actively engage in the skills and abilities they are developing (Akey, 2006; Chapman, 2003).

Within nurse education, self directed learning is being increasingly recognized as beneficial in equipping students to cope with the demands of modern health care (O'Shea, 2003), and influential upon the students' wellbeing (Jones and Johnston, 1997; Kiessling et al., 2004; Moffatt et al., 2004). In an attempt to investigate whether this is true for student nurses, Jones and Johnston (2006) completed a survey of two student nurse cohorts, one group were studying on a programme with traditional teaching methods, and the other were following a student-centred, problem-based curriculum. Their findings demonstrated that students who followed a student-centred curriculum had greater wellbeing (they reported less course related concerns and lower levels of distress), but there was little discernable difference between the nursing performance of the two cohorts. Although it is also unclear from this study whether other variables which may potentially impact upon stress levels of student nurses were considered, the findings are useful to nurse educators when considering curriculum design and teaching and learning ideology.

 In a literature review designed to explore the concept of self-directed learning, O'Shea (2003) supported the claim that self-directed learning is based upon the principles of adult learning, stating that mature students are more likely to be self-

directed in their learning than direct entry younger students. This is particularly relevant to the educational experience of students from further education, and interestingly, Cree et al. (2009) write that students from further education are more able to work in groups with their peers because they have been exposed to this teaching and learning style in their previous studies. Similarly, based upon the literature (Slotnik et al., 1993; Thompson and Sheckley, 1997; Kell and Van Deursen, 2000) O'Shea (2003) concludes that teaching preferences are linked more to previous learning experience rather than age.

Other writers also consider the value of self-directed learning. McCarey et al. (2007) found that students who had studied at HN level or above utilised skills and strategies they had developed previously such as self directed study. Spouse (2003a) writes that in order to engage with self directed learning, students need to understand the significance of the learning experience. This is difficult for new students with little or no care experience to underpin their learning who often revert back to the comfort zone of their previous role (Jowett and Payne, 1994). This negative aspect of the socialization process experienced by student nurses often results in re-affirmation of previous norms, values and expectations associated with their previous role (Mackintosh, 2006), and prevention of developing professional role and responsibilities (Greenwood, 1993):

> *This can be characterized by a willingness amongst students to shift their self identity from a oneness with general humanity, towards an occupationally specific viewpoint, becoming proficient in their new role at the expense of earlier ideals, a process which has clear implications for the development of the nurses' caring role* (Mackintosh, 2006, p. 954).

3.7 The notion of caring within the curriculum

Ousey and Johnson (2007) write that the notion of caring is very important within nurse education, although writers are unclear exactly what the concept of caring is (Morse et al., 1990; Paley, 2001; Savage, 1997). As evidenced elsewhere within this

literature review, it is clear to nurse educators that the public believe nursing and caring to be one in the same, however the many changes within modern health care delivery make it difficult for the public to reconcile the diverse role of the nurse with their more traditional expectations of care delivery (National Nursing Research Unit, 2008). This study demonstrates that a "false polarity" has developed between caring and compassion and specialist nursing roles, misinforming the public and leading to numerous criticisms and accusations within the media of nurses failing to care.

A recent quantitative study by Murphy et al. (2009) utilised a questionnaire incorporating the caring behaviours inventory (Wolf et al., 1994) to ascertain whether student nurse perception of caring behaviour altered throughout the period of education. This study found

> *A movement from lay ideas of caring to a more tempered idealism as part of a model of professional caring…* (p. 261*).*

This is an important study because it demonstrates that a small shift in caring behaviour is evident from a high baseline of expressive caring at the commencement of the programme to a slightly lower one at the end of the programme. The key point here is that care behaviour diminishes over the educative period, a worrying conclusion for all involved in nurse education, and although literature is limited in this area there is a trend emerging to support this belief. Grainger and Bolan (2006) cite a study by Toth (1998) which reported no significant variation in attitudes of students across a nursing programme, however Manninen (1998) reported changes in student nurse perception reflecting curriculum content, and Arthur and Thorne (1998) note the development of a professional self-concept as they progress through the programme. In their own study of three hundred and thirty students in Canada, Grainger and Bolan (2006) supported Toth (1998) noting that in the total scores on the questionnaire there appeared great similarity between first year and fourth students, however further analysis revealed that first year students held more idealistic views and fourth year students were not so convinced that nursing is a valued profession. Grainger and Bolan (2006) write:

Graduating students may feel some dissonance between what they have learned, what they value and what they are seeing in practice... (p. 43).

The implication of this observation is that nurses entering the profession may be disillusioned and disheartened, an important conundrum for nurse educators. Furthermore, a study by Brodie et al. (2004) used descriptive and inferential analysis to determine how theory and practice affected students' perceptions of the nursing profession while studying on diploma and degree programmes. The authors concluded that by qualification 69% of the students' perceptions had altered, significantly for the worst. These negative perceptions were influenced by factors such as erroneous public perception of nursing, low staff numbers, poor working conditions, discord between theory and practice and lack of support. Brodie et al. (2004) found that many students were overwhelmed by these challenges, expressing concern that academic rigour and clinical proficiency were not recognised in comparison with other health professionals. The study concurred with other research findings that many student nurses entered education with little comprehension of the academic rigour and clinical requirements, and with unrealistic beliefs that nursing required common sense rather than academic application (Howard, 2001; Webb, 1996; O'Brien, 2008). Carr (2008) suggests that in order to reconcile these unrealistic beliefs student nurses need to have a clear perception of nursing, the nursing role, and how to be a "real nurse", and the nursing role should be the most influential factor upon design of the pre-registration curriculum.

Section Two - Learning nursing within the clinical environment

3.8 Introduction

Much has been written acknowledging the importance of clinical learning to student nurse learning (Lee, 1996; Dunn and Hansford, 1997; Nolan, 1998; McAllister, 2001), and although the clinical environment is constantly changing and evolving, education in practice remains crucial to the student experience (Midgley, 2006).

Within nurse education students spend fifty per cent of their programme learning within the clinical environment. This has long been recognised by teachers and students to be a valuable experience, indeed many studies conclude that students reported the placement in practice to have the most impact on their education (Kelly and Courts, 2007; Macleod Clark et al., 1997). Furthermore Yong (1996) found the first placement experience served as confirmation of their correct choice of profession. White (1999) used questionnaires and focus groups with forty seven pre-registration students in Wales, exploring the influence of clinical experience throughout nurse education upon career choice on completion. This study reiterated previous findings that students held perceptions and expectations of nursing based upon personal experience, media images, and contact with other health workers. Similarly, Marsland and Hickey (2003) investigated the specific career pathways within healthcare delivery following completion of nurse training and found that placements usually broaden student nurses' views of specialities rather than discouraging them.

The RCN demonstrated the importance of high quality placements, revealing that 39% of students in their UK sample considered clinical placement as a factor in their decision to leave the course. In a study in 2002, Koh reported student perception of learning in the clinical environment identified three advantages - improved integration of theory and practice, greater reflection on practice, and strengthened student and peer support. These are key themes throughout placement learning (Alexander, 1983; Dale, 1994; Hislop et al., 1996). A central tenet of learning within

the clinical environment is that students should link relevant theory to clinical practice, and reflection on experience results in significant learning (Koh, 2002).

3.9 The clinical environment

Traditionally within nurse education student supervision has followed either the facilitation model or the preceptor model, although in Australia clinical education units and dedicated education units are now an alternative. Within the facilitation model one nurse facilitates several student nurses across several wards or learning environments. In the UK and America the preceptor model is more popular; a student nurse is allocated to work with a qualified nurse within the same clinical area, and this preceptor facilitates student learning. This model is recognised for adding value to the learning experience (Henderson et al., 2006), students feel part of the team, they interpret the learning as individualized to their needs, and they view the relationship between themselves and the preceptor to be a partnership rather than a traditional teacher/student role (Spouse, 2000).

Many quantitative and qualitative studies have been conducted measuring the quality of the clinical learning experience (Dunn and Hansford, 1997; Chan, 2001; Saarikowski et al., 2002; Papp et al., 2003). Most are cross-sectional studies within the United Kingdom, Australia, Canada, Finland and Hong Kong, reflecting an attempt to evaluate the efficiency and effectiveness of clinical learning. Some provide insight into career preferences of students at registration (White, 1999; Marsland and Hickey, 2003), others use evidence to devise clinical education benchmarks (Clare et al., 2003), and a number design scales or instruments to evaluate experience within the clinical environment. The clinical environment serves as the classroom, or the learning environment for the students, and has significant impact upon learning and consolidation of knowledge and skills. Improving the clinical environment will potentially improve the learning experience (Fraser, 1994). Traditionally the learning environment has been explored by observation, or by case study, and more recently by student and/or teacher perception. Fraser (1994) suggests that students are in a good position to form opinions because they have experienced a

variety of learning environments throughout their educational experience. Hart and Rotem (1995) identified a need to develop a validated instrument to assess the learning environment during the student placement. Following an extensive review of the literature on classroom learning environments and clinical earning environments, Chan (2001) developed the Clinical Learning Environment Inventory (CLEI) for this function. The College and University Classroom Environment Inventory informed the framework and a dual design was developed to measure student perception of the psychosocial characteristics of the actual learning environment, and also the preferred or ideal environment. The tool is in the form of a questionnaire containing six categories, rated using a Likert-type scale. Assessments of the actual and preferred learning environment are considered and strategies can then be designed to minimise identified differences or discrepancies (Chan 2002). There is significant literature concerning the utilisation of this tool (Chan, 2002; Chan and Ip, 2007; Henderson et al., 2006). Chan (2002) conducted a study of second year pre-registration students at a university in Australia, demonstrating that personalisation (interaction with staff and concern for student's welfare) was seen to be the most important or desirable requisite of clinical learning. This was followed by student involvement and task orientation. Similar findings are reported in Chan's later study in 2007. This was a larger sample of 303 students across three years of a four year pre-registration programme within a university in Hong Kong, and the findings are compatible with Chan's earlier work. Utilisation of the CLEI tool demonstrated that the mean scores for all categories relating to the preferred learning environment were higher than the categories relating to the actual learning environment. Henderson et al. (2006) used the CLEI to assess undergraduate perception of the psychosocial characteristics of the clinical learning environment within the three prevalent models of clinical supervision in Australia. The study concluded that the preceptor model of supervision evaluated well in all categories of the tool, supporting the claim that this model promotes a strong partnership relationship between student and preceptor (Spouse, 2000).

Chan and Ip (2007) write:

One major assumption of learning environment studies is that better understanding and improvement in teaching and learning can emerge by examining the ways that the students interpret the learning environments since students ultimately respond to what they perceive to be important. (p. 682).

In other words it is essential that the findings of these studies are used to minimise the disparity between the students preferred and actual clinical learning environment. As Orland-Barak and Wilhelem (2005) write, literature demonstrates that learning a practical skill is challenging and complicated (Calderhead, 1991; Hollingsworth et al., 1993; Smagorinsky et al., 2004). Such a rich learning environment provides opportunity for students to develop a range of psychomotor, affective and problem-solving skills enhancing knowledge, skills and attributes relevant to clinical situations (Chan, 2001). Literature demonstrates that within the clinical learning environment it is probable that students will develop a positive sense of nursing as a result of their own positive experience (Saarikoski et al., 2002). An interesting relationship exists between student enjoyment of a clinical placement and its benefit as a learning experience. Dunn and Hansford (1997) found that a student who enjoyed a placement would be more likely to identify and explore learning opportunities, therefore the relationship is self reciprocating, a positive experience is both a cause and an effect of student satisfaction. It is well documented in the literature that a positive ward environment enhances patient care, with positive relationships existing between both patients and qualified staff, and between students and qualified staff.

3.10 Influence of staff upon learning

The transition of nurse education from hospital to higher education is characterised by a change in role for nurse educators and teachers. The emphasis upon clinical teaching and student supervision shifted from the nurse teacher or nurse tutor to clinical staff (Saarikoski, 2002; Ramage, 2004; Grant et al., 2007). Similarly, with the emergence of practice education facilitators, lecturer practitioners and mentors

within twenty first century health care, the traditional role of the ward sister or ward manager in supporting and supervising student learning may be seen to have been passed to other staff involved in preceptorship of students.

Historically, classic studies in the eighties identified the importance of clinical learning, and in particular the importance of the ward manager (Orton, 1981; Fretwell, 1982; Ogier, 1982). More recently Dunn and Hansford (1997) carried out a mixed methods study using a clinical learning environment scale and student interviews to identify characteristics of the clinical learning environment of students within the sample, concluding that positive staff- student relationships were crucial to student learning. Students expect and desire trained staff to engage with them in their learning, citing rapport, teaching and access to learning opportunities as important (Dunn and Hansford, 1997). The study concurred with findings of these earlier studies (Orton, 1981; Fretwell, 1982) demonstrating that staff were expected to be actively involved in teaching. When this was the case, staff were found to be highly influential upon the learning of the students. Today this role is more usually filled by mentors or preceptors. Spouse (2001) cites the work of McKenzie (1991) in Scotland and her own study in England in 1998, which support the claim that students adapted better and learnt more within clinical settings when receiving effective mentorship and support. The efficiency and effectiveness of mentoring is well documented within the literature, Spouse (2001) writes:

> *when students received good support from their mentor and established a strong and trusting relationship they settled into their placement quickly, developed confidence and learned to recognise the relevance of their epistemic knowledge to their practice* (p. 517).

It remains evident that learning in the clinical environment relies upon the skills and support of the mentor to encourage the student to reflect upon theory and practice thus facilitating learning. Although this is not the main focus of this study, it is worthy of mention when considering the influence of staff upon student nurse perception of the clinical learning environment.

3.11 A sense of belonging

It is also evident within the literature that the clinical learning experience may be difficult, stressful and confusing for students (Campbell et al., 1994; Kleehammer et al., 1990; Timmins and Kaliszer, 2002; Clare et al., 2003), and more worryingly, impacting negatively upon the perceptions and expectations of student nurses (Pearcey and Draper, 2008). Levett-Jones et al. (2007) state that these difficulties are complex and enduring, often grounded in feelings of hostility and a sense of not fitting in. Chan (2002b) found that students were more comfortable, or less anxious, once they engaged or became involved with ward activities, and this view is supported by literature over the last fifty years, particularly within social science, exploring the importance of the concept of belonging. Maslow (1954) is synonymous with the concept of needing to belong, and many studies have explored the need to be included in groups (Mooreland and Levine, 1989; Hagerty et al., 1992; Baumeister and Leary, 1995; Somers, 1999), and conversely, the effects of exclusion from the groups including low self-esteem, anxiety, stress, depression, and unhappiness (Anant, 1967; Sargent et al., 2002; Lakin, 2003). Somers (1999) has developed the definition of belongingness proposed by Baumeister and Leary (1995) as:

> *The need to be and perception of being involved with others at differing interpersonal levels…which contributes to one's sense of connectedness (being part of, feeling accepted, and fitting in), and esteem (being cared about, valued and respected by others), while providing reciprocal acceptance, caring and value to others.* (p. 16).

Similarly, Levett-Jones and Lathlean (2008) write:

> *Belongingness is a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group* (p. 104).

In 1992, Clark noted that weak sometimes meaningless relationships within the clinical environment often resulted in students acquiescing, fitting in and complying with the status quo. Other studies concur with this observation (Hart and Rotem, 1994; Champion, 1998; Nolan, 1998; Levett-Jones and Lathlean, 2008; 2009) reporting that students act in accordance with procedures and practices, even against their better judgement, in order to fit in and be accepted. Champion (1998) conducted a small study with eight new students, and demonstrated that all the students acted as "chameleons", constantly changing and adapting to fit with the environment. In another small scale study, in Australia, Nolan (1998) interviewed second year student nurses, and found that conformity was necessary in order for the students to "survive" within the clinical environment. In a more detailed study, Levett-Jones and Lathlean (2008; 2009) used semi-structured in depth interviews with twelve third year student nurses from Australian universities and six third year student nurses from universities within the United Kingdom, and their findings supported these smaller studies. One respondent explained:

> *I have seen some manual handling manoeuvres used that we are taught are banned and shouldn't be used. But I am only a student, who am I to criticise. So I don't say anything because I don't want to rock the boat. You think, well, I need to pass and I don't want people to hate me- that's the thing*. (Levett-Jones and Lathlean, 2009, p. 5).

Within this study two mature students explained that they did challenge poor practice. They felt able to do so because positive contextual and interpersonal factors such as feeling safe within the clinical team removed the "threat" of alienation or ostracism, however emotional factors such as embarrassment, fear and shyness often prevent younger students from voicing concerns or seeking support (Evans and Kelly, 2004). The authors also noted that younger students (less than 25 years of age) reported greater emotional stress than students aged twenty six years plus.

Studies exploring the importance of belonging within the clinical learning environment also demonstrate its effect upon learning. Many writers recognise that the consequences of alienation, exclusion or lack of sense of belonging – anxiety, stress, low self esteem and depression hinder learning (Kleehammer et al., 1990;

Nolan, 1998; Timmins and Kaliszer, 2002). In Levett-Jones and Lathlean's study (2008) respondents indicated that learning was enhanced when they felt welcomed and part of the team:

If you feel you are not wanted or they (the nurses) don't care whether you are there or not, it is disheartening and you are like, "what is the point of me trying to learn: they don't acknowledge me, they don't want me here." But when you feel welcome and as if they really want you there, you try harder and are more motivated to do well. (Levett-Jones and Lathlean, 2008, p.107).

These studies demonstrate that for many pre-registration students the need to fit in, the need to belong, is the dominant overriding concern throughout the clinical learning placement. Twenty years ago the often quoted study by Melia (1987) revealed that nurses were obsessed with "getting the work done", "learning the rules", and "fitting in". It emerges from the literature that this is still the case within the clinical learning environment today, Rautopuro and Vaisanen (2001) stated that integration into the academic and clinical culture associated with nurse education is particularly important for mature students. Chesser-Smyth (2005) carried out a study exploring the lived experience of student nurses on their first clinical study. She found that students reported the experience in both positive and negative terms, highlighting the need for respect and concern for others in order for students to develop confidence and feel useful. Similarly, in an Irish study (Mooney, 2007) found that student experience of clinical learning was far from satisfactory. Twelve newly qualified nurses reflected upon their pre-registration experience, concluding that their experience did not prepare them for work as a qualified nurse. They often felt outsiders, uninvolved, and with limited teaching or supervision…

As a supernumerary student I was always like a shadow following whoever (the preceptor) I was latched onto that day. I felt in the way a lot of the time... (Mooney, 2007, p.1613).

For Pearcey and Draper (2008) the most noticeable feature of clinical placement was paperwork, routine tasks and communication. Most of the responses alluded to

excessive paperwork and insufficient patient contact (from the students' point of view) suggesting, according to the authors, dissatisfaction with the prevalence of such values. Such disparity between student ideals or values and actual practice is cited by Pearcey and Draper (2008) to account for attrition from the nursing profession …

> *The values of caring and compassion and kindness are passed on and reaffirmed by example, and if examples are diminished, then values of future nurses (students) are compromised with resulting stress. This may be of particular importance in the development of a professional nursing identity and for the future of nursing* (p. 600).

Pearcey and Draper (2008) acknowledge that the values of student nurses should be accepted and documented by nurse educators in order to alleviate conflict as a result of such discord between a desire for technical mastery and recognition of true caring qualities.

The belief that students conform to practice regardless of whether it is correct or not is worrying for nurse educators as they endeavour to develop competent and professional practitioners able to perform within modern health care delivery.

In a Scottish study Kiger (1992) found that as students become socialised in the nursing culture they internalise and assimilate perspectives demonstrated by their professional colleagues, and Watson et al. (1999) reported that student nurses altered their role perception to match that of their colleagues, often in order to match the norms and expectations of the clinical environment and the personnel who work there.

3.12 Supernumerary status

The thorny issue of supernumerary status for students emerges as part of, and alongside the issue of belongingness within nurse education literature. As discussed above, alienation of students results in diminished learning (Kleehammer et al., 1990; Nolan, 1998; Timmins and Kaliszer, 2002), and literature suggests that

alienation of students within the clinical environment is often caused or aggravated by their supernumerary status.

Following recommendations by the United Kingdom Central Council (UKCC) in 1999 and transition of nurse education into higher education, nurse education adopted a model of supernumerary status for students during the clinical learning experience. This model was intended to focus upon learning needs rather than service needs (Endacott et al., 2003), and replaced the apprenticeship approach characterised by student nurses "learning on the job". Traditionally nurse education favoured an apprenticeship model of education, students were workers rather than learners adhering to the socialisation process, of "getting the work done", "learning the rules", and "fitting in" (Melia, 1987) as previously discussed. Supernumerary status was introduced as a response to criticism of the nurse education process (UKCC, 1999) aiming to develop and promote self directed learning and the development of skills and knowledge required by a knowledgeable doer (UKCC, 1986).

The concept of student supernumeracy is underpinned by the educational debate concerning the importance of learning "how" and learning "that". Historically within the clinical environment, learning was based on a behaviourist approach, focusing upon "knowing how" to perform procedures, "knowing how" to nurse. Within the educational institution learning focused upon "knowing that", based on an understanding of theories, principles and research (Holloway and Penson, 1987). In a qualitative study involving sixteen staff nurses in Ireland, Hyde and Brady (2002) reported that staff found the supernumerary students to be disproportionately concerned with "knowing that" rather than "knowing how". One explanation for this may be the confusion surrounding the role of supernumerary status, among both academic and clinical staff, and a definition of the term itself. Elcock et al. (2007) write that confusion concerning understanding of the term "supernumerary" is evident within may research studies, and multiple definitions are evident within the literature. McGowan (2006) creates a definition based upon the work of Paton and Cook (1994):

> *Supernumerary status may be defined as the process by which essential practical nursing skills are developed in supportive learning environment*

facilitated by an experienced member of nursing staff. This model of supernumerary status and mentorship is predicated on the assumption that a one-to-one relationship facilitates learning and socialisation into the nurse's role (McGowan, 2006, p. 1100).

In an interesting study in 2006, McGowan interviewed sixty student nurses to identify their perceptions of supernumerary status. The study demonstrated, perhaps unsurprisingly, that the students also were confused about the interpretation of their role, reporting that rather than feeling part of the team, they were often expected to carry out menial tasks within the clinical environment.

It emerges from the literature that one misinterpretation of the concept of supernumeracy is that students are primarily observers (O'Callaghan and Slevin, 2003), and this misunderstanding often results in loss of learning opportunities (Downes, 2001; Hyde and Brady, 2002; Endacott, et al., 2003; McGowan, 2006). Observation and participation are both required to facilitate student learning, and this confusion has been identified as a cause of negativity and alienation of student nurses within the clinical learning environment, often resulting in students no longer being considered to be part of the workforce, excluded from the nursing team (Joyce, 1999). Hyde and Brady (2002) conducted a study exploring staff nurse perceptions of supernumerary status of students studying on programmes post Project 2000, compared with rostered service of students studying on traditional programmes. The existence of both models within the clinical learning environment led to uncertainty about student role. Rostered students were perceived to be more interested and more motivated because staff were clear about their role, their part within the team and the expectation that they were there to gain clinical responsibility. The study concurs with the earlier findings of Watson and Kiger (1994) that supernumerary students had "visitor" status "breezing in and out" (Hyde and Brady, 2002, p. 628). In her study of student nurses, clinical staff and nurse teachers, Joyce (1999) also found differences between the treatment of traditional and diploma students. Positive examples of this dichotomy include evidence that supernumerary students participated in a wide range of activities such as visits out with the expected learning spectrum, to other departments and wards. Negative examples include comments that

diploma students were made to feel inadequate, due, they believed to the lack of understanding or preparation of staff within the clinical area. Midgley (2006) writes

> *A fundamental principle and expectation of nurse education and training is the preparation of the learner for a professional role. The clinical field provides a unique and pivotal role in this preparation...it is in the clinical field that students learn to care, thus it is important they feel valued and have a feeling of self-worth...* (p. 343).

It emerges within the literature that supernumerary status is often associated with age, and implicitly mature students. In a study in Ireland, Chesser-Smyth (2005) investigated the lived experience of fifty two student nurses on their first placement. The sample included direct school leavers, and mature entrants with care experience, and the age range was 18-47. The study revealed many similarities in the student experience, and also some differences. Significantly some of the older students in this study felt they received more respect because of their age, age seemed to be synonymous with experience. Other studies also demonstrate that older students received more respect (Chan, 2001; Randle, 2003; Chesser-Smyth, 2005) and students found this rewarding. Keogh et al. (2008) found in their study of thirty six psychiatric nursing students in Ireland that mature students were afforded greater responsibility by qualified staff because of their age. It appears within this study that staff assumed mature students were more competent than younger students:

> *I was left with two other student nurses and they were both younger than me, I was told I was in charge of the ward even though one was a year ahead of me...* (Keogh et al., 2008, p. 3).

In this study some mature students felt age was a disadvantage, they were often unfairly expected to do something because they were older, others felt it an advantage to be older and considered more experienced as it provided an opportunity for greater learning:

> *In favour of the mature students I would say you do get to do more things I think because people's expectations are different. I am glad to be able to do that* (Keogh et al., 2008, p. 3).

Literature suggests that the supernumerary status of students also impacts upon their learning within the clinical environment. Elcock et al. (2007) write that supernumerary status was introduced in an attempt to improve student learning, however it emerges from the literature that confusion within academia and the clinical learning environment has significant implications for student learning. Literature demonstrates that students need support in directing their learning (Jowett et al., 1994; Spouse, 2003) especially if they are inexperienced. Preparation and orientation is required to facilitate this learning. Students require skill in fitting into the social and organisational structure (Orland-Barak and Wilhelem, 2005) however Elcock et al. (2007) report that nurse education is not addressing this need. As a result the learning experience of students is diluted, and self-directed learning, a desirable outcome of supernumeracy (Watkins, 2000), is challenged. As a response to other literature concerning supernumerary status, Joyce (1999) used an action research approach resulting in the development of a framework for implementing supernumerary learning incorporating knowledge, skills and attitudes skills and attitudes within a taxonomy of observation, participation and identification. Joyce (1999) identified student progress through the taxonomy from one level to another as they proceed through the undergraduate programme.

3.13 Socialisation and transition

The impact of supernumerary status upon socialisation is also well documented. Rush et al. (2008) write that it is essential to ensure students are fully assimilated into nurse culture as they progress from newcomer to insider. The clinical learning environment serves as an induction into the routines, norms and expectations of the nursing profession (Dunn et al., 2000), and this socialisation, from commencement to completion of nurse education and beyond into newly qualified status, is characterised by transition (Holland, 1999). The transitional experience of student nurses has been described as a journey of beginning, characterised by adjustment, stress, growth, and differentiation (Holland, 1999), developing during the preregistration programme (Walker, 1998; Cantrell and Browne, 2005) and resulting in transformation (Nash et al., 2009).

Research demonstrates that students entering nursing without care experience are faced with shock and confusion as they become aware that their perceptions do not reflect reality (Gray and Smith, 1999), and the lack of nursing knowledge and experience of the clinical setting causes stress for new students without health care experience (Boychuk-Duchscher, 2001). The care experience of others afforded them some insight into the clinical environment reducing the fear of the unknown, and Glackin and Glackin (1998) write that the maturity of older students supported them and enabled them to function more efficiently within the clinical environment. Consequently these students were more confident, feelings of inadequacy and failure were less evident (Chesser-Smyth, 2005; Admi, 1997) and students appeared to be less stressed. Admi (1997) conducted a study investigating nursing students' stress during the first clinical experience, providing evidence to support his hypothesis that students with previous nursing experience reported less stress than students lacking similar experience. The strange and often alien experiences of new students during their first clinical experience are influenced by the individual's previous knowledge, experience, contextual cues, disposition, attitudes, beliefs and expectations (Mishel, 1988; Rotter, 1966). Stress is often heightened by fear of the unknown, or situational uncertainty, Mishel (1988) writes that if knowledge and informed concept formation is missing, students need to rely upon inference and illusion processes to create their idea of reality.

The clinical learning environment continues to be significant to the socialisation of student nurses as they progress to registration (Ousey, 2000). Cope et al. (2000) describe socialisation into the "community of practice" or the clinical team, as two dimensional, involving "social acceptance" and "professional incorporation", and transition, from a state of relative ignorance to a point of being accepted by the team, is eased by effective relationships with staff. Student sense of belonging, and confidence to engage with others is enhanced by such relationships (Spouse, 2001). Literature demonstrates that mentorship, or working closely with a qualified member of staff, enhances the transition process (Chow and Suen, 2001; Jones et al., 2001). Gray and Smith (1999) conducted a three year, grounded theory, longitudinal study investigating the importance of mentorship and supernumerary status within clinical learning environments, and concluded that successful mentoring is more influential

on learning experience than supernumerary status. This study outlined student nurse progression through a hierarchy or sequence of stages as they experience professional socialisation into nursing. Gray and Smith (1999) describe the first clinical experience as characterised by anticipatory anxiety and fear of the unknown (Bradby, 1989; Kleehammer and Keck, 1990; Jowett et al., 1992). Conflict exists when the students realise their early perceptions or expectations do not fit with reality. As students learn about "getting the work done", "learning the rules", and "fitting in" (Melia, 1987) anxiety is replaced by a feeling of "being useful". The authors found that as students become masterful in basic skills and tasks, they conceive themselves to be nurses, and as they progress through the education programme they become more competent and more aware of what nursing involves. Beattie (1998) states that mentors are particularly important at this stage of the student "journey", and are required to facilitate transition and promote socialisation. Supernumerary status is surrendered as they prepare to become registered nurses and new anticipatory anxiety or fear of the unknown begins as they contemplate new roles and responsibilities. This study is not unique in approach, an earlier study by Windsor (1987) also highlighted stages of transition experienced by student nurses characterised by "anxious beginner", "make or break", and then "confident", and Beck (1993) labelled corresponding stages as "anxiety", "abandonment", "reality shock", "viewing self as incompetent", "doubt", and finally "uplifting consequences". However, the findings of such studies are significant, enhancing nurse educators' understanding of the socialisation process and highlighting that, as discussed earlier, not all learning within the clinical learning environment is positive (Hart and Rotem, 1994; Nolan, 1998). It therefore follows that socialisation and transition is not always smooth. Obstructive factors such as negative attitudes, confusion about role, lack of learning opportunity impact upon student experience. Literature demonstrates that nursing still fails to "acculturate" undergraduates (DeBellis et al., 2001), and despite all the literature concerning socialisation, student nurses still grapple to understand their role and to fit into the clinical environment (Ousey and Johnson, 2007).

3.14 Summary

This chapter has considered evidence within the literature relating to the student nurse experience of learning to nurse within the university and the clinical learning environment. The literature presented within this chapter serves to inform the development of the study by contextualizing the research questions against a backdrop of the professional learning and academic learning that occur within nurse education.

Chapter Four: Methodology

4.1 Introduction

The contextual framework of this study has been shaped by reading and consideration of research paradigms and approaches and is reflected throughout the project. The purpose of this research is exploratory; the study aims to find out what is happening, to explore current phenomena, and to generate ideas and theories. This chapter explains the research methodology, research methods and data analysis which informed the study.

4.2 Research aim

The aim of this research study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students.

4.3 Research Questions

1. **What are the further education students' pre-entry expectations of nursing?**
   a) Why do further education students enter nursing?
   b) What do further education students expect nursing to involve when they start the programme?
   c) How do these expectations change throughout the education programme?

2. **What are the further education students' pre-entry expectations of higher education?**
   a) What do further education students expect nurse education to involve when they start the programme?
   c) How do these expectations change throughout the education programme?

3. **Which aspects of the student learning experience influence their**

perception of nursing and nurse education?

a) What are the further education students' experiences of learning within the clinical environment?

b) How does their on-course experience differ from their expectations?

4.4 Methodology and Methods

A variety of qualitative methods are used within the domain of nursing and education research, however the use of repertory grid technique has been chosen by the researcher because it allows the respondents to determine their own range of responses using their own choice of words or concepts. The aim of this research study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students thus repertory grid technique has been chosen in order to obtain rich data and deep analysis. The study will also incorporate use of focus groups to create interaction between respondents. The researcher hopes this will add depth to the data elicited from the grids and enhance understanding of the responses. A case study is used to support the contextual framework because case studies often demonstrate how individuals respond or react to certain situations or conditions (Houser, 2008).

4.4.1 Selection of Methodology

For many years research in nursing and nurse education has traditionally been quantitative in nature and design (Holloway and Fulbrook, 2001; Parahoo, 2006), the research approach providing statistical data and evidence to inform and underpin policy and practice. However, the emergence and popularity of the social sciences, and a concern with how people perceive and understand the world in which they live, have resulted in the development of new research methods and methodologies under the umbrella of qualitative research.

There are several meaningful differences between quantitative and qualitative methodology. Quantitative research is concerned with measurement and testing, investigating the cause and effect relationship between identified variables, and is

most commonly associated with the positivist paradigm, an approach which attempts to utilise the natural science model of research to investigate within society (Denscombe, 2003). This research paradigm attempts to identify pattern and regularity within the social setting with the use of scientific methods. Qualitative research is a systematic approach to describe life experiences and interpret their meaning. It attempts to explore the meanings people attach to their experiences of the world they inhabit, and attempts to interpret these experiences and what they mean to the individuals. Some writers believe that this cannot be done using figures and measurement. Streubert Speziale and Carpenter (2003) cite Krasner (2000) who states that early philosophers:

> *argued that human phenomena could not and should not be reduced to mathematical formulae* (p.70).

Barbour (2008) argues that both approaches can be complementary, other writers suggest that such arbitrary distinctions are too simplistic and often not helpful (Parahoo, 2006: Gerrish and Lacey, 2006). Such distinctions often include reflection upon the quality of qualitative research, a debate perplexing nurse educators for many years (Sandelowski and Barroso, 2002). Against such a background, Rolfe (2006) suggests that there are three strands to be considered. Firstly some suggest the quality of qualitative and quantitative research can be judged using the same criteria (Maxwell, 1996: Silverman, 2000); others deem that a different set of criteria is needed (Lincoln and Guba, 1985); thirdly some refute the suitability of any fixed criteria in the search for quality at all (Yonge and Stewin, 1988). Rolfe (2006) writes:

> *we need either to acknowledge that the commonly perceived quantitative-qualitative dichotomy is in fact a continuum which requires a continuum of quality criteria, or to recognize that each study is individual and unique, and that the task of producing frameworks and predetermined criteria for assessing the quality of research studies is futile.* (p. 304).

Another important distinction between the two methodologies is in the formation and consideration of the research question. Research questions focus the reader on the proposed intent of the research project, indicating the concepts to be examined and

the contextual background. Research questions within quantitative research often contain precise definitions of concepts and operations within the hypothesis and are decided in advance. Qualitative research, on the other hand ignores operational definitions in favour of broad aims and objectives which hint at the theories or ideas which are anticipated to surface from the data (Parahoo, 2006).

A further characteristic of the two methodologies is evidenced by the role of the researcher within the data collection. Writers such as LeCompte et al. (1993) and Burns and Grove (2003) write that the relationship between the researcher and the researched has a bearing upon the study, and this is characterized by the engagement or involvement of the qualitative researcher within the data collection process. A more neutral stance is characteristic of quantitative research. Researchers from a positivist perspective tend to view "the researched" as subjects, quantitative researchers as respondents, and qualitative researchers as participants. Barbour (2008) cites action research as an example of this differentiation, suggesting that this approach is about research "with" rather than research "on". Much qualitative research involves observation or interaction with social phenomena (Burns and Grove, 2003), by definition the researcher becomes immersed in the data, often rejecting the practice of bracketing in order to allow a synergy between the ideas and theories of the researcher and the participants.

A variety of approaches have developed to support research methodology, some of which were considered for use within this study. Within the interpretivist paradigm, one such approach, action research, has proved to be very popular in education and health research because it aims to improve a situation/experience by using change agents. Action research involves a partnership between the researcher and the subject. Participants are involved and required to engage in the change process in an educational and empowering way. This change process is usually cyclical following a pattern of planning, action, reflection and evaluation, and as Greenwood and Levin (1998, p. 6) write:

> *action research aims to increase the ability of the involved community or organisation members to control their own destinies more effectively and to keep improving their capacity to do so.*

This approach is not deemed suitable for this study because the research aim is not in itself to initiate change. Involvement of the researcher as an education practitioner delivering the programme of nurse education limits the scope and scale of the research. Impartiality is difficult because the researcher has a vested interest in the findings.

Similarly the grounded theory approach is also popular within health and education as an approach which is versatile for small scale qualitative research projects exploring human interaction. This theory was created by Glaser and Strauss in 1967, and the basic tenet of the approach is that theory should be grounded in empirical research. Data are analysed and then theories are generated from these data:

> *concepts and theories are developed out of the data through a persistent process of comparing the ideas with existing data, and improving the emerging concepts and theories by checking them against new data collected specifically for the purpose.* (Denscombe, 2003, p. 111).

As an approach to exploratory research, the grounded theory approach is advantageous as a starting point. Participants could be encouraged to consider concepts, issues, ideas, and attitudes which are relevant to the study topic and reveal these to the researcher using interviews or a narrative method. This data can then be used to develop the research questions and shape the research project.

Research activity within health and education is shaped then, by social science. The influence of psychology can also be seen within qualitative and quantitative research, particularly, in relation to this study within the interpretative paradigm as the approach of personal constructs - the study of psychological constructs that people use to define and attach meaning to their thinking and behaviour (Ritchie et al., 2003).

4.4.2 Case Study Approach

A case study approach has been chosen to support the methodology, research paradigm and approach outlined above. There is confusion within the literature concerning the exact nature of the case study approach. Debate considers whether case study is a research design or a research method. Hamel (1993) concludes that

case study is an approach which uses a number of methods. Yin (1992) uses the term method to describe a variety of techniques and processes. Alderman (1980) and Yin (1994) concur that a characteristic of case study research is that multiple methods are used for data collection to gain a "rich" picture. The shared lived experience is the best source of data - the voice of those living the experience will provide rich descriptive data which have insight and meaning. Bryar (1999), following a review of literature surrounding this debate concludes:

> *the consensus among these authors appears to be that case study is a research strategy or design which makes use of multiple methods of data collection, straddling and making use of methods from the qualitative and quantitative traditions as appropriate in relation to the questions being examined.* (p. 67).

Hakim (1987) compares case study to a spotlight or telescope. A case study focuses upon one instance or thing*,*

> *to illuminate the general by focusing on the particular* (Denscombe, 2003, p. 70).

A case study succeeds in this close examination by combining qualitative and quantitative approaches, providing a flexibility and diversity spanning both research paradigms. However, Hakim (1987) argues that this diversity may lead to ambiguity concerning what constitutes research. Yin (1994) acknowledges this diversity, arguing that a case study can be used to describe, explore or explain. Descriptive case studies describe the phenomenon being studied. Exploratory case studies debate the value of further research and suggest various hypotheses or propositions. Explanatory case studies attempt to explain various aspects or arguments highlighted by the descriptive research. Alderman (1980) analyses case study research, likening its nature to the first two phases of Yin's description. Phases of a case study are not mutually exclusive, indeed each phase may be used to support another. In order to explore, description is necessary; in order to explain, exploration is necessary.

Stake (1994) also supports this view that case study research can serve a combined purpose. Intrinsic case studies are used to develop a greater understanding of a case, instrumental case studies provide information relevant to related theory or other similar cases. Collective case studies provide information about a number of cases

which can then be used in relation to other similar cases. The case study in this research is inherently intrinsic and instrumental. The researcher hopes to gain insight into the chosen case, which may provide information relevant to similar student cohorts in other institutions.

The use of case study within the field of research is criticised in three domains: selection of the case, rigour in ensuring validity and reliability, and generalisation. Yin (1994, p. 101) suggests that case study is appropriate when there is "an extreme, unique or revelatory case" and when socialisation has previously occurred. It may be argued that this case is unique in nature and composition. In this case the sample had been previously socialised into the role of students in further education. The group of students had been socialised regarding their role, beliefs, attitudes and behaviour as students.

Data collection methods in the case study were chosen to try to ensure validity and reliability and will be discussed later. In order to address the issue of generalisibility, many researchers advocate the use of a combination of methods within the case study to consider other perspectives and to provide a broader understanding, (Rose and Webb, 1997). This combined approach should provide sufficient detail to enable the reader to assess how far the findings can be implied within other situations or student cohorts, or how far they are restricted to this case study.

4.4.3 Personal Construct Theory

The use of personal construct theory in research is most common in the area of psychotherapy, its use as a research method within nursing is scarce (Melrose and Shapiro, 1999). However, this approach features in some studies within nursing because it facilitates analysis of sensitive variables in a safe and controlled way. One of the first studies using this approach in nursing explored the socialisation of student nurses (Heyman, Shaw and Harding, 1983). The nursing experience in a variety of settings has been investigated using personal construct theory (Pollock, 1986; Cooper, 2001; White, 1996; Wilson and Retsas, 1997; Morrison, 1991) and others (Burnard and Morrison, 1989; March and McPherson, 1996) use this approach to explore interpersonal skills and attributes useful to the nursing profession.

The researcher wishes to investigate the 'reality' of nursing and nurse education as the student sees it. A constructivist approach lends itself well to this undertaking because it supports the notion of "multiple reality" - there is not one reality but many interpretations of reality. Personal construct theory and the creation of repertory grids will enable the researcher to interact with the research subjects as they construct their own realities.

Personal constructs are the units of analysis in a theory of personality proposed by the psychologist Kelly in 1955. His first principle suggests that the best way to check what someone is thinking is to ask them. This tenet underpins personal construct theory emphasising the subjective experience and perception of the individual rather than of the researcher. This theory believes that individuals differ in their interpretation of events, and methods such as repertory grids enable researchers to hear the voice of the participants as individuals.

Kelly has been recognised for his profound influence upon the development of cognitive theory (Flett, 2007), however his theory is not without criticism. Kelly is criticized for his focus upon the uniqueness of the individual, and his scant consideration of how this uniqueness is formed from a developmental theory perspective (Fransella and Neimeyer, 2005).Kelly is also criticized for his use of dichotomous constructs. This would suggest that all constructs can be presented in this way, whereas Flett (2007) argues that this is not always the case.

4.4.4 Repertory Grids

The use of repertory grids to explore the personal constructs of participants is a research method which supports the constructivist philosophy underpinning personal construct theory. This method allows researchers to investigate how individuals interpret their experiences. Repertory grids address the key tenet in personal construct theory - illuminating unique ways that people categorise and decipher their experience. Kelly (1955) claimed that everyone develops constructs which are used to appraise reality. Personal construct theory believes that man is a scientist

continually creating and testing hypotheses, and then retaining or rejecting them in order to survive (Pollock, 1986, p. 441).

Such a tool may be used in a variety of ways for a variety of reasons. Within this study the repertory grid is used as a tool to stimulate and facilitate conversation, rather than a test or assessment as used in psychotherapy or clinical psychology. The value of repertory grids within this study is the focus upon the "doing", forming or creating constructs, rather than the resulting analysis. The aim of the study is to explore expectations and perceptions, therefore the researcher is focused upon eliciting the constructs in the students' own chosen words, as they think and reflect upon the constructs, and interpret relationships to identified elements. A constructivist perspective encourages participants to explore and inquire into complex interactive situations, knowledge is contextual and relative, constructed according to previous knowledge and experience. It is constantly changing:

> *individuals try to give meaning to, or construe, the perplexing maelstrom of events and ideas in which they find themselves caught up...* (Candy, 1989, p. 97).

It is this network of hypotheses or assumptions that comprise the construct system held by individuals. The construct system is dynamic and constantly evolving, and repertory grids, as tools of exploration, gain access to this construct system. Their flexibility enables the researcher to identify the participant's own construction of meaning or knowledge, and then to reflect upon the common frames of reference that evolve (Pope and Shaw, 1981).

4.4.4.1 Repertory grid technique

Davies (1985) compared the repertory grid technique to a view or window on the world, an interpretation shared by Fransella and Bannister (1997):

> *a porthole through which we peer to make sense of events swirling around us.* (p. 1).

Fisher et al. (1991), cited by Heron (2000), takes the definition further:

a set of representations of the relationship between sets of things a person construes (the elements) and the set of ways that the person construes them (constructs) (Heron, 2000, p. 93).

The repertory grid enables researchers to record how respondents perceive the world around them in a systematic way. It is a framework for interviewing respondents (Morrison, 1991), or a unique method to direct and record a conversation (Melrose and Shapiro, 1999). Using this technique the researcher invites respondents to describe or share their interpretation of particular realms or spheres, such as people, events, and situations. This interpretation is then represented in the form of a grid or a matrix which can be systematically analysed.

The events, experiences and ideas that make up reality are known as elements. The selection or elicitation of elements is the first stage of the repertory grid process. Some researchers choose to provide the elements thus taking control of the elicitation process. This method ensures the elements are relevant to the research question, however the respondent may not agree with the selection or may wish other elements were included. In repertory grid technique the interviewer needs to detach their own perceptions and interpretations from those of the respondent, in deferring their own beliefs and values in order to truly understand the interpretations of the respondent. Participants are encouraged to reflect upon concepts without evident direction from the researcher. Other researchers may opt to provide a category of elements to facilitate the repertory grid process, thus retaining some influence over selection of elements, however the pitfalls of this approach remain the same, the respondent may desire a different set of elements. A compromise would appear to be prompting the respondent to initiate selection of elements by completing a self characterisation, or using questions or statements to prompt elicitation of elements. This allows the researcher to guide the process and also allows the respondent to participate in element selection, however it is time-consuming and demanding for respondents. Some theorists suggest a combination of these three approaches may be used (Stewart and Stewart, 1981).

Constructs relate to the way we interpret the world about us, the way in which we internalise our experiences. Constructs represent the way in which we appraise

reality, the constructs we devise can be seen as bipolar - opposite dimensions. Triadic elicitation is usually selected to produce constructs, a process by which respondents are asked to consider three elements and identify how two are the same but different from the third. Triadic elicitation delves deeper into the respondents' interpretation of an element. Sequential selection of elements into sets from which constructs are drawn is the usual technique, with one or two elements changing each time, although different procedures may be chosen according to different uses of the grid technique. This enables the researcher to draw bipolar constructs with a similarity pole and a contrast pole. At this stage of the process, the elements may be ranked in order of importance, or rating scales may be used to demonstrate the relevance of each construct to the element. Sometimes two dyads may be used for ease or simplicity, however this often results in logical opposites of words or constructs and has limited value.

Within repertory grid technique, the elements can be sorted and linked to the construct in a variety of ways. The original theory involved elements sorted relating to either pole of the construct, an element being either the same or different to the identified construct. It is also possible that elements can be ranked between the constructs using a scale, or a combination of the two involving rating elements thus allowing for some discernment of difference but without unnecessarily making distinctions which do not exist.

The effective use of repertory grids is dependent upon thoughtful application of interpersonal skills, essentially the ability to see the environment through the respondents' eyes (Fransella, 2005). A key feature of repertory grid technique is that the construing of individuals is the most important aspect. Health care practitioners are familiar with the interpersonal skill of empathy, however research method requires this act of putting oneself in someone else's shoes to be developed further. This method appealed to the researcher because it facilitated and encouraged students to express themselves in their own words, and also because a vast amount of rich data will be elicited.

4.4.5 Focus Groups

In this study the research method of focus groups has also been used to gather data. Focus groups became popular in the eighties and are now being increasingly used in research, mainly because in depth knowledge is obtained from the interaction and discussion that emerges within the group. Morgan (1988) highlighted the contribution of this research method within qualitative research as a combination of, but distinct from, the more common investigative tools of participant observation and individual interview.

As a research method focus groups originate from the field of social science, particularly sociology and market research. Goodman and Evans (2006) write that focus groups are not clearly associated within a particular tradition of qualitative research, however Morgan (1988) argues that they are firmly rooted in the interpretivist paradigm as a method of qualitative data collection. It would appear to the researcher, therefore, that this method fits within the contextual framework of the study. Kitzinger (1994; 1995) states that this method illuminates for the researcher the perceptions, beliefs and attitudes of the participants. The choice of language, the group interaction, the resulting re-examination of experience and revision of views and ideas is the essence of effective focus groups (Morgan, 1988; Ashbury, 1995; Gibbs, 1997) and underpins the aims of this research study. According to Gibbs (1997) focus groups provide numerous viewpoints and emotional processes within a group setting. MacLeod Clark et al. (1996) define focus groups as:

> *a form of group interview that capitalises upon communication between research participants in order to generate data* (p. 143).

Powney (1988) likens the process to "structured eavesdropping", Kitzinger (1995), cited by Parahoo (2006) clarifies this further:

> *The idea behind the focus group method is that group processes can help people to explore and clarify their views…* (p. 331).

Bloor et al. (2001), cited by Barbour (2008), state that focus groups should only be employed

to study group norms, group meanings and group processes (p.133).

This method has been chosen for this study because group norms and processes are important in the development of expectation and contribute to the experience of the further education students. Barbour (2008) writes that focus groups should be utilised in order to comprehend decision making processes within professional practice, and this is significant within the contextual framework of this study.

It is this group interaction that is the main difference between focus interviews and group interviews and is often seen to be the chief disadvantage of such a method. Writers suggest that too often focus groups are merely individual interviews carried out within a group setting (Colucci, 2007; Goodman and Evans, 2006), however sound focus groups seek to extract a variety of in depth views, not necessarily the consensus view (White and Thomson, 1995). Participants are encouraged to disclose and make known various understandings and meanings which can be explored to explain beliefs, views and experiences (Gibb, 1997). This group interaction should be closely analysed to develop understanding of the data obtained from the discussion (Webb and Kevern, 2001). Rather than a series of individual communications, sound focus groups also explore the group communication and the group dynamics which identify *why* participants think not *what* they think (Morgan, 1988). Within the focus group setting such exploration occurs in a supportive and cooperative environment without focusing or highlighting individual response. This is one of the main advantages of this method and pertinent to this study as it attempts to discover expectation and experience, influence and perception.

Despite their advantages, focus groups are not a panacea for research within the interpretive paradigm, Bloor et al. (2001) write that focus groups have more use as a secondary method rather than the primary research method, and should not be considered to be a substitute for other in depth methods. This is perhaps because focus groups are criticised for undue emphasis upon the content of discussion rather than the group interaction which precipitates such content. Focus groups aspire to initiate wide and varied discussion, views and contributions from participants (Goodman and Evans, 2006), thus enhancing the richness of the data. Consensus of

opinion may arise from such discussion, but it is the diversity of opinion that is sought by the researcher and not harmony.

Another feature of focus groups noted with caution is "groupthink". Carey and Smith (1994) define this "groupthink" as:

> *A process that occurs when stronger members of a group or segments of the group have major control or influence over the verbalisations of other group members.* (p. 125).

Within such "groupthink" it is often difficult to determine strength of viewpoint, depth of feeling and the impact of stronger more vocal participants upon less forward group members. Such dynamics require a skilled and adept researcher who is able to facilitate group discussion (Twinn, 2000), yet allowing participants to take the lead.

The role of the researcher is important within focus group method particularly in data collection. Straw and Smith (1995) state the primary role of the researcher is to collect data, not to become involved with the participants in a supportive or subjective role. Goodman and Evans (2006) warn that findings may be exposed to researcher bias and control. Krueger (1988) suggests that such involvement may be seen to influence the data, researchers must permit respondents to lead and direct the dialogue (Gibbs, 1997) facilitating debate which may be undefined and even unexpected.

Reliability, validity, ethics and sample selection are all potentially problematic to the researcher employing focus group method (Gibbs, 1997; Parahoo, 2006), however this research method is recognised as valuable to qualitative research because it is:

> *inexpensive, flexible, stimulating, cumulative, elaborative, assistive in information recall, and capable of producing rich data* (Streubert Speziale and Rinaldi Carpenter, 2003, p. 38).

4.5 Data Analysis.

In accordance with the philosophical underpinnings of interpretivism this study focuses upon the meaning and interpretation of events and experiences. The interpretivist paradigm considers an individual's understanding of their surroundings is central to an individual's interpretation of reality. This study is exploratory in nature, the researcher is attempting to characterize a process or phenomenon in order to enhance understanding. Therefore in an attempt to illuminate the experiences and expectations of further education students, the researcher must uncover and describe the essence of the phenomena, interpreting the data in a trustworthy, rigorous manner.

Within qualitative research it is important that the analysis tools used reflect the research paradigm, address the research questions, and are appropriate to the research tools.

Bannister (1985) acknowledges that one explanation for the early popularity of repertory grids was their compatibility with computers. The presentation of narrative in mathematical terms within the grid formation, and triadic elicitation of constructs allows for systematic analysis of qualitative data, and such analysis is common within many studies using the repertory grid technique. Morrison (1991) reviewed several methods of data analysis commonly employed in studies using repertory grid technique (Bannister and Mair, 1968; Stewart and Stewart, 1981; Honess, 1985) concluding that the analysis of themes is just as important in repertory grid technique as analysis of the structural relationships within the grids. Feixas and Neimyer (2002) write:

> *taken together, the analysis of structure and content of personal construct systems offers a systematic means of studying the organization and thematic emphases of individuals' systems of meaning* (p. 2)

Content analysis is a useful method for exploring large amounts of data (Lincoln and Guba, 1985; Miles and Huberman, 1994), and identified by writers as pertinent in managing data produced by repertory grids (Fournier and Payne, 1994; Roberts, 1999). Roberts (1999) writes

It is essential that one does not build an interpretation from grid data alone. Repertory grid is not a standardized test. Consistent with its prime purpose as a clinical and reflective tool, its function is to capture how a person construes a specific aspect of his or her experience, and then to use this representation as a starting point on which to build mutual understanding. (p.133).

Similarly, thematic analysis is appropriate for interpreting data emerging from self characterization (Roberts, 1999).

In relation to focus groups MacLeod-Clark et al. (1996) note that the analysis of data is challenging. Literature debates whether the analysis of focus group interviews is the same as any other qualitative self report data. Kitzinger (1995) argues this point, however others believe that focus groups are different from other self reporting data such as questionnaires because they are reflecting the group interaction and the consensus or otherwise of the comments, ideas and opinions. Halcomb et al. (2007) write that interaction of individuals within a group setting adds another dimension to data analysis. In this study, analysis of focus group interviews took cognizance of group dynamics and group communication within the focus group in order to identify *why* participants think not *what* they think Morgan (1988).

4.5.1 Thematic Analysis

Thematic analysis is a process for sorting and identifying qualitative data in an orderly and organized fashion, to assist researchers in interpretation and analysis (Boyatzis, 1998). Morse and Field (1995) write

Thematic analysis involves the search for and identification of common themes that extend throughout an entire interview or set of interviews (p.139).

Literature suggests this method of analysis is widely used within qualitative research but it is often ill defined or explained (Boyatzis, 1998; Roulston, 2001). This analytical method is used across a range of research approaches. A strength of the

method is identified as its flexibility which facilitates a deep and detailed analysis of data (Braun and Clarke, 2006). However other writers suggest the 'anything goes' criticism levelled at qualitative research may negate such flexibility as valuable (Antaki et al., 2002).

A second strength of this analytic approach is the emphasis upon the active role of the researcher. Total immersion within the data is required in order to see, make sense, analyse, systematically observe, and convert data (Boyatzis, 1998). It is suggested within the literature that themes may be obscure and implicit, inferred or unstated rather than overt, and clearly expressed (Morse and Field, 1995), and although there is agreement within the literature that themes often 'emerge' from the data (Morse and Field, 1995), researchers must actively extract, uncover and expose themes rather than expecting them to appear spontaneously (DeSantis and Ugariza, 2000).

Thirdly thematic analysis is not merely a tool to encode data, it is a tool that enables the researcher to tease out the essence of the conversation, to delve into and below what is being said, capturing what is being expressed and relating it to the research aim and questions. It is important that thematic analysis occurs at the deeper level below the semantics or the observable communication, exploring instead the underlying, latent communication. DeSantis and Ugarriza (2000) argue that in order for the process of thematic analysis to be meaningful, the implicit meaning of the communication must be represented.

Thematic analysis was used in this study in order to gain a rich thematic description of the sample. An inductive or 'bottom up' approach to identifying themes was taken, an approach in which themes are closely linked to the data (Ryan and Bernard, 2003; Braun and Clarke, 2006). Within this approach the researcher identified themes from within the data without trying to attach them to preconceived labels. However, data are not interpreted in isolation. Tuckett (2005) argues that consideration of the literature can deepen analysis of data by alerting the researcher to pertinent and relevant issues. The researcher's prior understanding of the phenomenon under study, an a priori approach, also informed the process of data

analysis together with the literature review, research philosophy and contextual framework.

According to DeSantis and Ugarriza (2000) there is little discussion within the literature concerning the identification of themes, and Ryan and Bernard (2003) agree:

> *theme identification is one of the most fundamental tasks in qualitative research. It is also one of the most mysterious.* (p. 85).

Similarly, although there is debate within the literature concerning definitions of terms and concepts used within thematic analysis, there is variation within the research methodologies concerning the use and application of these terms. The use of the term 'code' is fairly universal, summarized by Grandeheim and Lundman (2004) as a label that permits data to be considered in a certain way. Codes vary in levels of specificity and generality, but they must arise from, or be created by the data to which they apply. Cohen et al. (2007) write:

> *A code is a word or abbreviation sufficiently close to that which it is describing for the researcher to see at a glance what it means* (p. 478).

Themes are a little harder to define. DeSantis and Ugarriza (2000) write:

> *The concept of theme is one of the most important concepts in qualitative research and qualitative nursing research and has far-reaching implications for research...* (p. 369).

Ryan and Bernard (2003) write that themes are abstract and often 'fuzzy'…

> *Some themes are broad and sweeping constructs that link many different kinds of expressions. Other themes are more focused and link very specific kinds of expressions.* (p. 88).

Within this study the concept of theme was used as described by Grandeheim and Lundman (2004):

A theme answers the question 'how?' a theme …is a thread of underlying meaning through, condensed meaning units, codes or categories, on an interpretative level. (p. 107).

4.5.2 Stages of analysis

In an attempt to address the need for credibility, the researcher endeavoured to ensure robust use of theme and codes, and the application of these terms to all the data collected within the study.

Following immersion in the data, the second phase of the analysis involved the organization of data into meaningful groups (Tuckett, 2005). Codes were then applied to the data systematically. Repeated words or phrases were noted, and as many codes as possible were identified in order to facilitate identification of numerous themes later in analysis. Ryan and Bernard (2003) state that numerous themes support in depth analysis, *"in theme discovery more is better"* (p. 103).

The third phase involves searching for, and identifying themes. The researcher reviewed the codes and sorted them into potential themes. Within this study codes were explored for repetition of topics or phrases. Word lists were created to identify how often words are used. Similarities and differences among responses were identified. The researcher considered whether constructs within repertory grids are similar or different to others. Words or phrases acting as 'linguistic connectors' (Ryan and Bernard, 2003) such as 'because', 'since', 'is a' can be seen to indicate causal relations which may identify themes, thus these were identified within the transcripts. Lincoln and Guba (1985) suggest a process of cutting and sorting is useful in this stage of analysis, serving to sort expressions and comments that 'go together'. This was carried out to augment the analysis process.

The fourth stage of analysis involves reviewing and refining the themes in a systematic fashion. At this point the researcher discarded or re-worked some themes, some were collapsed and merged with others, and others broken down into smaller themes (Braun and Clarke, 2006). The researcher applied this process to all forms of

data and finally identified themes which related to the data as a whole. The final all-embracing themes were distilled from the raw data and presented in a meaningful interpretation to facilitate discussion.

It was anticipated by the researcher that use of repertory grids and focus groups within this study would generate a large amount of data. In order to address the issue of dependability within the analysis of this data, the researcher ensured data were analysed consistently. Analysis tables (Appendices XII and XIII) were used to identify themes within each data set.

4.6 Reliability and Validity in Qualitative Research

Effective research requires a hallmark of reliability and validity within the identified philosophical paradigm in order to ensure its worth and value. Cohen et al. (2007) suggest that the concepts of validity and reliability are important within both qualitative and quantitative research, and reading confirms that these factors often contribute to the many debates in literature concerning the relative advantages and disadvantages of qualitative and quantitative research. However, there is some deliberation among researchers as to whether such criteria are equally useful in measuring both research styles (Parahoo, 2006; Bryman, 2008).

Within this debate some writers take the stance that reliability and validity can be employed within qualitative studies in a similar way to quantitative studies (Mason, 1996).Other writers disagree, Maxwell (1992) takes a different position to Mason suggesting that qualitative or naturalist research should be more concerned with authenticity rather than validity. He writes that "understanding" is more relevant to studies within the naturalist approach than methodological procedure. He states that it is the authenticity of data, validity of interpretation, respect for the social and cultural context of data collection, faithfulness to meaning and the application of theory to the research which evidences rigour and confidence in the research project.

Burns and Groves (2003) agree that rigour - the striving for excellence within research, has different implications for quantitative and qualitative research. Within

quantitative research, rigour indicates tightly controlled, precise scientific procedure, logical and methodological in design, sample, data collection and analysis. In qualitative research, rigour is associated with clear application of a philosophical paradigm, the emergence of a theory, and the clarity with which this theory is applied to the phenomena being studied. Cohen et al. (2007) confirm that criteria should be used in accordance with the research tradition, stating that the principles governing positivist research - controllability, randomization and predictability are less pressing than the "soft" considerations of naturalist research – awareness of context and situation, usefulness of descriptive data, meaning and intention.

In support of this premise other writers (LeCompte and Preissle, 1993; Lincoln and Guba, 1985) outlined classifications or principles which endeavour to indicate the sincerity and genuineness of research study, discarding the concepts of reliability and validity and reliability and favouring credibility, accuracy and truth (Parahoo, 2007). Lincoln and Guba (1985) believe that the criteria of trustworthiness and authenticity should underpin qualitative research, using the principles of credibility, transferability, dependability and confirmability. The philosophical paradigm underpinning personal construct theory supports this qualitative approach. Within this methodology Kelly (1955) distinguished validity more in terms of value or usefulness. In an attempt to be true to the philosophical ideology of the research, such principles were incorporated within this study to enhance its worth and value to colleagues. The naturalist approach demands cognizance of the context of the study, thus the research endeavoured to maximize trustworthiness within the philosophical paradigm of interpretativism.

Although literature is evident detailing the implementation of repertory grid technique, there is little written about the reliability of this methodology (Smith, 2000). Early work exploring the concept of validity in this technique concluded "low reliability" of this technique, however later work by Neimeyer (2002) suggests that the interdependence of this methodology is a strength, evidencing the responsiveness of constructs and meanings to the context within which they are created. The success or appeal of the repertory grid technique may be due in part to its potential to be used creatively in many forms (Fransella and Bannister, 1977), but such adaptability and

flexibility is a challenge to researchers as they try to ensure trustworthiness within this research methodology. Such change, variation and adaptation of the technique has implications because repertory grid methodology is designed to replicate characteristics of personal construct theory, a feature of which is diversity and originality of personal constructs; therefore any alteration to the fundamental essence of constructs and the construct system also becomes an alteration to the founding theory of constructivism (Neimeyer, 2005). Also, Neimeyer (2005) continues, if flexibility within the repertory grid technique facilitates differing results or constructs, confounding variables are introduced into the research setting which must be considered.

Repertory grids produce *"an abundance and richness of interpretable material"* (Cohen et al., 2007, p. 442) which is firmly situated within the social context of the participants, and the technique is recognized within the interpretative perspective for providing clarity of meaning and understanding, and acknowledgment of the changing nature of such interpretation. Critical appraisal of this methodology (Yorke, 1989) has highlighted the influence of repertory grid procedures upon the extraction of meaning arising from the grids as a limitation, impacting upon the authenticity of data provided. In further work Neimeyer (2005) concludes that the content and relationship of constructs varies with the method of elicitation used by the researcher, suggesting that it may be the case that constructs are suggested or even supplied rather than elicited. Within this study the researcher took great care to minimize subjective interpretation or analysis of these meanings generated by constructs by resisting elicitation or superfluous inferences, and by listening carefully to the respondents. One of the strengths of repertory grid technique is the participant focus, data reflects the personal constructs of the participants not the interpretation of these constructs by the researcher, and this must remain true within this study. Accurate and honest interpretation of the data is required, and researcher bias or inference was reduced by careful scrutiny of constructs, verification of constructs by the respondents, and a data audit trail. The researcher also intended to address the requirement for credibility by using quotations from the data within the findings and discussion. Member checking of transcripts and repertory grids was used to ensure representation is accurate. Such participant validation also serves to "preserve

participants' definitions of reality" (Daly, 1997, p. 350). Although Sandelowski (1995) questions whether the practice of validation among co-researchers is helpful or advisable, primarily because interpretation of data is by definition subjective, the identification of themes within the process of data analysis was checked by a colleague in an attempt to ensure that data obtained from the research tools are labelled and sorted appropriately and consistently. Sandelowski (1995) writes that intercoder agreement confirms that the label is authentic and valid rather than a result of the researcher's prior knowledge or bias. The reliability or consistency of the methods selected was demonstrated by accurate recording of data, evidence of raw data, and a clear rationale for identified themes and interpretations.

Similarly, the use of focus groups elicits challenges for researchers as they attempt to ensure trustworthiness. Although Goodman and Evans (2006) write:

> *Focus groups have high face validity as a credible method that can directly capture the views of participants in response to the study focus* (p. 361).

One problematic area within the group setting is the credibility and dependability of data. Within focus groups it is difficult to measure the depth of opinion and expressed views because of group dynamics, strength of personality within the group, and differing levels of contribution. Kidd and Parshall (2000) challenge the content validity of focus groups questioning the validity of information shared with the group. The subsequent recording of data in a reliable and consistent way is also challenging. In order to explore understandings and meanings expressed by the participants, analysis of data within focus groups must include both content of discussion and also group interaction. In this research method the researcher had limited influence upon data allowing participants to take the lead and express their individual views and opinions, a style identified by Powney (1988) as "structured eavesdropping". Kidd and Parshall (2000) believe there are three measures of reliability or dependability to be considered here. Firstly, stability - consistency of issues over a period of time, such as constancy of group membership, structure and format of group discussion. Secondly equivalence - consistency in the number of researchers involved and the role of these researchers. Lastly, attention needs to be

given to internal consistency of coding and application of meaning to data by all researchers. These difficulties often necessitate the presence of a secondary researcher (which can also upset the group dynamics) to support the study by verifying the data. This attempt at ensuring credibility often relies heavily on the use of transcripts, potentially negating the importance of body language, facial expression or silence. Tape recordings or video recordings may be more useful in this setting (Parahoo, 2006), though due regard must be paid to ethical issues of confidentiality (discussed later). Dependability of data is evidenced within this study by consideration of group composition, management of discussion, regard for the role of the researcher and researcher bias, and accuracy in recording, transcribing and analysing data.

Within the social science research tradition underpinning focus groups, this method was not designed to be used as a "stand alone" technique (Kidd and Parshall, 2000; Bloor, 2001). Researchers recommend that data triangulation is employed in an attempt to address the dependability of data (Morgan, 1988; Parahoo, 2006) therefore this study compared the transcripts from the focus groups to data collected from the repertory grids to ascertain trustworthiness and authenticity.

4.6.1 Triangulation.

Triangulation is defined as the combination of dissimilar techniques for data collection about the same phenomenon (Bryman, 2008), and its original application as a navigation term was to use two known points to identify the third. This concept is developed in research as the use of two or more strategies, theory, data, method or investigator, to reinforce the research design and enhance interpretation of findings (Thurmond, 2001). Some writers believe that triangulation is essentially concerned with confirming data by negating bias of a single approach (Brannen, 1992; Foster, 1997) and triangulation is used to measure convergence (Campbell and Fiske, 1959; Webb et al., 1981; Sandelowski, 1995). Others believe that triangulation can be utilised to enhance completeness (Fielding and Fielding, 1986; Shih, 1998) adding coherence to the study. Within qualitative research current debate concerning the use

of triangulation involves a discussion of its merit both to strengthen validity, and to provide richness of data; to overcome bias of a single approach, and to provide completeness of understanding of concepts being explored. The complexity of social research now requires complexity of methodology to capture true and meaningful data, and extensive comprehension of individuals and the research context cannot be achieved by one method or approach (Halcomb and Andrew, 2005). The constructivist approach underpinning this study necessitates an emphasis upon the personal and unique experience of the respondents within the study, and the data obtained from both focus groups and repertory grids contribute to, and even create, a deep understanding of the experience and perception of student nurses. Parahoo (2006) acknowledges that different methods may produce different phenomena, and the true benefit of triangulation to this study is this enhancement of the usefulness of data by adding depth and richness. Methodological triangulation was also used to confirm validity and robustness of data collection.

4.7 Ethical Issues

As a member of a professional body, the researcher's responsibility when carrying out research is to ensure quality by adhering to ethical principles and guidelines, to keep up to date with the subject and research methodologies, to prevent poor practice and performance and to ensure competence in conducting research (Department of Health, 2001). The Research Governance Framework was welcomed within health and social care as a development designed to ensure high standards and good practice. However, recently, writers have started to question the necessity for such a framework (Elwyn et al., 2005; Gill et al., 2009). Johnson (2004) argues that researchers are now more concerned with methodology than research itself, and Galbraith et al. (2006) list numerous obstacles experienced in the name of research governance, concluding that such officialdom is at best a hindrance and at worst a deterrent to research engagement. This is a radical departure from more conservative approaches to research ethics, however, Gill et al. (2009) agree, asking whether the research governance process is now so onerous that it impedes research activity.

This is an interesting and challenging debate which will provoke and stimulate academic discussion, however the context and circumstance of this study requires due adherence to such ethical principles and procedures previously discussed. Within this study the researcher acknowledges the need for robust ethical procedures - informed consent, access, confidentiality, anonymity, codes of practice, adherence to the Data Protection Act (1998) and the Freedom of Information Act (2005), and also the nature of ethical principles within the research process.

Informed consent is a cornerstone of sound, rigorous research:

> *Informed consent is the principle that individuals should not be coerced, or persuaded, or induced into research "against their will", but that their participation should be based on voluntarism, and a full understanding of the implications of participation.* (Green and Thorogood, 2004, p. 57).

This implies that participants are informed in a non-coercive way throughout the study of research aims and purpose; of risks and benefits of participation; of anonymity and confidentiality; of their rights to participate or withdraw; of procedures for data collection, analysis and dissemination. A comprehensive information leaflet was provided to all participants addressing these issues (Appendix III) and a signed consent was obtained from each participant (Appendix IV).

The ethical principle of beneficence requires the researcher to demonstrate that research is beneficial to participants, that it adds to the body of knowledge, that it enhances research skills (Johnson and Long, 2006; Parahoo, 2006). In accordance with this requirement, and because the subject of this study was students, the appropriate ethical approval was sought from the relevant committee within the higher education institution. Access to the students occurred following their commencement within the Higher Education Institution. A full account of the research project was discussed with the relevant Head of Division and official permission was obtained to involve the students (Appendix II).

In this study, the researcher wished to focus upon the expectations and experiences of student nurses as they complete their nurse education programme. Within this aim, and within most research involving humans, is the potential for intrusion into personal lives of participants (Polit and Beck, 2006). This is particularly true of the complex interface of educators carrying out research on their students. Students quite rightly expect their privacy will be maintained as they learn and study and the issues of "dual agency" created in this scenario, where the educator is the researcher and the students are the participants provide a challenge for researchers potentially compromising the students right to privacy. The implication of this situation is that data is being collected by a person who has authority or influence upon the participants.

Participants must trust that the researcher will respect and maintain their right to privacy by upholding and preserving anonymity and confidentiality. Cohen et al. (2007) write that the central tenet of anonymity is that data provided by participants cannot be used to identify individuals concerned, even the researcher is unable to identify who they are. In most studies this is not the case due to sample size, research and methodology, therefore the researcher should implement procedures to maintain anonymity from others. Confidentiality is management of data to ensure information is not shared with others (Burns and Grove, 2003) and is particularly important in qualitative studies, firstly because researchers often become very involved with participants using in-depth research methods, and secondly because sensitive material may be revealed or disclosed within qualitative studies (Cohen et al., 2007; Polit and Beck, 2006).

Within this research project the protection of the rights of the participants is clear and transparent, particularly in the management and analysis of the focus groups. Numerous people were participating in the group activity therefore ground rules were introduced to reiterate that issues discussed within the focus group are not shared out with the group discussion. The information leaflet also informed participants that their identity will be concealed throughout the research and its dissemination. Anonymity must be upheld - the study does not disclose personal data, repertory

grids and focus group responses were coded. Non-traceability was maintained, and data was stored within a locked cabinet.

By definition research involving human beings is sensitive and personal. This study explored concept formation, beliefs and attitudes of students as they experience transition and socialization within the higher education institution, and the researcher reflected upon potential unexpected implications of participating in the study. The research methodology may, for example highlight unexpected or unforeseen difficulties in construct formation, or the respondent may be distressed or disappointed that their construct formation is not as they think it should be.

Copyright is the exclusive right of the creator to determine the use of material such as written materials, books, film and sound recordings, artistic materials, photos, websites, articles and intellectual property (Office of Public Sector Information 1988). The Copyright, Designs and Patents Act, OPSI (1988) identified categories of material that are protected by copyright, and this was later amended to take account of the development of the internet (OPSI, 2003) and electronic materials. Legislation clearly states that use of materials without permission from the owner is infringement, and in education we are required to abide by the terms of the copyright licenses held within the institution. Also, ethical guidelines such as the Ethical Guidelines for Educational Research (SERA, 2005) state that the requirements of legislation such as the Data Protection Act 1998 and the Freedom of Information Act 2005 should be considered when engaging in research activity. The researcher also considered the principle within the guidelines that reliance upon the work of others must be acknowledged (SERA, 2005), and on reflection, this would prove difficult if images taken from the Google Images website were used. The researcher therefore rejected the easily accessible Google Images in favour of websites offering pictures and photos in the public domain. The website http://www.publicdomainpictures.net provides a selection of websites offering these images, and the researcher selected www.istockphoto.com. The use of images available on this website is permissible for personal and professional purposes. In order to ensure copyright regulations were upheld, the researcher contacted the website to verify permission for their use within this study, and permission was duly granted, (Appendix V).

In accordance with the ethical principle of non-maleficence, Parahoo (2006) points out that a researcher has a duty to prevent harm before, during and after the focus group. Research activity may appear reasonably harmless to participants, however this may not necessarily be true. Participants may be exposed to anxiety and distress, exploitation, misrepresentation and exposure and this should be minimised by ensuring ethical deliberation of procedures, for example accurate and honest reporting of data, debriefing, and thoughtful reflection and analysis of findings. Such strategies will meet the ethical principle of fidelity (Parahoo, 2006) demonstrating concern for the participants and facilitating participants to raise concerns, ensure views are adequately represented, and revisit issues as necessary. The desire or opportunity to withdraw from focus groups may be problematic because it may be difficult to extricate or free oneself from a group discussion once it has started. Silence maybe an option, but this does not necessarily imply withdrawal of consent, it may be construed as a result of group dynamics. In an attempt to address this issue the researcher offered the participants the opportunity to withdraw after the focus group if they felt the discussion did not reflect their opinion, or they no longer wished to participate.

The recording of data was important within this study because both research methods required participants to disclose life experiences and to reflect upon their own unique ideas, beliefs and perceptions. A debrief session enabled participants to ensure their views were adequately and appropriately represented, and validation of responses by participants confirmed accurate recording of data.

4.8 Participants/Sample

In qualitative research the sampling process is usually determined by the chosen methodology (Higginbottom, 2004; Tucket, 2004) and the identification and selection of a sample, a group of participants from the population as a whole, is central to research design. It is the view of many researchers, and indeed common sense, that other factors such as the theoretical framework, and practical and logical constraints must be considered, and in order to collect rich meaningful data the

sample should be carefully selected in accordance with the research aims and objectives (Mays and Pope, 1995: Reed, 1996; Ezzy, 2002). There is evidence to suggest that studies with a broad focus require more data to support claims and statements (Morse, 1999) however this may result in a larger study without necessarily enhancing depth or richness of data, and this reservation has shaped the sample size for this study. The aim of this research was to explore perception, expectation and experience from a very individual perspective. The participants were asked to formulate constructs from within their own personal construct and system of meaning, and discuss these constructs within a focus group setting. The inclusion and exclusion criteria were carefully considered to ensure provision of required data. Non-probability sampling was selected, the purposive sample consciously chosen on the basis of its potential contribution and guided by the research question.

The selection of this sample has implications for generalisability within this study because the findings will not necessarily be transferable to other similar groups or contexts. Generalisability is a key distinguishing difference between qualitative and quantitative research (Higginbottom, 2004), and writers note that a lack of generalisability is often seen as a weakness of qualitative research (Mays and Pope, 2000; Giacomini, 2001). This is particularly applicable to focus groups (Bloor 2001; Parahoo, 2006), partly because samples sizes are often too small to represent a larger group (Gibbs, 1997; Bloor, 2001) but also because by definition focus groups are not replicable. However Parahoo (2006) points out that application of findings to other similar situations was not the main reason for qualitative research; within this study the context, the circumstance and the culture are specific to the cohort and this is the potential strength of the data and subsequent analysis.

4.9 Summary

This study aims to explore the effects of the student experience of nurse education upon the expectations, beliefs and attitudes of further education students. Qualitative methods are used in an attempt to describe life experiences and give them meaning. Data are collected using repertory grid technique and focus groups, underpinned by interpretivism and personal construct theory.

Chapter Five: Research Tool Development and Pilot Study

5.1 Introduction

Pilot studies are an essential part of the research process (Lancaster et al., 2004; Teijlingen et al., 2001), and range from a small scale trial run to a more formal feasibility study. Cohen et al. (2007) state that pilot studies assist the researcher in ensuring the reliability, validity and practicality of the study. Discussion within the literature suggests that pilot studies are usually employed to address methodological issues such as recruitment, sample, adequacy of research tools, and appropriateness of data collection and analysis (Teijlingen et al., 2001). While some believe that pilot studies are not always necessary (Holloway, 1997), others value the usefulness of pilot studies. Frankland and Bloor (1999) state that pilot studies allow researchers to clearly define the aims and focus of the study. Oppenheim (1992) writes that pilot studies are particularly helpful in questionnaire design, facilitating the development of appropriate questions which are relevant and meaningful to both respondent and researcher.

5.2 Objectives

To evaluate how the chosen methodology could elicit data related to the research aims

To ensure appropriateness of the content of the repertory grid (elements)

To highlight practical difficulties with data collection

5.3 Sample

It emerges within the literature that, due to the potential contamination of data, participants of the pilot study should not take part in the main study (Peat, 2002; Lancaster et al., 2004). The researcher supports this view, and considered whether

respondents who had access to, and practise using, repertory grids within the pilot study may provide different responses to those who had not been exposed to this research tool. The repertory grid technique may be new to many respondents, and participant response may be different with the benefit of practice in its utilisation. Burns and Grove (2003) state that the implementation of pilot studies usually replicates the main study, thus the recruitment procedures that were proposed for the main study were utilised to obtain the sample for the pilot. Five students with a further education experience from the current third year student cohort volunteered to assist with the pilot.

5.4 Research tool development

Traditionally within repertory grid technique, elements are chosen by the researcher (Morrison, 1990; Rawlinson, 1995), often in the form of a list of figures or people. Within other nurse education studies this has been a patient they have cared for (Cooper and Coleman, 2001) or a caring person they have come across or want to be (Ellis, 1999; Morrison, 1991; Wilson and Retsas, 1987). Other studies use emotions or feelings as elements (Burnard and Morrison, 1989; Parkinson et al., 1991; White et al., 1996), and unusually, treatments for angina (Rowe et al., 2005). Elements within repertory grids are usually described in short sentences written on cards (White, 1996), however in an attempt to provide originality, and consistency with the research questions and the emerging theme of an image of nursing within the literature review, the researcher decided to use photographs as the elements of the repertory grids. A selection of forty seven photographs was obtained from the identified public domain website using the following key words: nursing, image of nursing, student nurse, higher education student. These were reduced to twenty four by eliminating those which were duplicated or similar in content. A blank template of a repertory grid was photocopied for each participant (see appendix IX).

5.4.1 Procedure

The students were invited to attend the pilot study, which was to be held in an empty classroom within the usual nursing accommodation. The completion of the repertory grids were modelled upon the guidelines provided by Honey (1979). The photographs were spread randomly across a table in a classroom, and the students were asked to browse the images to familiarise themselves with the variety for a few minutes. The students were provided with instructions to help them complete the repertory grid (see appendix IX) and the activity was also explained orally. The respondents were then asked to select three photographs, two which represented their view of nursing and nurse education, and one which differed from this view. The photographs are the elements within the repertory grid, and the technique of triadic elicitation provides contrasting poles which are known as bipolar constructs. The photographs which match each other are used to create the similarity pole, and the way in which the other is different is the contrasting pole. In order to provide sufficient data to meet the objectives of this pilot study, the students were asked to complete the exercise five times. Finally the respondents were asked to rate the "match" of the photograph to their own view or expectation of nursing and studying in higher education.

At the end of the grid formation exercise I met with the five students as a group, using the prompts (see appendix X) to facilitate discussion. The discussion was audio taped, and notes of the discussion were taken.

5.5 Analysis

Completion of the repertory grids was time consuming and respondents found the concept difficult to grasp. Repeated assistance was required, and time constraints resulted in two respondents only completing one part of the grid. The emerging constructs were similar in content, respondents often voiced a similar construct for a different set of photos. Although some respondents used one word constructs and others used sentences, it was possible to identify the meaning construed for the photos.

From the findings it is possible to conclude that respondents most frequently reported photos of nursing 9, 12, 1, 5, 4, 11 as differing from the others within the identified set, and photos of studying 11, 4, 8, 2, 6 as differing from the others within the identified set. However, tables 3 and 4 reveal that photo 4 of nursing (followed by 6, 8, 9, 1) and photo 4 of studying (followed by 10, 9, 11 and 12) is the photo most similar to their own views and expectations. Thus 3 photos in each grid appear as "different" but also as "most similar". Three photos of nursing (6, 8, 10) were not selected as different within the sets, and two photos of studying (3,10) were not selected within the sets, and did not rate highly in terms of similarity to respondents own views, therefore we may conclude that these photos are not as relevant.

Overall, although there were some clear opposites of constructs (tired and unhappy/calm; happy/stressed; working in teams/working alone) others also identified differing aspects of care (attending to person's needs/ deep in thought; administering medication/ nursing an individual). Although the construct of relaxed/stressed emerged, the identified constructs for studying were less subjective, identifying activities (university based/practice based; support/self directed) rather than emotion or behaviour.

The key phrases emerging from the focus group were more conclusive. It is evident that respondents felt nursing was primarily about care before they commenced the course, however, after three years their perception was less care centred. Expectations of studying at university before commencing the programme were similar to their experience reported having completed three years of study.

5.6 Discussion

The primary aim of the pilot study was to evaluate how the chosen methodology could elicit data related to the research questions. Repertory grids are used within personal construct theory as a view or a window on the world (Davies, 1985; Fransella and Banister, 1997). Within this study, and hence within this pilot study, repertory grids are used as a framework to interview respondents (Morrison, 1991), and as a unique way to direct and record a conversation (Melrose and Shapiro, 1999).

As explained in the methodology chapter, the constructivist perspective within this approach encourages participants to explore and inquire into complex interactive situations. The use of repertory grid technique was chosen because it allows the respondents to determine their own range of responses using their own choice of words or concepts. By encouraging the respondents to form or create their own constructs, the researcher is focusing upon the "doing" of the grid rather than the resulting analysis. The importance of the process of "doing" the grid during the pilot study was recognised by the researcher as crucial to the study. It is this reflection upon perception and experience which underpins the contextual framework and the research questions:

1. **What are the further education students' pre-entry expectations of nursing?**

a) Why do further education students enter nursing?

b) What do further education students expect nursing to involve when they start the programme?

c) How do these expectations change throughout the education programme?

2. **What are the further education students' pre-entry expectations of higher education?**

a) What do further education students expect nurse education to involve when they start the programme?

b) How do these expectations change throughout the education programme?

3. **Which aspects of the student learning experience influence their perception of nursing and nurse education?**

a) What are the further education students' experiences of learning within the clinical environment?

b) How does their on-course experience differ from their expectations?

As a result of the pilot study, the researcher decided to ask respondents to complete only one repertory grid, rather than two. The process of completing two separate

grids was shown to be both time consuming and repetitive for the respondents. In accordance with the research questions, the act of "doing" one grid would combine the idea of studying to be a nurse in both theory and practice.

Reflection upon the pilot study suggests this process of "doing" facilitates the researcher in her attempt to address these questions by developing an understanding of the respondents' interpretation of their experiences rather than a factual analysis of the situation itself. Following completion of the pilot study, the researcher concluded that the creation of constructs provided data which could be further enhanced by discussion within the focus group. The consequent focus interviews enabled interaction between respondents and provided further data to support analysis and discussion, illuminating perceptions, beliefs and attitudes of participants (Kitzinger, 1994, 1995). The focus group interview facilitated identification of themes, and further discussion of the elements and constructs.

The second aim of the pilot study was to ensure appropriateness of the content of the repertory grid. Within repertory grid technique, the selection or elicitation of elements varies (Stewart and Stewart, 1981). The researcher felt that by selecting the photos to be considered within the triadic elicitation, she was not totally detaching her own perceptions and interpretations from those of the respondent. Also, the availability of the photos within the public domain suggests that the images are those which reflect the public viewpoint. If this is the case, the selection of photos available is already influencing the respondents perceptions- if they have other perceptions of nursing these may or may not be available in picture form within the public domain. In order to address this, the researcher decided to select six photos to be used as elements, based upon the themes emerging from the literature review. The respondents were asked to select six other photos of their choice from a wide range of photos depicting a variety of images of nursing, nursing activities, and nurse education to be used for elements within the grid.

Data from the pilot study appear to confirm a theme emerging from the literature review, that new students enter nursing with the perception that nursing is about care. However, the range of constructs created from the photos was limited, respondents often created a similar construct such as "teamwork" v "working alone" for more

than one set of photos. Comments made throughout the focus interview stage of the pilot study appear also to support the belief identified within the literature that these perceptions change over the three year period. Data within the pilot study represents only small cohort from the third year cohort of the degree programme. The design of the main study included data from student cohorts from each of the first, second and third year, thus enabling the researcher to reflect upon changes in these perceptions and expectations over the duration of their study in an attempt to identify which aspects of the curriculum influence the further education students' perception of nursing.

Data from the pilot study suggests that the photos of studying at university were used by the respondents to explain generic characteristics such as "group work" v "self study", however further, more curriculum specific characteristics required to be teased out within the focus interview. The researcher concluded from these observations that it is essential to reconsider the selection of photos to be utilised for the formation of the two grids, and also to re-visit the photos within the focus interview to explore experiences and perceptions further.

The third aim of the pilot study was to highlight practical difficulties with data collection. Although the researcher concluded that the research tools were appropriate, changes were required to eliminate practical difficulties with data collection, including the amount of time involved in completing the tasks, and understanding the instruction sheet. In order to simplify the process of repertory grid formation, the researcher opted not to include ranking of elements, instead choosing to ask respondents to rank the photos to their expectations/perceptions on completion of construct formation. The findings from the pilot study suggest that this stage of the grid formation may facilitate analysis of the constructs and will therefore be included in repertory grid formation in the final study. Following the pilot study, the Instruction Sheet accompanying the repertory grid formation was adapted and developed to facilitate grid formation and completion. The respondents were also asked to engage with a process of self-characterisation before attempting the grid formation, in order to focus upon concepts which may be useful to the elicitation and construction of elements and constructs. This technique was utilised by Kelly (1955),

to assess personal meanings. Self-characterisation within personal construct theory is written in the third person, from a perspective of a friend or colleague, the respondent writes as they imagine someone would write who knows them very well in the identified role (in this case the role is student nurse). This enables the respondent to consider the external perspective of their lives. This is important to this study because the aim is to study the effect of such external perspectives upon their perceptions of nursing and studying to be a nurse.

5.7 Summary

To conclude, the researcher was encouraged by the enjoyment expressed by the respondents on completion of the grid. Anecdotally the respondents found the activity interesting, they enjoyed looking at the photos and commented amongst themselves, reflecting on previous experiences within practice and the university. The researcher feels justified in utilising the repertory grid technique as a tool to reveal the unique and individual thoughts of the respondents in their own words, a method to prompt further discussion within the subsequent focus interview. Utilisation of this technique in this way supports the contextual framework of the study, reflecting as it does upon the creation of perception, rather than a statistical analysis of response.

<center>**Chapter Six: The Sample**</center>

6.1 Introduction

The aim of this study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of ten students who have previously studied a variety of programmes within Scotland's Colleges of Further Education, as they encounter the Bachelor of Nursing Studies degree programme. The non-probability, purposive sample of this study are presented within this chapter, a vignette of each respondent, based upon biographical data, highlights their diverse backgrounds. The researcher believes this amount of detail is important because the focus of the study is upon the individual student, their perception of reality and their personal construction of knowledge. In order to maintain anonymity, confidentiality and non-traceability, the respondents were asked to select a pseudonym of their choice.

6.2 Biographical data

The study sample comprised of ten students from first, second and third year, studying the Bachelor of Nursing Studies degree programme.
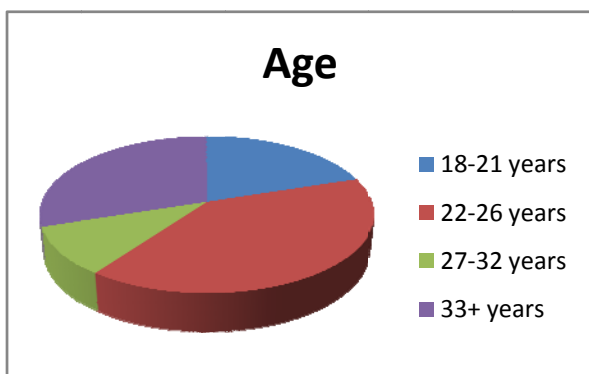
Table 1: Age   **Table 2: Gender**
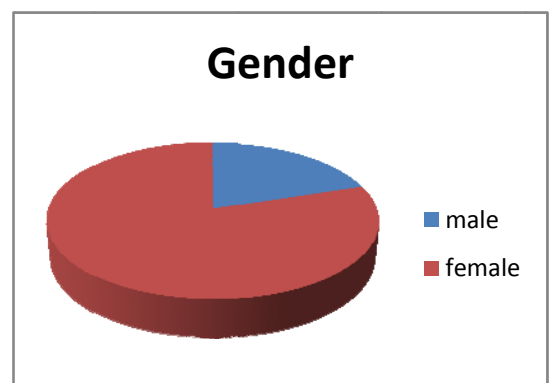
Table 1 shows that 4 of the sample (40%) were aged between 22 and 26 years, and 3 (30%) were aged 33 years or more. 2 of the sample (20%) were aged between 18 and 21 years, and 1 student (10%) was aged between 27 and 32 years.Table 2 shows that 8 of the sample (80%) were female.

Table 3: Previous Care Experience Background
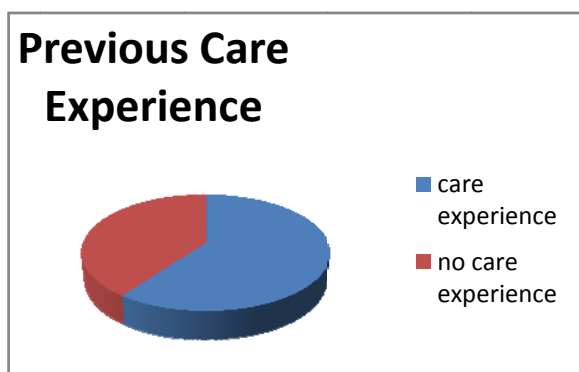
Table 4: Ethnic
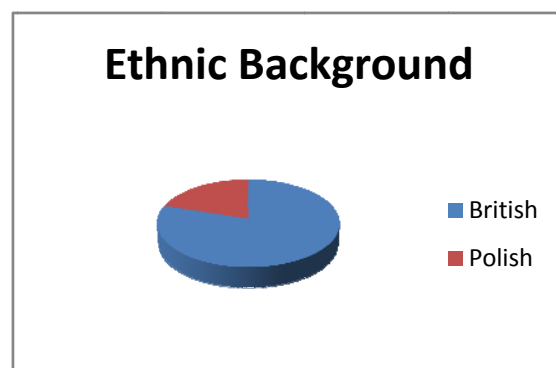
Table 3 shows that 7 of the sample (70%) had previously worked in a care environment prior to commencing the programme. One student believed that her experience of personal illness inspired her to become a nurse, a second cited her experience of raising a family as influential, and a third reported that her frustration working in telesales prompted her to consider another career.

Table 4 shows that 8 of the sample were British, 2 respondents (20%) were of Polish nationality.

6.3.1 First year Cohort

Marissa Wagner

Marissa is a forty year old student nurse, one of an increasing number of mature students entering nurse education, although slightly older than the "mature student" identified within the nursing literature as between twenty and thirty five years of age

(RCN, 2008). Marissa entered higher education following a gap from school, a route labelled within nurse education as "non-traditional" (RCN, 2008). Marissa does not have previous care experience.

Lucy Liu

Lucy is a twenty three year old student of Polish nationality. She has been working within the care sector in Scotland for three years. Lucy has studied at a Scottish college before commencing nurse education.

Maggie Smith

Maggie is a twenty three year old student who has worked within a rural village mission in India for six months. She has studied a variety of courses before commencing nurse education.

6.3.2 Second Year Cohort

Mark Smith

Mark is a twenty two year old student from Poland, and is thus the second Polish student within the study sample. Mark has worked as a care assistant for two years, and has recently studied in Scotland.

Ailie Collins

Ailie is a twenty seven year old student nurse who, like many mature students has previous care experience (Larsen et al., 2003). Ailie worked as a dental nurse for eight years, however nursing had been her chosen career for many years.

Lucy Burns

Lucy Burns is a forty four year old student nurse who has responsibility for her family. Lucy has a range of work experience out with the health care setting, and more recently nine years experience as a clinical support worker.

Hannah McKenzie

Hannah is a twenty one year old who attributes her desire to be a nurse as a result of caring for her grandparents, an observation reported in the literature (Larsen et al., 2003). Hannah had commenced a programme in art, however she later withdrew and gained employment as a care assistant.

6.3.3 Third Year Cohort

Susannah Kerr

Susannah Kerr is a twenty six year old student nurse who is the second student within the sample who does not have experience of working in care, or caring for a family member. Her desire to be a nurse seems to arise more from knowing that working in telephone sales was not what she wanted, rather than knowing that nursing was her chosen career.

Sophie McPherson

Sophie McPherson is a twenty year old student nurse, who, despite the fact that she has not experienced caring within a paid context, knew from an early age that she wanted to nurse. Sophie believes this desire was strongly influenced by her experience of personal illness at an early age.

Smoky Johnson

Smokey Johnston is a mature student aged thirty five years. He has four years experience as a care assistant. He explains that this previous experience afforded him a pre-conceived notion of nursing (Andrews et al., 2005), and his desire to become a nurse arose from a wish to be *"able to do the job properly"*.

Chapter Seven: The Findings

7.1 Introduction

This chapter reports the findings that emerged from the data collection. The research methodology was chosen to underpin the following research questions that arose from, and were supported by, the literature review:

1. **What are the further education students' pre-entry expectations of nursing?**
   a) Why do further education students enter nursing?
   b) What do further education students expect nursing to involve when they start the programme?
   c) How do these expectations change throughout the education programme?

2. **What are the further education students' pre-entry expectations of higher education?**
   a) What do further education students expect nurse education to involve when they start the programme?
   b) How do these expectations change throughout the education programme?

3. **Which aspects of the student learning experience influence their perception of nursing and nurse education?**
   a) What are the further education students' experiences of learning within the clinical environment?
   b) What are the further education students' experiences of learning within the university?
   c) How does their on-course experience differ from their expectations?

Within this study four data sources were utilised to support the methodological framework presented in Chapter Four. These include:

Self characterisation

Photo selection

Repertory grid formation

Focus groups

 In this chapter the data that emerged from these data sources are presented by individual student cohort. This presentation of data by each year group will enable the reader to begin to consider differences that may emerge, and developments that may occur, in the students' experience, as reported by individuals at different stages within the programme.

7.2 Self characterisation

The respondents were asked to engage with a process of self characterisation before attempting the grid formation. The purpose of this exercise was to encourage the students to focus upon concepts associated with nursing and nurse education which may be relevant to the expectations and perceptions of the respondents, and influential in the elicitation and construction of elements and constructs. This technique was utilised by Kelly (1955) to assess personal meanings. In accordance with personal construct theory self characterisation was written in the third person, from a perspective of a friend or colleague. The respondents were asked to write as they imagine someone would write who knows them very well in the identified role (in this case the role is student nurse).

7.2.1 First year cohort

Marissa Wagner

 In her self characterisation Marissa describes herself as *"an older woman who has raised her family and is returning to work and education."* Marissa does not have care experience, talking instead about her experiences caring for members of her family. She comments upon a *"need to build on her communication skills",* suggesting this may be because she has been at home with her children and needs experience in interacting with adults again. Marissa states that she *"lacks*

confidence" and *"often seeks the approval of her supervisors and peers"* to confirm she is doing things correctly. She is competent but lacks belief in her own abilities.

Lucy Liu

Lucy is a Polish student, in her self characterisation she reports that she speaks very good English, commenting that she is *" only slightly concerned about my communication skills"* believing she will *"manage to overcome any barriers associated with it"*. Lucy's first sentence in her self characterisation reveals that she *"takes her education very seriously"*. Lucy includes three statements about studying, explaining that she is *"enthusiastic about the course"*, and she *"always seeks opportunities to learn something new"*. Lucy also discusses learning clinical skills, explaining that she believes *"knowledge and practising is the key to success."* This student also reports that she *"tries to be professional"*, describing herself as *"very objective"*, and *"hates when she gets things wrong"*.

Maggie Smith

Maggie is a twenty three year old student whose first sentence within the self characterisation portrays herself as *"very enthusiastic, resourceful, inquisitive and friendly"*. This student also reports that she possesses *"a good bedside manner with patients to make them feel at ease"*. She continues that she is *"respectful of patient dignity and confidentiality"* and *"has a good knowledge of the NMC guidelines to practice which are demonstrated in her work"*.

7.2.2 Second Year Cohort

Mark Smith

Mark is a twenty two year old student from Poland. He reports that he *"always smiles"* and is *"very polite to patients and other members of the multidisciplinary team"*. In his self characterisation he describes himself as *"very kind and friendly"*. Mark alludes to studying within his self characterisation stating that he *"is keen to learn new things"*, and he *"works very hard to achieve his goals."*

Ailie Collins

In her self characterisation Ailie describes herself as *"very warm and caring"*, she writes that she enjoys working with patients and with other members of her team, portraying herself as *"well organised and positive about what she needs to carry out"*. This student thinks she is *"good at communicating with people"* and she reveals that she is *"always thinking of other people and how she can help them"*. Ailie also reflects upon her role as a student explaining that she is *"always wanting to learn and progress"*.

Lucy Burns

In her opening sentence, Lucy describes herself as *"laid back, lacks confidence, friendly and disorganised."* Lucy also observes that she is *"usually helpful"*, but notes that she sometimes *"takes responsibility too seriously"*. This student also considers her experience of learning in practice, writing that she *"tries her best but tends to let others intimidate her"*.

Hannah McKenzie

Hannah is a student who describes herself as *"eager to learn new things"*. She reports that she *"asks lots of questions"* and *"has good communication skills"*. Hannah links this statement to working well within a multidisciplinary team, however a distinct feature of her self characterisation is her disclosure that she is *"sometimes more comfortable working as a care assistant."*

7.2.3 Third year cohort

Susannah Kerr

Within her self characterisation, Susannah describes herself as *"a great communicator"*. She talks about patient engagement, emphasizing that she has *"a desire to do good for others"*, and believes she *"has an ability to care for patients"*. Susannah comments that she *"is not afraid to ask for help"*. This student is seen to anticipate the future in her self characterisation, she explains that she is committed to

"furthering her career and being the best nurse ...now and in the future". Susannah believes herself to be *"a great colleague"* who *"can be trusted in the ward setting"*.

Sophie McPherson

In her self characterisation Sophie describes herself as *"quiet"* and *"confident",* and she comments upon her ability to ask questions if she is unsure. This student also contemplates the importance of patient care. She states... *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station"*, describing herself as *"diligent in her work."*

Smoky Johnson

Smoky begins his characterisation by explaining that he is a nurse *"who will try to help patients as much as he can to be independent, healthy and well."* This student talks about being a team member who is *"always willing to help other members of the team"*. Smoky also declares himself to be *"reliable, trustworthy and honest"*.

At this initial level of analysis, the ten self characterisations presented here provide an opportunity for the reader to begin to gain insight into the character of the respondents in their own words. The implications of these self characterisations upon the study will be explored in further detail in Chapter Eight.

7.3 Photo Selection

The second data source utilised within this study was photo selection. Photos were used in this study to represent the mental image held by the respondents, and as supported by the literature and the methodological approach (explained in Chapters One, Two and Four), image, expectation and perception are interdependent. The mental image held by respondents may be informed by their pre-entry expectation, or their perception while studying on the programme. The process of photo selection also served to reduce researcher bias within the formation of the elements of the grid,

and finally to focus the respondents upon their own expectations and perceptions of nursing and higher education.

The respondents were provided with six photos selected by the researcher, based upon the themes emerging from the literature review as shown in the table below.

Table 5: Researcher selected photos and associated themes from the literature

Photos	Associated themes within the literature
Photo 1	These students are learning a practical skill of resuscitation within a classroom setting. This photo was selected to reflect the trend within the literature that reports the lay view that nursing is not 'academic'.
Photo 18	This photo was selected because the literature indicates a common lay perception of nursing focuses upon dramatic events and activities rather than the mundane
Photo 21	This photo was selected to represent the clinical environment of a hospital as perceived by the lay public
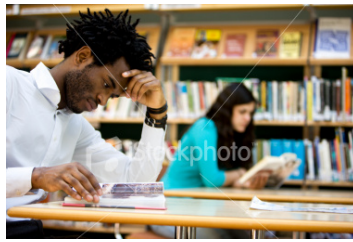
Photo 24	Photo 24 displays a stereotypical image of higher education students studying
Photo 25	The literature conveys that school leavers commonly perceive nursing to be stressful. This image portrays a nurse who appears stressed.
Photo 31	This photo portrays a nurse displaying care. The public are reported to believe that nursing is synonymous with caring.

Within this data collecting activity the respondents were asked to select a further six photos from a selection of forty pictures conveying a variety of images of nursing and nurse education. The respondents were then asked to explain their choice of photos, and these explanations were categorised into themes. The data generated from this activity is presented below. Quotations from respondents suggest the influence of expectation, perception and experience within their photo selection.

7.3.1 First year cohort

The photos chosen by the first year respondents are shown below:

Table 6a: Photo selection (first year cohort)

The table shows five photos (highlighted in bold type) were selected by two of the three respondents

Student	Photo Selection
Lucy Liu	36 9 5 **26** 34 **17**
Marissa Wagner	**7** 15 **41** **22** 3 14
Maggie Smith	**7** **22** **41** **26** **17** 32

Table 6b: Photo selection (first year cohort)

The table shows the following five photos with respondents' comments:

Photos	Comments
Photo 41	Maggie Smith explained that she chose this photo because *"this is what I expected nursing to be about",* and to Marissa Wagner this photo conveyed a message *"about the elderly and how important communication is".*

Photo 17	This photo was chosen because to Lucy Liu *"nursing is about studying all the time"* and Maggie Smith *"expected to sit exams in university."* The photo implies the students are working alone, the seating arrangement intimates a formal activity, although it is unclear what type of teaching or learning is featured.
Photo 26	This photo appears to have been selected because it conveys a skill, but also because it is seen by the respondent to be indicative of what nurses do. Lucy Liu chose this image because it depicts *"a skilled person drawing up an injection, a nurse's job"*.
Photo 7	Two respondents, Marissa Wagner and Maggie Smith, selected this photo because it connected with their notion of teamwork. This activity would be familiar to first year students because interprofessional education forms part of the curriculum.
Photo 22	Two students chose this photo because it represents *"hands on patient care"* (Marissa Wagner) and *"using nursing equipment... doing basic skills"* (Maggie Smith).

One other photo of learning theory (9) was included in the selection by Lucy Liu, however one of the three students, Marissa Wagner, did not include a photo of studying at all within her selection. A further five photos illustrating a variety of practical nursing skills were also chosen. Two photos (14 and 15) depict nurses attending to a patient's personal hygiene, and another portrays a nurse engaged in cleaning duties (32). A further two photos demonstrate skills that would not be familiar to first year students- a cardiac monitor (36) and an emergency situation (3). Lucy Liu included photo 5 within her selection because the *"person is professional looking and happy, how I would like to see myself"*.

7.3.2 Second year cohort

The photos chosen by the second year respondents are shown below:

Table 7a: Photo Selection (second year cohort)

The table shows that the photo 41 was selected by three of the four respondents, and photo 26, 29, 15, and 36 were selected by two of the four respondents.

Student	Photo Selection
Hannah McKenzie	9 11 17 28 22 **26**
Lucy Burns	**41** 14 **36 26** 27 **15**
Ailie Collins	**41 15** 34 23 **29 36**
Mark Smith	**29** 16 **26** 10 39 **41**

Table 7b: Photo selection (second year cohort)

The table shows the following five photos with respondents' comments:

Photos	Comments
Photo 26	Lucy Burns believes the administration of medicine depicted in this photo is *"a stereotypical picture of nursing, what you'd want to be"*. Mark Smith agrees describing this picture as *"the modern image of nursing"*, however the image conveys a depth of knowledge and skill that was unexpected by Hannah McKenzie... *"I knew nurses did medication but I had no idea how much nurses do and need to know"*.
Photo 41	This photo was selected by Lucy Burns because it reminded her of a recent placement experience and a familiar skill- caring for the elderly. Ailie Collins selected this photo because it represents *"what nursing is about"*, and Mark Smith justified his selection *"I expect to do this and I want to do this"*.
Photo 36	This photo of a monitor, indicating an aspect of nursing knowledge, was selected by two of four respondents, Ailie Collins and Lucy Burns, however at this point in their education reading and interpreting the monitor is not a familiar skill.
Photo 29	Two students, Mark Smith and Ailie Collins, selected photo 29 demonstrating hand washing, and Lucy Burns and Ailie Collins selected photo 15 depicting a nurse attending to personal hygiene, explaining that these are

Photo 15	nursing skills that feature in learning within practice and university.

It is interesting to note that all these photos convey practical skills. Practical skills involved in nursing were represented in a further four photos. Lucy Burns chose photo 14 because she deemed it *"important as well as complex skills"*. Hannah McKenzie selected photo 11 depicting bed making because she *"thought this was what nursing was about",* and the photo representing observations (22) because it *"sums up what I expected nursing to be"*. An image of teamwork (39) was selected by one student within this cohort because he *"has enjoyed the opportunity to work as part of a team"* (Mark Smith). These skills form part of the year one curriculum, and clinical placements facilitate practice of these skills within the clinical environment.

Although there was no commonality of photo selection of studying activity among the four respondents, each respondent selected at least one photo conveying learning theory.

Table 7c: Photo selection (second year cohort)

Seven photos depicting different aspects of learning theory were included in the selection:

Photos	Comments
Photo 9 **Photo 17**	Hannah McKenzie selected two photos (9 and 17) representing this part of the learning experience. Photo (9) presented a formal learning environment with students sitting in rows listening to a lecturer, and the other (photo 17) is less clear, as discussed in the earlier analysis of the first year cohort selection. Hannah chose these photos because *"I never realised there was so much to it, so much studying and hard work, I expected lectures and tutorials like the photos but I didn't expect it to be so in depth"*.
Photo 27	The other students were more positive, Lucy Burns selected this photo explaining that to her this picture suggests *"a picture of me just now, juggling studying and life, but uni is not as hard as I expected."*
Photo 10	This photo represents a student wearing a nurse's uniform together with a mortar board, interpreted by Mark as *"a symbol of a university education"*.

Photo 16		Mark Smith selected this photo depicting students learning anatomy and physiology within a laboratory setting, declaring that he was *"expecting more of this"*.
Photo 23		This photo was selected by Ailie Collins because it conveys to her an image of students *"studying in a group, helping each other, peer support"*.
Photo 28		Hannah McKenzie selected this photo, interpreted by the student as demonstrating *"support in placement, between a student and a trained staff nurse...didn't realise how much placement experience you get but this is my favourite part"*.

7.3.3 Third year cohort

The photos chosen by the third year respondents are shown below:

Table 8a: Photo Selection (third year cohort)

The table shows the following five photos (highlighted in bold type) were selected by two of the three respondents:

Student	Photo Selection
Susannah Kerr	35 8 **5** **27** **28** 23
Sophie McPherson	**41** 7 17 **15** **27** **28**
Smokey Robinson	30 **15** **5** **41** 16 **28**

Table 8b: Photo selection (third year cohort)

The table shows the following five photos with respondents' comments

Photos	Comments
Photo 5	This image of a nurse wearing a traditional nurse's uniform and a stethoscope around her neck was chosen by Susannah Kerr because *"this is where I want to be, to be happy and wearing a nurse's uniform",* and Smoky Johnson justified his selection stating this nurse *"looks happy, suggests a rewarding job".*
Photo 41	To Sophie McPherson, this picture conveys *"a picture of care of the elderly, helping people, which is the nurse's role and done a lot of the time".* Smoky Johnson also selected this photo because it shows that *"nursing is caring, about supporting patients".*
Photo 15	This photo was selected because it is *"part of the nurse's role, a thing we do a lot,"* (Sophie McPherson), and because it shows that nursing is *"not just about glamour as on television."* (Smoky Johnson).
Photo 27	Photo 27 reveals a student who is tired or struggling to study. Sophie McPherson relates her own experience of studying to this picture describing study as *"emotionally draining",* and Susannah Kerr interprets this picture as *"a student struggling with all the reading, I wasn't expecting*

Photo 28	This photo was chosen by all three respondents because it shows *"a student being supported by a member of staff, support is important in uni and in placement"*, (Smoky Johnson). Susannah Kerr concurs with this. For her the picture demonstrates support in placement *"working with nurses already doing what you want to do, learning from them, mentor support in placement is very important"*. Similarly, Sophie McPherson acknowledges the importance of a mentor, and comments upon support in both learning environments. *"Support in both uni and placement, mentor is very important, talking to people more experienced than self"*.

Two of the photos (41 and 15) portray nurses engaged in practical activities that would have been learnt in university and the clinical practice during the first year of the programme, and developed in both learning environments throughout the programme. The remaining two photos selected by two of the three third year cohort suggest other views of nursing in practice. One depicted teamwork (7), and one depicted a nurse working in community (35). Sophie Kerr chose to include photo 7 in her selection because it evokes *"discussion with colleagues, working as a team"*. Photo 35 has not been selected by any other student, and the reason for its selection by Susannah Kerr was because it was redolent of a recent placement experience, and *"part of the course and an area I'm interested in"*.

Within this photo collection created by the third year respondents, a further five photos depicting learning theory were selected. All students within this cohort included two photos of learning theory in their photo portfolio. A range of learning and teaching strategies are presented in the images, as shown in the table below.

Table 8c: Photo selection (third year cohort)

The table shows the following five photos with respondents' comments

Photos	Comments
Photo 30 	Smoky Johnson clarifies his selection of this photo by explaining that for him *"technology and IT is important, the need to support practice with evidence and research"*.
Photo 16 	Smoky Johnson also picked this photo because *"learning anatomy is important in nurse education"*.
Photo 17 	Sophie McPherson interprets this photo as a lecture setting, *"uni lectures, lots of studying and reading, how I imagined it really"*.
Photo 23 	Susannah Kerr included a photo portraying group work because *"we do this a lot in uni and I wasn't expecting it but I have enjoyed it"*.

Photo 8		The final photo within this selection depicts students partying. This was important to Susannah Kerr because it suggests *"socialising, making friends, this is a reason for coming to uni, to meet new people"*.

To summarise, the three student cohorts engaged in the process of photo selection and the data created by each cohort has been presented. The reasons provided by the respondents explaining their selection of photos has generated rich, in depth data. Deeper analysis of this data will take the study further, assisting the researcher in her consideration of the student experience and its influence upon the students' perceptions of nursing, and will be discussed in Chapter Eight.

7.4. Repertory Grids

Compilation of the repertory grid was the third stage of the data collection. The purpose of the repertory grid was to facilitate students in the creation of personal constructs as the researcher attempts to explore the influence of pre-entry expectation before programme commencement, and the student learning experience of the programme upon the perceptions of further education students. The respondents were asked to complete a repertory grid using the instruction sheet (Appendix IX) as a guide. This data gathering activity had two distinct stages. Firstly the participants were required to consider twelve visual images of nursing and studying activities. These were the elements of the grid. Using a process of triadic elicitation, constructs were created and images were ranked accordingly between the constructs. Secondly the participants were asked to rate each of the photos they had selected to become the elements of the grid to a prompted question "How far does this photo reflect your expectations or perceptions of nursing and nurse education?" This question was used to identify how respondents view themselves and the world, both before they commenced the programme, and following commencement of the programme. The

limitations of using this double barrelled question are discussed within Chapter Twelve, and it may be the case that two separate questions and ranking activities would link more clearly to the research questions, however, such a question reflects the interdependency of perception and expectation within the constructivist approach, and data pertaining to concepts such as decisions, attitudes, perceptions, expectations, and judgements may be drawn from this data set.

At this initial stage of analysis, the repertory grids will be reported as they were created by students within each cohort followed by presentation of the rating of the photos explained above. Further analysis will be explained in Chapter Eight.

7.4.1 First year cohort

The following constructs were identified by the all three participants within the first year cohort:

Table 9a: Common repertory grid constructs (first year cohort)

Constructs	Constructs
Happy	Stressed/stressful
Clinical practice	Learning in university
Team work	Working alone
Skilled activity	Unskilled activity

The following range of constructs was unique to a minimum of one respondent within the cohort:

Table 9b: Less common repertory grid constructs (first year cohort)

Constructs	Constructs
Wearing uniform	Wearing casual clothes
Associated with patients	Associated with our selves
How I see myself now	How I do not see myself
Communicating	Taking control
Realistic to my view of nursing	Unrealistic to my view of nursing
Doctor associated activity	Nurse associated activity
Shows activities	Shows state of mind
Pleasant	Unpleasant

The second stage of the repertory grid requested the participants to rate each of the twelve photos which were the elements of the grid to a prompt "How far does this photo reflect your expectations or perceptions of nursing and nurse education?" A likert scale of 1 = most like own image to 6 = least like own image was used.

Table 10a: Rating of the researcher selected elements (first year cohort)
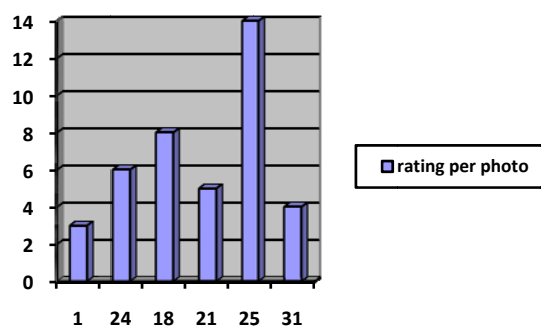
Table 10a demonstrates the respondents rating of the photos selected by the researcher in relation to the "match" of their own expectations or perceptions of nursing and nurse education. The maximum score for each photo is 18. The lower the

score the greater the match to the students' expectations or perceptions. This information is summarised in the table below:

Table 10b: Individual scores for each photo (first year cohort)

Photos	Rating score (maximum 18)
Photo 1 	This photo received a score of 3 indicating the closest association with the expectations or perceptions of the respondents.
Photo 31 	This photo received a score of 4, also indicating a strong resemblance to the expectations or perceptions of the respondents.
Photo 25 	This photo received a score of 14 indicating the least association with the expectations or perceptions of the respondents.

The respondents also rated the six photos they selected from the range of forty. However the variation in score was not significant, each photo being rated either 1 or 2 on a likert scale of 6. This indicates that the students selected images which were close to their own expectations or perceptions.

7.4.2 Second year cohort

The second year cohort created many varied constructs, the researcher was unable to identify one construct that featured in all four repertory grids. The table below shows constructs that were common to two or three of the respondents.

Table 11a: Common repertory grids constructs (second year cohort)

Constructs	Constructs
stressed	Not stressed
Clinical practice	Learning in university
Team work	Working alone
Covered in media	Not covered in media
Want to be	Don't want to be
Communication	Not communication
Professional	Not professional

The following range of constructs was unique to a minimum of one respondent within the cohort:

Table 11b: Less common repertory grid constructs (second year cohort)

Constructs	Constructs
expected	Not expected
Scary and intimidating	Not scary and intimidating
How I see myself now	How I see myself in the future
Education required	No education required
Image	Reality
Confidence	Lacks confidence
Emotion involved	Not emotional activity
Needs level of responsibility	No responsibility involved
Already professional	Keen to learn

The second stage of the repertory grid requested the participants to rate the twelve elements to a prompt "How far does this photo reflect your expectations or perceptions of nursing and nurse education?" A likert scale of 1 = most like own image to 6 = least like own image was used.

Table 12a: Rating of the researcher selected elements (second year cohort)
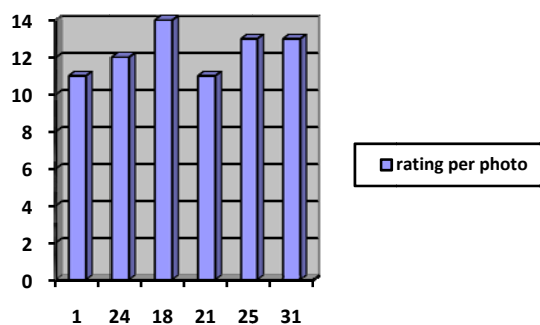
Table 12a demonstrates the rating of the photos selected by the researcher in relation to the "match" of their own expectations or perceptions. The maximum score for each photo is 24. The lower the score the greater the match to the students' expectations or perceptions.

Table 12b: Individual scores for each photo (second year cohort)

The table below summarises the score awarded to each photo:

Photos	Rating score (maximum 24)
Photo 1 	Both these photos, 1 and 21 received a score of 11 indicating the closest association with the expectations or perceptions of the respondents.
Photo 21 	
Photo 18 	This photo received a score of 14 indicating the least association with the expectations or perceptions of the respondents.

It would appear that one respondent, Hannah McKenzie, may have misunderstood use of the likert scale in this part of the procedure. This respondent rated all photos between 3 and 6 thus indicating a low similarity to her own expectations or perceptions.

The respondents also rated the six photos they selected, however the variation in score was not significant, each photo being rated either 1 or 2 on a likert scale of 6. This indicates that the students selected images which were close to their own expectations or perceptions.

7.4.3 Third year cohort

The following constructs were identified by all respondents within the third year cohort:

Table 13a: Common repertory grid constructs (third year cohort)

Constructs	Constructs
Clinical practice	Learning in university
Team work	Working alone
Media image	Reality
Happy/rewarding	Lonely/stressful/sad

Table 13b presents constructs that were created by one or more of the third year cohort.

Table 13b: Less common repertory grid constructs (third year cohort)

Constructs	Constructs
Expected	Not expected

Engaging with colleagues	Engaging with patients
Aspire to be	Used to be
Patient expectations	Not patient expectations
On the road to registration	Already achieved
Professional aspect	Personal and social aspect
Support	Struggling alone
Needing help	Competent
Communication important	Communication not important

The second stage of the repertory grid was the rating of the elements to a prompt "How far does this photo reflect your expectations or perceptions of nursing and nurse education?" using a likert scale of 1 = most like own image to 6= least like own image.

Table 14a: Rating of the researcher selected elements (third year cohort)
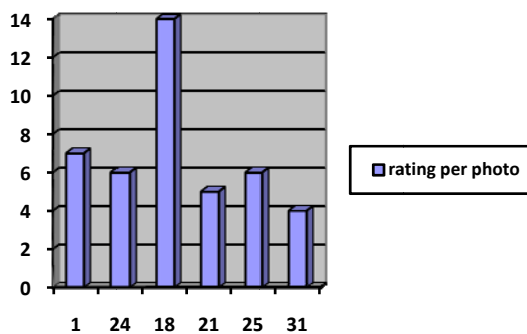
Table 14a demonstrates the rating of the photos selected by the researcher in relation to the "match" of their own expectations or perceptions. The maximum score for each photo is 18.The lower the score the greater the match to the students' expectations or perceptions.

Table 14b: Individual scores for each photo (third year cohort)

The table below summarises the score awarded to each photo:

Photos	Rating score (maximum 18)
Photo 31	This photo received a score of 4 indicating the closest association with the expectations or perceptions of the respondents.
Photo 21	This photo received a score of 5, also indicating a strong resemblance to the expectations or perceptions of the respondents.
Photo 18	This photo received a score of 14 indicating the least association with the expectations or perceptions of the respondents.

The respondents also rated the six photos they selected, however the variation in score was not significant, each photo being rated either 1 or 2 on a likert scale of 6. This indicates that the students selected images which were close to their own expectations or perceptions.

Presentation of data obtained from the two stages of this data set suggests a level of complexity requiring further exploration. This analysis will progress the study towards its consideration of the research questions, and will be developed in Chapter Eight.

7.5 Focus Group

The focus group served as the fourth data source within this study. The "structured eavesdropping" (Powney, 1988) which occurred throughout the three focus groups will be reported here before further analysis is detailed in chapter seven. The purpose of the focus group is to confirm individual responses, and explore the group interaction that developed within the focus group setting. The focus groups followed on from the repertory grid compilation, and emerged almost as an extension to the repertory grid formation. Consequently conversation developed freely among the groups, and although prompts had been identified (appendix X), the researcher only needed to prompt each group occasionally. Data emerging from the focus group discussion is presented below by individual student cohort.

7.5.1 First year cohort

The first year respondents reflected upon their pre-entry expectations of nursing and higher education, and their on-course experience thus far of learning within the university and within the clinical environment. This prompt resulted in the following points:

Prompt: Before I started nursing I thought it was about...
A brief discussion of reasons for entering nursing emerged, one student talked about financial gain, and another commented upon the potential to *"go anywhere"* (Lucy Liu).
Respondents expressed a need and a desire to care for people, *"I have always wanted to care for people"* (Marissa Wagner) and a wish to *"make a difference"* (Maggie Smith).

Although unable to comment to any great degree whether their views and expectations had changed, the following points arose from discussion:

Prompt: I now think nursing is about...
There was consensus among the first year cohort that their experience had been positive thus far, *"placements are brilliant"* (Lucy Liu), *"the staff are supportive"* (Maggie Smith) and as *"interaction and caring skills get better, confidence grows"* (Marissa Wagner). Students identified they were able *"to calm people down"* (Marissa Wagner), and *"take them through the steps of what will happen"* (Maggie Smith).
In first year, this focus group reported that nursing appears to be about *"doing observations and teaching patients"* (Maggie Smith), and *"communication and generally supporting patients throughout their care journey"* (Marisa Wagner), and *"we've been taught that"* (Lucy Liu).
Reflecting upon learning within the clinical environment, Lucy Liu, a first year student, stated that students learnt more within placement *"if the placement was good"*. Marissa Wagner confirmed that in a good placement you could *"make a difference"*.
The first year cohort highlighted two aspects they considered to be important within the clinical learning environment, firstly staff relationships, and secondly

a sense of belonging. One respondent, Maggie Smith, inferred that staff attitudes were of key importance, stating *"people are used to uni students they don't resent us, I think they're eager for us to get an education"* and others within the group confirmed that mentoring, and the attitude of the auxiliaries was very influential. *"I feel well supervised, the staff are supportive and make sure we're happy to do tasks"* (Lucy Liu).

All of the respondents commented favourably upon the positive attitudes of staff they had encountered thus far, for example Lucy Liu described a sense of belonging, *" I feel part of the team but at the same time learning and observing"* (Lucy Liu). Marissa Wagner also commented that she was *"learning by observing other people and I'm enjoying it",* and Maggie Smith said *"auxiliaries do what nurses used to do, we do some of that too"*.

The group discussed the concept of supernumerary status, and one first year student, Maggie Smith, reflected upon the ease of functioning as a care assistant rather than a student, fitting in and becoming a spare pair of hands *"it's easy to do auxiliary nurse jobs but you have to be in with consultations, you have to find a balance"*.

The discussion also considered whether first year students would "fit in" with bad practice or challenge those they were working with. Maggie Smith reported *"a lot of rule of thumb"* and the first year students discussed whether they felt able to challenge this. *"Different styles do exist"* (Maggie Smith), and Lucy Liu acknowledged *"when things are done differently I don't say anything"*. Marissa Wagner stated that she tried to *"stick to the way I have been shown"*.

The following discussion arose in response to the identified prompt:

Prompt: I expected university to be...

The first year students within this cohort expected *"more lectures and studying on my own with books"* (Maggie Smith).

First year Marissa Wagner found studying daunting. She was confused by language and systems, and felt like *"a scared rabbit"*. This student expressed enjoyment in gathering information and researching, but lacked confidence in the presentation skills needed as part of problem based learning.

Another first year student found that the amount of theory covered before gaining placement experience was positive, *"uni made me feel confident"* despite the fact that "*they don't expect you to know anything!"* (Maggie Smith).

Discussion highlighted the following points:

Prompt: Studying nursing has included...
Reflecting upon learning in university, Maggie Smith felt it was as expected, Marissa Wagner felt it was much harder and found it daunting, and Lucy Liu commented not upon the level but the curriculum content, expecting more science such as anatomy and physiology.
The importance of interprofessional learning within the curriculum provoked considerable discussion among the first year cohort. Its relevance to the health care environment was acknowledged, *"it's useful because we're working with a lot of other people"* (Lucy Liu), and *"it helped when we went to other places to see what other people do"* (Maggie Smith), but the timing of a module in the first year was seen to be too complicated for them to assimilate. Lucy Liu goes on *"we're supposed to learn from each other but we need to learn our own profession first."*

The second year cohort also completed the same exercise.

7.5.2 Second year cohort

In an attempt to address the research questions the second year focus group also discussed their pre-entry expectations. Points of discussion are summarised below:

Prompt: Before I started nursing I thought it was about...
Pre-entry expectations of the second year cohort appeared to be based upon personal experience in hospital, visiting relatives in hospital, or previous work experience.
One second year student commented upon *"the endless possibilities of a career in nursing"* (Lucy Burns), and another thought nursing would be *"rewarding and worthwhile"* (Ailie Collins).
This student cohort confirmed that they expected nursing to be hard work, discussing the media image, *"nursing didn't have a brilliant image"* (Lucy Burns).
The same student concluded that her experience thus far had altered, and although nurses are usually portrayed as *"being bossed about by doctors, actually nurses have more say... they are a profession in their own standing"* (Lucy Burns).

The students within the second year focus group discussed the following:

Prompt: I now think nursing is about...
Ailie Collins commented upon the importance of *"enthusiastic nurses and auxiliaries"* to the learning experience, and this was supported by others in the

group. Lucy Burns experienced negativity and hostility from some auxiliary staff in one placement, *"they were horrible...made a big deal out of me being supernumerary"*. She explained that *"I usually learn more in placement but I wasn't fortunate ...didn't do any nursing, not caring for people, just cleaning up, and I wasn't part of the team"*. Mark Smith stated *"that there was lots to learn, I could do injections and catheterisations"*, explaining that *"my mentor helped me work out what I needed to do"*. Hannah McKenzie expressed disappointment that nursing seems to be about *"lots of paperwork and referrals"*.

All four students within this cohort agreed that their expectations of learning opportunities within the clinical learning environment was met, however Lucy Burns explains - *"sometimes you have to go out of your way to get learning experience"*. Mark Smith commented that *"in a good placement it was great, I could practise all my skills from CSL"*.

This focus group reflected a consensual view that their experience of supernumerary status had been inconsistent. Hannah McKenzie commented *"I like to get stuck in rather than tagging behind the mentor"*. This student also commented that on placement she liked to feel part of the team, *"being supernumerary is ignored and I like that better-to feel part of the team"*. Sometimes they were counted as a member of staff, however all the students agreed that this did not appear to be problematic, they all felt able to challenge this and little conflict arose. Lucy Burns commented *"my link lecturer was good and that made up for the mentor."*

For two of the second year cohort, nursing has been about adversity, particularly childcare issues. These students discussed the difficulty in securing childcare throughout long twelve week placements, particularly during school summer holidays, and they felt that if they were informed of this they would not have embarked upon the programme. *"It's hard to get someone to take on your responsibilities for you"* (Lucy Burns), and Ailie Collins agrees *"it's a big problem for mature students"*.

The second year focus group also reflected upon their pre- entry expectations and their on- course perceptions of studying at university:

Prompt: I expected university to be...
One respondent suggested *"university was not as intense as I expected"* (Ailie Collins) commenting that there was sufficient time to study.
Another explained that support was available from lecturers *"there's always people to help you"* (Hannah McKenzie).
Two of the second year students compared their higher education learning experience thus far to that of further education which was *"full on with twenty one exams in a year"* (Ailie Collins), and *"nine to five every day"* (Lucy Burns).

The following key points arose in response to the prompt identified below:

Prompt: Studying nursing has included...
Teaching and learning strategies also appeared to surprise all respondents. Students did not expect problem based learning, evidence based practice, research and group work, anticipating instead *"lectures and, lots of assessments"* (Hannah McKenzie) and self study using text books.
The curriculum was also discussed, and this cohort, in accordance with the first year cohort considered the issue of interprofessional learning.
Mark Smith commented that before he started nursing he was not aware of interprofessional working, and did not expect it to be part of the course, however interprofessional education within the university *"makes it easier to engage with others"*.

The same exercise was completed by the third year cohort.

7.5.3 Third year cohort

In an attempt to address the research questions this focus group also explored pre-entry expectations of nursing and higher education:

Prompt: Before I started nursing I thought it was about...
All three students within this cohort expressed *"a desire to care"* (Susannah Kerr) *"to make a difference, to feel fulfilled"* (Sophie McPherson) and *"to make someone's day a wee bit better"* (Smoky Johnson).
Students explained that their expectations were based upon personal experience in hospital, or previous work experience both in a care environment and also in a call centre environment. Smoky Johnson explained that he *"wanted to do nursing to help people and to me that is still what it is"*.
The same respondent, Smoky Johnson, also reflected upon whether reality differed from media image commenting that he thought nursing was about *"handing out pills"*. He continues *"Casualty, Holby City and them show operations but seeing it first hand is amazing, it's different, it's not all glamour, it is stressful"*.

Discussion also arose in response to the prompt below:

Prompt: I now think nursing is about...
Two students within this group, Sophie McPherson and Susannah Kerr, felt that in some ways nursing was as they had expected, but differed in others, and their views and expectations had altered as a result. Sophie McPherson believed *"It's really important to give good patient care"* and Susannah Kerr commented *"nursing is about caring, helping, giving people good care and a better life"*.

Sophie McPherson and Susannah Kerr concluded that their views about nursing had developed over the two and a half years. Susannah Kerr explained that *"building blocks"* such as *"greater knowledge and technical skills"* have been added.
The discussion appeared to suggest that although all the respondents' views had developed, they still considered nursing to be about caring for people...*"nursing is about people and technical skill, you need to mix the two together and get an even balance"* (Susannah Kerr).

Reflecting upon their learning within university, the following points emerged:

Prompt: I expected university to be...
One student within this cohort concluded that the emphasis upon theory surprised him. Smoky Johnson expected to spend more time learning in the clinical environment than university.
The teaching and learning strategy of problem based learning and research was not expected by any of the third year students.
Susannah Kerr and Sophie McPherson both commented that the workload in university was *"lighter"* than expected.
Smoky Johnson reflected upon his year in further education and two and a half years in higher education, reporting that he found his further education experience had *"made me wonder if I was doing the right thing because it was so hard and I had been out of education for so long"*.
One student explained that although he realises that some of the learning strategies within higher education have been beneficial, others are daunting and

> *"it's unclear how to put it into practice"* (Smoky Johnson).

Support was seen to be important to this cohort, the discussion focused upon support networks within the university, Sophie McPherson stated *"there is a lot of support in uni..."*, and support from academic staff during learning in practice was acknowledged as *"very important"* (Susannah Kerr), providing *"continuity between university and practice"* (Sophie McPherson).

Reflecting upon their learning within the clinical environment, this prompt generated the following points:

Prompt: Studying nursing has included...

All students within this third year group expressed an opinion that practice learning was more meaningful than university. Susannah Kerr explained *"uni is airy fairy and placement is practical and down to earth"*. All three members of the group also felt strongly that there was a difference between what was taught in university and what was practised in the clinical environment.

All three students at this stage of their education reported that they had challenged practice if they felt patients were at risk, but also *"let things go if it was pernickety"* (Sophie McPherson).

Experience of supernumerary status appears to have been variable, there was consensus among the two students that on occasion they had been *"counted as a member of staff"* (Sophie McPherson), or *"a pair of hands to make up the numbers"* (Susannah Kerr). The other student Smoky Johnson, reported that *"I always feel part of the team, I want to be hands on, help patients, supernumerary is not an issue for me, I just get on with it"*.

Although some time was spent learning by observation at this stage of their programme, the third year students indicated that *"I was more involved"*

(Susannah Kerr), were *"given more responsibility"* (Sophie McPherson) This enabled these students to feel part of the team, although support was still required. Sometimes students had to push themselves forward in order to learn, Susannah Kerr commented *"you have to stick your nose in so you don't miss out on learning"*.

The third year cohort reflected that *"good mentorship is important"* (Smoky Johnson) but there was agreement that it was not always the case. Sophie McPherson stated that "*it depends on the placement, some mentors are keen, others seem too busy"* and Susannah Kerr agreed, adding *"sometimes it's hard to ask for help"* (Susannah Kerr).

Summary

The four data sources used within this study include self characterisation, photo selection, repertory grid formation and focus groups. The findings emerging from these four data sources have been presented by each individual student cohort, highlighting many aspects of the further education students' pre-entry expectations of nursing and higher education, and their student experience of learning within university and the clinical learning environment. This presentation of findings permits further scrutiny of the data in the following chapter in an attempt to identify similarities, differences within the data sets. The findings reported here form the basis of the identification of themes which is also explained in Chapter Eight.

Chapter Eight: Analysis of Findings

8.1 Introduction

In accordance with the philosophical underpinnings of interpretivism this study focuses upon the meaning and interpretation of events and experiences. The exploratory nature of the study suggests the researcher is attempting to characterize a process or phenomenon in order to enhance understanding. The aim of this study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students. The literature review exploring the expectations of further education students regarding nursing as a career, and the student experience of learning within the university and within the clinical environment underpins this study. In this chapter analysis of findings enabled the researcher to uncover and describe the essence of the student experience, interpreting the data in a trustworthy, rigorous manner.

Literature suggests that the analysis of themes is a useful strategy within the repertory grid technique (Morrison, 1991; Feixas and Neimeyer, 2002), thus the technique of thematic analysis was used to sort the data and link the findings to the following research questions:

1. **What are the further education students' pre-entry expectations of nursing?**
   a) Why do further education students enter nursing?
   b) What do further education students expect nursing to involve when they start the programme?
   c) How do these expectations change throughout the education programme?
2. **What are the further education students' pre-entry expectations of higher education?**
   a) What do further education students expect nurse education to involve when they start the programme?
   b) How do these expectations change throughout the education programme?

3. Which aspects of the student learning experience influence their perception of nursing and nurse education?

a) What are the further education students' experiences of learning within the clinical environment?

b) How does their on-course experience differ from their expectations?

As explained in Chapter Seven, within this study four data sources were utilised to support the methodological framework presented in Chapter Four. These include:

➤ Self characterisation

➤ Photo selection

➤ Repertory grid formation

➤ Focus groups

Within this chapter the data that emerged is presented by each of the four data sets above. The purpose of this level of analysis was to compare and contrast the data reported by each year group within the four data sources, identifying emerging themes. This served to illuminate the student experience encountered at different stages within the programme. Despite the diversity in the students' backgrounds and demographic profiles, the reporting of the results indicates some distinct commonalities among the sample. In this chapter these will be explored and emerging themes will be identified and discussed.

8.2. Self characterisation

The respondents were asked to engage with a process of self characterisation before attempting the grid formation, in order to focus upon concepts which may be relevant to the expectations and perceptions of the respondents, and influential in the elicitation and construction of elements and constructs. Figure 1 identifies the themes emerging within this data set:

Figure 1: Themes emerging from self characterisation
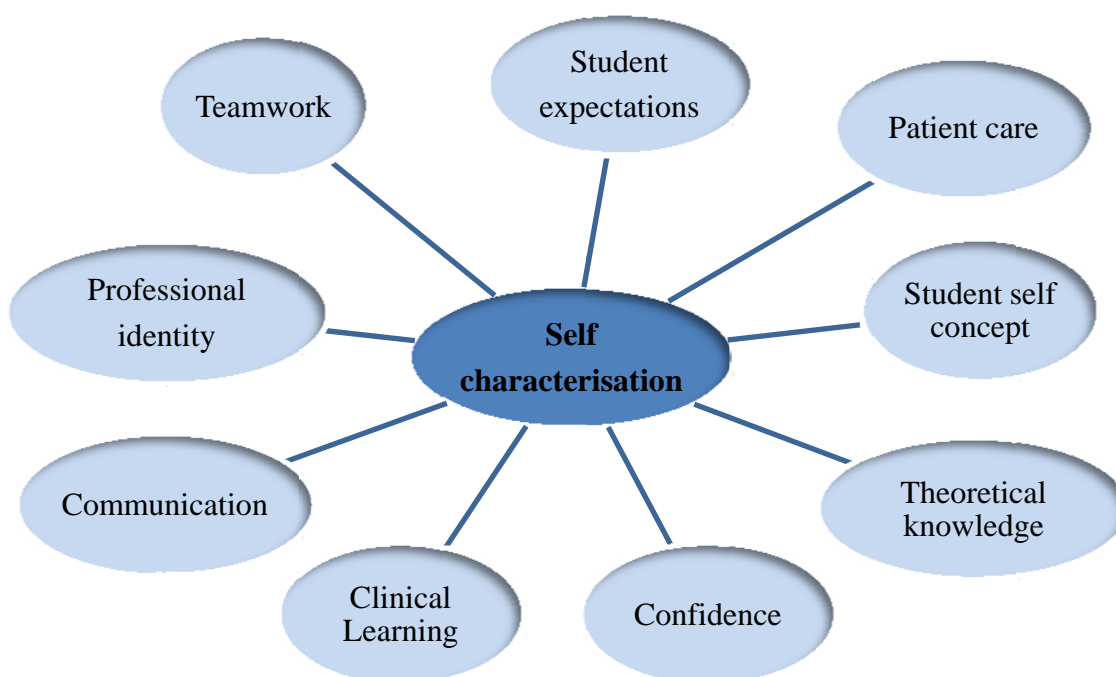
Student expectations

The process of completing these sketches provided some insight into the pre-entry expectations of the students and motivation for entering nursing, and perceptions of nursing and nurse education since commencing the programme. Among the first year students Marissa Wagner explains that she is *"an older woman who has raised her children and is returning to work and education"*, and Lucy Liu claims to be *"enthusiastic about the course"*. Third year student Susannah Kerr reports that she has *"a desire to do good for others",* however the remaining respondents do not illuminate their career choice.

Image

Respondents from all cohorts used phrases that acknowledge the influence of the stereotypical image of the nurse. For example, first year student Maggie Smith highlighted her *"bedside manner"* as important. Mark Smith (second year) described

himself as *"kind and friendly",* and third year students Susannah Kerr reflected upon *"an ability to care for patients",* while Smoky Johnson described himself as a nurse *"who will try to help patients as much as he can".*

Communication

Initial analysis leads the researcher to suppose that the theme of communication emerges within this data set as a desirable skill that is deemed valuable in nursing. Five students make direct reference to communication skills, the first year students as an area that needs improving, Marissa Wagner believes she *"needs to build on her communication skills",* and Lucy Liu, a Polish student, writes that she is *"only slightly concerned about her communication skills"* Two second year students describe their communication skills as *"good",* and a third year assesses her skills as *"great".*

Patient care

The theme of patient care emerges within the self characterisations, identified by six students across the three cohorts. This theme is more prevalent among the writing of the third year students who all reflect the implied importance of patient care. Smoky Johnson explains that he is a nurse *"who will try to help patients as much as he can",* Sophie McPherson states   *"I spend time with patients",* and Susannah Kerr believes she *"has an ability to care for patients".* The self characterisations created by the first and second year students reflect qualities associated with patient care such as *"very polite and friendly"* (Mark Smith) however only Maggie Smith, a first year, makes a strong link to the theme reporting that she possesses *"a good bedside manner with patients to make them feel at ease".*

Teamwork

The researcher is aware that teamwork is arguably an important principle within nursing, and interprofessional education is a feature of this nursing degree programme. It is worthy of note that this concept is not discussed within the first year cohort. Five students across the second and third year cohorts reflect upon their role within the multidisciplinary team, third year Smoky Johnson explains that he is *"always willing to help other members of the team",* and second year Ailie Collins states that she enjoys working with other members of the team.

Confidence

The notion of confidence emerged as a common topic, although each cohort interpreted it in a different way. Within the first year cohort the issue of confidence was related to *"seeking the approval of supervisors"* (Marissa Wagner), it was about a *"lack of confidence"* (Marissa Wagner) and a desire not to *"get things wrong"* (Lucy Liu). On the basis of the researcher's professional experience of mature students, it is argued that these traits are common to many mature students.

Likewise, a second year student referred to confidence from a conceivably negative standpoint, linking it to a feeling of intimidation (Lucy Burns). On the other hand the third year cohort hint at a more positive notion of confidence, using terms such as trustworthiness (Susannah Kerr) honesty, and reliability (Smoky Johnston).

Professional identity

Within the third year cohort these descriptions appeared to imply a level of professional identity, positive qualities that resulted in Susannah Kerr reporting herself to be a *"great colleague",* and *"someone who could be trusted in a ward setting."* The other third year respondent, Sophie McPherson also alluded to professional behaviour, *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station".* Similarly, two self characterisations completed

by the first year cohort give the impression that professional behaviour is important. Lucy Liu writes that she *"tries to be professional",* and her colleague Maggie Smith reveals an understanding of this concept claiming she *"has a good knowledge of the NMC guidelines to practice which are demonstrated in her work".*

Self concept

Within the self characterisations completed by the first year cohort, the students seemed to describe themselves by what they do *"interacting with adults"* (Marissa Wagner) *"...spend a lot of time studying... seek opportunities to learn something new"* (Lucy Liu), and engage with practical skills using *"a good knowledge of the NMC (Nursing and Midwifery Council) Guidelines"* (Maggie Smith). However the other two cohorts reflected more upon themselves as people, identifying characteristics such as *"warm and caring"* (Ailie Collins), *"kind, friendly and polite"* (Mark Smith) and personal qualities and attributes such as *"quiet, but diligent"* (Sophie McPherson). Lucy Burns, a second year student, created a self characterisation that comes across to the reader as quite negative and self-deprecating. This student uses one positive term, but surrounds it with less attractive terms, for example, *"laid back, lacks confidence, friendly and disorganised."* She describes herself as *"helpful"* but qualifies it with the term *"usually".* Similar observations can be made within the self characterisation of first year student, Marissa Wagner, who writes that she is *"competent but lacks belief in her own abilities".* The researcher deliberates whether this is another consequence of implementation of this tool, an indicator of individual traits of personality, or indeed a characteristic of mature students as they struggle with a strange and new learning environment.

Theoretical knowledge

It is interesting to note that study within the context of learning within the university was only included in one self characterisation. Lucy Liu, a first year student, was

alone in commenting that *"I take my education very seriously"*. It appears to the researcher that this may be a consequence of the use of this research tool. Such limitations will be described later within this chapter.

Clinical learning

The theme of being keen to learn, asking for help, and the need to learn new things was also shared among all three year groups. To the researcher these terms echo strategies associated with problem based learning, within the self characterisations the students seem to consider these concepts within the context of learning in practice.

8.3. Photo selection

Within the study, the respondents were provided with six photos selected by the researcher, based upon the themes emerging from the literature review. The respondents were then asked to select a further six photos from a selection of forty pictures conveying a variety of images of nursing and nurse education. Figure 2 identifies the themes emerging within this data set:

Figure 2: Themes emerging from photo selection
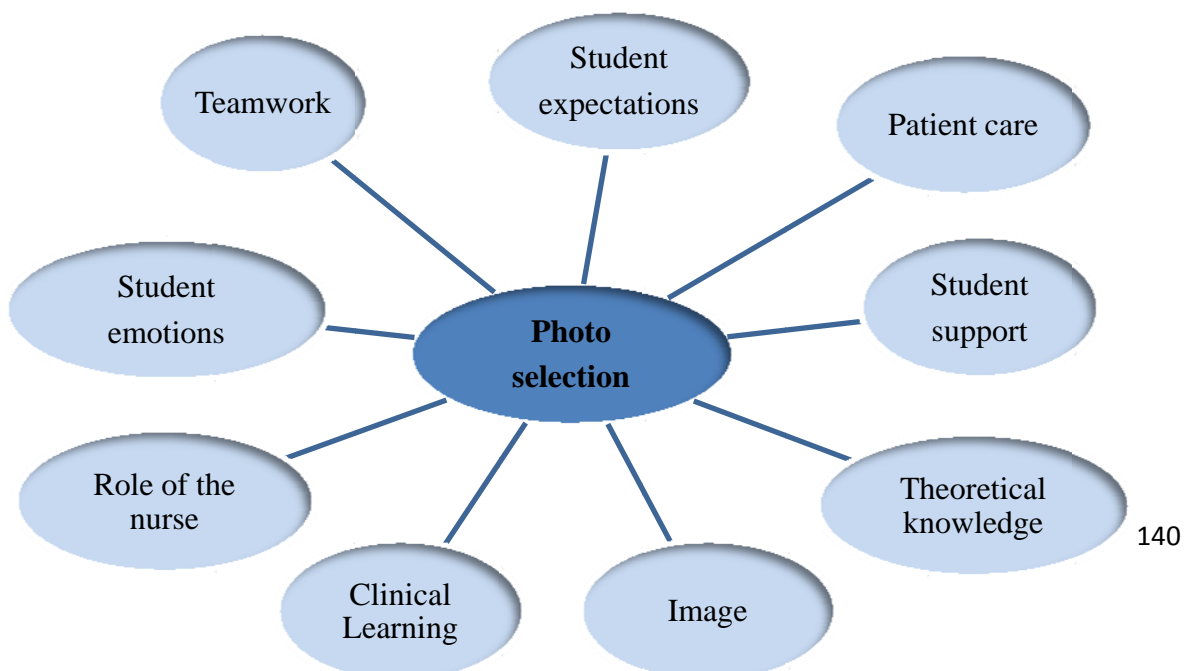
Patient care

The selection of photos demonstrates the theme of patient care is explicit across the three cohorts. Seven of the ten respondents chose a photo depicting a nurse caring for an older person (41). The second most commonly selected photo (15) across the cohorts, chosen by five of the ten participants, also represented an aspect of patient care.

Table 15: Photo selection (patient care)

Photos	Comments
Photo 41	This photo gives a picture of a nurse engaged in patient care, described by respondents as *"about the elderly and how important communication is"* (Maggie Smith), *"a picture of care of the elderly, helping people..."* (Sophie McPherson) and *"it reminds me of a recent placement"* (Lucy Burns).
Photo 15	The students reported that this photo depicts *"a manual but important task"* (Marissa Wagner), *"personal care...deal with it without embarrassing the patient because it is very personal"* (Sophie McPherson), and described by Lucy Burns as *"important as well as the complex skills"*.
Photo 22	Marissa Wagner selected this photo because it suggested *"hands on patient care"*.

| Photo 34 | | This photo was selected by Ailie Collins because it implies *"caring for people"*. |

What seems to emerge from this discussion is the importance of care to the students within this study.

Student expectations

Earlier analysis has revealed that the word "expect" occurs many times in relation to the student experience within theory and practice during the photo selection completed by all three cohorts:

Table 16: Photo selection (student expectations)

Photos		Comments
Photo 41		Maggie Smith, a first year student interpreted this photo as patient nurse communication explaining, *"this is what I expected nursing to be about"*. Second year Mark Smith also chose the same photo with a similar comment.
Photo 22		Hannah McKenzie selected this photo depicting a nurse recording observations, because it *"sums up what I expected nursing to be"*.

Photo 17

Photo 9

A respondent within the second year cohort selected two photos (9 and 17) because *"I never realised there was so much to it, so much studying and hard work, I expected lectures and tutorials like the photos but I didn't expect it to be so in depth"*. Susannah Kerr, a third year student, also commented that she did not expect the amount of reading that was required and group work was something *"we do... a lot in uni and I wasn't expecting it"*.

However Sophie McPherson selected an image of studying (17) because it is *"how I imagined it really",* and Maggie Smith, a first year student *"expected to sit exams in university"*.

Photo 26

Similarly another second year student, referring to photo 26, commented that *"I knew nurses did medication but I had no idea how much nurses do and need to know"*. She continues later *"I didn't realise how much placement experience you get but this is my favourite part"* (Hannah McKenzie).

Photo 29	Some photos depicting learning in practice were selected because they did not correspond with student expectations. Second year student Ailie Collins selected this image of hand washing, commenting that *"I didn't think I would do it as much"*.

Image

The participants explained that their selection was influenced by how they see themselves at present, or how they would like to see themselves in the future. Image appeared to be important in the photo selection:

Table 17: Photo selection (image)

Photos	Comments
Photo 5	First year student Lucy Liu chose this photo because it is *"how I would like to see myself"*, a view echoed by third year students Susannah Kerr... *"this is where I want to be"*, and Smoky Johnson who thought the photo *"suggests a rewarding job."* .

Photo 26		Two second year students selected this photo because it posed *"a stereotypical picture of nursing"* (Lucy Burns) and it suggested *"the modern image of nursing"* (Mark Smith).
Photo 15		This image depicting a nurse attending to personal hygiene was selected by a third year student because he wanted to challenge media imagery and acknowledge that nursing is *"not just about glamour as on television"* (Smoky Johnson).

Terms such as *'stereotype'*, and *'modern image'* were used throughout the photo selection process. It is worthy of note that a stethoscope, usually worn casually around the neck, features in twelve of the forty two photos used in the study. Anecdotally, nurses are often portrayed as such in television programmes. Ten of these photos were included within the photo portfolios created by the participants, however, no comments were made concerning the stethoscope, Although inclusion of a stethoscope suggests to the researcher a predilection among the media of television and photography for this symbol to represent the medical and nursing professions, it appears that within this study the participants were unaware of any significance.

The role of the nurse

Some photos were selected because they presented activities commonly believed to be important in nursing as shown in the table below:

Table 18: Photo selection (the role of the nurse)

Photos	Comments
Photo 41	Photos depicting a nurse communicating with an older person, and an image associated with personal hygiene were commonly selected across all three cohorts, because they portray *"the nurse's role"* (Sophie McPherson).
Photo 15	
Photo 22	Some photos (22, 36) were selected because they involved *"using nursing equipment"* (Maggie Smith). This demonstrates an awareness among the respondents of the nurses' role, and the development of technological equipment used within nursing in the twenty first century.
Photo 36	

Photo 26		This photo demonstrating administration of injections was chosen across the first and second year cohort because it is *"a nurse's job"* (Lucy Liu).

Others were chosen because, based upon individual learning experience, the respondents believe them to be a large part of nursing activity. The students used phrases such as *"a thing we do a lot"* (Sophie McPherson), and *"done a lot of the time"* (Smoky Johnson) to explain selection of photos depicting activities that were familiar to them such as hand washing, bed making, attending to personal hygiene and recording observations.

Clinical learning

First analysis of the portfolio of photos selected across the three cohorts reveals that photos relating to clinical learning were more prevalent among the photo selections than photos relating to theoretical knowledge. Table 21 shows the percentage of selected photos relating to theoretical knowledge and clinical learning by year group.

Table 19: Percentage of selected photos relating to clinical learning by year group.

Photos relating to clinical learning	
First year	83%
Second year	67%
Third year	44%

Overall 27% of the photos selected across the cohorts related to theoretical knowledge, and 67% related to clinical learning. These findings seem to indicate the

respondents consider the student experience encountered during clinical placement to be more important, more influential upon their perceptions of nursing than learning in university.

Teamwork

Although interprofessional education forms part of the curriculum throughout the three year programme, teamwork does not emerge as a prominent consideration among these photo portfolios.

Table 20: Photo selection (teamwork)

Four of the ten respondents across the cohorts used the term in their justification of selection:

Photos	Comments
Photo 7	Three students selected this photo which in their interpretation depicts a doctor and two nurses in discussion
Photo 39	One student chose this image showing a more formal setting involving professionals meeting together conferring around a table. This student commented *"I have enjoyed the opportunity to work as part of this team"* (Mark Smith) indicating to the reader that he feels this was a positive learning experience.

Theoretical knowledge

Another interesting trend to emerge from analysis of the photo selections across the cohorts is the selection of photos depicting learning theory.

Consideration of the findings indicates that the third year cohort selected more photos depicting studying than the first and second year cohorts, indeed only two images of studying were selected by this cohort, and one student did not include any photos portraying learning theory within her portfolio:

Table 21: Photo selection (theoretical knowledge)

Photos	Comments
Photo 30	Smoky Johnson chose this photo reflecting upon *"the need to support practice with evidence and research"*.
Photo 16	The same student expressed his view that *"learning anatomy is important in nurse education"*, and Mark Smith chose this photo depicting laboratory work declaring he was *"expecting more of this"*.

Photo 17	Susannah Kerr commented that group work was common in university, not expected but enjoyable, and Sophie McPherson selected this image because it described her experience of learning theory as *"uni lectures, lots of studying and reading"*. First year student Lucy Liu also chose this photo because *"nursing is about studying all the time."*
Photo 9	Hannah McKenzie opted for this photo in her selection, explaining that she *"expected lectures and tutorials"*.

Photo selection by the second and third year cohorts seems to suggest some recognition of the relationship between theoretical knowledge and clinical learning. The second year cohort selected a total of seven images of studying. All participants within this cohort selected at least one image of studying. The third year cohort highlighted six photos of learning theory in their collections, each individual student opting for two such photos within their selections.

An awareness of a variety of teaching and learning strategies emerged within the rationale for photo selection proposed within the third year cohort, and data provided by the second year group also contained similar observations. Although first year Lucy Liu commented *"nursing is about studying all the time",* an emphasis upon theoretical knowledge was not evident among the photo selection of this cohort.

Such analysis suggests a pattern emerging within the findings of this data set appearing to support the argument that students become more aware of the

relationship between theoretical knowledge and clinical learning as they progress through the programme.

Student support

A commonality observed within the photo selections of the second and third year cohorts is the notion of support. Interestingly this is not a feature of the photo selection completed by the first year group.

Table 22: Photo selection (student support)

Support within both university and the clinical environment is included in the rationales provided by the participants:

Photos	Comments
Photo 23	Second year Ailie Collins identifies *"studying in a group helping each other, peer support"* in her selection.
Photo 28	Hannah McKenzie believes that this photo portrays *"support in placement between a student and a trained staff nurse"*. Third year respondents also opted for inclusion of this image within their photo selection. *"Support in both uni and placement is very important, talking to people more experienced than self"* (Sophie McPherson). Her

	two colleagues both agree, moreover for Susannah Kerr the notion of support also includes *"learning from them"*.

Student emotions

Analysis of the findings from this data set suggests that some photos were chosen because they reflect emotions which are true to the individual student experience:

Table 23: photo selection (student emotions)

Four photos were selected depicting student emotions:

Photos	Comments
Photo 5	Three students across two cohorts commented that the nurse depicted in photo 5 *"looked happy"* (Lucy Liu, Susannah Kerr, Smoky Johnson).
Photo 27	Another related her own experience of studying to this as *"emotionally draining"* (Sophie McPherson). This photo was also meaningful to two other students. Lucy Burns (second year) describes it as *"a picture of me just now, juggling studying and life",* and Susannah Kerr (third year) uses the phrase *"it gets on top of you"*.

Photo 8		Although on a more positive note, one of these students also comments that for her commencing nurse education is about a social life... *"socialising, making friends, this is a reason for coming to uni, to meet new people"* (Susannah Kerr).
Photo 3		This photo was chosen by a first year student because she believed it *"shows nursing is about stressful situations"* (Marissa Wagner).

To the researcher the comments relating to photo 27 hint that these three students are striving to cope with the challenges created by their role as students. The professional experience of the researcher leads her to believe this is a common dilemma for adult learners. It is also noteworthy that there is no evidence of emotions influencing the photo selection of the first year group. The only photo selection related to this theme within this cohort was photo 3, however it is arguable a first year student would not have experienced this particular example of nursing, therefore the researcher concludes that this conception is based upon preconceived ideas created before commencement of the programme.

8.4 Repertory grid

In order to focus upon the experiences, expectations and perceptions of the student nurses, students were required to consider twelve visual images of nursing and studying activities. (Six were selected by the researcher and six were selected by the participant as explained previously). These were the elements of the grid. Using a process of triadic elicitation, constructs were created and images were ranked accordingly between the constructs. The analysis of data in chapter six considered

the formation of repertory grid by individual cohort, identifying firstly the common and less common constructs, and secondly rating of the photos as a match to student expectation. The activity of repertory grid formation was completed by the students individually within each cohort, although they were all present within the same room. Some conversation occurred at this point between the respondents, but this was not reported or recorded by the researcher. Focus group discussion immediately followed upon completion of the grids, and this data is seen by the researcher to complement that obtained from the repertory grid formation.

This connection between the two data sets is recognised by the researcher and what follows is identification of the themes that emerged from the formation of constructs and rating of photos and subsequent development of these themes within the data obtained from the focus group.

Figure 3: Themes emerging from repertory grid formation
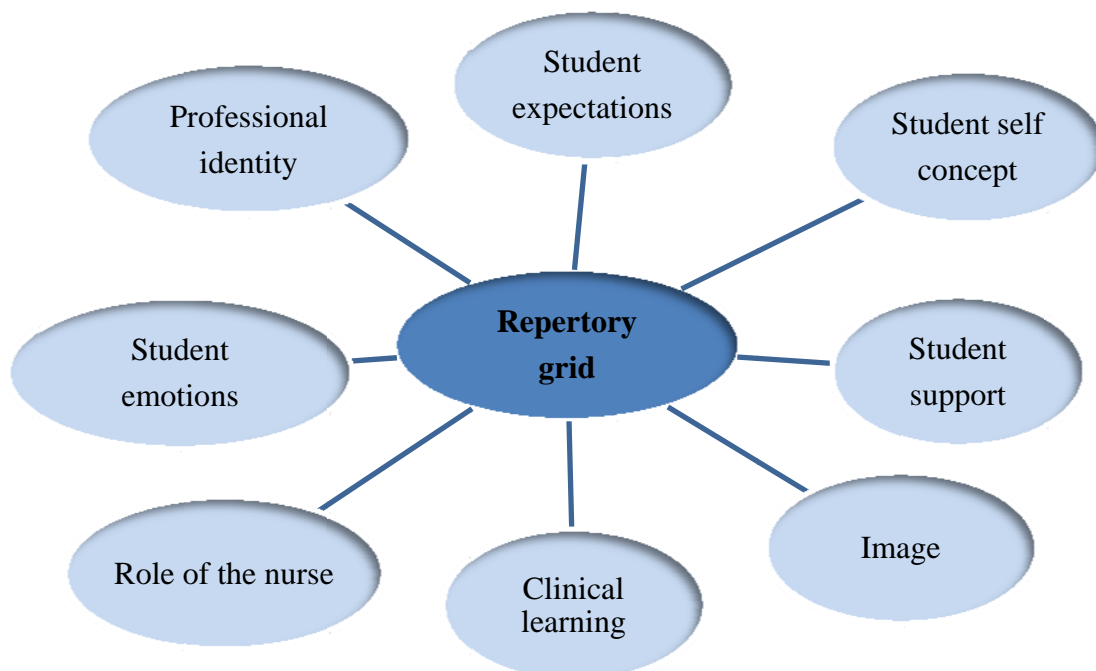
Self concept

Within this data set a trend appeared to emerge in which the students reflected upon their self concept.

Table 24: Constructs (self concept)

Constructs	Constructs
how I see myself now	how I do not see myself
what I aspire to be	what I used to be
how I want to be	how I do not want to be

One student within the first year cohort used the photos as elements to create a construct focusing upon *"how I see myself now"* and *"how I do not see myself"*. This trend appeared to emerge within the other two year groups. A third year student created a construct with *"what I aspire to be",* and *"what I used to be"* as the bipolar constructs. Furthermore, two students within the second year cohort also created a similar construct with this dimension, using the photos as elements to create a construct related to *"how I want to be"* and *"how I do not want to be"*.

Student expectations

Both second and third year cohorts created a dimension focusing upon student expectations of the learning experience. A variety of photos were used as elements to elicit constructs, for example the construct created by third year Sophie McPherson utilised photos as the *"expected"* construct and *"not expected"* construct.

Image

Analysis of the repertory grids generally indicated that all the cohorts within the study created constructs involving image.

Table 25: Constructs (image)

Construct	Construct
realistic to my view of nursing	unrealistic to my view of nursing.
images within the media	not in the media.
image	reality

The first year cohort created a construct exploring the influence of images, and analysis reveals a commonality between the second and third year cohorts, both of which considered media imagery within their grid formation.

The role of the nurse

The role of the nurse is also considered within the repertory grid formation, however, it is a theme unique to the first year cohort. One student within this cohort created a dimension considering images according to *"doctor associated activity"* or *"nurse associated activity"*.

Professional identity

Analysis presented in chapter six reveals that professional identity appeared as a theme within the repertory grids completed by the second year cohort.

Table 26: Constructs (professional identity)

Construct	Construct
already professional	keen to learn
needs level of responsibility	no responsibility involved
professional	not professional

Clinical Learning

It appears to be evident within this data set that the two learning domains of theoretical knowledge within the university and clinical practice within the clinical environment informed repertory grid formation across the three cohorts, insofar as they serve as bipolar constructs within the repertory grid. The analysis presented in chapter six indicates that bipolar constructs featuring "learning in university" and "clinical practice" were created by students within all year groups using a variety of photos to form the elements. However, aspects of gaining theoretical knowledge such as teaching and learning strategies do not feature as constructs. This will be discussed later in this chapter.

A range of constructs were identified within the repertory grids completed by all three cohorts with a relevance to clinical learning:

Table 27: Constructs (clinical learning)

Construct	Construct
working alone	teamwork
skilled activity	unskilled activity
associated with patients	associated with selves

communication	taking control
skill requiring education	no education required
engaging with patients	engaging with colleagues
on the road to registration	already achieved

Within the theme of clinical learning the notion of teamwork emerges as a construct in eight repertory grids. The bipolar construct of *"working alone"* and *"teamwork"* was created by students within each of the year groups. A variety of photos are used as elements to elicit a variety of constructs, for example, students within the first year cohort created repertory grids containing constructs focusing on *"skilled activity"* linked with *"unskilled activity,"* *"associated with patients"* linked with *"associated with selves",* and *"communication"* linked with *"taking control"*. Analysis shows that these constructs bear some similarity to constructs created by students within the second year group such as *"skill requiring education"* linked to *"no education required"*, and to constructs created by students within the third year cohort such as *"engaging with patients"* as opposed to *"engaging with colleagues"*. The theme of qualification also appeared as part of the third year cohort repertory grids, with polar constructs *"on the road to registration"* and *"already achieved"*.

Student support

Earlier analysis of data provided by this data set suggests that support is an emerging theme only within the third year cohort. Susannah Kerr produced a construct elicited by two photos representing *"support"* and one photo to elicit the opposing construct *"struggling alone"*.

Student emotions

A dimension focusing upon feelings of happiness or feeling stressed was also common to all cohorts.

Table 28: Constructs (student emotions)

Construct	Construct
scary and intimidating	not scary and intimidating
confidence	lacks confidence
emotion involved	no emotion involved
shows activities	shows state of mind

Terms such as lonely, or enjoyable and not enjoyable, pleasant and not pleasant were also used as poles of these constructs, and two students within the second year cohort created constructs reflecting upon a *"scary and intimidating"* dimension versus a *"not scary and intimidating"* dimension.

Furthermore the second year cohort included constructs considering a dimension of *"confidence"* and *"lacks confidence",* and Hannah McKenzie uses triadic elicitation to identify *"emotion involved"* within the imagery as opposed to *"no emotion involved"*. This emphasis upon emotion is also evident within a construct created by Lucy Liu. She sorts the photos according to poles of *"shows activities"* and *"shows state of mind"*.

Rating of photos

The second stage of the repertory grid requested the participants to rate the twelve elements to a prompt "How far does this photo reflect your expectations or

perceptions of nursing and nurse education?" Earlier analysis of this stage within data gathering indicates that three photos (1, 21, 31) were ranked as most similar to student experience or expectation, and two photos (25, 18) were seen to bear least similarity. These photos are shown in the table below.

Table 29a also shows the themes identified by the researcher, as associated with the photos rated most similar to their expectations or perceptions throughout the process of repertory grid formation.

Table 29a: Themes associated with "most similar" photos

Photo 1		Theoretical knowledge Teamwork Student self concept Role of the nurse Image
Photo 31		Image Role of the nurse Clinical learning
Photo 21		Student self concept Image Role of the nurse

Table 29b shows the themes identified by the researcher, as associated with the photos rated least similar to their expectations or perceptions throughout the process of repertory grid formation.

Table 29b: Themes associated with "least similar" photos

Photo 25	Student self concept Image
Photo 18	Student self concept Student expectations Image

Table 30 demonstrates the results of the rating awarded to each image by each year cohort.

Table 30: Rating of photos across the cohorts

Cohort	Photo most like student expectations or perceptions		Photo least like student expectations or perceptions
1st year	1	31	25
2nd year	1	21	18
3rd year	31	21	18

8.5 Focus groups

The focus groups took place following completion of the repertory grids. Their purpose was to facilitate "structured eavesdropping" (Powney, 1988) and encourage interaction between respondents. The researcher hoped this interaction would assist in further exploring the student experience and investigating the expectations and perceptions of the participants within the study.

Figure 4: Themes emerging from focus groups
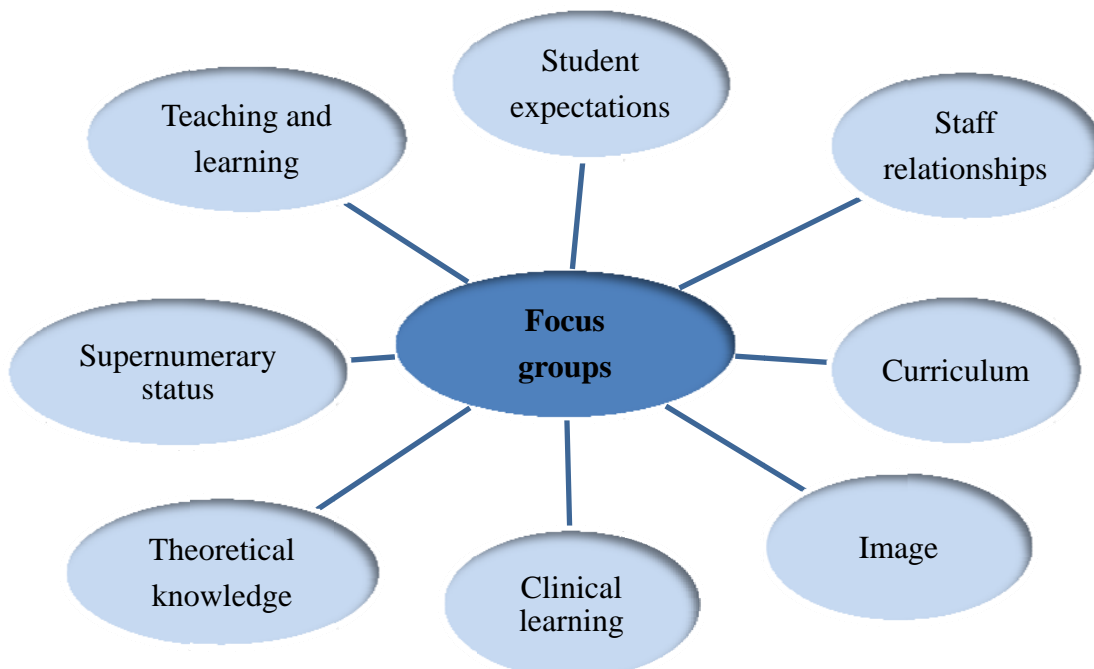
Student expectations

Analysis reveals that each cohort reflected upon their pre-entry expectations, and this developed from considering the visual images. All three year groups referred to a desire to care, to make a difference, to feel fulfilled, *"to make someone's day a wee bit better"* (Smoky Johnson). These expectations appeared to be based upon personal experience in hospital, visiting relatives in hospital, or previous work experience both in a care environment and also in a call centre environment. Students within the first and second year cohorts talked about financial gain as a motivator, and career opportunities on qualification. Both second and third year cohorts confirmed that they expected nursing to be hard work. Within their discussion, the third year cohort reflected upon their current thoughts of nursing, concluding that their views about nursing had developed rather than altered as *"greater knowledge and technical skills have been added"* (Susannah Kerr) but views had not changed fundamentally. Smoky Johnson explained that he *"wanted to do nursing to help people and to me that's still what it is"*.

Image

There is a consistency of comment throughout two focus groups relating to the influence of image. Media image was discussed by the second and third year cohorts, a second year student commented *"nursing didn't have a brilliant image"* (Lucy Burns) and Smoky Johnson, a third year student commented that he thought nursing was about *"handing out pills",* however his experience of reality was different from popular media imagery. One student, reflecting upon media imagery of nursing, concluded that although nurses are usually portrayed as *"being bossed about by doctors, actually nurses have more say... they are a profession in their own standing"* (Lucy Burns). This observation was considered by others within the group, and another member concurred, however it did not feature within the discussion of the other focus groups.

Clinical Learning

There was agreement among the first year cohort that they were enjoying their student experience thus far, *"placements are brilliant"* (Lucy Liu) and second year student Hannah McKenzie agreed stating that *"placement experience is my favourite part"*. These students reported that for them nursing appears to focus upon patient care and supporting patients throughout their care journey. The data set of focus groups generated rich and interesting discussion relating to this theme. The first year students experienced a sense of belonging while *"at the same time learning and observing"* (Lucy Liu), and Marissa Wagner indicated a notion of progression of learning in her comment *"interaction and caring skills get better, confidence grows"*.

Belonging to a team

Students spoke strongly within the data set of focus groups about the need to belong to a team, to 'fit in' and the effect of this need upon their practice. However, third year student Sophie McPherson also spoke of her attempt to resist the need to fit in with 'normal' behaviour *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station"*. All three third year students reported that they had challenged practice if they felt patients were at risk, but also *"let things go if it was pernickety"* (Sophie McPherson). The discussion among the first year cohort also considered whether students would "fit in" with bad practice or challenge those they were working with. Maggie Smith reported *"a lot of rule of thumb"*, and *"different styles do exist"*, and Lucy Liu acknowledged *"when things are done differently I don't say anything"*. Marissa Wagner stated that she tried to *"stick to the way I have been shown"* One student within the first year cohort, with previous experience as a care assistant, hints at some disparity in role, and a need to fit in, *"it's easy to do auxiliary nurse jobs but you have to be in with consultations, you have to find a balance"*.

Supernumerary status

Within the domain of clinical learning, all groups considered their role within the clinical team. Professional experience leads the researcher to believe that the supernumerary status attributed to students is at times problematic for staff and students alike. Discussion among the second and third year focus groups confirms this belief to some degree. These two cohorts reflected that in their experience supernumerary status had been inconsistent, indicating that sometimes they were counted as a member of staff rather than a student. There was consensus among the third year students that they were prepared to challenge this situation, and when they did so, *"little conflict arose."* (Sophie McPherson). One student within the first year cohort, with previous experience as a care assistant, hints at some disparity in role for her... *"it's easy to do auxiliary nurse jobs but you have to be in with consultations, you have to find a balance"*.

Furthermore, analysis of the focus group discussion in chapter seven reveals that all cohorts commented upon the amount of time they spent observing practice. The third year students indicated that *"they were more involved"* (Susannah Kerr), were *"given more responsibility"* (Sophie McPherson) and *"put what they learnt into practice"* (Smoky Johnson). The first year students experienced a sense of belonging while *"at the same time learning and observing"* (Lucy Liu), and second year students commented upon the importance of *"enthusiastic nurses and auxiliaries"* (Ailie Collins) to this relationship. Such positive experiences were reported as facilitating these students to feel part of the team, however although team membership was briefly discussed by all cohorts, it did not appear to emerge as a dominant theme.

Staff relationships

Analysis of this data set seems to infer staff attitudes was of key importance to the student experience. Across the cohorts students confirmed that mentoring, and the attitude of the auxiliaries was very influential. From a positive viewpoint, in her first placement thus far, first year student Maggie Smith found *"the staff are supportive"*.

Similarly third year student Susannah Kerr stressed that for her good mentorship had been crucial to her student experience, particularly *"being able to ask for help"*. However, the same student also commented *"you have to stick your nose in so you don't miss out on learning"* (Susannah Kerr). This more negative experience was also detectable in the comment of a second year student expressing a view that *"sometimes you have to go out of your way to get learning experience"*, (Lucy Burns). The role of teaching staff as link lecturers within the clinical learning environment was also discussed among the second and third year cohorts. These groups appear to suggest this role is important, referring to the *"continuity between university and practice"* (Sophie McPherson), and the feeling that someone was *"behind you if things go wrong"* (Ailie Collins).

Theoretical knowledge

In their discussion about learning to nurse within the university, the expressed views of the cohorts were mixed. Within the first year cohort, one student felt it was as expected, one felt it was much harder and found it daunting. Views of the second and third year cohorts were congruous, one of the second year respondents suggested *"university was not as intense as I expected"* (Ailie Collins), and the views of the third year students confirmed this. For two of the second year cohort, studying nursing has been about adversity as adult learners, particularly childcare issues. Two of the second year students compared their higher education learning experience thus far to that of further education, reporting it to be less stressful than they imagined, and from a third year perspective, Smoky Johnson found his further education experience had *"made me wonder if I was doing the right thing..."*. The students within the second and third year focus groups also discussed whether they felt learning in university affected their attitudes and expectations more than learning in clinical practice. An interesting comment from a third year respondent... *"uni is airy fairy and placement is practical and down to earth"* (Susannah Kerr) reveals her view, suggesting that greater, more meaningful, learning occurs within the clinical environment. This appears to be supported by Lucy Burns, a first year student, who states that students learnt more within placement *"if the placement was good"*.

Curriculum

Analysis presented in chapter seven exposes comments concerning curriculum content among the three cohorts. One first year student expected more science such as anatomy and physiology, a view supported by a third year student. Furthermore, the importance of interprofessional education within the curriculum provoked considerable discussion among the first and second year cohorts. Its inclusion in the curriculum was not expected, however its relevance to the health care environment was acknowledged by both groups. A second year student commented that interprofessional education *"makes it easier to engage with others"* (Mark Smith), and although first year Lucy Liu agrees that *"it's useful because we're working with a lot of other people,"* she also comments *"we're supposed to learn from each other but we need to learn our own profession first"*.

Teaching and learning

There appears to be consistency within focus group discussion concerning teaching and learning. Analysis of the data across the cohorts seems to suggest the learning strategy adopted within the university did not match the expectations of the respondents. Students' comments imply they did not expect problem based learning, evidence based practice, research and group work, anticipating instead lectures, lots of assessments, and self study using text books. First year students expected *"more lectures and studying on my own with books"* (Maggie Smith), a view that was supported by second year students. Although daunting for some, others found that the amount of theory covered before gaining placement experience was positive, enabling students to feel more confident on entering the clinical environment. Furthermore both second and third year groups concluded that support from academic staff was good, however the comment *"here's what you need to know- get on with it"* (Maggie Smith) suggests otherwise for the first year cohort.

8.6 Codes and themes

Boyatzis (1998) states that total immersion within the data is required in order to see, make sense, analyse, systematically observe, and convert data, and DeSantis and Ugariza (2000) agree, writing that researchers must actively extract, uncover and expose themes rather than expecting them to appear spontaneously. Although the process of thematic analysis was informed by the literature review, the research methodology, and the contextual framework, the writer identified themes from within the data without attaching them to preconceived labels arising from the literature review. The resulting themes are shown in Figure 5:

Figure 5: Themes from data analysis
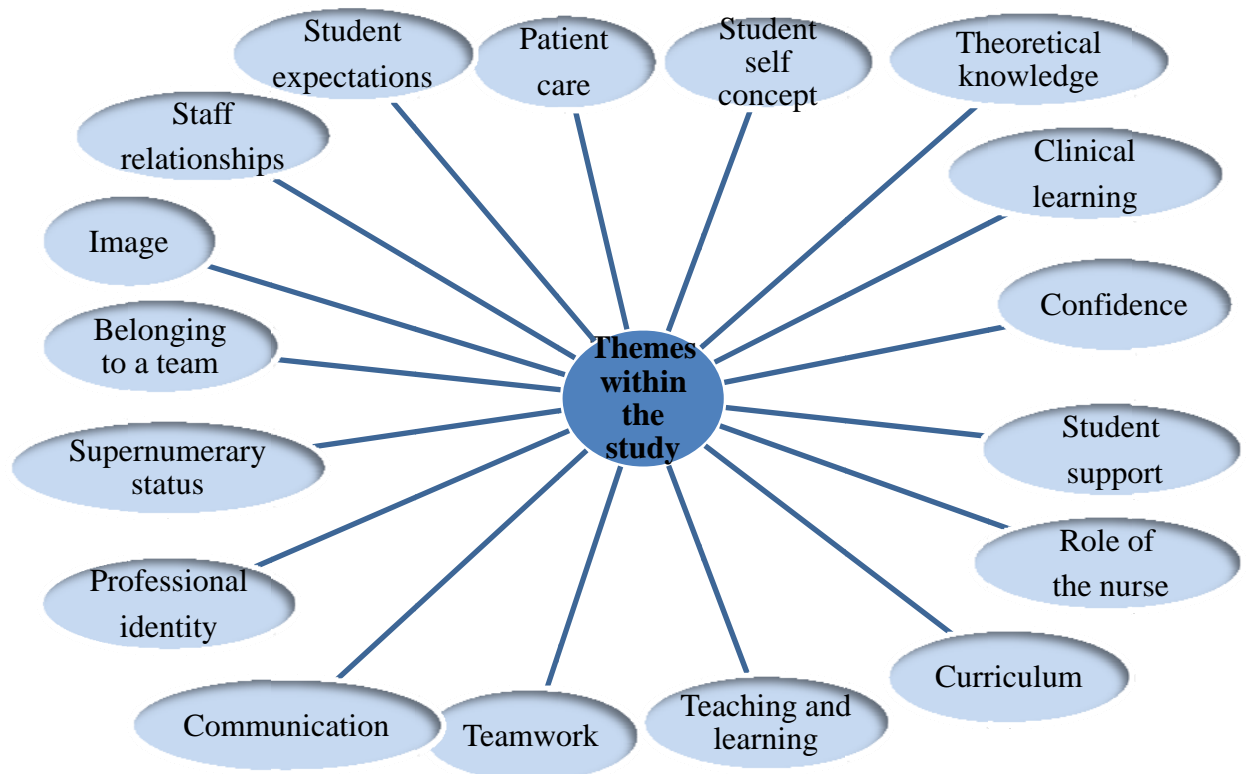
Some themes were collapsed and merged with others. In order to address the research questions, the findings generated from data analysis were compared to the findings generated from the literature review. The themes were then reviewed and

refined and final, all-embracing themes were sorted according to the research questions and sub questions:

1. **What are the further education students' pre-entry expectations of nursing?**
a) Why do further education students enter nursing?
b) What do further education students expect nursing to involve when they start the programme?
c) How do these expectations change throughout the education programme?

2. **What are the further education students' pre-entry expectations of higher education?**
a) What do further education students expect nurse education to involve when they start the programme?
b) How do these expectations change throughout the education programme?

3. **Which aspects of the student learning experience influence their perception of nursing and nurse education?**
a) What are the further education students' experiences of learning within the clinical environment?
b) How does their on-course experience differ from their expectations?

These are shown in the following figures:

Figure 6: Themes and sub themes related to research question one: what are the further education students' pre-entry expectations of nursing?
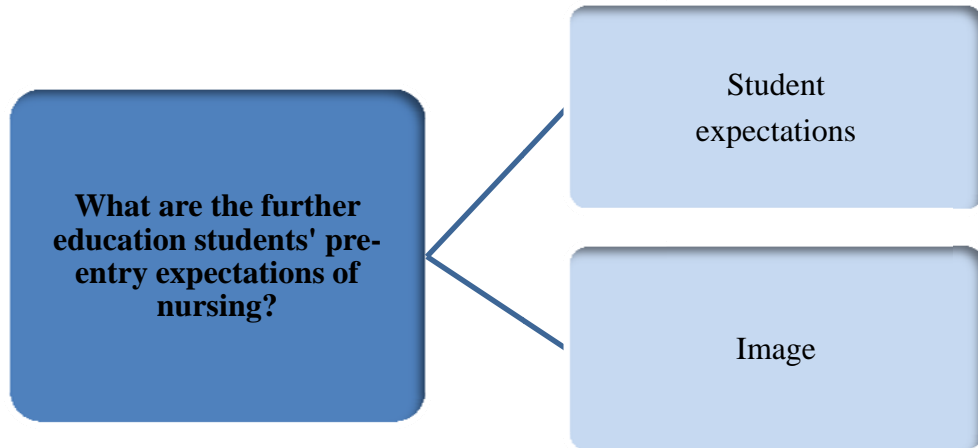
Figure 7: Themes and sub themes related to research question two: what are the further education students' pre-entry expectations of higher education?
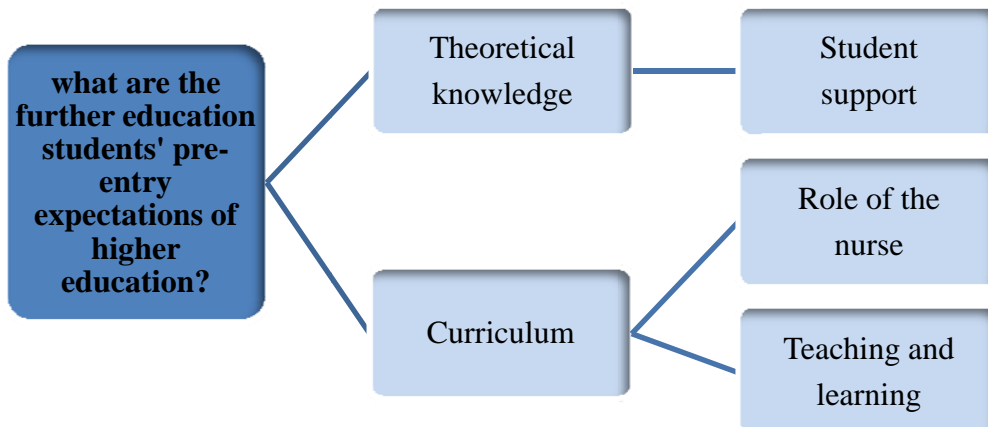
Figure 8a: Themes related to research question three: which aspects of the student learning experience influence their perception of nursing and nurse education?
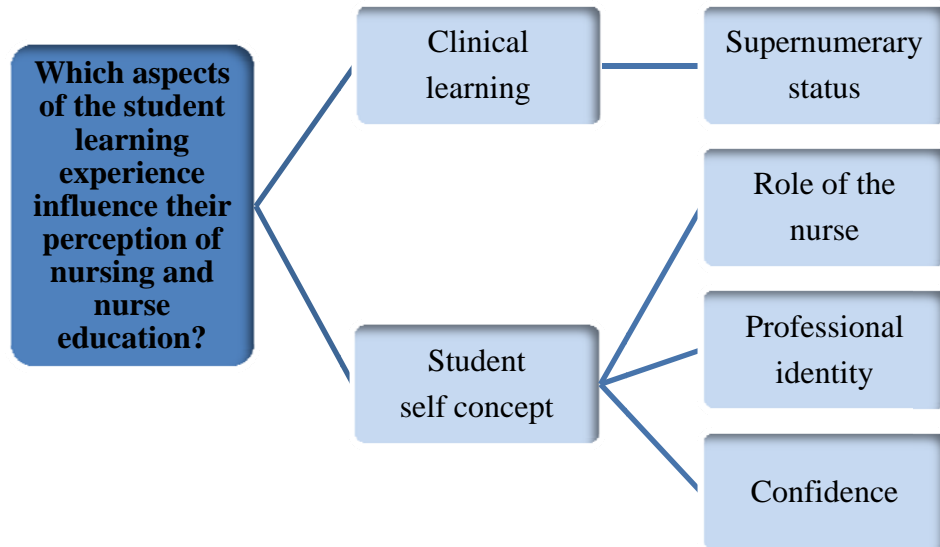
Figure 8b: Themes related to research question three: which aspects of the student learning experience influence their perception of nursing and nurse education?
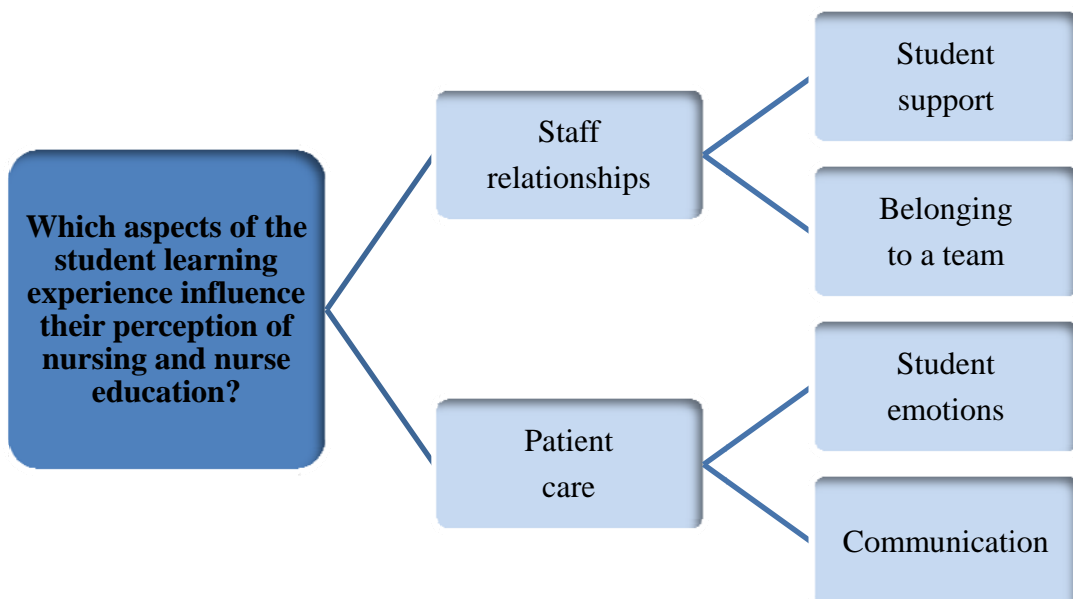
These themes will be discussed in relation to the findings generated by the literature review within the discussion in Chapters Nine, Ten, and Eleven.

8.7 Comparison of findings between research tools

Chapter Four outlines the researcher's stance on triangulation and its application within this study. Triangulation is defined as the combination of dissimilar techniques for data collection about the same phenomena (Bryman, 2008). Recommendations arising from the pilot study confirmed the necessity for a methodological triangulation approach within this study, whereby a number of data sources are used to illuminate the phenomena in question (Gerrish and Lacey, 2006). Four research tools have been utilised within this study in an attempt to address the research questions, and analysis suggests disparity and divergence within the findings. While such divergence may create difficulties in the interpretation of data (Gerrish and Lacey 2006), Parahoo (2006) writes "richness of data comes from diversity" (p. 99). Variation or dissonance within findings may be explained to some degree by the 'practicalities' of the research methodology, for example the belief of respondents that a written response may be more powerful or incriminating than a verbal response, the well documented affect of "groupthink" (Carey and Smith, 1994) within focus groups, or the potential unease or wariness of entering a different student lecturer relationship. However there are other reasons or explanations to be considered, hence this part of the analysis process will explore the multiplicity of findings arising from the four data sets in an attempt to heighten the usefulness of the data in addressing the research questions.

8.7.1 Self characterisation

The respondents were asked to engage with a process of self characterisation before attempting the grid formation in order to focus upon concepts associated with nursing and nurse education which may be relevant to the expectations and perceptions of the respondents, and influential in the elicitation and construction of

elements and constructs. In accordance with personal construct theory self characterisation was written in the third person, from a perspective of a friend or colleague. The respondents were asked to write as they imagine someone would write who knows them very well in the identified role (in this case the role is student nurse). The self characterisation approach enables the reader to gain insight into the character of the respondents as described in their own words. However the data generated by two cohorts within this approach appeared to be primarily about practice. The students wrote statements assessing their strengths, and occasionally their weaknesses, in an attempt to describe themselves to the researcher.

The unique themes emerging from this data source include confidence, communication and professionalism. Patient care and teamwork were also dominant themes within this data set. Arguably these themes are qualities and skills frequently commented upon by a mentor compiling an assessment document on completion of placement. It is the researcher's belief that as a result of the instructions accompanying this stage of the data collection the self characterisations emerged as a summary of the students' clinical assessment document.

Analysis also suggests a strong theme within the self characterisations completed by the first year cohort (but not the other two cohorts) was the need to study. This may be explained by the fact that the learning of these students thus far was university based with only five weeks clinical experience. Indeed the stage of learning within the nurse education programme is considered by the researcher to bear an influence upon the findings of all four data sets.

It is noteworthy that self characterisation was the first stage in the data collection of the study, a factor that may explain why the students initially appeared perplexed and were unsure what to write. Additionally, having taught student nurses for many years the researcher is aware that students find it hard to reflect about themselves and their own practice.

8.7.2 Photo Selection

The second data source within the study focused upon selection of photos to be implemented as elements of the repertory grid. The researcher found that although this is, in essence, a stage of repertory grid formation, the activity of selecting six photos and then explaining the selection was illuminating in itself. This activity yielded a wealth of rich data in relation to the research questions, enabling the researcher to identify similarities and differences in student expectation and perception of nursing and higher education. In this study the process of photo selection reveals the respondents' interpretation of expectation, experience, and reality. The researcher identified a strength of this approach was its enjoyment value for the participants. Anecdotally the respondents enjoyed perusing the variety of visual images, commenting on many before making their selection. Although these informal comments were not noted or recorded by the researcher, the respondents were able to provide full and varied explanations for their photo choice reflecting the more informal narrative that had occurred. The researcher also observed that the students relaxed during this activity. They appeared less aware of a disparity between their usual student lecturer relationship and the current participant researcher relationship, their responses throughout this activity appeared to be spontaneous and genuine.

It must be noted, that the use of photos within this data source acted as a visual prompt, therefore by implication suggesting that image is important. Although the theme of image recurred throughout two other approaches within the study, the researcher observed a prominence within this data set towards image and influence of the media. In accordance with the data source of self characterisation analysis of this data source also reveals that the majority of photos selected by the participants were related to clinical learning rather than theoretical knowledge. This may be explained by the students' stage of learning within the programme and current exposure to theoretical knowledge or clinical learning, or alternatively it may be due to some association (perceived or otherwise) with the images within the photos themselves.

Furthermore, it was noticeable within the analysis of this data source that some of the photos that were selected were out with the student experience, for example cardiac monitors or responding to emergencies. This observation is unique to this data set and consequently generates an interesting conclusion that pre-entry expectations do indeed have some influence upon student perception.

8.7.3 Formation of repertory grids

In order to focus upon their experiences and expectations, the respondents were asked to complete a repertory grid as the third stage of data collection. The researcher identified a clear strength of this approach was the opportunity for the participants to describe their perception of reality in their own words. This freedom appeared to be reflected in the breadth of constructs that were created covering many aspects of the student experience within the clinical environment and the university. The theme of student self concept emerged as particularly pertinent or noteworthy within this data source. (It was also identified within the self characterisations to a lesser degree). The researcher believes that this resonates with the underpinning philosophy of the research paradigm that repertory grids are used to explore the personal constructs of participants as they interpret their experiences. Furthermore, the second dominant theme within this data set was identified by the researcher as the role of the nurse. This also fits with the philosophy that repertory grids were utilised by the researcher to create a viewpoint on the personal constructs of participants as they actively categorise and decipher their experiences.

It is also noteworthy that although a comprehensive instruction sheet was issued to the participants, they seemed to find repertory grid formation to be a complex and demanding task. As a result of this complexity the researcher noted:

- The constructs tended to be bipolar in nature. The participants created short constructs, often single words, which served as opposites, for example happy/sad or teamwork/working alone.
- The constructs were created using generic poles with general terms that needed to be teased out by the researcher

It is comforting to note that the master of repertory grids, psychologist Kelly, was criticised for using dichotomous constructs (Flett, 2007). Responding to insight gained from the pilot study the researcher attempted to address this tendency by providing a vast array of images, however the outcome remained the same. The researcher felt that although the depth of constructs was shallow, therefore potentially restricting analysis, the breadth of constructs created within the repertory grid by respondents was varied, and reflected many aspects of nursing and nurse education relevant to the research questions.

8.7.4 Focus groups

The focus groups were included as a data source in order to capture the conversation that supported the compilation of the repertory grids. Analysis presented in Chapter Seven suggests that of all the data sets, focus groups contained more reflection upon theoretical knowledge, or studying and learning within the domain of university. The researcher believes this can be explained by the nature of the data source. The previous three data sets are composites or stages of repertory grid formation sitting within personal construct theory. The tenet underpinning personal construct theory emphasizes the subjective experience and perception of the individual rather than that of the researcher. Therefore the data arising from these approaches is by definition participant centred. Although focus groups also illuminate the perceptions, beliefs and attitudes of participants (Kitzinger, 1994; 1995), within this study this data source was the most "researcher led". Although prompts were only used occasionally to facilitate discussion within the focus groups, they were created by the researcher, and were intentionally designed to address the research questions. The outcome of this appears to the researcher to be that the findings generated within the focus groups therefore reflect the research questions more closely.

Analysis presented in Chapter Seven reveals the theme of image emerged within the data sets of photo selection and repertory grid formation. This theme also arises within the focus group discussion of two cohorts. Analysis also exposes a consistency within all data sets of the themes of learning within the two domains of

the clinical environment and the university. Within the focus group setting respondents spoke about their student experience within the clinical environment, and themes unique to this dialogue were staff relationships and supernumerary status. In relation to learning within the university this data source generated new themes of teaching and learning, and curriculum. The theme of student expectations is also common to all data sources, and utilisation of this research tool facilitated participants to reflect upon their expectations of learning in university and their expectations of nursing within the clinical environment, evaluating whether expectation matched experience. A difference with the delivery of this data set, however, was the opportunity for the students to compare their learning experience within the two domains.

8.8 Summary

To conclude, this chapter has presented an analysis of the findings of each data source, comparing them across the three cohorts within the study. This analysis demonstrates that although the respondents are all very different in terms of their background and circumstance, they have reported a common story of their student experience. Themes have been identified and refined within each data set, and a final all-embracing list of themes has been identified.

Divergence amongst the findings has been explored, and in some instances supported by the methodology underpinning the research design.

The analysis of themes as they emerged within the data now affords the study the opportunity to move towards a discussion of the commonalities between the literature review and the findings of this study.

Discussion of the Findings

The aim of this research study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students. The review of literature contained in Chapter Two and Chapter Three served to contextualise the study by analysing literature related to pre-entry expectations of nursing, and the student experience of nurse education within the university setting and the clinical learning environment. The literature review also considers studies documenting the experience of students from further education. The methodology underpinning this study provided a framework enabling the participants to reflect upon their journey through the nurse education programme. The four data sources of self characterisation, photo selection, repertory grid formation and focus groups generated comprehensive data, which have been analysed to report a common story of student experience. Running through this data is the unique experience, backgrounds and learning needs of each of the research project students entering nursing from further education.

Together these themes that emerged within these data sources serve to capture and define the student experience presented within this study, and in the discussion chapters the themes emerging from the data will be discussed in relation to the literature and the research questions. As explained in Chapter Four, the limited sample size of this study was determined by the research design and methodology. The purposive sample afforded the researcher the opportunity to gather rich in depth data, and throughout the presentation and analysis of data gathered within the four data sets, the reader is able to develop insight into the experiences of each member of the sample. In order to continue this theme of "knowing" the sample, the researcher has included a selection of comments from students across the data to assist the reader in identifying the connections between this study and findings within the literature.

The discussion of findings is presented in three sections in accordance with the research questions and sub-questions.

Table 31: Research questions, themes and key findings

Research question	Themes	Key findings
1. What are the further education students' pre-entry expectations of nursing?	Student expectations	• Students within this study had clear expectations concerning nursing before commencement of the programme which differed from the 'reality' of nursing • Students within this study demonstrated the media image had little effect upon their expectations and perceptions of nursing or their motivation and career choices
a) Why do further education students enter nursing?	Image	• Students within this study demonstrated a variety of motivators and explanations for career choice
b) What do further education students expect nursing to involve when they start the programme?		• Students within this study entered the profession of nursing with misconceptions and stereotypical images of nursing based upon the traditional view of nursing within our society
c) How do these expectations change throughout the education programme?		• Expectations of nursing changed as a result of the student experience during the three year programme

Research question	Theme	Key findings
2. What are the further education students' pre-entry expectations of higher education?	Theoretical knowledge Curriculum	• Students within this study had clear expectations concerning nurse education before commencement of the programme which differed from the 'reality' of nurse education • The teaching and learning strategy adopted by the teaching team did not match the expectations of the participants
a) What do further education students expect nurse education to involve when they start the programme?		• The role of the nurse should inform the curriculum content
b) How do these expectations change throughout the programme?		• Students within this study became more aware of the importance of theoretical knowledge and its application to clinical learning as they progressed through the programme • Students within this study perceived clinical learning to have more significance upon professional practice than theoretical knowledge

Research question	Theme	Key finding
3. Which aspects of the student learning experience influence their perception of nursing and nurse education?	Clinical learning Student self concept Staff relationships Patient care	• The student experience of the clinical learning environment had a positive effect upon the student perception of nursing • The supernumerary status of students influenced their learning experience • The patient was central to the student nurses' experience of learning within the clinical environment
a) What are the further education students' experiences of learning within the clinical environment?		• Students within this study needed to feel part of the team • Students within this study believed support from their mentors enhanced their learning experience • Student self concept in this study was influenced more by 'what they do' within clinical learning than theoretical knowledge
b) How does their on-course experience differ from their expectations?		• The self concept of the students in this study was closely associated with a sense of professional identity • The self concept of the students in this study changed as a result of their experience during the three year programme • The role of the health care assistants influenced the learning experience of students within this study

Chapter Nine: Discussion

9.1 Introduction

It is documented throughout this study that expectations of nursing have an effect upon student nurses. This is important within nurse education because many studies conclude that student withdrawal from nurse education programmes may be attributed to disparity between expectation and reality. It is also documented that expectations, perceptions and image of nursing are interdependent upon each other, resulting in a shift in student interpretation of self concept throughout their learning experience, within the two domains of academic learning and professional learning. This chapter considers the analysis of data presented in Chapter Eight relating to the themes of student expectations and image reflected within the first research question and sub-questions:

What are the further education students' pre-entry expectations of nursing?
   a) Why do further education students enter nursing?
   b) What do further education students expect nursing to involve when they start the programme?
   c) How do these expectations change throughout the education programme?

9.2 What are the further education students' pre-entry expectations of nursing?

9.2.1 Students within this study had clear expectations concerning nursing before commencement of the programme which differed from the 'reality' of nursing

A review of the literature presented within Chapter Three indicates that student nurses often enter nurse education with little clear idea about nursing or nurse education, and pre-entry expectations are often inaccurate (Ehrenfield et al., 1997; RCN, 2008). Many studies report that students experience a conflict of expectation and reality when faced with nursing activities, both within theory and within practice, (Hendel and Gefen-Liban, 2003). Furthermore the literature review supports the findings of the seminal study conducted by Lindop (1987) claiming the most commonly cited reason for student withdrawal from nurse education programmes was wrong career choice, due to inaccurate pre-entry expectations (Ehrenfield et al., 1997; Grainger and Bolan, 1999; Harvey and McMurray; 1997; RCN, 2008).

Student expectations concerning nursing

The findings of this study however suggest that the student nurses entered the degree programme with expectations pertaining to nursing, and also nurse education. Data obtained from repertory grid formation indicated that two cohorts created constructs focusing upon their expectations of nursing, and furthermore, analysis of data arising from the photo selection demonstrated that students used the word 'expect' many times to justify their choice of visual images. This suggests to the researcher that 'expectations' were very important and indeed influential upon their perceptions of nursing and nurse education. 70% of students within the sample selected a photo (41) depicting a nurse and an older person because *"this is what I expected nursing to be about"* (Maggie Smith). Similarly 50% selected a photo (15) representing personal hygiene because this *"was what I expected to do"* (Lucy Burns). In relation to images of studying nursing, one photo (17) was selected by all three cohorts because *"it is how I imagined it really"* (Sophie McPherson).

It is interesting to note that analysis of data obtained from the focus groups demonstrates that two students within the first year cohort had some expectations of nursing and one *"didn't know what to expect"* (Marissa Wagner). There was consensus within the second year cohort, all four students expected nursing to be *"hard work"* (Lucy Burns) and *"rewarding"* (Ailie Collins), and similarly all three students within the third year cohort had clear expectations concerning nursing.

The researcher's experience within further education leads her to believe that in relation to mature students from further education, many have first-hand experience of a clinical environment, either as a paid carer or as part of a placement provided by the articulating college. Within this sample one first year student had no previous care experience, although she had cared for family members. All four students within the second year cohort had worked within a care environment before commencing nurse education, and the demographic profile of the third year cohort reveals that only one student had previous care experience before commencing nurse education. The demographic profile presented of the ten students within the sample compares with the profiles presented in studies documented within the literature, for example a study conducted by Miers et al. (2007) in which 55.1% were aged 21 years plus (80% in this study) and 55.5% had previous health care experience (70% in this study). Student backgrounds and demographic profiles are significant in relation to the expectations of student nurses (Law and Arthur, 2003), and insight into the nursing literature supports the suggestion that previous care experience may be seen as influential upon this level of expectation (Andrews et al., 2005; White, 1999).

Reality shock

Research demonstrates that students entering nursing without care experience are faced with shock and confusion as they become aware that their perceptions do not reflect reality (Gray and Smith, 1999; Holmstrom and Larsson, 2005). As a result, new students with little or no care experience to underpin their learning, often revert back to the comfort zone of their previous role (Jowett and Payne, 1994). Within this study, first year student Marissa Wagner came to nursing without a background in

care. Her experience thus far, however, differed from that suggested by these studies. She reported that she was enjoying her clinical learning, and that *"interaction and caring skills get better, confidence grows"*.

There is support within this study, however, for the findings of Jowett and Payne (1994). First year student Maggie Smith, with little care experience declared *"placements are brilliant",* however, she also revealed that *"it's easy to do auxiliary jobs but you have to be in with consultations"*. Second year student Hannah McKenzie also commented that she *"sometimes felt more comfortable working as a care assistant"*.

Implication of finding

In an attempt to address the research question, this finding indicates that students within this study do have clear expectations concerning nursing before commencing the programme, and these expectations differed from the 'reality' of nursing.

The message here for nurse educators is that insight into the expectations of new students will potentially enhance the student learning experience. There is evidence within the literature to suggest that the majority of early leavers cite disparity between their expectations and the nurse education programme as the reason for course withdrawal (Harvey and McMurray, 1997), hence it would be helpful for nurse educators to consider this disparity in order to reduce discord between perception and reality.

9.2.2 Students within this study demonstrated the media image had little effect upon their expectations and perceptions of nursing or their motivation and career choices

In response to the research question discussed within this chapter, it emerges within the literature reviewed in Chapter Three that student nurses rely upon images from the media to explain their expectations of the role of the nurse, and these

expectations are based on very little else other than media imagery (Kalisch and Kalisch, 1982; Roberts and Vasquez, 2004; While and Blackman, 1998). Although it is acknowledged that media images reinforce the traditional images of nurses (DeVries et al., 1995; Greenwood, 1999) some writers believe that little discussion is evident concerning the impact of these beliefs and images (Kiger, 1993) or how they shape student nurse perception (Spouse, 2000). Others, however, believe these media images have a profound effect upon public perception (Sand-Jecklin and Schaffer, 2006) and upon student nurse expectation and perception (Kalisch and Kalisch, 1982; Lyckhage and Pilhammar, 2008; Neilson and Lauder, 2008).

Influence of media imagery

Data generated within the four data sources in this study, however, provide relatively little direct evidence to support the findings within the literature review. Media imagery is not reflected within the self characterisations completed by the respondents, and only one third year student alluded to its influence within the photo selection data set. Smoky Johnson selected a photo (15) depicting personal hygiene because it shows nursing is *"not just about glamour as on television"*.

Incidentally, it is worthy of note that a stethoscope, usually worn casually around the neck, features in twelve of the forty two photos used in the study. Anecdotally, nurses are often portrayed as such in television programmes. A similar observation is found in a study of high school students conducted by Porter et al. (2009) where one student reported *"I pretty much thought nurses just used a stethoscope"* (p.231). However, although ten of these photos were included within the photo portfolios created by the participants, no comments were made concerning the stethoscope. Although this observation suggests a predilection among the media of television and photography, and a lay belief among the public, that this symbol represents the medical and nursing professions, it appears that within this study the participants were unaware of any significance.

Although it is interesting to note that media imagery did not feature within the repertory grid formation completed by the first year cohort, analysis reveals a

commonality between the second and third year cohorts, both of which considered media imagery within their grid formation. Second year student Mark Smith and third year student Sophie McPherson created constructs including the phrase "*images within the media*" and "*not in the media*".

The final data source, focus groups also demonstrates a consistency of comment throughout two cohorts relating to the influence of image. Media image was discussed by the second and third year cohorts, a second year student commented "*nursing didn't have a brilliant image*" (Lucy Burns) concluding that although nurses are usually portrayed as "*being bossed about by doctors, actually nurses have more say... they are a profession in their own standing*" (Lucy Burns). This observation was considered by others within the group, and another member concurred, however it did not feature within the discussion of the other focus groups. Smoky Johnson, a third year student commented that he thought nursing was about "*handing out pills*", however his experience of reality was different from popular media imagery.

Furthermore, this finding from the present study differs from the work of Godfrey (2000) who revealed that although television nursing dramas were not truthful in their portrayal of nursing and the nursing profession, over half of a group of three hundred students felt these programmes were "*fairly or very accurate*" (p. 28) in their depiction of nursing. Third year student Smoky Johnson also challenged media imagery "*Casualty, Holby City and them show operations but seeing it first hand is amazing, it's different, it's not all glamour, it is stressful*".

Implication of finding

This finding implies that although the students within this study demonstrated the influence of media was insignificant to their expectations and perceptions, it is evident that media imagery affects the traditional lay image held by the public. The message for nurse educators is that this unique combination of realism in career choice, grounded in previous care experience, is relevant within both domains of

academic and professional learning and may inform the planning of learning opportunities for these students.

9.3 Why do further education students enter nursing?

9.3.1 Students within this study demonstrated a variety of motivators and explanations for their career choice

This research sub question emerged as a result of the interpretation of the literature presented in Chapter Two. Studies demonstrate that motivation and career choices of students are affected by expectation, perception and imagery of nursing and nurse education (Beck, 2000; Broughn, 2001; Seago et al., 2006). Many studies within the literature review have explored the career choices and motivation of school leavers, focussing closely upon their perception of nursing and nurse education. These studies conclude that, although potential applicants thought nursing was "moderately attractive" (Coombs, 2003) they had no desire to enter the profession (Hemsley-Brown and Foskett, 1999) because of negative attributes such as low status, lack of power, low pay (Moore, 2001). These studies acknowledge the influence of media imagery upon these expectations and perceptions which in turn dictate career choice of potential students. More recently, the mixed method study previously cited by Hoekstra et al. (2010) reported that *"stereotypical, mostly negative perceptions"* (p. 4) created in part by *"the (negative) impact of the media"* (p.7) often *"tips the balance against choosing a career in mental health care."* (p.4).

Data emerging from three data sets within this current study indicates the students demonstrated a variety of motivators and explanations for career choices, however, media imagery is only evident in the comment of one student, third year Smoky Johnson. In his photo selection within the second data set, this student justified his inclusion of photo (5) stating that this nurse *"looks happy, suggests a rewarding job"*. This would appear to support the findings of Larsen et al. (2003) that the influence of the media was of less consequence than anticipated.

Furthermore Neilson and Lauder (2008) found that the 'high achieving' school leavers in their sample had no wish to enter nursing because they perceived nursing to be second best to medicine, a career which did not allow them to reach their full potential or to utilise their academic achievements. This perception is also confirmed

elsewhere within the literature. Studies conducted by Brodie et al. (2004) and Seago et al. (2006) both conclude that nursing attracts significantly less status and prestige than medicine. Interestingly, studies additionally suggest that medicine is usually the first career of choice for those entering nursing not nursing itself (Hemsley-Brown and Foskett, 1999; Beck, 2000). This was supported by a comment made by first year student Lucy Liu within the focus group discussion in which she explained that medicine was her first career choice, and she hoped a degree in nursing would permit her to follow this career aim in the future. In common with many mature students first year student Lucy Liu had a vision of a clear career path way (Kevern and Webb, 2004), confirmed by her claim that she *"takes her education very seriously... spending a lot of time studying."*

Altruism

It is also clear within the literature that altruism is the main attraction of nursing (Barriball and While, 1996; Larsen et al., 2003; Lyckhage and Pilhammar, 2008; Williams et al., 1997). More recently, Mimura et al. (2009) declared altruism to be "*the most frequently motivating influence reported by people who choose nursing as a career"* (p. 603). In this study altruism is used to imply a wish to do well for others. Similarly third year students within this study alluded to a "*desire to care"* (Susannah Kerr) a wish *"to make a difference, to feel fulfilled"* (Sophie McPherson) and *"to make someone's day a wee bit better"* (Smoky Johnson). Students within the first year cohort also expressed a wish to care for people, "*I have always wanted to care for people"* (Marissa Wagner) and an aspiration to *"make a difference"* (Maggie Smith).

A further review of the literature however articulates a more egotistic or self centred explanation for wanting to nurse. Although Hoekstra et al. (2010) demonstrate that all respondents in their study indicated "*their career choice had been motivated by their wish to help people"* (p.5) there is also a view within the literature that altruism, or a wish to do well for others, is less important to students in the twenty first century (Johnson et al., 2007), and also less influential as a motivator than prior care

experience (Miers et al., 2007). This was confirmed by Larsen et al. (2003) who reported that work within the care sector, or influence of a family member working in health care, was significant. Within this study 70% of the sample has worked within a care environment, and this was expressed as a strong factor within career choice. Second year student Mark Smith explained his two years as a care assistant had encouraged him to *"learn step by step how to deliver good care"* and third year student Smoky Johnson explained that nurse education was about *"learning to do the job properly"*. This is an important observation for nurse educators because previous care experience rather than altruism is the starting point for these students as they commence their education. Curriculum development in professional and academic learning must address this aspect of the student nurse profile.

Socio-demographic factors

Studies within the literature also acknowledge the influence of other factors upon career choice. A review of the literature indicates a vast range of influential factors such as socio-demographic factors, job opportunities and security, the influence of care experience of self or family members (Beck, 2000; Day et al., 1995; Hemsley-Brown and Foskett, 1999; Law and Arthur, 2003; Sand-Jecklin and Schaffer, 2006). There were clear examples of these factors within the findings of this study. Financial security was considered a motivator for three students (Maggie Smith, Lucy Burns, Smoky Johnson). First year student Lucy Liu commented on job opportunities commenting upon the potential *"to go anywhere"*, and second year student Lucy Burns also acknowledged *"the endless possibilities of a career in nursing"*. Third year student Sophie McPherson believes her *"strong desire to nurse was influenced by being in hospital"*. Many studies demonstrate the success of mature students within higher education and nurse education (Keogh et al., 2009; Pryjmachuk et al., 2009). Others comment upon high levels of motivation (Browne, 1993; Richardson, 1995; Steele et al., 2005).

Implication of finding

This finding thus provides a response to the identified research sub question, indicating that many students enter nursing for intrinsic reasons, commonly to care for others, to make a difference. Rather than dismissing altruism as old fashioned trait, more in tune with traditional stereotypical images of nursing, nurse educators could harness this desire to care. Discussion within Chapter Eleven explores the concept of emotional intelligence and its relevance to nursing, and the message here is that altruism can be seen as part of the awareness of one's own emotions.

9.4 What do further education students expect nursing to involve when they start the programme?

9.4.1 Students within this study entered the profession of nursing with misconceptions and stereotypical images of nursing based upon the traditional view of nursing within our society

It is possible to deduce from the literature review and the findings within this current study, that firstly a traditional view of nursing exists, and secondly this view has some bearing upon the perceptions of student nurses. The literature review contained in Chapter Two argues that the public image of nursing is a powerful indicator of the contemporary value and status of nursing in modern society, defining public expectation and influencing the career choice of potential entrants to the nursing profession (Buresh and Gordon, 2000; Takase et al., 2006). The National Nursing Research Unit (2008) report that the many changes within modern health care delivery make it difficult for the public to reconcile the diverse role of the nurse with their more traditional expectations of care delivery. Furthermore, the public often believe nursing and caring to be one in the same (Happell, 1999; Huffstutler et al., 1998).

Public image of nursing

A further review of literature supports the conviction that such lay conceptions influence the expectations of new nursing students (Anderson, 1993; Brodie et al., 2004; Spouse, 2000) and student nurse expectations and consequently the student experience, are influenced by traditional perceptions and misconceptions of nursing (Karaoz, 2004; McCann et al., 2010). Slightly more concerning is the recent claim put forward by Hoekstra et al. (2010) that students nurses' willingness, or conversely unwillingness, to work with some groups of patients (psychiatric patients in their study) is directly influenced by *"stereotypical, mostly negative perceptions"* (p. 4). Students within Hoekstra's study implied that these perceptions originated from the negative impact of the media and the message conveyed to them by parents.

The findings generated from all four data sources within this study appear to reflect the influence of a predominantly lay-informed image upon the perceptions of nursing held by the participants. Within the first data set, self characterisation, respondents from all cohorts used phrases that acknowledge the influence of the stereotypical image of the nurse. For example, first year student Maggie Smith highlighted her *"bedside manner"* as important. Mark Smith (second year) described himself as *"kind and friendly",* and third year students Susannah Kerr reflected upon *"an ability to care for patients",* while Smoky Johnson described himself as a nurse *"who will try to help patients as much as he can".* The research tool of self characterisation was utilised in this study in order to encourage the participants to focus upon concepts associated with nursing and nurse education. The phrases selected by the respondents in this activity indicate some congruence with suggestions within the literature that new student nurses enter nurse education believing nursing to be about caring (Cook, 2003) or treating patients (Granum, 2004). Similarly, Whitehead et al. (2007) conducted a qualitative study of one hundred and six school leavers in Liverpool. They concluded that although it was positive that participants recognized nursing is concerned with care and helping people, it was disappointing to note that potential students to the nursing profession *"have a very limited view of nursing"* (p. 495) and are unaware of the multiplicity and diversity of the nursing role.

Influence of a dominant lay image

The findings emerging from the four data sets in this study suggest that the stereotypical image has some bearing upon students at all stages of the nurse education programme. The purpose of photo selection, the second data gathering activity, was to reduce researcher bias within the formation of the elements of the grid, and to focus the respondents upon their own expectations and perceptions of nursing and nurse education. Data obtained from photo selection demonstrates all three cohorts selected visual images of nursing activities that are commonly recognised by the public to be the role of the nurse. Respondents used the terms *'stereotype'*, and *'modern image'* to describe an image of a nurse administering an

injection (photo 26) and a nurse caring for an older person (photo 41). Within this study three students across two cohorts selected a photo (5) reflecting the public view of nursing because it is *"how I would like to see myself"* (Lucy Liu), and because *"it suggests a rewarding job"* (Smoky Johnson). Additionally, another photo (41) depicting a lay image of nursing was selected by third year student Sophie McPherson, because it conveys *"a picture of care of the elderly, helping people, which is the nurse's role and done a lot of the time"*. Smoky Johnson also selected this photo because it shows that *"nursing is caring, about supporting patients"*.

Analysis of the third data source, repertory grids, indicated that all the cohorts within the study created constructs involving image. Repertory grids were used within this study to facilitate students in the creation of personal constructs, illuminating the respondents' experience of nursing and nurse education. Phrases within the repertory grid formation, such as *"realistic to my view of nursing"* linked to *"unrealistic to my view of nursing"* and *"image"* opposed to *"reality"* articulated the theme of image across all three cohorts within this data source. Use of the word *"reality"* is interesting, suggesting the respondents are acknowledging a dissonance between the image of nursing and what nursing actually is. This dissonance is well documented within the nursing literature, described as reality shock in Kramer's seminal study (1974), often due to dissatisfaction with patient care (National Nursing Research Unit, 2008).

Similarly, in the second stage of this data set, the rating of photos according to the prompt "How far does this photo reflect your expectations and perceptions of nursing and nurse education?" respondents across the three cohorts selected photos depicting a lay image of nursing - an image of a nurse comforting an older patient, and a nurse making a bed. It is also interesting to note that the two photos selected as least similar to the expectations of the respondents depict a nurse who is stressed (25) and individuals carrying out surgery in an operating theatre.

The data set of focus groups was included within this study partly to develop conversation that occurred during repertory grid formation. Findings from this activity also demonstrate the prevalence of a lay image among respondents, supporting the claim within many studies that for many students a close association

exists between nursing, caring, and wanting to help others (Beck, 2000; Day et al., 1995; Hemsley-Brown and Foskett, 1999; Sand-Jecklin and Schaffer, 2006). First year students expressed a view that nursing is about caring *"supporting patients through their care journey"* (Maggie Smith), a view still held by third year students. Smoky Johnson explained that he *"wanted to do nursing to help people and to me that is still what it is"*.

Implication of finding

This finding makes clear the fact that a traditional view of nursing held by many within the public is still dominant in forming and shaping the expectations and perceptions of student nurses, thus demonstrating a response to the research sub question discussed within this chapter. It is relevant to nurse education that nursing is often perceived in a negative light, and in an attempt to ensure a positive student experience, teaching 'good' imagery should be promoted and 'bad' imagery diminished. Nurse educators are responsible for designing a curriculum, incorporating the development of theoretical knowledge and clinical learning that encourages a positive image of nursing, and the nursing profession have a responsibility to ensure that the public, and potential students, have a realistic and accurate perception of the role of the nurse within twenty first century health care.

9.5 How do these expectations change throughout the education programme?

9.5.1 Expectations of nursing changed as a result of the student experience during the three year programme

The second finding to emerge from this study suggests that the expectations of student nurses undergo change as the student nurses progress through the programme. The literature discussed within Chapter Three demonstrates that many writers within nursing research acknowledge the importance of expectations of nursing as a profession upon academic work, role formation and clinical performance (Brown and Edelmann, 2000; Leyshon, 2002; Cook et al., 2003; Dubrin, 2004), the research questions within this study were informed by studies demonstrating that these expectations change and develop as the student nurses progress through the nurse education programme (Melia, 1987; Kiger, 1992; Smith, 1992; Watson et al., 1999; Randle, 2003). It is interesting to note that data analysis presented in Chapter Eight reveals that the reported expectations of nursing by third year students differed from those of students within the first and second year cohorts.

Change in expectation throughout the programme

In Chapter Three interpretation of the literature suggests that student perceptions undergo change over the period of studying on the education programme, although there is dissonance concerning the extent of such change (Davis, 1975; Day et al., 2005; Fleming and McKee, 2005). This shift in perspective is illustrated within the four data sets of this study on numerous occasions. Within the process of self characterisation a first year student stresses the importance of *"a good bedside manner"* (Maggie Smith) whereas a third year student uses the phrase *"an ability to care for patients"* (Susannah Kerr) indicating more awareness of professionalism. The photo selection completed by the first year cohort may be interpreted as indicative of a lay view of nursing including images such as comforting an older person, administering an injection and recording blood pressure. The same activity completed by the remaining two cohorts included less inexpert images such as hand

washing, attending to personal hygiene and the stress of studying. Analysis of this data therefore suggests that students within this present study do exhibit such a shift towards a more professional image.

The repertory grids created by the second and third year cohorts also demonstrate a similar progression in expectation, both including a construct associated with the notion of professionalism. Within the data source of focus groups Mark Smith, a second year student observed that he was not expecting nursing to involve interprofessional working, however, his experience within the clinical environment has revealed its importance within health care delivery. Similarly his colleague acknowledges the professionalism of nursing revealing that before commencing nursing she believed nurses were *"being bossed about by doctors..."* but now *"actually nurses have more say...they are a profession in their own standing"* (Lucy Burns).

Development in professional role

Additionally, an awareness of the professional role of nursing is evident within the views of students within the third year cohort. Smoky Johnson commented that he saw *"the lighter side of nursing"* in his previous care experience. As a third year student he now cites *"time management and management of patient care"* as an expectation of the nurse role. Susannah Kerr attributes importance to being *"a great colleague"* who *"can be trusted within the ward setting"* and Sophie McPherson demonstrates an awareness of professionalism in her comment *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station"*.

The implication of this is that new students enter nurse education programmes with little understanding of the professional aspects of nursing (Etheridge, 2007). Although within the literature review presented in Chapter Three Toth et al. (1998) reported no significant variations in attitudes of students across a nursing programme, other studies found a change from a more ideal optimistic perception towards a disillusioned and cynical approach (Kiger, 1992; Melia, 1987; Randle, 2003; Sand-Jecklin and Schaffer, 2006; Smith, 1992; Watson et al., 1999).

This shift may be attributed to student exposure to a variety of clinical learning opportunities which facilitate development of student self belief and *"feeling like a real nurse"* (Anderson and Kiger, 2008, p.448). Furthermore it is recognised within nursing literature that learning within the clinical environment is most influential upon student nurse development of theory, practice and a professional self concept (Chun-Heung and French, 1997; Ousey, 2000; Cope et al., 2000) thus stressing the need for high quality clinical placements that provide appropriate learning opportunities.

Although Grainger and Bolan (2006) cite a study by Toth (1998) which reported no significant variations in attitudes of students across a nursing programme, evidence emerging within this study echoes these studies at all stages of the programme. The comments made by first year students demonstrate an idealistic perception expecting *"to care for people"* (Marissa Wagner) and *"the opportunity to go anywhere"* (Lucy Liu). They interpret their experience thus far as being primarily about supporting patients through their care journey (Marissa Wagner, Lucy Liu, Maggie Smith). These participants talked a lot about caring, explaining that they expected nursing to be about a sense of fulfilment, doing something worthwhile and *"making a difference"* (Marissa Wagner).

The views of the second year students may be perceived as less optimistic. Although these students also expressed positive expectations of nursing as *"a profession related to helping people"* (Mark Smith), three of the four students stated that their expectations of nursing had changed since commencement of the programme. Ailie Collins expected nursing to be hard work and rewarding *"and I still feel the same"*, however one student felt quite pessimistic, concentrating within the focus group upon negative aspects of her student experience. Hannah McKenzie alludes to some dissatisfaction with the amount of *"paperwork, referrals and lack of patient care"*, and the final student within this cohort talked about *"problems on the ward but I sorted them out myself"* (Mark Smith).

However, the strongest support for this argument is evident among the data from the third year cohort. Sophie McPherson believes her expectations have changed because of her experience on placement. She explains that she expected nursing to be about

"patient care, respect and dignity" but now she thinks *"there are a lot of time constraints, and patient needs are not always met because of paperwork"*. Similarly her colleague comments *"I used to think nursing was about handing out pills but it's a lot more about paperwork"* (Smoky Johnson).

The data from this study indicates a notion of change in expectations of nursing throughout the course of the education programme. However at a more fundamental level it is less clear that change has occurred. A third year student alludes to his intrinsic motivation explaining that he *"wanted to do nursing to help people and to me that is still what it is"* (Smoky Johnson). Susannah Kerr agrees, expressing her view that *"my basic ideas what nursing is are still the same, but building blocks are added by education and placements"*.

Implication of finding

In relation to the research sub question discussed here, this finding demonstrates that student expectations change in terms of professional role, however, fundamentally the perception informed by these expectations remains to some degree constant. The comments made by students within the third year cohort demonstrate that the intrinsic motivation underpinning nursing as a career remains important. This is relevant for nurse educators because it acknowledges the development of professional role and a sense of professionalism among student nurses as they progress through the nurse education programme. The student nurses within this study noted a change in their expectations of nursing in terms of tasks, caring activities and the role they fulfilled, however their intrinsic motivation and a desire to care remained strong. It may assist nurse educators involved in curriculum design and delivery to be aware of such dichotomies as student nurses face nursing challenges within academic learning and clinical learning in an attempt to prevent students from becoming disillusioned and disheartened.

9.6 Summary

This chapter has presented a discussion of literature and data analysis that illuminates the student nurses' expectations of nursing as a career. As nurse education responds to the driver of widening participation students are entering nurse education with diverse experience and background, and consequently diverse expectations of nursing as a career. This chapter demonstrates that expectation and perception are influential upon student nurses as they embark upon their nurse education journey through the domains of academic learning and clinical learning.

Chapter Ten: Discussion

10.1 Introduction

Nurse education today is characterised by an integration of theoretical knowledge and clinical learning, and serves to refine and illuminate expectations and perceptions held by students at the start of the programme. The pre-registration programme requires students to practice and develop a variety of skills in a variety of settings, and integration of theoretical knowledge and clinical learning is required to achieve this. Within nurse education students spend fifty per cent of their time learning within the university. This chapter considers the analysis of data presented in Chapter Eight relating to the themes of theoretical knowledge and curriculum reflected within the context of the second research question and subsequent two sub questions:

What are the further education students' pre-entry expectations of higher education?

a) What do further education students expect nurse education to involve when they start the programme?

b) How do these expectations change throughout the education programme?

10.2 What are the further education students' pre-entry expectations of higher education?

10.2.1 Students within this study had clear expectations concerning nurse education before commencement of the programme which differed from the reality of nurse education

Within this study, data associated with the theme of theoretical knowledge demonstrated that students felt their expectations of university were unrealistic. Several respondents reported 'learner shock', finding the transition from further education to higher education to be daunting.

Student expectations concerning nurse education

Data drawn from the photo selection activity indicated that two students within the first year cohort had expectations relating to gaining theoretical knowledge, however, one did not include images of studying within her photo selection. Respondents within the other two cohorts also verbalised expectations relating to academic learning. Although some comments confirmed that higher education met their expectations... *"how I imagined it really"* (Sophie McPherson), the majority of comments suggested some disparity ranging from *"university was not as intense as I expected"* (Ailie Collins) to *"I never realised there was so much to it, so much studying and hard work, I expected lectures and tutorials like the photos but I didn't expect it to be so in depth"* (Hannah McKenzie).

Learner shock

It is also interesting to note the existence of such a phenomenon in relation to expectations of studying within higher education. In Ireland 64.3% of the mature entrants in Fleming and McKee's study (2005) of one hundred and thirty pre-

registration students reported that their expectation of the academic component was unrealistic citing that the academic content and standard were higher than expected. Cree et al. (2009, p.10) write that students find the transition from further education to higher education to be daunting, reporting 'learner shock' on entering university. In a longitudinal study of forty five undergraduate students within a traditional university in Scotland, the writers suggest that students do not possess realistic expectations of higher education, and the shift from teaching and learning within small groups in a supportive environment within the college setting to the higher education setting was underestimated. The comments from the first year cohort resonate this finding. All three students within this cohort reported their experience of learning within higher education to be *"daunting",* (Lucy Liu) *"a nightmare"* (Maggie Smith), and *"confusing"* (Marissa Wagner). However respondents within the second and third year cohorts reported their experience of further education to be very demanding. As explained in Chapter Seven, Smoky Johnson reported that his further education experience had *"made me wonder if I was doing the right thing because it was so hard and I had been out of education for so long".* Similarly two second year students described their experience within a Scottish College as *"full on"* (Lucy Burns) with *"twenty one exams in a year"* (Ailie Collins). Consequently these two students, comparing their experience of higher education to further education, concluded that it was not *"as intense as expected"* (Ailie Collins).

Implications of finding

In response to the research question considered within this chapter, this finding reveals that students within this study did have clear expectations concerning nurse education, and these expectations differed from their on-course experience of nurse education.

This finding implies that design and delivery of the nursing curriculum should address the changing student nurse profile, and should consider the diversity of background, experience and learning need. In academic learning, teaching and learning strategies such as induction programmes, student academic and pastoral

support networks, together with appropriate curriculum design and delivery are important, and in clinical learning, student support would assist new students as they reflect upon their expectations of nursing and nurse education.

10.2.2 The teaching and learning strategy adopted by the teaching team did not match the expectations of the participants

Key findings discussed thus far suggest that the students' expectations of nurse education differed from reality. The literature review presented in Chapter Three also supports this view. In relation to the research question 'What are the further education students' pre-entry expectations of higher education?' a key finding emerged indicating that the learning strategy adopted by the teaching team did not match the expectations of participants.

Teaching and learning strategies

Much has been written within the literature reflecting upon the definition, philosophy and ideology of curriculum in both nurse education and higher education, and it is evident that higher education does not exist in isolation of other social structures but must be considered within the socio-political context (Glen, 1994; Caldwell, 1997; Hart; 2004). Pressures within healthcare delivery such as workforce planning and service improvements are also influential (Carr, 2008; Glen, 2004). Governing bodies and stakeholders within nursing influence and legitimise the nurse education curriculum (Bishop, 2009; Lawson, 2004). However, it remains true that the lecturers within the classroom ultimately shape what and how knowledge is presented (Thomas and Davies, 2006).

There is much debate within nurse education concerning teaching and learning strategies. Some acknowledge the usefulness of traditional instructive methods (Regan, 2003; Walkin, 2000). Others comment that the didactic format of the lecture can impact negatively upon student motivation, (Gow and Kember, 1993, p. 30) and lectures can decrease student desire to learn (Newstead and Hoskins, 2003, p. 69). In

modern nurse education curricula most of the academic staff recognizes that education should involve interaction between student and lecturer (Codde, 2006; Tight, 1996). Within the degree programme of this study, curriculum delivery focuses upon pedagogies such as student-directed or problem base learning. The lecture serves to provide a framework for ideas and theories at the start of each week, comprising a small part of curriculum delivery, totalling three hours of the weekly timetable. Student learning thereafter focuses upon problem based learning, clinical skills learning, seminars and tutorials. These approaches symbolise a shift from a content heavy curriculum towards a model which encourages students to actively engage in the skills and abilities they are developing (Akey, 2006; Chapman, 2003).

Data resulting within this study suggests that before commencing the programme students expected traditional information giving strategies. Second year student Hannah McKenzie *"expected lectures and tutorials"*, and third year student Sophie McPherson anticipated *"uni lectures, lots of studying and reading",* acknowledging some degree of self study. Traditional forms of assessment were also expected, Maggie Smith, a first year student *"expected to sit exams in university"*.

The terms 'self directed learning' and 'problem based learning' are often used interchangeably within the nursing literature. Blurring and lack of clarity is also evident in respondents' use of the terms within this study. Self directed study is a style of learning embracing many strategies. Problem based learning is one such strategy, and is the dominant teaching style used within the degree programme of this study.

Self directed learning

Within a climate of widening access and greater social inclusion, the Dearing Report in 1997 signalled a shift of educational paradigm from teaching centred activities to learner-centred approaches in an attempt to meet the learning needs of the diverse student population entering higher education. It has been argued that many in nurse education acknowledged this shift (Ahern, 1999; Barrington and Street, 2009; Bevis and Watson, 2000) resulting in the introduction of self-directed learning, however,

this has not always been successful (Nolan and Nolan, 1997; Slevin and Lavery, 1991). Nurse educators believe self-directed learning to be synonymous with clinical learning and the concept of evidence based practice (Chikotas, 2009; Price, 2003; Sharples and Moseley, 2010; Smedley, 2007) because it emphasises the independence and self-directedness required by student nurses working within the modern health care environment (Papp et al., 2003, p. 262).

Furthermore, the literature review presented within Chapter Three indicated that self-directed learning is based upon the principles of adult learning (O'Shea, 2003). In relation to the sample of this study, there is evidence to suggest that mature students are more likely to be self-directed in their learning than direct entry younger students (Andrews et al., 2005; O'Shea, 2003; Smedley, 2007), because they possess communication skills which enable them to access knowledge and skills required for nursing (Andrews et al., 2006, p. 869). In addition, Newton et al., (2002, p. 633) write that qualities common to mature students such as confidence, maturity and life experience are valuable assets within learning situations. Within the data source of self characterisation the theme of being keen to learn, asking for help, and the need to learn new things, was common among all three year groups. Within the first year cohort this is exemplified by Lucy Liu's comment that she *"always seeks opportunities to learn something new",* and *"very enthusiastic, resourceful, inquisitive"* (Maggie Smith). Similarly, two second year students describe themselves as *"keen to learn new things"* (Mark Smith and Hannah McKenzie). Third year student Sophie McPherson demonstrates a self-directed approach in her comment *"not afraid to ask for help".*

 It is also worth noting that the ability to take responsibility for one's own learning is not natural or universal to all students (Timmins, 2008, p. 303), and although Cree et al. (2009) found that students from further education were more able to work in groups with their peers because they have been exposed to this teaching and learning style in their previous studies, many students enter university with little or no experience of self learning (Marshall and Rowland, 1998) and some students are ill-equipped to direct their own learning (McCauley and McClelland, 2004; Sutherland and Crowther, 2006).

Data analysis presented in Chapter Seven illustrates these studies. Hannah McKenzie, a student within the second year cohort selected two photos (9 and 17) because *"I never realised there was so much to it, so much studying and hard work, I expected lectures and tutorials like the* photos *but I didn't expect it to be so in depth"*. Susannah Kerr, a third year student, also commented that she did not expect the amount of reading that was required explaining *"it gets on top of you"*. Regan (2003) warns that students who struggle with this style of learning may be left behind. However, as self directed learning is essential for evidence based practice, students have no choice but to develop these skills (Elcock et al., 2007).

Problem based learning

Similarly, problem based learning was accepted within health care programmes as a student centred teaching strategy that promoted the development of critical reasoning skills. Problem based learning has been widely adopted as a strategy to contextualise theory into practice (Williams and Beattie, 2008) because it identifies and evaluates problems based upon real life experiences (Chikotas, 2009; Price, 2003). Two students within this study discussed their experience of problem based learning. Susannah Kerr (third year) commented that group work was common in university, *"we do it a lot in uni and I wasn't expecting it"* and second year Ailie Collins identified *"studying in a group helping each other, peer support"* in her photo selection as important to her perception of studying nursing. Although third year student Susannah Kerr "enjoyed" group work, this was not unanimous, this first year student's experience of problem based learning was far from positive *"here's what you need to know- get on with it"* (Maggie Smith). Similarly first year colleague Marissa Warner reported in the focus group discussion that although she enjoyed gathering information and researching, she lacked confidence in her presentation skills that were also required in problem based learning.

Further exploration of the literature in this area indicates that student 'readiness' to engage with self directed learning is the focus of many studies (Fisher et al., 2001; Wiley, 1983) and is seen to be an important indicator of the ability to pursue lifelong

learning (Williams, 2004). Within the data source of self characterisation themes recognised as indicators of student 'readiness' such as being keen to learn, asking for help, and the need to learn new things, were common among all three year groups. Within the first year cohort this is exemplified by Lucy Liu's comment that she *"always seeks opportunities to learn something new",* and *"very enthusiastic, resourceful, inquisitive"* (Maggie Smith). Similarly, two second year students describe themselves as *"keen to learn new things"* (Mark Smith and Hannah McKenzie). Third year student Susannah Kerr demonstrates a self-directed approach in her comment *"not afraid to ask for help".* Literature indicates that students increased their readiness to direct their own learning throughout the duration of the nurse education programme, believing they developed characteristics associated with self directed learners as they assimilated problem based learning into their repertoire (Timmins, 2008, p.304; Williams, 2004, p. 282).

Implication of the finding

There appears to be consistency within focus group discussion concerning teaching and learning. In an attempt to link the findings to the research questions, analysis of the data across the cohorts seems to suggest the learning strategy adopted within the university did not match the expectations of the respondents. Students' comments imply they did not expect problem based learning, evidence based practice, research and group work, anticipating instead lectures, lots of assessments, and self study using text books. This is significant due to the requirement for students to develop self-direction skills in order to become competent registered nurses. For some students within this study self-directed learning was a significant difference to their previous educational experience.

This finding shows that self directed learning within the clinical environment is vital because students need to adopt an independence and self directedness in relation to their clinical learning in order to actively engage with learning opportunities afforded to them. Secondly, the implication here is that self-directed learning equips students with the necessary skills to work within the modern health care setting.

10.3 What do further education students expect nurse education to involve when they start the programme?

10.3.1 The role of the nurse should inform the curriculum content

The literature review presented in Chapter Three suggests concern among nurse education that the curriculum is becoming increasingly crowded (Carr, 2008; Dalley et al., 2008; Hoyles et al., 2000; Jones and Johnston, 2006; Ward et al., 2004). Furthermore there is evidence within the nursing literature that the overcrowded nurse education curriculum is stressful for student nurses (Jones and Johnston, 1997; Barrow et al., 2002).

Further review of the literature concerning curriculum within nurse education indicates a strengthening call for change from traditional pedagogies and conventional beliefs towards a flexible, evidence based curricula, in unison with health care reforms and advances in health care technology (Diekelmann, 2002; Rich and Nugent, 2010; Tanner, 2002). This study asks the question 'What do further education students expect nurse education to involve when they start the programme?' The literature suggests that nurse education needs to be learner orientated (Keogh et al., 2010) and students need to access information effectively and efficiently in order to meets calls within the profession for sound evidence based practice (Barnard et al., 2005, p. 505).Curriculum needs to meet demands of service, learners, the public, and keep pace with modern developments in nurse education (Keogh et al., 2010, p. 42). These include "accelerated knowledge generation" (Candela et al., 2006, p. 60), demographic change, and technological advances.

Curriculum content

The literature review also illuminates the debate within nurse education concerning the "what and the "how" of the curriculum. Since its relocation to higher education nurse educators have acquired greater autonomy in curriculum design and delivery, and teaching and learning strategies, however, many writers argue that nurse education appears to have lost its way or is even in crisis (Clark, 2005). Ryan (2008,

p. 1404) writes that nursing must recognise, develop and facilitate expertise while remaining grounded in a culture of service and care. Data analysis presented within Chapter Eight, together with underpinning literature presented within Chapters Two and Three suggest that the role of the nurse should be central to the nurse education curriculum.

The role of the nurse

Carr (2008) suggests the nursing role should be the most influential factor upon design of the pre-registration curriculum. This study has discussed the influence of expectation, perception and imagery of nursing upon student nurses, and findings emerging from this study indicate that student nurse self concept and professional identity is influenced by, and changes according to, 'what they do' within the clinical learning environment. Although Baker et al. (1998, p. 1) write that curricula within health care professions must distinguish the necessary knowledge and skills required to offer a relevant service to the public, it appears that to the public and to the nursing profession alike, there is confusion concerning the role of the nurse and the service he/she provides (Holland, 2009, p. 299). Furthermore, Ousey and Johnson, (2007, p. 153) write that for many student nurses the role of the nurse is far from clear within modern health care delivery, and the optimum that can be hoped for in relation to curriculum design and delivery is for student nurses to develop generic competencies that can be applied in a range of nursing situations.

In relation to this research question, it has been argued within the discussion in Chapter Nine that students within this study did have clear expectations and perceptions of the role of the nurse, albeit based upon a traditional view of nursing. Therefore it is not surprising that within the theme of curriculum, the respondents reflected upon aspects of the curriculum which 'matched' their perceived role of the nurse. Within the data source of photo selection, Smoky Johnson (third year) selected a photo because it demonstrated *"the need to support practice with evidence and research"*. Similarly, two students within the first year cohort, Maggie Smith and Marissa Wagner selected an image of teamwork because this aspect of their role

formed part of their first year curriculum within the university setting. Second year student Mark Smith justified his selection of a photo of students learning anatomy and physiology by explaining that *"he was expecting more of this"*, and third year Smoky Johnson selected the same photo because *"learning anatomy is important in nurse education"*.

First year student Maggie Smith indicated that curriculum served to prepare her well for her role within the clinical learning environment, *"uni made me feel confident"*, and second year student Mark Smith's comment *"I could practise all my skills from CSL"* suggests the curriculum facilitated his ability to function within the clinical learning environment. However, not all the comments were positive. Within the focus group discussion of the third year cohort, when discussing the curriculum Smoky Johnson stated that *"it's unclear how to put it into practice"*.

It is evident within nurse education that curricula design and delivery should reflect the modernisation agenda call for a competent and flexible workforce, updated career pathways, preparation of nurses to lead a modern healthcare system, and modernising the image of nursing and midwifery careers (Department of Health, 2006). Within the literature some writers stress the importance of the management role of the nurse within the nurse education curricula (Garrett, 2005, p. 32; Holland, 2009, p. 299; Thorne, 2006, p. 614). This line of argument is evident within the comments of Redding, (2001, p. 57) and Candela et al. (2006, p. 59) who emphasize a need for student nurses to develop efficient decision making skills supported by robust nursing knowledge and systematic reasoning.

Comments from the second and third year students within the focus group discussions illustrate the management role of the nurse. Second year student Hannah McKenzie and third year colleague Smoky Johnson both expressed surprise at the amount of paperwork, patient referrals and managing care that was involved within the clinical learning environment. This suggests that the curriculum has not been informed by the role of the nurse. Conversely, discussion within the first year cohort indicated that their role of *"doing observations and teaching patients"* (Maggie Smith) and *"communicating and generally supporting patients through their care*

journey" (Marissa Wagner) had been included within curriculum delivery- *"we've been taught that"* (Lucy Liu).

Data analysis presented in Chapter Eight also highlights aspects of the nurse education curriculum, including research and evidence based practice, technology, and interprofessional education.

Research and evidence based practice

The International Council of Nursing acknowledged in 2008 that nurse education programmes should be based upon research. Chaboyer et al. (2004, p. 217) write that the role of the nurse within health care delivery requires an evidence based approach in which practice is informed by research. Sackett (1996, p. 71) explains why the role of the nurse now demands this approach, defining evidence based practice as the:

> *conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients...integrating individual clinical expertise with the best available external clinical evidence from systematic research*

Despite the technological advances within our society, and the immediate and continual access to the internet, literature suggests adoption of the approach within nurse education programmes is limited (Ingersoll, 2000; Jennings and Loan, 2001; Kessenich et al., 1997).

Nurse education also involves evidence based practice, a need to predict an outcome based on evidence, usually by reflection and problem solving (Flanagan et al., 2000). Rich and Nugent, (2010, p. 228) identified a focus on nursing research and its application to education and practice as a significant change within nurse education.

Smoky Johnson's comment within the data set of photo selection demonstrates an awareness of this approach. He chose a photo (30) reflecting upon *"the need to support practice with evidence and research"*.

Technology

It is essential that nurse educators incorporate technology and informatics within nurse education programmes (Rich and Nugent, 2010, p. 231). As discussed earlier in this chapter, there has been huge investment, and consequently huge development, in clinical simulation within the university setting. There is an argument within the literature supporting the case that theoretical knowledge and clinical learning will be delivered more and more through new technologies and simulated learning environments (Bloomfield and Tofts, 2006; Kelly et al., 2009; Landry et al., 2006).

Interestingly, technology only featured in the comment of one participant within this study. Smoky Johnson, a third year student, selected a photo depicting a laptop, explaining that *"technology and IT is important"*. The acquisition of theoretical knowledge should be underpinned by technology-mediated teaching strategies such as on-line teaching programmes to ensure currency, and virtual learning environments such as Blackboard or Moodle should be developed to aid communication between student, mentor and nurse educator (Salminen et al., 2010, p. 235). Within the data source of repertory grid formation, the first and the second year cohorts both selected a photo depicting students engaged in simulated learning as having the closest association with their expectations and perceptions. This suggests that students frequently use technological equipment to facilitate their theoretical learning, and consequently they have not identified it as worthy of comment.

Interprofessional Education

The concept of interprofessional education emerged within the findings of this study, often associated with the theme of teamwork. This concept was not explored within the literature review presented in Chapter Three, however it appears within nursing literature as important within the curricula of health care professions (Barr et al., 2005; Carpenter, 1995; Salamonson et al., 2009; Scott, 2008). Interprofessional education is defined by Salamonson et al. (2009, p.1542) as occurring when:

two or more professions learn with, from, and about each other to deliver team-based healthcare that synergistically maximises the strengths and skills of each contributing health professional, has been proposed as a solution

The importance of interprofessional education provoked considerable discussion among the first and second year cohorts within this study. Its inclusion in the curriculum was not expected, however its relevance to the health care environment was acknowledged by both groups. Salamonson et al. (2009, p.1545) claim that an important strength of interprofessional education is that it promotes the development of teamwork among the students, and facilitates communication and interaction with other professional groups. The comments of a second year student confirm these findings. Mark Smith commented that interprofessional education *"makes it easier to engage with others"* (Mark Smith), and although first year Lucy Liu agrees that *"it's useful because we're working with a lot of other people,"* she also comments *"we're supposed to learn from each other but we need to learn our own profession first".* This second comment by Lucy Liu is divergent from the literature, which suggests that students are more responsive to interprofessional education within the early stages of their programme (Barr et al., 2006; McPherson et al., 2001).

Implications of finding

It emerges with the literature review and earlier data analysis and discussion that students within this study did have clear expectations and perceptions of the role of the nurse, albeit based upon a traditional view of nursing. The key finding in response to the identified research question indicates a necessity for the role of the nurse to inform curriculum content. In order for student nurses to be able to function within modern health care delivery, it is important that nurse education attempts to offer pre-registration programmes that are relevant, motivating and exciting, embracing technology while at the same time being cognisant of the potential strain on student nurses as they strive to 'keep up' with modern informatics systems and technological advancement.

Interprofessional education has relevance to modern healthcare delivery, and research and evidence based practice provide a firm foundation for teaching and learning strategies within the university.

10.4 How do these expectations change throughout the education programme?

10.4.1 Students within this study became more aware of the importance of theoretical knowledge and its application to clinical learning as they progressed through the programme

The debate concerning the relationship between theoretical knowledge and clinical learning pervades the literature review and the data analysis of this study, and this research question was informed by studies which demonstrate that theoretical knowledge does not prepare student nurses for clinical learning. Gerrish (2000, p. 473) uses the term "fumbling along", and Farrand et al. (2006, p.98) write:

> *Often however the attainment of both an academic understanding of the issues surrounding practice and the development of competency in clinical skill is problematic. This is because an increased emphasis upon one of these areas has tended to be achievable only through a decrease in attention upon the other area.*

The literature review presented within Chapter Three indicates that a dichotomy between theoretical teaching within the university, and clinical learning within the practice environment, has existed for many years (Ferguson and Jinks, 1994), and this dichotomy, known as the 'theory-practice gap' is influential upon the learning experiences of student nurses.

Student perception of 'theory-practice gap'

Chesser-Smyth (2005) conducted a phenomenological study into the lived experiences of student nurses in Ireland. Her findings were in contrast to those which highlighted concerns with the 'theory-practice gap' (Hislop et al., 1996; Rafferty et al., 1996; Severinsson, 1998), because the majority of students participating in Chesser-Smyth's study reported that theory studied in the university was relevant to their learning needs and experiences. However, in order for students to be able to recognise the importance of the theoretical knowledge paradigm and its application

to the clinical learning paradigm, there needs to be consistency between the delivery of theoretical knowledge within the university, and its application to clinical learning within the clinical learning environment, and this is not always the case (Andrews et al., 2005). Findings within this study clearly demonstrate inconsistency between the two paradigms. In relation to theoretical knowledge, all three students within the third year cohort felt there was a difference between theory taught in university and theory put into practice in the clinical environment. Smoky Johnson reported *"it's unclear how to put it into practice"*. Similarly, students within the first year cohort observed the same discrepancy, although they were less exact in identifying the nature of the dissonance. Maggie Smith commented that *"different styles do exist"* and Lucy Liu acknowledged *"when things are done differently I don't say anything"*. Marissa Wagner, on the other hand stated that she tried to *"stick to the way I have been shown"*.

Student awareness of the importance of theoretical knowledge

There is consensus among the literature that clinical placements are important to students because they confirm *'they are doing what they came into nursing to do'* (Keogh et al., 2010, p.3). However, there is also acknowledgement within the literature that clinical learning alone is not sufficient (Orland-Barak and Wilhelem, 2005; Wells and Norman, 2009). The possession of sound nursing skills, and being 'fit for practice' is no longer adequate for nursing within the twenty first century. Modern nurses need to be able to think, to use evidence based practice and be motivated enough to keep up to date. The literature review presented in Chapter Three acknowledges that the relentless pace of change within healthcare delivery poses a huge challenge to nurse educators as they consider the pre-registration curriculum. Dalley et al. (2008) cite the observation of Carroll (2005) that medical knowledge doubles every two years, and nurse educators are aware that knowledge and skills may not be current when students graduate.

Conversely, there is a view emerging within public opinion that nursing has become 'too academic'. It is claimed that new nurses can *theorize but not catheterize*

(Paterson and Grandjean, 2008, p. 303). Similarly, headings in the nursing press and the public media such as *too posh to wash* (Scott, 2004, p.581) and *clearing up poo will not help me learn* (www.nursingtimes.net/nursing-practice-clinical-research.accessed 24.3.2009) demonstrate this view. Watson (2006, p.624) writes that nurses are accused of having their

> *"heads so full of nonsense... that they cannot provide essential aspects of care"*

As suggested within the literature reviewed within Chapter Two, data generated within this study also demonstrates that students within this study entered the programme with clear expectations concerning nurse education, however opinions concerning academic learning within the university were varied. One student within the third year cohort concluded that the emphasis upon theory surprised him. Smoky Johnson expected to spend more time learning in the clinical environment than university. First year Marissa Wagner found studying daunting. She was confused by language and systems, and felt like *"a scared rabbit"*. This student expressed enjoyment in gathering information and researching, but lacked confidence in the presentation skills needed as part of problem based learning. As noted earlier, this may be characteristic of mature students, or an individual personality trait. Another first year student found that the amount of theory covered before gaining placement experience was positive, enabling her to feel more confident despite the fact that *"they don't expect you to know anything!"* (Maggie Smith).

Within the data source of photo selection, two third year students selected a photo (27) depicting a student who is tired or struggling to study. Sophie McPherson relates her own experience of studying to this picture describing study as *"emotionally draining",* and Susannah Kerr interprets this picture as *"a student struggling with all the reading, I wasn't expecting this, it gets on top of you"*.

It is interesting to note that there is evidence within the literature to support the belief that student expectation and perception of nurse education changes (Day et al., 2005; Fleming and McKee, 2005; Melia, 1987; Kiger, 1992; Smith, 1992; Watson et al., 1999; Randle, 2003). Similarly there was some indication within the study that

expectations of studying within higher education had changed. In accordance with the findings of Manninen's study in 1998, which reported changes in student nurse perception reflecting curriculum content, Hannah McKenzie, a student within the second year cohort, reported a change in her expectations of nursing *"I never realised there was so much to it..."* and *"I knew nurses did medication but I had no idea how much nurses do and need to know"*. This said, much of the focus within the literature review and the data sets of the study highlighted perceived change in expectations of nursing within the clinical environment rather than gaining theoretical knowledge within the university, and little evidence is available to indicate change or progression in student nurse awareness of the importance of academic learning or theoretical knowledge, and its application to professional or clinical learning. This is surprising because the student – or the student experience, is at the centre of this documented tension or disparity between the two domains of learning.

There is consistency within the data generated in this study to support the claim that students became more aware of the importance of academic learning or theoretical knowledge, and its application to professional or clinical learning as they progressed through the degree programme. Within the data source of self characterisation the concept of theoretical knowledge was only included in one self characterisation. Lucy Liu, a first year student, was alone in commenting that *"I take my education very seriously"*. As discussed earlier in Chapter Eight this may be a consequence of the tool. The self characterisations created by the respondents emerged as a summary of the students' clinical assessment documents reflecting their strengths and weaknesses within clinical learning experiences. However, evidence from the second data set, photo selection, also indicates a progression in awareness from first year through to third year students.

Analysis of data in Chapter Eight revealed that the photo selection of second and third year students suggests greater awareness of the significance of theoretical knowledge than first year students. Only two images of studying were selected by the first year students, and one student (Marissa Wagner) did not include any photos portraying learning theory within her portfolio. The second year cohort selected a

total of seven images of studying. All participants within this cohort selected at least one image of studying. The third year cohort highlighted six photos of learning theory in their collections, each individual student opting for two such photos within their portfolios.

The suggestion that students became more aware of the importance of theoretical knowledge and its application to clinical learning resonates with Benner's educational model of novice to expert (1984). Throughout the nurse education programme, students move along a continuum, from novice to expert. Johnson (1994) and Seed, (1994) identify this as moving from mechanistic task doing to a more holistic view of patient care. This is exemplified within the responses of the first year students in the focus group discussion. All three students interpreted nursing activity as task related, commenting that nursing appears to be about *"doing observations and teaching patients"* (Maggie Smith), and *"communication and generally supporting patients throughout their care journey"* (Marisa Wagner). Within the second year cohort comments were also skills focussed. Mark Smith commented that *"in a good placement it was great, I could practise all my skills from CSL"*.

Comments made by third year students reiterate this development, reflecting upon concepts such as *"responsibility"* (Sophie McPherson) and involvement (Susannah Kerr). Data generated by the third year cohort also supports the view of Anderson and Kiger 2003 who report that usually third year students *"have greater expertise and could link theory to practice"*, and Spouse (2003) who writes that students who have reached the end of the continuum are able to *"bundle activities together"* (p. 169). Smoky Johnson was surprised by the amount of paperwork, and management required, commenting *"there's a lot more to it than I thought"*. Similarly Susannah Kerr added *"nursing is about people and technical skill, you need to mix the two together and get an even balance"*.

Early student exposure to clinical experience

A further review of the literature in relation to theoretical knowledge explores a second key debate within nurse education - student exposure to clinical learning in the early stages of the nurse education programme. Following the introduction of the Project 2000 curriculum, there was recognition within the literature that students should experience clinical learning in the early stage of the nurse education programme (Hislop et al., 1995; Macleod-Clarke et al., 1997; Neary, 1997).

This is important in relation to the key finding of this study that student awareness of the importance of theoretical knowledge and its application to clinical learning developed over the three year period, because it acknowledges that learning only occurs when theoretical knowledge and clinical learning are closely linked, (Hislop et al., 1995). Students need time and engagement in clinical practice in order to be able to link theoretical knowledge to professional learning (Hallet et al., 1996), and the subject knowledge of nursing *became clearer* after nursing students had experienced clinical learning (Bolan and Grainger, 2009, p. 775). The data generated within this study, particularly in relation to the third year cohort, reflect these studies. Sophie McPherson reported that *"my view of nursing has been added to by education and studying"* and Susannah Kerr described *"greater knowledge and technical skills"* as *"building blocks"*.

Implication of Finding

The evidence from this discussion supports the belief that students within this study became more aware of the importance of theoretical knowledge and its application to clinical learning as they progressed through the programme, clearly responding to the research sub question considered in this chapter. Similarly student awareness of theoretical knowledge and its application to clinical learning opportunities develops as the student nurses progress through the nurse education programme. This is important in relation to curriculum design and delivery, in order to make students more aware of theoretical knowledge and its application to clinical learning, the curriculum should focus on the role of the nurse in modern health care delivery, and

how this can be integrated into the student clinical learning experience. Innovative approaches to encourage students to engage with theoretical knowledge, and reflect upon its application to clinical learning, acknowledging that theoretical knowledge and clinical learning, should be viewed as complementary rather than separate.

10.4.2 Students within this study perceived clinical learning to have more significance upon professional practice, than theoretical knowledge

In relation to the same sub question concerning the change of expectation, it emerges within the literature review presented in Chapter Three, and in discussion of data analysis, that the relationship between theoretical knowledge and clinical learning is fundamental to efficient and effective nurse education, Cooke and Moya, (2002) write that this dual preparation is fundamental to the understanding of theory and practice, and development of cognitive and practical skills necessary for effective practice, anda combination of professional and university education is essential in order to develop students into efficient and effective practitioners (Eraut, 1994; O'Neill and Dulhy, 1997: Banning, 2005). Furthermore, theory has no meaning if students cannot relate it to practice, and early clinical learning enables students to develop an awareness of clinical practice and their own professional development (Hoyles et al., 2000, p.491). These findings support important recommendations emerging from key documents within the last decade stressing a need for greater emphasis upon practice learning (Department of Health 1999; United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1999; Nursing and Midwifery Council, 2006; Longley 2007; Department of Health, 2008).

Acquisition of clinical skills within theoretical knowledge

Although not a common theme within the literature review or data analysis, acquisition of clinical skills is central to nurse education. Hussein Rassool and Rawaf (2008) write that there has been considerable effort to ensure that skills, competence, and theoretical knowledge receive equal prominence within the curriculum. This

drive towards integration of theory with practice is central to nurse education, and is evident within key documents such as "Making a Difference (Department of Health, 2000) and "Fitness for Practice" (UKCC, 1999). Within nurse education such integration is seen to be the most demanding challenge faced by nurse educators (Ousey, 2000, p. 117). Competency based education within nursing has been much debated over the last decade, and concerns exist relating to its *"anti-education mentality"* (Taylor et al., 2010, p. 241), lack of rigour in assessment tools (Duffy, 2004; Norman et al., 2002) and the role of the mentors (Duffy, 2004). Amongst this debate the NMC produced standards of proficiency (NMC, 2004) and, following the consultation document reviewing fitness for practice at the point of registration (NMC, 2005) mandatory 'Essential Skills Clusters' were introduced to the pre-registration curriculum in 2008. This was an attempt to address a perceived skills deficit in key areas of practice at the point of registration.

Within nurse education there are those who believe the teaching of skills within theoretical learning devalues the curriculum (Bjork, 1999) and there are those who consider increased focus upon technical skills within nursing is central to the curriculum (Koh, 1996). The researcher teaches on a degree programme whose philosophy acknowledges that skills acquisition should occur within a sound educational framework consistent with the clinical environment, and should be the responsibility of both those in education settings and practice settings.

Simulated learning has evolved in nurse education in the last decade (Wellard et al., 2007; Radhakrishnan et al., 2007) with a clear advantage of the facilitation of students in the development and refinement of assessment, evaluation, and clinical decision-making within a simulated complex, acute health care setting (Rich and Nugent, 2010, p. 232).

It is interesting that the learning of clinical skills was only included in the comments of one student within this study. Second year mark Smith commented that *"in a good placement it was great, I could practise all my skills from CSL"*. This is surprising because practical work, or lab based learning, occupies a substantial amount of the student timetable in each year of the programme. Clinical skills laboratory work is designed to reiterate themes presented within the lecture and the problem based

learning sessions. Practical sessions are useful in facilitating students in practising and developing psychomotor skills.

Theoretical knowledge or clinical learning?

Consideration of the literature therefore indicates an acceptance of the centralisation of theoretical knowledge to clinical learning, and data analysis within this study also suggests the students acknowledge the association between the two paradigms. The students within the second and third year focus groups discussed whether they felt learning in university affected their attitudes and expectations more than learning in clinical practice. An interesting comment from a third year respondent... *"uni is airy fairy and placement is practical and down to earth"* (Susannah Kerr) reveals her view, suggesting that greater, more meaningful, learning occurs within the clinical environment. This appears to be supported by Lucy Burns, a first year student, who states that students learnt more within placement *"if the placement was good"*.

Similarly, although data from studies suggests students prefer to learn in the clinical area (Parker and Carlisle, 1996) opinions within this sample were again varied. First year student Lucy Liu believed that in relation to clinical skills *"knowledge and practising is the key to success"* and *"placements are brilliant"*. Second year student Hannah McKenzie was also positive in her comment *"...didn't realise how much placement experience you get but this is my favourite part"*. Ailie Collins commented upon the importance of *"enthusiastic nurses and auxiliaries"* to the learning experience, and this was supported by others in the group. All four students within this cohort agreed that their expectations of learning opportunities within the clinical learning environment were met, however Lucy Burns explains *"sometimes you have to go out of your way to get learning experience"*. Mark Smith commented that *"in a good placement it was great, I could practise all my skills from CSL"*.

Implication of finding

It appears within this study that the participants can identify their preference for one learning domain over another, and can also identify the learning opportunities offered within the clinical environment. The evidence from this study suggests the majority of students prefer the clinical learning environment, and they report this domain as influential upon their learning. The dominance of clinical learning over theoretical knowledge within the data sources provides an answer to the research sub question, indicating that the students within this study perceive clinical learning to have more significance upon professional practice, than theoretical knowledge. Nurse educators are aware that, in an attempt to make clear to students that the importance of theoretical knowledge and its application to clinical learning, learning should be encouraged and valued within both domains of student learning. This finding supports the current initiative within nurse education attempting to place greater emphasis upon the acquisition of clinical skills within the classroom and skills laboratories within the university.

10.5 Summary

This chapter has presented a discussion of literature and data analysis that centres upon the student nurses' experience of learning within the university. The findings discussed within this chapter reflect the academic learning of a small sample of students with a background of further education as they undergo a degree programme, and are underpinned by literature pertaining to the acquisition of theoretical knowledge. The chosen methodology of personal construct theory is reflected in the finding that the role of the nurse should inform the curriculum content. This chapter concludes that the student experience of learning within the university is influenced by the expectations and perceptions of student nurses, and nurse educators must address these interpretations of reality within the nurse education curricula.

Chapter Eleven: Discussion

11.1 Introduction

Much has been written acknowledging the importance of clinical learning to student nurse learning (Lee, 1996; Dunn and Hansford, 1997; Nolan, 1998; McAllister, 2001), and although the clinical environment is constantly changing and evolving, education in practice remains crucial to the student experience (Midgley, 2006). Within nurse education students spend fifty per cent of their programme learning within the clinical environment. This has long been recognised by teachers and students to be a valuable experience, indeed many studies conclude that students reported the placement in practice to have the most impact on their education (Kelly and Courts, 2007; Macleod Clark et al., 1997).

Learning within the clinical environment serves to refine and illuminate expectations and perceptions held by students at the start of the programme. The pre-registration programme requires students to practice and develop a variety of skills in a variety of settings, and integration of theoretical knowledge and clinical learning is required to achieve this. This chapter considers the analysis of data presented in Chapter Eight relating to the themes of clinical learning, self concept, staff relationships, and patient care within the context of the third research question and subsequent two sub questions:

Which aspects of the student learning experience influence their perception of nursing and nurse education?
a) What are the further education students' experiences of learning within the clinical environment?
b) How does their on-course experience differ from their expectations?

11.2 Which aspects of the student learning experience influence their perception of nursing and nurse education?

11.2.1 The student experience of the clinical learning environment had a positive effect upon the student perception of nursing

Many studies have been carried out to measure student perception of the psychosocial characteristics of the learning environment, influenced by the creation of Clinical Learning Environment Inventory (CLEI) (Chan, 2001; Chan, 2002; Chan and Ip, 2007; Henderson et al., 2006; Saarikoski et al., 2002). Similarly other studies have produced comparable findings using a more qualitative approach and research methodology in tune with this current study (Chun-Heung and French, 1997; Clare et al., 2003; Dunn and Hansford, 1997; Papp et al., 2003). However, not all learning within the clinical learning environment is positive (Hart and Rotem, 1994; Nolan, 1998). There is evidence from many studies within the literature review presented within Chapter Three that the clinical learning experience may be difficult, stressful and confusing for students (Campbell et al., 1994; Kleehammer et al., 1990; Timmins and Kaliszer, 2002; Clare et al., 2003), and more worryingly, impacting negatively upon the perceptions and expectations of student nurses (Pearcey and Draper, 2008). Literature demonstrates that nursing still fails to "acculturate" undergraduates (DeBellis et al., 2001), and despite all the literature concerning socialisation, student nurses still grapple to understand their role and to fit into the clinical environment (Ousey and Johnson, 2007).

A key finding emerging from this study suggests that the respondents believed their experience of learning within the clinical environment was positive. There is evidence within the literature that other studies also conclude that, although students recognise difficulties exist within clinical learning they remain satisfied with their experience (Midgley, 2006; Papastavrou et al., 2010; Saarikoski et al., 2009). Studies in the area of clinical learning suggest that the essence of a quality learning environment requires positive staff relationships (Chan, 2001; Saarikoski and Leino-Kilpi, 2002), a variety of clinical learning opportunities (Windsor, 1987), and a feeling of belongingness (Chan, 2002b; Levett-Jones, 2007). Key findings relating to

staff relationships and belongingness emerged from this current study and will be discussed later in this chapter.

Learning opportunity

It is the belief of those engaged in nurse education that students' learning within a proficient educational clinical environment should be equally valuable and meaningful as that gained within the formal setting of theoretical learning (Davies et al., 1999), and clinical environments which facilitate learning opportunities are conducive to rich learning (Newton et al., 2009, p. 632). Furthermore, positive experiences result in a higher incidence of students identifying and exploring learning opportunities (Dunn and Hansford, 1997) and the development of an optimistic sense of nursing. Further exploration of the literature indicates a correlation between opportunity for students to practice and develop skills, and perceived satisfaction supporting findings of other studies (Chan, 2002; Chun-Heung and French, 1997; Dunn et al., 2000; Edwards et al., 2004).

Within this study data analysis presented in Chapter Eight indicates firstly that students within all three cohorts commented favourably upon their learning opportunities. Within the data set of focus groups, first year student Lucy Liu reported that *"placements are brilliant"* and second year student Hannah McKenzie agreed stating that *"placement experience is my favourite part"*. Secondly, the data reveals that students perceived the learning opportunities were appropriate to their stage of education. The data set of focus groups generated rich and interesting discussion relating to this theme. The first year students experienced a sense of belonging while *"at the same time learning and observing"* (Lucy Liu), and Marissa Wagner indicated a notion of progression of learning in her comment *"interaction and caring skills get better, confidence grows"*.

There was consensus within the second year cohort that their expectations of learning opportunities within the clinical learning environment were met *"in a good placement it was great, I could practise all my skills from CSL"*, although Lucy Burns reported that *"sometimes you have to go out of your way to get learning*

experience". This comment concurs with a finding reported by Perli and Brugnolli (2009, p. 886) in an Italian study exploring student nurse perception of their clinical learning environment using the CLEI tool. The authors found that although all students felt their clinical learning experience was *"useful and not a waste of time"*, students within the second year were less satisfied than students within the third year cohort. Lucy Burn's comment indicates that students are required to take responsibility for their own learning, and this will be discussed later within this chapter. The third year students also appeared to perceive their learning opportunities as matched their status as third year student nurses, *"they were more involved"* (Susannah Kerr), were *"given more responsibility"* (Sophie McPherson) and *"put what they learnt into practice"* (Smoky Johnson).

Furthermore, literature reviewed in Chapter Three also demonstrates that provision of learning opportunity necessitates support of students as they direct their learning (Jowett et al., 1994; Orland-Barak and Wilhelem, 2005; Spouse, 2003). It is documented that learning opportunities are diminished for student nurses because nurse education is not addressing this need (Elcock et al., 2007; Midgley, 2006; O'Driscoll et al., 2010). Often, increased workforce tensions and demands result in a struggle for mentors to provide the required level of supervision of learning opportunity. The consequence of this is a weakened educational experience for students. It is reported that students are often allocated tasks which are more commonly the domain of care assistants such as cleaning (Andrews et al., 2006, p. 863; Halkett and MacLafferty, 2006). Comments within this study suggest this is true, but not necessarily unwelcome. First year student explained that for her *"it's easy to do auxiliary nurse jobs"*, and Hannah McKenzie also demonstrated this view stating that she is *"sometimes more comfortable working as a care assistant"*.

A further review of literature related to the learning experience within the health care setting indicates that clinical learning occurs within a complex and changing clinical environment, influenced by many internal and external factors. In relation to external factors, Edgecombe and Bowden (2009) concluded that nursing students within their study reported an impact of outside factors such as family commitments and employment upon their clinical learning experience. This supports the seminal work

by Lauder and Cuthbertson (1998) which stated that many mature students experience financial, domestic and family problems as a result of returning to education. As discussed elsewhere in this study, mature students juggle numerous roles while studying to be a nurse (Steele et al., 2005), and emotional maturity and intrinsic motivation are required in order for them to complete the programme (O'Brien et al., 2009). Within the theme of clinical learning, two students in the second year cohort reflected upon such difficulties involving childcare while learning within the clinical environment. These students discussed the difficulty in securing childcare throughout long twelve week placements, particularly during school summer holidays, *"It's hard to get someone to take on your responsibilities for you"* (Lucy Burns), and Ailie Collins agrees *"it's a big problem for mature students"*.

In relation to internal factors, writers argue that student learning occurs in response to complex situations within the health care setting (Cowan, 1998; Papp et al., 2003) suggesting that students are masters of their own destiny. This is illustrated within this study by comments reported within the focus group discussion of the second year and third year students, in which they allude to being more proactive within care delivery. Second year student Hannah McKenzie explained that *"I like to get stuck in rather than tagging behind the mentor"*, and third year colleague Susannah Kerr commented *"you have to stick your nose in so you don't miss out on learning"*.

Similarly, within the literature reviewed in Chapter Three there is acknowledgement that student success and enjoyment within placements often depends upon personality and attitude, a desire to learn and assertiveness in managing their own learning (Andrews et al., 2006; Dunn and Hansford, 1997; Welsh and Swann, 2002). Nurse educators also argue that self-directed learning within the clinical learning environment fosters a sense of responsibility and accountability (Levett-Jones, 2005). This is exemplified in the comments of second year student Mark Smith within the data set of focus group, *"that there was lots to learn, I could do injections and catheterisations"*, explaining that *"my mentor helped me work out what I needed to do"*.

Quality of care

Studies show that students are more likely to rate their learning experience positively if they believe the standard of care offered to the patients was perceived to be good (Dunn and Handsford, 1997; Papp et al., 2003; Papastavrou et al., 2010; Saarikoski, 2002; Saarikoski and Leino-Kilpi, 2002).

Comments from the focus group discussion of the first year cohort within this study illustrate this argument. These students reported that for them nursing appeared to focus upon patient care, and supporting patients throughout their care journey. They were able *"to calm people down"* (Marissa Wagner), and *"take them through the steps of what will happen"* (Maggie Smith). This was seen to be important and examples of good practice which resulted in *"making a difference"* (Lucy Liu). Similarly, within the third year cohort, Sophie McPherson believed *"It's really important to give good patient care"* and Susannah Kerr commented *"nursing is about caring, helping, giving people good care and a better life"*.

Implications of finding

In relation to the third research question, discussion of this finding indicates that students benefit from learning within a supportive, facilitative environment, emphasising a need for placements which offer appropriate learning opportunities characterised by positive, supportive staff relationships. This finding also highlights the significance of high quality care to the student learning experience reinforcing the belief held by many academic staff and staff within clinical practice that the importance student nurses place upon their experience of learning within the clinical environment should not be underestimated. A positive experience of clinical learning within a health care setting enables students to apply their theoretical knowledge to the caring situation.

11.2.2 The supernumerary status of students influenced their learning experience

Within this study a key finding emerged intimating that the supernumerary status of students influenced their learning experience within the clinical environment. It emerged from the literature review presented in Chapter Three that observation and participation are both required to facilitate student learning within the clinical learning environment (Hyde and Brady, 2002; Joyce, 1999; McGowan, 2006). However, there is often ambiguity and inconsistency concerning student nurse role and supernumerary status, resulting in the permeation of an apprenticeship culture where students are expected to learn 'on the job' (Elcock et al., 2007).

The effect of supernumerary status upon clinical learning

Discussion within the literature presented in Chapter Three demonstrates the introduction of supernumerary status for students aimed to eliminate, or at least reduce such role confusion, however much misunderstanding remains concerning the concept (Elcock et al., 2007; Hyde and Brady, 2002; McGowan, 2006). One misinterpretation of the concept of supernumeracy is that students are primarily observers (O'Callaghan and Slevin, 2003), and this often results in loss of learning opportunities (Downes, 2001; Endacott, et al., 2003; McGowan, 2006). Worryingly, such confusion is demonstrated in the comments of David Cameron at the RCN Congress in 2009:

> *There's no better way to learn about these things (nursing) than by putting down the textbook and getting practical training with living, breathing, human beings. But too many of today's placements don't give student nurses the practical experience they need. They're stuck in the role of observer, feeling more like a spare part than a helping hand.*

Students within the first year cohort reflected upon supernumerary status in relation to the dichotomy of observing or doing. Lucy Liu described a sense of belonging while *"at the same time learning and observing",* and Marissa Wagner also

commented that she was *"learning by observing other people and I'm enjoying it"*. Analysis of the focus group discussion in chapter seven revealed that the other two cohorts commented upon the amount of time they spent observing practice. The third year students indicated that *"they were more involved"* (Susannah Kerr), were *"given more responsibility"* (Sophie McPherson) and *"put what they learnt into practice"* (Smoky Johnson). Second year student Ailie Collins commented upon the importance of *"enthusiastic nurses and auxiliaries"* to this relationship, and her colleague Hannah McKenzie commented *"I like to get stuck in rather than tagging behind the mentor"*. This student also reported that on placement she liked to feel part of the team, *"being supernumerary is ignored and I like that better-to feel part of the team"*.

Furthermore, supernumerary status has been identified as a cause of negativity and alienation of student nurses within the clinical learning environment, often resulting in students no longer being considered to be part of the workforce, excluded from the nursing team (Joyce 1999; Midgley, 2006), and diminished clinical learning (Kleehammer et al., 1990; Nolan, 1998; Timmins and Kaliszer, 2002). Within this study, comments from second year student Lucy Burns confirm these arguments. This student experienced negativity and hostility from auxiliary staff in one placement, *"they were horrible...made a big deal out of me being supernumerary"*. She explained that *"I usually learn more in placement but I wasn't fortunate ...didn't do any nursing, and I wasn't part of the team"*. These comments are also in contrast to a suggestion within the literature that supernumerary status is often associated with age, and implicitly mature students (Chesser-Smyth, 2005). Literature demonstrates that older students received more respect (Chan, 2001, Randle, 2003) and responsibility (Keogh et al., 2009) within the health care setting. However participants within this study did not express any perceived difference in responsibility or respect.

Within the data set of focus groups all cohorts considered their supernumerary role. Professional experience leads the researcher to believe that the supernumerary status attributed to students is at times problematic for staff and students alike. Discussion among the second and third year focus groups confirms this belief to some degree.

These two cohorts reflected that their experience of supernumerary status had been inconsistent, indicating that sometimes they were counted as a member of staff rather than a student. This echoes the recent finding of O'Driscoll et al. (2010) that ward managers did not consistently acknowledge students' supernumerary status when allocating students workloads. There was consensus among the third year students that they were prepared to challenge this situation, and when they did so, *"little conflict arose."* (Sophie McPherson). Similarly, among the second year cohort there was agreement that sometimes they were counted as a member of staff. However, all the students agreed that this did not appear to be problematic, they all felt able to challenge this and little conflict arose.

Implication of finding

In relation to the research question under discussion, this finding demonstrates the significance of student supernumerary status upon the student learning experience within the clinical environment. It is worrying that supernumerary status remains problematic for some student nurses, and negativity and hostility is still being reported. The message here for nurse educators is that confusion whether students should be doing or observing results in a situation where students lack leadership and guidance for their learning. Consequently, if students are able to take responsibility for their own learning, instead of waiting to be provided with information and knowledge, learning becomes more effective.

11.2.3 The patient was central to the student nurses' experience of learning within the clinical environment

The third research question included in this study was informed, in part, by the recent trend within nurse education literature for studies to explore the relationship between students and patients within the clinical learning environment and its' implication upon the learning experience (Mossop and Wilkinson, 2006; Suikkala and Leino-Kilpi, 2001; Suikkala et al., 2008). As discussed in the literature review in Chapter

Three the ward sister is instrumental in firstly establishing standards of care-giving and secondly facilitating student learning within the health care setting (Orton, 1981; Fretwell, 1982; Ogier, 1982). Smith (1992) writes that emotional support of students is implicit within student learning and care-giving activities, and recent studies have demonstrated that emotional support and clinical leadership influence care (Allan and Smith, 2005; Freshwater and Stickley, 2004; Hunter and Smith, 2007). Smith and Allan (2010, p. 222) write:

> *We found that emotions continue to be an important feature of both learning and nursing despite a culture which does not recognise their importance...*

Patient care

Granum (2004) writes that contact with patients is the most important nursing function, although student nurses often consider patient contact to be challenging and complex (Baxter and Rideout, 2006; Suikkala et al., 2008; Spouse, 2001). Furthermore the importance of a good nurse-patient relationship to high quality nursing care is well documented (Suikkala and Leino-Kilpi, 2001; Spouse, 2001), and writers suggest student progress in caring relationships from merely performing technical tasks towards a therapeutic and facilitative relationship involving emotional and social competence (Suikkala et al., 2008, p. 540).

It emerges within the literature review in Chapter Two that many students enter nurse education professing a 'desire to care' and other such altruistic motivators. This is demonstrated in this study within the data set of self characterisation. The theme of patient care emerges among the responses of six students across the three cohorts. This theme is more prevalent among the writing of the third year students who all reflect the implied importance of patient care. Smoky Johnson explains that he is a nurse *"who will try to help patients as much as he can"*, Sophie McPherson states *"I spend time with patients"*, explaining *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station"* and Susannah Kerr believes she *"has an ability to care for patients"*. The self characterisations created by the first

and second year students reflect qualities associated with patient care such as *"very polite and friendly"* (Mark Smith) however only Maggie Smith, a first year, makes a strong link to the theme reporting that she possesses *"a good bedside manner with patients to make them feel at ease"*.

Furthermore, within this study the importance of patient care is a strong trend throughout the data analysis, emerging as fundamental within the acquisition of knowledge and central to professional learning within the clinical environment. Within the data set of photo selection the theme of patient care is explicit across the three cohorts. Seven of the ten respondents chose a photo depicting a nurse caring for an older person (41) because it is *"about the elderly and how important communication is"* (Maggie Smith), *"a picture of care of the elderly, helping people..."* (Sophie McPherson) and *"it reminds me of a recent placement"* (Lucy Burns). The second most commonly selected photo (15) across the cohorts, chosen by five of the ten participants, also represented an aspect of patient care, chosen because it depicts *"a manual but important task"* (Marissa Wagner), *"personal care...deal with it without embarrassing the patient because it is very personal"* (Sophie McPherson), and described by Lucy Burns as *"important as well as the complex skills"*.

Analysis of this data supports the view of Karaoz (2005, p. 38) and Smith (1987, p. 419) that many students believe care is about helping patients meet their fundamental needs. However the author acknowledges that students also appreciate that patient care incorporates respect, concern, compassion and communication.

Discussion within Chapter Nine in this study suggests that student nurse self concept is influenced by 'what they do' within clinical learning. Similarly, the expectations and perceptions of student nurses as they enter nurse education are influenced by the misconceptions and stereotypical images of nursing based upon the traditional view of nursing within our society. The argument proposed by Dowling, (2004, p.1291) that nurses need to care in order to feel fulfilled is important here, because it has been argued that many believe nursing and caring to be 'the same thing'. The comments of second year student Lucy Burns indicate she was not fulfilled in a negative clinical

learning experience because she *"didn't do any nursing, not caring for people, just cleaning up"*.

Student emotions

Within the nursing literature there is acknowledgement that:

> *it is the combination of brain and heart that ultimately makes the difference* (Scott, 2003, p. 4)

Emotional intelligence, a concept emerging within the United Kingdom in the nineties, is understood to be vital for effective nursing care, because it requires students to be self aware, and to develop a capacity to manage the emotions of themselves and others (Benson et al., 2010, p.49). Consequently, some within nurse education advocate its recognition and inclusion within all nurse education curricula (Bar-On, 2006; Benson et al., 2010; Evans and Allen, 2002; Freshwater and Stickley, 2004).

A further review of literature related to the emotional reactions of students revealed that student nurses often reported nursing to be challenging and demanding (Beck, 1996; Fisher, 2002; Oerman and Lukomski, 2001). The theme of nursing being an emotional activity is threaded throughout this study, emerging within the data sets of photo selection and repertory grid formation. Analysis presented in Chapter Eight, indicates that student emotions emerged as a theme across all three cohorts within the data source of photo selection. Marissa Wagner (first year) acknowledged the findings from studies that *"nursing is about stressful situations"* in her photo selection, however students across all three cohorts selected a photo (5) depicting a nurse as *"happy"*.

Similarly, student emotions featured as a theme within repertory grid formation. A dimension focusing upon feelings of happiness or feeling stressed was common to all cohorts. Terms such as lonely, or enjoyable and not enjoyable, pleasant and not pleasant were also used as poles of these constructs, and two students (Lucy Burns and Ailie Collins) within the second year cohort created constructs reflecting upon a

"scary and intimidating" dimension versus a *"not scary and intimidating"* dimension. Hannah McKenzie (second year) used triadic elicitation to identify *"emotion involved"* within the imagery as opposed to *"no emotion involved"*. This emphasis upon emotion was also evident within a construct created by Lucy Liu. She sorted the photos according to poles of *"shows activities"* and *"shows state of mind"*.

Communication

Communication is recognised as an essential interpersonal skill within nursing, underpinning many of the proficiencies within the undergraduate programme (NMC, 2004). Similarly nursing literature demonstrates that communication is essential to an effective nurse-patient relationship (Karaoz, 2005; Wilkes and Wallis, 1998). Initial analysis leads the researcher to suppose that the theme of communication emerges within this data set as a desirable skill that is deemed valuable in nursing. Five students make direct reference to communication skills, Marissa Wagner believes she *"needs to build on her communication skills",* and Lucy Liu, a Polish student, writes that she is *"only slightly concerned about her communication skills"*. Two second year students describe their communication skills as *"good",* and a third year assesses her skills as *"great"*.

Implication of finding

The message here for nurse educators is that emotion and learning to care are interrelated concepts within the clinical environment, and in response to the research question, these concepts remain important to student nurses, despite a culture which is attempting to devalue their relevance within the modern health care setting. Student nurses need support to maintain and develop their caring perspective, and undergraduate nurse education should provide learning opportunities that facilitate the development of self awareness and an ability to manage the emotions of themselves and others. Within the clinical care environment, it is important that

nursing staff attempt to demonstrate caring activities and behaviours to student nurses, and ensure that adequate support is available to support students as they endeavour to acquire skills and develop competence within the nurse-patient relationship. In relation to student support, it would be helpful to firstly, encourage students to foster relationships with other mature students and form study groups, and secondly, provide support, attention and recognition to mature students in order to increase their level of confidence and self worth.

11.3 What are the further education students' experiences of learning within the clinical environment?

11.3.1 Students within this study needed to feel part of the team

Much debate has occurred within nurse education concerning student nurse experience of learning within the clinical environment. Twenty years ago the often quoted study by Melia (1987) revealed that nurses were obsessed with "getting the work done", "learning the rules", and "fitting in". It emerges from the literature that this is still the case within the clinical learning environment today (Andrews et al., 2005; Chan, 2002b; Gray and Smith, 1999; Papp et al., 2003). Documented within the literature review are many studies which have explored the need to be included in groups (Mooreland and Levine, 1989; Hagerty et al., 1992; Baumeister and Leary, 1995; Somers, 1999), and conversely, the effects of exclusion from the groups including low self-esteem, anxiety, stress, depression, and unhappiness (Anant, 1967; Sargent et al., 2002; Lakin, 2003).

Socialisation

The literature reviewed within Chapter Three indicates the process of socialisation into the nursing profession has a significant effect upon the expectation and perceptions of student nurses, and also upon their learning experience. The clinical learning environment serves as an induction into the routines, norms and expectations of the nursing profession (Dunn et al., 2000), and this socialisation, from commencement to completion of nurse education and beyond into newly qualified status, is characterised by transition (Holland, 1999). Studies identified within the literature review describe the process of socialisation as a journey (Beattie, 1998) characterised by adjustment, stress, growth, and differentiation (Holland, 1999), developing during the preregistration programme (Walker, 1998; Cantrell and Browne, 2005) and resulting in transformation (Nash et al., 2009). As discussed earlier, studies also demonstrate that the process of socialisation is not always smooth. Obstructive factors such as negative attitudes, confusion about role, lack of

learning opportunity impact upon student experience (Hart and Rotem, 1994; Nolan, 1998).

This notion of transition is evident within the data source of repertory grid formation. The second year cohort created constructs identifying *"how I see myself now"* and *"how I see myself in the future"*, and similarly *"already professional"* and *"keen to learn"*. Within the third year cohort, a student identified a construct with bipolar elements of *"on the road to registration"* and *"already achieved"*. Analysis of these constructs suggests an awareness of the students as they travel the 'journey' and undergo the socialisation process of nurse education.

Feeling valued

Studies within the literature review (Chan, 2001; Hart and Rotem, 1994; Nash et al., 2009; Nolan, 1998) report that students desire respect and recognition from qualified colleagues above all other factors in the clinical learning environment. Transition, from a state of relative ignorance to a point of being accepted by the team, is eased by effective relationships with staff, a sense of being part of a team and being treated with respect (Cope et al., 2000; Papastavrou, 2010). Almost without exception, students within this study also acknowledged a desire to feel valued, for example, within the data source of self characterisation Marissa Wagner (first year) explained that she *"often seeks the approval of her supervisors and peers"*. This concurs with the views of Rautopuro and Vaisanen (2001) who stated that integration into the academic and clinical culture associated with nurse education is particularly important for mature students, and Chesser-Smyth (2005) who concluded that students, particularly mature students had a need for respect and concern from others in order to develop confidence and feel useful.

Belongingness

 The concept of 'belongingness' has dominated literature related to the student experience of clinical for the last twenty years (Baumeister and Leary, 1995; Levett-

Jones and Lathlean, 2008; Somers, 1999) and is closely related to the theme of fitting in, feeling part of the team Newton et al., 2009). Studies demonstrate that for many pre-registration students the need to belong is the dominant overriding concern throughout the clinical learning placement (Chan, 2002b; Gray and Smith, 1999; Levett-Jones and Lathlean, 2007; 2008) indicating that learning was enhanced when students felt welcomed and part of the team (Newton et al., 2009, p. 632).

Students within this study highlighted the importance of 'belonging', as indicated by third year student Susannah Kerr's comment that she believes herself to be *"a great colleague"*. However the comment made by second year student Lucy Burns that she *"tries her best but tends to let others intimidate her"* suggests this may not always be the case.

In a frequently cited Irish study Mooney (2007) found that students often felt outsiders and uninvolved in patient care, and teaching and supervision within the clinical environment was limited. This finding was echoed in the response from the second year cohort within this study. Although Ailie Collins commented upon the importance of *"enthusiastic nurses and auxiliaries"* to the learning experience, Lucy Burns experienced negativity and hostility from some auxiliary staff in one placement, *"they were horrible...made a big deal out of me being supernumerary"*. She explained that *"I usually learn more in placement but I wasn't fortunate ...didn't do any nursing, and I wasn't part of the team"*.

In a Scottish study Kiger (1992) found that as students become socialised in the nursing culture they internalise and assimilate perspectives demonstrated by their professional colleagues, and Watson et al. (1999) reported that student nurses altered their role perception to match that of their colleagues, often in order to match the norms and expectations of the clinical environment and the personnel who work there. Students spoke strongly within the data set of focus groups about the need to 'fit in' and its effect upon their practice, however, third year student Sophie McPherson also spoke of her attempt to resist the need to fit in with 'normal' behaviour *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station"*. All three students at this stage of their education reported that they had challenged practice if they felt patients were at risk, but also

"let things go if it was pernickety" (Sophie McPherson). The discussion among the first year cohort also considered whether students would 'fit in' with bad practice or challenge those they were working with. Maggie Smith reported *"a lot of rule of thumb"*, and *"different styles do exist"*, and Lucy Liu acknowledged *"when things are done differently I don't say anything"*. Marissa Wagner stated that she tried to *"stick to the way I have been shown"*. It is also interesting to note that one student within the first year cohort, with previous experience as a care assistant, hints at some disparity in role, and a need to fit in, *"it's easy to do auxiliary nurse jobs but you have to be in with consultations, you have to find a balance"*.

Implication of finding

In response to the research question discussed here, the implication is that student nurses should not only feel part of the team, they should also feel appreciated, and possess a sense of being valued by colleagues in order to engage fully with the learning opportunities available to them. The belief that students conform to practice regardless of whether it is correct or not, is worrying for nurse educators as they endeavour to develop competent and professional practitioners able to perform within modern health care delivery. Perhaps nurse educators should consider carefully where students are allocated within the health care services in order to ensure students are not exposed to examples of bad practice.

11.3.2 Students within this study believed support from their mentors enhanced their learning experience

The literature review presented within Chapter Three demonstrates that traditionally the ward manager played a key role in student support and supervision within the clinical environment (Orton, 1981; Fretwell, 1982; Ogier, 1982), and more recently Pearcey and Elliott, (2004) Saarikoski et al., (2002) and Saarikoski and Leino-Kilpi, (2002). It has also been argued that the transition of nurse education from hospital to higher education is characterised by a change in role for academic staff within the

university and clinical staff within the health care setting (RCN, 2003; Taylor et al., 2010). One consequence of this transition is the shift of emphasis upon clinical teaching and student supervision from the nurse teacher or nurse tutor to clinical staff (Saarikoski, 2002; Ramage, 2004; Grant et al., 2007). The integration of nurse education into the realms of higher education has resulted in a decline in the link lecturer's role as a clinically skilled practitioner as the support and supervision of student learning has passed to other staff involved in preceptorship of students (Cahill, 1997; Maslin-Prothero, 2005).

The role of the mentor

The importance of the role of the mentor in facilitating learning is well documented within the literature, with many studies demonstrating that successful mentoring is influential on the clinical learning experience (Edgecombe and Bowden, 2009; Gray and Smith, 1999; Spouse, 2001). However, mentors often find it difficult to fulfil the role (Carr et al., 2007; Saarikoski et al., 2007; O'Driscoll et al., 2010) because they feel unprepared and unsupported (Allen, 2002; Hyde and Brady, 2002; Watson, 2006). It is clear that roles and responsibilities within nursing have shifted, impacting upon the complexities of managing patient care and facilitating student learning (Allan and Smith, 2005; Department of Health, 2006). Because of demands to manage time and resources, clinical managers such as lead nurses and modern matrons are limited to shaping the clinical learning environment from a distance (RCN, 2009; O'Driscoll et al., 2010, p. 214). Furthermore, effectiveness of the newly created practice educators, and the continued presence of link lecturers is not clear within the literature (Jowett and McMullan, 2007; Mallik and Hunt, 2007; O'Driscoll et al., 2010). It is noteworthy that none of the participants in this study referred to ward managers or practice education facilitators in the data sets, therefore this study suggests that students perceive mentors to be the individuals most involved in their learning experience.

Edgecombe and Bowden (2009) write that students observe both good and bad practice within the care setting, therefore adequate supervision is required to ensure

students are able to *learn how to act like a nurse* (Windsor, 1987; p. 151). Second year student Mark Smith stressed the influence of mentors in providing appropriate learning opportunities, *"my mentor helped me work out what I needed to do"*. Students within the first year cohort believed *"the staff are supportive"* (Maggie Smith), *"I feel well supervised, the staff are supportive and make sure we're happy to do tasks"* (Lucy Liu) and mentors were flexible enough to include learning opportunities out with the immediate care setting, *"we went to other places to see what other people do"* (Maggie Smith). The third year cohort reflected that *"good mentorship is important"* (Smoky Johnson) but there was agreement that it was not always the case. Sophie McKenzie stated that "*it depends on the placement, some mentors are keen, others seem too busy"* and Susannah Kerr agreed, adding *"sometimes it's hard to ask for help"* (Susannah Kerr).

A key responsibility of mentors within the clinical environment is to ensure learning opportunities are identified that enable students to be fully involved in care delivery. Spouse (2001) claimed that ineffective mentoring often resulted in students being denied opportunities to participate in new and challenges, they were restricted to performing routine tasks in which they were already competent. This is illustrated within this study by the comments of second year student Lucy Burns, "*I usually learn more in placement but I wasn't fortunate ...didn't do any nursing, not caring for people, just cleaning up."*

This study also illustrates the importance of student interaction with more experienced nurses. Within the data source of photo selection students within the second and third year cohorts selected a photo (28) portraying *"support in placement between a student and a trained staff nurse"* (Hannah McKenzie) because *"Support in both uni and placement is very important, talking to people more experienced than self"* (Sophie McPherson). This interaction is seen to be central to the formation of student identity and development of clinical competence (Newton et al., 2009, p. 633).

Role of the link lecturer

Despite strong evidence indicating the role of the link lecturer is crucial in the learning of student nurses within the care setting (Andrews et al., 2006; Brown et al., 2005; Ramage, 2004), it is evident within the literature that the role of link lecturers, an academic member of staff, is becoming tenuous and ill defined (O'Driscoll et al., 2010, p. 214). Saarikoski et al. (2009) attributes this to the assimilation of nurse education into higher education, stating that the role of link lecturer is now more concerned with liaison with clinical staff (Grant et al., 2007) and support and facilitation of mentors (Smith and Allan, 2010, p.221).There is currently debate within nurse education concerning the leadership of student learning within the clinical environment, Allan and Smith (2010, p. 219) conclude that responsibility is held by nurses in practice-based teaching roles such as mentors, practice education facilitators and practice educators rather than nurses with new leadership roles such as lead nurses, modern matrons, nurse consultants and nurse specialists. It is well supported within the literature that these workforce issues have reduced opportunities for nurses to "role model caring activities". A consequence of this, coupled with less contact from university based staff, has diminished student learning opportunities and reinforced the split between nurse education and practice (Carr, 2008; Horrocks, 2005; Smith and Allan, 2010; Watson, 2006).

Smith and Allan (2010) discuss the impact of such tensions upon the student experience, however, it is interesting to note that within this study the students do not seem aware of such tension. The findings from this study concur with the findings of Andrews et al. (2006) and Lofmark and Wikblad (2001) that nursing students value the role of link lecturers, particularly in situations where mentorship is variable. Within the data set of focus group, the role of the link lecturer was discussed by the second year cohort, expressed as a feeling that someone was *"behind you if things go wrong"* (Ailie Collins), and Lucy Burns commented *"my link lecturer was good and that made up for the mentor."* Similarly the third year cohort reflected that support from academic staff during learning in practice was acknowledged as *"very important"* (Susannah Kerr), providing *"continuity between university and practice"* (Sophie McPherson). This theme did not emerge elsewhere in the study, supporting

the finding of other studies that it is the mentor who provides clinical support for students rather than university based staff (Carr, 2008; Saarikoski et al., 2007).

Implication of finding

This finding demonstrates that although theoretically the ward manger has primary responsibility for student clinical learning, in reality this is not the case. This is important in relation to the student experience of learning within the clinical environment because this study supports other studies in concluding that the mentor plays a key role in student teaching and support, and must be encouraged to facilitate student learning. It is also apparent that the diminishing role of the link lecturer within the clinical environment is evident of an increasing separation of the acquisition of theoretical knowledge and its' application within the clinical environment. The message for nurse education is that as nursing is a practice based profession, strong links between academic learning and clinical learning would be beneficial in order to ensure student nurses become competent practitioners able to support their practice with a sound knowledge base.

11.3.3 Student self concept in this study was influenced by 'what they do' within clinical learning

In relation to student self concept it emerged within this study that students believed they developed their self concept, their idea or who they are, by what they do within the clinical environment. This finding supports two developing trends within this study. The first concerns the role of the nurse, or 'what nurses do', and the second relates to the significance of professional learning within the clinical learning environment.

Student self concept

Analysis of data presented within Chapter Eight indicates that respondents reflected upon their own self concept throughout the data gathering activities. Within the self characterisations completed by the first year cohort, the theme of student self concept emerges strongly within their personal descriptions. The students within the first year cohort seemed to describe themselves by what they do *"interacting with adults"* (Marissa Wagner) *"...spend a lot of time studying... seek opportunities to learn something new"* (Lucy Liu), and engage with practical skills using *"a good knowledge of the NMC Guidelines"* (Maggie Smith). This supports the suggestion proposed by Holmstrom and Larsson (2005, p. 148) that individuals *"understanding of their work is expressed in their actions"*. However the other two cohorts reflected more upon themselves as people, identifying characteristics such as *"warm and caring"* (Ailie Collins), *"kind, friendly and polite"* (Mark Smith) and personal qualities and attributes such as *"quiet, but diligent"* (Sophie McPherson). This finding differs from that of Pearcey (2007, p. 298) who observed in her study of final year nursing students that

> the 'doing' aspect of nursing work was described much more than the
> 'being' of nursing or caring activities

Within the data source of self characterisation Lucy Burns, a second year student, described herself in a manner that comes across to the reader as quite negative and self-deprecating. This student uses one positive term, but surrounds it with less attractive terms, for example, *"laid back, lacks confidence, friendly and disorganised."* Similar observations can be made within the self characterisation of first year student, Marissa Wagner, who writes that she is *"competent but lacks belief in her own abilities"*. This supports observations made within the literature that mature students lack confidence in their academic ability, often requiring high levels of academic support (Glackin and Glackin, 1998; Shanaghan, 2000).

All three cohorts reflected upon the theme of student self concept within the data set of repertory grid formation. Lucy Liu within the first year cohort used the photos as elements to create a construct focusing upon *"how I see myself now"* and *"how I do*

not see myself". This trend appeared to emerge within the other two year groups. Smoky Johnson, a third year student created a construct with *"what I aspire to be",* and *"what I used to be"* as the bipolar constructs. Furthermore, two students within the second year cohort also created a similar construct with this dimension, using the photos as elements to create a construct related to *"how I want to be"* and *"how I do not want to be"* (Ailie Collins and Lucy Burns). These findings seem to suggest the students have a firm idea of their self concept. This is an interesting observation within this study because the diversity in background and experience of the sample would suggest a wide range of self concept among the participants. Steele et al. (2005, p. 574) state that the numerous conflicting roles held by mature students often impacts upon the way in which they interpret and internalise their experience to create their self image. This is illustrated in the comments of first year student Marissa Wagner who, in her self characterisation, describes herself as *"an older woman who has raised her family and is returning to work and education",* and second year student Hannah McKenzie who commented that she is *"sometimes more comfortable working as a care assistant".*

The role of the nurse

The theme relating to the role of the nurse emerges within the two data sets of photo selection and repertory grid formation, and it is inherent within this study that participants have a cogent perception of the role of the nurse. This is surprising in the light of the literature which claims that the climate of constant change in nurse education has resulted in confusion for students (Ousey and Johnson, 2007, p.153). Within the data source of photo selection, it was reported by students within the third year cohort that they believed the role of the nurse to be *"helping people"* (Sophie McPherson), and *"caring, supporting people"* (Smoky Johnson). First year students described the role of the nurse as *"doing basic skills"* (Maggie Smith), and *"hands on patient care"* (Marissa Wagner), and Lucy Liu selected a photo demonstrating administration of injections because it is *"a nurse's job".* Photos depicting a nurse communicating with an older person, and an image associated with personal hygiene were commonly selected across all three cohorts because they convey *"the nurse's*

role" (Sophie McPherson). Others photos were chosen because, based upon individual learning experience, the respondents believed them to be a large part of nursing activity. The students used phrases such as *"a thing we do a lot"* (Sophie McPherson), and *"done a lot of the time"* (Smoky Johnson) to explain selection of photos depicting activities that were familiar to them such as hand washing, bed making, attending to personal hygiene and recording observations.

The role of the nurse is also considered within the data set of repertory grid formation, although it is a theme unique to the first year cohort. One student within this cohort, Maggie Smith, created a dimension considering images according to *"doctor associated activity"* or *"nurse associated activity"*. It is unclear whether omission of such distinctions among the ruminations of second and third year students signifies lack of importance attributed to this aspect of role. Alternatively, it is recognised within the literature that the boundaries and role distinctions between nursing are becoming increasingly blurred (Ousey and Johnson, 2007, p.153).

> *With the continuing changes in the role of the qualified nurse it is all but impossible to offer a generic definition of their role. It is no wonder, therefore, that the students on clinical placement become confused and frustrated as to what their role is and how they should develop their skills and knowledge base to ensure that they are practitioners who are 'fit for purpose' and 'fit for practice' on qualification.* (Ousey and Johnson 2007, p. 151).

It could be argued that due to their limited clinical learning experience new students are as yet unaware of this development. It must be remembered by those engaged in nurse education that role confusion and ambiguity often results in stress and potential course withdrawal (Holmstrom and Larsson, 2005, p.153)

Influence of clinical learning upon self concept

There is abundant evidence within the literature review presented within Chapter Three acknowledging the importance of clinical learning to student nurse learning

(Lee, 1996; Dunn and Hansford, 1997; Nolan, 1998; McAllister, 2001). Similarly, it is argued that professional learning within the clinical learning environment is crucial to the student experience. In a further review of the literature associated with student self concept, studies demonstrate that clinical experience is the most important factor within nurse education (Kelly and Courts, 2007, p. 336; Lewis, 1998, p. 221), and staff relationships within the clinical environment are most influential upon the self concept of students (Heath et al., 2001; Kelly 1992). Rush et al. (2009, p. 320) found that nursing students within their study reported the preceptor, or mentor, to be the strongest influence upon their self-perception.

Analysis of data within Chapter Seven indicates that Susannah Kerr recognised the significance of the clinical learning environment upon her learning commenting *"uni is airy fairy and placement is practical and down to earth"*. Literature also suggests, however, that this causal relationship is not always positive. The previously cited example of role conflict and confusion evidenced in Hannah McKenzie's statement declaring that she is *"sometimes more comfortable working as a care assistant"* indicates that dissonance between the educational experiences of the students and the expectations of health care staff within the clinical environment influence the students' *"professional self concept and their ability to be socialised into the healthcare environment"* (Kelly and Courts, 2005, p. 332), often resulting in changing their values or behaviour in order to fit those of others (Holmstrom and Larsson, 2005; Kelly, 1998; Thomka, 2001).

Implication of finding

In relation to the research question considered here, it is evident that the student nurse experience of professional learning within the clinical environment has a profound effect upon the development of their professional self concept. It is important therefore that the role of the nurse within modern health care informs the design and delivery of the nursing curriculum, and nurse educators acknowledge the development of the students' professional self concept as they progress towards 'real nurse' status. The needs of mature students are very important. These students enter

nurse education with a diversity of experience and background which impact upon their professional identity and development of their self concept, and support mechanisms should be introduced to support these students as they undergo the nurse education programme.

11.4 How does their on-course experience differ from their expectations?

11.4.1 The self concept of the students in this study is closely associated with a sense of professional identity

It emerges within the literature review presented in Chapter Three that the aims of nurse education include firstly the development of practitioners who are confident, capable and competent (Ousey and Johnson, 2007), and secondly the facilitation of a smooth transition from student to qualified staff member in an attempt to reduce potential withdrawal from the profession (Thomka, 2001). The development of professional identity is central to this preparation of student nurses throughout the transition from student to qualified nurse (Cook et al., 2003; Kelly and Courts, 2007). Similarly Arthur and Thorne (1998) note the development of professional self-concept as the students progress through the nurse education programme.

Professional identity

The findings from this study also confirm the importance of professional identity. Within the third year cohort these descriptions appeared to imply a level of professionalism, positive qualities that resulted in Susannah Kerr reporting herself to be a *"great colleague",* and *"someone who could be trusted in a ward setting."* The other third year respondent, Sophie McPherson also alluded to professional behaviour ... *"I spend time with the patients and don't spend a lot of time hanging around the nurses' station".* These comments within the data set of self characterisation support the belief within the literature that a strong sense of professionalism is important (Kelly and Courts, 2007). Similarly, two self characterisations completed by the first year cohort give the impression that professional behaviour is important. Lucy Liu writes that she *"tries to be professional",* and her colleague Maggie Smith reveals an understanding of this concept claiming she *"has a good knowledge of the NMC guidelines to practice which are demonstrated in her work".*

Analysis presented in Chapter Seven reveals that professional identity appeared as a theme within the repertory grids completed by the second year cohort. Three constructs were completed within this theme. The first, completed by Lucy Burns used the phrases *"professional"* and its' bipolar *"not professional"*. The second, completed by Hannah McKenzie, introduced the concept of responsibility into the notion of professional identity with a construct of *"needs level of responsibility"* linked with *"no responsibility involved"*. Mark Smith completed the third construct utilising the phrases *"already professional"* and *"keen to learn"*. This is an interesting dichotomy. The respondent appears to associate the notion of learning with being a student, and the notion of professionalism with registration.

Confidence

The notion of confidence emerged as a common topic within the data source of self characterisation. The attribute of confidence was not explored within the literature review underpinning this study, however further review of the literature has revealed that although there is lack of clarity defining the attribute of confidence, studies have implied that it is an important concept within nurse education (Calman, 2006; Crooks et al., 2005; Spouse, 2003; Roberts, 2007).

The data generated within the data set of self characterisation intimated that the participants had reflected upon the notion of confidence in relation to their self concept although each cohort interpreted it in a different way. Within the first year cohort the issue of confidence was related to *"seeking the approval of supervisors"* (Marissa Wagner), it was about a *"lack of confidence"* (Marissa Wagner) and a desire not to *"get things wrong"* (Lucy Liu). On the basis of the researcher's professional experience of mature students, and studies within the literature, (Glackin and Glackin, 1998; Shanaghan, 2000) it is argued that these traits are common to many mature students.

Likewise, a second year student referred to confidence from a conceivably negative standpoint, linking it to a feeling of intimidation (Lucy Burns). On the other hand the third year cohort hint at a more positive definition of confidence using terms such as

"trustworthiness" (Susannah Kerr) *"honesty, and reliability"* (Smoky Johnston). Comments within this cohort of the study seem to imply an association between confidence and learning opportunity. Susannah Kerr stated *"they were more involved",* Sophie McPherson commented that she was *"given more responsibility",* and Smoky Johnson explained that he *"put what he learned into practice".*

Implication of finding

As discussed earlier within this chapter, student on-course experience influences professional learning, and is crucial to the development of student self concept. This implies that nurse educators should ensure learning opportunities are included within clinical learning experiences to facilitate the development of student self concept. Students should be aware of professional issues for the duration of the nurse education programme from beginning to end. Professional issues such as accountability, ethics, and confidentiality are important concepts within academic learning, and professional learning, within the clinical environment. Student confidence is important to student learning. It develops throughout the nurse education programme, and educational experiences within academic learning and professional learning should be exploited in order to maximize student confidence in these domains.

11.4.2 The self concept of students within this study changed as a result of their experience during the three year programme

The third finding from the study relating to student self concepts draws together two lines of argument within this discussion. Firstly, self concept is shaped by expectation, perception based upon misconceptions and stereotypical imagery. Secondly, expectations and perceptions change as a result of clinical learning. Within the literature some studies suggest that the length of educational programme has some bearing upon the development of a student's self concept (Arthur and Thorne,

1998; Phillips et al., 2002). Others suggest this is not the case (Randle, 2003; Shepherd and Brooks, 1991).

Despite this debate it is clear that, as student nurses change their expectations and perceptions of nursing throughout programme, their self concept, and their professional identity must also change. This is demonstrated within the data source of repertory grid formation. Participants created constructs which included a sense of themselves as they were in the present to how they would be in the future. Phrases such as *"how I see myself now"* and *"how I do not see myself"* (Lucy Liu), and *"what I aspire to be"*, and *"what I used to be"* (Smoky Johnson) indicate a perceived shift in self concept. Similarly, within the data set of photo selection, photos were selected because *"this is how I would like to see myself"* (Susannah Kerr) and *"what you'd want to be"* (Lucy Burns).

It emerges within the literature review in Chapter Three that change in student self concept and professional identity often occurs as a result of shock and confusion as students become aware that their perceptions do not reflect reality (Gray and Smith, 1999). Other studies concur with this observation (Hart and Rotem, 1994; Champion, 1998; Nolan, 1998; Levett-Jones and Lathlean, 2008; 2009) reporting that students act in accordance with procedures and practices, even against their better judgement, in order to fit in and be accepted. Champion (1998) conducted a small study with eight new students, and demonstrated that all the students acted as 'chameleons', constantly changing and adapting to fit with the environment. Within this study this conflict was reported by students within the first year cohort and the third year cohort, although some confirmed they felt the need to *"let things go if it was pernickety"* (Sophie McPherson) and others thought they should *"stick to the way they have been shown"* (Marissa Wagner).

From a more positive viewpoint, the literature review within Chapter Three also articulates a view that the development of professional identity is an influential factor upon student success (Beck, 2000; Sand-Jecklin and Schaffer, 2006; Spouse, 2000; Watson et al., 1999). Melia et al. (1987) found that as students become masterful in basic skills and tasks, they conceive themselves to be nurses, and as they progress through the education programme they become more competent and more aware of

what nursing involves. Similarly, discussion within the third year focus group revealed an assimilation of aspects of professional identity. Although the third year students did not use the phrase *"like a real nurse"* (Anderson and Kiger 2008, p. 445) their comments indicated that *"they were more involved"* (Susannah Kerr), were *"given more responsibility"* (Sophie McPherson), and *"put what they learnt into practice"* (Smoky Johnson). Cook et al. (2003) noted that a strong sense of professional identity enables student nurses to cope with change in role (p. 316).

However, the findings from this study suggest that although a notion of change in self concept is evident, at a fundamental level third year students Smoky Johnson still wanted to be a nurse *"to help people"* and Susannah Kerr, who entered nursing because she had *"a desire to care"* still believes *"my basic ideas what nursing is are still the same"*.

Implication of finding

In relation to on-course experience and the research question discussed here, this finding highlights the need for clinical learning opportunities to be both rich and varied in learning opportunity, in order that student nurses develop and then preserve a positive self concept and professional identity to support them through their nursing career. Furthermore, clinical learning experiences should be as real as possible to facilitate the development of this professional identity throughout the journey from student to qualified nurse. A positive professional identity should be promoted in order to enhance student nurse desire to remain within the nursing profession.

11.4.3 The role of the health care assistants influenced the learning experience of students within this study

It is recognised by the RCN (2003) that twenty first century care delivery now involves unqualified staff attending to the care needs of patients. Similarly, a key

finding emerged within this study acknowledging the influence of the health care assistant upon the learning experience of student nurses.

The role of the health care assistant

The emergence of the health care assistant within front line delivery of patient care is attributed firstly to a diminished engagement by qualified staff with the core, care-based activities of nursing (MacKay, 2003; McKenna, 1995). This is seen to be a consequence of development of the extended role of nurses (O'Connor, 2007; Rafferty, 1996). Secondly, the introduction of supernumerary status for student nurses brought about new responsibilities for health care assistants as they replaced student nurses as the main providers of bedside care (Allan, 2000; Mackintosh, 2006; O'Driscoll et al., 2010; Ousey and Johnson, 2007; Thornley, 1996). Within this study Maggie Smith (first year) recognised this trend in the workforce agenda in her comment *"auxiliaries do what nurses used to do, we do some of that too"*.

Furthermore, studies demonstrate that health care assistants play a significant part in facilitating students' acquisition of bedside care skills (O' Connor, 2007; O'Driscoll et al., 2010). Due to pressures and demands of care management, qualified staff are often unable to deliver hands on care, spending time *"doing paperwork and man management"* (Smoky Johnson). The current culture whereby bedside care is now delivered by unqualified staff (as discussed earlier in this Chapter), creates a belief that bedside care is therefore deemed to be less important (Scott, 2008, p. 241). This creates a situation where students are encouraged to learn and acquire skills of bedside care, although in reality these are not the activities of qualified staff to which they aspire. Second year student Lucy Burns verbalised this experience, *"I usually learn more in placement but I wasn't fortunate ...didn't do any nursing, not caring for people, just cleaning up."* This echoes the findings of Mooney (2007) and Allan and Smith (2009) who reported that there is dissonance between what qualified staff do in reality, and what students expect them to do. Allan and Smith (2009, p. 4) argue that student nurses endeavour to emulate the role of qualified staff, writing that if students observe qualified staff engaging in technical tasks and ward organisation,

these are the roles they aspire to. The findings of this study refute this to some degree, the comments of participants hint at dismay that qualified staff are distracted by *"lots of paperwork and referrals"* (second year Hannah McKenzie), synthesized by Susannah Kerr (third year)....*"nursing is about people and technical skill, you need to mix the two together and get an even balance"*. Rather, the findings of this study concur with those of Pearcey and Draper (2008), who reported that for the participants in their study the most noticeable feature of clinical placement was paperwork, routine tasks and communication. Most of the responses alluded to excessive paperwork and insufficient patient contact (from the students' point of view) suggesting, according to the authors, dissatisfaction with the prevalence of such values. There are links here to the theme of patient care, which emerged throughout the data collection of this study.

Implication of finding

Change created by workforce demands and government initiatives are impacting upon health care delivery, and upon the learning experience of student nurses. Following the introduction of student supernumerary status health care assistants are involved in bedside care, and clearly their contribution to the clinical learning of student nurses is not acknowledged or valued. The role of the nurse, as perceived by student nurses, has a profound effect upon the development of their professional identity, and the implication here is that there is divergence between what is taught in university and what happens within the health care setting. It is suggested that nurse educators listen to the experiences of students in order to alleviate conflict resulting from dissonance between the expected role of qualified staff and reality.

11.5 Summary

This chapter has presented a discussion of literature and data analysis that reflects the student nurses' experience of learning within the clinical environment. The findings discussed within this chapter encapsulate the student nurses' journey of clinical

learning within the clinical environment, and although the participants within this study have diverse backgrounds and experience, there is a commonality of experience reported within this chapter. It is pleasing to observe that the students agree on the usefulness and value of learning within the health care setting, and the chosen methodology of personal construct theory has enabled the researcher to conclude that the clinical learning environment is fundamental to the student perception of nursing.

The theme of self concept emerged strongly throughout two data sets of the study, and this reflects the chosen methodology of personal construct theory. It is evident from this chapter that the students brought their own personal constructions of reality, based upon expectation and perception to the learning experience, and student self concept is grounded in this interpretation of reality.

Chapter Twelve: Conclusion and Recommendations

12.1 Introduction

The aim of this research study is to explore the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students. The themes emerging from this study reflect the student nurses selection of nursing as a career, and their journey through the domains of academic learning and professional learning, encapsulating the effect of expectation and perception upon the learning experience. Although many studies have explored student nurse motivation and selection of nursing as a career choice, this study is unique in its implementation of the repertory grid technique in an attempt to explore the expectations and perceptions of student nurses as they enter the nursing profession. Furthermore, utilisation of this approach in the exploration of student nurse expectations and perceptions of learning within the university and the clinical environment is also original. Many studies have used the Clinical Learning Environment Inventory (CLEI) to measure the quality of the clinical learning experience, or qualitative approaches such as questionnaires to sample the clinical learning experience of student nurses. Use of the repertory grid technique, supplemented by focus group discussion, is not documented elsewhere. In addition to this, the use of photographs as elements supporting the formation of constructs within the repertory grid is not recorded in this regard.

In meeting the objectives of the study, the researcher has provided a review of the literature relevant to the influence of pre-entry expectation and the student learning experience upon the perceptions of further education students. The chosen research methodology allowed the researcher to focus upon the formation and development of concepts held by student nurses relating to the role of the nurse, and to examine the experiences and expectations of student nurses as they undergo the nurse education programme.

However, this study is merely an illumination of the journey of a limited sample of ten students from Scotland's further education colleges. Although new knowledge

has been gained, and key findings identified, the following limitations within the study have been recognised.

12.2 Limitations

Methodological limitations identified within this study have been identified and discussed within the justification of the research design in Chapter Four, and also within discussion of data analysis presented in Chapter Eight. The implication of researching ones 'own' students is important within this study, together with the divergence and disparity within the findings of the four data sets. Other limitations arising from the chosen methodology include the suggestion that the use of photographs suggested the importance of image to the respondents, and the structure of the self characterisation tended to replicate a clinical assessment document. Furthermore, respondents within the second and third year cohort were reflecting upon their pre-entry expectations from memory. It is acknowledged that memory distortion, memory gaps and selective memory may result in inaccuracies in self-reporting, however these limitations do not weaken the usefulness of the data (Parahoo, 2006). Other significant limitations are discussed below.

12.2.1 Expectations and perceptions

Within this study the literature review demonstrates that expectations are an aspect of perception, and both are terms used to describe how we view ourselves and the world. As this study evolved it appeared that the interdependence between these terms, and their interchangeable use within the literature was problematic. Revision of the research questions demanded clarity of terms, thus the dictionary definition of expectations was identified as pre-entry, and perception was clarified as on-course understanding. Although this facilitated greater coherence between the research questions, reporting of findings and subsequent analysis of data within the four data sets remains less clear. In many cases within data analysis it is not clear whether the respondents are referring to a pre-entry expectation, or an on-course perception. This

is acknowledged by the researcher as a weakness of this study, however it must also be noted firstly that literature pertaining to expectation and perception within nurse education does not acknowledge the necessity to separate the two, and secondly, personal construct theory and the utilisation of repertory grids was chosen to allow the researcher to investigate how individuals interpret their experiences. Within the constructivist approach both expectation and perception describe interpretation of reality. Therefore both are valid in informing the aims of this study.

12.2.2 Sample size and generalisability

It is acknowledged that the purposive sample recruited to take part in this study is small. This was justified within Chapter Four, the small sample was intended to facilitate exploration of perception, expectation and experience from a very individual perspective, however, this has limitations in terms of generalisability because the findings of this study are not transferable to other groups or contexts. Similarly, data obtained from focus groups is useful in providing insight into concepts and phenomena, but not replicable to other circumstances. It is worth noting, however, that the application of findings to other groups is not the main purpose of this study. As explained in Chapter Four, the unique culture, context and circumstance of this sample emerging from rich, in depth data is an identified strength of the study.

12.2.3 Single lens or multiple lenses?

Secondly, it emerged from the study that utilisation of repertory grid technique did not illuminate student nurse experience as expected. This may be due to the complexity of the technique, participants were provided with a comprehensive instruction sheet, however, the activity was demanding of time and concentration. The constructs emerging from this data source tended to be bipolar in nature, and generic in content, therefore limiting their potential for analysis. Implementation of the pilot study highlighted the necessity for methodological triangulation within this

study in order to address the research questions in detail, and this multiple lens approach was effective within this study in creating opportunity for the participants to express their expectations, perceptions and experience in their own words.

12.2.4 Cross-sectional or longitudinal?

A cross-sectional design was employed within this study, in which data was collected from different groups of students studying at different stages on the degree programme. This decision was made, due to imposed time constraints and practicalities, including attrition from the study. The clear limitation here is that although data is obtained to demonstrate expectations, perceptions and experience of first, second and third year students, the same group is not studied over a period of time. Although the implications for validity of data are addressed to some degree by a 'genuineness' to the data, and a clearly identified strategy of robust data analysis, the researcher acknowledges that a longitudinal study would supplement the findings of this study, and facilitate further development of emerging key findings.

12.3 Conclusions

A number of key findings have been identified and discussed within Chapters Nine, Ten and Eleven, presented in accordance with the research questions underpinning the study. The findings discussed in each chapter indicate the following three conclusions:

- There is divergence between the student nurses' perceived role of the nurse before commencing nurse education, and the actual role of the nurse identified by the students' learning experience within the clinical environment.

- The student nurses' expectations and perceptions of nursing and nurse education are influenced by staff roles and responsibilities within the clinical learning environment, particularly the health care assistant.
- The student nurses' expectations and perceptions of nursing and nurse education are influenced more by clinical learning, and engagement in patient care, than by academic learning within the university.

This study concludes that students enter nursing with expectations of nursing as a career. However, data analysis indicates that these expectations are informed by a traditional, stereotypical lay image rather than media imagery. Secondly, these expectations are divergent from the student nurses' experience of reality, and the role of qualified nurses within the care setting as they progress through the education programme. The further education students' experiences of nurse education demonstrates that it is unqualified members of staff who deliver patient care, while qualified staff engage in management and administrative duties. It follows, therefore, that in order to sustain their education experience student nurses need to accommodate a shift in their expectations and perceptions. The methodological context of this study demonstrates that students came to the programme with their own unique personal constructions of reality based upon their unique experience and background. This study has shown that as a result of the learning experience students need to reconsider their expectations and perceptions of nursing as a career.

This study concludes that the student nurses believed their learning experience within the clinical learning environment to be more influential upon their perceptions of nursing than academic learning within the university. The student self concept was influenced by 'what they do' within clinical learning, and data analysis and discussion indicates that although they became more aware of the importance of theoretical knowledge and its application to clinical learning as they progressed through the programme, the student nurses perceived clinical learning to have more influence upon professional practice than theoretical knowledge. Data analysis and discussion indicates that the student nurses perceive patient care to be fundamental within the acquisition of knowledge and central to professional learning within the

clinical environment. As a result of their learning experience, students need to reconstruct their self concept and reform their personal constructs as they change the way they view themselves and their role within the nursing profession.

12.4 Recommendations

To those involved in preparation of students for entry into a nurse education programme within Scottish Colleges:

- Efficient and effective partnerships with Higher Education Institutions to facilitate smooth transition of students as they enter nurse education
- Interprofessional teaching to facilitate students to develop a realistic perception of working within health care in the twenty first century
- Utilisation of a variety of teaching and learning strategies to ensure students are prepared for study within the university setting

To those involved in nurse education within Higher Education Institutions:

- Consideration of new student expectation and perception of nursing and design and delivery of a curriculum which supports positive imagery and negates negative imagery
- Design and delivery of a curriculum that reflects the role of the nurse in modern health care delivery
- Acknowledgement of learner shock within both domains of learning, and support systems implemented to minimise its effect
- Recognition of diversity in student background, experience and learning needs, and consideration of new ways of teaching that meet these diverse learner needs

To those involved in nurse education within the clinical environment

- To be flexible and responsive to the diverse personal, professional, and educational needs of students

- To establish and maintain positive supportive relationships which foster a sense of worth and inclusion among students
- Efficient and effective collaboration with Higher Education Institutions to facilitate the acquisition of knowledge and skill by creating learning opportunities which promote the professional development of students towards 'real nurse' status

12.5 Further study

The selection of repertory grid technique as a research methodology was a challenge for the researcher because very little is known about this approach within nurse education, and its use as a research methodology within this field remains uncommon. There is much scope for the researcher to utilise this approach in other studies, developing the appropriate skills necessary to facilitate participants in its use, thus raising awareness of the advantages of this flexible and versatile research method.

The conclusions drawn from this study add to existing knowledge concerning student nurse expectations and perceptions, and also highlight new knowledge relating to student nurses' selection of nursing as a career. It would be interesting to explore whether similar findings are true in other professions such as social work, allied health professions, medicine or teaching.

The researcher was surprised to note the significance of health care assistants upon student learning. Further research is suggested to tease out the implications of work force trends within the National Health Service upon the learning experience of student nurses.