

UNIVERSITY OF STRATHCLYDE
DEPARTMENT OF EDUCATIONAL STUDIES

“LEARNING THROUGH WORK”

**A case study of a bounded system of learning within
an NHS Trust in Scotland**

**VOLUME TWO:
APPENDICES**

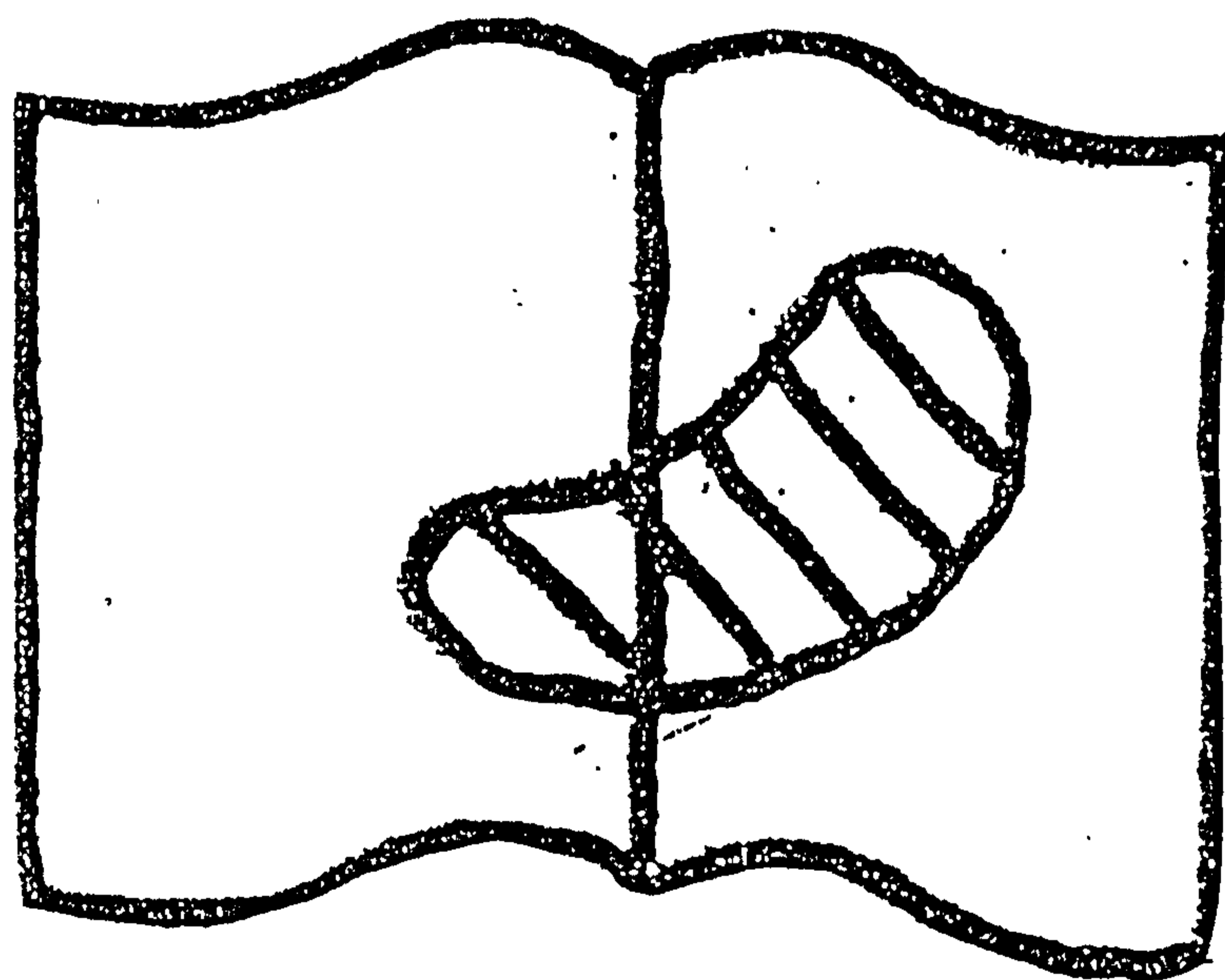
KATHLEEN MARGARET MUNRO

**SUBMITTED IN FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF DOCTOR OF EDUCATION**

JULY 2001

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Opportunity Scotland – Ten Point Action Plan

Opportunity Scotland – Ten Point Action Plan

“Over the next 4 years we will work to make it easier for people to access high quality learning opportunities at all levels and in a greater range of ways. By 2002 there will be a very different learning landscape for adults in Scotland which offers much greater access to a much wider range of learning opportunities. By then all Scottish citizens will have the means to access learning at any stage of their lives. We are offering a ten-point action plan so that , by 2002:

- 1 The Scottish University for Industry will have been launched, breaking down barriers to learning by using new technology to make learning easier and more convenient
2. All schools, colleges, higher education institutions, libraries and many community centres will be connected to the National Grid for Learning
3. More than £100 million will be invested to enable an additional 42,000 students to participate in further and higher education and a £6 million pilot project will have supported payment of fees and the development of pathfinder courses for up to 3000 unemployed and low income HE part-time students
4. There will be a national system of individual learning accounts and 100,000 people in Scotland will be account holders
5. The University of the Highlands and islands project will have developed significantly with government support
6. Some 150,000 people will have benefited from involvement in New Deal and New Futures programmes
7. Scotland will have 15,000 Modern apprentices and more young people qualified to Level 3 by means of Skillseekers

8. All 16 and 17 year olds in work will have the right to study for a level 2 qualification or equivalent
9. We will have introduced Higher Still and developed a comprehensive Scottish credit and Qualifications Framework building on the success of the SCOTCAT system
10. There will be a new strategic framework for the Fe sector which will promote inter-college co-ordination and maximise access to all courses without needless competition between colleges”.

**Differing interpretations of Life Long Learning
(Woodrow 1999)**

Differing interpretations of Life Long Learning (Woodrow 1999)

DESCRIPTION	DEFINITION	SOURCE -cited in Woodrow (1999)
Paradigm	A basic set of beliefs, presented as an accepted European View	Council of Europe (1998)
Principle	A standard for society	Department for Education and Science Policy, Finland (1998)
Process	An approach to learning, a natural series of events – humanistic	Alheit (1998)
Attitude	manner, disposition towards learning, habit, ‘almost a state of mind’ (Woodrow 1999 page 3)	UNESCO (1998)
Platitude	A cliché, of trivial nature, unimportant	Woodrow (1999)
A form of capital	A social resource to be invested in, to be saved - accumulated. Potentially a source of inequalities	Levy (1998)
A means of status maintenance	to maintain the status quo, the established and secure order of society, to fit in with the agenda of change without changing the order	(West 1998)

Eight core principles of life long learning.

The eight core principles of life long learning are:

1. **Coherence:** lifelong learning should constitute an overall strategy for the government
2. **Equity:** lifelong learning should be for the many, not the few
3. **People before structures:** learners and learning should be the focus of policy and good practice
4. **Variety and diversity:** learning should be for the whole of life and life enhancing
5. **Life long learning should engage the whole of government**
6. **Quality and flexibility:** the quality and flexibility of provision for life long learning will be paramount
7. **Effective partnership:** new opportunities for lifelong learning can be promoted through effective and inclusive partnerships
8. **Responsibility:** lifelong learning should be a shared responsibility

The core principles of LLL were set out in the report of the National Advisory Group for continuing education and life long learning in 1997(Fryer 1997).

The key characteristics of WBL

The key characteristics of WBL adapted from Walker et al (1998)

KEY CHARACTERISTICS OF WORK BASED LEARNING INITIATIVES		
CHARACTERISTIC	FEATURES	RELEVANCE TO PROFESSIONAL NURSING
Collaboration between learner and employer	A tri-partite working agreement between the student, their employer and the education institution	The service provider and the participant provide the health and nursing context for the learning
Embedded in work related activities	The focus is work and the components of the occupation that entails, therefore learning is relevant	Directly applicable to the professional context. Ensures integration knowledge is relevant to practice
Allows student to take responsibility for own learning	Provides a structure for the adult learner to identify a focus for their study and to build their curriculum	Work and academic supervisors facilitate the process of learning. Encourages a deep approach to learning
Acknowledges the learning process	WBL accredits the process of learning as an intentional outcome as opposed to a product	Students have an opportunity to reflect on their learning, to identify the transferable skills needed for life long learning

**SCANS 2000 DESCRIPTION OF WORKPLACE
COMPETENCIES AND FOUNDATION SKILLS**

SCANS 2000 DESCRIPTION OF WORKPLACE COMPETENCIES AND FOUNDATION SKILLS (SCANS 2000 1997a, SCANS 2000 1997b)

WORKPLACE COMPETENCIES	DESCRIPTION
Resources	Allocation of time, money, materials, equipment, accommodation and human resource
Interpersonal Skills	Team worker, teacher, serve clients & customers, act as leader, negotiate & make decisions, work with diversity
Information	collect, collate and evaluate data, organise & maintain information using filing and other systems, interpret & communicate information, process information using computers
Systems	Understand social, organisational, political, economic, business and technological systems monitor & correct system performance design or improve systems
Technology	Select equipment and tools apply technology to specific tasks maintain and troubleshoot equipment
FOUNDATION SKILLS	
Basic Skills	Reading, writing arithmetic, mathematics speaking, listening
Thinking Skills	Ability to learn to reason, to think creatively to make decisions, to solve problems
Personal Qualities	Individual responsibility self-esteem, self-management sociability integrity

**Letters to participant, information sheet
and consent form**



K M Munro
Senior Lecturer
Department of Health and Nursing
Faculty of Social Science and Health Care
0131 317 3564
E-mail:Kmunro@QMUC.ac.uk
24th March 2000

Dear

Learning Through Work

I am writing to seek your co-operation and to invite you to take part in a research study about 'Learning through Work'. Your name has been given to me bywho identified you as a voluntary participant.

Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the enclosed information sheet and discuss it with friends and colleagues before deciding whether or not you wish to take part. Please ask me if there is anything that is not clear to you or if you would like more information.

I can be contacted for further information through the Department of Health and Nursing

Telephone number: 0131 317 3564 [direct line]
0131 3173562 [secretary]
Fax Number: 0131 317 3573
E- mail: k.munro@mail.qmced.ac.uk

Thank you for reading this letter.

Yours Sincerely

Kathleen M Munro
Senior Lecturer Curriculum Development



24th March 2000

LEARNING THROUGH WORK - INFORMATION SHEET

What is the purpose of the study?

The purpose is to examine the current system of learning at work for nurses.

Aims of the Study

The study aims to:

1. examine the key features of learning at work for nurses in the NHS in Scotland
2. identify the purpose, process and product of learning at work
3. classify the different learning at work activities of qualified nurses
4. construct a curriculum framework around the classification for accredited learning programmes at work within the context of the NHS and higher education

Why have you been chosen?

You have been chosen because you are an experienced qualified nurse in mid-career and because you also meet the following criteria:

Aged between 35 to 45 years

Grade E, F or G and in full time employment

Working in either an acute or continuing care clinical setting

Or you are a nurse manager supporting staff who meet the above criteria

Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign the consent form and return it to me. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will the research involve?

The research will take place over a six-month period between June to December 2000. During this time you will be interviewed on two occasions about your learning at work by the researcher. The researcher will arrange the interviews on a date and at a time and place to suit you. The researcher will, with your permission, take an audio recording of the interview and some notes. You may also be invited to take part in a group discussion with some colleagues.

The process:

Step 1 Initial interview with researcher	Step 2 Interview two with researcher	Step 3 Final discussion with other participants
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Confidentiality

All information, which is collected, about you during the course of the research will be kept strictly confidential. Any information about your learning that will be used in the final research report and in any subsequent publication will be anonymous and your anonymity will be assured.

What will happen to the results of the research study?

The research study is being undertaken as part of the researcher's Doctorate of Education. The study is the content of the Doctorate dissertation and the results will be included in the final version presented to the University of Strathclyde. The researcher will give a summary of the research results to you.

Who is organising the study?

Kathleen M Munro [the main researcher]
Senior Lecturer Curriculum Development
Department of Health and Nursing
Queen Margaret University College
Clerwood Terrace
Edinburgh EH12 8TS

The research supervisors and advisers are:

Mr W P Thomson
Associate Dean Professional Development
Professional Development Unit
Faculty of Education
University of Strathclyde
76 Southbrae Drive
Glasgow G13 1PP
0141 950 3234/3217

Ms Molly Cummings
Director of Doctorate of Education Programme
Department of Educational Studies
Faculty of Education
University of Strathclyde
76 Southbrae Drive
Glasgow G13 1PP
0141 950 3332

Who has reviewed the study protocol?

Mr W Thomson and Ms M Cummings address as above

XXXXXXXXX
XXXXXXXXX
The Director of Nursing

Ms L Sydie
Head of Department of Health and Nursing
Faculty of Social Science and Health Care
Queen Margaret University College
Clerwood Terrace
Edinburgh EH12 8TS

Contact for further information

The researcher, **Kathy Munro**, can be contacted for further information through the

Department of Health and Nursing
Queen Margaret University College
Clerwood Terrace
Edinburgh
EH12 8TS

Telephone Number: 0131 317 3564 [direct line]
Fax number: 0131 317 3573
E-mail: KMunro@QMUC.ac.uk

If you agree to take part in the study please retain this sheet for your own use and return the signed consent form in the self addressed envelope provided.

Otherwise please return both in the self addressed envelope provided.

Thank you for reading this information sheet.

Please return the consent form to:

K M Munro
Department of Health and Nursing

address as above

Kathleen M Munro



K M Munro
Senior Lecturer
Department of Health and Nursing
Faculty of Social Science and Health Care
0131 317 3564
E-mail: KMunro@QMUC.ac.uk
24th March 2000

Participant Identification Number for this study:

CONSENT FORM

TITLE OF STUDY: LEARNING THROUGH WORK

Name of researcher: KATHLEEN M MUNRO

Please initial box

1 I confirm that I have read and understood the information sheet dated 24th March 2000 (version 3) for the above study and have had the opportunity to ask questions.

2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my rights being affected.

3 I agree to take part in the above study

NAME OF PARTICIPANT

DATE

SIGNATURE

Kathleen M Munro

NAME OF RESEARCHER

DATE

SIGNATURE

1 copy for participant; 1 copy for researcher; 1 to be kept with project notes

Ethics release form



Research Ethics Release Form

CONFIDENTIAL

Section A: to be completed by the Project Supervisor in discussion with the researcher/student.

Department: HEALTH AND NURSING

Project Title: LEARNING THROUGH WORK

Name of Researcher/Project student: KATHLEEN M. MUNRO

(Delete as appropriate) ~~Undergraduate Student/Taught Postgraduate Student/Postgraduate Student/~~
Staff - higher degree/Staff - other research.

Name of Principal Supervisor: MR. W. THOMSON, UNIVERSITY OF STRATHCLYDE

Expected duration of project: from MAY 2000 to MAY 2001

Aim of Project:

To investigate the current system of learning at work for nurses.
Please see attached documentation.

Sample (Internal/External):

Methods/Procedures (please specify): QUALITATIVE.
FOUNDED CASE STUDY - NHTS NURSING STAFF

Ethical considerations

The following points have been assessed:

- 1 The scientific merit and feasibility of the proposal.
- 2 The nature of recruitment and participation of subjects, with special consideration to the recruitment of students, women, children, elderly, mentally handicapped, mentally infirm, prisoners, severely ill patients and the unemployed.
- 3 Possible hazards to subjects and adequacy of facilities to deal with them.
- 4 Possible discomfort, distress or inconvenience to subjects.
- 5 Procedures for:
 - providing explanation to subjects including the preparation of an appropriate information sheet;
 - obtaining consent from subjects or where necessary from their parents or guardians, including the preparation of a written consent form;
 - respecting confidentiality;
 - operating within data protection legislation.
- 6 The implications of monetary or other inducements to Queen Margaret College, Queen Margaret College staff, students or researchers, to subjects or to anyone else involved.
- 7 Safety requirements where a proposal involves the use of drugs, medicines, ionising radiation, appliances or medical devices.

Questions for semi-structured interviews:

1st interview: Nurses and Managers



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EDINBURGH

LEARNING THROUGH WORK

K M MUNRO

QUESTIONS FOR SEMI-STRUCTURED INTERVIEW 1: NURSES

PARTICIPANT NUMBER:

Thank you for agreeing to meet with me and to be interviewed
I am trying to find out about learning at work and most of my questions will be about your learning at work.

Q1.0 Introductory - *The Work Context*

1.1 Firstly please tell me how long you have been in your present post?

1.2 Will you also please tell me a bit about the type and nature of your work,
so I can understand the setting and environment of your job.

Outline of post:

1.3 Is the job that you do now - today - different from the job when you first took up your post?

1.4 What are the main differences?

1.5 Did you learn about your job as you went along?

1.6 Briefly outline what has been learned

Thank you - so to move on to your current work' perhaps we could start with a recent example of something you have learnt about.

Q 2 to Q5 Learning Event Analysis

Q2 What is your most recent experience, say in last couple of weeks of learning something about your clinical practice at work?

2.1 What did you learn?

2.2 When did the learning occur?

2.3 Where?

2.4 Can you tell me how it happened?

2.5 Was there anyone else involved?

2.6 Had you consciously decided to learn about it [the topic]?

2.7 Were you asked to learn about it by someone?

2.8 How did you learn e.g. did you learn from some one else or as you were doing something?

2.9 Has this recent learning experience affected your job in any way?

2.10 If so - how? Can you give me an example?

2.11 Has this recent learning experience affected you personally in any way?

2.12 If so - how? Can you give me an example?

Q3 What other experiences of learning at work have you had?

3.1 What was involved?

3.2 What did you learn?

3.3 When did the learning occur?

3.4 Where?

3.5 Can you tell me how it happened?

3.6 Was there anyone else involved?

3.7 Did you consciously decide to learn about it [the topic]?

3.8 Did you learn as you were doing something?

3.9 Were you asked to learn about it by someone?

3.10 Did this learning experience affect your job in any way?

3.11 If so - how? Can you give me an example?

3.12 Did this learning experience affect you personally in any way?

3.13 If so - how? Can you give me an example?

Q4 .1 What has been the most useful learning experience you have had specific to your work, AT WORK? Will you please describe it for me?

4.1.1 What did you learn?

4.1.2 When did the learning occur?

4.1.3 Where?

4.1.4 Can you tell me how it happened?

4.1.5 Was there anyone else involved?

4.1.6 Why was it useful?

4.1.7 What was the benefit to you personally?

4.1.8 Can you explain how it benefited your job?

4.1.9 Please explain how your patients have benefited?

Q4.2 What has been the most useful learning experience you have had specific to your work, NOT at work? Will you please describe it for me?

4.2.1 What did you learn?

4.2.2 When did the learning occur?

4.2.3 Where?

4.2.4 Can you tell me how it happened?

4.2.5 Was there anyone else involved?

4.2.6 Why was it useful?

4.2.7 What was the benefit to you personally?

4.2.8 Can you explain how it benefited your job?

4.2.9 Please explain how your patients have benefited?

Q5 What was the least useful learning experience you have had related to your work?

5.1 Why was it not useful?

5.2 Was there something that hindered you or stopped you from learning?

5.3 How could the learning have benefited you?

5.4 Would it have been useful to other nurses?

5.5 Would they have had the same experience as you?

5.6 Can you explain how it may have benefited the patients?

Q6 Classifying Learning Experiences

Q6 Can you group or categorise your different learning experiences in some way for me?

6.1 At work?

6.2 Are there other learning experiences outwith work that have enable you to learn about your work?

6.3 Do you think other people would group their learning in the same way?

Q7 & Q8 Structures Formal and Informal

Q7 Is there a structured learning programme at work?

7.1 Will you please describe it?

7.2 How are people selected?

7.3 Are there mandatory teaching /learning sessions that your employer runs?

7.4 Is this formal learning at work linked to performance review or career development in any way?

Q8 Is there any informal learning at work?

Prompts: journal club, peer group support

Q9 Learning Instruments

Q9 Do you have a personal learning plan, say as part of a portfolio?

- 9.1 What does your plan consist of?
- 9.2 Did you design your plan yourself?
- 9.3 Is this a voluntary plan or formal - if part of your job, please explain how?
- 9.4 Is it useful?
- 9.5 Could it be better?
- 9.6 Do you have a colleague who helps you with your personal learning?
- 9.7 How often do you review it or add to it?
- 9.8 How can you use it to your benefit?
- 9.9 Is it part of your professional profile?

Q10 & Q11 Resources for Learning at Work

Q10 What resources are available to help you to learn at work?

- 10.1 What are they?
- 10.2 Are the resources effective?
- 10.3 Are the resources sufficient?

Q11 What resources do you think you need to help you with your learning at work?

Prompts: Do you have time to learn at work?

Do you need money to support your learning?

Do you need access to a library?

Do you need access to a computer at work or personal computer support?

Q12 & Q13 Outcome Analysis

Q12 How does the outcome of your learning benefit you in the long term?

- 12.1 Professionally e.g. in your clinical practice?
- 12.2 Personally e.g. financially or academically?

Q13 If you were asked to provide evidence of your learning what would you produce?
Prompts: direct and indirect evidence

Q14 Is there any other aspect of learning at work that is important to you that I should be considering?

Q15 Matrix Analysis

Q15 Can we together draw a map of all the factors that affect your learning at work?

Many thanks for taking the time to answer the questions. I plan to get the transcript of the interview typed up and I will send you a copy to check the details before we meet again.

Perhaps we could set a date for our next interview now?

Prompts

Formal learning - courses. In service education mandatory courses - i.e. moving and handling. Short courses. Learning on the job - new knowledge - skills



Queen Margaret University College
EDINBURGH

LEARNING THROUGH WORK

K M MUNRO

QUESTIONS FOR SEMI-STRUCTURED INTERVIEW 1: MANAGERS

PARTICIPANT NUMBER:

DATE:

Thank you for agreeing to meet with me and to be interviewed
I am trying to find out about learning at work and most of my questions will be about the learning of your staff at work.

Q1.0 Introductory - *The Work Context*

1.7 Firstly please tell me how long you have been responsible for this clinical area?

1.8 Will you also please tell me a bit about the type and nature of the work undertaken by the staff so I can understand the setting and environment of the job?

Outline of clinical area:

Thank you - so to move on to the clinical area of work perhaps we could start with a recent example of something you think a member of your staff has learnt about.

Q 2 to Q5 Learning Event Analysis

Q2 What is your most recent experience, say in the last couple of weeks, of learning at work for a member of your experienced nursing staff?

- 2.1 What do you think the member of staff learnt?
- 2.2 When did the learning occur?
- 2.3 Where?
- 2.4 Can you tell me how it happened?
- 2.5 Was there more than one person involved?
- 2.6 Do you know if the member of staff had consciously decided to learn about it [the topic]?
- 2.7 Was the member of staff specifically asked to learn about it by someone?
- 2.8 Do you know how they learnt e.g. did they learn from some one else or as they were doing something?
- 2.9 Has this recent learning experience affected their job in any way?
- 2.10 If so - how? Can you give me an example?
- 2.11 Has this recent learning experience affected the member of staff personally in any way?
- 2.12 If so - how? Can you give me an example?

Q3 What other experiences of learning at work have your staff had?

- 3.1 What was involved?
- 3.2 What did they learn?
- 3.3 When did the learning occur?
- 3.4 Where?
- 3.5 Can you tell me how it happened?
- 3.6 How many people were involved?
- 3.7 Did the staff consciously decide to learn about it [the topic]?
- 3.8 Did they learn as they were doing something?
- 3.9 Were they asked to learn about it by someone?

3.10 Did this learning experience affect their job in any way?

3.11 If so - how? Can you give me an example?

3.12 Did this learning experience affect the member of staff personally in any way?

3.13 If so - how? Can you give me an example?

Q4.1 What do you think has been the most useful learning experience for a member of your nursing staff AT WORK? Will you please describe it for me?

4.1.1 What did the member of staff learn?

4.1.2 When did the learning occur?

4.1.3 Where?

4.1.4 Can you tell me how it happened?

4.1.5 Was there more than one person involved?

4.1.6 Why was it useful?

4.1.7 What was the benefit to the member of staff personally?

4.1.8 Can you explain how it benefited the job?

4.1.9 Please explain how the patients have benefited?

Q4.2 What has been the most useful learning experience for a member of your nursing staff , NOT at work? Will you please describe it for me?

4.2.1 What did the member of staff learn?

4.2.2 When did the learning occur?

4.2.3 Where?

4.2.4 Can you tell me how it happened?

4.2.5 Was there anyone else involved?

4.2.6 Why was it useful?

4.2.7 What was the benefit to the member of staff personally?

4.2.8 Can you explain how it benefited the job?

4.2.9 Please explain how the patients have benefited?

Q5 What was the least useful learning experience for a member of your nursing staff at work? Will you please describe it for me

5.1 Why was it not useful?

5.2 Was there something that hindered the member of staff or stopped them from learning?

5.3 How could the learning have benefited them?

5.4 Would it have been useful to other nurses?

5.5 Would they all have had the same experience?

5.6 Can you explain how it may have benefited the patients?

Q6 Classifying Learning Experiences

Q6 Can you group or categorise the staff's different learning experiences in some way for me?

6.1 At work?

6.2 Are there other learning experiences outwith work that have enable them to learn about their work?

6.3 Do you think the staff would group their learning in the same way?

Q7 & Q8 Structures Formal and Informal

Q7 Is there a structured learning programme at work or any formal arrangements for staff training?

7.1 Will you please describe it?

7.2 How are people selected?

7.3 Are there mandatory teaching /learning sessions that you run?

7.4 Is this formal learning at work linked to performance review or career development in any way?

Q8 Is there any informal learning at work?

Prompts: journal club, peer group support

Q9 Learning Instruments

Q9 Do your staff have a personal learning plan, say as part of a portfolio?

9.1 What does the plan consist of?

9.2 Are the plans designed individually?

9.3 Are the plans voluntary or formal - if part of the job, please explain how?

9.4 Are they useful?

9.5 Could they be better?

9.6 Do staff have a colleague who helps them with their personal learning?

9.7 How often do staff review personal plans or add to it?

9.8 How can they use it to their and your benefit?

9.9 Is it part of their professional profile?

Q10 & Q11 Resources for Learning at Work

Q10 What resources are available to help staff learn at work?

10.1 What are they?

10.2 Are the resources effective?

10.3 Are the resources sufficient?

Q11 What resources do you think staff need to help them learn at work?

Prompts: Do they have time to learn at work?

Do they need money to support their learning?

Do they need access to a library?

Do they need access to a computer at work or personal computer support?

Q12 & Q13 Outcome Analysis

Q12 How does the outcome of the staff's learning benefit your organisation in the long term?

12.1 Professionally e.g. in their clinical practice?

12.2 Personally e.g. financially or academically?

Q13 If you were asked to provide evidence of staff's learning what would you produce?
Prompts: direct and indirect evidence

Q14 Is there any other aspect of learning at work that is important to you as a manager that I should be considering?

Q15 Matrix Analysis

Q15 Can we together draw a map of all the factors that affect staff's learning at work?

Many thanks for taking the time to answer the questions. I plan to get the transcript of the interview typed up and I will send you a copy to check the details before we meet again.

Perhaps we could set a date for our next interview now/

Prompts

Formal learning - courses. In service education mandatory courses - i.e. moving and handling. Short courses. Learning on the job - new knowledge - skills

Interview notes



Queen Margaret University College
EDINBURGH

LEARNING THROUGH WORK

K M MUNRO

QUESTIONS FOR SEMI-STRUCTURED INTERVIEW 1: MANAGERS - NOTES

PARTICIPANT NUMBER:

3

DATE: 17/8/00

Thank you for agreeing to meet with me and to be interviewed
I am trying to find out about learning at work and most of my questions will be about the learning of your staff at work.

Q1.0 Introductory - The Work Context

1.9 Firstly please tell me how long you have been responsible for this clinical area?

Clinical nurse manager for.....

1.10 Will you also please tell me a bit about the type and nature of the work undertaken by the staff so I can understand the setting and environment of the job?

Outline of clinical area:

*Unit iswithin Funded, not..... . this includes the
.....units at; 2 x And 1x.....and*

100 WTE trained 40 approx . 140 including support staff.

*Manager has a Diploma in from (.....) and a certificate. Also
experience as a F grade in 3 different wards - so learnt about management
for small units before moving to CNM job*

*Thank you - so to move on to the clinical area of work perhaps we could start with a recent
example of something you think a member of your staff has learnt about.*

Q 2 to Q5 Learning Event Analysis

Q2 What is your most recent experience, say in the last couple of weeks, of learning at work for a member of your experienced nursing staff?

2.1 What do you think the member of staff learnt?

Yes - a charge nurse who acted up for me

2.2 When did the learning occur?

Within last couple of months

2.3 Where?

Within directorate

2.4 Can you tell me how it happened?

Prior preparation by me i.e. included in meetings with senior staff - say one day a month for past two years

2.5 Was there more than one person involved?

Other senior staff

2.6 Do you know if the member of staff had consciously decided to learn about it [the topic]?

She has found it difficult - actually doing it - but was able to contact me by telephone

2.7 Was the member of staff specifically asked to learn about it by someone?

A/A

2.8 Do you know how they learnt e.g. did they learn from some one else or as they were doing something?

Supervision and support at all times

2.9 Has this recent learning experience affected their job in any way?

2.10 If so - how? Can you give me an example?

2.11 Has this recent learning experience affected the member of staff personally in any way? *Yes they are much more confident*

2.12 If so - how? Can you give me an example? *Other staff G grades have since got promotion - its good for them but not the service here*

Q3 What other experiences of learning at work have your staff had?

Myself! - spent last 8 months learning about so I could manage staff in wards

3.1 What was involved?

A weekend away for staff of the ...unit outwith the hospital

3.2 What did they learn?

To learn about

3.3 When did the learning occur?

Its an on-going development

3.4 Where?

Staff learn all the time on the job

3.5 Can you tell me how it happened?

I set it up withcolleagues

3.6 How many people were involved?

xxx....of staff of and

3.7 Did the staff consciously decide to learn about it [the topic]?

Well yes it was a fast track so that we could do

3.8 Did they learn as they were doing something?

Yes they then had to do it in the

3.9 Were they asked to learn about it by someone?

3.10 Did this learning experience affect their job in any way?

Confident. Motivated. Mature

3.11 If so - how? Can you give me an example?

A/A

3.12 Did this learning experience affect the member of staff personally in any way?

Yes they now have to be willing to work in a different way

3.13 If so - how? Can you give me an example?

Also they have been made to feel special/unique/valued. Praised by doctors/patients/relatives/managers

Q4.1 What do you think has been the most useful learning experience for a member of your nursing staff AT WORK? Will you please describe it for me?

4.1.1 What did the member of staff learn?

Must be communication - always learning to communicate directly with patients and relatives - cannot emphasise it enough

4.1.7 What was the benefit to the member of staff personally? *Yes*

4.1.8 Can you explain how it benefited the job? *Yes - better for the patients*

Q4.2 What has been the most useful learning experience for a member of your nursing staff, NOT at work? Will you please describe it for me?

Learning about the bigger picture - the NHS Every charge nurse thinks they have the best ward /unit/consultant - so getting more experience e.g. conferences etc out working in different places is good. Learning about government policy, strategy etc.

Q5 What was the least useful learning experience for a member of your nursing staff at work? Will you please describe it for me

5.1 Why was it not useful?

Something they perhaps knew about already

5.2 Was there something that hindered the member of staff or stopped them from learning?

It depends on the attitude - some staff just can't be bothered

Q6 Classifying Learning Experiences

Q6 Can you group or categorise the staff's different learning experiences in some way for me?

No - not really

Q7 & Q8 Structures Formal and Informal

Q7 Is there a structured learning programme at work or any formal arrangements for staff training? *Mandatory*

7.1 Will you please describe it?

Clinical support W day x2 /year

Orientation programmes - 3 days through Ed co-ordinator for 3/12

D/E grades with ward co-ordinator for 3/12 - 9/12 depending on experience

Ed C 1 session per week

New staff for first 3/12 then appraisal then - sister

Q8 Is there any informal learning at work?

Prompts: journal club, peer group support

*Journals & articles for publication available to staff - research staff
Experienced and inexperienced staff work together - rotate through
day/night*

Q9 Learning Instruments

Q9 Do your staff have a personal learning plan, say as part of a portfolio?

They have appraisal and goals and yes they have opportunity to discuss this with the ed. Co-ordinator. They also have UKCC PREP portfolio - they may put goals in that. The theory is their appraisal goals are followed up

9.7 How often do staff review personal plans or add to it? *annually*

9.8 How can they use it to their and your benefit?

9.9 Is it part of their professional profile? *possibly*

Q10 & Q11 Resources for Learning at Work

Q10 What resources are available to help staff learn at work?

Each year 3 staff to international conference, 4 to xxxx conference and 4/5 to xxxx xxxx and 3//4 on xxxx xxxxx course

Ed Co-ordinator for 30 staff. There is more money for xxxxx staff and no resources for xxxxx staff

Q11 What resources do you think staff need to help them learn at work?

Prompts: Do they have time to learn at work?

Do they need money to support their learning?

Do they need access to a library?

Do they need access to a computer at work or personal computer support?

Q12 & Q13 Outcome Analysis

Q12 How does the outcome of the staff's learning benefit your organisation in the long term?

12.1 Professionally e.g. in their clinical practice? *Yes it is bound to*

12.2 Personally e.g. financially or academically? *Yes - they can move to a higher graded post*

Q13 If you were asked to provide evidence of staff's learning what would you produce?

Prompts: direct and indirect evidence

Q/A & demonstration. Certificates

Q14 Is there any other aspect of learning at work that is important to you as a manager that I should be considering?

Passion - we've lost it from nursing

Q15 Matrix Analysis

Q15 Can we together draw a map of all the factors that affect staff's learning at work?

Many thanks for taking the time to answer the questions. I plan to get the transcript of the interview typed up and I will send you a copy to check the details before we meet again.

Perhaps we could set a date for our next interview now

Prompts

Formal learning - courses. In service education mandatory courses - i.e. moving and handling. Short courses. Learning on the job - new knowledge - skills

Note - end of interview comment from participant:-

We need to recognise achievements of e.g the sister that you'd die for - who gets - not a lot

Accreditation of qualifications/ recognition is much needed

Factors that influence learning:

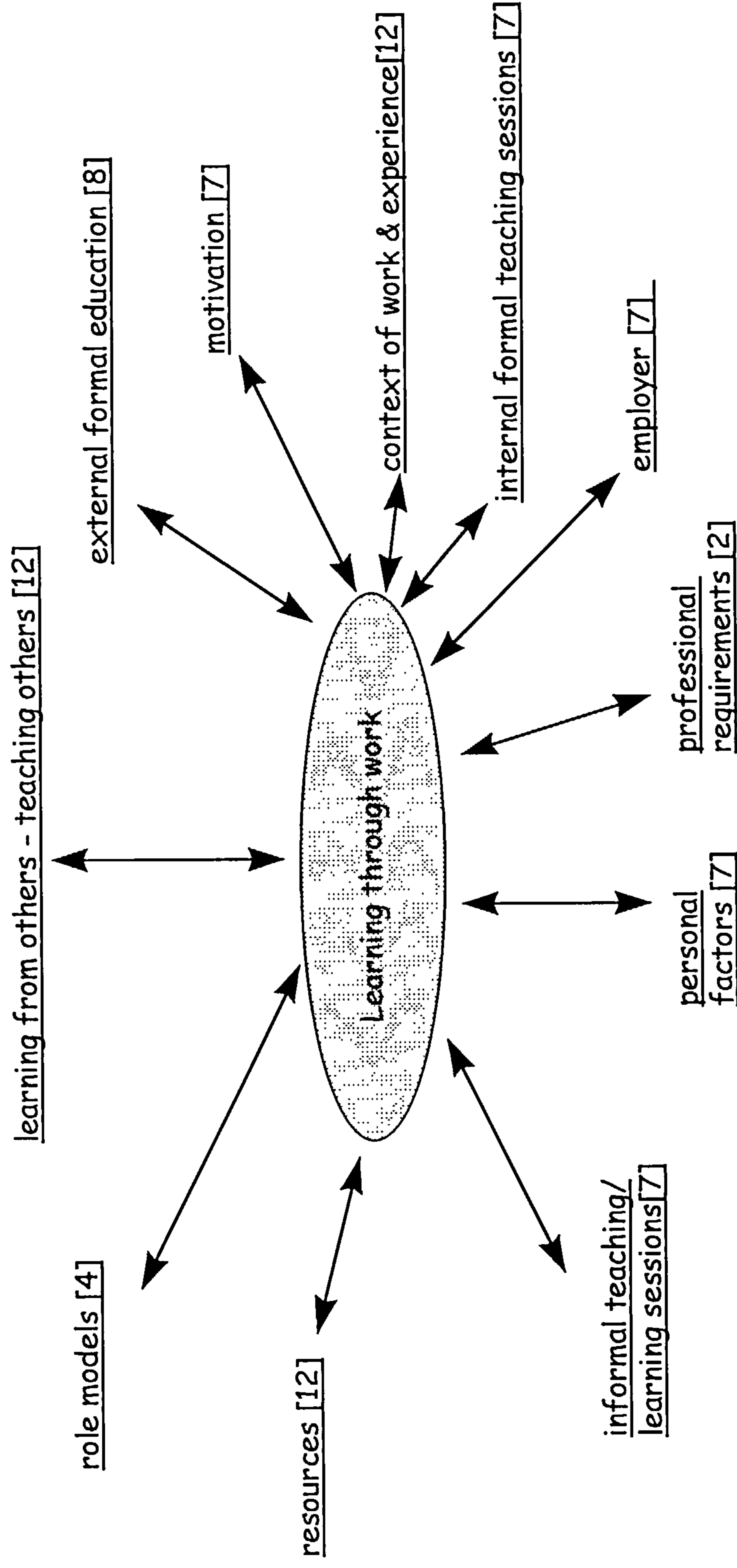
A: Summary and Individual Maps Nurses

B: Summary and Individual Maps Managers

Factors that influence learning:
A Summary and Individual maps Nurses

Learning through work Factors that influence learning

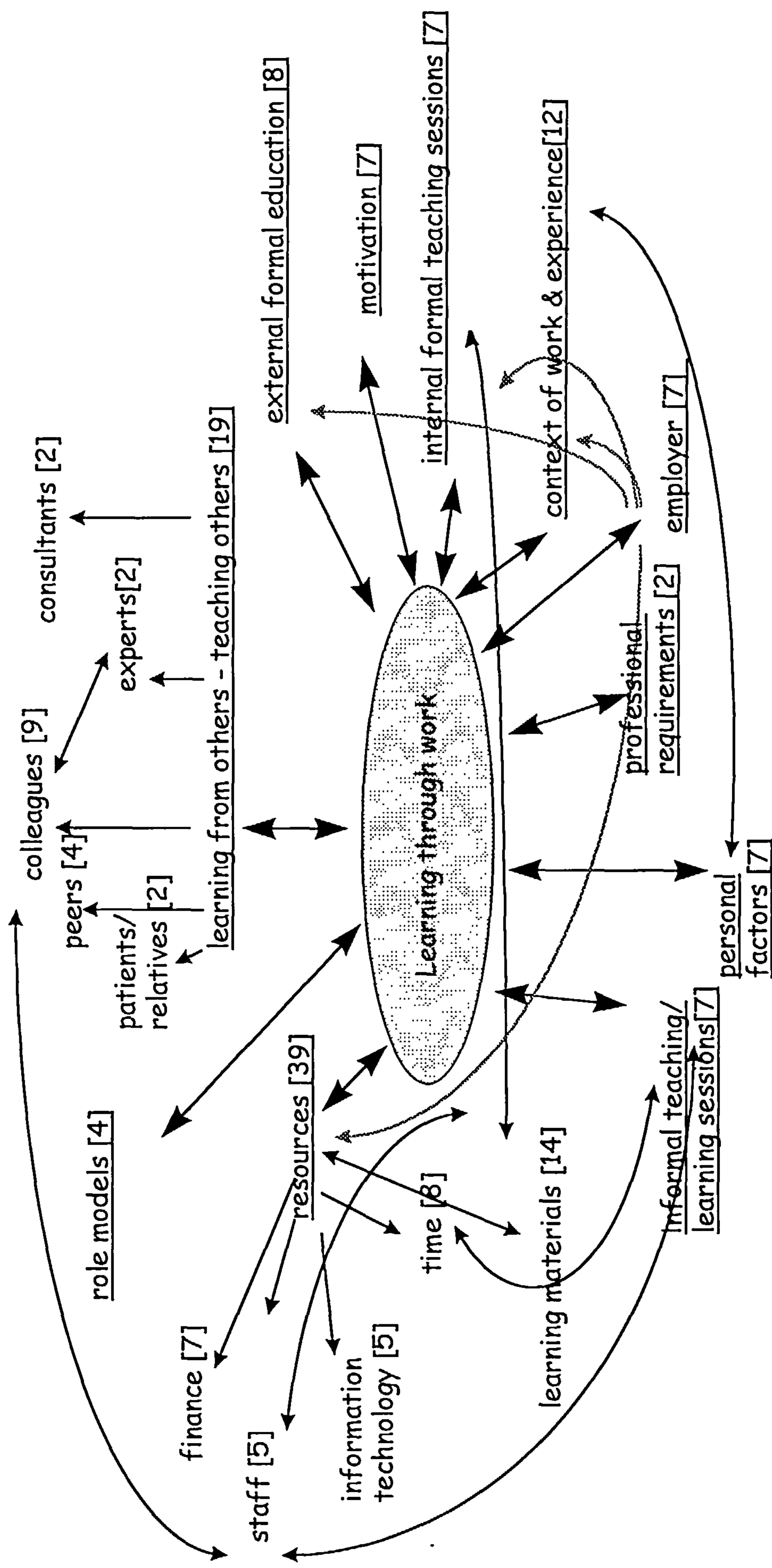
Nurses [12]



Learning through work

Factors that influence learning

Nurses [12]

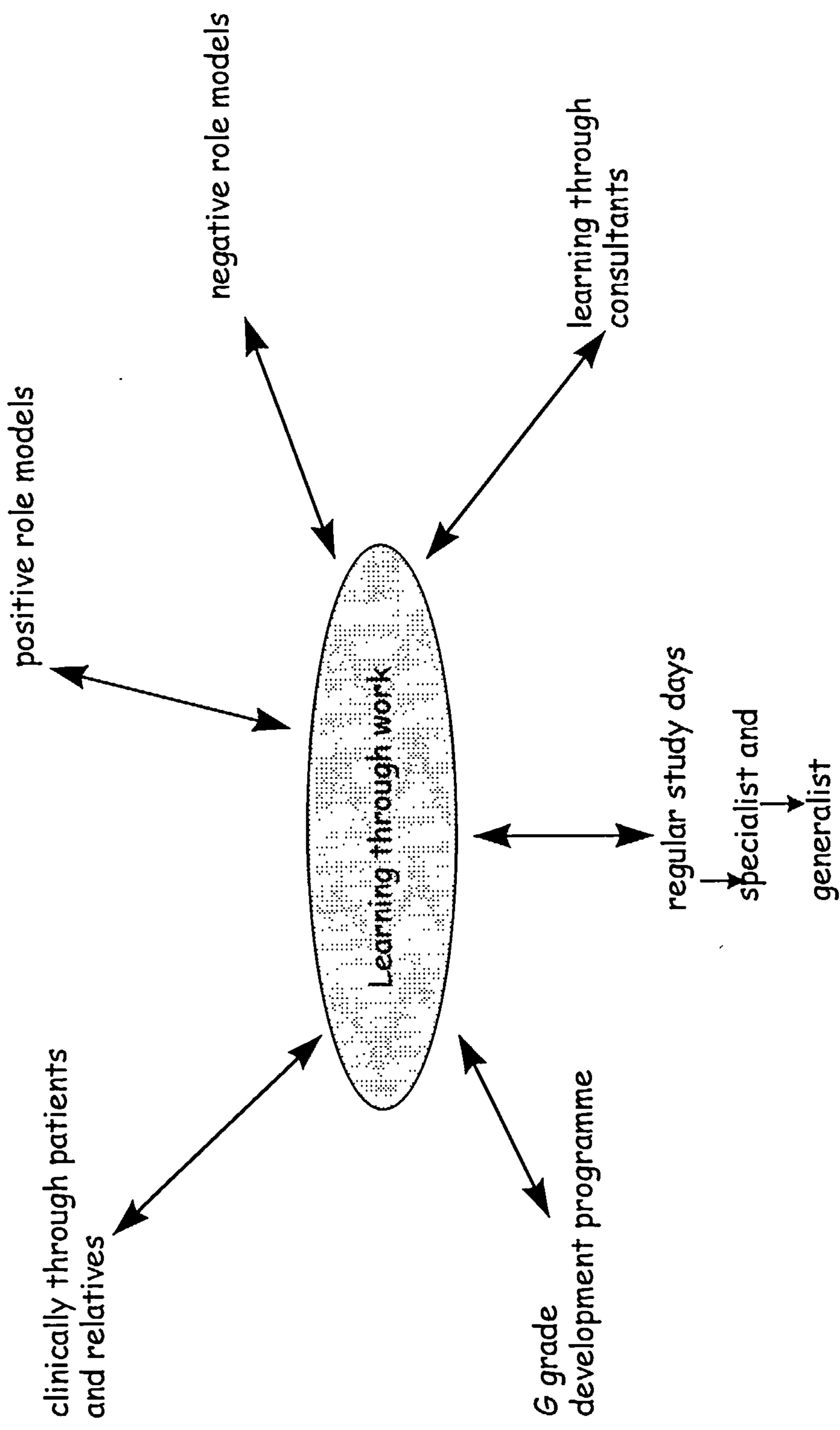


Summary 2 of nurse maps showing indicative numbers

Learning through work

Factors that influence learning

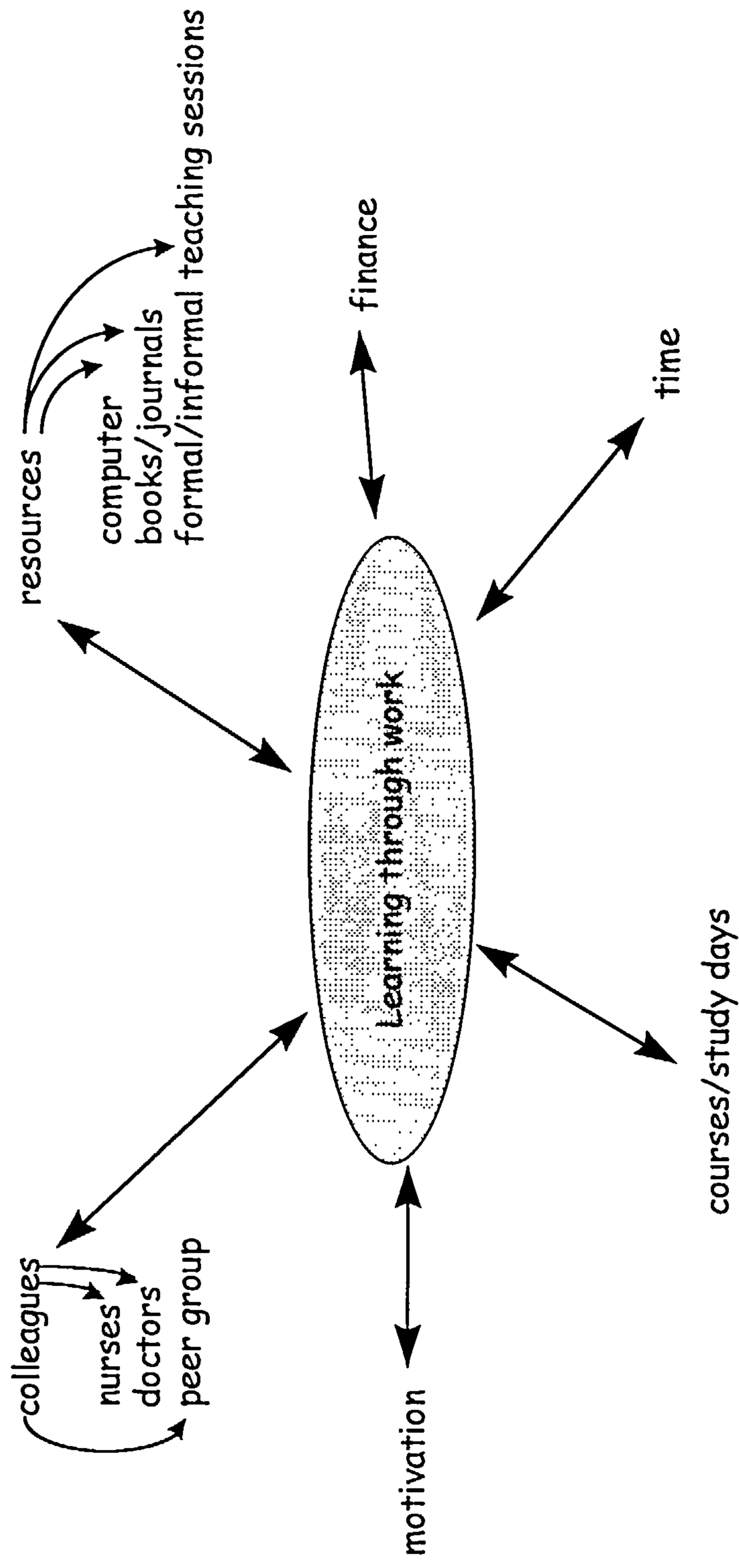
Participant 1, nurse



Learning through work

Factors that influence learning

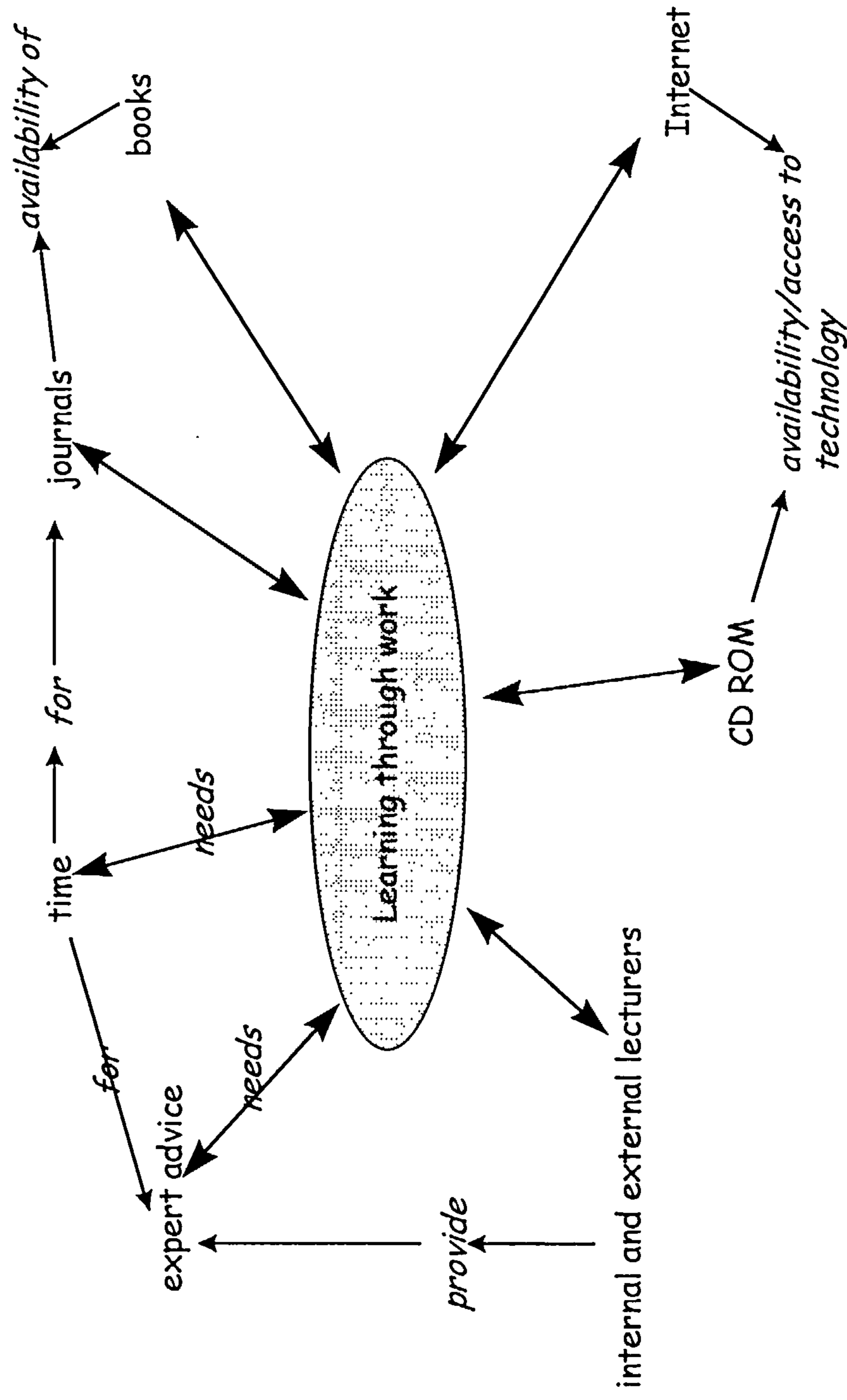
Participant 4, nurse



Learning through work

Factors that influence learning

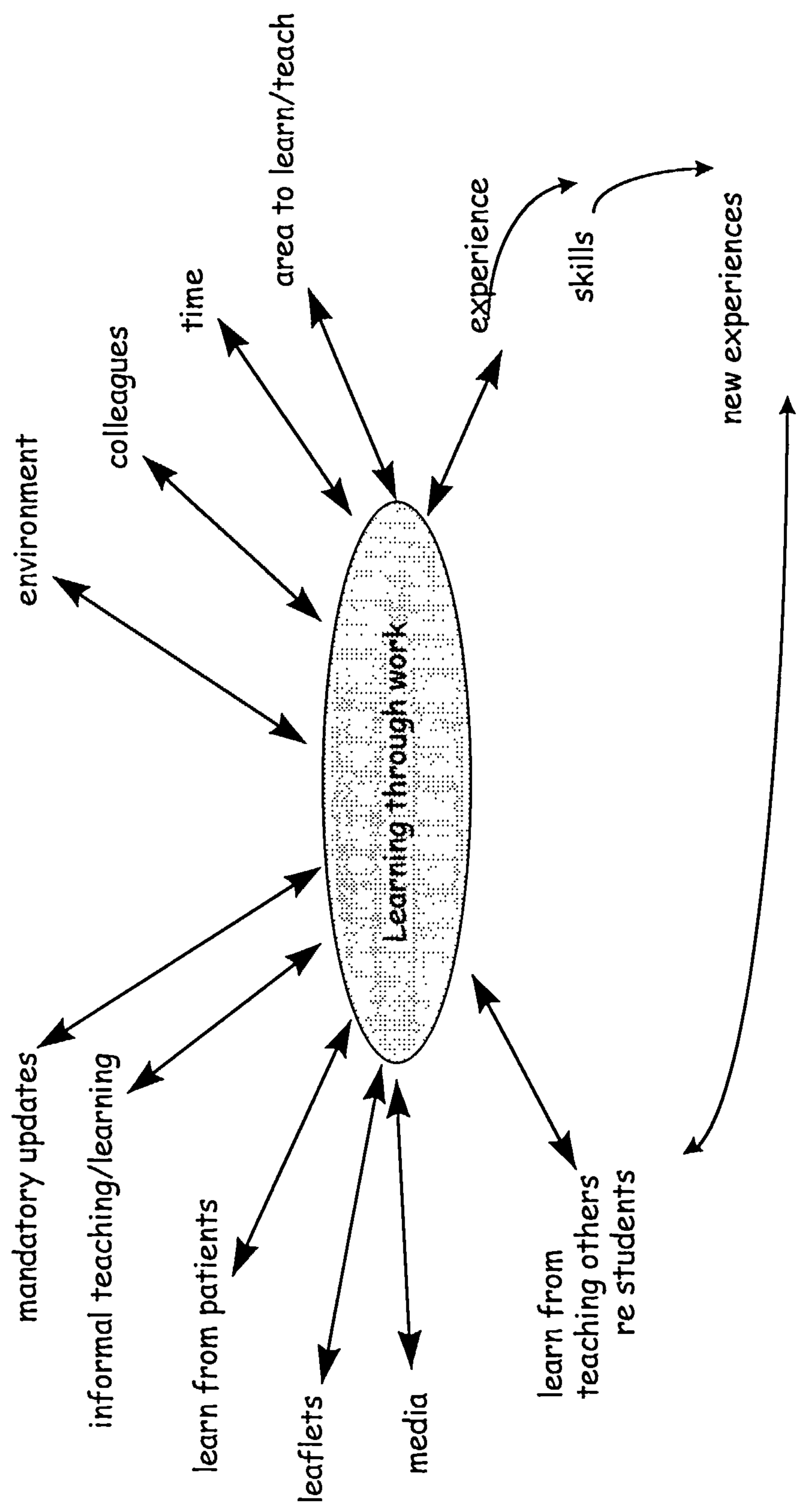
Participant 6, nurse



Learning through work

Factors that influence learning

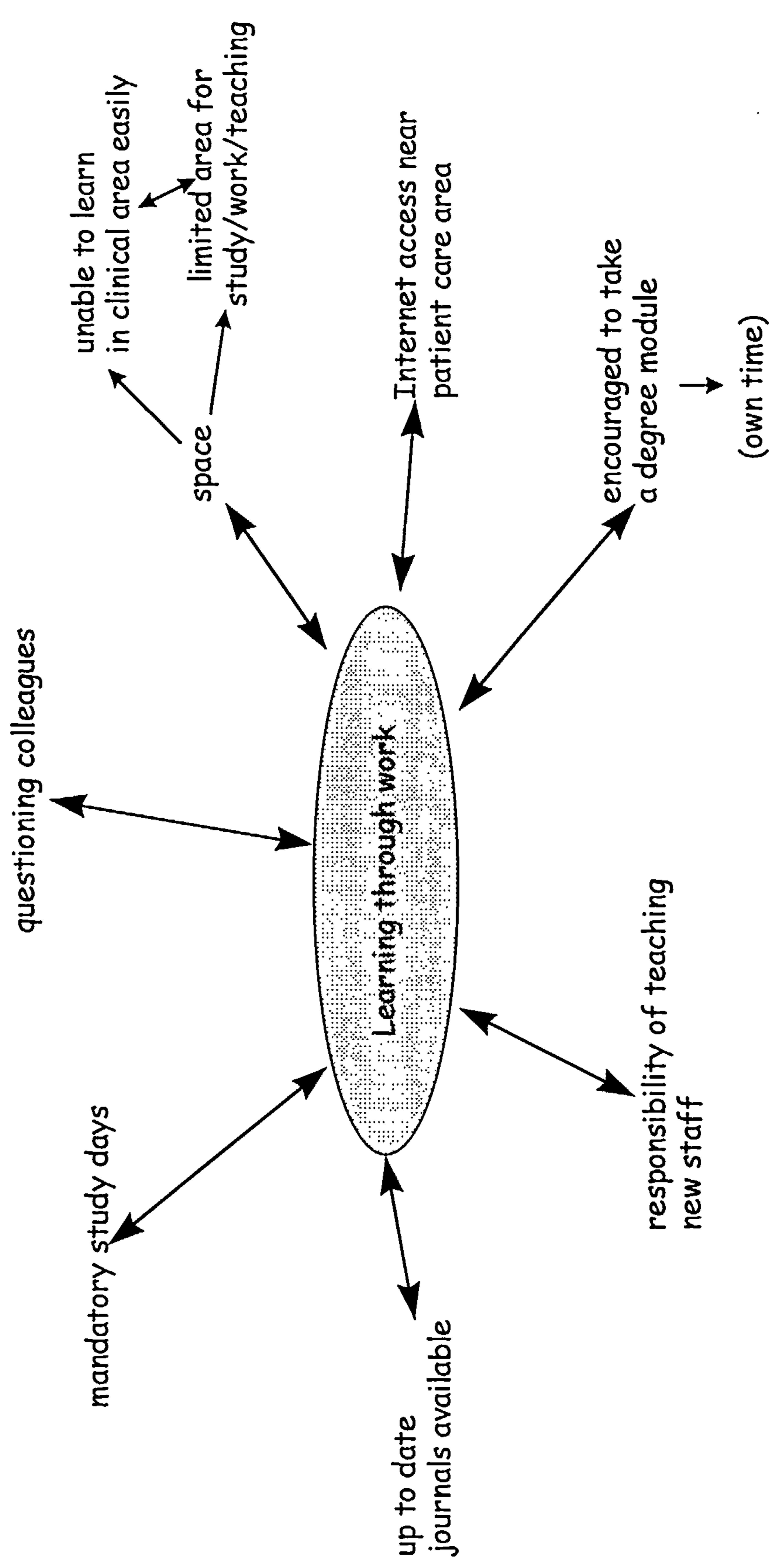
Participant 7, nurse



Learning through work

Factors that influence learning

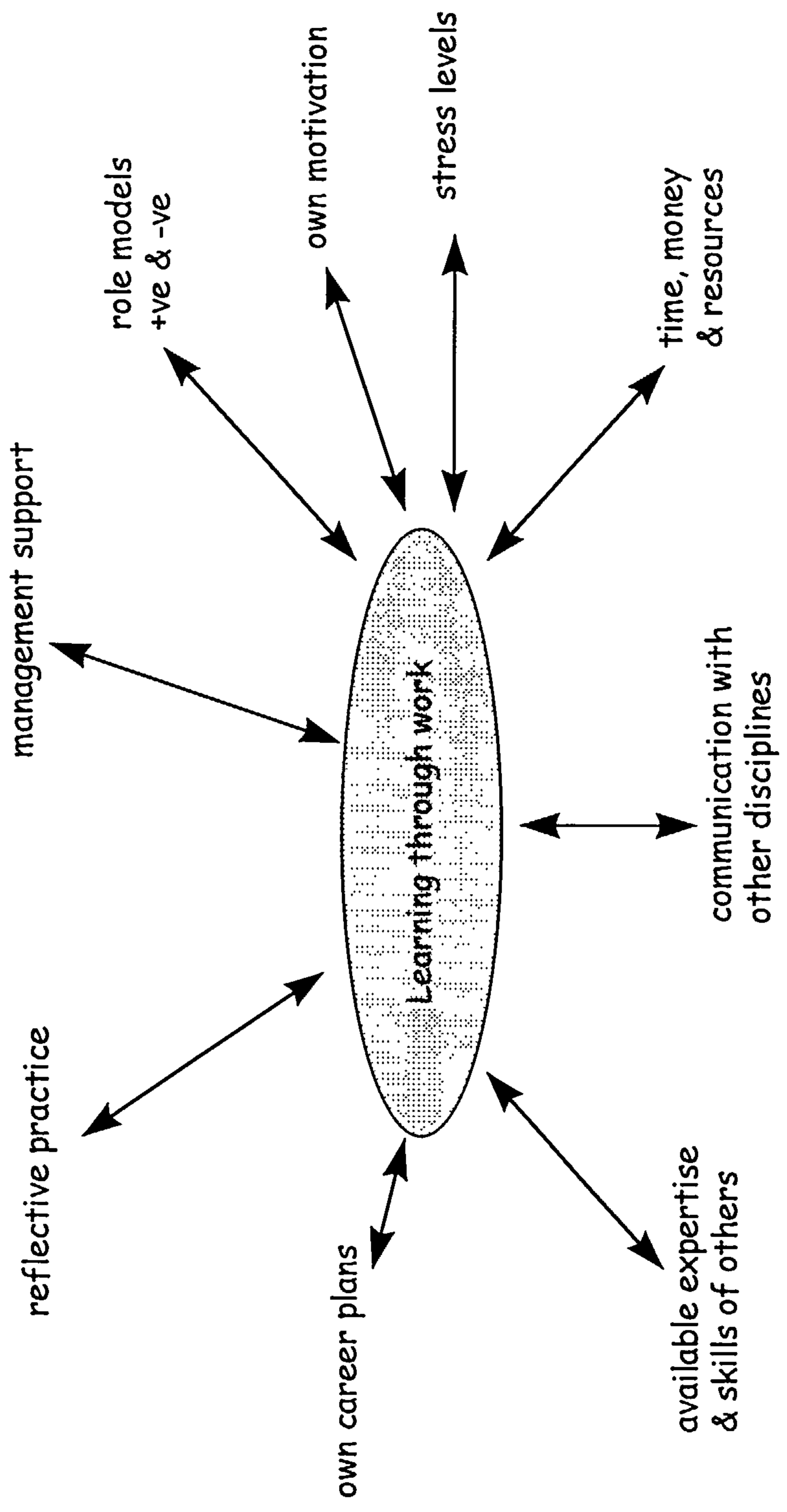
Participant 8, nurse



Learning through work

Factors that influence learning

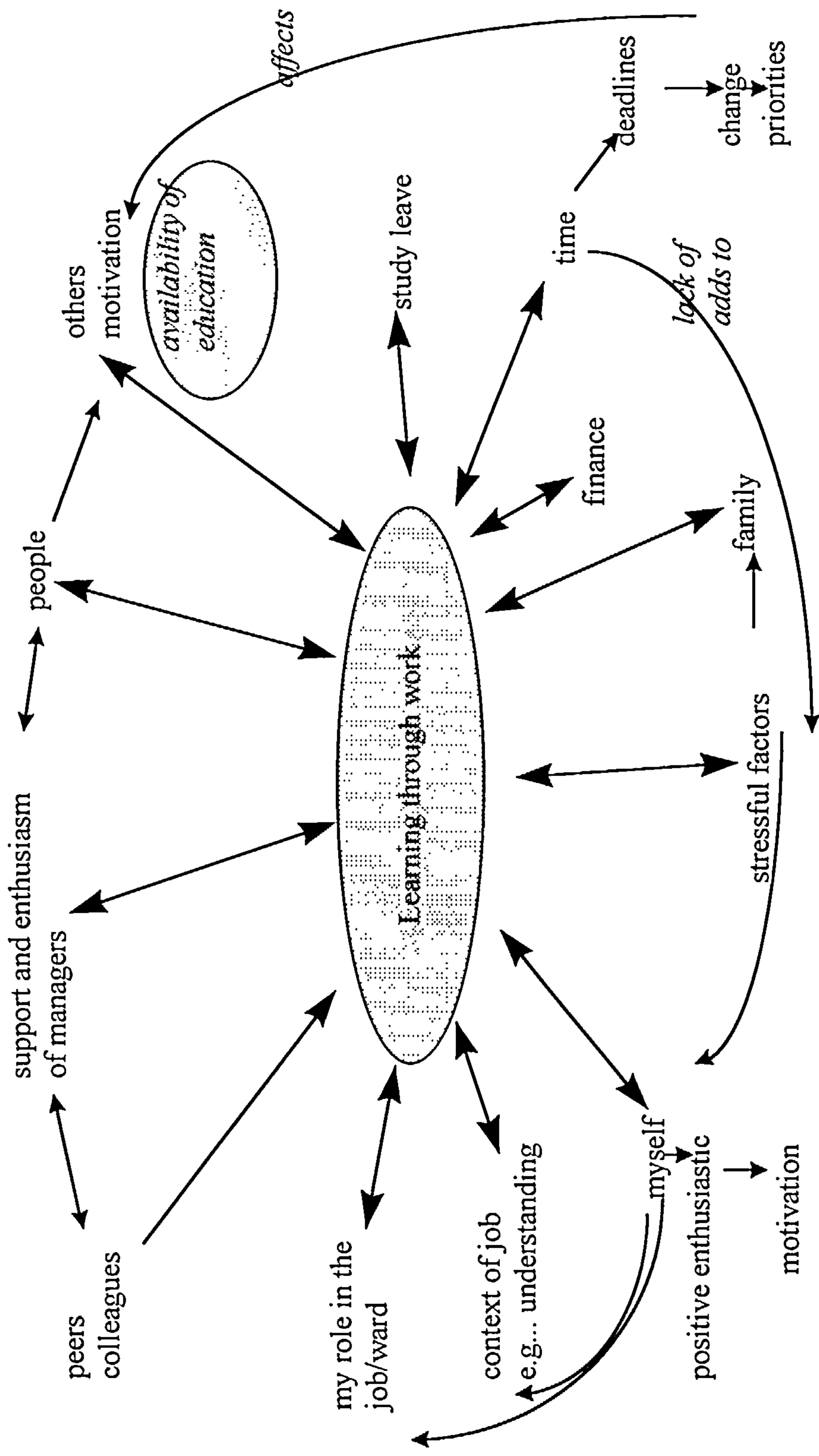
Participant 9, nurse



Learning through work

Factors that influence learning

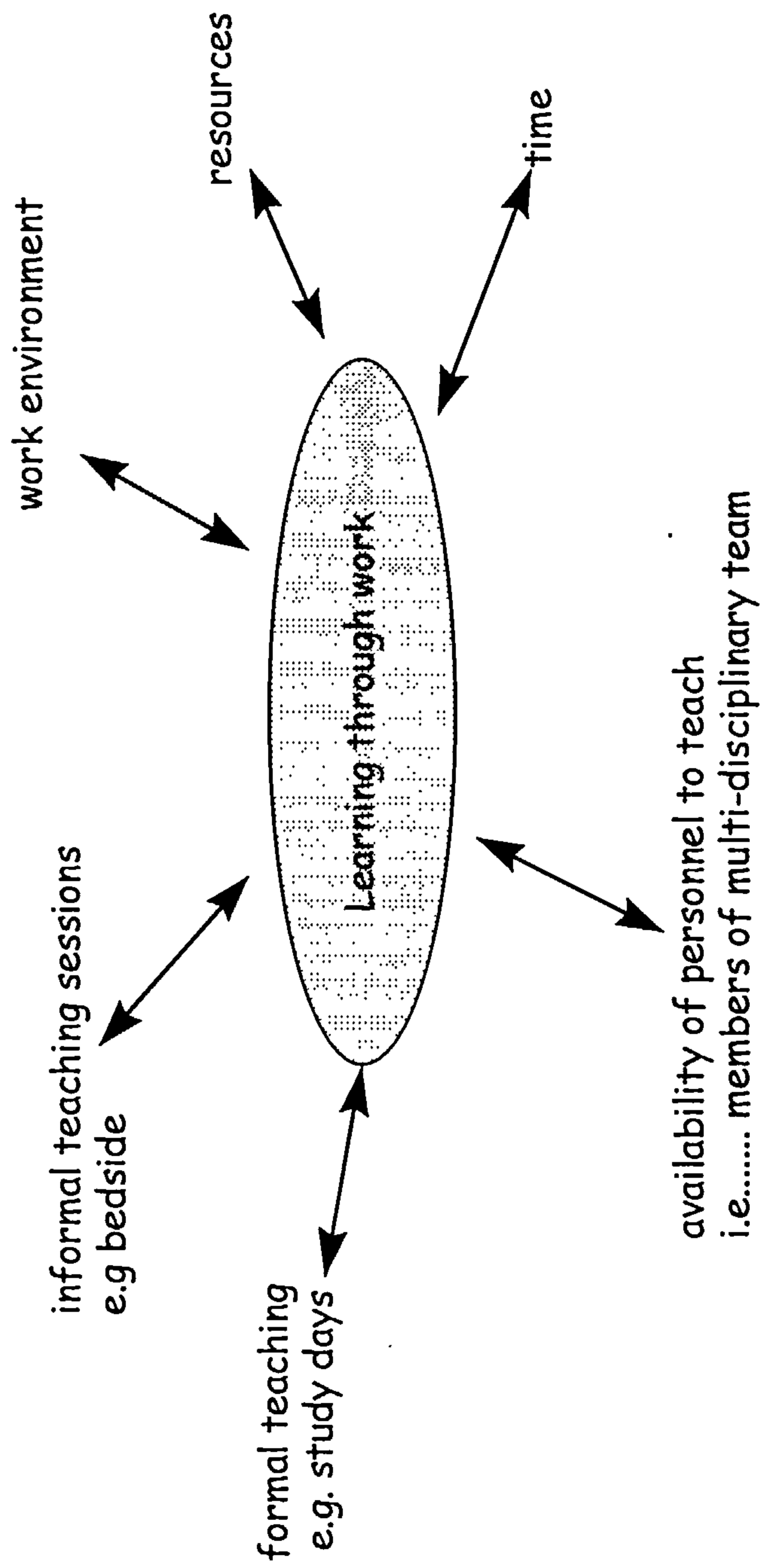
Participant 10, nurse



Learning through work

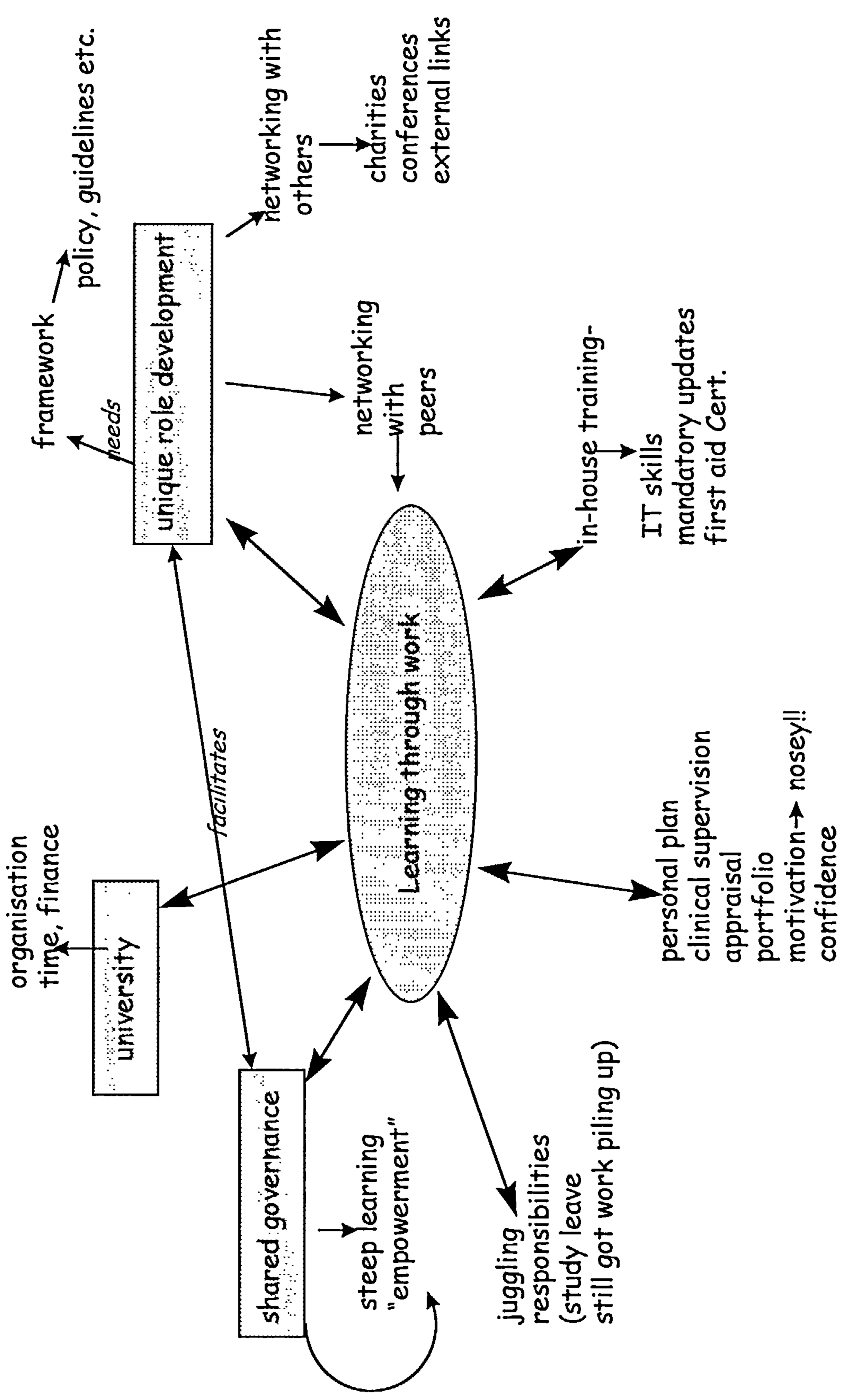
Factors that influence learning

Participant 11, nurse



Learning through work

Factors that influence learning

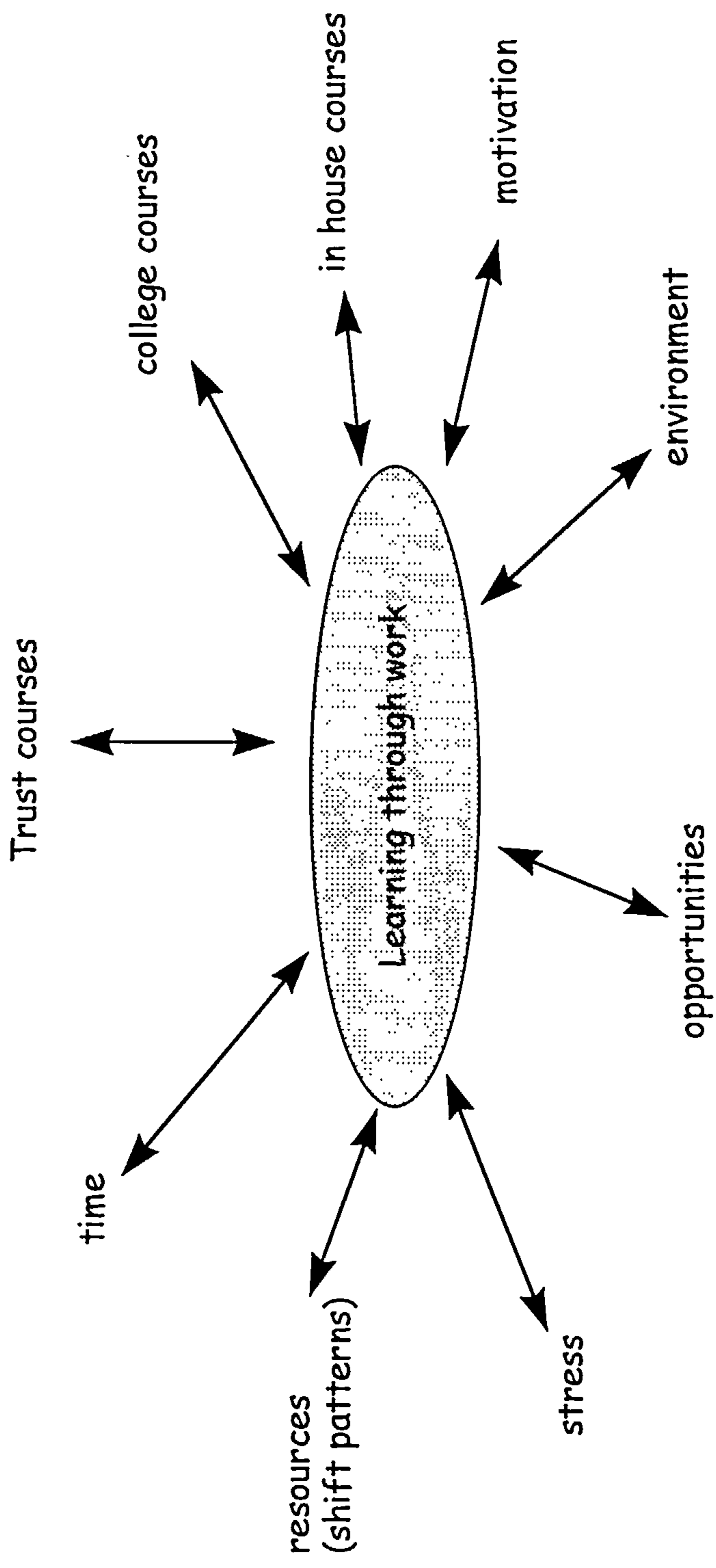


Participant 12, nurse

Learning through work

Factors that influence learning

Participant 14, nurse

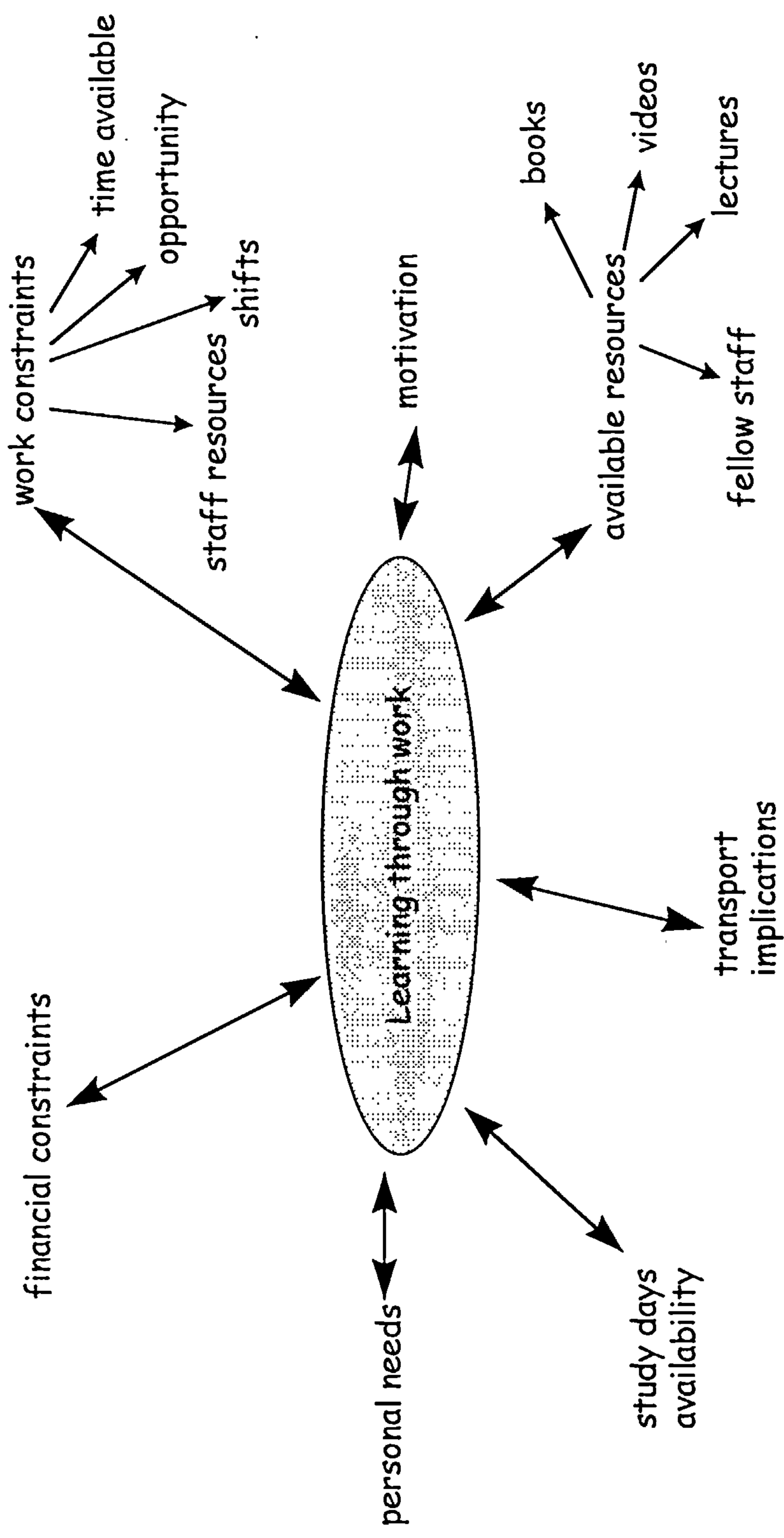


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Learning through work

Factors that influence learning

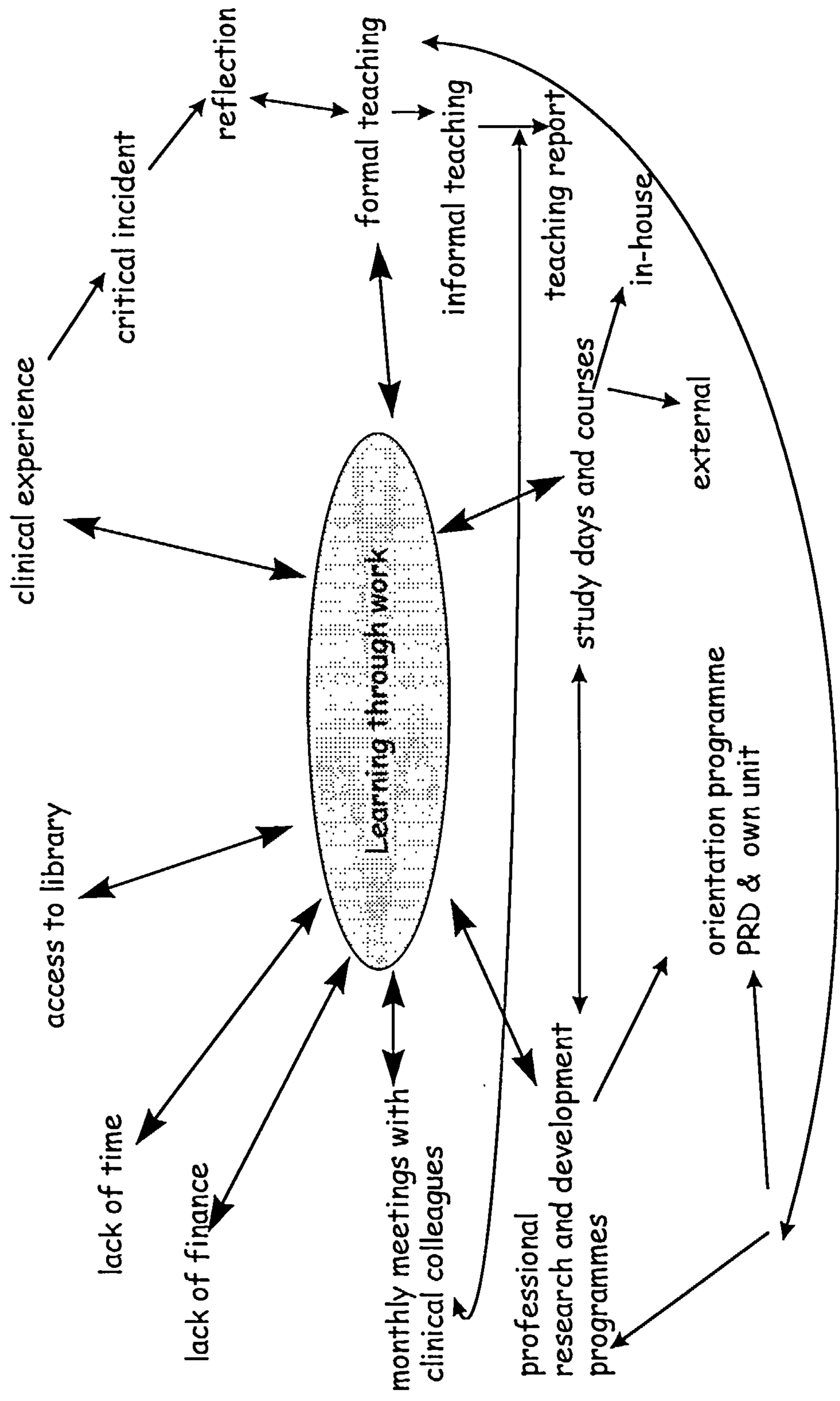
Participant 15, nurse



Learning through work

Factors that influence learning

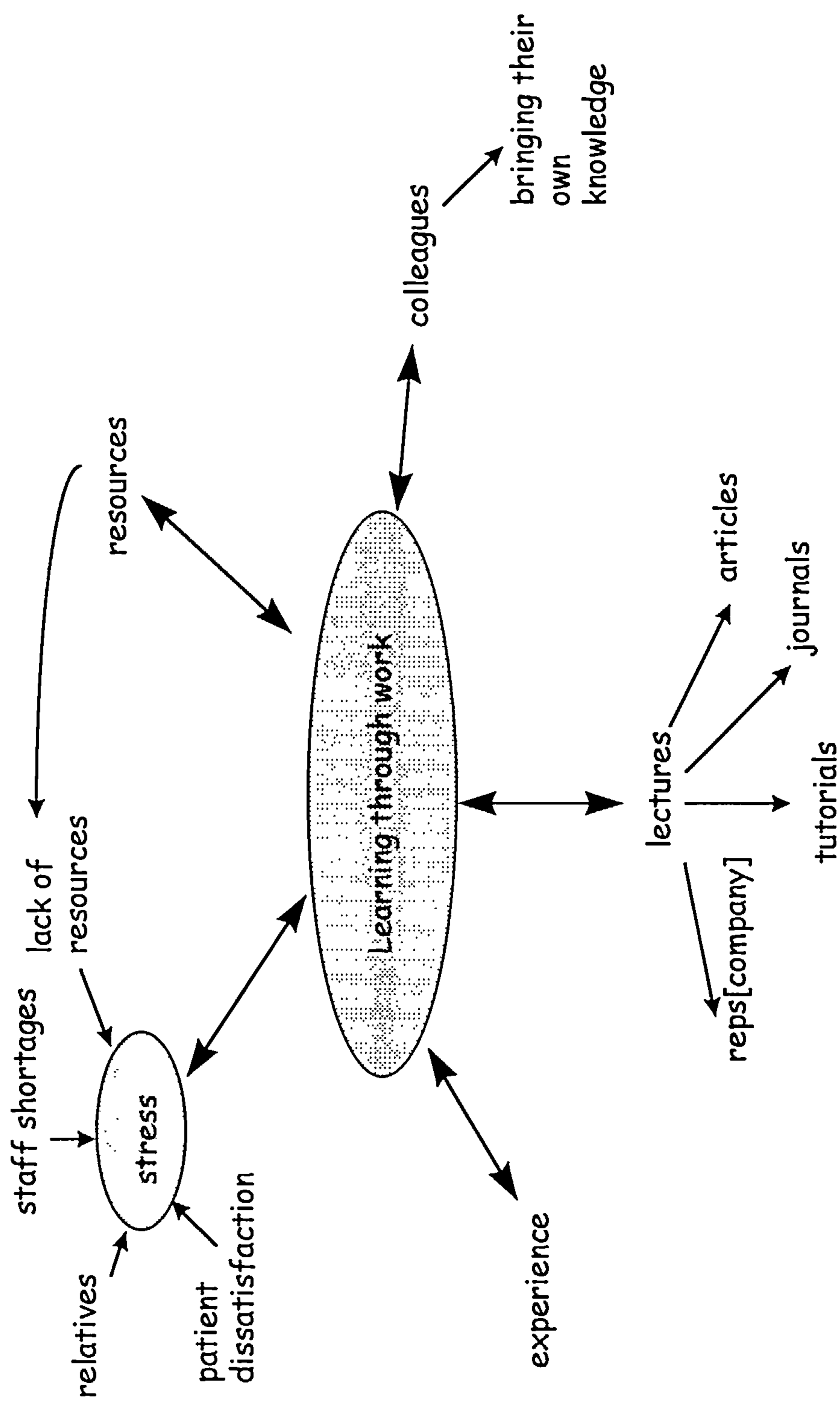
Participant 17, nurse



Learning through work

Factors that influence learning

Participant 20, nurse



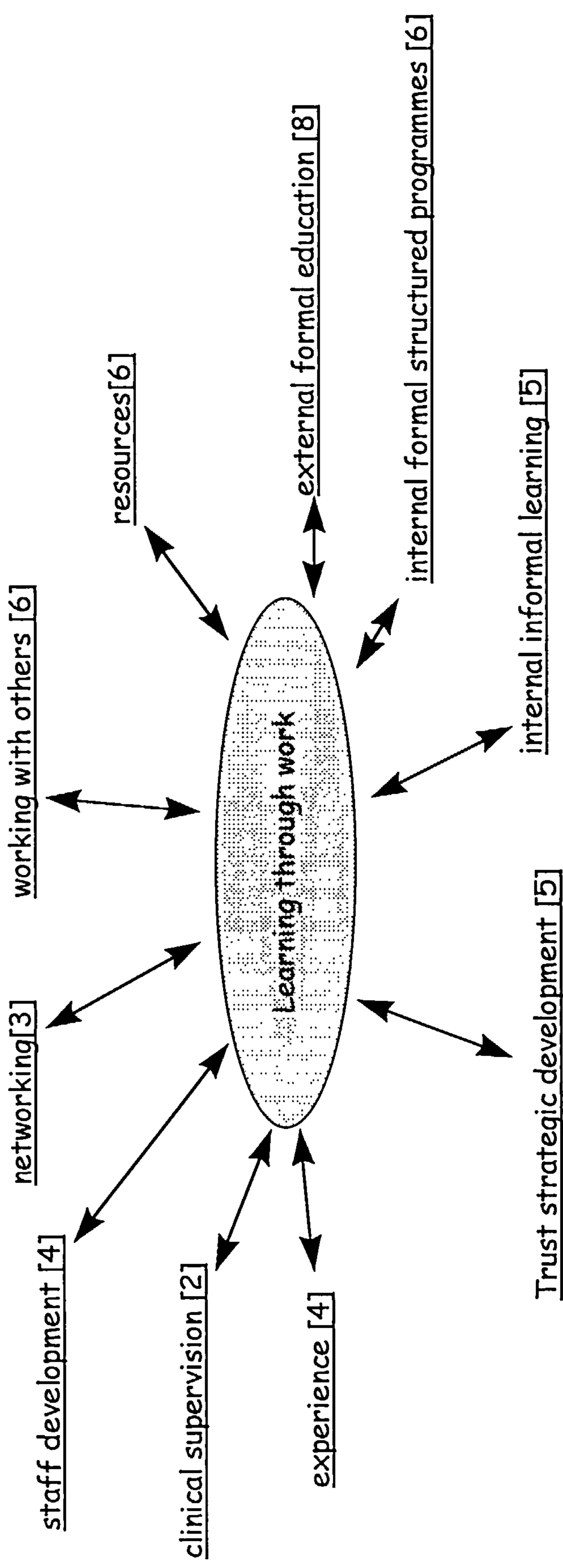
Factors that influence learning:

B Summary and Individual maps Managers

Learning through work

Factors that influence learning

Managers [6]

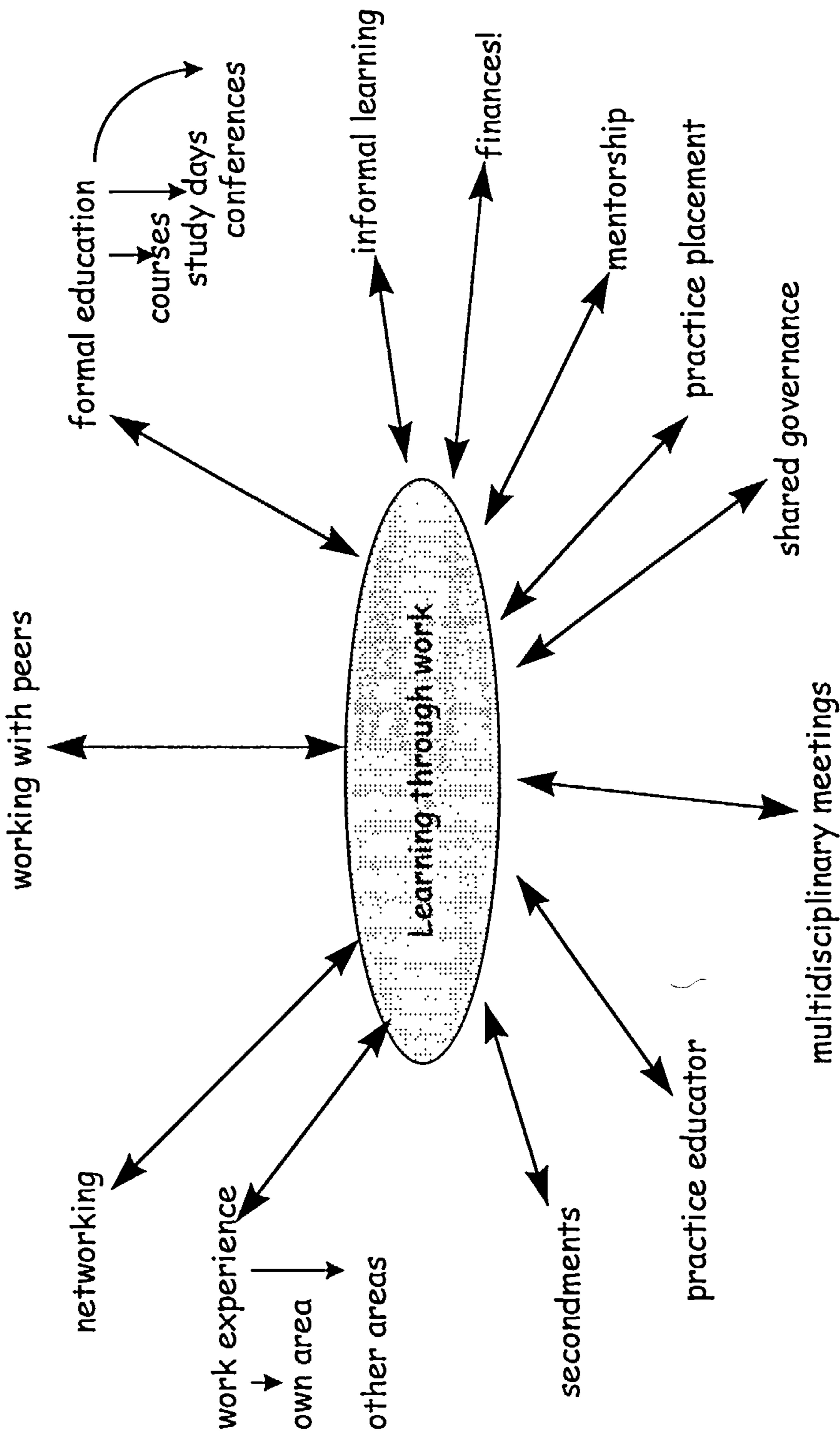


Summary of clinical nurse manager maps

Learning through work

Factors that influence learning

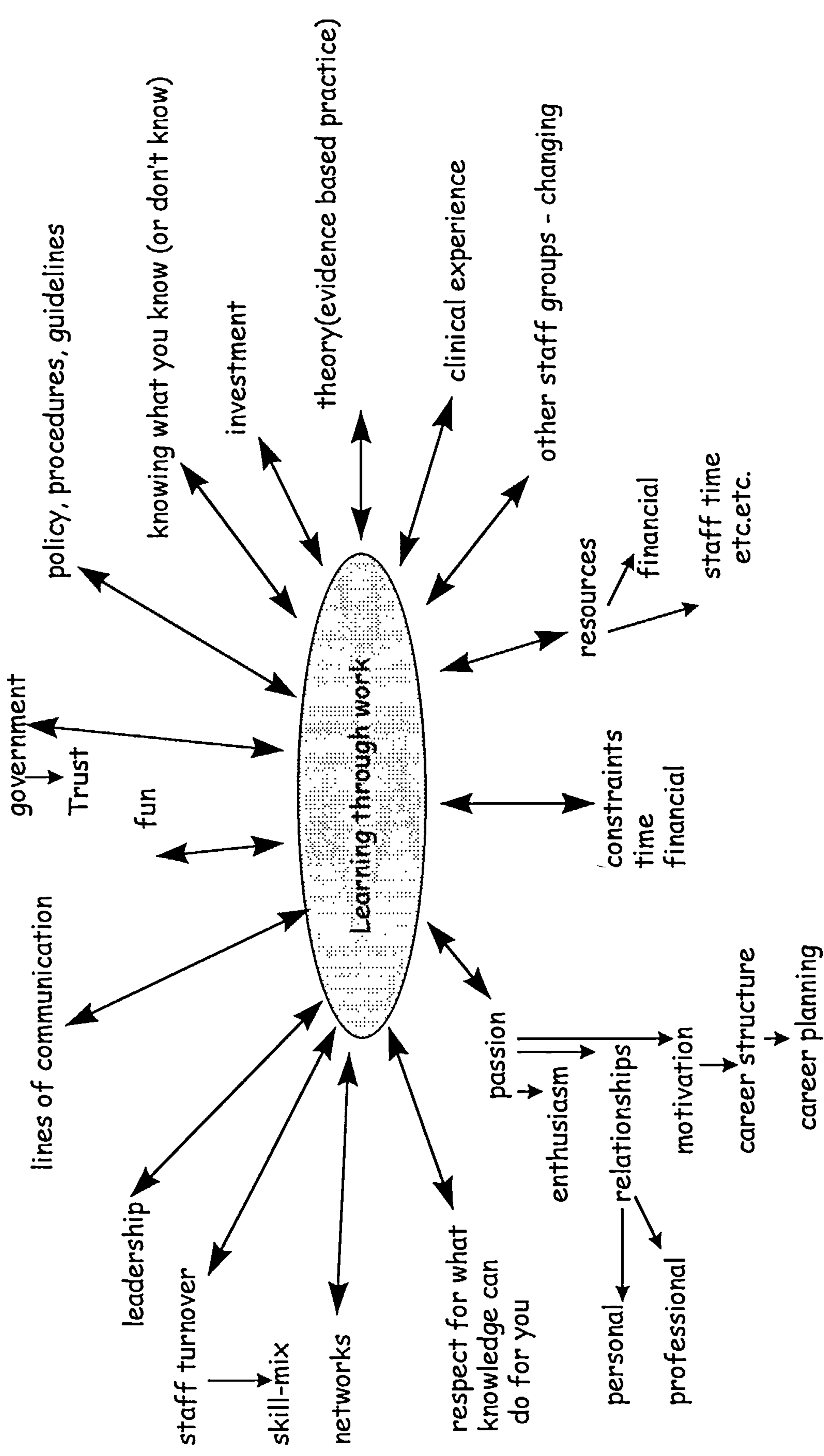
Participant 2, manager



Learning through work

Factors that influence learning

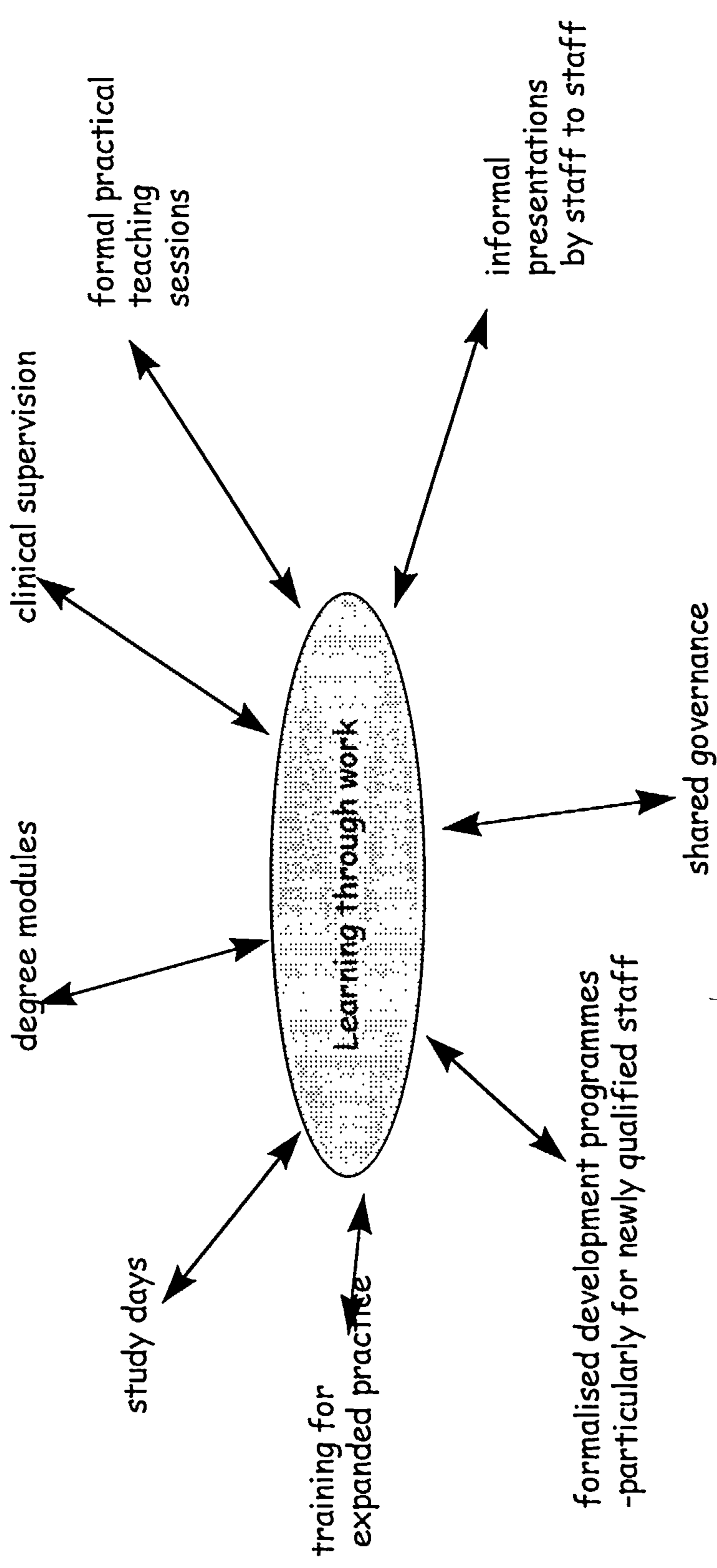
Participant 3, manager



Learning through work

Factors that influence learning

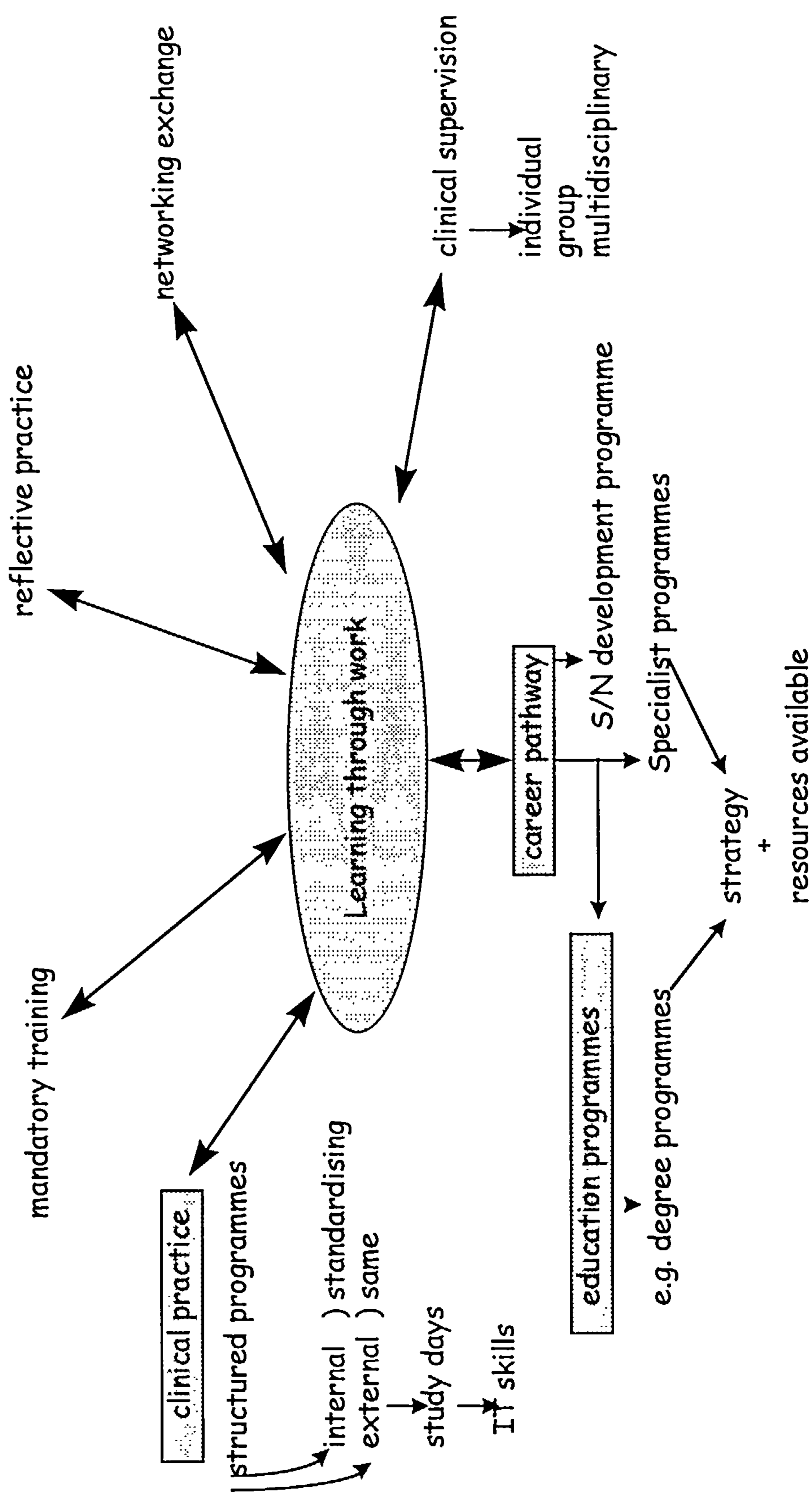
Participant 5, manager



Learning through work

Factors that influence learning

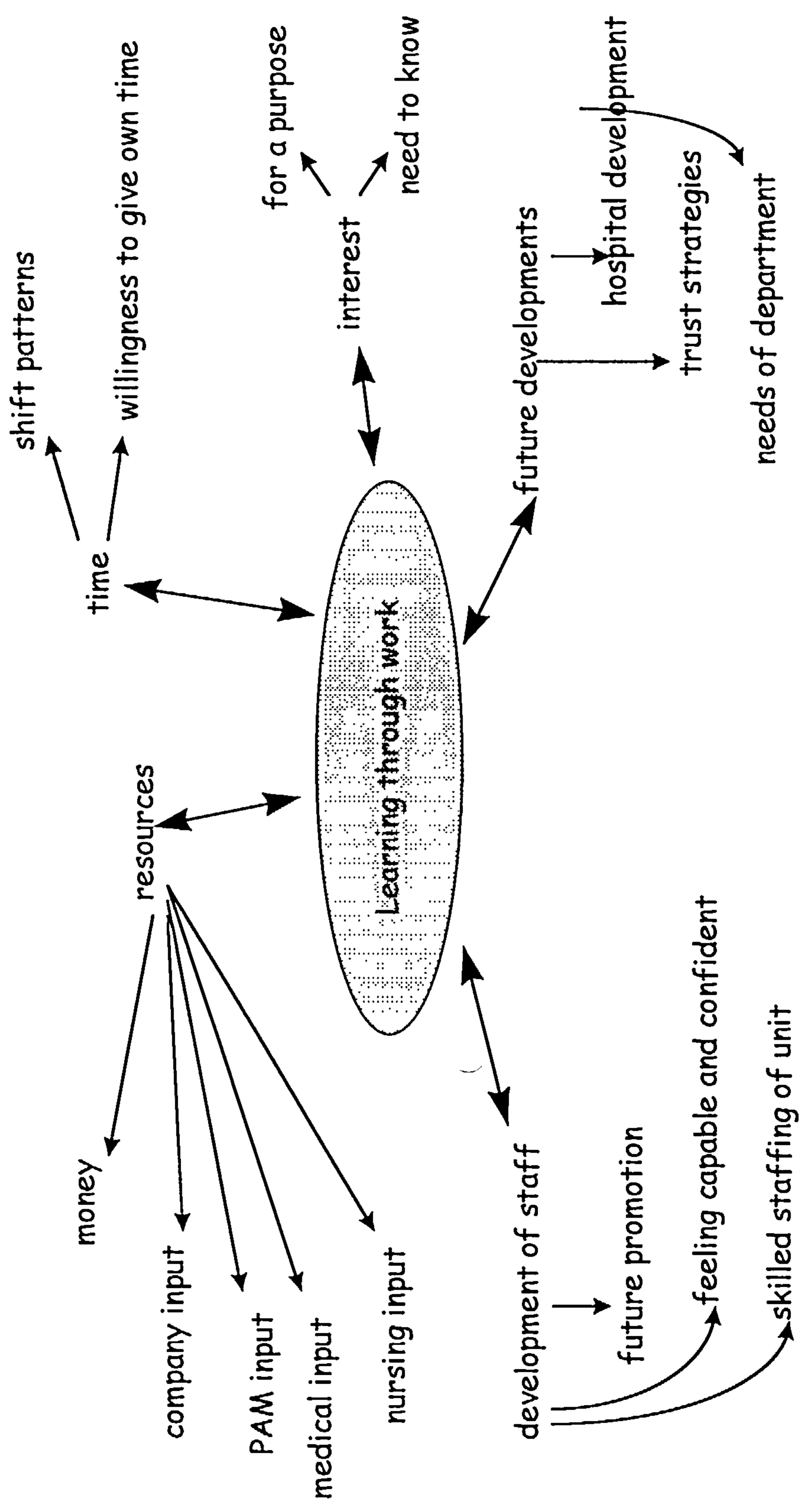
Participant 16, manager



Learning through work

Factors that influence learning

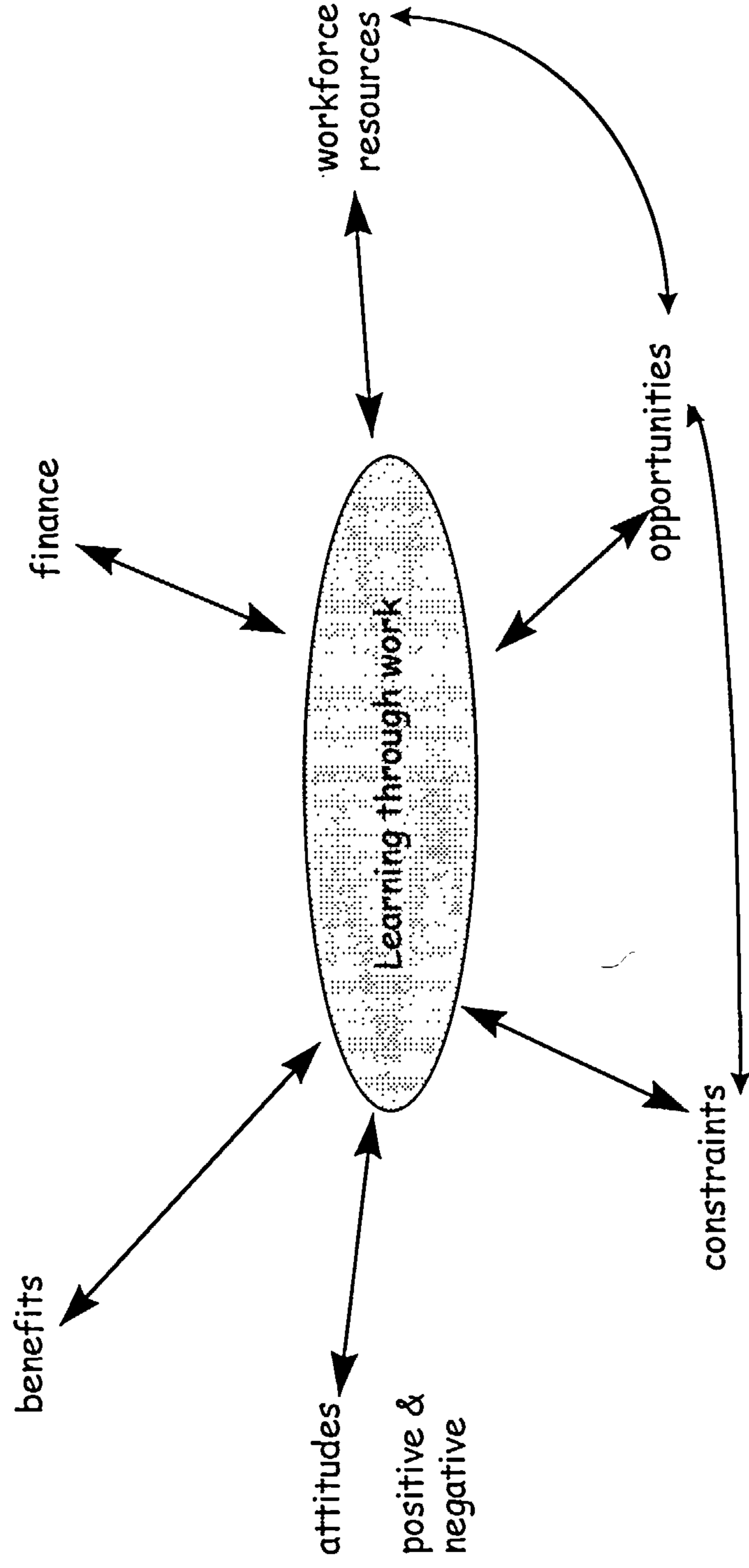
Participant 18, manager



Learning through work

Factors that influence learning

Participant 19, manager



Questions for follow up interview

PLEASE INDICATE BELOW YOUR RESPONSE TO THE POINTS EMERGING FROM THE INTERVIEWS BY TICKING ✓ AGREE OR DISAGREE BELOW.

Please make any additional comments on the back of the page

The key features of learning at work seem to be:	AGREE	DISAGREE
Learning from doing the job		
Learning from others at work		
Negotiating at work		
Networking with colleagues		
Problem solving		
Other features? -please note here		
The purpose of learning at work seems to be:	AGREE	DISAGREE
To do the job better		
To maintain professional skills		
To develop new technical/clinical skills		
To develop personal confidence		
To motivate staff		
Other purposes? -please note here		
The process of learning at work is not clear:	AGREE	DISAGREE
Experienced nurses learning appears fragmented and unstructured		
Learning at work meets the organisations needs rather than individuals		
Individual learning needs appear secondary to the organisations.		
Learning does not seem to be valued		
Learning is not seen as a legitimate work activity		
Learning at work needs a recognisable output/outcome		
Other points? -please note here		
Positive Benefits of learning at work:	AGREE	DISAGREE
Staff recognition and respect through in-house course, or training programme		
Role development and expansion		
Retention of staff		
Potential for individuals career progression.		
Other positive benefits? -please note here		

PLEASE INDICATE BELOW YOUR RESPONSE TO THE POINTS EMERGING FROM THE INTERVIEWS BY TICKING ✓ AGREE OR DISAGREE BELOW.

Negative outcomes of learning at work:	AGREE	DISAGREE
The organisation does not always recognise or respect formal external higher education undertaken by staff.		
Personal benefit in terms of career progression, reward or promotion were not seen as education		financial outcomes of higher
Other negative outcomes? -please note here		
Recognition of learning through work:	AGREE	DISAGREE
<i>Should learning events at work be given academic credit?</i>		
e.g. rotational experience,		
e.g. in house clinical skills training		
e.g learning through practice experience		
Other examples? -please note here		
<i>Should learning at work be incorporated and recognised by the higher education system?</i>		
e.g as:clinical skills development		
e.g. role preparation		
e.g.role development and expansion		
Other examples? - please note here		
The following points seem to present difficulties in standardising learning at work:	AGREE	DISAGREE
Possible variation of the standard and quality of learning provision by staff who facilitate learning		
Criteria to measure practice achievement		
Assessment of learning through work		
Identifying staff who can/will facilitate learning		
Preparation of clinical staff to teach		
Credit for learning through work		
Other issues? -please note here		

Thank you for your help and assistance.

Kathy Munro

Field notes

INTERVIEW ONE FIELD NOTES

Participant 6 - Nurse: Acute Care (xxxxxx unit)

Parking £3.00

Interview conducted in laboratory. Two seats, different heights. No interruptions. Tape commenced at 00 to 394 - 35 mins. Friendly approachable participant. Some difficulty relating to questions because of lack of involvement in any learning activities. Key points recorded on interview sheet. Concept map completed with direction.

Participant 7- Nurse: continuing care (care of xxxxxx) 23.7.00 Parking nil

Tape 00 to 536. Participant currently undertaking another job - bed manager. Constant interruptions - phone/bleep. 1. Explained background to research, 2. Asked if it was OK to record, 3. Provided participant with summary questions, 4. Note she thought/said 'this is going to be difficult', 5. Interview started- used boundary mike.

10.25am to 11.20am 55 mins

Participant 10 Charge nurse-acute(xxxxxx/xxxxx) 23.7.00 Parking £1.20

00 to 538 2.10 to 3.00pm

She was slightly late. Field notes on interview schedule.

Participant 5 Manager 04.07.00 Parking £1.20

Interview conducted in own office. Only one interruption. Confirmed that recording of interview was confidential. Not yet in post for one year. Appointed after initial secondment. Now 6/12 in post. She answered questions easily and readily. Interview total approx. 50 mins.

Participant very keen to explain own efforts to provide education. Schedule of questions not followed per se. One area, “ informal learning’ learning not really followed.

Participant 9 11.07.00

Participant stated on way to office that as she had received e-mail last Tuesday(?) she could not remember the research and asked what it was about. I briefly informed her.

NOTE: she had previously been sent consent form and information and had returned consent form.

On reaching office she asked if I needed desk - I said yes as I would like to record interview.

P: “ oh you know we don’t like that. What are you going to ask?”

To explain my purpose etc. I gave her the summary questions (as per other participants) She said she couldn’t possibly answer these questions and it would have been useful to have questions in advance. She would need to think about it. I explained that I was investigating the ‘system’ of learning within the Trust and not her as an individual.

However, I readily acknowledged her concern and proposed that we set a date for another meeting.

Agreed - 2 days time, same time 1.30pm.

Participant 2 Manager xxxxx - 4 wards- acute 12.07.00

Acting post. Young, keen. Answered questions quickly and with clarity.

Does not have a degree ? Couldn’t get credit at university - doesn’t want to do (?won’t) MSc Nursing.

Now wants to do an MBA. Showed me an example of career review form which has goals, action plan etc. in it. Quite clear that learning needs would be met through this.

Participant 16 Manager - continuing care 12.07.00

Researcher had met this participant before but has not had direct contact with her through work.

Unusual participant context: i.e. Clinical nurse manager for xxxxxx - employed by Acute services Trust. Small team of 15 for xxxxxxxxxxxx. Answered questions fully

Provided researcher with copy of education and training strategy for her team.

NOTE: member of team works with xxxxxx 1 day per week to help provide a xxxxx

Participant 9 Nurse continuing care 13.7.00

Participant ? nervous apologetic that I had to come back to interview her. From phone calls - she had obviously been telling people that she had her interview this p.m. Interview progressed remarkably well, despite one knock at door, one bleep and four phone calls!!

Participant had not had lunch - still trying to eat a roll and drink can of coke by end of interview!!!

Answers had been carefully considered which added to flow of conversation.

Research process explained re- transcript, - next interview.

Participant 12 Nurse continuing care 14.7.00

Top floor - old office. Fascinating person doing paid jobs- works 3 long or 2 short days

Also acts as xxxxxx for xxxxxxxx. Innovative, new role - expanding practice

Developing new ways of practising. Did own diagram - and the lines!

Participant 20 Nurse 19.7.00

Working in xxxxxxxx. Said she would like to have thought about questions

Not very enthusiastic - ? stressed out at work. Is studying- researcher has not met/ has no knowledge of participant. Short interview - all points covered.

Participant 19 Manager 21.7.00

Manager for? and xxxx division

Young/keen and enthusiastic. Full answers to questions. Very clear about education strategy within directorate.

Researcher - cold! Roof - rot! Stressed!

Participant 17 Nurse 08.08.00

Acting manager today. G grade. Previous 3 years as F grade. See Question/answer notes.

Note: she mentioned after tape had been switched off that she was:

a member of xxxxxx and sometimes went to meetings

that there was a xxxxxxxx (Multidisciplinary) that held annual meetings that she sometimes went to, but hasn't been for a couple of years.

Wants to do a degree 'sometime' now that family are older. It is next on agenda.

Participant 11 Nurse 09.08.00

Top of salary scale E grade. Been in unit for 12 years on/off approx.

Interview in duty room. No interruptions. Short interview. see transcript.

Participant 3 Manager 17.08.00

Clinical nurse manager currently 'xxxxxxx'

Interview conducted in xxxx office. Time of interview 1 hour. Very full answers given.

* tape did not record. - no transcript. See annotated question sheet.

Participant 14 Nurse 17.08.00

Interview conducted in her office. G grade sister in this new post. Not a manager therefore interview conducted as for a nurse. Non committed/negative responses. Did not feel 'comfortable' at interview

* tape did not record therefore no transcript see question and answer sheet.

Last interview

NOTES

Interviews: commenced 12.06.00, completed 17.08.00

19 conducted 17 recorded and transcripts

Interview 1 Process

Purpose? Format. Structure.

None of the participants were known to the researcher. Each participant was contacted by telephone and individual appointments made on a day and at a time that suited them, at their place of work. All sorts of difficulties emerged about interviews.

ARRANGING

1. contacting people in the first instance
why - night duty/- days off/ holiday/ shifts

the whole process took numerous phone calls over many months from start to finish.

2. Time schedule on my study days - fitting them all in. Managed majority over a three week study period.
3. Locations - going back and forward e.g. between xxxx and xxxx and back again.

GETTING THERE

1. Travelling time - twice as long to travel sometimes as to do the interview.
2. Finding a parking place - what a nightmare, sometimes very difficult.
3. Finding the participant in the hospital unit/ward - on unfamiliar territory for me.
4. Finding somewhere (Participants job) to conduct the interview - a variety of places were used: own office, lab, treatment room, clinical room, receiving room, shared office with others present, theatre, managers office, 'duty room'.

DOING

1. Introduction to participant/setting the scene
2. Aims and objective of research
3. Confirming consent
4. Providing each participant with sheet of summary questions and briefly going over them before I formally started writing up
5. Asking permission to record.
6. Setting up tape recorder and testing. Fighting with leads for the boundary mike.
7. Framing questions in context of the practitioner.
8. Reiterating question
9. Clarifying responses
10. Listening and worrying about tape
11. Taking field notes
12. The maps
13. Thanks and next step
14. Listening to tape
15. Tape and transcript

FOLLOW UP

1. Letter of thanks with copy of transcript
2. Summary map.

FOLLOW UP INTERVIEWS FIELD NOTES

Participant 14 Nurse 23.11.00

Agree more than disagree. Has had time to think about it. Learning not valued.

Major influence employers - resource

- attitude: e.g. staff nurse who would benefit from a study day and

asked to go but offered either day off and nurse to pay herself, or fee paid but nurse went in own time

therefore learning not invested in by employer (in that? only)

Participant 4 Nurse 23.11.00

Interview in own office instead of lab this time.

Maps verified. Main area of 'fuzzing' seemed to be participant comparing current organisation with others so in relation to 'value of learning' and 'legitimate work activity' -this very much dependant on manager attitude and organisation. Now interested in own learning.

Participant 6 Staff nurse 23.11.00

Ward busy. However, time made for interview. Hadn't really considered material sent out before, but did take time to consider answers. Very positive/certain about agrees.

Participant 8 Staff nurse 23.11.00

Only 2 staff on duty, but time taken to conduct interview as no patients at present.

Had received material, did not have it available there and then, had not really read it. Considered questions carefully. Agreed with most.

Participant 5 Manager 24.11.00

Moving to Charge nurse post in xxxxxxx next week. Very clear with answers. Encouraging. No problems.

Participant 18 Manager 27.11.00

Good discussion. Office painted, new carpet - everything in boxes!

Late start- took from 10.40 to 11.30. Re last question 'can we do it?' "no choice we have to do it - somehow"

Participant 3 Manager 28.11.00

Now back in own post. Clear in answers. Remember funding for xxxx is? and plentiful - natural? division

Good idea for recognising professional credit - interview panel - progress board.

Participant 2 Manager

Now in another 'acting' CNM post. Had been back in ward for xxx weeks. Clear in answers.

Participant 1 Nurse

OK - went to C/N office in ward. Clear in answers. Now in permanent new job (as previously acting role).

Participant 15 Nurse 30.11.00

Doing an admin. day. Even more xxxx. Clear about answers. Very unsure about own learning and how to proceed.

Participant 7 Nurse 04.12.00

Interviewed in C/N office in ward this time. Participant had not read over questions so we took time to consider them - a 45 min interview. Generally clear in answers etc. No problem.

Participant 17 Nurse 08.12.00

Arrived early, parked car 10.10. at unit 10.20/25. Participant interviewing 2 candidates and started 10.30. Well would I get this done by time meter runs out. (the very day I put it on a meter, rather than in the car park) Also will I get back to work in time to do all the other jobs (in other bag in car right now) Arrrgh! Moving to Ward xxxxx next week.

Participant 9 Nurse 08.12.00

Well arrived early. Hung about. Was asked to go on up to ward. Arrived at office door and “ oh you’re here. I was going to cancel you.” ! had been to staff night out night before and then on early today and about to finish and leave. However, agreed to go over questionnaire. Asked if she had read it over when received - no, had not had time ! I explained that it was because of her previous remarks and request to have stuff in advance that I had sent it out. However, we proceeded as I was hoping not to come back again! Material not available. Clear in answers. Still very cynical about ‘the system’ and the managers influence and effect on her own personal development.

Participant 19 Manager 13.12.00

Bright and breezy, just back from holidays. Had looked at stuff (briefly) when received. Got it out of drawer. Clear in answers - context of own unit is that over 2 years she and team have developed framework for education etc. etc. No real problems. See notes on question and answers sheet.

Question? are you going to credit them for doing their job?

Participant 12 Nurse 13.12.00

A long interview. Good discussion. No surprises really. This participant has an autonomous role re one aspect of her job and a mainly admin. for the other main component. the difficulty started in one room (communal) and then had to move xxxx to complete interview.

Thoughts: as an individual within a specific hospital (specialised) of the organisation she has been well supported by manager and appears to have flexibility in role which enables her to develop (A) job and (B) career, as she wishes.

Participant 16 Manager 21.12.00

Participant thought I was there to discuss transcript. Had not brought summary questions, fortunately I had a spare copy. No real issues. Questions straightforward. Appreciated where ‘ experienced nurses viewpoint’ was ‘coming from’. Answered as per a manager within this organisation.

NOTE: CNM of a very small xxxxxxxx group xxxxxxxx

Slightly late in starting interview. Ward very busy- trying to discharge patients home before Christmas, but many? patients just now. Interview straightforward. Strongly agreed with many aspects.

NOTE: individual still pursuing higher degree study, still disillusioned with career prospects, and 'worth' within organisation. Still angered about xxxxxxxx especially as she is? of organisational changes. Needs feedback from me about this research.

Final interview.

NOTES

- 1 participant sending postal returns
- 2 N20 - postal because difficulty in staff cover in unit - received.
- 3 N11 - great difficulty contacting because - off duty, late shift, leave, night duty, leave, days off ! then Christmas looming and very busy time in ward, therefore agreed that interview not appropriate and that postal return would be adequate.
- 4 Interviews commenced 23.11.00, completed 21.12.00.
- 5 conducted, 2 postal returns

(see process points in centre pages)

THE INTERVIEW PROCESS; INTERVIEW 2

Letter to participants - with summary map
- with questions

Arranging interviews - some problems as last time

- one respondent paper response
- one was non-contactable, asked for paper response.

Purpose : to verify emerging themes

to clarify responses gained from Interview 1

to explain next steps

No recording

Question sheet completed for all and annotations

Field notes for each interview

FOLLOW UP

Letter of thanks

Summary of Q/A sheet

Next steps - information in July/August.

Researcher's learning log

RESEARCHER'S LEARNING LOG: SELECTED EXTRACTS

18.2.00

Have drafted letter to Director, protocol, consent form, information sheet etc. (from MCRC website). Discussed with supervisor today, amended and sent to Director.

26.2.00 Preparing for the conference today in class!

23.3.00 Letter from Trust Director re

a) Yes to access and

b) Provided names of nominated participants – willing to help – great.

I was pleased and excited – it was a positive time because the director had not said no. Wrote back by return and said thank you. Then started to review, amend and finalise the information to participants. That took a day. Then I set up a mail merge – which was another day – then once, supervisor approved - amendments sent out the letters

25.3.00 The Conference!

Details arrived 10 days before – had to work fast – it was good for me! Why – well I had to focus, take stock and be able to explain to others how I got there and where I was at that point I time and where I was going - the next steps.

The next great excitement was when the first self-addressed envelope was returned with a signed consent form! Yes I had a participant, then two, four, five – potentially too many already as it happened –? All to be included.

When I eventually stopped to think and to carefully consider the list of names and where the participants worked, and to identify their 'role' as a contributor/participant within the case study, I realised I had a difficulty. It wasn't just too many, it was that the participants were from all over the Trust, therefore they were more managers as well and all were representative of the different hospitals in the organisation.

3 weeks holiday

8.5.00 Back to work with vengeance - need to see supervisor soon.

Panic – serious slippage. Finalised questions for interview one.

Mini review of serious slippage of timescale:

Reality 1 – still on schedule really

Reality 2 – I had tested semi-structured questions with two people XXX & XXX and done a considerable re-draft

Reality 3 – I had tested some questions with supervisor

Reality 4 – I had submitted term 2 report and in theory all was well (but no feedback about it – assume all was well)

Reality 5- I had gained ethical approval from HOD

Reality 6- I had NHS access

Reality 7- I had a group of participants whom had consented

Reality 8- I had written to them all once with details and again with copy of signed consent form and to indicate follows up schedule

Reality 9 – I had followed up the others who had not replied

Reality 10 – I was far too busy at work to do anything else. There was a major validation, marking and examining etc. etc.

9.6.00 AM

Finalised participants list on PC. Collated signed consent forms and confirmation letters and participants numbers. Then spent time perusing telephone book to get direct telephone numbers - I now know why researchers have part-time secretaries!

PM Started contacting participants by telephone

10.6.00 Piloted questions for semi-structured interview with XX - amended two that were not worded correctly Q12 &13. Practised using recording equipment and using boundary mike – worked okay, but great lengths of cable etc to fall over!

11.6.00 Amended disk versions of questions, printed out copies for participants being interviewed tomorrow (version 5). Decided to give each interviewee copy of summary questions. Have still to transcribe pilot tape – no time

12.6.00 First interview - got there in time. Not very happy – why? – not comfortable – anxious and uncertain, didn't know where I was going or who I was going to see etc. Decided that perhaps I didn't like this. What! So - not confident about:

- meeting new people
- asking questions correctly
- filling the gaps
- finding out what I need to know
- making the equipment work
- getting out in one piece

So – review first interview and decide how to improve and increase confidence for next one.

The interview – a very nice staff nurse, who I think, put me at ease, before I put her at ease! She didn't seem bothered at all about being asked questions by a complete stranger. We managed to have a few laughs as well.

Problems; - she couldn't answer some of the questions, because she thought she couldn't identify learning events and had had no formal learning opportunities apart from in-house statutory up-dates. Listened to tape on the way home in the car

Remember – Q 'what have you learnt at work?' A 'everything!'

14.6.00 Did two hours transcribing – difficult to hear – must speak more clearly and use mike properly. To phone another participant back tonight at 7.10pm to arrange interviews. Success another one booked – just 13 to go.

Lessons for future interviews:

- Use boundary mike
- Don't mumble
- Keep questions short
- Don't talk over participant

- Don't lead

27.6.00 Interviews going ok - questions

Am I getting answers to research questions? – Probably too early to decide

Will I be able to categorise WBL – probably?

Will I be able to do something in terms of matrix analysis with the participants drawings (picture maps) – yes - asked X who suggested that I listed main points and then collated them.

Very busy week – no time to think

Saw YY in pm and she had transcribed first tape. Gave her next two that she said she could do before family duties call her away! Arrgghh!

14.8.00 Progress

Completed final report for Strathclyde

Arranged transcription of tapes with ZZ (XX now unable to do it)

All interviews now arranged – note final ones are arranged for 17th August – so 2 months to complete all interviews, therefore it will be 3 months for organising, conducting and transcribing 19 interviews across 5 hospitals

Established data management system

Transcript disk/tracking file

Completed picture map for each participant so far

Collated nurse and manager maps by listing them then translation to PP slides

Compiled participant groupings

4.9.00 Not very systematic at keeping this learning log!

Since last entry:

1] Material collated and posted to supervisor includes; all maps, summaries, five full transcripts

2] Final interviews conducted

Disaster neither of last two interviews recorded – despondent - checked all equipment – don't know why it happened. Discussed with supervisor

Options

1] Do them again if participants willing or want to

2] Write, phone and ask them, also send copy of map and notes and ask them to approve

3] Leave it because 17 interviews already done and saturation point reached

4] Remember ethical points for dissertation and write it up!

Option 3 followed – participants informed and asked to verify notes of meeting

What now – start analysis, write up methods etc.

Points from interview with supervisor – learning at work seems to be spasmodic?

Lots of issues e.g assessment of learning on the job – impossible to standardise

Professional parameters – role of portfolios

Quality Assurance – for credit?

Recommendations – who will verify

360° appraisal HE/manager/ peers - judgements

Analyse what I have

Find out about NUDIST

7.9.00 I have arranged an appointment with XX to discuss NUDIST

Code transcripts

The maps – do people have to be trained to do this L Irvine says yes for concept mapping [see ref.].

Can learning be recognised and accredited? Can a system be developed? Is there a curriculum now or do we need a new one?

27.10.00 Seen supervisor – very encouraging

Key points - illuminative case study, richness of data, what sense can be made of it, what is the utility for [i] self and [ii] others? Plough on – merge codes, note significance, identify themes, note potential outcomes.

12.11.00 Biceps tendonitis – agony – too much typing! Next steps over three weeks: rationalise code sheets, arrange second round of interviews, think about steps in research process, identify any potential bias, check rigour, check dates for tutorials, type up field notes for all participants.

22.11.00 Only 6 participants still to contact. So far all very friendly and helpful. Eventually checked all inter-rater coding, some slight differences in terminology basic codes the same. Three interviews tomorrow – remember to take transcripts and confirm content again, take individual maps and confirm, take spare questions sets to discuss and complete, inform them about getting back to them about the outcome of the research.

7.01.01 All second round interviews completed. Summary done of participant's responses to questions. Set out schedule for term 2 and sent it to University. Also personal plan of work done. Seeing supervisor in two weeks

Need to start writing in earnest now

March 01

Collate appendices

Rationalise and reduce notes

Check field notes

Write up new material about learning organisation

Collate draft to date

Complete diagrams/matrix analysis;

Issues from review of literature

Emerging conceptual framework

Summary maps- put into times roman

Writ up interview process from notes

Etc.

29.5.01 Review and mock viva

Nerve racking – but it seemed to go well

9.6.01 Conference again – full circle.
Presented brief paper too quickly – very tired

14.6.01 Met with supervisor – feedback from review positive.
Need to complete thesis and submit for beginning of July. On schedule

Participant sets within case study

PARTICIPANT SETS WITHIN CASE STUDY

Partic No	HOSP	Manager		Nurse		Others	Notes
		Acute	Contin	Acute	Contin		
1	C			✓		Xxxxxx	Charge nurse F
7	A				✓	Xxxxxx	Charge nurse F
9	B				✓	xxxxxx	Charge nurse F
3	C	✓					Clinical nurse manager,
11	C			✓			Staff nurse E
17	C			✓			Charge nurse F
6	C				✓		Staff nurse E
20	C			✓			Staff nurse E
18	C		✓				Clinical nurse manager
4	D			✓		Xxxxx	Nurse F
15	D			✓			Staff nurse E
14	D			✓		Xxxxxxx	Nurse G
19	D	✓					Clinical nurse manager
8	E			✓			Staff nurse E
5	E	✓					Clinical nurse manager
10	E				✓		Charge nurse F
2	E		✓				Clinical nurse manager
12	E				✓	xxxxx	Care co-ordinator
16	E		✓				Clinical nurse manager

Reminder letter

K M Munro
Senior Lecturer
Department of Health and Nursing
0131 317 3564/3562
E-mail: KMunro@QMUC.ac.uk

12th May 2000

Dear

"Learning Through Work" - *reminder letter*

I wrote to you previously on the 24th March 2000 asking if you would be willing to participate in the above study. Unfortunately I have not received a reply from you.

It may be that you did not received the original letter or that it has been misplaced, therefore a copy of the letter and the original papers are enclosed for your information.

Will you please let me know whether or not you consent to take part in the study about learning through work or if in fact you have decided not to participate? A pre-paid envelope is enclosed for you to use.

An early response would be greatly appreciated so that the study can proceed.

Thank you for taking time to consider this request.

Yours Sincerely

**Kathleen M Munro
Senior Lecturer Curriculum Development**

Summary questions for managers interview one



Queen Margaret University College
EDINBURGH

LEARNING THROUGH WORK

K M MUNRO

**SUMMARY QUESTIONS FOR SEMI-STRUCTURED INTERVIEW 1:
MANAGERS**

I was wondering if you could tell me about the learning of your staff at work. It might be easier if you perhaps start with a recent example.

Q1.0 Introductory - The Work Context

Q 2 to Q5 Learning Event Analysis

Q2 What is your most recent experience, say in last couple of weeks of learning at work for a member of your experienced nursing staff?

Q3 What other experiences of learning at work have your staff had?

Q4.1 What do you think has been the most useful learning experience for a member of your nursing staff AT WORK? Will you please describe it for me?

Q4.2 What has been the most useful learning experience for a member of your nursing staff, NOT at work? Will you please describe it for me?

Q5 What was the least useful learning experience for a member of your nursing staff at work? Will you please describe it for me?

Q6 Classifying Learning Experiences

Q6 Can you group or categorise the staff's different learning experiences in some way for me?

Q7 & Q8 Structures Formal and Informal

Q7 Is there a structured learning programme at work?

Q8 Is there any informal learning at work?

Q9 Learning Instruments

Q9 Do your staff have a personal learning plan, say as part of a portfolio?

Q10 & Q11 Resources for Learning at Work

Q10 What resources are available to help staff learn at work?

Q11 What resources do you think staff need to help them learn at work?

Q12 & Q13 Outcome Analysis

Q12 How does the outcome of your staff's learning benefit your organisation in the long term?

Q13 If you were asked to provide evidence of staff's learning what would you produce? *Prompts: direct and indirect evidence*

Q14 Is there any other aspect of learning at work that is important to you as a manager that I should be considering?

Q15 Matrix Analysis

Q15 Can we together draw a map of all the factors that affect staff's learning at work?

Letter of follow up and thanks



Queen Margaret University College
EDINBURGH

K M Munro
Senior Lecturer
Department of Health and Nursing
0131 317 3564/3562
E-mail: KMunro@QMUC.ac.uk

4th September 2000

Dear

"Learning Through Work"

Thank you for participating so positively at the first interview for the above study. A copy of the transcript of our interview is enclosed. I would be most grateful if you will take some time to read over it and to let me know if you wish to suggest any alterations for the sake of accuracy, or indeed to make any amendments.

I hope to conduct the second round of interviews in October/November and will contact you during late September to make the arrangements.

Many thanks for your assistance, I look forward to seeing you again.

Yours Sincerely

**Kathleen M Munro
Senior Lecturer Curriculum Development**

Example of coded transcript

CON. (CONTEXT)

R: Well thank you very much indeed for agreeing to be interviewed and I realise that this takes up quite a bit of your time and do appreciate it. But to help me to try and set the questions in context and understand where you come from it would be helpful if you could just tell me a bit about your work first of all and the nature of the work.

P: OK, I'm a ward sister in a hospital, the ward that I am managing is a twenty-bedded ward taking surgery ofand things like that that means that's mainly our orthopaedic patients and we have a lot ofpatients coming in because they have problems with gastric reflux so they need some surgical intervention to help there. As I say its twenty bedded ward were very lucky it a nice new unit, new wing, we have eight wait a minute, we have eight rooms that havefacilities in them,We have two six bedded baysis the lack of natural light, and that can have an effect on the team, the staff, depending on what the weathers like outside etc. mainly in the bay areas, em its very bright well decorated happy ward..laughs.. em I have a staff of mixed grades, 2 F grades, about 8.4 E grades, 7.something of D's I havenurses, support nurses auxiliary nurses

G-GRAD

AC

E W

R: How many is that

P: Its approximately 32 I think, (R: gee whiz) people yeah its quite a lot, eh they all, most of them tend to work the long shifts, the 12 hour shifts so they are, I don't mean this, only here 3 days but they are but that can have a huge effect within your team and learning, the 12 hours shifts. Continuity within the ward during the week can be difficult because, because of the 12 hour shifts just seeing people, education for example study days. If you allow people to go on study days that takes one long day so they're only here clinically for 2 days, so it does have a huge effect I have to say.

RES. NEED

/URE

R: I discovered just trying to get in touch with people and to arrange interviews its difficult with the 12 hours shifts

P: That's right yes

R: So how long have you been in your present post?

P: About 5 years in coming April so it's probably about 4 and a bit years.

YRS 5

R: And is the job that you are doing today different from the job that you took up 5 years ago?

P: It's different because, yes in a way because of the way I've had to develop myself within the role.

J.D.

R: Right

P: From the beginning, uh, its different from the F grade role which is the senior staff nurse 'cause I was senior staff prior to that with management experience, but yes there's different things that I've had to develop because of issues and things that have been going on in the ward.

↑
H.O.J. +ve

R: So you've developed the role as you say and you've learnt about the job as you've been going along.

P: Yes, yes I would say there's no development prior to that for management really apart from your F grade role.

~ of the role .

R: Can you outline briefly the sort of things you've learnt

P: Em, probably (R: Key things) budgetary skills, budgetary things, its a huge thing em a learning curve probably about the type of surgery that's being used here. When I first came here I really wasn't, although I had fairly good management skills already, I wasn't really up to par with and maybe some of the general surgical skills so you have to make it your business to learn that, and find out what's required, what's required for the staff really, cause, if they come to you asking questions and

EX. LOJ

SRESP.

you're like well actually I really don't know then its not very good for the team do you have to make yourself very quickly aware of these things. So budgetary, em I suppose its quite difficult with time management because not only are you doing your ward things you're doing hospital cover so I've learnt a lot about the hospital, making major decisions within the hospital, you really are on your own there although you do have the back up of the nurse manager at home if you're unsure but you are the first person in line with anything that comes through the hospital, because its always out of hours if you see what I mean.

knowing man job

LDINE

R: That must have been an enormous amount of learning from say 5 years ago to today.

P: Well I'm still learning I think (R huge isn't it) I think you have to say. The other thing is within the itself obviously; the hospital itself there have been things over the last few years that the clinical nurse manager at the time had allowed us to go on a management development course which has helped. About working with people, appraisals, there's quite a lot actually.

PREP.C.
LJ. EX.

LE.. ONE.

R: Can you think about your most recent learning experience, something you've learnt recently (P: Um) either about the clinical practice in the ward or the managerial role.

P: Em, the most recent one I can tell you about because I'm doing my and part of that is, and clarifying theory for practice and that was dreadful. Laughs I'm sorry but I find that really difficult, I don't have a degree and when I went into nursing you required x amount of O levels etc. and your practice was very clinically orientated as well as the theory but its more clinically orientated, and obviously, I've done that but I decided through the management development programme that was at and because I passed it I felt slightly confident about maybe I could do it, I've found it hard though working full time as well. But yes research methodology, looking at reasons why clinical evidence based practice em within the ward itself, we're always looking at our practices why we do certain things.

EXTERNAL COURSE
L.P. EX.

DEI. CONF

E.B.P.

(Note: ? MORE. NO WORK - but not identified by participant.)

R: So has, mmmm, obviously you've had to do a lot of reading for that I assume, but has some of that learning occurred within the ward situation here, trying to apply it.

P: Well, uhha, one of the things I'm actually I suppose the ~~project leader~~ ^{project leader} for at the moment is management of, and its taken me a year and a bit so far, I'm still not finished but I'm getting there, I'm near the end, and the learning process about that if you thought it would be quite easy to come in find out what the problems are OK lets identify them, deal with them, em, but its not that easy at all because you suddenly find although people want these things its like how are you going to do that, its getting the people on board so its people skills as well. Eh negotiation, I've learnt a lot of that I would say by doing the project but that's clinically based as well, you know. Although its a hospital issue obviously I'm much more aware of it in my own ward area.

EX.
L.D.
L.P. (P.S.)
EX.
DOING.
L.D.

R: So you've given me a very good example of something you've decided to learn about, you've made a conscious decision about that, your learning hasn't been directed by anyone at work has it, you've had a free choice in terms of what you decided to focus on.

P: Emmm, well yes, I was saying that our clinical manager at the time she, no longer, emm, she's higher up at the moment always was very encouraging about, you know, if there was something I was said to her emm I need to do a project of some sort, I'm not really, there was quite a few ideas that came out, but I, I was like no, I'm not interested in that. I won't tell you what they are because its not (R; that's all right) but we eventually thought, oh well I'm really quite interested in that one so I got the encouragement to take that forward. Is that what you mean.

S.O.

R: Excellent, so you've had ..., so its quite clear that the learning experiences you have had recently have also affected your job and how you perform.

P: Mmm, the difficult thing is though because you're still running a ward clinically I find that its quite hard to work in the ward clinically as a charge nurse because you

have so many other things happening around, that affects the ward the running of the ward. So to actually work with thethere's really difficult and actually co-ordinate the ward is very difficult. The best days to do it is a Saturday or Sunday and that's when you get, you really enjoy that day, but I don't work many weekends em, clinically on the ward unless we're short, but you definitely see a difference its much more relaxed because you don't have all these people because its usually the Monday to Friday things, you know, you're being asked about.

TIME
-VE

L.E. TWO

R: Can you think of any other learning experiences you've had at work?

P: I think em people management, sometimes you, you, initially you come into the job full of enthusiasm em, its going to be great, you're going to work everything out em but I'm sorry along the line you become very cynical, you try your very best to do what you can for everybody, like its virtually impossible and you know on a one to one its OK to try and do that but sometimes its difficult when the full team don't appreciate the reasons why you're doing it perhaps there's a confidential issue that you know you're doing that for that particular person but the rest of the team don't know that confidential issue em, and I think that's where you become more cynical its OK as long as you're saying yes but the one time you say no then that becomes a real problem.

L.O.J.
EY
people skills.
ENV. \$
-ve H of staff.

R: OK so its eh people skills, negotiation skills, (P: yeah)

P: Sometimes you have to be much more assertive slightly, and I don't mean aggressive, but sometimes firm. (R: yeah)

EY.

R: Well you are in a sense a team leader in here aren't you, you've got to

P: yeah and certainly I have learnt that its quite good to actually em, if you have any ideas, it is quite good to say "Oh I was thinking about such and such a thing, what do you think, and it doesn't matter what level you're actually speaking to because all you're wanting is their ideas, their opinions because if you know its a positive thing then its more likely to be followed through, eh with enthusiasm, but that was an interesting point, as well though because if I didn't go to the higher grades first and

L.P.

em, express my ideas and they heard it from the lower grades first, em , that was a problem for them, and 'I actually had to go back at the ward meeting and say I didn't have a problem speaking with whatever grade first, all I'm looking for is ideas and that, everybody will eventually get their say, but it was staff that found that difficult. So again that was people skills what, you know, sometimes you had to be a bit more selective about what you were having ideas about,

MIST

MURK. AT.W.

R; So is it, is there any one thing that you would pick out as being the most useful thing that you have learn at work, about your work.

P: Ummm, probably not to be so sensitive and take things personally, which is sounds dreadful but em you want to do your best for everybody and I'm, that is one of the most important things I've had to learn in the last couple of years, That you know, its no, you just have to not take things so personally.

EX.
person develop.
EX.

MURK. NOT W.

R; And likewise is there something that's been very useful learning experience but has happened outwith work.

P: To do with nursing, or personal.

R: Either actually, I was really thinking nursing really.

P: Outwith work, Emmm, I suppose again within the, although its part of work, outwith work we were meeting with other charge nurses from the other Trusts. It wasn't the rest of the Trust then, emm, and it was really quite nice chatting with them, seeing how, you know a bit of networking, I think networking is always really good outwith your workplace.

TALK
LFD/
networking

R; OK, that's been useful to share ideas (P; oh definitely) and to learn from them.

P; Uhhu, they've had some more experiences, that's really good as well, its like a support mechanism too.

TALK

R: Can you think of any in particular?

P; I think probably where I work we're very lucky and we have to acknowledge we're very lucky where we are, the other Trusts, that are now part of the Trust haven't been as lucky as we have been and certainly with chatting with the other charge nurses em you are very aware of how lucky you have been, you think you're hard done by, but COMPA.
you're not when you hear what their circumstances are.

R; Its a bit like being a student and thinking oh I'm having a bad time, I'm very behind and you go and talk to the others and you discover that actually

P; Uhhu actually you're having the best ever. Laughs

R: That's great, em, if we can just take the opposite of that can you, its a strange question, can you identify the least useful learning experience? The better way for me to put is to probably say well can you think of a learning situation where you expected to learn but you didn't find it useful?

h.u.l.e.

P: I think sometimes, em, for example if you are going to some study days in that particular topic em, I've been to some study days where I've thought well sounds really good, the programmes good, this will be really interesting, but then I've come away thinking well actually we're doing a lot better than they are and you know my XHEV expectations are probably a bit high, I was going to come back with loads of new ideas -but still learnt through COMPA. when in fact we were doing very well.

R: Yes, it just reinforced what you already knew but (P: Uhhu)

P: Uh hu, I mean it there's nothing really that's not useful because even if its, even if L.P.(?) you come away thinking well I haven't really learnt something, there's always something you've gained out of it. Whether it's a network whether it's a contact or TALK something.

R: Are there things at work, which stop you from learning do you think, are there sort of barriers to learning?

P: Ummm, yeah, I think a ~~time factor~~ ^{time factor}, I think if you're trying to as a charge inures trying to give the high standard and quality of care that you're used to delivering is ^{TIME -ve.} very difficult for patients if you're working on the ward you know you have to kinda step back a bit.

CROUP.

R: Emmm, OK now what you've identified in the last quarter of an hour or so is lots of different learning experiences, can you group them in some way, or categorise them do you think?

P: Emmm do you mean like management issues or they all come into management like?

R: Uhu,

P: Is that the kinda, I don't know if I could, emm I suppose the category is life and ^{EX} work, Laughs. ^{? quite.}

R: That's fine, ehh OK hmmm. I suppose, yeah, I'm asking that question because my tutor said to me I think you ought to start this research by trying to categorise what learning at work is.

P: Right

STRUCT

R: That's why I'm asking you without trying to lead you too much on it. Right, OK. Do you have Emmm, if we just move on then to formal and informal structures of learning at work, do you have a structured learning programme for you or the rest of the staff?

P: Emm, I think throughgovernance we have a governance policy within this part of the Trust which was taken up a few years ago, emm, I've just come off the

..... as the G grade representative and the G grade representative is really there for advice and support, not to tell, I'm not sure if you're aware of the concept of

Shared governance concept.

R: concept yes

P: well you know the concept is the bottom up approach not the top down approach. and certainly within the it is much more relaxed and the G grade having been on the for the last 3 years it is more a supportive/ advice role, emm there may be things that have been done already - I've forgotten your question laughs

R: Just about a structured learning programme at work

P: Ho right within the, one of them is professional development and emm for the staff, certainly with the new staff there's D grade *D.G.P.* development programme they're just formulating an A and B programme and within the big Trust itself there is a charge nurse development but within here we've not been *C.N.X.P.* part of it but they have been sending e-mails over so if there's anything interesting you *L.A.N.* tend to say 'oh I'll have a go at that, I'll look at that. '

R: OK so there is something useful

P: Yes, I think the other thing is you're encouraged to apply for funding for things all over the place, its quite difficult to do though but you are encouraged to.

R: Emmm is that linked to appraisal or review in some way?

P: Nowhat applying for funding and things like that

R: or just doing courses and CPD and things

P: right, eemm certainly within the appraisal system emm when we're talking to staff we identify what their personal developments are and what their objectives are, usually encourage them to have three objectives a year minimum, one might be to finish the diploma to degree level, so we do encourage that, Emmm there is funding around for but there has been funding around to allow people to do that, emm, what has been difficulty because there's more and more people wanting to do courses and things like that, we used to be able to give them study time and money, now we have to give them one or the other. Its share.... its equity of it all

CREV.

RESNEE

R: do you have umm, do you have mandatory in-service training as well for and things.

P: Yes we do emm we have the IV intravenous therapy like giving drugs and things like that emm, we try and encourage all staff to go on it once they've been qualified 6 months they then go on to the IV do the majority of staff in this ward area are IV trained which is very good, there's only a couple that have been to the IV cannulation but then again I really have to think about this as to what are the benefits of IV cannulation within this wad area, you can see it in ITU you can see it in A and E for example, but I'm not sure I would really want to encourage, this is a personal , want to encourage IV cannulation here because if you're talking about holistic care does it just mean that the patients that you have receive that care or does that person, there may be only one of them trained on the ward, does that person do all the IV cannulations and then the Doctors do nil, and do they become de-skilled because themselves, become more de-skilled in giving IV drugs so the nurses do it all more or less, and although it was a sharing job we have to remind the junior doctors that its sharing but they see it now as part of our job, definitely do, until you remind them

EX 9
MANIS.
Tech. skin

R: So do you have to do these mandatory updates as well

P: Yes yes I mean what, we've got a new well there's a surgical educator emm we had a 6 month secondment and the girl that got it set up, various things, she came round all the charge nurses, asked what we wanted for our staff etc. targeted staff that's what they wanted, and they're the ones that kind of oversee the mandatory study days.

C.NEF

What they've developed into really is one day where they can get CPR and fire etc. its very good cause you just say that's my day and that's me for the year so you know you're updated so that's an ongoing programme at the moment.

CHINUP

INFORM.

R: Yes, that's good. Are there any informal systems that they can, peer support groups anything like that.

P: Emmm, no there's no, as far as I'm aware there's no journal clubs here I know there has been elsewhere like and that, and as far as I'm aware there's no, there's different groups around, I know the clinical nurse specialists they have meetings, the G grades have meetings, that was intended to give each other support so that you met and knew who everybody was once a month but interestingly enough some people feel that its just a meeting they don't see that, the other side of its quite nice to see you even if its only 2 hours a month. But they see that as real pressure on their time and some of them don't see it as a benefit.

EX. EX. MEETS A-ve. TIME-ve.

R: OK

P: I think they're trying to stop it or make it every three months but other people have different things.

R; Eh yeah there's different things happening in different places it just depends what's appropriate

P: I think it depends, to be honest it depends on the staff member, how interested you are and if you really want to go along to these things, how enthusiastic you are, how motivated I think.

MOTIV

P.L.P

R: OK if we move on, I think we're on question 9 just running through the list. Do you have a personal learning plan or a portfolio or anything like that?

P: About a year ago I had through my management development programme, did a personal development plan for this, actually I didn't like it at all it was too personal, but that was just me, I know that, its just not, its just one of these things I'm not very

P.L.P ✓ ve. concept.

good at. Me personally, but one of the things was to see if I could do and see how I went with that, so I'm doing that at the moment with difficulty. My own personal learning really is to make sure that I'm updated on everything within my ward area I, really everything throughout my work that I'm up to date with what's going on, you know, I've been aware of research and evidence base. I'm also part of, newly part of the group which I find quite interesting, so I've come off but I'm now on the, I've been quite an active person within the hospital, I have to say, emm and I'm on various other groups.

SRESP.

E.B.P.

R: Do you have a colleague or someone who actually helps you to identify your learning?

P: You mean like clinical supervision. ? Note: none (see below)

R: Eh yes it could either be something formal through clinical supervision, or again informal mentorship for yourself or something.

P: There's no formal clinical supervision but once a month we meet with our clinical managers and do a management update of the whole team and that is supposed to be part of me as well, and how are you getting on with, emmmm, which is supportive from that point of view but I personally wouldn't say I think I would be reluctant with friends, colleagues you know, another charge nurse I'm friendly with I'd have a chat with her

MEETS.

R:OK

P: But emm, on an informal basis yeah.

R: So overall the plan that you've got, you don't like very much as it's too personal, so is it useful, is it, does it help you?

P: To be honest, not really, I just, I think its an individual thing, I'm I know that I want to do I do it for me I'm not doing it for anybody else. At the moment I'm doing it for me, not anybody else, Emmm but I also, because I am doing it for myself, I

-ve.

MOTIV.

do, I find it quite stressful, I do, but its because its the pressures of everything else around. And I do have a family at home as well,

R:

P: Well it's hard, although, it is quite hard.

RESAV.

R: Emm just think about resources at work, emm, what resources are available within the Trust to help you learn

P; Again I suppose through, if you want to do research I believe there's a research emm starter packs and things like that. Emmm, There's always people around the surgical, well the educators are supposed to be a good resource but ours is fairly new so Emmm I think being aware, if you are, I mean there's computer days, there's lots of study days, but there's only certain things you can actually go on. You know, there's quite a lot of things you might be interested in but you've got to be very selective, and there's got to be equity around. The library within, is very good, the librarian is an excellent resource. And I suppose using other people with expertise you know, the consultants, the clinical nurse specialists personally I would use the resource of anybody who had the information.

L.F.
CFM.
P.e.
TIME -ve
LIB
LFC/D.
LFC/N

R: That's because you're a So in terms of resource is time a resource are you allowed time for example to study, do you get study leave?

P: No, no I was going to say partly but no, when we were doing management development programme because it was within this hospital emm, in conjunction with the other Trusts at the time we were given the study leave, some study leave every 3 weeks or something like that and the study day itself, or the week it was for the programme itself, but certainly at the moment for this one what I'm supposed to be doing is two long days and two shorts to allow my 5th day study, but it doesn't always work like that. Laughs Emmm but because I do tend to work a four, five day week I'm probably luckier that I do tend to get funding and a study day.

TIME -ve
MON
TIME tue

R: So you get financial support as well, that's good isn't it.

P: Yeah, OK

R: and you said there is a library and you can access that, and you've got a computer.

P: Yeah I hardly get on it though cause I'm clinically on the ward, yeah I use that for most of my stats and things like that, its mostly all work. I have to be honest if I'm doing stuff for I tend to go to the library and use the computers up there. I don't ,.... I know that some of them have got the Net and that but that's an old one that doesn't.

TIME we for PC.

Needs Work!

R: OK great,

P: Sorry the other, to go back resources as well there's the IT department as well you can get the uses of a laptop to take home and things like that and they're very good at helping you do like your powerpoints and all these different things, there are classes, sessions at all levels for computing.

LFO/IT.

R: And is that within this hospital buildings.

P: Yes,

BEN

R; That's very good isn't it, to move on from that, how does the outcome of your learning benefit you in the long term, both professionally and personally.

P:I think professionally it allows me to see a wider picture of things, to be aware of, you know if I'm professionally working at that kind of level to be aware of the kind of pressures everyone else is under when they are doing degree and things as well, its difficult for them as well, emmmm, and I think probably professionally it would improve my quality and standard, although I have a fairly high standard, it would allow me to maintain it and improve it when necessary. Personally, it probably makes me more, although I've said it professionally, it makes me more aware of what people are

PROF.B.

EX.

going through for the assignments it was a stressful thing and I'm probably much more supportive in that way knowing they're under pressure because I've, you know you've been there yourself.

R: So do you feel you're at an advantage in your learning?

P: No, I'm sorry but I'm quite cynical about that as well because I feel at the moment, you probably caught me at a bad time, but I feel at the moment that Emmm, professionally there's no where to go, I really genuinely feel there's no where to go. Especially I suppose in my circumstances where I have a family Emmm you know my husbands working, and are so few and far between emm there isn't anywhere for me to go unless and I have thought about it, unless I move out of the patient contact areas, and if you do move out of that, well I don't know, I haven't really thought,I was quite enthusiastic about it but I felt at least I still had the patient contact but I came back probably a wee bit fed up but then when you work in a day when you have a good day you think no no I'm fine I'm quite happy here I don't mind, but then you're 5 years down the line and you're like what am I doing, I've quite a wee while before I retire and am I going to be here for the next 10 years or whatever, and then is it fair to be here and people are just waiting for somebody to go you know

organisational structure.

Prxi-ve

R: So having the opportunity to learn something through work or yourself for yourself or for work actually should I suppose give you more choice in the future.

P: it should but then I suppose there's a confidence thing as well, there's a confidence in believing what you and being comfortable with what you know, and you don't have problem with it to move somewhere, something cause it would have to be something different from what you're doing now, although you probably don't realise that you actually do have the skills to do that job, its the lack of confidence and what the thought of making that move I suppose.

CONF.

EVID.

R: If you were asked to provide evidence of your learning what would you produce?

P: Emmm, recently I've had my I think its a certificate, there's two pieces of paper that CERT came from, which I have, paper evidence. emm I've also got PowerPoint presentation type evidence and poster presentation, of the end result of the PRESENT. which I hope, if you'd been here earlier, er, later it might have been all words but its POSTER not there yet.

MIKER

R: Is there any other aspect of learning at work that's important to you that I've should be thinking about, that I've not sort of covered in the discussions?

P: Emmm, I think when we were talking about study time and things like that I think the one thing I'm not by any means blaming or being derogatory I find that senior medical staff are not really as supportive as they could be towards nursing staff I know that nursing staff are looking at their profession as being a profession if you see what I mean, but certainly in the last 4, 5 years I've tried to get more information on for example general surgical things that are happening, twice or three times a year, constantly you get oh yes yes I'll get you that information but you don't get it because its a medical its not a nursing thing, so I think emm there's still an element of emm the consultant still being consultant. LFO-ve.
lack of support/D.

R: So you're learning at a very clinical scientific level if you like is influenced by the overall team.

P: oh I would say so

R: The context in which you're working

P: Mmmhmm.

R: Not how much they support you and how much information they provide you with

P: I think so I think its an ongoing emm learning thing its not only within your ward its within your own workplace, you know the different groups of people whether its with LFO.

the porter or the domestic or whether its with the consultants there's always something that you have to learn that benefits you within your workplace.

LFD (with)

MAP

R: That's useful thank you. Now what I was wondering was just to sort of finish this off and to summarise it, you've read it haven't you, Laughs is if we could draw a sort of map of all the factors that affect your learning at work. I don't know if you've done this before, a sort of concept map

P: With me in the middle

R:..... learning in the middle

P: its Emmm,

R: If we put learning at work in the middle , can you just think about all the things we've just chatted about, what are the, how did I frame there, yes can you identify the factors that - maybe influence is a better word

P: People

R: People, available and others

Full list of pre codes and codes

LEARNING THROUGH WORK CODES

PRE-CODES		
Q1	Context: continuing/acute	CONCC CONAC
Q2-5 Learning Event Analysis	Learning event one	LEONE
Q	Learning event two	LETWO
Q4.1 Most useful learning experience	At work	MULEAT.W
	Not at work	MULENOT.W
Q5	Least useful learning experience	LULE
Q6 Classifying	Group or category	GROUP
Q7 Structures	Structured learning programme at work	STRUCT
Q	Informal learning at work	INFORM
Q 9 Learning instruments	Personal learning plan	PLP
Q10 Resources	resources available	RESAV
	resources needed	RESNEED
Q12 Outcome analysis	Benefit	BEN
	Evidence	EVID
	Other aspects	OTHER
matrix analysis of factors influencing	pictures	MAP

CODES		
CON	acute	AC
	continuing	CC
	nurse -post	E/F/G
	clinical nurse manager	CNM
	years in post	YRS
	job differences over time	JD
	job differences - technical	JDT
	enjoys work	EW
	learning for job	LFJ
	learning in/on job	LOJ
	talking to others	TALK
	questioning others	QUEST
	learn as doing job	DOING
	preparatory course for the job	PREPC
	example of LOJ	EX
	clinical nurse practitioner	CNP
	quote	Q
LEONE &LETWO	example	EX
	did not know something	DNK
	learning point	LP
	learning on the job	LOJ
	learning action	LA
	learning outcome	LO
	learning resource	LR
	significant others	SO
	teaching others	TO
	questioning others	QUEST
	talking to others	TALK
	learning as doing the job	DOING
	problem solving	PS
	learning from books	LFB
	learning from others	LFO
	nurse	LFO/N
	doctor	LFO/D
	company representatives	LFO/REPS
	reflection	REF
	learning through experience	EXP
	demonstration	DEMO
	listening	LIST
	learning from media	LFMED
	learning from mistakes	MIST
	leaflets	LEF
	study day	SD
	programme of study	COURSE
	negative attitude to learning	-ve A
	positive attitude	+ve A
	negative learning point	-ve LP
	positive learning point	+ve LP
	quote	Q

MULEAT.W	everything is useful	ALL
	learning as doing the job	DOING
	example	EX
	quote	Q
	experience	EXP
MULENOT.W	professional association	ASS
	lectures	LECT
	nurse lectures	LECT N
	doctors lectures	LECTD
	clinical update	CLINU
	evidence based practice	EBP
	conference	CONF
	comparison with others	COMPA
	personal development	PERSONAL
	travel easy/difficult	TRAV/E/D
	quote	Q
	professional relevance	PROFREV
	education programme	COURSE
LULE	all learning is useful	ALL
	inadequate course/prog/study day	INAD
	wrong level for individual	XLEV
	poor presentation	POORP
	barrier to learning	BAR
	reflective practice	REF[P]
	poor/bad work environment	ENV -ve
	negative attitude	-ve A
GROUP	formal programmes	FO
	informal	INFORM
	accreditation	SCOTCAT
	learn on the job	LOJ
	learning from others	LFO/N/D/REPS
	reading	READ
	from peers	PEERS
	role model	ROLE
	critical learning for competence	ESSEN
	learning through doing the job	DOING
	formal programmes	COURSES
	opportunistic learning	OPPOR
	problem solving	PS
	clinical supervision	CS
STRUCT	D grade development programme	DGP
	new staff induction programme	NEW
	E grade development programme	EGP
	G grade development programme	GGP
	charge nurse development	CNP

	programme	
	classroom	CROOM
	lectures in a programme	PLECTs
	drug company lectures/training	REPS
	external education [to trust]	EXED
	clinical update	CLINU
	mandatory employer training	MAND
	career review/appraisal	CREV
	external education part time	EXEDP/T
	clinical nurse practitioner	CNP
	clinical nurse specialist	CNS
	clinical nurse facilitator	CNF
	clinical practice development nurse	CPDN
	clinical nurse education facilitator	CNEF
	professional research and development unit	PRD
	advanced life support	ALS
	transferable certification/qualification between hospitals outwith trust	TRANS
INFORM	journal club	JC
	magazines	MAGA
	pc with CDROM	CDROM
	use of personal computer at work	PC
	multidisciplinary meeting	MULTI
	meetings - usually with peers	MEETS
	ward round /report time	OPPOR
	experience and inexperience	EXP/INEXP
	working in other places	WOP
PLP	personal learning plan	PLP
	professional portfolio yes	PORTY
	professional portfolio no	PORTN
	profile	PRO
	don't know what to do	DKWTD
	don't know how to prove own learning	HTPI
	reflective practice	REF/P
	responsible for own learning	SRESP
	life long learning plan	LLL
RESAV	learning folder	LF
	learning from others	LFO
	talking to others	TALK
	access to a personal computer at work	PC
	Internet access -limited	WWW
	needs access to Internet	NWWW
	local area network	LAN
	wide area network	WAN
	human resources sufficient	HR+ve

	insufficient human resources	HR-ve
	time available to study	TIME+ve
	limited /no time to study at work	TIME-ve
	journals available at work- have journals	HJOUR
	needs journals	NJOUR
	books available at work - have books	HBOOK
	needs books at work	NBOOK
	money available	MA+ve
	needs money	MONEY-ve
	access to library at work/close	LIB
	videos at work	VIDEO
	accommodation at work for learning	ACCOMM: +ve & -ve
	has support from charities	CHAR
BEN	professional benefit	PROFB
	personal benefit	PERSB
	instant outcome there and then	INSTANT
	stimulated to find out more	MORE
	higher level job - promotion	PROM
	more confidence	CONF
	greater motivation	MOTIV
	competent	COMP
	flexible workforce	ORGANIS
EVID	certificates	CERT
	ability to teach others	TO
	reflective practice	REF/P
	writing about learning	WRITE
	portfolio	PORT
	references	REFS
	giving a presentation	PRESENT
	writing /giving a professional paper	PAPERS
	a poster presentation	POSTER
	improved practice	PRACT
	talking through the learning	TALK
	writing policy procedures	POLICY
	verification by others	VERIFY
OTHER	getting people in to do lectures to the unit at times when convenient to staff	VLST
	expert advice	EXPERT
	fear of failure	FOF
	recognition of learning	REC
	standards of formal education	SFOED
	courses	COURSE
	motivation	MOTIV
	study days	SD
	clinical nurse education facilitator	CNEF
	clinical supervisor	CS

	evidence based practice	EBP
	professional networks	PROFNETW
	opportunistic learning	OPPOR
	health car system - the wider picture	HCS
	flexible work force	FLEX

Collated maps

A: Nurses

B: Managers

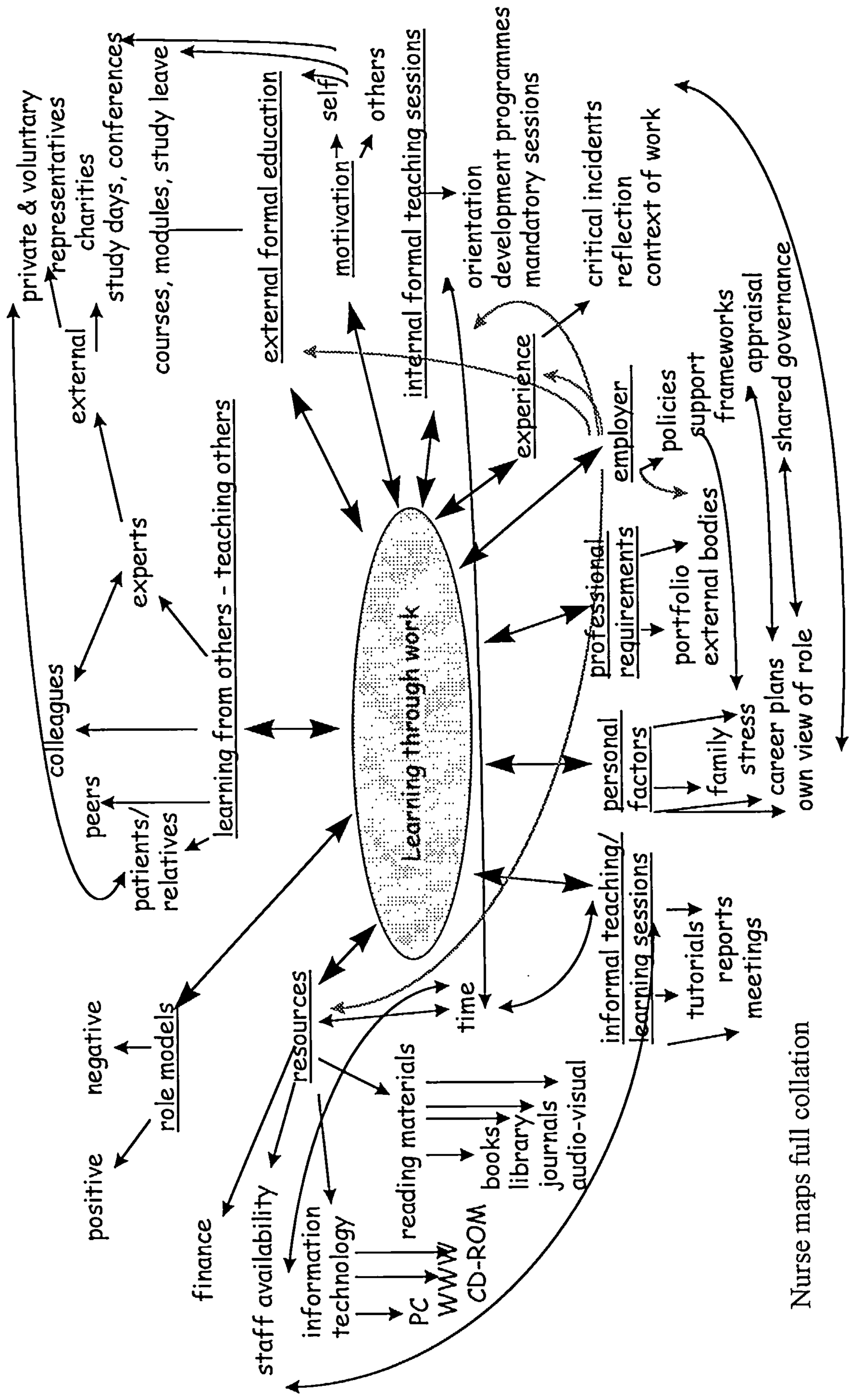
Collated maps

A: Nurses

Learning through work

Factors that influence learning

Nurses [12]



Nurse maps full collation

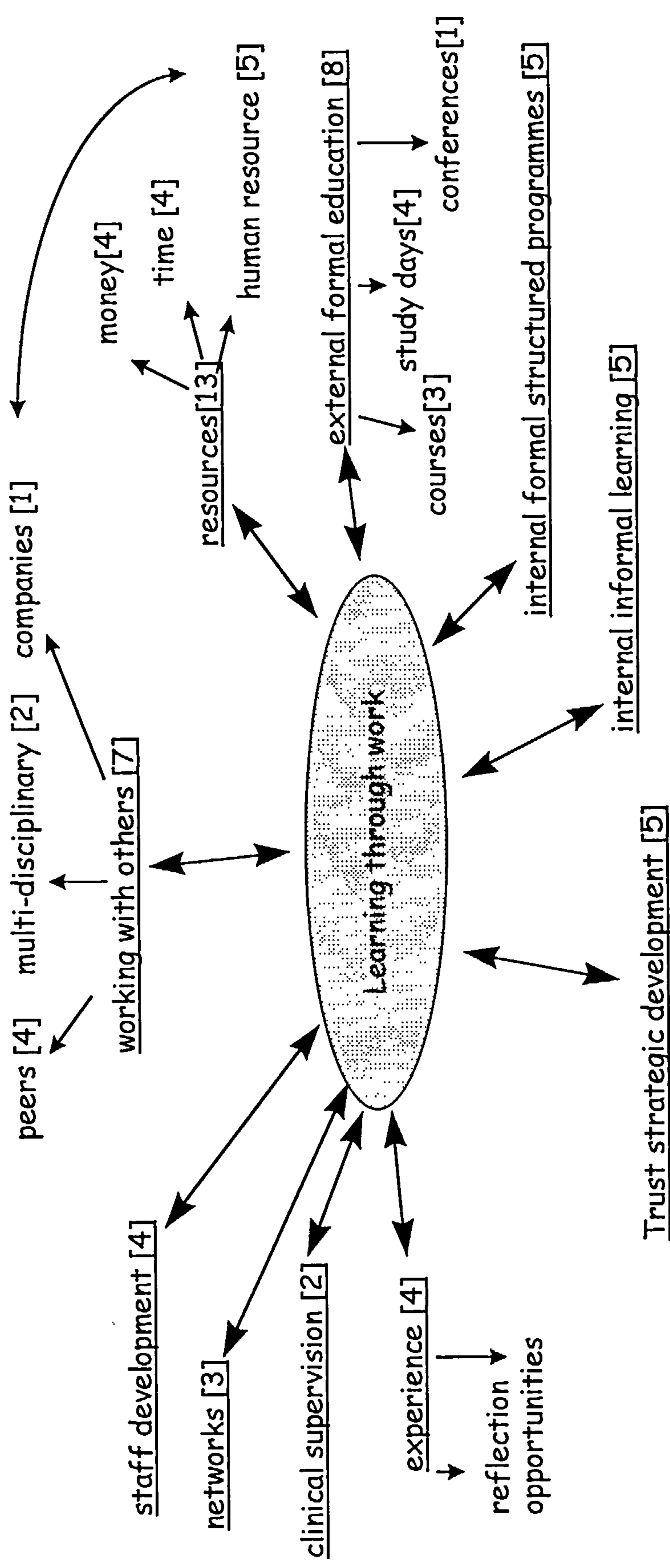
Collated maps

B: Managers

Learning through work

Factors that influence learning

Managers [6]



Clinical nurse manager maps full collation

Participant responses to interview 2

INTERVIEW 2: PARTICIPANTS REPOSES TO THE POINTS EMERGING FROM THE FIRST INTERVIEW

NUMBER OF PARTICIPANTS 19: 13 Nurses [7 acute sector and 5 continuing care], 6 Managers [3 each sector]

	AGREE						DISAGREE					
	N/A 7	N/C 5	M/A 3	M/C 3	total	tot	N/A 7	N/C 5	M/A 3	M/C 3	tot	
learning from doing the job	7	5	3	3	18		-	-	-	-		
learning from others at work	7	5	3	3	18		-	-	-	-		
negotiating at work	5	5	2	2 [1]	14[1]	3	2	-	1	-	3	
networking with colleagues	6	5	3	3	17	1	1	-	-	-	1	
problem solving	6	5	3	3	17	1	1	-	-	-	1	
others: learning from mistakes/reflection	2	4	3	3	12		-	-	-	-		

	AGREE						DISAGREE					
	N/A 7	N/C 5	M/A 3	M/C 3	total	tot	N/A 7	N/C 5	M/A 3	M/C 3	tot	
to do the job better	7	5	3	2[1]	17[1]		-	-	-	-		
to maintain professional skills	7	5	3	3	18		-	-	-	-		
to develop new technical/clinical skills	7	5	3	3	18		-	-	-	-		
to develop personal confidence	7	5	3	2[1]	17[1]		-	-	-	-		
to motivate staff	7	5	3	2[1]	17[1]		-	-	-	-		
other purposes: provide better patient care	7	5	3	3	18		-	-	-	-		

The process of learning at work is not clear:										
AGREE					DISAGREE					
	N/A 7	N/C 5	M/A 3	M/C 3	total	N/A 7	N/C 5	M/A 3	M/C 3	total
experienced nurses' learning appears fragmented and unstructured	7	3[2]	2[1]	1[1]	13[4]	-	-	-	1	1
learning at work meets the organisations needs rather than the individuals	6[1]	3[2]	1[1]	[2]	10[6]	-	-	1	1	2
individual learning needs appear secondary to the organisations	4[3]	3[1]	[1]	[2]	7[7]	-	1	2	1	4
learning does not seem to be valued	1[3]	3[1]	-	[1]	4[5]	3	1	3	2	2
learning is not seen as a legitimate work activity	3[1]	3[1]	-	1	7[2]	3	1	3	2	2
learning at work needs a recognisable output/outcome	5[1]	5	3	2	15[1]	1	-	-	1	2
other points:										

Positive benefits of learning at work:		DISAGREE										
		AGREE	N/A 7	N/C 5	M/A 3	M/C 3	total	N/A 7	N/C 5	M/A 3	M/C 3	tot
staff recognition and respect through in-house course		7		4[1]	2[1]	2[1]	15[3]	-	-	-	2	2
role development and expansion		7		5	3	3	18	-	-	-	-	-
retention of staff		6		5	3	2[1]	16[1]	1	-	-	-	1
potential for individuals career progression		7		2[2]	3	3	15[2]	-	1	-	-	1
other												

Negative outcomes of learning at work:		DISAGREE										
		AGREE	N/A 7	N/C 5	M/A 3	M/C 3	total	N/A 7	N/C 5	M/A 3	M/C 3	tot
the organisation does not always recognise or respect formal external higher education undertaken by staff		6		4	-	1	11	1	1	3	2	7
personal benefit in terms of career progression, financial reward or promotion were not seen as outcomes of higher education		6		4	2	2	14	1	1	1	1	4

Recognition of learning through work: AGREE						DISAGREE						
	N/A 7	N/C 5	M/A 3	M/C 3	total	N/A 7	N/C 5	M/A 3	M/C 3	total	M/C3	tot
<i>Should learning events at work be given academic credit</i>	6	4[1]	2[1]	1[1]	13[3]	1	-	-	1	2		
e.g rotational experience	5	4[1]	1	2[1]	12[2]	2	-	2	-	4		
e.g.in-house clinical skills training	6	5	1[1]	2[1]	14[2]	1	-	1	-	2		
e.g.learning through practice experience	5[1]	4[1]	1[1]	2[1]	12[4]	1	-	1	-	2		
others												
<i>Should learning at work be incorporated & recognised by the higher education system?</i>	6	4[1]	3	3	16[1]	1	-	-	-	1		
e.g. clinical skills development	5[1]	5	3	3	16[1]	1	-	-	-	1		
e.g. role preparation	5[1]	4[1]	3	3	15[2]	1	-	-	-	1		
e.g. role development and expansion	5[1]	5	3	3	16[1]	1	-	-	-	1		
others: reflective practice				1								

	AGREE							DISAGREE							
	N/A 7	N/C 5	M/A 3	M/C 3	total	N/A 7	N/C 5	M/A 3	M/C 3	total	N/A 7	N/C 5	M/A 3	M/C 3	tot
Possible variation of the standard and quality of learning provision by staff who facilitate learning	7	5	3	2[1]	17[1]	-	-	-	-	-	-	-	-	-	
criteria to measure practice achievement	7	5	3	3	18	-	-	-	-	-	-	-	-	-	
assessment of learning through work	7	4[1]	3	3	17[1]	-	-	-	-	-	-	-	-	-	
identifying staff who can/will facilitate learning	5[1]	[2]	1[1]	1	7[4]	1	3	1					2	2	7
preparation of clinical staff to teach	6	4[1]	2[1]	2	14[2]	1	-	-	-	-	-	-	1	1	2
credit for learning through work	7	5	3	2	17	-	-	-	-	-	-	-	1	1	1
others															