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28<sup>th</sup> May 2009.

Dear Jean

Following ethical approval granted by the Departmental Ethics Committee, School of Education, University of Strathclyde, I write to request the opportunity to approach students on the Bachelor of Nursing (Honours) programme inviting them to take part in my study:

**The effects of nurse education upon the expectations and perceptions of student nurses with a further education experience.**

I wish to engage students from each year group in the completion of repertory grids, supported with a focus interview, commencing in September 2009. The expected commitment from each student is approximately 2 hours.

Further information is provided in the attached submission for approval and the participant information sheet.

Thank you for your support

Yours Sincerely,

28<sup>th</sup> May 2009.

Dear Dora

Following ethical approval granted by the Departmental Ethics Committee, School of Education, University of Strathclyde, I write to request the opportunity to approach students on the Bachelor of Nursing (Honours) programme inviting them to take part in my study:

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Thank you for your support

Yours Sincerely,



## **Participant Information Sheet.**

**The Effects of Nurse Education upon the Expectations and Perceptions of Students with a Further Education Experience.**

**You are invited to take part in the research study: The Effects of Nurse Education upon the Expectations and Perceptions of Students with a Further Education Experience. Before you decide it is important for you to understand why the research is being done and what it will involve.**

### **1. What is the purpose of the study?**

I am a Doctor of Education student at Strathclyde University. This research is exploring the perceptions and expectations of students from further education colleges as they experience the nurse education programme Bachelor of Arts: Nursing Studies (BANS) at Glasgow Caledonian University. The main aims of my research are:

- To explore the expectations of nursing held by students progressing from further education
- To explore further education students' experience of higher education
- To identify which aspects of the learning experience influence the further education students' perceptions of nursing

### **2. Why have I been chosen?**

I would like to speak with students from each year group, currently studying on, or entering the BANS programme in September 2009 who have progressed to Glasgow Caledonian from further education.

### **What will happen to me if I take part?**

Your involvement in the study would be to take part in an individual interview where we discuss your perceptions of nursing, what you expect nursing to be about, and how you see the role of the nurse. We will also talk about tasks or aspects of nursing you think are attractive or not. This information will be plotted in a set of rows and columns called a repertory grid, so that it can be analysed at a later date.

We will also discuss your expectations and/or experiences of life as a student, both within the university and within the clinical learning environment. This information will also be plotted in the same way to help with later analysis.

Finally you will be invited to a focus group discussion with other students from further education colleges within your year group to talk together about issues raised in forming the grids.

Both the individual interview and the group discussion will probably last approximately one hour each depending on how much time you have available, and how much information you wish to share. We will complete the grids together, and I will record the focus group discussion with your permission. The recording will be written up, and made available to you to ensure your views are correctly represented.

It is up to you to decide whether or not you will take part, your decision to decline or to take part will not affect your academic progress in any way. If you do decide to take part, you will be asked to complete and sign a consent form. You are free to withdraw from the study at any time and without a given reason.

### **3. If I want to take part, what will happen next?**

If you decide you want to take part in this study, you can contact the programme administrator Karen Macdonald by phone on 0141 331 8566 or by email on [Karen.macdonald@gcal.ac.uk](mailto:Karen.macdonald@gcal.ac.uk). She will compile a list of participants and pass it to me.

I will then contact you inviting you to attend a briefing session. This will involve all participants from your year group and will be held while you are in the university rather than placement. I will explain what the research is about, what will be involved in the interview process and also answer any questions you may have. You can then decide whether you wish to continue taking part in the study, and we will then arrange a suitable time and location to hold the individual interview and the focus group discussion. The location will be both safe and confidential in a room within the university.

### **4. Will my taking part in the study be kept confidential?**

This study will be conducted in accordance with the ethical code of practice as stipulated by Strathclyde University. All information collected during the interview and the focus group discussion will be kept strictly confidential. All interview recordings and repertory grids will be destroyed at the end of the research. Your name will not be recorded on the data, and any details which could potentially identify you will be removed or changed. My academic supervisor will have access to the anonymised repertory grids and transcript of the focus group discussion, but I will be the only person who has access to the original recording. Your contact details will be held only by the programme administrator.

Your participation in this study will not be discussed with any other member of academic staff, or other students. I will ensure your contribution remains entirely confidential and anonymous, however if you say something that suggests that either you or someone else is at risk of harm, disclosure may be required. If this occurs I would indicate this to you, and we would discuss what the next steps would be.

**5. What will happen to the results of the research study?**

The results of the study will be used in my Doctor of Education thesis, and material may be presented at conferences and within academic and professional journals.

**6. Who can I contact for further information?**

Researcher: Wendy Mayne; Lecturer, School of Nursing, Midwifery, Community Health

Glasgow Caledonian University

Tel: 0141 331 3639

Email: [Wendy.mayne@gcal.ac.uk](mailto:Wendy.mayne@gcal.ac.uk)

Academic Supervisor: Dr. June Mitchell, School of Education and Professional Studies

University of Strathclyde

Tel: 0141 950 3467

Email: [June.mitchell@strath.ac.uk](mailto:June.mitchell@strath.ac.uk)

Programme Administrator: Karen Macdonald, School of Nursing, Midwifery,

Community Health

Glasgow Caledonian University

Tel: 0141 331 3639

Email: [Karen.macdonald@gcal.ac.uk](mailto:Karen.macdonald@gcal.ac.uk)

**Thank you for taking time to read this information sheet, I look forward to hearing from you if you wish to participate.**





**Research Consent Form.**

**The Effects of Nurse Education upon the Expectations and Perceptions of Students with a Further Education Experience.**

Thank you for agreeing to take part in the research study: The Effects of Nurse Education upon the Expectations and Perceptions of Students with a Further Education Experience.

I am doing this study because it is very important for nurse educators to find out what perceptions, expectations and experiences our students have as they progress through the nurse education programme Bachelor of Arts: Nursing Studies (BANS) at Glasgow Caledonian University.

You have kindly agreed to take part in this study, and will attend an individual interview to complete two repertory grids. You will also be asked to attend a focus group discussion with other students from your year group to discuss any issues highlighted by the grids.

**Please tick the appropriate boxes below:**

I have read and understood the participant information sheet

I have been given the opportunity to ask questions about the study

I agree to take part in the study. Taking part will include being interviewed individually and recorded within a group setting

I understand that my taking part is voluntary; I can withdraw at any time and I will not be asked any questions why I no longer wish to take part

I understand that my name and personal details will not be revealed in this study

I understand that I may request my data to be withdrawn from the study

I understand that my words may be quoted in publications and other research outputs  
but my anonymity will be maintained

Name of Participant

Signature

Date

.....

.....

Researcher

Signature

Date

.....

.....

## Sample

Year One	Year Two	Year Three
Lucy Liu	Mark Smith	Sophie McPherson
Marissa Wagner	Lucy Burns	Smoky Johnson
Maggie Smith	Ailie Collins	Susannah Kerr
Hannah McKenzie		

### **Self-characterisation**

Please choose a pseudonym (or false name) for your use when taking part in this research to ensure your confidentiality. You may choose a first name and second name, which cannot be linked to you as a person. This pseudonym will be used throughout the data collection and may appear in any subsequent publications. **You will not be identifiable from your pseudonym.**

Write a description of yourself (approx 100 words) from the perspective of a colleague, someone who knows you as a student nurse.

- Using your pseudonym (to ensure confidentiality) write the description in the third person, ie

Jane Brown is a student nurse. She is .....

## Repertory Grid Instruction Sheet

Before we start this activity please take a few minutes to browse through the photographs scattered on the table. These pictures are a collection of images showing activities and aspects of your life as a nurse and as a student, and I would like to use them to help you explain to me how you see life as a student and a nurse, and what you expect from nursing and university.

**Step 1.** With this in mind, select the three photographs which correspond to those in the blank repertory grid form with an asterisk and spread them out in front of you. Study the pictures and identify which two are alike in some way, and one that is different.

**Step 2.** The repertory grid table has three panels. Describe the similarity between the two photographs in the column on the left and the way the third photograph is different in the column on the right.

**Step 3.** Put the three photographs back in the pile with the other pictures. Rate all twelve pictures against the view you have recorded by scoring them one if the picture is most like your view in the far left hand column, and six if the picture is more like the view you have written in the far right column. Record these rating scores in the middle columns under each picture number.

**Step 4.** Put an asterisk in the box of each photograph number you used to form the columns in the far left and the far right.

Example.

What do the 2 pictures have in common?	Photograph Numbers												How is this picture different?	
	1	2	3	4	5	6	7	8	9	10	11	12		
fat	*			*		*								thin
	1	3	4	1	6	6	2	5	3	2	4	4		

**Step 5.** Complete the routine outlined above five more times so there is a total of six completed rows in your table.

**Step 6.** Now complete the last row of the grid. You do this by considering whether the photographs reflect your view, or are totally different to your view. If the photograph is very similar to your view rate it number 1, through to number 6 if it is totally different from your view.



Researcher selected photos

1



18



21



25



24



31





# Photograph Selection

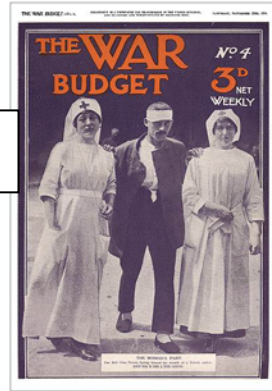
2



3



4



5



6



7



8



9



10



11



12



13



14



56570533 www.fotosearch.com

15



16



17



19



20



22



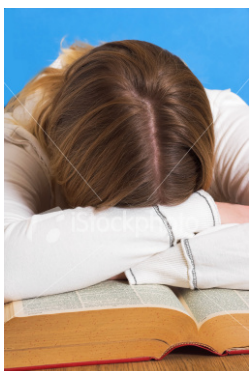
23



26



27



28



29



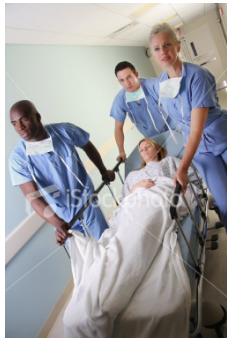
30



32



33



34



35



36



37



38



39



40



41



## Prompts for Focus Group Interview

- Before I started nursing I thought nursing was about...
- After 3 years in university and on placement I now think nursing is about...
- I expected university to be...
- Studying nursing has included...

## **Students' selection of photos**

### **Lucy Liu**

Choice of photos: 36 9 5 26 34 17

Reasons for choice:

9 & 17 studying all the time

5 person is professional looking and happy, how I would like to see myself

26 a skilled person drawing up an injection, a nurse's job

34 & 36 activities nurses do a lot of the time

### **Marissa Wagner**

Choice of photos: 7 15 41 42 3 14

Reasons for choice:

41 & 42 hands on patient care, 41 is about the elderly and how important communication is

14 & 15 manual but important tasks, general care

3 shows that nursing is about stressful situations

7 shows working in a team, involves patient care and allocating tasks

### **Maggie Smith**

Choice of photos: 7 22 41 26 17 32

Reasons for choice

32 cleaning is a basic activity which we have to do

17 sitting an exam in university

41 care of the elderly – this is what I expected nursing to be about

22 using nursing equipment such as a stethoscope and doing basic skills like observations

7 this shows discussion with a doctor, working as a team

26 an injection, a key skill for nurses

### **Lucy Burns**

Choice of photos: 41 14 36 26 27 15

Reasons for choice:

41- recent placement experience with care of the elderly, a skill I'm familiar with

14 + 15 a basic human need, important as well as the complex skills, still need to help with toileting and basic hygiene,

27 a picture of me just now, juggling studying and life, but uni is not as hard as I expected

36 this is my first impression of nursing, reading monitors

26 a stereotypical picture of nursing, what you'd want to be

### **Ailie Collins**

Choice of photos: 41 15 34 23 29 36

Reasons for choice:

29- handwashing, very important all the time in nursing, didn't think I would do it as much

41 – one to one helping, caring, what nursing is about

15 – helping with investigations which is very important

34 – caring for people in the right way, a lot of time doing this

23 – studying in a group, helping each other, peer support

36- monitoring, part of the job, involves technology, being able to read and detect what's wrong, being able to understand, although a lot is done by machine

### **Hannah McKenzie**

Choice of photos: 9 11 17 28 22 26

Reasons for choice:

11 bedmaking, the first skill I ever learnt, thought this was what nursing was about together with personal hygiene

9 + 17 – never realised there was so much to it, so much studying and hard work, expected lectures and tutorials like the photos but didn't expect it to be so in depth

28- support in placement, student and trained staff nurse, didn't realise how much placement experience you get but this is my favourite part

26 – a new skill I have learnt, still need to work at it and research it, I knew nurses did medication but no idea how much nurses do and need to know

22- sums up what I expected nursing to be, lots of patient contact, but actually its more paperwork, referrals, outside agencies

## **Smokey Johnston**

Choice of photos: 30 15 5 41 16 28

Reasons for choice:

30 technology and IT, the need to support practice with evidence and research

15 small things like emptying commodes, not just about glamour as on the tv

5 nurse wearing uniform. Looks happy, suggests a rewarding job

41 nursing is caring, about supporting patients

16 someone wearing uniform, a group activity learning anatomy which is important in nurse education

28 a student being supported by a member of staff, support is important in uni and in placement

## **Sophie McPherson**

Choice of photos: 41 7 17 15 27 28

Reasons for choice

41 a picture of care of the elderly, helping people, which is the nurse's role and done a lot of the time

7 discussion with colleagues, working as a team, for example patients' notes

17 uni lectures, lots of studying and reading, how I imagined it really

15 this is about personal care, a skill we do a lot, part of the nurse's role is to deal with it without embarrassing the patient because it is very personal

27 studying which is emotionally draining

28 about support in both uni and placement, mentor is very important, talking to people more experienced than self



## Susannah Kerr

Choice of photos: 35 8 5 27 28 23

Reasons for choice:

35 community placements which are an important part of the course and an area I'm interested in, would like to work there

8 socialising, making friends, this is a reason for coming to uni, to meet new people

5 this where I want to be, to be happy and wearing a nurse's uniform

27 a picture of a student struggling with all the reading, I wasn't expecting this, it gets on top of you

28 is about working with nurses already doing what you want to do, learning from them, mentor support in placement is very important

23 this is about working in groups, do this a lot in uni and wasn't expecting it, but I have enjoyed it

### Photo Selection

Student Cohort	Photo selection
Lucy Liu	36 9 5 <b>26</b> 34 <b>17</b>
Marissa Wagner	<b>7</b> 15 <b>41</b> 42 3 14
Maggie Smith	<b>7</b> 22 <b>41</b> <b>26</b> <b>17</b> 32
Hannah McKenzie	9 11 17 28 22 <b>26</b>
Lucy Burns	<b>41</b> 14 <b>36</b> <b>26</b> 27 <b>15</b>
Ailie Collins	<b>41</b> <b>15</b> 34 23 <b>29</b> <b>36</b>
Mark Smith	<b>29</b> 16 <b>26</b> 10 39 <b>41</b>
Susannah Kerr	35 8 <b>5</b> <b>27</b> <b>28</b> 23
Sophie McPherson	<b>41</b> 7 17 <b>15</b> <b>27</b> <b>28</b>
Smokey Robinson	30 <b>15</b> <b>5</b> <b>41</b> 16 <b>28</b>

### **Transcript- Focus Group: Third Year Cohort**

This is a transcription of a focus group that took place within the university on 8<sup>th</sup> December 2009, 2.00-2.30pm

The focus group comprised of three students currently within the third year of the nurse education programme. The researcher is referred to as R and the respondents are referred to by the initials of their chosen pseudonym:

SJ: Smoky Johnson

SK: Susannah Kerr

SM: Sophie McPherson

Three dots (...) indicate a pause in the interaction.

The discussion was recorded using a mini USB recorder.

R: Ok, thank you for agreeing to take part in this focus group discussion...as you know I am taping our conversation ... to help me think about what you said later on... but no one else will have access to this information so everything you say will be confidential... as you know I'm writing up what you say together with the results from the repertory grid exercise we just completed... but the only identification will be your chosen name- Smoky, Sophie and Susannah.

SJ: OK... yeah...

SJ: Right.

R: So, let's get started...first of all I'd like you to think back to the time before you started nursing... three years ago now...and think about what you thought nursing was about... what were your expectations about nursing and learning to nurse before you came to uni...

SK: The reason I came into nursing... I was in a sales job at the time, had been working for about 2 years before I went to college and it was all money orientated,

meeting the targets, getting money into the company and oh you get these wonderful bonuses and it just didn't motivate me to do what I wanted to do... what motivated me I realised was helping the people who were phoning up, they were looking for something but didn't really know exactly what they were looking for ... and helping them get what they needed

R: ah ha...

SK: so I saw nursing as like caring and helping people and erm make- giving people a better life, a desire to care really... I don't know why 'cos there's no one in my family who's ever been in the nursing profession...erm... it was just something I'd seen when I'd been visiting people in hospital... seen relatives go in, get better and come back out so I think that's 'cos I didn't really watch many Gray's Anatomy or Number 18 or anything like that... that wasn't the thing I was going into nursing for...

R: Right, Smoky, what about you?

SJ: Well, I'm trying to think, I've worked for five and a half years as a CSW, its hard work, I knew its going to be hard work but rewarding, I mean... as a carer I've seen the lighter side of it but now I've seen the nurses I realise how hard it is, the paperwork, management, management of time, patients care and all that... so...

SK: It was caring for patients...

SJ: I want to, a feeling of going into work in the morning and helping somebody and maybe they don't get any visitors, you do something to make someone's day a wee bit better and then you go away at the end of the day.

SM: Yeah, me too... because of the caring aspect of it, I had been in hospital myself for a month when I was 11 and I always knew I wanted to go into the health care profession because... and so... nursing was one of the jobs erm I felt you can make an impact on someone's lives, even for a short time... to make a difference... to feel fulfilled. I feel you can make an impact while you're there, it's definitely to do with the caring aspect.

SJ: I've known from my own experience, aye, definitely, well, seeing it all first hand really...I mean, Casualty and Holby City and them, they show operations but seeing it first hand is amazing, its different, its not all glamour, it is stressful... Its the same quite a lot but its different if you know what I mean, everything can be fast but its not glamorous.

R: So, what do you think now, what is nursing about now?

SM: A lot of the time to give patients the care and respect and dignity they deserve... but I think there's a lot of time constraints and paperwork and things, the patients' needs aren't always met because the nurses are trying to get the paperwork done.

R: Ok

SM: And always when I'm on placement I try to strive that the patient care is more important than getting the paperwork done. I think like for me, nursing is about people and technical skill, you need to mix the two together and get an even balance... and being good at it.

R: Susannah what about you?

SK: I feel fairly similar... its about patient care a lot, nursing is about caring ... helping... giving people good care and a better life

SJ: Yeah, I wanted to do nursing to help people and to me that's still what it is...

SK: I've learnt its a lot about communication, from my mentor, and I'm quite good at it now, you go though like, and you think oh I can do that now but you don't really know, communication is very important for your patients... very important for your colleagues and seeing like doctors and consultants passing on information, I didn't expect how much communication would have an impact on your daily work.

R: Smoky?

SJ: Giving out pills and delegating duties, that's what I thought then, that's what it was, there's a lot more, there's still a lot more theory in practice, a lot of paperwork and all that, when I first came into nursing I didn't want to be one of those nurses

who... I want to be hands on, help patients on the road to recovery, you know what I mean...

R: Ok, so do you think your expectations and understanding of nursing has changed?

SJ: Erm, I was a wee bit mixed up before I came in, I mean, I knew why I wanted to do it and what I wanted to do, I mean there were nurses on the ward and in the care centre doing as very little as possible. I wanted to come into nursing to help, doing placements, I mean I have been able to do it...

SK: Yeah when I think about nursing now, well no...I would say my views haven't changed...I would say... added to, by the education I've got and the placements I've had. I think my basic ideas about what nursing is are still fundamentally the same but there's been bits added on to my knowledge so its like kind of ... building blocks added on...greater knowledge and technical skills as well. Don't know, its hard to kind of... you kind of go about things and you don't look at it.

SM: Ah ha, yes, I think first of all I didn't really know what to expect. I knew it was all about care of people but I didn't really know what else to expect from that so I think placement and the education I've had here... my knowledge has been built on and I think communication is more developed and...erm... my writing skills like note taking has developed as well.

R: Ok, so let's think now more about university, you've mentioned note taking skills and writing skills, did you have any expectations about university?

SJ: Uni is very hard work, I mean, care plans and CSL is good, all that's quite good but its hard work.

SM: I came in from college which was a lot of work, deadlines always at your back so when I first came into university I ... there was a lot of group work and because there's a lot of the same subject its lighter, not as heavy as college, doing lots all the time erm, but I think.... so it was kind of different from what I expected.

SK: Yeah

SM: I thought the workload would be a lot heavier than it was, its, yeah, lighter ... well its still heavy but not as heavy as I first expected.

SK: Hmm, fairly similar to my previous course I would say, maybe a bit more group work in it than before but it was much the same. In fist year we weren't given as much to do but it got harder in third year.

SJ: At college... made me wonder... if I was doing the right thing, because it was so hard and I had been out of education for so long, it was hard. Hard work, unrelated to nursing, a lot of subjects...

R: Hm,mm...

SJ: I was nae expecting CSL. PBL, labs, I was expecting placements... more placements and less theory but then you need the theory before you go to placement.

SM: Yeah, it helps.

SJ: I expected lots of biology, I never knew there was going to be so much about research, evidence based practice and PBL and that, that was a big surprise... some of it a good surprise, some of its daunting, where am I going to ... its unclear how to put it into practice...

SM: I think there's a lot of support in uni, people to help you... and in placement I think it depends on the mentor

SJ: Aye, good mentorship is important... really...

SM: It definitely depends on the mentor... whether you get support or not, most of mine have been fine, there's been one or two of them I had difficulty but... I think for the most part support was good.

SK: Ah ha, I think I've had quite good mentors, they're very supportive but sometimes its hard to ask for help... and I enjoy the clinical visits from the lecturers, that's very important, just to be there's kind of like continuity there between uni and practice and it reminds you they're still there.

R: So for you then, how have you found studying nursing at university? What is studying nursing all about?

SM: Well for me, placement has been more important than uni...

SK: Yeah...

SJ: I love placements...

SM: On what placement actually is, placement is really practical... uni is airy fairy and placement is practical and down to earth, when you get into placement its really hard work

SK: Yeah, hard work

SJ: See I've had various placements, in first year we had two health visitor placements and I did nae see the point of that, I did nae come into nursing to do health visiting, I came into the adult branch to look after adults. So, surgical was amazing, I was in theatres... that was really good, another side I hadn't seen.

SM: I think some modules this year have added more into my understanding into what nursing is and what it can be rather than placement but up until... like now it has always been placement that's had a major influence on my expectations. I hadn't done any care work...

SK: No nor me

SM: I don't know

SK: I didn't really know much, I kind of assumed I would be an observer but I've found... s'pose over the placement I've become more and more involved with erm mentors have given me more responsibility of tasks and kind of let me go off and trusting in the fact that if anything goes wrong I would come back...

SM: I think that quite a few of the placements that I've been on, 'cos they've been short staffed, they haven't counted me as supernumerary but they've counted me as a member of staff, so I've been sent to do this as one of the staff, so I'm like an extra body...

SJ: For me I've always felt part of a team, not observing, I say that more than learning, I don't mean that- I'm still learning, I can put stuff I've learnt into practice and I can put practice into theory.

R: Ok

SM: I think its probably just as well you're not counted as one of the numbers because you're not completely qualified to do everything but you're still there to be an extra body

R: Right

SK: Yeah, I've found myself being used as an extra number, people like... its been mentioned but we've got... and I say no, but, I'm supernumerary you can't count me, I mean fair enough, I might help the job along the way, they think I'm a pair of hands to make up the numbers. I'll help but I'm not actually like one of the staff so you can't count me. It wasn't really problem, I'm not very much one to make a problem, I just get on

SM: Yeah, that's right

SK: But like when that comment was made I like err... no can't count me and it was like ok. I think I reminded them of the fact that I was only there... I think even though you're supernumerary you're still .... you're kind of used as the extra body and sometimes you kind of miss out on the chance to observe things, you have to stick your nose in so you don't miss out on learning and say can I not get in on that and make sure they don't kind of send you off to do obs...

R: Smoky?

SJ: I always feel part of the team, I want to be hands on, help patients... supernumerary is not an issue for me, I just get on with it ... all the placements I've been on that's never been a problem.

SM: If you reminded them that you were supernumerary and you stood up about... moving and handling or something... and things... you were often left out...it could be difficult sometimes.



SK: I haven't had experience of it, me being kind of overlooked or what... but I don't know if that's kind of because I've been more proactive, getting in on things, making sure I don't get forgotten, I don't know...

SJ: Nor me... maybe 'cos I told people I'd been a CSW but that didn't effect it, I just got on with it.

SM: Sometimes you need to kind of assess the situation, if its worth picking a fight about then if like the patient is at risk I would say something but I let things go if it was pernickety... I would just go with practice 'cos its just not that important.

SK: Maybe, erm, if something..err... I can't pinpoint an exact example but if something's been said, we've been told in university, da da da, that we should be doing this I just put it out like, this is what we've been told to do in uni, but if you think that's the best way of doing it then...

SM: Then that's ok

SK: Yeah, if you can justify it then fair enough ...

R: So... would anyone else like to say anything?...We seem to have come to a natural end then, so, may I just reassure you again that your identity won't be revealed to anyone, and thank you again for taking parting in this discussion.

## Analysis Tables - Use of words/phrases

### Self characterisation

inquisitive	1	professional	1
quiet	1	tries her best	1
diligent	1	enthusiastic	2
patient engagement/care	3	objective	1
hanging around nurses station	1	hates to be wrong	1
confidence	4	older	1
clinical practice/skills	2	raised family	1
asks questions	8	interacts with others	5
communication	6	lacks belief	1
committed to career	1	resourceful	1
good colleague	1	friendly	3
studying	1	good bedside manner	1
polite	1	respectful	1
kind	1	knowledge of NMC	1
organised	1	happy as HCA	1
reliable	1	honest	1
learns new things	1		

## Photo selection

studying	8	patient care	13
professional looking happy	1	stressed	1
how I like to see myself	1	sitting exam	1
skilled	3	nurses' job	10
familiar activity	15	expected	3
care of elderly	4	working with doctor	3
technical/equipment	5	support	5
teamwork	3	struggling	2
communication	1	stereotypical image	2
education	2	uniform	2
happy	1	helping	4
rewarding	1		

## Repertory grid

doctor activity	1	level of responsibility	1
technical	1	activities	2
working alone	8	state of mind	2
communicating	4	uniform	1
stress	6	associated with patients	3
teamwork	8	associated with nurses	2
caring	1	see self now	1
education	1	knowledge of procedures	1
happy	7	not skilled	2
expected	4	daily duties	1
not expected	3	problem solving	1
scary/ intimidating	2	want to be	3
clinical area	5	taking control	1
study	2	clinical skill	6
professional	4	support	2
image	2	competent	1
reality	5	learning in university	6
confidence	1	covered in media	6
emotional	1	keen to learn	1
enjoyable	2	struggling	2
road to registration	1	pleasant	1
achievement	1	warmth and caring	1

## Focus group

teaching	1	Staff are supportive	3
Get paid	1	mentor	7
Do job properly	3	Enthusiastic nurses	2
childcare	2	People to help	1
Wanted to care	6	brilliant	2
Make a difference	5	enjoyable	3
Feel fulfilled	2	Meets expectation	2
rewarding	3	Role of the nurse	8
Previous care experience	7	Television programmes	3
Rule of thumb	1	stress	5
placement	9	glamour	1
observing	5	caring	7
Part of the team	5	Helping people	4
Technical skills	2	More science	2
supernumerary	4	lectures	6
communication	6	science	3
Problem based learning	4	daunting	1

## Analysis Tables - Identification of themes

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### Self characterisation

**Patient care** – patient engagement, patient care, good bedside manner, communicating

**Qualities and skills** - quiet, diligent, tries her best, enthusiastic, hates to be wrong, resourceful, friendly, respectful, polite, kind, organised, reliable, honest

**Confidence** – confidence, lacks belief

**Learning in practice** – clinical practice, clinical skills, asks questions

**Professionalism** – hanging around nurses' station, committed to career, professional, objective, knowledge of NMC

**Learning in university** – studying

**Mature student** – older, family, happy as HCA

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### Photo selection

**Image/ reality** – how I like to see myself, stereotypical image, expected, professional, happy, rewarding, struggling, stressed

**Learning in clinical environment** – teamwork, working with doctors, support, helping, patient care, communication, familiar activity, nurses' role, job, uniform, support, technical equipment, care of the elderly, skilled

**Learning in practice** – clinical practice, clinical skills, asks questions

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## Repertory grid

**Caring** – technical, knowledge of procedure, not skilled, clinical skill, competent, communicating, caring, listening, warmth

**Image** – doctor activity, nurse activity, expected, image, reality, unrealistic, media

**Emotions** – stress, happy, scary, intimidating, state of mind, support, lonely, sad, emotional, enjoyable, not pleasant, struggling

**Self concept** – see self now, future, road to registration, achievement, want to be, lacks confidence,

**Professionalism** – level of responsibility, uniform, taking control, professional, competent, road to register, achievement

**Learning in university** – studying, problem solving, education, theory, keen to learn

## Focus group

**Pre-entry perception** – financial, get paid, do job properly, childcare, want to care, make a difference, feel fulfilled, rewarding, previous care experience

**Image** – role of the nurse, caring, helping people, doctor bossing nurse, paperwork, management, stress, glamour, time constraints

**Learning in clinical environment** – support, mentor, teamwork, communication, supernumerary, part of the team, technical skills, rule of thumb, observing, enthusiastic nurses, people to help

**Teaching and learning** – uni is hard, daunting, science, problem based learning, evidence based practice, exams, essays