



University of HUDDERSFIELD

University of Huddersfield Repository

Brownlow, Rosalind

Tales from the Cardioverse: Exploring the Lived Experiences of Learning Through Online Entertainment-Education

Original Citation

Brownlow, Rosalind (2015) Tales from the Cardioverse: Exploring the Lived Experiences of Learning Through Online Entertainment-Education. Doctoral thesis, University of Huddersfield.

This version is available at <http://eprints.hud.ac.uk/id/eprint/25439/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

University of Huddersfield

**TALES FROM THE CARDIOVERSE: EXPLORING THE
LIVED EXPERIENCES OF LEARNING THROUGH ONLINE
ENTERTAINMENT-EDUCATION**

by

ROSALIND BROWNLOW

Doctor of Education

January 2015

Abstract

In the last decade entertainment-education has emerged as a key educational approach to promoting personal and social change amongst the general population in mass media contexts such as radio and television. Audiences of entertainment-education are commonly presented with educational messages embedded in soap-opera style dramas that are designed to prompt individuals to explore their values and beliefs and make positive choices about their actions and behaviours. Its use with learners in higher education is however limited and there is a paucity of research regarding its transferability to the online learning environment.

In order to understand how nurses learn through online entertainment-education in the higher education context I interviewed nine registered nurses who had studied in these circumstances using Interview Plus technique. The interviews were taped, transcribed and subsequently analysed using Smith and Osborne's (2003) steps for Interpretive Phenomenological Analysis.

Parasocial learning emerged from nurse learners' experience of entertainment-education as an active, reflective response to an emotional encounter between a nurse learner and an online character. It promoted changes in nurse learners' attitudes leading them to act as change agents in the clinical environment. Alternatively nurse learners engaged in monophonic learning. This unilateral approach appeared lead to a reduction in their communicative capacity and their sense of therapeutic agency.

The online learning environment appeared to enhance the experience of learning through entertainment-education by facilitating social support for learning. Nurse learners were able to increase their social capital through online social networking; a sense of identity concealment in the form of a virtual mask appeared to liberate them to participate. Some nurse learners however

seemed to experience a sense of identity revelation in the form of a virtual window which inhibited their willingness to contribute.

By promoting parasocial learning it seems entertainment-education has the potential to enrich the nursing curriculum. It places the patient voice at the centre of the educational experience and stimulates nurse learners to shape care. It seems entertainment-education can be usefully adopted in higher education with nurse learners.

The online learning environment appears to be an appropriate media for learning through-entertainment-education. It affords an increase in social capital through meaningful social interaction and promotes freedom to participate through a sense of identity concealment. As liberation through identity concealment was not a universal experience approaches to identity concealment/revelation would need to be carefully considered.

Monophonic learning emerged as an alternative experience of learning through entertainment-education. As the factors that influence the adoption of monophonic learning remain unclear they would benefit from further exploration.

Acknowledgements

This thesis has been a significant undertaking and I would like to take this opportunity to thank those who have supported me along my learning journey, enabling me to ensure its completion.

In particular I would like to thank my supervisor Cath O'Halloran for her advice and encouragement and for believing in me when I no longer believed in myself.

Thanks also to Pete Sanderson.

I offer my heartfelt gratitude to my husband, Ade Brownlow for understanding my obsession with this work and accepting with kindness and sincerity the impact it has had on our daily lives.

I would also like to thank my mother, Barbara McNama, who due to the serious illness she has endured during the period of this study, has shown me the true meaning of tenacity.

My thanks go to Bessie Brownlow for the hours of listening with an open heart.

I offer my gratitude for the teachings of the Madhyamaka Centre (Pocklington) which have been a source of inspiration and refuge during my studies.

I reserve a special thank-you for all the amazing nurse learners who agreed to participate in this study. Without them this work would not have been possible.

And finally I dedicate this work to the memory of Paddy Brownlow (1999-2012) who sadly did not see me complete it.

Contents

1.0 Introduction	1
1.1 Policy Drivers from the Clinical Context.....	2
1.2 Policy Drivers in Nurse Education	3
1.3 Online learning in nurse education.....	5
1.4 Entertainment-education: the pedagogy for the Cardioverse OLLE.....	6
1.5 Aims and research questions for the study	7
1.6 Institutional context.....	8
1.7 The nurse learners	9
1.8 Ontological position	9
1.9 Influential factors.....	10
1.10 The Cardioverse	13
1.11 Structure of the thesis	16
2.0 Literature Review	17
2.1 Entertainment-Education: definitions and background	20
2.2 Exploring the effectiveness of entertainment-education.....	24
2.3 How do individuals learn through entertainment-education?.....	28
2.3.1 Learning from vicarious experience	29
2.3.2 Learning from stories	32
2.3.3 Learning through involvement with characters.....	37
2.3.4 Entertainment-education in the OLLE	40
2.4 Learning in the OLLE	41
2.4.1 The OLLE conceptualized as a microworld.....	41
2.4.2 The OLLE as a socially situated space.....	42
2.4.3 The OLLE in nurse education.....	44
2.4.4 The OLLE in the context of this study.	46
2.5 This Study.....	46
3.0 Methodology.....	48
3.1 Phenomenology as the philosophical foundation for my study	48
3.1.1 Transcendental phenomenology	49
3.1.2 Noema and Noesis	49
3.1.3 Intentionality.....	49
3.1.4 Bracketing and Epoché.....	50
3.1.5 Existential phenomenology and hermeneutics	52
3.1.6 Hermeneutic phenomenology: Gadamer	53
3.1.7 Hermeneutic phenomenology: Ricoeur.....	54
3.1.8 Interpretive Phenomenological Analysis	57
3.2 Research Design.....	58

3.2.1 Interviews as my method of data collection.....	58
3.2.2 Interview structure in my study.....	60
3.2.3 Using a topic guide as a data collection instrument.....	62
3.2.4 Interview plus technique and its impact on data collection.....	65
3.2.5 Selection of learning artefacts.....	66
3.2.6 Deploying learning artefacts.....	67
3.2.7 Sample selection and participant recruitment.....	69
3.3 Ethics.....	72
3.3.1 Consent to participate.....	72
3.3.2 Data security and storage.....	74
3.3.3 Ethics of the researcher-practitioner role.....	75
3.4 Analytical Procedures.....	78
3.5 Demonstrating integrity of qualitative research.....	84
3.5.1 Establishing criteria for my work.....	85
4.0 Results.....	89
4.1 Idiographic analysis: case summaries and the life-world.....	89
4.2 Summaries of learner experience.....	90
4.2.1 Learner summary: Mary.....	90
4.2.2 Learner summary: Janet.....	91
4.2.3 Learner summary: Carol.....	92
4.2.4 Learner summary: Sarah.....	93
4.2.5 Learner summary: John.....	94
4.2.6 Learner summary: Mandy.....	95
4.2.7 Learner summary: Debbie.....	96
4.2.8 Learner summary: Angela.....	97
4.2.9 Learner summary: Grace.....	98
4.2.10 Concluding statement on learner summaries.....	99
4.3 Results of thematic analysis.....	100
4.4 The noema of learning through entertainment-education.....	101
4.5 Overview of the experience of learning through entertainment-education.....	101
4.6 Parasocial learning.....	102
4.6.1 Stage 1 of parasocial learning: interaction.....	104
4.6.2 Stage 2 of parasocial learning: emotional challenge.....	106
4.6.3 Stage 3 of parasocial learning: individual and social change.....	113
4.6.4 Change in knowledge but not parasocial learning.....	117
4.6.5 Parasocial learning theme results summary.....	118
4.7 Social Support for Learning.....	119
4.7.1 Building social relationships to support learning.....	120

4.7.2 Emotional encounters as support for learning	122
4.7.3 Gratification of informational needs through interaction with others	124
4.7.4 Effectiveness as an outcome of social support for learning	126
4.7.5 Social support for learning theme summary	128
4.8 Monophonic learning.....	129
4.8.1 Lack of social interaction and discussion with other learners	130
4.8.2 Lack of social interaction and discussion with tutors	131
4.8.3 Limited parasocial interaction with monophonic learning.....	132
4.8.4 Interaction through tests with automated feedback	132
4.8.5 Task orientation and monophonic learning.....	134
4.8.6 Outcomes of monophonic learning	134
4.8.7 Monophonic learning thematic summary	136
4.8.8 Noema of learning through entertainment-education in the OLLE: concluding statement	137
4.9 The noesis of the online environment.....	137
4.9.1 The virtual mask.....	138
4.9.2 Virtual mask summary:	140
4.9.3 The virtual window	141
4.9.4 The virtual window summary:	145
4.9.5 The noesis of the OLLE: concluding statement.....	146
4.10 Final summary of results.....	146
5.0 Discussion.....	148
5.1 Discussion of Findings relating to Parasocial Learning	148
5.1.1 Parasocial learning as an active learning process.....	149
5.1.2 Parasocial learning as a transformative learning process	155
5.1.3 Parasocial learning: transcending the theory-practice gap by promoting social change..	161
5.1.4 Parasocial learning: an alternative to learning from real world experience	164
5.1.5 Parasocial learning: facilitating the emotional challenge	168
5.2 Social Support for Learning and the Virtual Mask	172
5.2.1 The virtual mask: identity concealment promotes participation and a safe OLLE	173
5.2.2 The virtual window: identity revelation compromises the safety of the OLLE.....	175
5.2.3 Promoting safety in the OLLE by addressing the challenges of the virtual mask and the virtual window	177
5.3 Monophonic learning: learning in isolation.....	179
5.3.1 Monophonic learning: a reduction in social capital.....	179
5.3.2 Monophonic learning as an instrumental learning process	181
5.3.3 Monophonic learning: as a quest for facts	182
5.3.4 Monophonic learning: a learning preference?	183

5.3.5 Social context of monophonic learning	185
5.3.6 Monophonic learning conclusion.....	186
5.4 Discussion Summary	187
6.0 Conclusion.....	189
6.1 Reviewing the aims of the study.....	189
6.2 Summary of key findings and their implications.....	190
6.3 Limitations.....	193
6.4 Recommendations for further work	195
6.5 Reflections on my learning through the professional doctorate.....	195
6.6 Closing statement	197
References	198
Appendix 1 Summary of outcomes of entertainment-education literature search.....	223
Appendix 2 Steps in IPA analysis Smith & Osborn (2003).....	224
Appendix 3 Topic Guide Draft1.....	227
Appendix 4 Reflections on Piloting the Topic Guide.....	228
Appendix 5 Final Topic Guide	229
Appendix 6 Generic Learning artefacts of patient characters shown to participants in A4 size.....	230
Appendix 7 Generic learning artefact of practitioner characters.....	232
Appendix 8 Examples of individual learning artefacts.....	233
Appendix 9 Interview 1 Contact Summary	234
Appendix 10 Interview 2 Contact Summary	236
Appendix 11 April 2007 Cohort sample and recruitment.....	238
Appendix 12 October 2007 Cohort sample and recruitment	239
Appendix 13 January 2008 Cohort sample and recruitment.....	240
Appendix 14 Invitation to participate	241
Appendix 15 Consent form	243
Appendix 16 Reflections on interviewing Participant 7.....	244
Appendix 17 Case 1 theme map showing repetition of parasocial	246
Appendix 18 Theme map showing analysis after case 5	247
Appendix 19 Final theme map after idiographic and cross case analysis.....	248
Appendix 20 Table showing themes which emerged from Case 1 only	249
Appendix 21 Table showing themes which emerged from Case 5 only	251
Appendix 22 Master theme table after case 5. Table shows themes from all cases.....	253
Appendix 23 Reflection on theme boundaries	256
Appendix 24 Master theme table on completion of idiographic analysis of all cases.....	257
Appendix 25 Final master theme table after coding across all cases.....	258

List of Figures

Figure	Title	Chapter(s)	Page number(s)
1	Practitioner characters from the Cardioverse	1	15
2	Figure showing the evolution of entertainment-education	2	22
3	The communication circuit in entertainment-education (Sabido in Nariman 1993).	2 & 5	35 & 150
4	Screen shot showing excerpt of theme lists for all cases	3	81
5	Screen shot showing excerpt of theme directory for all cases	3	82
6	Overview of the experience of learning though entertainment-education showing the learning processes and influential objects	4	102
7	The 3 stage parasocial learning process	4 & 5	104 & 151
8	Social support for learning	4	119
9	Monophonic learning	4	130
10	The nature of the virtual mask	4	138
11	The nature of the virtual window	4	141
12	Recommended adaptations to Sabido's (1993) communication circuit to show the active role of the learner	5	154
13	Recommended amendments to Sabido's 1993 communicator circuit to show learner engagement in reflection and personal transformation	5	160
14	Sabido's 1993 communication circuit amended to show the active role of the learner and the community in enacting social change	5	164

List of Tables

Table	Title	Chapter	Page number
1	Tales from the Cardioverse	1	14
2	Function of theoretical components in entertainment-education	2	21
3	Sabido's entertainment-education soap operas of the 1970s	2	23
4	Summary of key studies from the Annenberg School for Communication and Journalism showing the impact of entertainment-education storylines in popular US TV shows.	2	25
5	Spradley's taxonomy of descriptive questions	3	64
6	Ethical considerations for me as a researcher-practitioner	3	76
7	A summary of each learner's contribution to understanding learning experience	4	99
8	Participant learning behaviours and grades achieved at first submission where A=highest, F=fail	4	136

List of Acronyms and Abbreviations

- ABC - American Broadcasting Company
- BACPR - British Association for Cardiovascular Prevention and Rehabilitation
- BBC – British Broadcasting Corporation
- BHF - British Heart Foundation
- CAMEL - Collaborative Approaches to the Management of e-Learning
- CHD - Coronary heart disease
- CLEX - Committee of Inquiry into the Changing Learner Experience
- CVD - Cardiovascular disease
- DH - Department of Health
- ELDT - E-Learning Development Team
- eLISA - e-Learning Independent Study Award
- JBS - Joint British Societies
- IPA - Interpretive Phenomenological Analysis
- JISC - Joint Information Systems Committee
- KSF - Knowledge and Skills Framework
- LEaD - Learner Experiences across the Disciplines
- MOOCS - Massive Online Open Courses
- NBC - National Broadcasting Company
- NHS – National Health Service
- NICE – National Institute of Clinical Excellence
- NMC - Nursing Midwifery Council
- OLL – Online learning
- OLLE – Online Learning Environment
- PANTEL - Panamericana De Television

- RCN - Royal College of Nursing
- SABC - South African Broadcasting Corporation
- SCONUL – Society of College and University Libraries
- STROLL - Student Reflections on Lifelong e-Learning
- TV - Television
- UK- United Kingdom
- USA – United States of America
- VLE – Virtual Learning Environment

1.0 Introduction

Pedagogical approaches in Higher Education (HE) and nurse education have evolved in recent years to incorporate the use of new technology and multi-media modalities. The language of education is changing alongside advances in technology and discussions on engagement, enjoyment and entertainment have emerged. As the designer of an online learning environment (OLLE) called the Cardioverse and a tutor delivering nurse education within this context, I became interested in investigating the experiences of learners in OLLEs.

In 2006 at the inception of the Cardioverse OLLE, discussions of pedagogical approaches appropriate for the OLLE were in their infancy and no singular pedagogy predominated in nurse education. Based on the ideas of Mexican film maker Miguel Sabido (cited in Nariman 1993) and health promotion specialists Singhal et al (2004) entertainment-education emerged as a field of interest. It is a pro-social pedagogy commonly used in public health where it is employed to deliver educational messages in radio and television in the form of melodramas or soap operas about the lives of people in their social context to influence the knowledge, attitudes and behaviours of its audiences. I thought entertainment-education offered the potential to combine the benefits of narrative and simulation pedagogies and as its roots are firmly planted in the mass media, considered it might be suitable for use in the OLLE. I therefore chose entertainment-education as the pedagogical approach underpinning the design of the Cardioverse OLLE.

Having chosen to adopt entertainment-education pedagogy within the design of an OLLE, my interest, more specifically, is in exploring learners' experience of learning through online entertainment-education. In particular my thesis focuses on post-registration nurse-learners experience of studying coronary heart disease prevention part-time through entertainment-education in a distance OLLE I designed called the Cardioverse. In this opening chapter I offer

rationale for my work exploring nurse learners' experiences with particular emphasis on nurse education, entertainment-education and the OLLE.

I begin this section of the thesis by providing an overview of the policy drivers that have shaped the development of online learning (OLL) within nurse education. I give particular regard to the key issues surrounding the use of entertainment-education pedagogy within the online context and experience of nurse-learners. I then present the research aims and questions before going on to explore the institutional and personal contexts that indicate my position in my research. I then present a brief synopsis of the Cardioverse to provide the reader with insight into the OLLE experienced by nurse learners in this study before presenting an indication of the content of subsequent chapters within the thesis. I use a number of acronyms and abbreviations within the thesis that reflect the terminology of the current literature. A full list of these can be found on pages x and xi. My thesis makes reference to literature spanning from the 1970s to the present day in order to represent the evolution of the field of entertainment-education. Additionally there is a significant emphasis on entertainment-education literature from the early part of the 21st century as a significant body of literature surrounding this pedagogy began to emerge at that time. This thesis is presented in the first person throughout in order to demonstrate the reflexive nature of my work.

1.1 Policy Drivers from the Clinical Context

Cardiovascular disease (CVD) is a significant public health problem as it is the chief cause of death in the United Kingdom. In 2007 34% of deaths in the UK, a total of 193,000, were attributed to CVD (British Heart Foundation (BHF) 2008), of which 90,000 were specifically attributed to coronary heart disease (CHD) (BHF 2008). Over the last 10 years major initiatives have been put in place to reduce the prevalence of CHD including the National Service Framework for Coronary Heart Disease (Department of Health (DH) 2000), Putting Prevention First (DH 2008) and most recently the Cardiovascular Disease Outcomes Strategy (DH 2013). During this time the evidence base for the

prevention of CHD has increased and more clinical guidance to support practice has been produced (Joint British Societies (JBS2) 2005 and (JBS3) 2014, National Institute for Clinical Excellence (NICE) 2007/2013 and NHS Health Checks, DH 2009). As a result, the knowledge and skills required by practitioners to successfully implement CHD prevention programmes have expanded (DH 2013, JBS2 2005, JBS3 2014, British Association for Cardiovascular Prevention and Rehabilitation (BACPR) 2012) and demand for CHD prevention services has increased (DH 2003, DH 2013). This has led to a call for an increase in the number of nurses trained to deliver CHD prevention programmes (JBS2 2005, DH 2008, DH 2009). However, despite increasing demand for appropriately trained nurses, time constraints in clinical practice make it difficult for nurses to access appropriate, face-to-face programmes of study. Thus there was a need for educational programmes which could support nurses to meet the demands of clinical practice but could be delivered within service constraints.

1.2 Policy Drivers in Nurse Education

Prevention of CHD features highly on the government's agenda for the future of NHS services (DH 2007, DH 2008, NICE 2007/ 2013) and the nursing workforce needs to be adequately trained to deliver the prevention targets by providing effective health promotion interventions which can reduce cardiovascular morbidity and mortality (DH 2006, DH 2010, DH 2012, Health Education England 2014). Nurse educators like me have an important role preparing the nursing work-force to deliver care that contributes to the government's CHD prevention targets. Good clinical outcomes are achieved within CHD prevention through effective consultations between a patient and a nurse that support adherence with medication regimes and lifestyle adaptations necessary for good cardiovascular health. This requires that a nurse has a good understanding of the disease process and the manifestation of symptoms alongside the ability to empathise with the patient with regard to the impact the symptoms have on the patient's lifestyle. Professional bodies in the field such as the BACPR (2012) advocate the need for health education, behaviour change and psychosocial health alongside the provision of risk factor management and cardio-protective therapies. Nurses

therefore require process skills as well as factual knowledge to deliver effective care. In 2006 while the Cardioverse was being developed nurse education was being shaped by educational initiatives such as the Knowledge and Skills Framework (KSF) (DH 2004). The process skills promoted within the Cardioverse map broadly with the specific health and well-being dimensions of the KSF.

In order to prepare nurses to respond to the on-going changes in health care and ensure educational programmes remain accessible, an evolution in nurse education has been taking place. Increasingly innovative methods of teaching, learning and assessment are being adopted and new technologies are being embraced. Nursing curricula have been moving away from traditional didacticism, becoming more problem-focused in order to reflect the complexities of clinical practice (Hsu 2004, Vittrup and Davey 2010). The use of technological and pedagogical innovations to help nurses to achieve competence within the constraints of a highly stretched NHS is demonstrated by the increase in the use of simulation teaching (Mole and McLafferty 2004, Alinier et al 2004, Alinier et al 2006, Nursing Midwifery Council (NMC) 2007). Its adoption appears to reflect nurse educators' desire to promote clinical competence in a safe environment while reducing the workload on mentors and pressures on clinical settings. Thus technological approaches to teaching and learning are evolving to make nurse education accessible and affordable while increasing the numbers of well prepared nurses. However, the nursing profession is currently facing a number of challenges and consequently the demands on technology and pedagogy in nurse education appear to be increasing. Responding to criticisms of nurses' capacity to care (Parliamentary and Health Service Ombudsman 2011, Francis Report of the Mid Staffordshire NHS Foundation Trust public inquiry 2013), the new agenda for nurse education (NHS Future Forum 2012, Willis Commission 2012, Commissioning Board of the Chief Nursing Officer and DH Chief Nursing Adviser 2012) calls for nurses to develop carative skills alongside technical competence but the constraints on the NHS in terms of time and resources to support nurses' education still remain. As a result, nurse education in the OLLE is an emerging

approach to teaching and learning which seeks to combine the benefits of simulation focussed programmes while offering the additional flexibility of 24 hour study.

1.3 Online learning in nurse education

Online learning is emerging as a new approach to scholarship across the educational spectrum and is one of the technological approaches to teaching and learning predicted to be the most influential factor in the future design of higher education across all disciplines (Coffait 2012). From the use of Massive Online Open Courses (MOOCs) to offer free access to learning by top tier higher education institutions such as Harvard, MIT and University of Edinburgh (see Sutton and Basiel 2014 for a detailed discussion), to the use of Big Data¹ to inform the design of online teaching and learning (Laurillard 2012), the technology that supports online learning appears to be enabling distance learners to learn in new ways (Clobridge, 2012). Online learning is a growing trend that is also reflected in nurse education (Kenny 2002, Koch et al 2010, Gould et al 2014) as it offers a flexible, dynamic and cost effective approach to learning at a time when resources for education of NHS staff, both time and financial, are reducing (Appleby et al 2013).

Although OLL does appear to have been readily adopted by educators of health professionals over recent years (Wilkinson 2004, Glen and Moule et al 2006, O'Neil et al 2009, Koch et al 2010, Moule et al 2010, Glogowska et al 2011) research on the pedagogical approaches which support such courses is somewhat limited and nurse learners' perspectives of OLL have been little explored. In their scoping study for the Joint Information Systems Committee (JISC), Sharpe et al (2005) observed there to be a plethora of research exploring the technicalities of OLL but a general paucity of research into the student experience. Although JISC (2007) has supported research into the experience of learners (see Creanor et al 2006 and Conole et al 2006), they called for further research into student experiences of OLL specifically and more studies exploring learner experience of learning in the OLLE have since emerged (see STROLL and LEaD report by Hardy and Jeffries 2010,

CLEX 2009 and Moule et al 2010 for examples). My study sits within the context of this body of knowledge which seeks to determine how learning takes place within the context of technology; an area that Laurillard (2012) asserts still remains little explored.

1.4 Entertainment-education: the pedagogy for the Cardioverse OLLE

As previously mentioned, the theoretical underpinning for the Cardioverse OLLE is entertainment-education; a pedagogical approach that promotes the communication of educational messages embedded in melodrama based on the ideas of Miguel Sabido (cited in Narimann 1993) and Singhal et al (2004). In the field of public health, audiences of entertainment-education are commonly presented with a storyline which covers a key health or social issue set in a socially familiar context and meta-narratives may be used to explore issues over time. Entertainment-education can be found in a broad range of media from the British TV soap opera *East Enders* and the exploration of Peggy's decision to have breast surgery (BBC, April 2008) to small-scale examples such as *A Patchwork Life* where entertainment-education is used to help American women of low literacy, to make the same decision (Jibaja-Weiss et al 2011).

Entertainment-education differs from other approaches designed to reproduce clinical experiences that are more commonly used in nurse education such as case study (understood as a description of a real-life situation used as a prompt for discussion, Popil 2011) and simulation (understood as the recreation of clinical scenarios in a controlled environment, Moule 2011). Although there is no universally agreed use of these approaches, they tend to be stand alone interventions emphasising the acquisition of clinical knowledge and skills (Stayt 2012), whereas entertainment-education uses ongoing dramatic storylines to enable audiences/learners to engage with an issue and allow them to come to new understandings over a period of time. In case study and simulation teaching the clinical data is seen as the key stimulus for learning and learners engage with recognized problems in the context of pre-determined solutions. In entertainment-education the drama is seen as the key

mechanism to promote learning which takes place through the interpretation of its meaning by the learner in their social context. The storylines used the Cardioverse are discussed in more detail in section 1.9.

The majority of studies in the field of entertainment-education tend to be outcomes based and in the West, studies associated with the Annenberg School for Communication tend to predominate (Wilkin et al 2007, Hether et al 2008, Morgan et al 2009, Lapsansky et al 2010, Murphy et al 2011) as they are affiliated with large budget American TV shows such as *ER* (NBC 1994-2009) and *Grey's Anatomy* (ABC 2005-present). Although explorations of the experience of entertainment-education have taken place with the general population (Papa et al 2000, Sood and Rogers 2000, Sood 2002, Moyer-Gusé and Nabi 2010) and learning processes have been considered within the field (Kincaid 2002, Slater 2002, Slater and Rouner 2002, Moyer-Gusé 2008), the experiences of nurse-learners engaged in entertainment-education in OLLEs in the higher education setting have yet to be explored.

1.5 Aims and research questions for the study

Learning through entertainment-education in the OLLE is therefore the focus of this research and nurse-learners' experiences of learning in the Cardioverse OLLE are the vehicle for this exploratory study.

The aim of this research is to explore the nurse-learners' experience of entertainment-education in order to gain insight into how they make sense of entertainment-education and to gain an understanding of the learning processes involved. The following research questions were therefore formulated:

1. What is the nature of the learning experience in online entertainment-education?

2. How do individuals learn through online entertainment-education?

In this study I have taken an interpretive phenomenological approach to help me gain understanding of the nature of the learning experience through online entertainment-education. I have chosen this approach in order that both the unique and the shared nature of the learning experience can contribute to my understanding. I discuss this approach in more detail in the methodology chapter of this thesis.

1.6 Institutional context

This study is located within a health sciences department in a Higher Education Institution (HEI) in the United Kingdom (UK). Departments within the university have considerable autonomy to develop educational experiences for their learner markets and the university ensures mechanisms to facilitate learning enhancement are in place. A central E-Learning Development Team (ELDT) provides support to academic staff to develop online courses by offering technical advice and guidance on course design. All online programmes within the university are based on the Blackboard Inc Virtual Learning Environment. The Cardioverse OLLE experienced by nurse learners in this study was built on Blackboard Learn Version 7©.

Nurse educators within the health sciences department are at liberty to select the most appropriate pedagogies for their programmes of education. Although there is a broad androgogical ethos within the department, no one pedagogical position is imposed. Devising an OLLE called the Cardioverse for the delivery of a 20 credit undergraduate module called Coronary Heart Disease (CHD) Prevention Online was a pioneering approach to address the department's aspirations to expand the delivery of CHD provision to a national and international market, while simultaneously responding to the challenges facing nurse education as previously discussed. Developed in 2006, the same year that

Facebook and Twitter became available to a global audience, CHD Prevention Online was the department's first online distance learning programme and I was its designer.

1.7 The nurse learners

The learners undertaking CHD Prevention Online were qualified nurses registered with the NMC. They came from a range of clinical backgrounds in both hospital and community settings. All had an interest in the prevention of CHD, through primary or secondary interventions and were accessing CHD Prevention Online to develop their expertise in the specialism. As CHD Prevention Online was offered on a distance learning basis requiring no attendance at university campus, nurse learners accessed the module from locations across the UK and Europe. As the online distance learning nature of CHD Prevention Online was promoted as a unique selling point of the module to learners, it may have been the opportunity to study the module content without the need to travel to the university that attracted the learners to the module.

1.8 Ontological position

The opportunity to design an OLL module on CHD prevention for distance learners, led to my interest in entertainment-education as an appropriate pedagogy for online nurse education. I developed a desire to understand learners' experiences of online entertainment-education in order to enhance my teaching practice, engage in discourse in the field and to contribute to the literature on nurse education.

My own development continued alongside the development of the Cardioverse as I engaged in training with the ELDT. This involved designing and planning content, setting up the VLE, using tools and facilitation skills. I also engaged in pioneering collaborative work with ELDT to create videos for the OLLE as CHD Prevention Online was the first online module in the university to use this media. In addition, I developed skills in storyboarding, creative writing, script production and direction while

writing the stories for CHD Prevention Online and working with actors from Equity and The Spotlight Agency.

My interests in OLL led me to my involvement in the university's Distance Learning Forum and the regional Higher York E-learning Network. I also shared my insights with the nurse education community and CHD Prevention Online received a national Cardiac Nursing Award in 2008 for innovation in education and research. I further deployed my skills in story writing to develop a module with my colleagues using creative writing to promote empathy with older people amongst pre-registration nurses and I co-edited a series of books called *Lives Remembered* containing the stories produced by nurse learners during this module. In 2013 my colleagues and I received a Vice-Chancellor's Gold Award for Outstanding Achievement for this work.

My innovations in education led to my involvement in the university's Learning and Teaching Forum which is an informal group that aims to bring together colleagues involved in teaching and learning across the University where I continue to nurture my interest in story-based pedagogies in the classroom and in the OLLE. I am also a member of the university's Distance Learning Forum which is a formal body advising central university on matters pertaining to distance learning and OLLEs.

1.9 Influential factors

As I embarked on the development of the Cardioverse I was aware that post-registration nurses may be employed full-time, may have families and may find it difficult to find time to access programmes of education. Local commissioners of nurse education were beginning to place restrictions on time and resources for nurses to study and I was aware that support for nurses wishing to engage in continuing professional development may be limited. Consequently I thought nurse learners may find it difficult to engage with nurse education. With this in mind I set out to design the Cardioverse

to be an accessible, supportive environment where nurses could enjoy learning how to support patients at risk of heart disease.

In designing the Cardioverse I was initially inspired by the concept of 'hard-fun' that was proposed by Seymour Papert (1998) the inventor of Lego Mindstorms. He proposed that negative educational experiences occur not because the academic work is difficult but because it's dull. Papert (1998) suggested that although learning is 'essentially hard' it occurs when people are engaged in interesting and challenging activities. Although Papert (1998) asserts that learning is difficult he proposed that people like challenges as long as they are enjoyable. This implies that, making learning appealing rather than easy is the way to attract learners and keep them engaged in learning activity. Papert (1998) recommended that educational games can be used as a way to create engaging and enjoyable learning that holds the attention of learners; an approach that is now widely described as edutainment (Okan 2003).

While I was intrigued by this perspective, it didn't seem to hold up to further investigation. Edutainment had been widely criticised by the academic community as technologically focussed, producing only superficial learning. For example Buckingham and Scanlon (2004) asserted that edutainment's focus on learning as fun makes pedagogy subservient to technology and, based on their analysis of multi-modal educational websites, they argued that learning through edutainment leads to learning which is mechanistic and divorced from its social and ethical context. This was not what I was looking to achieve in developing the Cardioverse. Nursing academics were also aware of the challenges to the credibility of edutainment as an approach to learning and cautioned against allowing technology to countermand the pedagogical aims of nursing programmes (Billings 2001, Twomey 2004 and more recently Parker and Myrick 2009, Kala et al 2010). Conscious that nurse-learners need education which does not detach them from the context but situates them firmly within it, I discovered that some nurse educators had made efforts to distance themselves from the

concept of edutainment in an effort to ground the use of learning technology in theoretical perspectives such as constructivism and behaviourism (Twomey 2004, Docherty et al 2005 and more recently Parker and Myrick 2009, Kala et al 2010) as these approaches are perceived as enabling nurse learners to build their own interpretations of taught content in clinically relevant contexts. So as it seemed that educational interventions based on edutainment were devoid of social context and as I was seeking to produce educational experiences that were relevant and socially contextualized, I discounted edutainment as I considered it to be an inappropriate pedagogical approach.

It seemed that a key way to engage nurse learners in programmes of education was to make them meaningful. This is generally approached by nurse educators in my department by attempting to create educational experiences that are relevant and socially contextualized. This approach is based on the theory of andragogy in which Malcolm Knowles (1990) proposed that adult learners are autonomous and self directed, perceiving the experience of learning as integral to the self. According to Knowles (1990) and Knowles et al (2012) adults will engage in learning if they perceive the subject as relevant. This perspective implies that episodes of education designed to meet the needs of adult learners such as nurses, need to be applicable to their work role responsibilities and presented in an authentic context. These ideas have been widely adopted in nurse education where experiential learning and reflecting on practical experiences as methods of constructing new knowledge are emphasised (Freshwater et al 2008, Johns 2010, Rolfe et al 2011, Johns 2013). However the challenge for me in developing the Cardioverse, was that I did not have the opportunity to provide nurse learners with placements in the clinical workplace, yet I still needed to be able to provide an educational experience that was engaging, relevant and socially contextualized. This led me to the work of Miguel Sabido and entertainment-education pedagogy. I discuss this pedagogy in more detail in the literature review.

1.10 The Cardioverse

The Cardioverse is the OLLE experienced by the nurse learners in this study. Its design is underpinned by entertainment-education. What follows is a brief description of the Cardioverse aimed at providing the reader with insight in to phenomena experienced by the nurse learners.

The Cardioverse features a series of clinical dramas related to the prevention of heart disease. The dramas follow 4 patient characters affected by heart disease and the social, emotional and physical challenges they face (Table 1). Each patient character has a storyline and is featured in a series of filmed episodes which unfold over a three week period with one patient character returning for a second series of episodes. I used an episodic approach in order to promote familiarity with a patient character (Eder 2006) and to encourage the nurse learners to attend to the patient story. Episodes may be set in the homes of patient characters or in the clinical environments they visit, to help the nurse learners gain insight into the lived experience of health and illness from the patient perspective. Each patient has a detailed social history, a comprehensive set of clinical records, related reading materials and course activities which guide nurse learners through the programme of study.

Focussing learning on a single patient character at a time is designed to promote familiarity with the experiences of the patients and practitioner characters encountered (Figure 1) (Alperstein 1991, Auter 1992, Eder 2006).

Table 1: Tales from the Cardioverse



Case Study 1: Malcolm Jones. Malcolm is a smoker with high blood pressure and a manager of a haulage company. He worries about his health but also worries about the social impact of quitting smoking and he doesn't know what to do.

Learners experience three weeks of stories and activities aimed at helping them to establish individual cardiovascular risk and work with Malcolm's ambivalence to change. Learners are exposed to the deliberations from the patient's point of view. They need to consider how to support him. In doing so they need to manage the tensions between service goals and an individual patient.



Case study 2: Mohammed Khan. Mohammed is a taxi driver and diabetic. He is feeling overwhelmed and finding making lifestyle changes difficult. Learners experience three weeks of stories and activities aimed at examining the links between diabetes and cardiovascular disease and exploring how to work with psychological resistance. The stories expose learners to confrontations between Mohammed and his nurse, Mark.

Learners experience the negative outcomes of the consultation from the patients point of view and the challenges Mark faces in adapting his approach to the consultation to achieve a more beneficial outcome. Learners see Mark work with Mohammed through to resolution. Mark is used in the storylines as a transitional character.



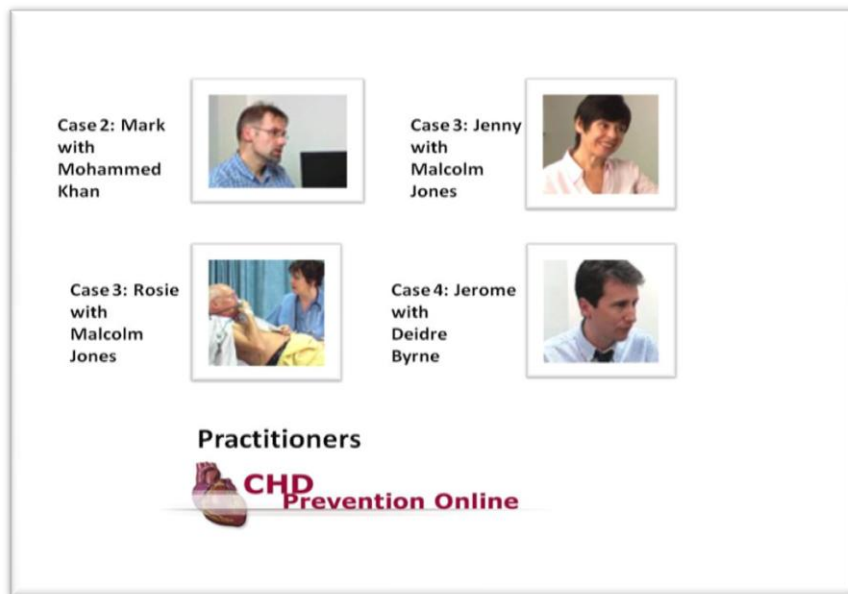
Case study 3: Malcolm Jones. Malcolm returns. Over three weeks learners see episodes related to Malcolm's admission to hospital with a heart attack. Learners see how to assess a patient for cardiac chest pain and explore their beliefs in comparison to Malcolm's beliefs in relation to heart attack.

Malcolm's heart attack is a dramatic stimulus to examine evidence and explore beliefs about heart attack and risk related behaviour. Students have an opportunity to consider how they might manage these tensions within a consultation.



Case study 4: Deidre Byrne. Deidre is a widow who lives alone and is experiencing depression after a heart attack. Learners experience 3 weeks of stories and activities aimed at helping them to assess patients who are depressed after a heart attack so they can make referrals, set goals and advise on appropriate therapies. Through the use of stories, learners experience depression from the patient's point of view and see skilful assessment and support from the nurse, Jerome. Working with people with depression can be challenging. Staying with Deidre's story is difficult, so students need to consider how to manage the challenge. Jerome is used as a positive role model.

Figure 1: Practitioner characters from the Cardioverse



Based on Bandura's (2004) discussion on differential modelling and vicarious motivators in relation to entertainment-education, the episodes presented may feature positive or negative clinical encounters. They may feature patients who find it difficult to adjust to living with heart disease or to accept the risk that they face. Some episodes present the challenges faced by the practitioners working with patients in this clinical context and while some are shown managing these challenges skilfully, others are portrayed struggling to facilitate consultations with beneficial outcomes. Course activities are designed to encourage nurse learners to watch episodes, read materials and comment on what they have seen. I anticipated that by sharing their perspectives nurse learners would construct knowledge socially in line with the ideas of Vygotsky (1962) and will generate what Benner and Wrubel (1989) describe as common meanings. Nurse learners are normally guided by the course activities to consider what the nurse and the patient brought to the clinical encounter, what impact it had and identify, based on observation and reading, what approaches they think will facilitate the most beneficial outcomes for both parties. Activities also guide nurse learners to appraise evidence and to make comparisons with their own professional role.

Asynchronous online discussion tools are used to facilitate reflection and discussion as recommended by Garrison (2009). They enable nurse learners to share their ideas by posting to the Discussion Board for learners and tutors, the Coffee Room for learners only or in their Personal Journal for individual discussions with their tutor. No specific model is provided to guide learners' reflective discussions. It is assumed as qualified practitioners the nurse learners studying in the Cardioverse will already be familiar with reflective techniques. Asynchronous discussions for learners and tutors are e-moderated using generic inductive principles to aid discovery. In addition to discussion tools, self assessment quizzes are available for nurse learners to help them consolidate their developing factual knowledge. By engaging in the course activities it is anticipated nurse learners develop an understanding of the disease processes, therapeutic interventions, as well as the meaning of the disease and its treatment for the patient.

1.11 Structure of the thesis

This thesis is organized into 6 chapters. After providing an introduction to my thesis in this initial chapter, I review the current literature pertaining to learning through online entertainment-education in Chapter 2. In Chapter 3 I present the methodological position that I have adopted in this thesis and offer the rationale for my position. I present the results of my study in Chapter 4. I offer findings from both the idiographic and thematic analysis in this chapter so that the contribution of each learner to the overall analysis can be seen alongside the emergent themes. In Chapter 5, I discuss the insights I gained of learners' experiences of learning via entertainment-education in the OLLE in the context of the current literature. I then move on to my conclusions in Chapter 6 in which I review the aims of my study and the extent to which I answer my research questions. I consider the contribution of my work for the field of entertainment-education and discuss the implication of my findings for nurse education. Finally I draw my work to a close by making recommendations for future research.

2.0 Literature Review

Entertainment-education has a rich and varied history spanning over 50 years and is most commonly discussed in relation to its use in radio and television. With studies taking place and discussions emerging from diverse fields such as communication, media studies and public health, a significant body of literature has emerged that demonstrates the effectiveness of entertainment-education. Having been convinced of the strength of this evidence, I selected entertainment-education as the pedagogy underpinning the design of the Cardioverse OLLE. While exploring the entertainment-education literature, it became apparent that the number of studies exploring learner experience of entertainment-education was limited and nurses' experience of entertainment-education in the OLLE had not been explored previously. This lack of literature prompted me to undertake this study as I wanted to understand how nurses learn in the OLLE within the context of entertainment-education pedagogy.

I took a strategic approach to reviewing the literature in relation to entertainment-education. I began by defining my research question and clarifying the relevant key terms. As a nurse educator I am used to using a structured approach to setting questions to guide literature searches and I am familiar with the PICO (problem, intervention, counter-intervention, outcome) framework (Flemming 2008). However as for the purposes of this literature review I am exploring a non-clinical research topic the PICO framework did not seem appropriate but the principal of having a structured approach to question setting still seemed relevant. I therefore modified the PICO approach to "population", "intervention", "environment" so that the search terms I utilised came under one of these three headings. I feel this action was appropriate as Flemming (2008) suggests that question setting frameworks are commonly modified in qualitative research in order to reflect the diversity of the paradigm. For the purposes of my literature search the population is nurses, the intervention is entertainment-education and the environment is the online learning environment.

As my topic spans both health and education disciplines I searched a range of databases in order to ensure I collected literature from both fields. The key databases I accessed were CINAHL-Plus, ERIC(EBSCO) and the British Educational Index (EBSCO). I used the Boolean operator “AND” to combine terms and I began my search with the terms “entertainment” AND “education”. This produced a large number of hits, of which a significant number were false positives that focussed on edutainment. I therefore limited my search by using the Boolean operator “NOT” and the term “educational technology” to exclude the edutainment research. The summary of the outcomes of these searches can be seen in Appendix 1. Of the databases I used, CINAHL Plus produced the largest number of results and the most relevant results for my research question. I think this is because entertainment-education is a pedagogy more commonly used in public health and social education as well as literacy education in schools in the USA.

In addition to using Boolean operators to manage my literature search, I also used combination searching. Combining the terms “entertainment” AND “education” AND the truncated term “nurs*” to represent “nurse”, “nurses” and “nursing” produced no results and so revealed a gap in the literature on entertainment-education, suggesting the use of entertainment-education in the education of nurses was not being reported in the literature. I adopted the same techniques to searching the literature in relation to online learning and nurse education. Searching the same databases for literature on “e-learning”, OR “online learning” OR “online learning environment” produced a large number of results. I was however able to reduce the number of results obtained by combining these terms with the terms “nurs*” OR “nurs* education”, though the quantity still remained significant (209 articles published in 2015). I therefore reduced the numbers I accessed still further by screening the titles and then the abstracts of the articles identified in the search. It is noticeable however, that the number of articles on nurse education in the online learning environment has been increasing over the time span of this study and each re-run of the literature search, revealed a growing and sustained interest in this area.

In this chapter I therefore review the current literature pertaining to learning through entertainment-education and learning in OLLEs with a particular focus on nurse learners. In doing so, I consider what is currently known about the experiences, opportunities and challenges to learning in this context. I offer a discussion of the background for entertainment-education and discuss literature on its effectiveness in order to situate my work in the field and make the intentions behind the pedagogical design transparent. Rather than centring my literature review on entertainment-education as an approach to teaching design however, I focus my review on the debates concerning how individuals learn through entertainment-education as this is my research interest having already designed the Cardioverse OLLE based on entertainment-education principles. By focussing on learner experience of learning through entertainment-education, I do not explore OLL as a pedagogy in its own right but consider it as the environment in which learning occurs. I am interested in how learning takes place within the setting of the OLLE and what impact the OLLE as a phenomenon has on nurse-learners' experience of it but entertainment-education remains the pedagogy of interest. Based on the ideas of Seymour Papert (1993), I conceptualise the OLLE as a 'microworld' and I explore this phenomenon within my review.

During my review I consider key debates on learning within the field of entertainment-education. I begin with the assumption that learning can occur in response to vicarious experience as this assumption is widely accepted as the premise on which entertainment-education is based. I move on to explore key perspectives on learning that proliferate within the field of entertainment-education such as learning through involvement with characters, learning through involvement with stories and theories relating learning to emotional response. I examine learning through entertainment-education in relation to general learning theories such as behaviourism, social cognitive theory and social constructivism and consider the interplay between these positions for understanding the learner experience of learning in an OLLE. I move on to explore what is known about how nurses learn in OLLEs, identifying that while there is evidence of effective use of online

interventions within nurse education, little is known about how nurses learn in this context and to date, there are no explorations of nurses' experiences of learning through entertainment-education in OLLEs.

In my review I argue that understandings of how people learn through entertainment-education in the OLLE are inadequate, as although a plethora of studies exist in relation to outcome and effectiveness of this pedagogy, empirical studies exploring experience of learning and learning processes are limited. As there are no research studies to date that specifically explore nurse learners' experiences of learning through entertainment-education I conclude that this is an appropriate focus for research endeavour, thus placing my thesis within the context of current work in the field and justifying the methodological approach adopted. Consequently, having offered a comprehensive review of the literature, I am able to show where my study will contribute to the existing body of knowledge and provide rationale for the aims cited in the introduction of this thesis.

2.1 Entertainment-Education: definitions and background

Entertainment-education is a social learning pedagogy commonly utilized in the field of public health. It is employed to engage and educate audiences, usually via popular media, regarding health and social issues. Protagonists in entertainment-education aim to increase knowledge, promote favourable attitudes, explore social norms and modify behaviour in response to educational messages within the media presented. Supporters of entertainment-education suggest it can contribute to change in attitudes and behaviour at individual and community levels and be used as a stimulus to raise socio-political awareness of issues of concern (Singhal et al 2004). The key challenge to entertainment-education is exploring learner experience and evidencing the learning processes that take place in response to the pedagogy.

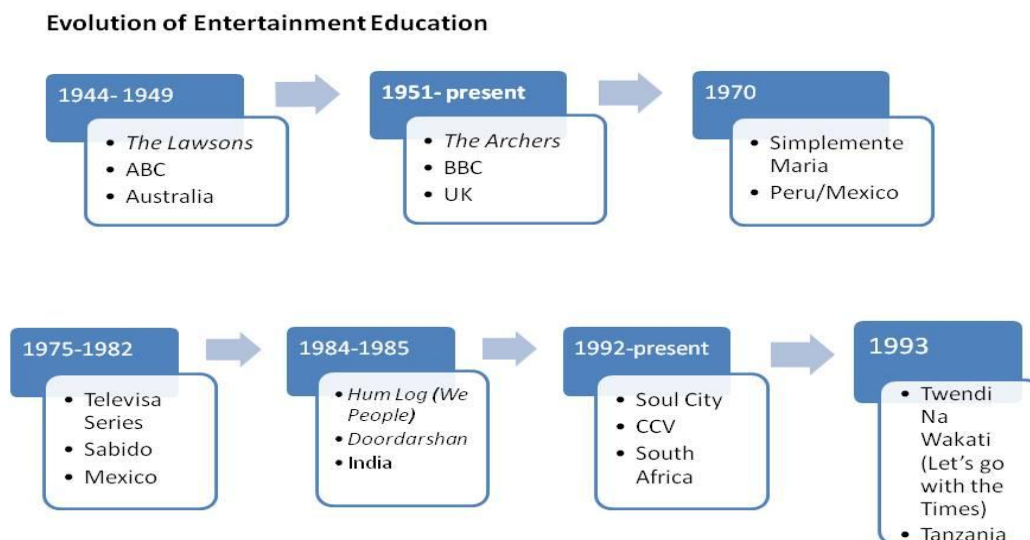
Originally developed by Miguel Sabido, a television writer and producer in Mexico in the 1970s, entertainment-education draws on several theoretical components (Table 2) to produce relevant, entertaining and socially contextualised educational experiences (Singhal and Obregon 1999, Singhal and Rogers 2002). These theoretical components are explored in more detail later in this chapter. Sabido (in Nariman 1993) developed entertainment-education pedagogy based on his work with television soap operas after observing, anecdotally, that audience members identify with the characters in soap operas and become heavily absorbed in the storylines. Sabido (in Nariman 1993) postulated that individuals could learn effectively from the lives of media characters and he developed his theory of soap operas for social change known as entertainment-education.

Table 2 Function of theoretical components in entertainment-education

Learning Components	
Theoretical component	Function in entertainment-education
Social Cognitive Theory (Bandura 2004)	Provides foundations in which learning from soap opera characters can take place
Communication Circuit (Sabido in Nariman 1993)	Provides framework for communication processes between the entertainment media, the educational message and the learner, showing how knowledge is constructed socially.
Audience Involvement Theories (Sood 2002, Slater and Rouner 2002)	Explore how individuals learn through entertainment-education.
Design Components	
Theoretical component	Function in entertainment-education
Drama theory (Bentley 1967, Kincaid 2002)	Provides the framework for developing characters, their interaction with the audience & facilitates emotional engagement
Archetypes & stereotypes (Jung 1933)	Guides construction of characters, promotes psychological engagement & facilitates character recognition
Triune Brain (MacClean 1973)	Provides guidance for actors when portraying characters so they may communicate using various centres of perception

The idea of individuals learning from modern mass media has its origins in public information broadcasting on the radio. Figure 2 shows the details of major projects in its early development. Probably the best known early example of entertainment-education in the UK, is the radio soap opera, *The Archers* (BBC, 1951-present). Set in the fictional rural village of Ambridge, *The Archers* delivers public information messages within an entertainment format. It explores the pressures of modern rural life through the interpersonal struggles of the farming families it portrays. From the outset, the show was used as a vehicle for announcements from the Ministry of Agriculture and today it continues to cover important agricultural issues. The longevity of *The Archers* is due to the accuracy of the educational content it provides and the strength of its characters and storylines. It both informs and entertains the audience it serves.

Figure 2. Figure showing the evolution of entertainment-education



The programme that inspired the development of entertainment-education pedagogy was a popular Latin American Soap Opera called *Simplementé Maria* (1969-1971 Panamericana De Television

(PANTEL)) which followed the life of a migrant worker and single mother named Maria. Maria was a positive role model for upward socially mobile migrant workers as she illustrated how economic success could be achieved through personal endeavour. A range of social outcomes have been attributed to *Simplementé Maria*, from an increase in sales of the brand of sewing machine Maria used to facilitate her rise to fortune (Nariman 1993), to an increase in the number of young women enrolling in adult literacy cases (Singhal et al 1994). Based on the success of *Simplementé Maria*, Sabido produced a series of six entertainment-education soap operas for Televisa in Mexico (Table 3) all of which contained educational messages such as family planning, gender equality and adult literacy (Narimann 1993). Although the links between the social changes and the *Simplementé Maria* entertainment-education intervention could be considered tenuous, a body of evidence in support of the pedagogy has been emerging over recent decades. Current research underpinning entertainment-education is explored later in the chapter.

Table 3 Showing Sabido’s entertainment-education soap operas of the 1970s

Soap Opera Title	English Translation
Acompaname	Accompany Me
Vamos Juntos	We Go Together
Caminemos	Let’s Walk
Nosotros las Mujeres	We the Women
Por Amor	For Love
Los Hijos de Nadie	Nobody’s Children

By the turn of the century eminent researchers in the field, Rogers and Singhal (2000), reported that entertainment-education methodology had spread around the world to such an extent that they were able to identify over 100 projects in 50 countries, involving both government agencies and non government organizations. Major initiatives such as the Soul City Institute (<http://www.soulcity.org.za/>), a not-for-profit nongovernmental organisation in South Africa producing entertainment-education dramas to achieve social change, have emerged making

sustainable interventions based on entertainment-education pedagogy. Season 12 of their flagship TV drama Soul City is now in showing in Africa on SABC1 (South African Broadcasting Corporation Channel 1). The Population Media Centre in New York (<http://www.populationmedia.org>) currently supports projects around the world that seek to improve health and well-being by encouraging social and behaviour change amongst its audience members through the use of entertainment-education on radio and television. As interest in the use of entertainment for educational purposes has developed, studies into the social, political, economic and cultural impact of entertainment, including the use of entertainment-education have been conducted. I offer a brief discussion of current evidence pertaining to the effectiveness of entertainment-education in the section below as a background to my key focus of exploring learner experience of this pedagogy.

2.2 Exploring the effectiveness of entertainment-education.

Although some early studies in entertainment-education could be challenged based on the lack of robustness of the methodology and the limited strength of the claims they make regarding the links between entertainment-education interventions and outcome (see Bouman et al 1998 for an example), large investment in the field of public health and the entertainment industry has resulted in major studies with rigorous approaches being undertaken. These studies have been able to demonstrate the impact of entertainment-education on knowledge, attitudes and behaviours of individuals and communities, establishing the effectiveness of entertainment-education as a pedagogy able to facilitate learning and change at an individual and social level. Table 4 summarizes recent key studies from the USC Annenberg School for Communication and Journalism, a major contributor to research in the field.

Table 4: Summary of key studies from the Annenberg School for Communication and Journalism showing the impact of entertainment-education storylines in popular US TV shows.

Author(s) & Date	Study Focus	Methodology	Key Findings
Hether et al 2008	Explores impact of episodes of US TV shows <i>Grey's Anatomy</i> & <i>ER</i> on viewers knowledge, attitude & behaviours in relation to breast cancer screening	Email surveys of 2,044 viewers	Change in knowledge, attitude & behaviour demonstrated.
Lapsanky et al 2010	Evaluates impact of "Baby Jack" storyline on US TV show <i>The Bold & the Beautiful</i> on knowledge of and attitudes to bone marrow donation.	Online survey of 1420 viewers	Change in knowledge, & behaviour demonstrated.
Morgan et al 2009	Evaluates impact of organ donation storyline on US TV Shows: <i>Grey's Anatomy</i> , <i>House</i> , <i>CSI: NY</i> and <i>Numb3rs</i>	Online surveys of 6, 047 viewers	Change in knowledge & behaviour.

Evidence of learning in entertainment-education is commonly demonstrated through changes in knowledge, attitudes or behaviour in relation to the topic of focus. Studies from the Annenberg School for Communication and Journalism have been able to demonstrate changes in knowledge, attitudes and behaviour in response to entertainment-education storylines in popular US TV shows (Hether et al 2008, Morgan et al 2009 and Lapsanky et al 2010) using email and online surveys of viewers based on significant population sample sizes. In these studies learning is demonstrated through behaviour change which is measured as behavioural intention and self-reported action rather than through direct observation. Observing behaviour change poses practical difficulties and the number of studies using longitudinal participant observation to demonstrate behaviour change remains limited (see Sypher et al 2002 for an example) due to the time and resource investment required. Furthermore, the collection of reports of behavioural intention has become generally accepted in the field as large scale longitudinal studies of entertainment-education such as Soul City Institute's (2007) national evaluation, tend to adopt survey methods to demonstrate shifts in attitude and self-reported change in behaviour. Recent studies investigating the outcomes of

entertainment-education have included the use of online metadata to provide evidence of actions that reflect viewer intentions to change behaviour based on entertainment-education interventions. Lapsanky et al (2010), for example, were able to show an increase in registration for bone marrow donation through a TV show website after the airing of the “Baby Jack” episode on US TV show “The Bold & the Beautiful”. In large scale studies of entertainment-education changes in knowledge are commonly evidenced alongside changes in behaviour (Wilkin et al 2007) and comparison groups have been used (Smith et al 2007) to provide strength to the claim that changes in knowledge and behaviour are outcomes of entertainment-education and so provide evidence that learning has occurred.

Although these studies are significant in size with large budgets, the evidence of the impact of entertainment-education pedagogy is not limited to studies on a large scale. The proliferation of entertainment-education as a pedagogy within public health has given rise to more robust smaller studies that are also able to provide evidence of entertainment-education’s effectiveness. Some emphasise increases in knowledge and are aimed at supporting individual decision-making in difficult circumstances such as the quasi-experiments conducted by Love and Tanjasiri (2012) and Love et al (2009) on cervical screening with Thai women; the randomized controlled trials undertaken by Volk et al (2008) on men with prostate cancer and by Jibaja-Weiss et al (2011) on women with breast cancer. Other studies focus on the potential for entertainment-education to influence attitudes such as Ritterfield and Sueng-A’s (2006) study using a pretest-posttest design which evidenced stigma reduction in mental illness in response to an entertainment-education film and Vaughn’s (2012) focus group study which showed changes in attitudes to diet and food preparation amongst Latino families in response to coronary heart disease prevention messages in a TV show.

While the findings of these studies seem to suggest smaller studies can demonstrate that meaningful change can occur from entertainment-education interventions without big budgets, it appears that attitudes are particularly difficult to influence and the literature on entertainment-education does provide some evidence of negative findings in relation to attitudinal change. For example Gesser-Edelsburg and Endevelt (2011) in their mixed methods study *Fat Pig*, aimed at challenging prejudicial attitudes to fat women appeared to re-enforce stereotypes rather than challenge them, but by the study authors' own admission, the principles of entertainment-education were not closely adhered to in the design of the intervention. Similarly, Renes et al (2012) study evaluating an entertainment-education intervention aimed at preventing obesity in a TV documentary for Dutch television found it failed to attract its target audience, thus identifying that a balance is needed between entertainment and the educational message presented.

In addition to promoting change in knowledge and behaviour and influencing attitudes at an individual level, claims have been made for entertainment-education as a pro-social pedagogy (Sood 2002, Singhal et al 2004), implying it has the capacity to promote social discourse and can influence understanding of the subjects it addresses beyond those who have come into direct contact with the intervention. Survey work which explores communication patterns i.e. examines who an individual would discuss a topic with after an entertainment-education intervention, report the diversity of participant connections and note that these connections change as a result of entertainment-education interventions (Sypher et al 2002, and Love et al 2009). These reported changes in communication patterns seem, however, to be more related to change in knowledge in response to an intervention rather than evidence for the social construction of knowledge through discourse with others in a community. However a study by Singhal and Vasanti (2005) use an analysis of media reports to evaluate the impact of Hindi film *Phir Milenge* (*We Will Meet Again*). Their study showed an increase in discussions of attitudes to HIV in the media based on the entertainment-education messages in the film. Whilst it is difficult for the authors of this study to prove a direct causal link,

reports in the media of discussions of HIV and the issues raised by the film, do show that discussions on the subject were occurring when the film was shown. The authors report this subject is normally taboo in the Indian media. This perhaps implies that entertainment-education has a role in promoting discourse in relation to sensitive topics and may help promote shared understandings of complex issues.

These studies provide evidence to support the effectiveness of entertainment-education pedagogy within the field of public health. However, to date, no work has been done that explores the use of this pedagogy with health care professionals, such as nurses, despite the political drivers within nurse education to identify pedagogical approaches that can influence clinical knowledge and promote caring attitudes (NHS Future Forum 2012, Willis Commission 2012, Commissioning Board of the Chief Nursing Officer and DH Chief Nursing Adviser 2012). As an educator seeking to enhance my understanding of how nurses learn through entertainment-education, I found there was a gap in the current literature that my study, exploring nurse-learners' experience of entertainment-education aims to address. I will therefore discuss the theoretical ideas underpinning entertainment-education so that the assumptions about teaching and learning underpinning this pedagogy can be explored and so that I can situate my study in the context of what is currently known about how learning is experienced in the context of this pedagogy.

2.3 How do individuals learn through entertainment-education?

One of the main assumptions behind entertainment-education is the capacity of individuals to learn from the experience of others based on what they see and hear in mass media environments such as TV, radio and the internet (Bandura 2004). Entertainment-education commonly uses dramatic storylines and engaging characters in these mass media environments to offer vicarious experience of the topic of interest and promote learning and change (Sabido in Nariman 1993). Although within the field of entertainment-education the notion of learning from vicarious experience is widely

accepted, I explore the concept of vicarious experience within this section of the literature review and consider the implications for nurse education.

Assumptions in entertainment-education are also made in relation to learning in response to educational messages; these are intentionally embedded within entertainment-education based on certain principles. In common with behaviourist and associative pedagogies such as Skinner (1938) and Pavlov (1927) that promote the construction of learning experiences based on stimulus and consequences, a dramatic stimulus is required in entertainment-education to produce a learning response such as change in knowledge, attitude or behaviour. How individuals learn in response to dramatic educational stimuli remains a matter for debate. I explore the two key perspectives that inform these debates within the field: learning through involvement in stories and learning through involvement with characters; both of which give consideration to the emotional response of the learner. In this section of the review, after initially considering learning from vicarious experience, I explore these two perspectives along with their implications for learning in the discussion that follows. For the purposes of this discussion, the terms audience member and learner are used synonymously throughout.

Ultimately in this section of the literature review I seek to establish what is known about how individuals learn from entertainment-education. I also highlight gaps within the current body of knowledge in order to show where I believe this study will contribute.

2.3.1 Learning from vicarious experience

The capacity of individuals to learn from their own experience as proposed by Dewey (1938) is widely accepted. Dewey (1938) suggested that individuals generate knowledge by engaging with the world, testing out ideas and modifying their actions as a consequence of their observations.

Although learning from experience can happen automatically, Bandura (2004) considered learning

from individual experience through trial and error to be a laborious way to learn and a potentially hazardous one. He considered that learning could be safer and more efficient by learning from the experience and mistakes of others (Bandura, 2001). In order to benefit from the experience, skills and knowledge that have been gained by others, learners need to engage in imitation, discovery or communication. Bandura (2001, 2004) proposed that individuals can learn vicariously through a combination of these processes called social modelling.

In his social cognitive theory Bandura (2004) suggested that in learning from the experience of others, people model social behaviours based on outcome expectancy (Bandura 2001, 2004). Seeing others achieve desirable outcomes based on their actions can, Bandura (2004) postulates, create positive motivations based on aspirational outcome expectancy. Observing others experience negative consequences of their actions can create negative outcome expectations and disincentives to undertake similar courses of action. Vicarious experience therefore promotes learning through social modelling, allowing the individual to see the benefits and consequences of actions experienced by others and modify their own future actions as a result. Slater and Rouner (2002) report that these principles have been widely adopted in entertainment-education to promote desirable behaviours, increase self-efficacy and avoid non desirable actions. However the assumption underpinning these principles is that all individuals will respond in the same way to the positive and negative vicarious experiences. More recent work in the field of entertainment-education suggests that learner responses to vicarious experience may differ and is dependent on the level of involvement with the story (Murphy et al 2011), the characters (Moyer-Gusé 2008) and emotional involvement (Kincaid 2002, Gesser-Edelsburg 2011). I will discuss these issues later in this chapter.

Bandura's (2001, 2004) point that vicarious learning is less risky than learning from personal experience alone, is also important in the context of professional education and has particular significance for nurse education.

Although nursing is essentially a practice based discipline, Schön (1987) in his work on professional learning, asserts that the practice environment may not always be the ideal location to learn about practice; primarily for emotional reasons. Schön (1987 p.166) suggests that placing learners with limited knowledge into the complex practice environment where they "do without knowing" can lead to feelings of vulnerability and cause them to become defensive, which in turn limits their capacity to learn from their experiences. As such the practice environment itself presents a challenge to providing contextualized learning because of the risks to learners and the potential harm to the learning process.

Concerns about providing supportive learning experiences that are safe for both nurse learners and patients have also been expressed in the nursing literature. The main challenge to learning from personal rather than vicarious experience is the need for experimentation i.e with each nurse learner trying out new ideas with their patients. While this approach clearly offers nurse-learners benefits in terms of being able to create unique and meaningful care experiences and actively generating knowledge in the moment of the experience (see Schön 1987 p.27 for a discussion of reflection-in-action), it is challenging because nurses care for vulnerable people so cannot afford to make mistakes that may cause patient harm (Rolfe 2011). In the wake of the public inquiry into care at the Mid Staffordshire NHS Foundation Trust (Francis Report 2013) that revealed harm to patients on a significant scale, the need to maintain patient safety in the NHS has never been greater. Nurse educators have a clear role in supporting nurse learners in building their capacity to care while simultaneously avoiding patient harm (Berwick Report 2013). The use of stories, drama and simulation have been proposed as approaches to teaching and learning that enable nurse-learners

to learn in a way that is safe for them and their patients, yet remain relevant and socially contextualized (Tait et al 2008, Garrett et al 2011 and Tuxbury et al 2012).

2.3.2 Learning from stories

Various scholars propose that humans are essentially storytellers who employ a narrative logic in processing discourse and arguments and so have the capacity to learn through stories (Fisher 1987, Bruner 1990, Schank & Abelson 1995, Green 2004, Diekelmann and Diekelmann 2009). The human capacity to learn from stories has been utilized in both higher education (Moon 2010) and nurse education (Christiansen 2011) but as stories are defined in different ways by different authors a singular definition remains elusive. Polkinghorne (1988) a theorist on stories, implies that establishing a universal definition of what constitutes a story may not be as important as considering how stories are used within a given context. Within the context of entertainment-education, stories are described as complex narratives that tap into the human aptitude to learn from them and are utilized with the intention of promoting individual and social change (Singhal et al 2004). According to Sabido (in Singhal and Obregon 1999), people become obsessed by the story lines of entertainment-education dramas and it is this ability to captivate an audience that enables entertainment-education to be used to deliver social and educational messages (Singhal and Rogers 2002).

By reflecting the conflicts and dilemmas of everyday life, stories have a role in helping individuals make sense of the world (Gabriel 2000). Stories can be used to store knowledge about the world in the memory as constructions or perceptions of situations (Fry 2002). In particular stories can provide insight into how to be in the world and how to conduct oneself in a given situation. This ontological use of stories is particularly important in nursing as key nursing authors such as Johns and Freshwater (2005), Freshwater et al (2008), Sellman (2011) and Rolfe et al (2011) suggest that the

knowledge for nursing practice is embedded in and generated from practice, with seminal phenomenological work by Benner (1984) and Benner and Wrubel (1989) and contemporary personal narrative by Edwards (2014) suggesting nurses come to common understandings of what it means to be a nurse by relating stories based on their experience. Although a supporter of the use of stories in nurse education, Johns (2013) cautions against the uncritical use of stories in nursing asserting that adoption of the knowledge contained within stories without analysis can lead to perpetuation of ritualistic practice. So while Benner and Wrubel (1989) see nursing knowledge as being transmitted in the story itself, Johns' (2013) position suggests that the story has value as a vehicle for promoting further analysis of practice, implying that both the telling and the analysis of stories have a role in generating knowledge from nursing practice. In her definitive work, Carper (1978) considered that good nurses possess knowledge about nursing in their memories as constructions or perceptions of nursing situations, describing this knowledge as the aesthetic way of knowing in nursing. She considered aesthetics to be knowledge of how to nurse; what good nurses know and what good nurses do and as such a key element in assisting learners to embody the role of a nurse. Although Carper (1978) identified additional ways of knowing (personal, ethics and empirics) that also inform nursing care (see Cullum et al 2008 for a common understanding of empirics in nursing as aligned to evidence-based practice), aesthetic knowledge in nursing is arguably perceived as the foundation of good nursing practice (Austgard 2006, Austgard 2008, Watson 2008, Johns 2013) and story based approaches in nurse education are used, in the context of critical reflection (Johns 2013), to access it (Vandermause and Townsend 2010, Christensen 2011, Rolfe 2014a).

In entertainment-education knowledge about what to do in a given situation is "intentionally embedded" (Singhal and Rogers 2002: p117) in stories. Desirable and non-desirable actions and behaviours are modelled within the stories to allow learners to see consequences so that the desire to acquire knowledge and skills or avoid the consequences of negative actions is stimulated.

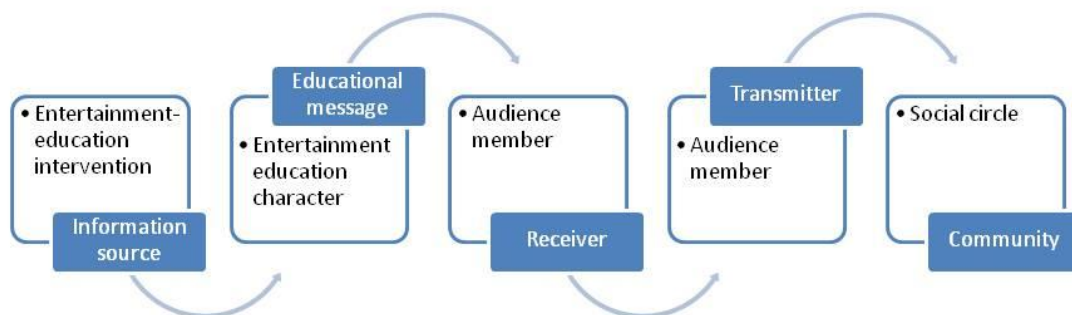
Sabido (in Narimann 1993) considered melodrama to be a key feature of entertainment-education and asserted that presentations of exaggerated realities function to promote learner involvement in stories by heightening their emotions (Singhal and Obregon 1999). Melodrama is therefore perceived as an educational stimulus in entertainment-education that prompts learners to confront the issues contained within the story and so motivates learning, reconceptualization and change (Kincaid 2002). The dramatic peaks of stories such as humour and sorrow have also been associated with enhancing the recall of knowledge contained within stories (Schank and Berman 2006) and with the sharing of knowledge contained within them (Sabido in Nariman 1993, Sabido in Singhal and Obregon 1999). Thus the melodrama within a story acts not only as a stimulus to promote retention, recall and reconceptualization but also seems to have an important role in the construction and dissemination of knowledge.

The knowledge contained within stories, according to Schank and Berman (2006), becomes apparent when we tell them. Unlike Kincaid (2002) who suggests that the knowledge from stories can be accessed by reconceptualising what is known based on a personal confrontation with the issues contained within the story, Schank and Berman (2006) suggest that knowledge from stories is retrieved by relaying the story to others. This position reflects Vygotsky's (1962) view that learning from discussion is distinct from learning from the experience itself and that the act of articulating an idea contributes to the understanding of the idea. This position implies that by relaying a story, learners can develop their ideas in ways that are different from the learning that occurs based on their personal interaction with the story. It seems that stories can therefore be used to communicate meaning to others as Bruner (1990) proposed. Communication of meaning is important in nursing as aesthetic knowledge is shared amongst nurses by exchanging stories related to experience as Benner and Wrubel's (1989) ground breaking work showed.

In his theory of entertainment-education Sabido explained how stories can be used to share knowledge amongst audience members by means of a communication circuit (in Nariman 1993). Sabido (in Nariman 1993) postulated that there is a communication circuit between the character from a story, the audience member and the community (Figure 3) that enables educational messages to be adopted by the audience member and disseminated within their social environment.

Figure 3. The communication circuit in entertainment-education (Sabido in Nariman 1993).

Sabido's (1993) Communication circuit



Knowledge from stories is therefore seen as socially constructed and related to the telling of the story as proposed by Schank and Berman (2006) and not just to the individual experience. Learning by communicating stories can be seen as a key benefit of entertainment-education as it enhances learning from vicarious experience which can be difficult by discovery alone when situations and learning activities are complex. This reflects Vygotsky's (1978) assertion that learners are able to

achieve levels of insight and understanding through discussion that they would not reach in isolation.

While no single theory explains how people learn from stories, there are discussions in the field of entertainment-education that explore the human capacity to learn from stories and the characters within them; these are collectively known as audience involvement theories. These discussions tend to incorporate general theories of audience involvement (Sood 2002), theories of narrative persuasion (Slater 2002, Slater and Rouner 2002, Moyer-Gusé 2008) and transportation theory (Green and Brock 2000). Further seminal theories explore involvement with characters (Horton and Wohl 1956), emotional involvement (Kincaid 2002, Gesser-Edelsburg 2011) and the use of media based stories in providing vicarious social relationships (Rubin, Perse and Powell 1985).

In considering how individuals learn from stories I wish to explore two key perspectives commonly discussed: learning by being transported into story, a perspective known as transportation theory based on the ideas of Green and Brock (2000, 2002) and learning by incorporating messages from stories into one's own life as proposed by Sabdio (In Nariman 1993) in his communication circuit and Schank and Berman (2006).

Green and Brock (2000) consider an individual is transported when he or she feels they become part of the story that they are viewing, hearing or reading; and their work suggests that greater attitude change occurs when learners feel they are transported into the story. It is clear however that not all stories are equally influential to learners and Green (2004) reports that learners who feel heightened emotions in response to involvement in the story are more likely to be influenced by it. Using Green and Brock's (2000) transportation framework, Murphy et al (2011) showed that whilst involvement in the story was predicative of change in knowledge and attitudes, involvement with the characters within the story was the best predictor of changes in knowledge, attitudes and behaviour; learners

who were influenced the most, were the ones who experienced heightened emotion as a result of involvement. This suggests that the characters in entertainment-education stories have an important role to play in stimulating learning and change and that emotional responses to stories and characters may be a significant part of the learning process. Whilst some work has specifically explored the role of emotions such as enjoyment in relation to learning from entertainment-education stories (see Vorderer et al 2004 and Nabi and Krcmar 2004), explorations of the role of emotion in learning from primary research are limited and work is needed to examine the link between emotion and learning in entertainment-education in more detail.

Although Sabdio (In Nariman 1993) considers that learning has occurred when the educational message from an entertainment-education storyline is adopted into the life of the learner, the role of characters in promoting educational messages to learners also appears important. Furthermore Schank and Berman (2006) consider emotion to be significant in a learner adopting educational messages from stories into their own lives. Although these authors promote the concepts of characters and emotions in learning from stories, how these elements function to promote learning remains unclear based on their work, so I will now explore these ideas further using literature from the fields of mass communication and media studies to supplement understandings from the entertainment-education literature.

2.3.3 Learning through involvement with characters

There is considerable discussion in the field of entertainment-education regarding the role of characters within stories in promoting learning. Terms such as identification, understood as perceived similarity to a character (Cohen 2001), wishful identification, interpreted as wanting to be like a character (Hoffner and Buchanan 2005) and involvement, considered to mean increased attention to a character (Moyer-Gusé 2008) are prevalent within the entertainment-education

literature but remain contested. For example Hoffner and Buchanan (2005) consider perceived similarity and liking as distinct from identification, whereas Eyal and Rubin (2003) consider wishful identification as valid but perceived similarity as not. Consequently the influence of these character-related concepts on learning continues to be open to debate.

According to Slater and Rouner (2002) in their theory of narrative persuasion certain characters within entertainment-education are crucial in terms of their educational effects. They place emphasis on careful character construction by entertainment-education designers and recommend the use of pro and counter argument characters to present learners with moral challenges and promote debate. Additionally the use of transitional characters is recommended to enhance learner self-efficacy. Both Slater and Rouner (2002) and Kincaid (2002) in their theoretical work propose that learner empathy with characters helps to facilitate the adoption of educational messages and survey work by Sood (2002) on the Indian radio entertainment-education drama *Tinka Tinka Suk* (*Happiness Lies in Small Things*) appears to provide evidence to support this. As the factors that promote identification and empathy; i.e liking the character or aspiring to be like the characters are still not clear from Sood's (2002) work, I returned to Sabdio's (in Nariman 1993) original ideas on the subject.

Sabdio (in Nariman 1993) asserted that authentic characters are central to the communication of educational messages in entertainment-education pedagogy. In his work he adapted Jung's (1933) theory of archetypes and stereotypes to assist with character construction, enhance identification with characters amongst audiences and promote the adoption and communication of educational messages. It was proposed by Sabido (in Singhal and Obregon 1999) that character authenticity stimulates a feeling of reciprocity between the audience member and the character which prompts the audience member to talk to others about characters they feel they know. This results, Sabido (in Singhal and Obregon 1999) asserts, in a shared understanding of the educational message contained

within an entertainment-education drama within the audience member's social group. Discussions of reciprocal relationships between the audience members and characters are beginning to permeate the field of entertainment-education. I will therefore explore this idea in more detail using Horton and Wohl's (1956) seminal theory of parasocial interaction.

Parasocial interaction is described by Horton and Wohl (1956) as an illusionary experience of a TV viewer who feels they are in an interaction with a TV performer, despite the non-reciprocal nature of the relationship. Horton and Strauss (1957) suggested that this relationship is experienced by the viewer as "immediate, personal and reciprocal" even though this experience is not shared by the performer. Definitive work by Rubin, Perse and Powell (1985) has shown that media based stories have a role in providing vicarious social relationships and follow the same path of development as relationships in the real world (Rubin and McHugh 1987). Hartman and Goldhoorn (2011) assert that the stronger the parasocial experience, the higher the commitment to the social norms promoted in a story and the greater the enjoyment of exposure to the situation presented. Hence parasocial interaction is considered an important concept within the field of entertainment-education as it provides insight into the way in which entertainment, engagement and education are experienced. Sood and Rogers (2010 p386) describe a parasocial interaction in entertainment-education as "The degree to which an audience member develops a perceived interpersonal relationship with a media character" and it is this definition that has been adopted for the purposes of this study. Although the concept of the parasocial relationship has started to be discussed recently in entertainment-education, its role in relation to learning within entertainment-education has not been explored in detail and further investigation of this concept and its role in the promotion of learning is needed.

Exploring the literature on entertainment-education has identified some key concepts that assist understanding how individuals learn in response to entertainment-education characters. However there is no consensus regarding the key concepts of influence and a lack of clarity with regard to

how these concepts interact still remains. Although challenges to learning from stories and characters can be identified within the nursing literature (Ward and Hartley 2006, Walsh and Crumbie 2011), no work has thus far explored how nurses learn in response to entertainment-education. This gap in the literature implies that further work needs to be done and provides rationale for this study exploring nurse learners' experience of learning through entertainment-education.

2.3.4 Entertainment-education in the OLLE

The majority of studies exploring how individuals learn through entertainment-education are based on interventions in mass media environments such as radio and television. To date there is limited work available exploring computer mediated entertainment-education or work that explores entertainment-education in the OLLE. While some studies such as Volk et al (2008) and Jibaja-Weiss et al (2011) do adopt computer-mediated packages in the context of entertainment-education interventions, these studies utilize stand-alone computer packages rather than online approaches and the impact of the computerized learning context is not considered. Bouman and Brown (2010) suggest that the use of entertainment-education in the context of new digital technologies is in its infancy and propose more research into entertainment-education in contexts such as the OLLE is needed, providing further rationale for this study. As there is limited research pertaining to learner experience of entertainment-education in the OLLE, I will go on to explore current literature that considers learner experience of learning in OLLEs from outside the field of entertainment-education. While I will offer an overview of literature from the field of OLL, my discussion will consider primarily the experience of nurse-learners learning in OLLEs as the experiences of these learners is the focus of this study.

2.4 Learning in the OLLE

For the purposes of this study the OLLE is perceived as the setting in which learning takes place, rather than a unique pedagogy in its own right, with entertainment-education as the underlying pedagogical context. Although Dyke et al (2007) assert that there is an absence of theories that specifically explain online learning, Mayes and de Freitas (2013) claim that there is no need for specific theories of online learning but instead propose it is better to consider how learning takes place in the context of technology. It therefore seems appropriate to conceptualize the OLLE as a setting rather than a pedagogical approach. Laurillard (2012) notes that little work has been done that considers whether learning operates differently in OLLEs. The purpose of my discussion here therefore is to consider how learning takes place within the setting of the OLLE and establish what is known about the impact of the OLLE on nurse learners. By identifying these parameters, I hope to be able to show how my study will contribute to the current body of knowledge regarding nurse-learners' experience of learning in the OLLE.

2.4.1 The OLLE conceptualized as a microworld

Learning in the OLLE in both higher education and nurse education appears to be predominantly understood as constructivist (O'Neil et al 2009, Sharpe et al 2010, Beetham and Sharpe 2013). Thus, based on the ideas of Dewey (1938), learning is understood as the transformation of experience and learners in OLLEs are perceived as constructing knowledge and meaning through interaction with their environment, their peers and communities. Drawing on the ideas of Piaget (1985) and Vygotsky (1978) it is commonly assumed in the OLL literature that learners in OLLEs learn in stages by relating what is new to what is known; constructing understanding through a process Piaget (1985) called assimilation. Consequently models of e-learning used in higher education and nurse education, such as Salmon (2002) and Moule (2007), that guide the design of OLLEs, are broadly based on constructivist principles and emphasise staged progression. Drawing on constructivist

interpretations and influenced by the ideas of Papert (1993), a prominent educationalist and pioneer in the field of artificial intelligence; I have conceptualized the OLLE as a “microworld” which was defined by Papert (1993) as a “place” where certain ways of thinking could “hatch and grow,” enabling learners to construct meaning through “personal appropriation” (Papert 1993 p.125). The quotation marks here are Papert’s (1993) own and used to illustrate the conceptual nature of the phenomena that contribute to the microworld. For me, conceptualizing the OLLE in this way emphasises the need for it to be a safe learning environment that nurtures learners’ ideas. Having understood the OLLE as a microworld I will refer to Papert’s (1993) work throughout my discussion.

2.4.2 The OLLE as a socially situated space

Although experience is central to constructivist principles, placing students in an OLLE for the purposes of learning while sometimes necessary (Bandura 2001, Schön 1987, Rolfe 2011), removes them from the real-world contexts and experiences necessary to ground their learning. Consequently prominent authors in OLL such as Conole and Oliver (2007), drawing on ideas from androgogy (Knowles 1990), situated learning (Lave and Wenger 1991) and activity theory (Engeström 1999), cite the importance of creating OLLEs that situate the learner in authentic contexts. This implies learning activities within OLLEs need to be relevant to the socio-cultural situation of the learners to help them make sense of what is being learned. The situated nature of learning in the OLLE is an important concept of interest, as relevance to the nursing context is a core feature of nurse education (Brown & Mackintosh 2006, Tait et al 2008, Crawford 2011, Hurst and Marks-Maran 2012) and Moule et al (2010) have shown it is a significant factor in engaging nurse learners in online study. Recognizing the value of contextualized learning Papert (1993) promoted the idea of the microworld as a simulated world where learners can have direct access to experiences not otherwise available to them, recommending that all the concepts of interest of the real-world are reflected in the microworld. So it seems that the OLLE needs to reflect the socio-

cultural contexts of the learner and provide opportunities for them to construct meaning from experiences in the OLLE as if real world situations.

According to Facer and Selwyn (2010) modern internet technologies mean it has never been easier for learners to connect with each other and de Freitas and Conole (2010) report on a MORI study finding showing that 65% learners use social networking. In their definitive work on “The Net Generation” Oblinger and Oblinger (2005) suggest modern learners are more socially orientated and claim today learners can use technology intuitively to enhance their learning. The implication here is that nurses in an OLLE may be able to construct knowledge from vicarious experience through discussions that occur by networking socially with others. While more social interaction amongst learners means more opportunity for co-construction of meaning as evidenced by Cloudworks (Conole and Culver 2010), Hardy and Jefferies (2010), in their discussion combining the findings of the STROLL (2009) and LEaD (2009) studies, challenge this notion, suggesting that while learners may be able to network socially online, they may not be prepared for study; thus implying that opportunities to network socially, do not necessarily equate to the social construction of knowledge and in-depth learning.

Furthermore it seems that learners may be cautious with regards to the co-construction of knowledge in the OLLE and this seems to be the case particularly for mature learners in higher education (CLEX Final Report 2009, LEX Final Report, Creanor et al 2006) and nurse education (Moule 2003). Although the social construction of knowledge is commonly cited as a potential benefit of learning through technology Luckin et al (2009) assert there is little evidence to support social construction of knowledge in the OLLE; a view supported by Madge et al (2009) who, claim that while social networking helps learners to settle, it does not enhance learning. This implies that the networking that takes place in the OLLE is primarily social with little impact on the construction of knowledge. Sharpe et al (2010 p.20) provide a rationale for this dissonance between the volume

of social networking and the depth of learner understanding by claiming that online learners are less able to evaluate the materials they find because they operate on a “just in time” basis, implying that the quality of discussions in which they engage may therefore be poor. Describing modern learners as the “Google Generation,” Facer and Selwyn (2010) go so far as to assert learners who learn online using technology are incapable of critical thought.

The view that learners in the OLLE only engage with study at a superficial level is challenged by Ravenscroft (2004) who suggests that it is possible for learners to be sufficiently social online to have meaningful discussions that lead to conceptual change and development. The findings of the LEX Study support this assertion and in their final report Creanor et al (2006) assert that learners who are good networkers are also effective learners. Further evidence to support this assertion comes from the Ipsos MORI (2008) study on UK undergraduates published by JISC which showed students believe networking enhances their learning. These claims are reflected in studies of nurse-learners in OLLEs that showed they valued relationships with other learners in OLLEs (Currie et al 2012), believing them to be beneficial to their learning (Gallagher-Lepak 2009, Killion et al 2011) but lacked time to develop them (Moule 2007). Perhaps nurse learners adopt the just in time approach identified by Sharpe et al (2010) out of necessity rather than preference. It is perhaps worth noting that Papert (1993) viewed discussion as an important activity for learners in microworlds that promoted conceptual change. Papert (1993 p.132) particularly valued learner expression of “deviant” ideas as he perceived the exploration of “unorthodox” theories an important part of the learning journey contributing to critical and original thinking.

2.4.3 The OLLE in nurse education

Online learning environments are becoming more prominent in nurse education and have been widely adopted for students undertaking programmes of continuing professional development

(Curran-Smith and Best 2004, Penman and Ellis 2007, Anderson and Tredway 2009) as well as being utilized as an adjunct to classroom teaching in blended-learning approaches which combine classroom and internet-based learning (Sung 2008, Iley et al 2011, Riesen and Morley 2012). As nurse learners' confidence (Liang et al 2011) and ability (Green et al 2006) to study in OLLEs is increasing, OLLEs are now common place in nurse education programmes (Glogowska et al 2011) and pedagogical approaches are becoming more complex (Ward and Hartley 2006, Walsh 2011, Tait et al 2008, Phillips et al 2012).

Proponents of OLLEs in nurse education, in line with reports from higher education (Sharpe et al 2010), claim OLLEs promote active participation in learning (Green et al 2006, Koch et al 2010) and can have a positive influence on learner satisfaction (Atack and Rankin 2002, Penman and Ellis, 2007, Chen et al 2009, Currie et al 2012), although it is clear from the LEX study (Creanor et al 2006) that this is not the case for all learners across all disciplines. Much of the research into OLLEs in nurse education is outcome focussed and adds to the debates on the effectiveness of learning in the OLLE. OLLEs have been shown to support nurse-learners in developing clinical knowledge (Sung et al 2008, Aleman et al 2011), augmenting skills (Gerdprasert et al 2011), developing competence (Iley et al 2011, Riesen and Morley 2012), improving critical thinking (Anderson and Tredway 2009) and facilitating engagement with traditionally less popular subjects such as evidence-based practice (Johnson et al 2010). So while there is some suggestion that learning in OLLEs may be superficial (Luckin et al 2009, Madget et al 2009, Sharpe et al 2010, Facer and Selwyn 2010) findings from studies with nurse-learners suggest this is not the case. Despite these reports of the benefits of OLLEs, there are calls within nurse education for the continued evaluation of e-learning technologies, including OLLEs, to ensure that the claims made for their benefits can be substantiated (Carroll et al 2009) and the impact of e-learning on the nurse-learner experience (Moule et al 2010) can be established. While my study does specifically seek to evaluate outcomes, it does seek to explore the experience of nurse learners learning in the OLLE and in doing so may identify factors

from within the OLLE which influence nurse-learners approaches to study and impact upon experience and outcomes.

2.4.4 The OLLE in the context of this study.

It seems then that although some work has been done that considers whether learning operates differently in OLLE, there is still no consensus on this matter. The need to situate learning in authentic contexts within the OLLE appears significant and to this end, the view of the OLLE as a microworld appears helpful. From this standpoint the role of discussion in the construction of knowledge seems significant but there appears, as yet, no consensus as to whether social interactions in the OLLE promote deep learning or whether they merely enhance the learning experience. While studies in the field of nurse education imply that nurse learners can study effectively in the OLLE, the number of studies exploring nurse-learners' experience of learning in the OLLE is limited. What literature is available implies nurses value a social and contextually relevant learning experience in the OLLE but the literature does not currently provide detailed insight into how nurse-learners learn within the context of the OLLE. In exploring nurse-learners' experience of learning in the OLLE, my study aims to identify what impact the OLLE has, if any, on their learning experience and uncover how learning in the OLLE as an environmental phenomenon influenced their effectiveness as learners.

2.5 This Study

Entertainment-education has evolved into a globally significant pedagogy in the field of public health that has the potential to be widely adapted for a variety of different audiences and environments and has not previously been adopted in the OLLE with nurse learners or in the context of higher education. Moreover, studies that explore nurse learners' experience of learning in the OLLE are limited. By exploring nurse learners' experiences of entertainment-education in an OLLE, this study

provides a step forward in understanding the learning mechanisms underpinning entertainment-education pedagogy and how it functions within an OLLE and so I will be able to offer insight into the use of entertainment-education in a unique setting with a distinctive audience.

In exploring the experiences of nurse learners in an OLLE this study will enable me to add to the growing body of knowledge on the impact of OLLEs on learners with particular regard to nurse-learners. I will be able to show how an OLLE has impacted upon experiences of nurse learners and in doing so contribute to understandings of the potential of this approach for nurse education.

3.0 Methodology

In this chapter I present the methodological position that I adopted in this thesis and the rationale for my stance. I explore the philosophical perspective that underpins my work and consider how this has informed my choice of method, research design and influenced the processes of data collection and analysis. I then go on to discuss the ethical considerations and analytical procedures to make my decisions transparent and demonstrate how I have attempted to maintain integrity in my study.

3.1 Phenomenology as the philosophical foundation for my study

As discussed in the literature review much of the research undertaken with regard to entertainment-education seeks to establish the effectiveness of this pedagogical approach. According to Singhal and Rogers (2002) this has limited understanding of how learning takes place via entertainment-education and they have called for more research that explores learner experiences of entertainment-education in detail.

One of the key philosophical traditions that considers the nature of experience is phenomenology. Emerging from the philosophical movement started by Edmund Husserl (1858-1938) and his pupil Martin Heidegger (1889-1976), phenomenology is the study of human experience and the way in which things are perceived (Langdrige 2007). Those who engage in phenomenological research are interested in describing the world as it appears to others. As such it is an appropriate position to inform my inquiry into the nature of the entertainment-education learning experience in the OLLE. Although there are common key concepts within the phenomenological movement, there are different phenomenological orientations. The key concepts and orientations have implications for the methodological approaches to research and the methods adopted within the research process. Therefore before exploring the research design for my study in detail, I will briefly discuss the different phenomenological orientations that have influenced my work. The orientations I explore are transcendental phenomenology, existential phenomenology and hermeneutical phenomenology.

3.1.1 Transcendental phenomenology

Husserl (1934/1967) proposed that phenomenology is concerned with describing objects of experience and the way in which they are experienced. The common themes Husserl (1934/1967) considered within his transcendental approach are noema, noesis, intentionality and epoché (bracketing). These concepts inform my methodological approach.

3.1.2 Noema and Noesis

Husserl (1931/1967) makes a distinction between objects and subjects. The object is the thing being perceived and the subject is the person experiencing the object. Husserl (1931/1967) proposed that objects are perceived or experienced by different people differently and it is the nature of the experience that is of interest in phenomenology. Husserl (1931/1967) used the term noema to describe what is experienced and the term noesis to describe how an object is experienced.

Although for Husserl (1934/1967) phenomenology is concerned with describing objects of experience and the way in which they are experienced, he was not solely interested in describing noema and noesis. Husserl (1931/1967) was also interested in the relationship *between* noema and noesis and he discussed this relationship in terms of intentionality.

3.1.3 Intentionality

For Husserl (1931/1967) intentionality is a key feature of consciousness. Husserl (1931/1967) is not using the term intentionality to describe intent to act, instead he is using the term to describe our consciousness or awareness (Langdrige 2007). This implies that there is always an object of consciousness. Thus Husserl (1931/1967) is suggesting that the primary focus of consciousness is the external world and our relationship with it. Intentionality becomes the relationship between what is experienced (noema) and how it is experienced (noesis). Therefore, if the noema experienced is a chair, the noesis would be what it is like to sit on a chair. The intentionality would be exploring what

it is like to sit on a chair and then considering what that tells us about the person and the chair and the intersubjective relationship between them. Therefore phenomenology is concerned with the intersubjectivity between a person and the world they inhabit and is considered in terms of noema, noesis and intentionality. I have adopted these terms within my study in order to reflect the original focus of phenomenology as proposed by Husserl (1931/1967). However I consider Husserl's (1931/1967) idea of merely describing objects as somewhat contentious and I shall discuss this in more detail after exploring other key concepts from Husserl's (1931/1967) work, namely bracketing and epoché.

3.1.4 Bracketing and Epoché

All phenomenological approaches assume lived experience is worthy of investigation and so to some extent reflect the concepts of noema, noesis and intentionality, but how lived experience is to be explored has been much debated. In transcendental phenomenology Husserl (1913/1931) suggests researchers gain understanding of the lived experience through introspective reflection in a process called epoché. Epoché is considered by Husserl (1913/1931) to be a higher form of thinking which is beyond cognition. Husserl (1913/1931) suggests that on a day-to-day basis we live unthinkingly in what he calls "the natural attitude." Epoché allows us to move beyond our ordinary attitude, set our assumptions aside and see things themselves. I interpret epoché as a process for moving towards creating an inner experience of a concept in order to understand it more deeply.

The outcome of epoché, is to develop what Husserl (1913/1931) called "transcendental subjectivity" where only the original data of the consciousness exists. In analysing this data Husserl (1913/1931) allows neither induction nor deduction as he asserts that only intuition can be used to accurately describe these products of consciousness or "things themselves." Therefore the process of epoché is intended to make the research interpretation more subjective so that a clear perspective by which an experience could be realized emerges within the consciousness. Thus the output of

phenomenological research based on the transcendental school of phenomenology and embracing epoché would be the description of the researcher's intuition about the phenomena under exploration.

In modern phenomenological research the epoché process is interpreted by the use of *bracketing* by which researchers attempt, through reflection, to become critically aware of their own assumptions and bracket them off so that their research will be more objective (Baker et al 1992, Jasper et al 1994 and Cohen and Ormery 1994). However although critical reflection and illumination of a researcher's own perspectives may be a valuable research exercise, this practice is not congruent with what Husserl originally intended. The process of epoché is intended to make the research interpretation more subjective (Playley 1997) so that a clear perspective by which an experience could be realized emerges within the consciousness. Thus the output of phenomenological research based on the transcendental school of phenomenology and embracing epoché would be the description of the researcher's intuition about the phenomena under exploration. If the principles of transcendental phenomenology were to be adhered to, no explanation of the process by which a researcher came to their findings would be required. This position is therefore not acceptable in today's research climate which requires transparency in process and discussion of the influencing context in order to be considered noteworthy. For these reasons transcendental phenomenological research is no longer common-place and is unlikely to be well received by the wider research community.

The ability to practice epoché has also been questioned most notably by Martin Heidegger (1927/1962) who, in his ideas on existential phenomenology, suggested it is not possible to set aside the natural attitude and entirely suspend one's own beliefs or rise above them. Instead, Heidegger (1927/1962) suggests that experience of others is explored within the natural attitude and thus interpreted through the perspective of the researcher rather than described from a distance.

Processes such as epoché are therefore not required for existential phenomenological studies, the

focus being more on understanding of the data within a hermeneutical context. By this I mean interpreting data in its environment.

Before moving on to discuss existential phenomenology and hermeneutics in the context of my study, I would like to briefly state how the notion of epoché has influenced me. To some extent I concur with Husserl (1913/1931) in that I believe that the process of epoché has a place in allowing me as researcher to move beyond my ordinary view and helping me to describe my intuitive response to the research context. I am not suggesting that these descriptions are valuable as research findings in themselves as the rest of my discussion in this chapter will show but I do think they are a valuable resource. I suggest that epoché can promote rich descriptions of personal interpretations and engaging in this process through contemplation and written descriptions of the product of my contemplative thought helped me see my position in my research, in contrast to the positions of the participants. For this reason I collected subjective descriptions of my thoughts, experiences and interpretations in a reflective diary throughout my research to inform my analysis of the data and my awareness of my own development as a researcher.

3.1.5 Existential phenomenology and hermeneutics

Heidegger (1927/1962) was concerned with the nature of being from an existential perspective and moved away from description of experience to interpretation and understanding of experience. Thus the focus of phenomenology has moved from describing the nature of an object to interpreting the meaning of an object. For Heidegger (1927/1962) all people are inseparable from their experience, thus it is not possible to bracket one's being-in-the-world and explore experience in a neutral or detached manner. Heidegger (1927/1962) postulates that lived experience is an inherently interpretive process and that humans interpret their lived experience through the use of language. The assumption Heidegger (1927/1962) makes is that the language we use provides a basis for understanding and facilitates the construction of knowledge. Therefore exploring the use of

language facilitates access to the lived experience of others through interpretation of meaning. This process is known as hermeneutics. Heidegger's (1927/1962) ideas on the relationship between experience and language gave rise to several schools of thought on hermeneutics, most notably those proposed by Gadamer (1975/1989) and further developed by Ricoeur (1981). Gadamer's (1975/1989) perspective on hermeneutics considers not only the relationship between experience and the spoken word but also the relationship between experience and the written word. Gadamer's (1975/1989) ideas have implications for how phenomenological data is both collected and presented so I shall now discuss these along with Ricoeur's (1981) ideas which were based on Gadamer's (1975/1989) work.

3.1.6 Hermeneutic phenomenology: Gadamer

Gadamer (1975/1989) postulates that all human beings possess a historically affected consciousness and as a result their thoughts and actions are influenced by the particular history and culture that shaped them. Thus understanding the lived experience of another person requires what Gadamer (1975/1989) calls fusion of horizons where one person's history links with the background of another so that an understanding is reached. Therefore when we write or read a text, we do this through the lens of our own cultural perspective. Gadamer (1975/1989) proposed that our preconceptions of meaning are part of the linguistic experience that makes understanding possible. Therefore the persons who express themselves and the persons who understand them are connected by a common experience. The implications of Gadamer's (1975/1989) ideas are similar to Heidegger's in that experience of others can only be interpreted through one's own cultural frame of reference. However, in addition, Gadamer (1975/1989) considers that any presentation of the experience of another is a construction between the experience of the participant and the interpretation of the researcher. Gadamer (1975/1989) also considers that another layer of interpretation is brought to the relationship by the reader of the text. Thus from a Gadamerian

perspective the presentation of research findings is a construction by the participant, the researcher and the reader. This implies that research undertaken from a phenomenological perspective cannot represent the *true* nature of experience as Husserl (1931/1967) had initially suggested but can only be an approximation of experience based on the interpretations of those involved. Gadamer (1975/1989) also suggested that the meaning of an experience to an individual was subject to the effects of temporality. This implies that an interpretation of an experience is not fixed but may change over time. Based on these ideas I propose that the findings from my research study cannot therefore be perceived as the truth of the experience of the participants. I suggest my findings can only be viewed as an interpretation of the experience of the participants that I have constructed based on my understanding of interpretations of experience by those involved in the study. Rather than making claims to offer true representations of learner experience, my findings therefore can only be reflective of our interpretations of those experiences at the points in time when the interviews and the analysis took place.

3.1.7 Hermeneutic phenomenology: Ricoeur

Ricoeur (1981) supports the suggestion by Gadamer (1975/1989) that written interpretations of experience are constructions between the participant, the researcher and the reader and affected by temporality. Ricoeur (1981) expands this idea further by suggesting that the written word takes on a meaning of its own because it enters an additional relationship with other texts so the meaning of a text can be more important than the meaning intended by the author. This implies that uncovering the world of the author as well as uncovering the world of the participant becomes increasingly difficult when presented in written texts. In an attempt to resolve this difficulty Ricoeur (1981) proposes that all human action is viewed as text, as this is the only way it can be clearly examined and understood. So Ricoeur (1981) is suggesting reclassifying action as text to gain a better understanding of meaning and interpretation of action. Therefore the outputs of a

phenomenological study become textual representations of action and experience which can be explored within the context of those who constructed them. Hence the outputs of this study are textual representations of the experiences of the participants and are explored within the contextual frame of reference of my experience as a nurse lecturer as set out in the introduction of this study. When analysing text Ricoeur (1981) suggests we continually struggle against our cultural and historical distance. To resolve this Ricoeur (1981) proposes we try to gain an understanding of the proposed world by fusing our horizons with those of the participant as suggested by Gadamer (1975/1989). Unlike Gadamer (1975/1989) however, Ricoeur (1981) suggests we cannot capture meaning at face value but need to view experience reported to us by others with a degree of empathy and suspicion. Ricoeur (1981) states two mind-sets are required for understanding text with empathy and suspicion. These are demythologizing and demystifying. Demythologizing is a process of empathic engagement where we seek to identify meaning through a fusion of horizons as suggested by Gadamer (1975/1989). To do this we bring our way of seeing the world into play with the inherent text. Demystifying, in contrast to demythologizing, is where we seek to identify meaning hidden beneath the surface. This may involve considering what was implied as well as what was said or may necessitate considering the motives behind the statement. By combining these approaches, interpretations of meaning can remain empathic to the participant while at the same time reflecting the critical perspectives of the researcher. The analytical approach I have taken in this study therefore seeks to employ both the demythologizing and demystifying processes in interpreting the experiences of the learners. As a nurse who has studied at post-registration level I have an empathy with the participants which facilitates the first step in fusing horizons but my role as lecturer and researcher facilitates a more critical stance through a wish to understand how learning is experienced by nurse learners and a desire to seek to improve it. Thus work produced using hermeneutical phenomenology can be both representative and critical of experience. It is my intention to reflect this empathic criticality within my findings.

Ricoeur (1981) also offers a note of caution for researchers with suspicious mind-sets engaging in demystifying approaches to analysis. Ricoeur (1981) states that suspicion can cause the researcher to impose his view onto the text. This error, which Ricoeur (1981) referred to as illusions of the subject, can ultimately result in the researcher's view dominating the work. This error needs to be avoided in hermeneutical phenomenological research because it is seeking to provide a constructed representation of the experience of the participant which reflects the worlds of both the participant and the researcher. The method of correcting this error, according to Ricoeur (1981), is for the researcher to focus the hermeneutic critique on themselves in addition to the object of the study. This self-reflective/self analytical approach is known as the hermeneutic critique and its adoption moves hermeneutical phenomenology forward into the realms of self-development and heuristics. Adopting the hermeneutic critique moves on from the original ideas on the subject/object relationship proposed by Husserl, as phenomenology becomes concerned with the experience of both the object and the subject and the intersubjectivity between them. Thus it would appear the notion of introspective reflection originally suggested by Husserl has evolved into a process of self-reflection and critical awareness aimed at illuminating the ideological position of the researcher in relation to the subject of exploration. As Max Van Manen (1990, p. 45) states it is important for phenomenological researchers to consider: "not what can we do with phenomenology but ask what it can do with us." As the position of the researcher is an important element of this study I have used contemplative reflection in the form of epoché and a reflective diary as analytical tools to monitor the relationship between myself as the researcher, the views of the participants and the construction of the text.

The process by which data are analysed and representations constructed are of considerable importance in hermeneutical phenomenology. A specific approach for addressing these issues, based on the ideas of Gadamer (1975/1989) and Ricoeur (1981) has been proposed by Smith and Osborn (2003). This approach is called Interpretive Phenomenological Analysis (IPA) and is the methodological approach I adopted for this study.

3.1.8 Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is a research methodology proposed by Smith and Osborne (2003) and based on hermeneutic-phenomenological concepts proposed by Gadamer (1975/1989) and Ricoeur (1981). It is essential within IPA that the researcher engages in an interpretive (iterative) relationship with transcript and that meanings are obtained through sustained engagement with text by a process of interpretation. The fusion of ideas between researcher and participant (Gadamer 1975/1989) is the cornerstone of interpretation within IPA, as is the notion of text as human action (Ricoeur 1981). As Smith and Osborne (2003, p.72) observe:

As a researcher one is drawing on one's own interpretive resources to make sense of what a person is saying but at the same time one is constantly checking one's own sense-making against what was actually said.

This statement by Smith and Osborne (2003) reflects not only the idea that analytical findings will be approximations based on constructive interactions between the researcher and the texts but also guides the researcher to avoid imposing their own position on the data and so avoid the error of illusion of subject (Ricoeur 1981) by engaging in the hermeneutic critique. In addition Smith and Osborne (2003) are concerned with notions of representation and while they acknowledge representations can only be approximations, they encourage researchers to use the hermeneutic critique to ensure that:

Care is taken to distinguish clearly between what the respondent said and the analyst's interpretation of it. (Smith and Osborne 2003, p.77)

To guide the researcher Smith and Osborne (2003) propose a 7 step process for conducting IPA studies (Appendix 2). Their process is strongly idiographic (Smith 2004) in order to identify individual accounts as well as experiences which participants share. I discuss this process and how I have integrated it into my study in Section 3.5 on analytical procedure. For now I will focus on the research design in more detail.

3.2 Research Design

Having discussed the philosophical foundation for my work I now wish to explore the research design which stemmed from it. I adopted IPA to guide my data collection and analysis as it is an approach grounded in the phenomenological tradition and guides the researcher to explore how people make sense of their experience. Interpretive Phenomenological Analysis also seemed appropriate for the aim of exploring learner experience. Work by Reid, Flowers and Larkin (2005) supports the use of IPA to explore learner experience as they assert it can facilitate the capture of the social, affective and cognitive aspects of the learning experience; attributes which I felt made IPA appropriate for my purposes. In addition, I was aware that IPA had been previously used successfully for the exploration of e-learners' experiences of learning (Creanor et al 2006). So I considered that IPA would facilitate a detailed exploration of the experience of entertainment-education in the OLLE from the learner's point of view. With this in mind, I selected IPA for my study.

In this section of the methodology chapter I wish to focus on how my data collection has been influenced by my choice of IPA as the research design. In particular I will explore the use of interviews as a method of data collection, with consideration for the interview structure and development of my topic guide. I then to discuss the use of interview plus technique which is an approach commonly used in IPA. I consider my selection and deployment of learning artefacts for use with interview plus technique and their impact on data collection in my study. In section 3.3 of this chapter I will then move on to consider sampling and recruitment to the study.

3.2.1 Interviews as my method of data collection

The purpose of interviewing is to allow researchers to explore the participant's perspective.

Qualitative interviewing begins with the assumption that the perspective of others is meaningful and knowable (Patton 2002) and this is congruent with my phenomenological position. As interviews are generally used to uncover the thoughts of others and to gather their stories they seemed an

appropriate method to explore learner experiences of online entertainment-education as they would allow me to access the learner's perspective.

I did consider whether a questionnaire would be an appropriate method for collecting data on learner experience, as tools such as rating scales are commonly used to measure people's values, opinions and beliefs in relation to their experiences (Cohen et al 2000). However questionnaires tend to be used when a significant body of knowledge on a given subject has been accrued and researchers wish to test their assumptions in relation to existing knowledge (Pope and Mays 1995). As little is known about the learner experience of online entertainment-education, a data collection tool congruent with an exploratory approach seemed more appropriate. Furthermore questionnaire design reflects the assumptions of the researchers and to some extent is an imposition of their beliefs about the subject upon the participant. This would be incongruent with an IPA approach (Reid, Flowers and Larkin 2005) and with the phenomenological philosophy of my study. I therefore rejected the use of questionnaires and selected the interview as the method of data collection.

While I initially envisaged that interviews would be face-to-face, some interviews were conducted over the telephone out of practical necessity. The key literature on IPA (Smith, Jarman and Osborn 1999, Smith and Osborn 2003 and Smith 2004) does not distinguish between face-to-face interviews and telephone interviews therefore both can be considered appropriate routes of access to participants. However I wish to explore briefly the implications of collecting data via both telephone and face-to-face routes that I considered.

As most literature pertaining to interviews explores the face-to-face interview, it would appear that this is the normative approach to utilising the interview method. While face-to-face interviews may be desirable because they reflect the usual way that conversations are conducted, Cohen et al (2000) suggest that telephone interviews can be useful when interviewing busy people or when accessing participants from a dispersed population. As the participants in this study come from an international student population and are in employment in health care practice, it seemed appropriate to consider the use of telephone interviewing alongside face-to-face interviewing in

order to access learners that may otherwise find it difficult to participate. While Cohen et al (2000) suggest that it may be difficult to communicate over the phone rather than face-to-face, work by Sharpe et al (2005) implies this is less likely in a cohort of online learners who may even prefer to communicate using methods other than face-to-face. I therefore conducted both telephone interviews and face-to-face interviews for the purposes of this study. I conducted 9 interviews in total as is congruent with recommendations for IPA studies (Langdridge 2007). Each interview was approximately 1 hour long.

3.2.2 Interview structure in my study

There are several techniques for qualitative interviewing including structured, semi-structured and unstructured approaches. While structured approaches enable the collection of comparable data they offer little flexibility in tailoring the interview to particular individual circumstances (Patton 2002). As such I felt they were not best suited to the IPA approach which seeks to explore both unique as well as shared perspectives. In order to capture the uniqueness of experience Denzin (1989) prefers the use of unstructured or conversational interviews. He suggests they allow the conversation to flow naturally, offer a great deal of flexibility and thus produce detailed data that generates rich description of participant experience. While this loose structure appears to yield the type of information required for the exploration of learner experience of online entertainment-education, Denzin (1989) does note that the conversational approach to interviewing is more appropriate for an experienced researcher whose skills in the field are more likely to enable them to be responsive and natural with the participant. As I am a novice researcher, I decided to explore the use of a semi-structured approach as I felt it might be more appropriate for me and more congruent with the IPA methodology.

The preferred method of data collection in IPA is the semi-structured interview (Reid, Flowers and Larkin 2005, Langdridge 2007). Semi-structured interviews facilitate the development of a dialogue

between interviewee and interviewer serving as a starting point for deeper discussions about meaning (Mayes 2006). Semi-structured interviews are congruent with the IPA approach as they allow the researcher to explore an area of interest while simultaneously experiencing the world from the participant's perspective (Smith and Osborn 2003). Such an approach has greater flexibility than structured interviews, as it can identify novel experiences and produce rich data. The semi-structured nature of the interview can enhance the comprehensiveness of the data collected by making the data collection process more systematic (Patton 2002). I considered this an advantage for a novice research interviewer as I felt I would benefit from something to guide me through the interview process. The difficulty in using semi-structured interviews is that the researcher has less control over what is discussed compared to a structured interview. The data collected may therefore be less focussed and more complex to analyse (Smith and Osborn 2003) and comparative themes may be less apparent (Patton 2002) than in data obtained by structured approaches. However Smith, Jarman and Osborn (1999) and Smith (2004) all suggest that the idiographic approach to analysis within IPA enables identification of both unique and generic themes from data collected by semi-structured interviewing. Therefore I adopted semi-structured interviewing as the method of data collection for the study.

I found the use of semi-structured interviews beneficial as using a guide during the interview process supported my development as a research interviewer. In the initial interviews in particular, I found the guide helped me to remember key themes to explore and enabled me to mostly stay on topics of interest for the research question without imposing a rigid structure. Although this meant that a large volume of data was collected and some of it was extraneous, it also meant that the participants had more freedom to discuss their experiences of learning in detail than they would if a structured interview had been used. Ultimately I collected a large volume of data with rich accounts of participant experiences of learning online via entertainment-education. As this is what I was hoping for, I feel the use of semi-structured interviews was successful.

3.2.3 Using a topic guide as a data collection instrument

Semi-structured interviews can be supported by either topic guides or interview schedules. Patton (2002) suggests that topic guides provide a framework of issues to be explored in the course of an interview but still retain enough flexibility for the interviewer to respond spontaneously to the participant. Additionally Rubin and Rubin (1995) note that guides provide some order for topic exploration to help prevent the interviewer getting lost. Interview schedules provide more guidance than topic guides as they consider specific wording of the questions to be asked rather than just the topics to be covered (Smith and Osborn 2003).

I opted to develop a topic guide (Appendix 3) rather than an interview schedule as I wanted to have the flexibility in the interview to cover topics as they arose in response to the participants' experience. I did however pay attention to the wording and sequencing of questions within it. As a novice researcher I was unsure how the interviews might pan out or how I might manage myself within the interview. Taking some time to plan the topic guide prior to the interview enabled me to envisage how an interview might evolve and allowed me to consider the focus of the interview, difficulties that might be encountered and how to manage them prior to the event. Smith and Osborn (2003) suggest this planning process leads to a more confident and more effective interview and I am inclined to agree. I think in the early interviews in particular, having the topic guide enabled me to stay focussed on issues relevant to the research question. Mapping out potential questions rather than listing them, gave me flexibility in my approach, preventing me from imposing a rigid structure on the interview.

Within IPA it is recommended that consideration is given to both the wording and sequencing of questions prior to interviews (Smith and Osborn 2003, Langdrige 2007). I therefore drafted an initial topic guide (Appendix 4) with regard for wording and sequencing and piloted it with colleagues (Appendix 4) to check for coherence.

I took time to consider how the wording of my questions might affect data collection. For the purposes of IPA questions need to facilitate detailed descriptions of specific experiences (Langdrige

2007). I needed to write/ask questions which enabled the participants to express their perspective whilst at the same time ensuring the questions remained focussed on the subject of interest. Patton (2002, p. 354) recommends the use of open ended questions as they do not presuppose the participant's answers but allow the participant to select from their "full repertoire" of potential responses. In writing the topic guide I found constructing truly open questions more difficult than I had anticipated. I found that there was a tension between writing questions which focus on the topic and writing questions that were open enough to elicit a rich response from the participant. In draft 1 of the topic guide (Appendix 4) I think the questions such as "Can you tell me what learning means to you?" would have been too open and produced data which was vague and lacking in specific details of learner experience. While questions such as "How did the course tools affect your learning?" were too focussed and too jargonistic and potentially difficult for the participant to answer.

On reviewing the first draft of the topic guide I concluded that the wording of the questions would not be successful in eliciting the rich descriptions of specific experience required for IPA. I amended the questions to reflect the format for descriptive questions (Spradley 1979, Table 5) as I felt that the data collected using descriptive questions would be more likely to help me achieve a balance between topic focus and openness. I think the questions on the final topic guide (Appendix 5) helped me achieve a reasonable balance as it enabled me to collect data that reflected both the uniqueness and similarity of participant's experiences. So for example, the question "Can you tell me about a typical learning activity?" produced diverse responses about organizing learning tasks, learning with others and learning from patient characters but in doing so highlighted these 3 areas as potential important themes that occurred in multiple interviews. I therefore think that the questions I used on the topic guide helped me achieve the goals of data collection for an IPA study as I was able to obtain data that reflected both the idiographic and thematic elements of learner experience. This does not mean that the topic guide is not without its limitations, however. On reflection it may have been pertinent to ask participants explicitly about their previous experiences of online learning or

learning style as this would have provided more insight into the individual context of each learner's experience. Failure to include questions about previous experiences of online learning on the topic guide can therefore be considered to be a limitation of the study by limiting the scope of the exploration of learners' historical learning experience and how it informs the present context.

Table 5 Spradley's taxonomy of descriptive questions	
Type of question	Function
Grand tour questions	Description of time, places, people, events, objects and activities
Mini tour questions	Descriptions of specific units of experience
Example questions	Descriptions of examples
Experience questions	Recall of specific experience
Native-language questions	Identify terms and phrases most commonly used in the specific environment

In addition to considering the wording of questions, I also attended to sequencing. Although Patton (2002) recommends that topics are explored in relation to timescale, starting with the present situation, then reflecting on the past and finally looking to the future; this did not seem entirely appropriate for my topic guide as the majority of questions I wanted to ask were exploring past rather than current or future experience. I did however include an initial question about the participant's current situation as I felt it would help the participant to feel at ease with the interview process. This seemed to work well as an icebreaker in practice.

Having rejected the chronological approach to sequencing the questions on the topic guide as suggested by Patton (2002), I thought that a funnelling approach in which questions move from general descriptions of an experience to more detailed questions as proposed by Minichiello et al (1990) might be more suitable, as this approach would allow participants to express broad views before focussing more specifically. While the interview schedule aided this process, I did find that funnelling was challenging in practice, particularly in telephone interviews. I found that having the cascade of questions in front of me encouraged me to move from one level to the next in order to get to specifics. At times this meant some issues that the participants had raised were perhaps not

always fully explored. On the other hand, the questions which asked for specific units of experience enabled me to obtain some rich descriptive data that was of key importance to the research questions. On reflection, I feel my implementation of funnelling questions improved over time. I became more adept at pacing myself within the interviews and allowing the questions to funnel more naturally within the conversation rather than pushing the conversation in a given direction. As previously mentioned, the opening questions on the topic guide (Appendix 3) were specifically constructed to allow the participant to become comfortable and to build rapport between researcher and participant (Spradley 1979) and were delivered to take the participant from their present situation gently back to their experiences of the course. These questions appeared successful in these aims as all participants responded to these initial questions readily and overall the transition from rapport building questions to topic focussed questions appeared smooth. Although Spradley (1979) suggests that rapport is generally built up over time through a series of interviews, attention was paid to building rapport throughout each interview. Doing so was particularly important as each participant would only be interviewed once in the study. Rapport was maintained by demonstrating listening within the interview through the use of the key prompts as per the interview schedule and attending to non-verbal positioning (Rubin and Rubin 1995) to display relaxed interest. In addition, I drew on my nursing background and used techniques from motivational interviewing such as simple reflection and double-sided reflection (Miller and Rollnick 2002) to demonstrate empathy and understanding to the participants. Although I was not able to attend to non-verbal positioning during the telephone interviews, I still feel I achieved a comfortable environment for participants as the majority of participants talked about their experiences readily.

3.2.4 Interview plus technique and its impact on data collection

In addition to employing interviews, other materials such as diaries are recognised as appropriate sources of data for exploration using IPA (Langdridge 2007). In their study of the e-learner

experience undertaken for JISC, Creanor et al (2006) used an approach called “Interview Plus” within their IPA methodology which incorporates the use of “artefacts related to learning” as prompts to promote participant recall and so enhance the depth of understanding regarding a learner’s experience.

Creanor et al (2006, p. 5) state that:

These artefacts would normally be created by the learner during a learning episode and may include items such as learning diaries, blogs, transcripts of asynchronous discussions and e-portfolios which can be used as prompts to instigate discussion and encourage deeper reflection during an interview.

I adopted this definition to select the learning artefacts I used during the interviews for this study.

3.2.5 Selection of learning artefacts

I selected both generic and individual learning artefacts for use within the interviews for this study. The generic learning artefacts used were pictures of the case study patients (Appendix 6) and practitioners (Appendix 7) which I deployed to help refresh participant’s memories of the digitized stories and characters in the Cardioverse. The individual learning artefacts were online personal journals (blogs) and online discussion board entries produced by the individual learners. Individual learning artefacts were chosen based on their apparent importance to the learner (Gowan 2008). Prior to each interview, I explored each learner’s contributions to their personal journal and discussion board for excerpts that appeared to have been significant for the particular learner. I looked for excerpts that appeared to represent episodes of illumination or difficulty within the learning journey, based on the assumption that such incidents were more likely to be memorable to the learner and so facilitate memory recall and reflection. Selection of learning artefacts was therefore undertaken on an individual basis (see Appendix 8 for some examples). Thus I took an idiographic approach to the selection of learning artefacts as this is congruent with an IPA approach

(Smith, Jarman and Osborn 1999, Smith 2004). It could be suggested that selecting learning artefacts in this way may lead to inconsistency in their application in the interview situation and this in turn may pose challenges to comparisons across the data set collected. However the IPA approach does not look for consistency in inputs during interview but recognizes that interviews will be different from one participant to another because of the uniqueness of each experience (Reid, Flowers and Larkin 2005, Smith 2004). Variation in utilization of learning artefacts within interviews is not considered problematic with IPA and is not considered to inhibit the identification of common themes (Gowan 2008). While such variation may be considered a challenge to analysis, variation within themes is a central feature of IPA (Smith 2004) because an idiographic approach to analysis is adopted and this begins with the particular, only slowly working up to a more general categorization (Smith, Harré and Van Langenhove 1995, Smith, Jarman and Osborn 1999, Smith and Osborn 2003). It seemed appropriate therefore for me to adopt an idiographic approach to the selection of individual learning artefacts from the learners discussion boards and personal journals as this was congruent with both the philosophical principles of IPA and the method of analysis. While this approach did produce a large amount of data and diversity in idiographic themes which initially seemed overwhelming, the stages of the IPA analytical process (Smith & Osborn 2003) helped me to manage the volume and diversity of the data. I will discuss this in more detail in the analysis section of this chapter.

3.2.6 Deploying learning artefacts

When using learning artefacts it is important to remember that the artefacts themselves are prompts to aid discussion rather than the focus of discussion. While artefacts may work well to initiate discussion (Mayes 2006), deploying them at the beginning of the interview may put an undue emphasis on the tutor perspective rather than the learner view (Gowan 2008). This would narrow the focus of the discussion (Mayes 2006) and detract from the purpose of the interview. I therefore

used the learning artefacts within interviews when I judged it to be appropriate at a particular point in the discussion (Mayes 2006). I deployed them flexibly in the same way as the interview schedule. While the timing of learning artefact deployment may have been flexible, I still used learning artefacts alongside the questions on the topic guide as planned (Appendix 3). Planning the relationship between the deployment of learning artefact and the interview questions in advance was a useful exercise as it reduced my hesitation in the interview while deciding which learning artefact to deploy at which point. Consequently the flow of conversation did not appear to be negatively affected by their use.

The utilization of learning artefacts proved beneficial in the interview process as they facilitated memory recall, thus enabling the participant to tell their story. The generic learning artefacts such as pictures of the patient or practitioner characters (Appendix 6 and Appendix 7) appeared to aid participant recall of experiences in relation to these aspects of the course. In face-to-face interviews participants were observed to hold the artefacts and point at the character on the artefact while they were discussing their experience. It therefore appears that the generic learning artefacts were effective in promoting discussion of experience in face-to-face interviews. In telephone interviews participants were sent the same pictorial learning artefacts via email prior to the interview and asked to have them to hand during the interview. Although both interviewer and interviewee referred to the learning artefacts during discussion, it is difficult to know how they were actually used by the participant during the interview and so it is more difficult to evaluate their effectiveness. Overall I feel that while sending learning artefacts to participants was beneficial in that it still supported memory recall, it did detract from the spontaneity of response observed in the face-to-face interviews. Although this means the responses of telephone participants to the interview plus questions may have been more considered, there does not appear to be any significant difference in the nature of data collected in response to these questions. Therefore I would suggest that the deployment of learning artefacts in telephone interviews is as effective as deploying them in face-to-face interviews.

Reflecting on the use of learning artefacts in interviews while in the process of data collection led me to review their deployment during the interviews. Initially individual learning artefacts such as posts from the discussion boards and personal journals were presented to participants verbatim. However feedback obtained from the first participant on the interview process suggested re-reading her own posts made her feel uncomfortable (see Appendix 9) and reflecting on the interview and reading the transcript suggested deployment of learning artefacts in this way inhibited discussion rather than promoted it. For subsequent interviews learning artefacts were still identified from personal journals and discussion boards using the same idiographic process, but were summarized and presented to the participant as the interviewer's observations of particular posts or posting behaviours, with the participant being offered the option to read it. Feedback from the second participant suggested that presentation of summarised individual learning artefacts did not inhibit discussion but served to prompt and remind students of particular incidents or aspects of the course (see Appendix 10). Thus when deployed as summaries the individual learning artefacts can be said to have been an effective research tool which aided and promoted detailed discussion of learner experience.

3.2.7 Sample selection and participant recruitment

Having discussed the research design and methods of data collection, I now wish to present the approach I took to sampling in this study. I offer the following discussion with the intention of making my decisions transparent so that the impact of my choices on participant recruitment can be seen.

IPA requires that participants are experts in their own experience (Smith and Osborne 2003, Reid, Flowers and Larkin 2005). Sample participants for an IPA study needed to have experience of the phenomena of interest; in this case experience of studying via entertainment-education online. As far as it has been possible to ascertain at the time of data collection, CHD Prevention Online was the only continuing education course aimed at health care professionals that adopted entertainment-

education pedagogy in an online environment. In order to fulfil the aims of this study, the sample participants therefore needed to have experience of studying CHD Prevention Online in the Cardioverse.

To ensure that the participants selected for this study had detailed insight into experience of studying via entertainment-education online, a purposive sample of students who had completed their studies with CHD Prevention Online was selected. This approach ensured the sample included both typical and unique perspectives as appropriate with an IPA methodology (Reid, Flowers and Larkin 2005) and that participants had experienced all aspects of learning through entertainment-education in the OLLE. The use of purposive sampling is sometimes criticized as it does not facilitate the representation of a wide population (Cohen et al 2000). However within this study, purposive sampling remains appropriate because of the nature of the experience under exploration and the adoption of the IPA methodology means the sample needs to be drawn from a selective group.

IPA studies normally use a small sample size because of the in-depth nature of analysis required for the method (Langdridge 2007). Commonly within IPA studies sample sizes range from five to 10 participants (Smith 2004) with a maximum sample size of 10 recommended (Reid, Flowers and Larkin 2005). Large sample sizes can inhibit the level of detailed analysis required for the IPA approach (Mayes 2006). It is suggested by Smith (2004) that even a single-case can be considered appropriate, as the aim of IPA is to give as detailed an account as possible of the meaning of participant's experience. However Entwistle et al (2002), in their study of the student learning experience, suggest more than a single case is required to explore a variety of learner experiences. Therefore I felt it was important for the purposes of this study to select a sample size that was large enough to reflect the range of learner experiences of online entertainment-education but small enough to enable the detailed analysis required by the IPA approach. I aimed to recruit a sample size of nine participants as recommended by Langdridge (2007).

The sample of learners invited to participate in the study came from CHD Prevention Online courses which were delivered between April 2007 and January 2008. These cohorts were selected as

learners had completed their studies and been awarded their grades. Participants were therefore recalling their experiences of learning retrospectively, rather than reporting while learning. I anticipated that learners who volunteered to participate in the study would do so from a desire to recall their experiences rather than to affect the outcome of their assessment. I was aware that their reports of experience would be affected by the motives for telling them and that I would need to interpret the emergent data with caution as suggested by Ricoeur's (1981) hermeneutics of suspicion.

The selection made represents one academic year, three cohorts of learners and a total population of 58. I stratified this population and selected my sample to ensure all the grading strata were included. I did this not to ensure representativeness as the learners undertaking CHD Prevention online were relatively homogenous in terms of age and gender, but to gain diversity of learner experience. Learners selected were stratified into groups based on grade (see Appendices 11, 12 and 13) so that learners who achieved top (A,B), middle (C,D) and lower grades (E,F) were represented and a variety of learning experiences could be explored. Learners were selected and stratified into groups by the programme secretary so their inclusion and the order in which they were approached was not influenced by me as the course leader/researcher.

The sampling process facilitated access to a sample size of nine learners as recommended by Langdrige (2007) which ensured the size of the sample was large enough to reflect a variety of learner experience but not so big as to produce an overwhelming volume of data. Invitations to learners to participate were sent out based on grades, across cohorts to ensure that the experience of learners in different cohorts was reflected (see Appendices 11, 12 and 13). Learners were given one month to respond to the invitation and those who had not replied were followed up with a single telephone call. No further follow up was undertaken.

Approaches to potential participants continued across the cohorts until nine students had agreed to participate. In total three mail-shots across all three cohorts were undertaken in order to recruit the nine participants required (see Appendices 11, 12 and 13). Five of the participants approached

declined to participate. Reasons given for non-participation were preference for online interview rather than face-to-face, work and family issues. Two of the participants did not respond to follow-up telephone messages so their reasons for their non-participation is unknown. Three of the letters sent out were returned-to-sender so it can only be assumed that participants had moved since studying.

Overall I think the purposive approach to sampling within the study can be said to have been effective. It facilitated the recruitment of learners with diverse experience across the top (A,B), middle (C,D) and bottom (E,F) of the grade range, thus enabling me to explore a variety of learner experiences of learning with entertainment-education in the OLLE.

3.3 Ethics

In the following section I consider the ethical principles underpinning qualitative research and seek to demonstrate how I have managed the key issues relevant to my study. In particular I wish to show how I have managed myself and addressed issues related the safety of the participants and the data in the study. In this section I have therefore chosen to cover procedures for obtaining informed consent, maintaining the security of data collected and managing the tensions of my role as researcher-practitioner.

3.3.1 Consent to participate

Written, informed consent was sought from the sample of students selected for the study. Following completion of their studies, prospective participants were sent a written invitation to participate in the study (Appendix 14) with a consent form attached (Appendix 15). The invitation to participate, was developed in line with guidance from the British Education Research Association (BERA) (2004) and the National Research Ethics Service (NRES) (Department of Health 2001 a and b). It was important for me to consider the guidance from both bodies as although this study is primarily a

piece of educational research, it was undertaken within a university health sciences department. It is a requirement of the Department of Health Sciences Research Governance Committee that all research undertaken within the department consents participants in line with the guidance provided by the Department of Health (2001 a and b). Although the Department of Health (2001 a and b) guidelines are primarily concerned with consenting patients to undergo clinical treatments and as such place a greater emphasis on mental capacity for consent than the BERA (2004) guidelines, the core principles of BERA and NRES are much the same. Both bodies emphasise the importance of voluntary informed consent; both emphasise the autonomy of the participant in making the decision to participate or decline and both acknowledge the participants' right to withdraw.

The invitation for this study therefore sought to provide participants with enough information to make an independent decision with regard to participation. The information sent to potential participants (Appendices 14 and 15) explained the purpose of the study, the rationale for inviting them to participate and what would happen should they choose to be involved. The invitation to participate provided the potential participant with two options:

1. To participate in an interview-discussion regarding their experiences of studying with online entertainment-education via CHD Prevention Online and allow me as the researcher to explore their online personal journals and discussions, for the purposes of the study.
2. To decline to participate.

The invitation to participate also clearly stated, in line with BERA (2004) and Department of Health (2001 a and b) guidance that participation was voluntary and explained the interviewee's right to withdraw. Those approached who wished to participate, returned the consent form as an indication of their intent to participate. Those who did not wish to participate declined to return the consent form.

Once a consent form was obtained, I contacted the participants who volunteered to be interviewed so that a mutually convenient time could be arranged for the interview. I gave a further verbal explanation of the study to the participant at this time and I also provided an opportunity to ask questions. The verbal explanation was repeated immediately prior to the interview to ensure participants had a clear understanding of the research processes and procedures, the consequences of participating in the study and their rights as participants. In addition I ensured a time lapse of a few weeks between the participant agreeing to participate in the study and the interview taking place. I did this, as per Department of Health (2001) guidance, to ensure that the participant was choosing to participate under their own free will as opposed to deciding under my influence. I explained the right to withdraw from the study to all participants and one participant chose to do so prior to their interview due to work pressures. This suggests that overall those who opted to participate in the study were well informed of what participation would involve. Participants' anonymity was also guaranteed and procedures were put in place to ensure both transcripts and online data were anonymised.

3.3.2 Data security and storage

The interviews were recorded digitally and transcribed as recommended by Patton (2002). Data from the discussion boards and personal journals along with the interview recordings and transcripts were stored electronically. A range of measures were therefore implemented to ensure the security of participant data. Recordings of the interviews were stored as digitally recorded audio files and transcripts of the interviews were stored in an electronic format as Microsoft Word© files. These files were stored on my computer and were individually password protected. In addition access to my computer was also password protected. Transcripts of the interviews were printed to aid reading and analysis. The printed versions of the transcripts were kept in my locked office in a locked filing

cabinet. As no security breaches occurred throughout the study these measures can be said to have been adequate.

3.3.3 Ethics of the researcher-practitioner role

As I am both the researcher on this study and a tutor in the Cardioverse it was important for me to consider how I would balance the duality of this role. Corbin Dwyer and Buckle (2009) talk of the duality of the researcher practitioner role in terms of insider-outsider identities. So as a nurse who has studied cardiovascular care while working full time I share what Corbin Dwyer and Buckle (2009) described as an experiential identity with the participants in my study. According to Corbin Dwyer and Buckle (2009) this insider position has the potential to give me legitimacy with the participants. I do feel that participants may have been more open with me as a consequence of my role which in turn may have enhanced the depth of the data I was collected. On the other hand, I wonder if sharing an experiential identity may equally have led to an assumption of shared understandings which could have impeded my research because participants may have failed to explain their experience fully. I therefore consider that my role as a researcher-educator was a paradoxical one as although having some shared experiential identity helped me tune into the meaning of what was being said at the same time I needed to step outside this identity and be aware of my own perceptions and the impact I was having.

I found the paradoxical nature of the researcher-educator role challenging to manage as it required me to have an awareness of my impact on the participants during the interview and on the interpretation process. I attempted to take a dialectic perspective, that is, I attempted to embody a space in between reporting the participants' experience and interpreting the participants' experience. I engaged in epoché and bracketing, using my reflective diary alongside supervisory support to help me make comparisons between participant accounts and my own interpretations.

My reflective diary was a key tool in managing this process for both planning, reflecting on and analysing my actions. Table 6 is an extract from my reflective diary where I considered the ethical principles of my role as a researcher-practitioner and their relationship with my actions in the role.

Table 6 Ethical considerations for me as a researcher -practitioner

Concept	Consideration	Action
Intention	<ul style="list-style-type: none"> • Non-maleficence • Not to impose 	<ul style="list-style-type: none"> • Planning • Mindfulness • Open acceptance
Duty	<ul style="list-style-type: none"> • Veracity • Trustworthiness 	<ul style="list-style-type: none"> • Reflection • Supervision
Criticality	<ul style="list-style-type: none"> • Did I lead? • Did I impose? • Did I cut off/not listen/shut down? 	<ul style="list-style-type: none"> • Participant feedback • Reflect on Interviews • Critique own performance • Analyse transcripts as representations of my actions
Reflexivity	<ul style="list-style-type: none"> • Plan, act, observe & reflect more than in everyday life* 	<ul style="list-style-type: none"> • Reflective diary • Supervision

*Kemmis and McTaggart 2000

This ethical framework helped me to manage the tensions that arose in the practitioner-researcher role because it enabled me to look critically at the impact I had on the learners and on the interview process. In Appendix 16 I explore my preparations for and reflections on the interview of Participant 7 and I think this evidences how my reflective diary helped me take a critical stance. It shows how my thoughts prior to the interview had been concerned with the tutor perspective and how my diary had helped me plan to try and limit the impact of my concerns on the interview. After the interview it also helped me see how misplaced my concerns had been and how this preparation had helped me to hear what was important about the experience of learning in the OLLE for the participant. Adopting this self-reflective/self-analytical approach was important because this is a phenomenological study and self-reflection forms part of the hermeneutic critique aimed at illuminating my position in relation to my exploration of the subject.

The use of a reflective diary also supported my development as a researcher by helping me to become aware of not just what I was doing with phenomenology but also what phenomenology was doing with me. According to Van Manen (1990, p.45) this reflexive element is a key benefit of the phenomenological approach. In Table 6 above, I used the reflective diary to help me consider the ethical issues for me as a researcher. Appendix 16 shows how I attempted to apply them in my interview with Participant 7. So for example, using the reflective diary to set my intentions meant that I had to think about my position and my emotions in relation to the participant prior to the interview. My reflections in Appendix 16 allowed me to see I was concerned that my emotions might have a negative impact. Setting my ethical framework in advance meant I then had to plan how I was going to manage myself in order to minimize the potential harm of my negative emotions on the participant and avoid imposing my position on her. Advanced planning also helped me to be mindful of these ethical principles during the interview. My duty was then to be honest about how I think I performed in relation to my intentions. I've tried to do this in Appendix 16 and discussed this reflection in detail with my supervisor. Although these thoughts and emotions can be uncomfortable to share, veracity is an important principle here as without it, I would not be able to learn and grow as a researcher and the findings of my work would be prone to illusion of subject errors (Ricoeur 1981). The use of the reflective diary therefore helped me develop as a researcher by supporting my development in the researcher-practitioner role. It helped me not only to identify the ethical principles that underpin the role but explore how I embodied them. On reflection I do not think that I was able to fully resolve the challenges of the duality of the researcher-educator role and I perceive this as an ongoing area of development. I do think though through the use of careful bracketing, my reflective diary and supervisory support, I was able to work with the tensions produced by the debate.

3.4 Analytical Procedures

According to Langdrige (2007) theory in an IPA study should be situated in and emerge from the data so that the findings of the study represent the meanings that learners assign to their experience rather than those applied to their experience by others. This necessitates an inductive approach to analysis. The data I obtained during the interviews was therefore used to generate theoretical ideas about the learners' experience rather than being used to test any pre-existent theories about how students learn via entertainment-education in the online environment.

My role as the researcher therefore was to interpret how the participant made sense of their learning experience and also to be aware of how I was interpreting their experience. Smith and Osborn (2003) refer to this as the double-hermeneutic and cite it as a benefit of IPA because it facilitates analysis of the role of the researcher in interaction with the participant and the text. I kept a reflective diary during the analytical process to try to illuminate what impact I was having on the inductive process and to provide a record of what was informing my thinking.

Through induction IPA seeks to reflect unique and shared perspectives of the participants. Flowers et al (2005, p. 20) state that in IPA:

Analyses usually maintain some level of focus on what is distinct (i.e. idiographic study of persons), but will also attempt to balance this against an account of what is shared (i.e. commonalities across a group of participants).

As my study is concerned with making sense of the participant's world from idiographic and shared perspectives, a detailed analysis of the data is required (Mayes 2006). I therefore recorded the interviews digitally using an Olympus© dictaphone and had them transcribed. The transcribed documents were typed using Microsoft Word©, anonymised, line numbered and time stamped at each change of speaker. In order to familiarise myself with the transcripts, I listened to the audio-recordings and read through the transcripts of interviews prior to and during analysis as recommended by Langdrige (2007). I then followed the seven-step analytical process for IPA recommended by Smith and Osborn (2003) (Appendix 2).

As Smith and Osborn (2003) recommend that analysis commences with one case. I began by subjecting a single case to the seven-stage analytical process by reading and re-reading one transcript to identify themes inductively in one case before moving on to subsequent cases. This approach seemed strange at first and it was hard to resist the urge to code by apriori (Miles and Huberman 1994) based on the questions from the topic guide in order to feel in control of the data. I quickly realized however that applying aprioric coding would be mechanistic, an imposition of myself on the data and so risk illusion of subject errors (Ricoeur 1981). So although I could see how aprioric coding might help to organize the data, thinking about the data in this way did not illuminate my thinking about its meaning. I therefore stayed with the IPA process recommended by Smith and Osborn (2003) and continued analysing the data via this inductive approach for all nine interviews. I think maintaining this inductive approach to analysis ensured that it progressed gradually from the idiographic to the common and helped me to focus on the meaning of the data I was analysing rather than focussing on the frequency of themes.

I found re-reading the transcripts invaluable as initially I would see different things in them each time I read them. The free textual analysis process enabled me to note my preliminary interpretations in the right hand margin and then later transform these notes into themes in the opposite margin on re-reading. I found the free textual analysis process helpful. It facilitated my thinking about the text and enabled me to consider what was being said and what was meant, rather than getting unduly concerned about the organization of the data. The personal lesson I learned from this was to take time to really think about themes rather than worry about getting a transcript analysed. Through this process I was able to move away from a task-orientated approach and engage more meaningfully with the analysis. In addition I found using both margins for specific aspects of the analysis helpful. The right-hand margin (for free textual analysis) served as a filter for the thematic analysis in the other margin. Having already acknowledged what was being said, I could filter out extraneous annotations by focusing on the meaning and then theme what seemed to be

most significant to the learner experience. This enabled me to transform my annotations into tentative themes for the case.

One of the challenges I found when analysing data was trying to interpret the significance and illustrate the meaning of what was not said. Gadamer (1975/1989) suggests what we do not say is as important as what we say, so how I addressed this as a researcher was important. I first became aware of this issue with the third interview. It contrasted with the two previous interviews based on what this participant did not say. She did not express empathy for virtual patients or practitioners whereas the previous participants did. She did not talk about discussions with other students and how they influenced her learning, yet this had also been a key feature of the previous interviews. There was a complete absence of this type of discussion from her interview. It seemed to me that this absence itself was significant. I felt I wanted to theme for this *lack* but was unsure how to do so. I was also mindful that by attempting to theme the absence of something, my interpretation was coming to the fore and I wished to avoid Illusion of subject errors (Ricoeur 1981) in trying to integrate absence into my data set.

According to Gadamer (1975/1989) it is the listener's/reader's role in a given situation to attach meaning to what is not said and as human beings we do it all the time. For example if I read an article and it did not cover what I expected, I may assume that there is something the author did not wish to disclose and consequently might view their work less sympathetically. This meaning would have been imbued by me based on *nothing* – on what is *not* there. The implication of Gadamer's (1975/1989) position is that imbuing meaning on what is not said is part of the researcher's role as it is part of the way they interact with the participant and the text. I therefore noted my thoughts about the lack of empathy with characters and lack of interaction with others that I picked up in the third interview in my reflective diary and linked it to my dataset. An initial theme of lone-learning emerged from this process.

Having identified themes from a case I then began to organize them into conceptualizations as per steps two and three of Smith and Osborn's (2003) IPA process. I did this by making a theme list and

theme directory using Microsoft OneNote© which contained my tentative definitions of each theme based on the analysis of the transcript (Figure 4 and Figure 5). Data extracts from the transcripts were collected with Microsoft OneNote and placed in the theme directory under the appropriate theme heading. HTML links connected the extract back to the original transcript. I selected Microsoft OneNote© to help me manage the data in line with the IPA process. I found I could easily theme and re-order themes as my interpretations developed. I did explore using NVivo© prior to commencing my analysis but found it to have a hierarchical structure more suited to aprioric coding and less appropriate for my approach to analysis and so I rejected it and selected Microsoft OneNote© in preference.

Figure 4 Screenshot showing excerpt of theme lists for all cases

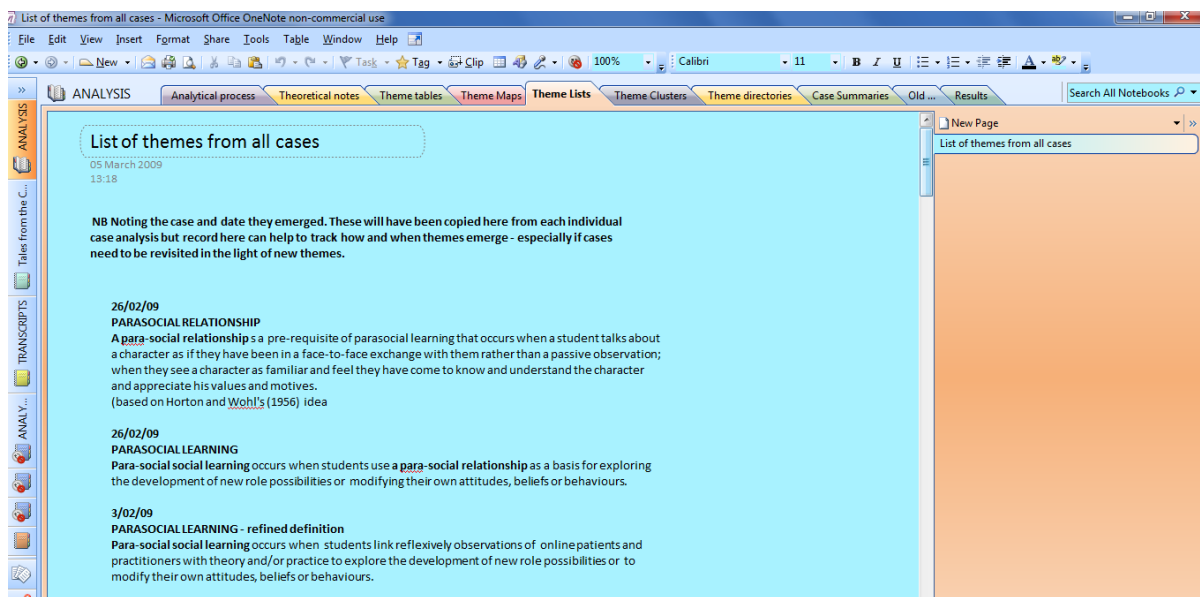
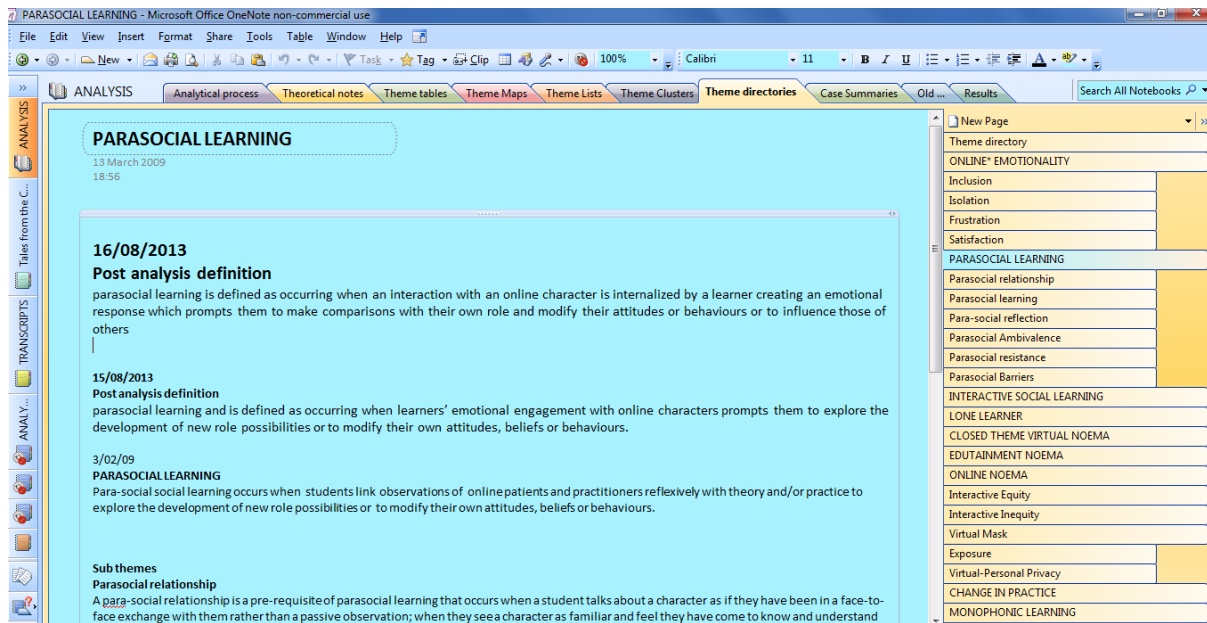


Figure 5 Screenshot showing excerpt of theme directory for all cases



I then moved onto step four of the analysis as per Smith and Osborn's (2003) IPA process, clustering themes and constructed a theme-map for each case using Inspiration Software to help me make connections between themes (see Appendices 17,18 and 19 for examples). Theme maps were linked to the OneNote© data set using HTML links. Making theme maps facilitated the development of superordinate themes. So for example interactive social learning and parasocial learning were superordinate themes to emerge from Interview 1. However, as Case 1 theme map shows (Appendix 17) parasocial learning and its outcomes are repeated on the map demonstrating that the boundaries of this theme are unclear at this time.

The theme maps developed as my analysis progressed in response to the themes I perceived as emerging from the different interviews. Appendix 18 provides an example of a theme map showing the changes that had occurred after idiographic analysis of the first five cases. By comparison Appendix 19 shows the final map after the individual analysis of all cases and cross case analysis to reflect common themes. I found using theme maps helpful in managing the analytical process as they enabled me to visualize the whole dataset and how it evolved. I also wrote commentaries regarding the construction of theme maps in my reflective diary to help me keep track of my thought processes. I created HTML links between the maps, the commentaries and the data set

using the HTML links to maintain the coherence of my interpretations. This helped me to ensure the transparency of my analysis as it enabled me to illustrate my thinking to my personal supervisor.

Once I had constructed a theme map, I developed a theme table for each case. Appendix 20 shows the theme table for Case 1 and Appendix 21 for Case 5. Theme tables allowed me to see the themes and superordinate themes, and record the location of data extracts by line number. In addition to developing a theme map for each case, I kept a master theme table so I could gain a sense of how themes were emerging across cases. Appendix 22 shows the master theme table after Case 5. This helped me to make decisions about theme boundaries by reflecting on their implications (Appendix 23). Completion of the analysis of each case led to a written narrative summary to capture the uniqueness of the participant's experience before moving on to analysing the subsequent Case. I analysed all nine cases individually using these four steps before moving onto cross-case analysis. Although I made some comparisons of themes across cases and identified superordinate themes as my sense of the connections developed, my final decisions about superordinate themes were not made until I had completed the cross-case analysis. This enabled me to go back across all cases and revisit transcripts to check for the presence of themes that had emerged later in the analysis in the early cases and to clarify the connections and boundaries between themes. The outcome of this can be seen in changes to the master theme table to reflect common superordinate themes. Appendix 24 shows the master theme table on completion of the idiographic analysis. Appendix 25 shows the master theme table on completion of the cross case analysis.

The final analytical step was the creation of narrative accounts of meaning, reflecting the iterative nature of the relationship between the researcher, the transcripts and the data construction. Smith and Osborn (2003) advise that analysis is often expanded in the write up phase as themes are explained and illustrated. I found this to be the case. Write up enabled me to gain greater clarity in relation to the concepts I had identified in my data as I endeavoured to explain them for the reader and I re-labelled two themes as a consequence. Virtual vulnerability became the virtual window and interactive social learning became social support for learning. These themes are presented along

with my other findings in Chapter 4 and I discuss issues regarding their presentation in that chapter. For now I wish to move on to discussing issues pertaining to the integrity of my work.

3.5 Demonstrating integrity of qualitative research

Traditionally the quality of research is based on criteria established for the positivist paradigm appropriate for methods such as experiment and observation and are assessed in relation to concepts such as internal/external validity, reliability and objectivity (Scott and Usher 1999, p.150). The post-positivist position on research criteria rejects these concepts as inappropriate measures by which to determine the integrity of qualitative research suggesting that because the social world is different from the natural world, a different set of criteria are required to establish the value of qualitative research. Lincoln and Guba (1985) therefore suggest replacing the criteria traditionally proposed by positivist researchers with a different set of criteria more appropriate to a post-positivist conception of the world. They assert that it is essential to establish the trustworthiness of qualitative research and advocate the use of concepts such as credibility, transferability, dependability and confirmability as criteria by which to judge the merit of qualitative research. Within qualitative circles the need to adopt any criteria to establish the worth of research is debated (Lincoln and Guba 1985, Denzin 1989, Hammersley 2000, Scott and Usher 1999), as adopting criteria to demonstrate research quality can be perceived as foundationalism (Scott and Usher 1999) and as such any alternative criteria reflects the positivistic principles they were designed to replace, thus detracting from the values, insight and creativity of qualitative research (Denzin 2000). This position implies that the application of any criteria assumes research is objective, capable of replication and directly represents reality. Thus it could be suggested that the adoption of criteria to demonstrate the worth of qualitative research such as this study, conflicts with the principles of the paradigm. As Sandelowski (1993, p.8) observes:

We can preserve or kill the spirit of qualitative work; we can soften our notion of rigor to include the playfulness, soulfulness, imagination and technique we associate with more

artistic endeavours, or we can further harden it by uncritical application of rules. The choice is ours: rigor or rigor mortis.

Sandelowski (1993) is implying here that qualitative researchers need to abandon the traditional notions of rigor in relation to their research in order to reflect the richness and diversity of the social world. While I empathise with this position, I am also concerned with the integrity of my work. I feel I need to demonstrate an understanding of the potential challenges to the quality of my work and make explicit how I have managed these challenges in a way that is congruent with the philosophical stance I have taken. Thus I have had to discard the post-modern perspective on establishing research quality which rejects entirely the use of validating criteria (Scott and Usher 1999) and establish a set of criteria against which the worth of this thesis can be judged.

3.5.1 Establishing criteria for my work

In exploring the worth of qualitative research, a further issue needs to be considered; whether there should be a generic set of standards which is applied to all qualitative work or whether specific standards are needed for different types of qualitative inquiry (Polit and Beck 2008). It has been suggested by Whitemore et al (2001) that a generic set of criteria can be applied to all qualitative research in order to demonstrate its academic integrity. Although they propose a framework which attempts to reflect the richness of qualitative data analysis through the inclusion of criteria such as creativity and vividness, Whitemore et al (2001) discuss their framework in the context of validity and rigour and there remains an emphasis within the criteria on thoroughness. This approach appears to be, at some level, philosophically linked with positivistic ideas of research quality and the search for a single, true representation of phenomena as they really are. Therefore I initially rejected Whitemore et al's (2001) criteria for the purposes of this study.

In opposition to Whitemore et al's (2001) ideas, Rolfe (2006) suggests that the search for generic criteria for establishing the integrity of qualitative research is futile due to the unique and individual nature of each study. This position implies that it would be entirely appropriate for each qualitative

researcher to construct their own standards against which their work should be judged. While this argument is philosophically congruent with the principles of qualitative research, it presents a significant challenge for me as a novice researcher seeking to ensure the integrity of my work. A third way proposed by Watson and Girard (2004) is that criteria for establishing quality should reflect the method used. Watson and Girard (2004, p.875) suggest that standards used should be “congruent with the philosophical underpinnings supporting the research tradition endorsed.” This statement implies that each qualitative research tradition should agree its own set of criteria against which the quality of work within the tradition can be judged. As this study is based on IPA, it would therefore be appropriate to adopt a set of criteria that have been established to demonstrate integrity within IPA studies. However, gaining consensus on criteria for the integrity of qualitative research remains elusive (Polit and Beck 2008); a position that appears to be reflected within the IPA paradigm. As key authors in the field place emphasis on process and the iterative and idiographic nature of IPA (Smith and Osborn 2003, Smith 2004, Langdridge 2007), there appear to be no criteria for what constitutes good IPA other than good process. It may therefore be more appropriate for me to adopt verification strategies within the research process, than to establish a set of evaluative criteria to demonstrate integrity of an IPA study.

Verification strategies are used by qualitative researchers throughout the research enquiry to ensure that the integrity of the research is maintained during the research process (Tobin and Begley 2004). Such an approach places the responsibility for the integrity of the research with the investigator and encourages them to actively ensure the quality of their work rather than promoting reliance on external judges after the study has been completed (Morse et al 2002). Thus the researcher needs to consider the threats to the integrity of their work and how they can be managed. This appears a more appropriate approach for an IPA study as it reflects the hermeneutical values of the approach; there may currently be no consensus on what quality criteria should be applied but there is agreement and guidance regarding how IPA studies should be conducted and presented.

I have therefore adopted the following verification strategies to demonstrate the integrity of my work.

1. Interpretive Phenomenological Analysis is idiographic in nature therefore a small purposive sample was adopted.
2. A topic guide was developed using open-ended questions on the subject being investigated to allow participant expression.
3. Analysis began with one single case then another, before progressing to cross-case analysis to facilitate idiographic interpretation prior to thematic analysis.
4. The analytical steps recommended by Smith and Osborn (2003) were followed to promote good process.
5. Interpretive Phenomenological Analysis is iterative in nature therefore I continually revisited the texts and audio-recordings to check meaning and confirm interpretations.
6. My decisions about the interpretive process were documented as recommended by Smith and Osborn (2003).
7. I kept a reflective diary to facilitate the hermeneutic critique in an attempt to distinguish between what was said by the participants and how this was interpreted by me.
8. The hermeneutic process adopted centred on empathy/suspicion of meaning in line with Ricoeur (1981) as suggested by Smith and Osborn (2003).
9. My findings are a construction based on a fusion of horizons (Gadamer 1975/1989) between the meanings of experience for the participant and the interpretation of experience by me.
10. The write up represented is not offered as a *true* account of experience but as an appropriation of experience (Ricoeur 1981).

Although I have chosen to adopt verification strategies to demonstrate the integrity of my work, the boundary between these strategies and criteria proposed by qualitative researchers remains blurred. In setting out how my work demonstrates its own integrity, my choice closely reflects the

idea of establishing individual quality criteria for each study as proposed by Rolfe (2006) and yet initially this was an approach I was reluctant to take. In addition, having initially rejected the criteria proposed by Whittemore et al (2001) because of the positivistic language in which they discussed research integrity, the relationship between my verification strategies and their notion of qualitative validity criteria can be seen. Furthermore although I have not adopted Lincoln and Guba's (1985) criteria to demonstrate the veracity of my work, I do hold with the concept of trustworthiness in that it is essential to establish the integrity of my work but I claim to offer an appropriation of experience rather than a *true* account. Although processes like member-checking of data-interpretation are not required in IPA as it is a method which seeks to acknowledge researcher interpretation rather than remove it as a bias, I have still sought opinion on the appropriateness of my interpretation through mentorship and supervision. My conduct here reflects the iterative nature of IPA but instead of purely checking clustered themes back with text (Smith and Osborne 2003), I have also discussed them with researchers with more experience of this process than I. This would appear more congruent with the criterion of confirmability suggested by Lincoln and Guba (1985) than it would to expanding the boundaries of analysis as suggested by Smith (2004).

It seems then that I have come full-circle in my attempt to establish the integrity of my work and that some of the issues concerned with demonstrating quality within qualitative research remain unresolved. This suggests that ultimately quality within qualitative research remains a contested issue. As Wolcott (1994, p.170) advises:

Qualitative researchers need to understand what the debate is and have a position; they do not have to resolve the issue itself.

4.0 Results

The final stage in IPA is to progress to write up and presentation of results (Smith et al 1999). This stage is concerned with translating themes into a narrative account combined with verbatim extracts from the participants to illustrate the themes uncovered. Smith and Osborn (2003) propose two broad presentation options; either a results section which contains the thematic analysis followed by a discussion chapter linking the analysis to the literature or a single results and discussion chapter which presents each superordinate theme in the context of the literature. For the purposes of this study I have chosen to present the results and discussion chapters separately, as I felt this would ensure clarity in identifying what emerged explicitly from my study. This chapter will therefore be followed by a discussion chapter which will link the analysis to the literature.

In this results chapter I therefore present findings from the idiographic and thematic analysis in response to my research questions:

1. What is the nature of the learning experience in online entertainment-education?
2. How do individuals learn through online entertainment-education?

Results of the idiographic analysis are presented so that the contribution of each learner to the overall analysis can be seen. Results from the thematic analysis are presented to illustrate the common themes pertaining to student experience of learning through entertainment-education in the OLLE. The idiographic results are presented first as is convention in IPA studies so that the development of the analysis from individual to shared experience can be seen.

4.1 Idiographic analysis: case summaries and the life-world

As previously mentioned IPA is an inductive approach moving from the idiographic to the thematic in order to reflect what is unique and what is common amongst participants (Reid et al 2005). I have therefore attempted to show how each individual learner's experience contributed to my analytical understanding by summarizing each learner's experience in narrative form so that their individual contribution to the overall analysis can be seen.

In presenting the findings of IPA Smith (2004) recommends providing opportunities to explore both emergent themes and individual accounts by linking the material presented to each person in the write up. This approach enables the reader to learn about important generic themes in the analysis but also something about the life-world of the participants who have told their stories. I have therefore presented the key themes that emerged from each learner's interview as narratives of their individual learning experience. Details of each learner's current learning experience are presented alongside details of their previous learning history and key characteristics. The learner narratives below therefore provide insight into each learner's life-world and illustrate how analysis moved from the idiographic to the thematic level, showing how it has grown from each individual, to an holistic understanding of the lived experience of learning through online entertainment-education. In addition to the narratives I have produced a table summarizing the contribution of each learner's experience (Table 7 p.94) to demonstrate how the superordinate themes of common experience emerged from the idiographic analysis. My aim in doing so is to add transparency to the inductive process.

4.2 Summaries of learner experience

The summaries that follow are narrative accounts of each learner's experience offered to provide insight into their lived experience. I discuss elements of unique learner experience and their implications in relation to the literature later in the discussion chapter of this thesis.

4.2.1 Learner summary: Mary

Mary is a 48 year old learner educated to bacalaureate level who works full-time as a practice nurse, providing specialist clinics in coronary heart disease prevention. Mary studied in the Cardioverse for her ongoing professional development. She completed the CHD Prevention Online module successfully, achieving a B grade.

Mary reported interacting socially with other learners studying in the Cardioverse and used these relationships to meet her informational needs. Mary felt she benefitted from exposure to learners from a variety of clinical backgrounds with different perspectives as this helped her deepen her understanding of course content and enhanced her critical thinking.

Mary's learning experience was characterized by her relationships with the online characters. She experienced both positive and negative emotional responses to online characters which were the stimulus for reflection, discussion and comparison with her own clinical practice. Mary described changes in her attitudes and behaviours in practice in response to her relationships with online patients and practitioner.

Analysing Mary's experience revealed it was characterized by relationships with online characters and other learners. Significantly the relationships she developed with online characters appeared to stimulate reflection on clinical practice and promote expressions of attitude and behaviour change at the level of her individual practice.

4.2.2 Learner summary: Janet

Janet is a 54 year old learner who provides community based cardiac rehabilitation, working both as a clinician and as a service co-ordinator. Janet was previously educated to certificate level and had no previous experience of studying at baccalaureate level prior to accessing the Cardioverse. Janet has dyslexia which caused her significant anxiety in relation to academic study. Janet completed CHD Prevention Online successfully, achieving an A grade.

Janet reported that she built virtual social relationships with other learners studying in the Cardioverse which she used to meet her emotional and informational needs. She felt that her sense of isolation was reduced through these relationships and her motivation to study was enhanced.

Janet utilized these relationships as a safe environment in which to share her ideas and support the development of the ideas of others. It was clear from her interview that Janet felt that the

anonymity afforded her by the online environment contributed to her ability to engage in discourse with others and to construct supportive learning relationships.

Throughout her interview Janet talked about the online characters as real people, making frequent comparisons between virtual world and real world patients. These comparisons led to changes in attitude and Janet expressed intentions to change clinical practice at the level of service provision. Analysing Janet's experience revealed that anonymity in the online environment can create a sense of liberation for learners which can enable them to engage in learning discourse at a deeper level than in the face-to-face environment. Janet's experience additionally showed that relationships developed with online patients facilitate reflective comparisons between virtual world and real world which can lead to expressions of attitudinal change and intentions to change at a social level.

4.2.3 Learner summary: Carol

Carol is a 44 year old learner who works full-time as a military practice nurse overseas. She studied via the Cardioverse to assist her in providing hypertension clinics for soldiers. Carol was educated to diploma level and prior to accessing the module had not studied at baccalaureate level. She had undertaken continuing professional development since registration through a variety of distance learning courses. Carol was unsuccessful in her studies with CHD Prevention Online and was awarded a fail grade after two submissions.

Carol did not seek interaction with other learners while studying. During her interview Carol did not talk about other learners and did not express feeling isolated while studying. Carol preferred to study alone and this approach may have been influenced by her previous experience of distance learning and nursing outside the UK.

In her interview Carol did not describe her learning in relation to the online characters. She primarily described learning from anatomy and physiology videos and self-assessment quizzes. In her interview she was able to articulate how her factual knowledge had changed but did not discuss how

this could be applied to her interactions with patients in the clinical setting. Not perceiving the online characters as people meant that Carol did not make reflective comparisons between the virtual world of the online characters and the real world of her own practice.

Analysing Carol's interview showed that some students may prefer to learn alone rather than to interact with others. It showed that some learners do not interact with online characters. While this approach to learning may enable learners to accrue factual knowledge, Carol's experience suggests it may limit their ability to apply this knowledge to the practice setting or make meaningful interpretations of practice experience.

4.2.4 Learner summary: Sarah

Sarah is a 36 year old learner who works part-time in a hospital delivering both acute cardiac nursing care and cardiac rehabilitation. Sarah had no previous experience of studying at baccalaureate level and her highest qualification was a diploma. Sarah had not studied for some time when she accessed CHD Prevention Online via the Cardioverse. She completed the module successfully, achieving a C grade.

The strength of Sarah's emotional responses to online patient characters was a significant element of her learning experience. She responded to patient characters as real people and talked about real patients and virtual patients in the same way during her interview. Her emotional responses prompted her to discuss the patient characters with other learners and this appeared to facilitate a discourse where virtual and real-world patients were discussed interchangeably. This enabled Sarah to reflect on her own clinical practice and she described changes in her clinical practice such as new ways of working with patient belief systems that had occurred as a consequence.

In her interview Sarah talked extensively about her interactions with other learners. She saw other learners as a valuable source of knowledge which she accessed to meet her information needs and

obtain feedback on her own ideas. Her relationship with other learners was reciprocal as Sarah was keen to act as a resource for others.

Analysing Sarah's interview revealed a learning experience defined by strong emotional responses to patient characters and rich in interactions with other learners. Sarah's experience showed how emotional responses to patient characters can stimulate both discussion and reflection which lead to reports of change in clinical practice.

4.2.5 Learner summary: John

John is a 35 year old learner working as a staff nurse on an acute cardiology unit. Aspiring to become a cardiac rehabilitation nurse, John was studying via the Cardioverse as educational preparation for this role and found balancing work and study commitments challenging. John was educated to diploma level and working towards a baccalaureate degree. John completed his studies with CHD Prevention Online successfully, achieving a C grade.

While studying with CHD Prevention Online, John did not interact with other learners. In his interview John described benefitting from reading the comments of others on the discussion boards but preferred not to contribute to them. John reported that he was studying with a colleague from the same work place and this inhibited his willingness to post due to a sense of exposure. His feelings of vulnerability did not change despite the support and encouragement of his tutor.

John reported not perceiving the relevance of the online characters to his learning at the time of study, only realizing their significance with hindsight. His learning experience was characterized by accumulating factual information from reading materials which seems to have limited his understanding of their application in the clinical context. Though he reported developments in his factual knowledge, John did not report any changes in his own clinical practice as a result of his study.

Analysing John's interview revealed that knowing other students in a face-to-face context may inhibit a learner's willingness to engage in learning discussions in the online setting. It suggested that feelings of vulnerability related to knowing other learners do not resolve over time or with tutor support.

4.2.6 Learner summary: Mandy

Mandy is a 38 year old learner who works part time for a heart disease charity as a cardiac risk assessment nurse and studied with CHD Prevention Online via the Cardioverse to support her in that role. She is educated to diploma level and had not studied at baccalaureate level previously. Mandy completed the module successfully and was awarded a C-grade.

Mandy engaged in interactions with online patient characters based on a feeling of familiarity and reported challenges to her attitudes, beliefs and values as well as developments in her knowledge and skills as a result of her interactions. For Mandy, the boundaries between the online patients and her real world patients appeared blurred and she discussed virtual world and real world patients interchangeably. Mandy reported changes in her individual clinical practice such as adopting a new risk assessment tool in clinical practice as a result of interactions with virtual patients and described some of the challenges she faced in attempting to introduce new ways of working.

Mandy readily engaged in interaction with other learners. She felt confident in initiating posts on the discussion boards, responded to posts of others and was able to meet her informational needs through the discussion boards. Mandy was proactive in sharing ideas and asking questions and reported benefitting by gaining insight into the wider picture as a consequence. Mandy also reported benefitting emotionally by interacting with other learners as this reduced her sense of isolation.

Analysing Mandy's interview revealed an experience characterized by interactions with online patient characters and with other learners. In discussing intentions to change in practice, Mandy revealed the links she made between the OLLE and real world clinical practice.

4.2.7 Learner summary: Debbie

Debbie is a 56 year old learner who works as a practice-nurse/researcher and had previously studied at doctoral level. Debbie was studying with CHD Prevention Online via the Cardioverse to enhance her pharmacological knowledge so that she could undertake medication reviews with patients with cardiac problems. After being unsuccessful in her first assessment attempt, Debbie completed the module successfully on her second submission.

During the module Debbie mostly studied without interacting with others and appeared to have felt isolated at times. Debbie took some time out during the programme to help her meet work and family commitments. This meant she generally posted after discussions between other learners had been completed and consequently missed opportunities to sound-out ideas with others at relevant times. Debbie posted her own suggestions but did not comment on the ideas of others.

The level of interaction between Debbie and the online characters also appeared limited. In her interview Debbie did not express empathy with the contexts of the online characters or link the situations of the characters to her own practice. Her experiences of study were characterized by descriptions of physiology and learning tasks rather than people and reflection on practice. Debbie did not report any changes in her practice as a result of her studies.

Analysing Debbie's experience demonstrated that learning alone may not have been her preferred approach but was a strategy adopted based on her circumstances. This suggests that learners may be employing flexible approaches to learning rather than presenting with fixed characteristics.

4.2.8 Learner summary: Angela

Angela is a 40 year old learner who works full time as a cardiac rehabilitation sister in community and hospital settings. Angela is educated to diploma level and had not studied previously at baccalaureate level. She studied via the Cardioverse for continuing professional development. Angela completed the CHD Prevention Online module successfully and was awarded an A-grade. Angela readily developed relationships with the online patient characters and expressed empathy with the values, beliefs and problems of the patients during her interview. As well as empathising with patient difficulties, Angela also empathised with the challenges faced by the practitioner characters as these helped her consider the challenges in her own practice. Angela described changes in her attitudes, skills and behaviours in her clinical practice as a consequence of her learning experiences in the Cardioverse. She reported deploying strategies in her own clinical practice developed by observing and empathising with characters from the OLLE. Angela also reported influencing changes at the level of service provision based on her experiences in the virtual environment.

Angela felt she benefitted from discussions with other learners. She reported that the dialogue enabled her to challenge her own assumptions and think more deeply about her ideas. Angela actively sought to build social relationships with others and maximize opportunities to work co-operatively.

Angela reported that she would have liked more informal social interaction with other learners. Although Angela experienced less informal social interaction than she would have liked, she did feel that her informational needs were met by her peers via the discussion board and valued opportunities to broaden her perspective through exposure to other learners from different clinical backgrounds.

Analysing Angela's case revealed a reflective learning experience that centred on empathy with patient and practitioner characters and engaging in co-operative learning opportunities with other

learners. Angela's experience could have been further enhanced with more informal social interaction with other learners.

4.2.9 Learner summary: Grace

Grace is a 40 year old learner who works full time for a national charity as a cardiac risk assessment nurse. Grace is educated to diploma level and had not studied at baccalaureate level previously.

Grace studied via the Cardioverse on commencing her role as a cardiac risk assessment nurse and completed the CHD Prevention Online module successfully achieving a B-grade for her assessed work.

Initially Grace had limited online social interactions with other learners. She reported feeling concerned about posting to the discussion boards in the OLLE; as she did not know any of the other learners personally, she was uncertain who would see them. Grace was concerned about the impact her posts might have on others and worried that she could not soften her words with non-verbal communication or gain non-verbal feedback from her online communication. Grace reported that her confidence grew over time with tutor support.

Grace expressed empathy for both patient and practitioner characters and this emotional response prompted her to make comparisons with her own practice. She identified with portrayals of practice by negative role models and their consequences and benefitted from observations of practitioner character transition. Grace reported change in practice at an individual level based on practitioner role model observation in the OLLE.

Analysing Grace's experience revealed that feelings of vulnerability experienced by learners embarking on new learning relationships can be exacerbated by the OLLE and that these can inhibit engagement with others. However it also showed these feelings can resolve over time with tutor support. Grace also demonstrated that engagement with virtual practitioners who portray non-

desirable and transitional practice can help learners make comparisons with their own practice, adopt new knowledge and skills and express individual intentions to change.

4.2.10 Concluding statement on learner summaries

Presenting each individual learner as a case summary has provided me with insight into the life-world of the participants who shared their experiences of learning online through entertainment-education. Although initially these learners may have appeared to be a homogenous group, nuances in their learning journeys, learning preferences and interpretations of their experiences can be seen. I have summarised each learner’s contribution to the analysis in Table 7.

Table 7 showing a summary of each learner’s contribution to understanding learning experience

Learner	Elements of experience contributing to analysis
Mary	Empathy in response to patient and practitioner characters Reflective comparisons between real and virtual worlds Learning from online transitional role models Change in individual practice prompted by relationship with online patients Social relationships with other learners as a foundation for learning
Janet	Liberation through communication in the online environment Emotional support of others to motivate and sustain learning Intention to change at a social level based on relationship with patient characters
Carol	Learning without interacting with others or with online characters
Sarah	Learning from strong emotional responses to online patient characters Learning from interactions with other learners Change in individual practice prompted by relationship with online patients
John	Learning without interacting with others or with online characters Vulnerability from prior relationship with other learners
Mandy	Learning by interacting with others Change in individual practice prompted by relationship with online patients
Debbie	Learning without interacting with others may be influenced by circumstances Learning without interacting with others or with online characters
Angela	Learning from relationships with practitioner and patient characters Learning from working co-operatively with others
Grace	Vulnerability from being visible to other learners Learning from relationships with practitioner and patient characters Learning from transitional practitioner role models

This presentation of the life-world of participants in the form of learner narratives and summaries represents the idiographic element of the analysis. It helps me to show the insight I have gained into the unique nature of each nurse-learner's experience of the Cardioverse and has served as a foundation from which the thematic analysis can now be presented. Presenting results in this way has ensured that diverse phenomena such as learning with others/learning alone have remained situated in the original context of the experience of learners. As a consequence I hope that I have avoided transforming the phenomena beyond recognition, an error that Giorgi and Giorgi (2003) suggest can occur in the thematic analysis. Having presented narratives of learner experience as the foundation for the thematic analysis, I will now move on from the idiographic results to present the results from the thematic analysis.

4.3 Results of thematic analysis

The final analytical step in IPA is the creation of narrative accounts of meaning of the phenomena under exploration for formal presentation (Smith and Osborn 2003). In this chapter I present the responses from participants alongside my attempts to explain them in order to reflect the iterative nature of the relationship between the transcripts, me as the researcher and the data construction. Learner statements in this chapter are shown in *italics* and my interpretations are shown in standard type so that the interface between learner expression and researcher interpretation is clear.

The approach to presentation I have adopted is congruent with the phenomenological tradition in that it is concerned with interpreting the learner's perception of learning, in an attempt to try to get close to their world, rather than making an objective statement about learning. The write up presented here therefore is not offered as a true account of experience but as an appropriation (Ricoeur 1981) of experience constructed by a fusion of horizons (Gadamer, 1975/1989) or a combination of the meaning of experience for the learner and the interpretation of that experience by me.

The results presented are compatible with phenomenological conventions. The term noema is used to describe the object that is experienced and the term noesis is used to describe how an object is experienced.

4.4 The noema of learning through entertainment-education

Van Manen (1990) suggests the results of a phenomenologically orientated study such as this should be able to convey the noema or the *what-ness* of lived experience, i.e. put across what an experience is really like. In the results presented here I therefore try to convey the essence of the experience of online entertainment-education through the eyes of the learners that lived it, while acknowledging that appropriation of the learners' experiences is the best I can hope to achieve. These results therefore offer the what-ness of learning through entertainment-education interpreted through the lens of a nurse educator with an interest in the field of entertainment-education.

4.5 Overview of the experience of learning through entertainment-education

Identifying superordinate themes in the analysis revealed that entertainment-education in the OLLE may be experienced by learners through three learning processes:

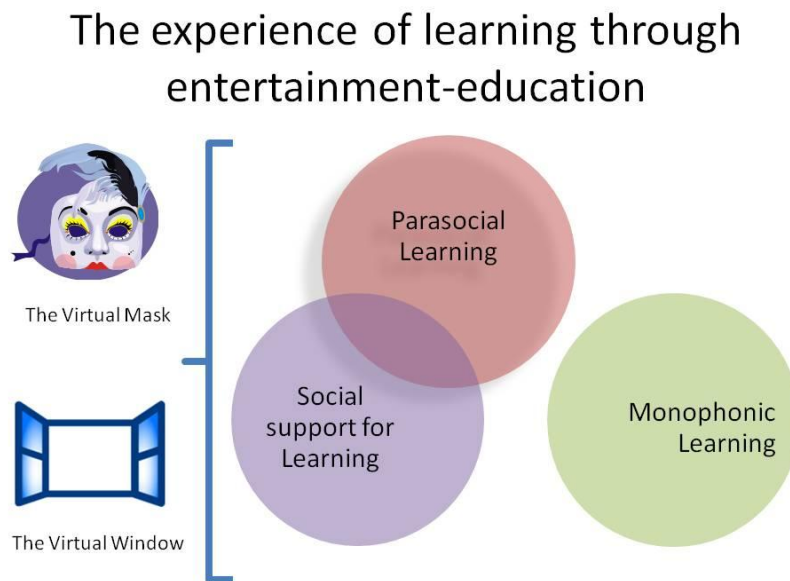
1. Parasocial learning
2. Social support for learning
3. Monophonic learning

And is possibly influenced by 2 objects:

1. The virtual mask
2. The virtual window

The experience of learning through entertainment-education in the OLLE can be represented diagrammatically in Figure 6 below.

Figure 6 Overview of the experience of learning through entertainment-education showing the learning processes and influential objects



The three learning processes above appear to combine to provide insight into the noema, or nature, of learning in the OLLE. I will present my findings pertaining to learning processes and the relationship between them in this section of the results chapter. The objects that seem to influence the nature of the learning experience and promote understanding of noesis, i.e. how learning is experienced, will be presented in section 4.9 of this chapter. I will consider the implications of my findings in more detail in the discussion chapter.

4.6 Parasocial learning

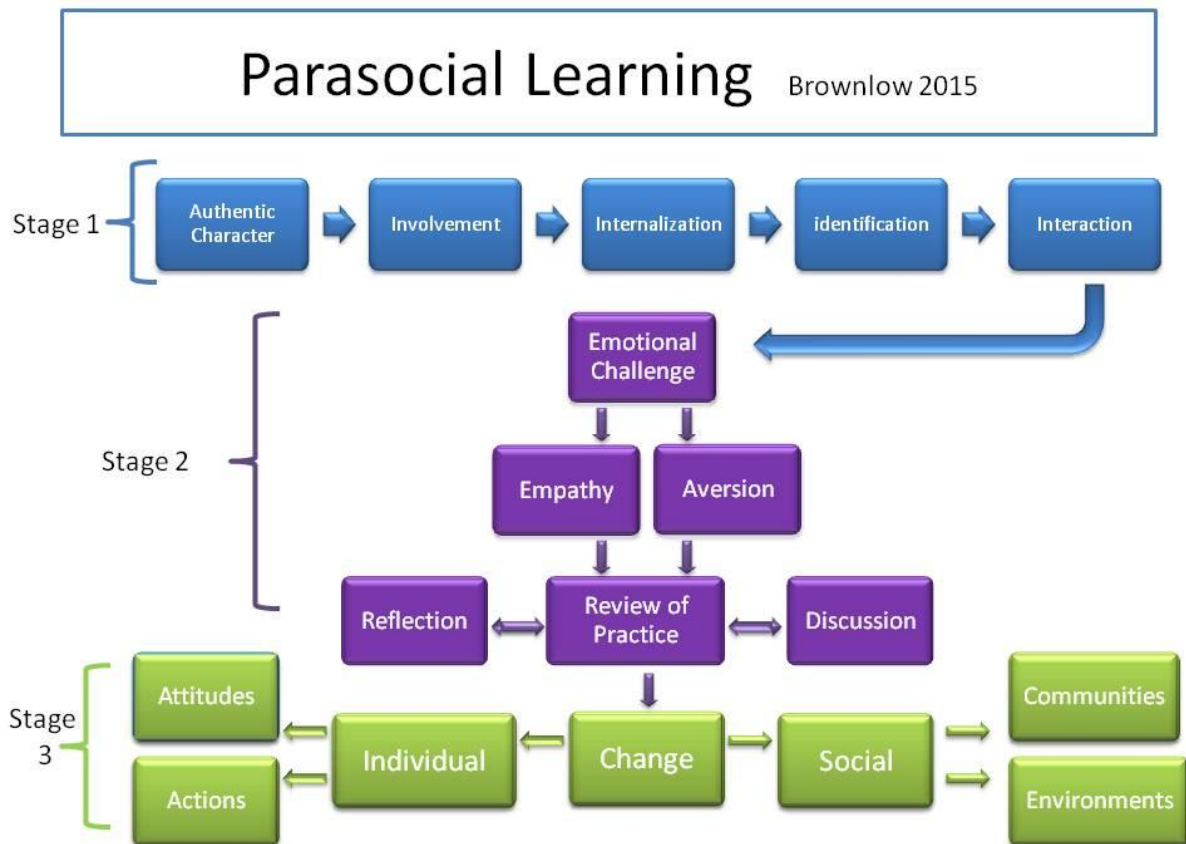
In exploring learner experience, I believe I have identified a learning process experienced by learners engaged in entertainment-education. Drawing on the work of Horton and Wohl (1956) who, in their

theory of parasocial interaction, identified that parasocial relationships exist between people and media characters, I have called this process parasocial learning. The concept of the parasocial interaction has been widely acknowledged in the entertainment-education literature though the steps that contribute to it are debated. Here I present the steps I believe contribute to parasocial interactions based on my explorations of learner experience. My intent here is not to prove that an interaction occurs but to suggest how the learning process occurs as a consequence of the interaction as this has not been identified previously. I propose there are three stages in the parasocial learning process.

1. Parasocial interaction with an authentic entertainment-education character through involvement, internalization and identification.
2. An emotional response such as empathy or aversion, which seems to act as a challenge to promote a review of practice through reflection on and discussion of comparisons between online characters and the learner's own practice.
3. Individual and social change as a result of the review of practice such as changes in attitude and behaviour in the learner or actions to influence the practice of others.

Parasocial learning therefore appears to be an active, reflective process that occurs in response to an emotional encounter between a learner and an entertainment-education character leading to discovery of meaning and personal or social change. This learning process is presented in Figure 7. I present the findings to support this claim throughout section 4.6 of this chapter.

Figure 7: Parasocial learning as a 3 stage process (Brownlow 2015)



4.6.1 Stage 1 of parasocial learning: interaction

Parasocial interaction, that is an illusory interaction between a character and an audience member as described by Horton and Wohl (1956), is the first phase of parasocial learning. It appears to occur when a learner perceives they have experienced an interpersonal interaction with an online character as if they were a real person.

The following statements in which learners discuss their interactions with online characters seem to suggest how the parasocial interaction begins to develop and the steps that learners take. Learners noticed certain characters (involvement), imagined what interactions with characters might be like (internalization), recognized themselves as similar to a character or aspired to be like a character (identification) and experienced the interaction as if with a real person.

Involvement:

Involvement with a character i.e. increased awareness of a character as described by Moyer-Gusé (2008) appeared to be the mechanism by which learners noticed certain characters.

***Sarah:** Any of them could have been my patients. Mohammed, absolutely any of them.*

Deidre, God love her, yeah.

***Mary:** Deidre was a real patient. And you know how many depressed patients that you'd have just like that.*

Internalization:

Internalization appeared to be the step in which learners imagine what interactions with characters might be like and where they seemed to engage in conversation rehearsal with characters in line with findings by Hartman and Goldhoorn (2011) regarding interactions with media characters.

***Grace:** And I found myself thinking about what I might say, you know, "Oh I can see you've been finding it difficult to change," you know, and perhaps planning how the consultation might pan out.*

***Debbie:** And you could imagine, even if it wasn't that person you saw, it would be somebody like that.*

***Angela:** I respond to a person. It meant there was an engagement, a kind of mental conversation with them. It enabled a conversation that meant I internalised it better.*

Identification:

Identification with a character appeared to be a step that involves learners perceiving themselves as similar to a character as described by Cohen (2001) or aspiring to be like a character as described by Hoffner and Buchanan's (2005) concept of wishful identification.

***Janet:** I think Mark had the most obvious kind of fall out with the patient he was working with because Mohammed didn't feel he was understanding him. I mean I think he took the leaflets and so on but I think Mark knew at the end of their first meeting that it hadn't really*

gone as well as it could. There'd been this West meets East kind of thing but they didn't understand each other... they'd become 2 walls rather than 2 woven fences and I know what that's like.

Angela: *Yes it was really helpful to see Mark get through that coz one of the things I'm not terribly good at is working with people when they're feeling stroppy or cross or whatever. And I think the way Mark did it and having the framework for looking at was really very positive. And in terms of learning, I already knew about the health behaviour models of change but it helped with the confidence and competence kind of thing.*

Interaction:

Having noticed, internalized and identified with characters, learners appeared to become immersed in an illusory interaction with the characters in the OLLE as if they were real people, reflecting Horton and Wohl's (1956) concept of a parasocial interaction.

Debbie: *They were alive and they were real people!*

Angela: *On video so you can see this person and see their face and really believe this is a real person we're talking about. Having an interaction with this person, for me, was a much better learning system.*

Mandy: *They were real people who would get a bit chippy or miserable or optimistic or whatever so it really brought the whole thing alive.*

4.6.2 Stage 2 of parasocial learning: emotional challenge

The parasocial interaction between learners and characters seems to act as a stimulus for the emotional challenge that characterizes the next step in the parasocial learning process. Learners seemingly experience either empathy with character motives and values or feelings of aversion i.e feelings of dislike. While the experience of empathy with characters was to some extent anticipated and its function in enhancing learner understanding of the experience of others seems apparent, I

had not anticipated the emergence of feelings of aversion and on its discovery I thought this emotion could have been detrimental to learning. My analysis, however, revealed this was not the case. Both empathy and aversion appeared to as a stimulus for reviewing the presenting situation and seemed to stimulate reflection and discussion amongst learners leading to further learning.

4.6.2.1 Aversion as an emotional stimulus for learning

My findings seem to suggest that a parasocial interaction can produce feelings of aversion in the learner. Although this emotional response is negative as it is associated with dislike, it still appears to have acted as a constructive stimulus for learning. As Mary's statement below suggests the negative emotional reaction she experienced in response to patient character Deidre, challenged her to review how she normally worked with patients with depression in her own practice and led her to consider assessing patients with depression in a different way.

Mary: *She was the heart-sink patient. I wouldn't show it to her obviously but yeah. Coz I've got a couple of patients, you see them on your list and think "Oh God," coz you know they're going to be coming in. And so now I think well, maybe I should actually assess them for depression more.*

Sarah also seemed to experience a strong negative emotional reaction to a different patient character, Malcolm, who was ambivalent about changing his lifestyle to a more heart-healthy one. This emotional reaction appeared to stimulate her to share her frustrations with her peers. Ultimately by reviewing her reaction to the Malcolm character through reflection and discussion this learner appeared able to see it was the care management challenge that the patient presented that she found difficult rather than the patient himself. She subsequently seemed able to work to resolve this by learning new skills for working with patient ambivalence. As Sarah's statement implies the experience of aversion may be a stimulus for learning.

Sarah: *God I dreamt about Malcolm for so long. I woke up dreaming about Malcolm.*

Interviewer: *In a good way or a bad way?*

Sarah: *No I wished him dead! (Laughs)*

Interviewer: *You wished him dead? (Laughs)*

Sarah: *I wished him dead. (Laughs). At one point I did actually post "Does anyone wish Malcolm would just snuff it?" (Laughs) And it was like, "Oh yes, we'll second that!" (Laughs). I think it was just because he was our first case and he was so challenging. So I breathed a sigh of relief when he had gone...To be fair, the ambivalence to change was an area that I particularly liked. So I can't say it was that I hated Malcolm that much, really. I did actually learn a lot about managing ambivalence and the ability to change from working with him.*

4.6.2.2 Empathy as an emotional stimulus for learning

Empathy, interpreted as having an understanding of the experiences, motives and values of a character (Horton and Wohl 1956, Kincaid 2002) appears to be an alternative emotional response to a parasocial interaction with an online character experienced by learners. Learners seemed to empathize with both patient and practitioner characters. Empathy appears to act as a stimulus for reflection, discussion and learning.

Mandy: *Deidre, the one with the depression, that was really interesting. Very often with depressed people they are just hard work aren't they? I know I'm hard work if I'm depressed. What was great about that is remembering, coz we went through it, is that she actually got better. And if you can proactively engage, it's not like that for forever. So there's more for you. So again, seeing that bit through and the engagement of the practitioner there was very positive.*

Grace: *I found it quite useful coz it showed you how not to do it first of all. That was useful coz I think everyone can find themselves falling into that trap sometimes. It was good to sort of have that identified and just remind you. Obviously some of it was quite obvious how you*

shouldn't sort of speak to people and what have you. Just try to encourage them to change instead, But it was quite useful as well when you saw the changes too.

Mary: *Yeah I could recognise me in the first consultation a lot! (Laughs) Yeah, yeah I could! Certainly I think my questioning has developed since then. And now I'm trying to be empathetic, especially with my smoking patients. I've tried to be a lot more patient and understanding.*

4.6.2.3 Review of practice through reflection

It seems that an interaction with an online character can stimulate an emotional response of empathy or aversion which in turn appears to promote reflection. Learners seem to readily compare experiences from parasocial interactions to their own practice.

The following examples suggest how a parasocial interaction with a character acted as an emotional stimulus that prompted learner reflection on practice. I believe Angela, Grace and Mandy's reports illustrate how empathy with a patient character acted as a stimulus for reflection.

Angela: *It felt more real in the fact that these were believable, especially when we were working with people who were saying they didn't want to change certain aspects of their behaviour coz we know how difficult that can be. Whereas if you're just looking at risk factors you might say "Oh well this is what we need to change," You know, perhaps not really consider our patients as human beings who have their own thoughts and belief systems that can cut across what we're trying to help them achieve. And I think having a real, believable person to focus on and to interact with and looking at the video footage of their talks with the practitioners and some aspects of that practitioner and patient consultation going well or not going so well, you could identify within your own practice. It helps you think about what you might do differently.*

Grace: *I suppose it makes you think over people's case studies a bit more as a real person. And you think, "How how would I have dealt with this previously?" And then looking at the*

information that's available. And thinking "Have I been doing this? Is this, you know, what we should be doing?"... Because there's a real picture of a person there on the video, it does make you think back to your actual practice.

Mandy: *I mean I've really thought about the dietary advice. I'm sure we all have patients like that who are very "I can't do this, I can't do that. This is my lifestyle" and that's so frustrating isn't it? So seeing how we can work with them, how that's sort of combined with the motivating change and getting them to change rather just telling them they should make changes, we can, I can, work with them.*

Presenting learners with negative role models seems to promote empathy for the patients, recognition of the difficulties experienced by the practitioner and prompt meaningful reviews of personal practice. In the statement below, Mary appears to empathize with both the poor outcomes for the patient and the difficulties experienced by the practitioner. This emotion seems to prompt her to consider the relationships between patients and practitioners from her own experience and review her personal practice.

Mary: *Mark was obviously very much not getting on with him and Mohammed was obviously very defensive wasn't he? And you thought, that patient, he's probably not going to come back ever again. We all have patients we get on well with come in and say "Oh I don't get on with that other nurse" and you think "Oh, but she's lovely." Anyway it's one of those things. So yes it was useful, it was so useful, just to see. I mean, when you read about consultation skills, if everybody did them perfectly it would be fantastic. You can't do them perfectly all the time. I think it's just being more aware of how to handle patients. We do have a habit of telling people what to do and how they should be doing things and it's really more about getting them on board rather than not isn't it? So yes it was useful.*

It seems for this learner, the parasocial interaction with a negative role model stimulated empathy and personal reflection. Faced with Jerome a practitioner character who is a positive role model who demonstrates desirable practice from the outset, the same learner appears able to describe the

elements of desirable practice but does not seem to compare them to herself and her own practice. Thus the learning here appears instrumental; just a description of the skills without application to self and personal practice.

Mary: *Jerome's just so nice isn't he? I think again he showed a lot of empathy and encouraged Deidre to see what she could do rather than telling her what to do. Again it's the coming alongside her and being empathetic with her that was the main thing. It was more about those consultation skills.*

In addition to presentations of desirable and non-desirable practice, learners also appear to respond to the transitional practitioner role models whose stories illustrate how they work to overcome the challenges they face in practice. Learners seem to empathize with the struggles the transitional practitioner characters face and appear to benefit from seeing how these practitioner characters overcome challenges. Interaction with transitional role models seems to help learners compare course content to their own practice.

Angela: *I remember the Asian gentleman, Mohammed. Certainly he was very resistant to change. And I remember particularly how some of the things the practitioner was saying were actually aggravating that resistance to change. And then the flip side, seeing that managed much better, I found that very helpful. I think it made it real. We perhaps have all been with patients when perhaps on reflection we felt things could have gone better. Then being able to identify some of that could have been the way that we as a practitioner interact with a patient. I found it very helpful to be able to identify those aspects.*

Sarah: *So when Mohammed came in, Mark needed to go through the change bit with him didn't he? He tried to go through the model of change thing but it didn't go that well at first really. That was good coz I think everyone can struggle with that. It was good to see that...And it was quite useful, when you saw the changes and how those happened too.*

4.6.2.4 Review of practice through discussion

A review of practice that occurs within parasocial learning is a dialectic as well as reflective process.

It seems that prompted by their interactions with characters in the OLLE, learners discuss their thoughts and ideas with colleagues in their social networks outside of the OLLE as well as with other learners in the OLLE.

Where experiences in the OLLE seem to have prompted learners to seek information from other learners, I have themed their experience as social support for learning and collated their responses under “Gratification of information needs” in section 4.7.3 of this chapter as I perceived the information seeking to be the predominant behaviour.

Where discussions with colleagues in response to parasocial interactions seem to have prompted learners to enact change in nursing practice, I have presented these experiences under outcomes of parasocial learning in section 4.6.7 of this chapter as change as an outcome of parasocial learning is the primary focus of the learner experience.

In this section I present the learner experiences I considered to be a review of practice through discussion. In these examples it is the discussion of experience with colleagues in their social networks based on experiences with characters in the OLLE that dominates the learners’ reports. The statements below from Angela, Grace and Sarah appear to show how patient characters are stimulating discussions of evidence and reviews of service provision in the practice setting.

***Angela:** I know depression is not exactly an enjoyable subject but I was thinking the other day, I’m actually sort of seeing this in work. I did actually mention to one of the doctors, what we’d been doing with Deidre and whether we probably do need to consider using a depression scoring system. I guess it was quite hard, coz this person is a senior registrar, it was quite hard to question how we assess depression, that it could be challenged and how it could be worked on. But he felt if we could look at using it to refer patients onto the psychiatry team the problem would then be solved. I was thinking a more holistic approach*

but at least it helped us talk about the difference in attitudes with regards to how patients could be managed.

Grace: *We run the nurse led clinics for any sort of medications and things and you then put the patient under the doctor. And I find that our doctors here are very approachable and you can discuss treatments and things with the doctor as well. And after working with Malcolm I found that by saying “Well you know we were looking at this patient and it showed...” and I talked about the beta-blocker management and NICE guidelines and things. And the doctor went “Oh right okay lets out the information on it and we’ll look at how to treat hypertension differently.”*

Sarah: *I did use it actually because I do 14 hours and I do want to spend that extra time with patients when they are at that right stage of change but realistically I don’t have the time. And that’s what I found really frustrating. So I did talk to my peers, bosses whatever about Malcolm and say “Look, this is the interviewing style that I want to use and there’s evidence to say that it works but I can’t do it in 14 hours.” So we’re reviewing it and it’s sort of going in a bit of a business plan as we speak.*

4.6.3 Stage 3 of parasocial learning: individual and social change

Having presented findings that appear to suggest the mechanisms that facilitate parasocial learning, I will now present those that seem to illustrate the outcomes of the parasocial learning process. It seems parasocial learning can lead to changes in knowledge, attitudes and actions which are expressed as reports of change in relation to practice.

These examples from Angela and Mandy appear to suggest how learning through parasocial interactions promoted change in an individual learner’s attitude at a meaningful level.

Angela: *I’ve got a lot more insight and awareness into the problems regarding chronic heart disease prevention. As I say, before I felt CHD prevention was “This is what you need to do if*

we're going to try and prevent you having a further heart attack, making sure you don't have any problems in the future. Thank you and good bye." Working with the patients on this course I was thinking, "Hang on a minute," you know, CHD prevention is a lot more personal and it's a lot more individualised to people. People perceive their illness differently from one another and if you felt, well, if I went out somebody and said, "Look, you do need to give up smoking or you need to change your lifestyle so I won't feel a failure," Then they'll say "Thanks but no thanks." So I will I have lot more understanding of peoples thought processes. I will be a lot more aware.

Further to changes in attitude, learners also seemed to develop their knowledge based on parasocial relationships with online characters. In this example I believe Grace illustrates how working with patient-character Malcolm has enhanced her awareness and understanding of the evidence informing her nursing practice.

Grace: *I think one of the big things I learned to do, which is very relevant, is to do with the risk assessment tools because we used the JBS2 [risk assessment tool]. In my prior job as a practice nurse, that's what we used as well and I think I was always of the impression that it was the be all and end all of risk assessment for CHD. So, you know, I found that using it in my first case study with Malcolm, it was quite useful to know the downfalls of certain ones and that there are other tools out there.*

It appears that changes in knowledge that occur as a result of parasocial learning may promote changes in personal practice. The following examples seem to suggest how knowledge gained from interacting with the patient characters Deidre and Mohammed informed learners' discussions with patients in their own nursing practice.

Mandy: *With Deidre, the exercise stuff was quite helpful because that was something I didn't know anything about. So knowing what to say to different people about gentle exercise or moderate exercise or how much they can do if they exercise a lot really helped. Now I can advise patients on exercises designed for them.*

Grace: *I didn't know before I started this job or I didn't know specifically about cholesterol levels and when to refer people. But obviously I learnt that through that guy Mohammed and through my job, you know by being able to sort of combine the two. Coz we do now, if patients have a cholesterol, you know, a total cholesterol of above 6.0, we refer them back to the GP.*

In addition to changes in attitudes and knowledge, it seems parasocial learning may also prompt reports of behaviour change amongst learners. Although no nursing practice was directly observed for this study, the following examples appear to suggest how learners reported their individual behaviour in practice had changed as a consequence of parasocial learning.

Some reported changes in practice behaviour were small but highly significant to the individual learner as the following two examples imply.

Mary: *After using the NICE questions that we used with Deidre, I'm actually better at asking patients the questions, not being so 'Oh god! I've got to ask him about depression!' I explore it a bit more than I used to. Sometimes I still worry its opening a can of worms and I think 'Do I want to ask this?' But I'm a lot better at approaching that now.*

Mandy: *The practitioner stories we got online were quite helpful because we have a lot of problems to get the patient to understand, to explain their situation without telling them bluntly, "Well, you need to lose weight." We did try to do it in a round-about way without being too harsh on the patient. But sometimes I found that difficult when we were actually out in practice because sometimes, maybe other practitioners did sound a bit harsh to people, maybe I did, especially when we're standing in supermarkets and handing leaflets to people that are overweight. And you could see people faces saying "Are you trying to tell me I'm fat?" you know? Yeah, so obviously what I've learnt on the course helped. Maybe a wee trigger where I might think back and try to be a bit more sensitive, you know? So maybe encourage the patient to think back to what was the right food what was the wrong food, you know? And just wee different tips that I had been taught from an individual case study*

and from the notes that I had taken. I just obviously tried to relate what I had learnt and apply it to practice.

In addition to promoting change in learner behaviour on an individual level, parasocial learning may have the potential to prepare learners to promote social change in their clinical environments. For the following learners parasocial learning seems to have prompted them to act as agents for change in their practice environment.

Janet reported that she was seeking more funding to improve access to cardiac rehabilitation services for South Asian patients based on parasocial learning from the patient character, Mohammed.

***Janet:** I think Mohammed reignited my efforts to look at the lack of representation that we see in rehabilitation from the South Asian Continent. Because we don't get the level of patients through, based on the number of people who have heart disease or cardiovascular disease, they are never represented either in the earlier phases of rehabilitation or at maintenance. And we need to do more to kind of bridge that gap because we are perpetuating an inequality that's impacting on health. So I've been looking at funding. We've just been talking, as we prepare to put bids in for money for phase 4 to be increased, to include some money to do some outreach work with the Asian population.*

Sarah reported that she has changed the way beliefs and misconceptions about heart disease are addressed within her hospital cardiac rehabilitation clinic based on using the cardiac misconceptions tool on the course with the patient character Malcolm.

***Sarah:** About 18 months after the course that's when I contacted [my tutor] and got the updated version of the York Cardiac Beliefs Questionnaire, you know the one we used with Malcolm, so we could use it with our patients. So that's definitely changed the service because now I use a version of it with the patients. We do more of a chat about them now. We all think about different misconceptions, that kind of thing. It's my bit of teaching. I don't*

really do stand up, I prefer everyone to chat and get involved with it, do you know what I mean? So, I do use the scale to assess misconceptions. So that's changed that practice.

Angela stated that her cardiac rehabilitation clinic adopted decision making tools to support discussions with patients and that patient leaflets were redesigned to reflect the cognitive behavioural principles used on the course with patient characters like Malcolm and Deidre.

***Angela:** And it's very easy to slip in to that way of consulting by talking a lot to patients rather than listening and hearing something from the patients; what their own perspective on their health is and what they feel their barriers to change are. And to move patients on step by step, in a more sort of sensitive manner, I thought that was very important and something I wanted us all to do. And this helped me identify how to do that better; using things like the decision making form from the balance exercise we did with Malcolm, that's something I brought into the department. And goal setting as well with patients like Deidre. We've actually rewritten our patient information booklet and we've included details on how to set goals as a resource for patients to use in the future.*

It seems that parasocial learning was central to all these expressions of change at both the individual and social level as the patient/practitioner characters still remained present as the stimulus for change within learner reports of the outcomes.

4.6.4 Change in knowledge but not parasocial learning

When considering outcomes of parasocial learning, it seems important to explore learning that occurred in relation to the course content but not as a consequence of a parasocial relationship in order to differentiate it. In the example below a learner developed her knowledge in relation to a specific clinical assessment. I believe her statement suggests, this expression of learning cannot be considered parasocial as it implies there was no relationship between the factual knowledge described and a patient character and consequently no application of knowledge gained to patient

care in the clinical setting. The knowledge described therefore appears to be a regurgitation of what the learner calls the basic facts.

Carol: I'm putting a teaching pack together for staff at work that haven't had any cardiology experience, with basic things like how to read ECG's. Because we found that only, I think myself, I think I'm the only nurse that can read ECG's in the medical centre. A lot of the time we don't have doctors there; only when emergencies come in. A basic teaching pack on that and a basic teaching pack on myocardial infarctions. So just basic information on that; just to remind them of the signs to look for.

4.6.5 Parasocial learning theme results summary

It would appear that the learning process experienced by learners in this study in response to entertainment-education pedagogy can be described through the process of parasocial learning.

Parasocial learning appears to consist of three stages:

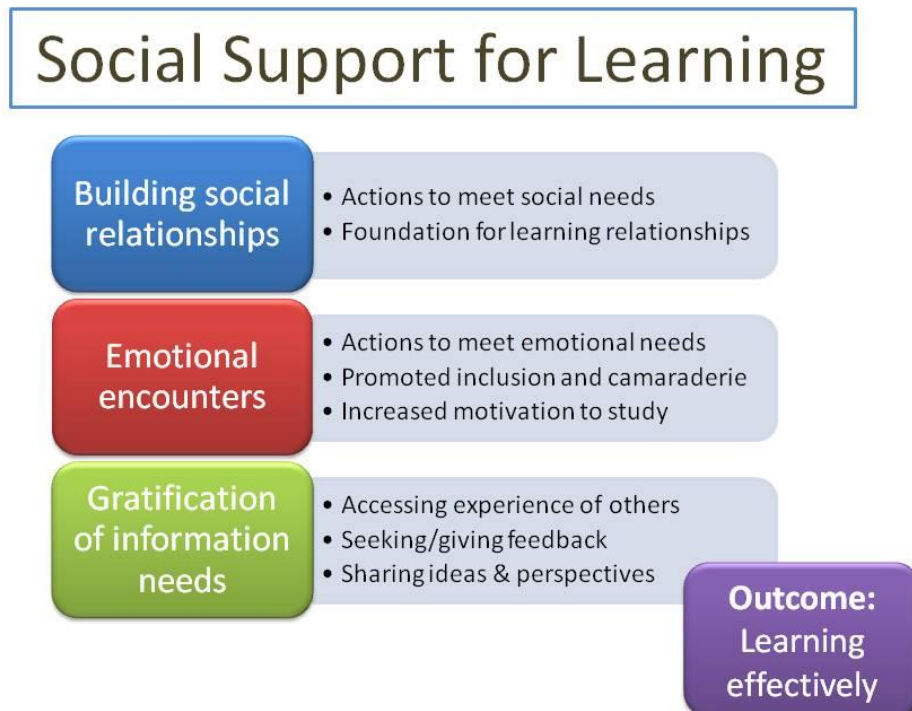
1. a parasocial interaction with an entertainment-education character based on involvement, internalization and identification.
2. an emotional response to the parasocial interaction such as empathy or aversion which seems to act as a challenge and a stimulus for reflection and discussion
3. Individual and social change as a result of the review of practice such as changes in attitude and behaviour in the learner or actions to influence the practice of others.

In the discussion chapter I will go on to consider the significance of these findings for entertainment-education pedagogy and the implications of nurse education. For now I shall continue to explore the emergent themes from the primary data.

4.7 Social Support for Learning

My findings suggest that nurse learners in this study may engage in social networking in the OLLE in order to support their studies. Social support for learning is a theme that reflects the series of actions and gratifications learners appear to enact during their networking interactions in the OLLE in order to enhance the efficiency and effectiveness of their study (Figure 8). It seems that learners sought to meet their social, emotional and informational needs by building social relationships, offering emotional support through cathartic exchanges and by sharing information, ideas and perspectives during these interactions. Individual learners appeared to benefit from the reciprocity of this approach and collectively learner contributions seemed to help create a supportive learning community where learners could develop their ideas.

Figure 8: Social support for learning



4.7.1 Building social relationships to support learning

The asynchronous online discussion tools such as discussion boards and online coffee room provide mechanisms by which learners can get to know each other and fulfil their need for social interaction. Learners in this study commonly appeared to seek social relationships with others using these discussion tools as a foundation for a learning relationship.

Mary: *I have to be honest, that was the one thing I found started off quite well. We were all in the online Coffee Room chatting. And you find out where people live, what they're sort of doing. If they're going off for the weekend, what holidays they have...*

Janet: *I felt confident in using the discussion board and tended to go to that. I got used to the kind of response I needed, do you know what I mean? You develop a virtual relationship. Although you don't know people, you do get to know the way they respond and how they speak. So you develop a level of relationship with them.*

Angela: *Initially I think I posted quite a few posts on the Coffee Room saying about myself and if anyone wanted to contact me, please get in touch.*

Mandy: *The fact that you could speak to other people that were doing the course in the chat room or whatever it was called, that was quite good. Coz you could find out from colleagues down South how they were getting on and what they were doing down there.*

These findings seem to support common assertions in the literature that modern technologies make it relatively easy for learners to connect with each other (Oblinger and Oblinger 2005, Facer and Selwyn 2010) and that the majority of learners engage in social networking (de Freitas and Conole 2010).

Despite these experiences of companionship amongst learners, Angela's statement below implies that there were times during her studies when there was a lack of social interaction amongst the

learners. Although she states this did not have a negative impact on her learning, it seems her learning experience would have been enhanced with more social interaction.

***Angela:** I think it was problem with our group in particular that at times people felt, didn't feel, that need to interact as much, which probably is the whole ethos of the course really, that interaction with one another. So I didn't feel that it really made me feel negative or harmed my learning in any way but I think it would have enhanced it if there had been more interaction.*

It seems that prior relationships with other learners in the OLLE impact on learners' willingness to build online social relationships to support learning. The statement below from Grace, suggests this learner felt there was a need for social relationships with other online learners but in her case, less interaction took place online because she was studying with other learners from her own work place. Offline social interaction amongst individuals with prior relationships may therefore contribute to the experience of limited online interaction for others.

***Grace:** Maybe that's one of the reasons we didn't go on the discussion boards as much and maybe on the coffee room and things like that. We didn't really post on there that often, maybe because we had each other to talk to about it separately, informally; so maybe we didn't need to.*

In common with findings from other studies exploring learners' experience of OLL such as Moule (2007), learners reported time as another barrier to engaging in social interactions with others. It seems from Mary's statement below, that her online activities became less socially orientated due to time pressures.

Mary: *I think as the course went on, I think coz of the work load, you spend less time in the coffee room which I think is the thing I missed from doing a course going into University, that you don't have as much of that social aspect of it.*

Although interacting socially seems important to some learners, others prefer to work alone. Carol did not see the relevance of forming social relationships to her learning. As her statement below implies, Carol gained her sense of interaction from the edutainment elements of the module.

Carol: *No I didn't work with other students, I preferred quizzes to the discussion boards. I think coz they were quick and jogged your memory. Made you use your brain a bit more.*

Idiographic data pertaining to this learner's case did seem to suggest that she was unsuccessful in her studies. Although I make no claim for a causal link, as the factors that impinge on successful online learning are many, it is interesting to consider if this learner's preference to study without social networking had an impact on her effectiveness as a learner. I will explore this issue in more detail in the discussion in Chapter 5.0.

4.7.2 Emotional encounters as support for learning

It appears that discussion tools are used by learners to meet their emotional needs by gaining cathartic support from each other. By posting about their difficulties learners seem to feel less alone with their problems and this appears to make the challenges they face seem easier. In this study there was an altruistic element to learners' emotional posts as those using help-seeking strategies also hoped to benefit others in a similar situation.

Janet: *Well, if I posted, hopefully if anybody else was struggling it may have helped them to feel "Well at least I'm not the only one." You always feel better when there's more than one of you feeling something. And maybe it made others feel good who were finding that particular part easy.*

Interviewer [showing Sarah examples of her posts]: You posted on the discussion board and said things like "I'm finding this really challenging" or "I'm finding this really difficult." What were you hoping to get from doing that?

Sarah: *Probably an option. Probably sussing out whether anybody else was in the same situation as me. Because you can get a little bit isolated with it being online. So I think, "Oh my God, am I the only one here who doesn't get this or has not heard of it?" So I think by putting things like that on the discussion board, from the responses that you got, you could find out whether people were in a similar situation, which then is encouraging...*

Sharing problems with others seems to encourage learners to continue studying at times of difficulty. The statement from the learner below appears to illustrate how sharing her anxieties created a feeling of camaraderie that had a positive impact on her motivation to study.

Janet: *Certainly in my group, they all kind of seemed pleasant people who, like me, were struggling to do this [course] on top of life and work and everything else. It was sometimes reassuring, you know, I'd hear somebody saying "Help it's 10.00pm in the evening and I haven't finished this or I'm just starting that" and it would make me laugh. And even though it was kind of a virtual group, it had its human bits. Just those kind of comments that came through on the discussion board or sometimes the Coffee Room. And quite often I found them uplifting. It would help me along maybe when I was in a difficult bit, in terms of time or I was tired or whatever. So I found them encouraging. I found more camaraderie than I expected and it was really supportive.*

In common with other findings from the literature (Gallagher-Lepak 2009, Killion et al 2011, Madge et al 2009), learners in this study seemed to value social relationships with other learners in the OLLE and appeared to engage in emotional exchanges to support their learning and motivate their study.

4.7.3 Gratification of informational needs through interaction with others

In addition to social and emotional gratifications, it seems learners use the discussion boards to meet their information needs. Learners appeared to engage in discussion with each other to deepen their understanding by gaining exposure to the perspectives and experiences of others.

Angela: *I think it was seeing other people's different perspectives. And obviously people had got a huge wealth of experience, very different from one another. Hearing about other people's experiences and seeing what had worked for them personally, you know, the information they'd come across in their learning on the course previously, was very useful.*

Access to the perspective of others seemed to help one learner, Sarah, to consider different standpoints and challenge her own assumptions.

Sarah: *The discussion boards were definitely helpful, yeah. You could see what they'd [other students] put in as well, what they thought and could sort of think, "Oh well actually, I agree or disagree." I didn't say "Follow my lead," coz I don't do that but it did make me think "Do I agree or not?" kind of thing. So yeah, the discussion board was there for me to get information, to give information and make my own mind up about things really.*

Another learner, Mandy, felt that she benefitted from the opportunity to share her ideas and receive feedback from her peers. This statement implies that she appraises the feedback she receives in order to gain a more critical perspective and re-model her own view.

Mandy: *They [discussion boards] were good. They were quite good when you actually wrote your ideas on the discussion board and other people could read it. And then that was commented on. That was good, actually then you could say, "Well, so and so's thinking along the same lines." Or "she's thought something totally different to the way I've thought but*

she's got a few good points." Or "Maybe his points aren't so good." So, yeah that was really helpful, the discussion board.

In addition to developing their criticality, it seems learners also use the discussion boards to develop their knowledge and confidence to share their ideas. Debbie appeared to benefit from reading the posts of others prior to posting her suggestions, while Janet seemed re-assured to see other learners asking similar questions to her own.

Debbie: *I guess it's that thing about "Am I on the right track?" Sometimes I'd read them [other posts] before I wrote mine because I'd think "I really haven't any idea what I'm banging on about here." So I'd use it for confidence; for getting confidence about what I was doing.*

Janet: *I spent the majority of time checking out what I did with other students because I quite often found there were some others who had got some questions, not necessarily the same ones but at least it was comforting to think well I'm not the only one.*

Developing knowledge to support nursing practice was an important element for learners in this study and they appeared to value the opportunity to share nursing knowledge to meet their informational needs by tapping into the expertise of the group in interactions with learners from different clinical backgrounds

Mandy: *Yeah I think I the discussion boards are an important part of learning. There are people on the course who've got great experience in Cardiac Rehab and things like that. So I think it's always useful to learn off them as well.*

Mary: *It's just nice you've got people who are more experienced in certain areas, that they've actually got practical experience. They can feed back rather than just what you're learning from an academic course. They've got practical experience that they can input on*

that how it actually works in practice. Again it's real world rather than just the academic world. So that's useful.

It seems in contrast to suggestions by Luckin (2009) and Madge (2009) that learners' social interactions are purely social and do not support learning, learners use social networking to broaden their perspectives and deepen their understanding. In line with findings by Ravenscroft (2004) my findings suggest learners use online social interactions to engage in discussions that can enhance their understanding and lead to conceptual change.

4.7.4 Effectiveness as an outcome of social support for learning

Learners who network socially are generally efficient because they have a significant amount of social capital on which to draw. The statement from Mandy below implies discussions between learners help them to combine their expertise from the OLLE and from practice in order to learn efficiently.

***Mandy:** Definitely a lot of the discussion board was about how we were doing with patients on the course and in our practice. Because there were people who worked in cardiac rehab and they would say, "We do this in our job." Or "the constraints are with money," or whatever the problems were. And that was a link to what people did in their job and some of the practical issues. So I thought the discussion board, helped us as practitioners and helped with the assignments.*

By interacting with patient characters in the OLLE, learners were apparently met with the same kinds of emotional challenges that they face in clinical practice. Social networking also seemed to enable learners to combine emotional support with cognitive discussions to overcome potential barriers to study and motivate learning. The statement below regarding patient character Deidre potentially illustrates how learner Mary moves from the emotional stimulus to cognitive enquiry.

Mary: ..So for Deidre because it was a more difficult case to deal with, emotionally in a way, you did it shorter bite sized pieces to give yourself more space; and lots and lots of tea. We would ring each other up and say "How are you getting on with Deidre then?" So it's just having that extra support I think. And it was nice...so that you know I could say "How you doing with that?" and "What do you think to that?"

Learners who engage in social networking may improve their effectiveness by helping each other to understand difficult course content through peer-to-peer teaching. Sarah's statement implies learners from different clinical backgrounds share specific knowledge in relation to patient cases based on their own nursing expertise.

Sarah: I did allocate that little bit of time to go on the [online] coffee room because a lot of people tapped into the fact that, probably from my entries, that I did have experience... So I had some direct emails to me on the coffee room saying "Sarah, what's the difference between an ST-elevated MI and a non-STEMI like Malcolm? What's ACS [Acute Coronary Syndrome]? What are Q waves?" And I replied and some of them replied back.

Sarah's experience also infers the reciprocal nature of knowledge sharing interactions between students; possible evidence of the mutual benefits of networking with others.

Sarah: And I was doing a lot of emailing. But then on reverse of it, when it got to the assessments, the predictive sort of life-scales with Malcolm, I had no idea. I was absolutely clueless. Never used that in my life. Never seen it in my life before, obviously from working in an acute setting and all that. Never even heard of it. Although it sounds like I was quite big headed there when I said they [other learners] were directly emailing me about things, I was directly emailing all the practice nurses out there, saying "What on earth is this?" You know? "I've no idea what you're talking about, ", "Can someone make it a bit more basic for me?" So it worked quite well. You sort of sussed who knew what about what.

So it seems then that learners use their social interactions to share their knowledge and expertise and to offer support in response to discussions about the patient cases. As these social connections develop, learners may move on from the social interactions at the beginning of the course to working co-operatively together. As this statement from Angela implies, learners seemed to work together purposefully as a group to solve patient character problems.

Angela: We were working sort of as a group but also individually, looking at different aspects of CHD prevention. Looking firstly, if I remember rightly, at primary care issues and being able to identify patients at risk of CHD and the latter part of the programme working together to look at secondary prevention issues.

From these findings it appears that learners do use social networking in the OLLE to expand their knowledge by gaining multiple perspectives on presenting problems and constructing common understandings. It seems learners are able to maximise the opportunities for co-construction of meaning that Conole and Culver (2010) suggest the OLLE is able to offer.

4.7.5 Social support for learning theme summary

In this study I have identified that learners seem to engage in social networking in the OLLE in order to support their studies. Social support for learning is a theme that reflects the series of actions and gratifications that learners appear to enact during their networking interactions in the OLLE in order to enhance the efficiency and effectiveness of their study. Learners in the OLLE appear to seek to meet their social, emotional and informational needs by building social relationships, offering emotional support through cathartic exchanges and sharing information, ideas and perspectives during these interactions. Individual learners may benefit from the reciprocity of this approach and collectively learner contributions may help to create a supportive learning environment where learners can develop their ideas.

Additional data implied however that not all learners engage in social support for learning. I will now present the experiences of those who learned in isolation of others.

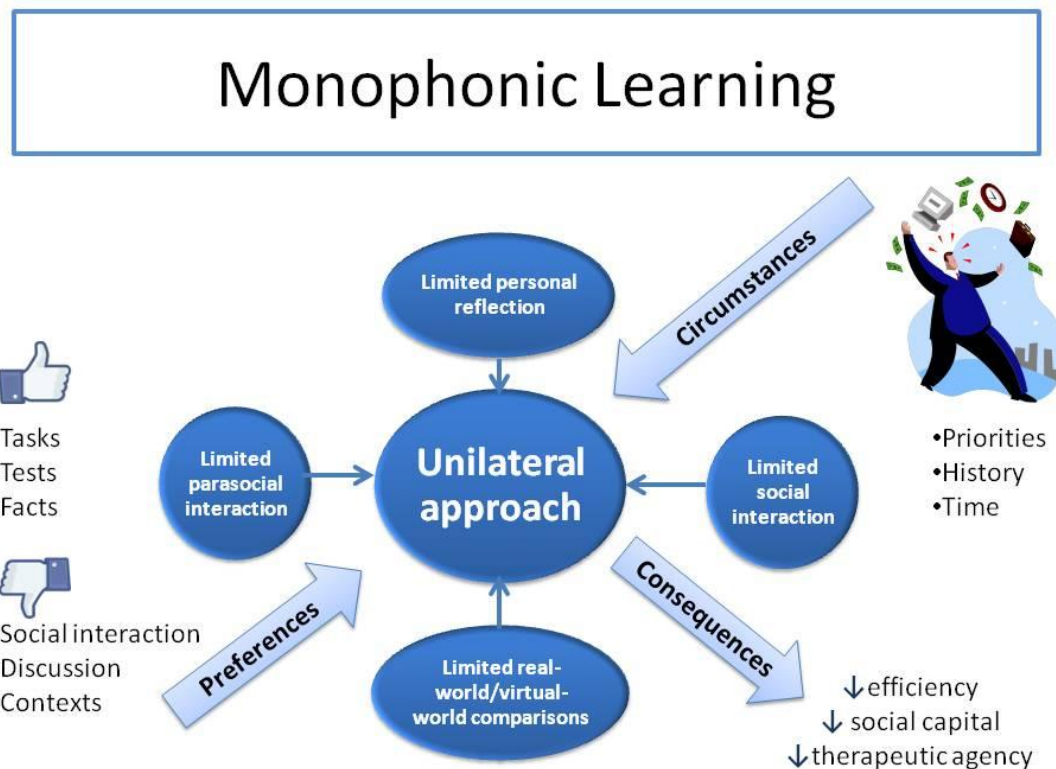
4.8 Monophonic learning

Monophonic learning seems to be a unilateral learning process where learners appear to study in isolation without engaging in dialogue with other learners or tutors. I use the term unilateral here rather than individual because it appears to be an approach to learning adopted by an individual learner irrespective of what other learners do, rather than passively learning in isolation of others.

Typically learners who engaged in monophonic learning appeared not to respond to the contributions of others, their parasocial interactions seemed limited and their observations of patient cases tended to be descriptive and factually focussed rather than reflective and patient centred. Learners who learn monophonically seemed to make limited use of the online course tools that promote social interaction such as discussion boards and personal journals (blogs).

Consequently learners engaging in monophonic learning appear to be less able to make virtual-word and real-world comparisons and their ability to combine theory with practice appears reduced in comparison to learners who engaged in parasocial learning and social support for learning. The monophonic learning process is represented diagrammatically in Figure 9. The findings that appear to support this learning process are presented in more detail throughout section 4.8 of this chapter.

Figure 9 Monophonic learning



4.8.1 Lack of social interaction and discussion with other learners

Learners engaging in monophonic learning seem to have limited interaction with others and tend not to participate in discussions with their peers. They appear to prefer to form their own opinions without regard for the views of others. For Carol, this seems to have been a learning preference. As her statement below implies she does not appear to perceive any benefit in adopting a discursive approach to learning.

Carol: *Maybe it's the more direct questioning I like. It's a different type of study. The more I study, the more I'll get into a discussion but I generally know what I think anyway.*

Interviewer: *So does that mean you don't normally get a lot out of discussion?*

Carol: *No, not really.*

John did seem to acknowledge the comments of other learners and reported reading comments and using them as a resource but he did not appear to engage in discussions with other learners.

John: One of the things I did pick up on the message boards was I felt that I did get something out of it. In a sense I was able to see where other people were coming from. I remember it was either a practice nurse or a cardiac rehab nurse saying, "This is really a big, big issue in the primary care setting. This is like a major problem, you know, changing behaviour." So it was interesting, certainly insightful for me with regard to future practice, to see what problems they were having out in the community.

Unlike John, Debbie did appear to post some comments to the discussion boards. She tended to post after the discussions had finished and other learners had moved on which probably affected the level of response she received. Debbie's timing therefore seems to have influenced her ability to interact with others and so she appeared to be learning monophonically.

Debbie: So sometimes it's the fact there's a lot to do in a limited amount of time which perhaps means that there is that continuity issue. That perhaps I was posting at a different time to somebody else. And once they've posted they don't necessarily go back to it.

4.8.2 Lack of social interaction and discussion with tutors

In addition to limited interactions with other learners, learners who engage in monophonic learning appeared to have minimal interactions with tutors too. For Carol and John, this seemed to be a learning preference. John appeared to prefer to read about an issue from the course and not share ideas and Carol appeared to be journaling to record her own ideas rather than seeking information or feedback from her tutor.

John: Really from memory, I don't think I entered any entries into the journals. It was more I read up about it.

Interviewer to Carol: So did you interact with your tutor in your personal journal?

Carol: No I don't think I did (laughs)

Interviewer to Carol: *You didn't? Ok. Why was that? Did you read their comments? Or did you feel you couldn't respond to them?*

Carol: *No, I read the comments but I didn't feel I had any issues I wanted to raise with the tutor.*

4.8.3 Limited parasocial interaction with monophonic learning

It seems learners who engaged in monophonic learning did not engage in parasocial interactions with the online patient and practitioner characters. The statement below from John suggests that the stories of other practitioners were not perceived as relevant.

John: *I thought, I mean being truthful, I only covered very briefly the practitioners. I know it sounds quite bizarre to say that I didn't really go in depth with regard to the practitioners stories. I just briefly read through them and went onto something else.*

However with hindsight, John appears to consider that exploring the parasocial elements of the programme may have been beneficial as on reflection he perceived that they would have provided an opportunity to gain insight into the experiences of others.

John: *I mean looking back, I probably should have for my own learning, I probably should have spent more time with the practitioner side of things. Obviously being a fellow practitioner, it would have been interesting to see their thought processes as well. But now I can't remember.*

This statement implies that John has the potential to interact parasocially which suggests that monophonic learning is a behaviour adopted by learners at the time of study based on their learning priorities, rather than a fixed characteristic of the learner themselves. I discuss this point in more detail in Chapter 5.0.

4.8.4 Interaction through tests with automated feedback

Learners who engage in monophonic learning appear to gain their interactive experience through Self-Assessment Questionnaires (SAQs) with automated feedback rather than from discussions with

other learners. Discussions about SAQs were more prominent in the interviews of learners who engaged in monophonic learning compared to those who used other approaches.

Carol: *I think the quizzes were really quite helpful because I found I knew more than what I give myself credit for. Doing the quizzes and getting that high score, it refreshes your memory as well. Quick jog of the memory of what I have done there...definitely boosted the confidence.*

Debbie: *You can test your ideas out and then see if they were right or whether there was a better way of doing it, whether you'd got the general gist of it and whether you felt smug and superior coz you'd found something out in there [the quiz] that perhaps hadn't been fed back elsewhere.*

This preference for interaction through automated feedback rather than discussions with other learners may be informed by learners' prior experience of learning. For example Carol had previously undertaken paper based distance learning which perhaps influenced her lack of requirement for social interaction or her willingness to seek information from others.

Carol: *I found I have done distance learning before and I found this course, with the videos and audios, quick quizzes that sort of thing, I found them very, very helpful. More interesting than say, getting loads of paperwork to read through the post.*

Learners who engaged in social support for learning also appeared to engage with the automated self-assessment elements of the programme but the discussion of quizzes tended not to be prominent in their interviews. It seems that for learners who use social networks to support learning, quizzes were an adjunct to the other elements of study that they used to deepen their overall understanding; as the statement from Angela below suggests.

Angela: *We had some interactive questionnaires, quizzes I suppose you could call them, looking at diabetes, CHD and anatomy. I remember those. I found it useful. It focussed your reading of an article. I'm sometimes guilty of skim reading and it really made me slow down*

and identify the key point so I could answer the question. It made me think about it a little bit more deeply, so I found it a very useful exercise.

4.8.5 Task orientation and monophonic learning

Learners who engaged in monophonic learning tended to report being task-orientated in preference to engaging with the social and parasocial elements of the programme. It seems for Debbie printing off course materials was a priority learning task even though she did not read all the materials she printed. While for Carol, the scheduling of the learning activities appeared to be important but the nature of the learning activities did not seem to be considered.

***Debbie:** I printed absolutely everything off, so that when I did get down to study it was there for me to do. So I printed the articles off, all the assignment stuff, all the case study information; I printed absolutely everything off. So I've got a foot deep of stuff still at home to look at.*

***Carol:** I'd look through the case study and I would look and see how many weeks I had to do it and what was involved in the case study. And then if it was 12 different things I had to do, I would split it up to 4 a week so I would pace myself 4 a week.*

Interestingly, although both these learners are focussing on organizing learning, they seem to be doing so in isolation of the learning events on the course or with consideration for how they might interact with others while engaging in study. Their reports focus on printing off materials and breaking down tasks but do not seem to consider time for parasocial interactions with the patient and practitioner characters via the video narratives or social interactions with other learners through the discussion boards or blogs.

4.8.6 Outcomes of monophonic learning

So it seems that learners who engage in monophonic learning focus on task and technology and express lack of interest in engaging in social interactions with other learners or with online characters. Furthermore, the lack of parasocial interaction and social support for learning appears to

result in a lack of consideration of the humanistic elements of the subject under study. Expressions of empathy for patient and practitioner characters or for other learners appeared to be absent from the interviews of those who engaged in monophonic learning and this was in stark contrast to those who engaged in parasocial learning and social support for learning as discussed in my earlier findings. Learners who engage in monophonic learning seem to be focussed on facts, rather than holistically centred. For example, although Debbie had initially identified with the patient characters as real people in her interview, her focus appeared to quickly moved towards physiology and her interview was dominated with examples similar to the statement below.

***Debbie:** The anatomy things I played quite a lot, for example about how the plaque builds up and that it's inflammatory. I learnt loads about inflammation and inflammatory responses. And understood about c reactive protein for the first time which I'd neither come across nor knew about and so on. So I played them over and over again; a memorising thing. And I thoroughly enjoyed it. I thought 'I'm beginning to get that.'*

A focus on facts, in particular anatomy and physiology, also appeared to be the key area of interest for Carol as her statement suggests.

***Carol:** What I thought was good were the little videos of the heart and the body. I thought they were good for someone who was maybe new to anatomy and physiology and for refreshing your memory, you know? Yeah it was a really good way to learn A and P.*

While mastering the complexities of anatomy and physiology can be seen as a positive achievement, learners who engaged in parasocial learning and social support for learning seemed able to go beyond considering the patient as a collection of physiological systems, to expressions of empathy and intentions to change clinical practice. These expressions were not present in reports of experience from learners who engage in monophonic learning.

Engaging in monophonic learning also appears to reduce learner effectiveness. Without the benefit of social capital gained from interaction with others, learners' insight into the context of the patient cases under exploration appears limited and this seems to be reflected in the learners' performance

in the summative assessment. Learners who engaged in parasocial learning and social support for learning all successfully completed their studies achieving grades C through to A. Learners who engaged in monophonic learning were graded fail through to C. See Table 8 below.

Table 8: Table showing participant learning behaviours and grades achieved at first submission of summative assessment where A=highest and F=Fail.

Participant	*Predominant Learning Approach	Grade
1	Parasocial Learning	B
2	Social Support for Learning	A
3	Monophonic Learning	F
4	Social Support for Learning	C
5	Monophonic Learning	C
6	Parasocial Learning	C
7	Monophonic Learning	F
8	Parasocial Learning	A
9	Parasocial Learning	B

*Students shown as engaging in either a parasocial learning or social support for learning tended to report a combination of these behaviours. The allocation of behaviour to the learner has been made based on the behaviour that was most prominent in their interview. Monophonic learning tended to be discussed in isolation of other behaviours.

4.8.7 Monophonic learning thematic summary

Monophonic learning appears to be a unilateral learning behaviour characterized by a lack of dialogue with other learners or tutors and the absence of parasocial interactions. The experience of learners who engage in monophonic learning appears to be dominated by task orientation and a focus on accumulating factual knowledge. Expressions of empathy for patient and practitioner characters or for other learners seem largely absent and the lack of social and parasocial interactions result in limited insight into the perspectives of others. Learners who engage in monophonic learning appear to be less effective due to a lack of social capital. The implications of monophonic learning

within the context of entertainment-education seem significant and I shall discuss these in more detail in relation to current debates about learning in Chapter 5.0.

4.8.8 Noema of learning through entertainment-education in the OLLE: concluding statement

Learning through entertainment-education in the OLLE appears to be characterized by three learning processes; parasocial learning, social support for learning and monophonic learning. I shall discuss the implications of the learning processes identified in the context of current debates in nurse education and OLL in Chapter 5.0.

Having explored the noema of learning online through entertainment-education by presenting the results pertaining to the learning processes experienced by learners in this study, I will now present the results relating to the factors in the OLLE that influenced learning experience. In line with phenomenological tradition, these results are presented as the noesis of the OLLE.

4.9 The noesis of the online environment

As previously mentioned, the term noesis refers to how a phenomenon is experienced, in this case, how the OLLE is experienced. From a phenomenological perspective objects are the things which are perceived as contributing to understanding the phenomena. The objects presented are constructions of learner experience and my findings here represent my attempt to show how the objects of learning experienced help me to understanding the experience of learning in the phenomena of the OLLE.

My interpretations of learner experience identified two key objects that may relate to the way learners experienced the OLLE:

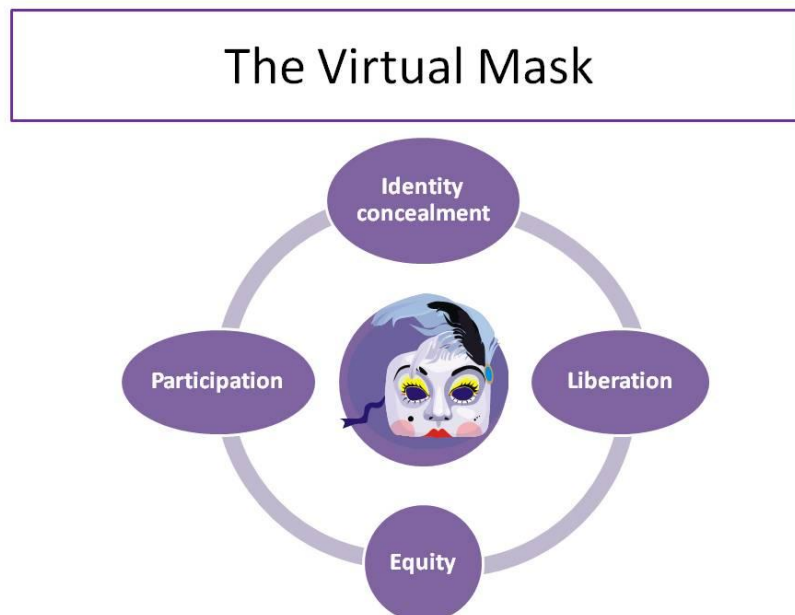
1. The virtual mask
2. The virtual window

I shall now present these objects in sequence, offering examples of learner experience to support my assertions.

4.9.1 The virtual mask

Learners in this study came from diverse international locations, did not attend university campus and consequently the majority were not known to each other. Even though learner names were displayed on the VLE discussion boards, the international nature of the programme meant that most learners were, for all intents and purposes, anonymous. The virtual mask (Figure 10) reflects the learners' apparent sense of anonymity in the OLLE and the subsequent experience of protection which seemed to liberate them to participate as a consequence of feeling their identity was concealed.

Figure 10 Showing the nature of the virtual mask.



The experience of the virtual mask appears to facilitate social support for learning by enabling learners to participate in asynchronous online discussions and share ideas freely with both tutors and peers without fear of being exposed to judgement. The virtual mask also seems to enable learners to cloak their emotions as the asynchronous nature of discussions in the OLLE may allow them time to respond to each other in a planned and thoughtful manner so that a learner's own adverse reactions can be easily hidden.

One learner, Janet, articulated the concept of the virtual mask in detail. Although other participants discussed experiences that reflect the concept of the virtual mask, the strength with which Janet expressed her views influenced my decision to include this concept in the results. The virtual mask was clearly significant in Janet's experience of the OLLE and how it affected her ability to learn through social interactions with others. I have therefore chosen to represent this concept using only statements from Janet's experience in order to retain the resonance of the concept within its original context. Had I chosen to represent this concept with multiple statements across participants I felt that the picture presented would become fragmented and the power with which the concept was expressed by participants would be lost. The following statement appears to illustrate how the mask of anonymity liberated Janet in the OLLE by offering her protection from the judgement of her peers and protected other learners from her adverse reactions. It seems the virtual mask enabled her to express her views freely.

Interviewer: What do you think is different about discussion in the online environment than perhaps if you were chatting in the classroom?

Janet: I think I'm surprised I'm saying this; I think there's a bit of freedom that actually they can't see you, you can't see them and you just kind of say what you're thinking. You might think about, kind of unconsciously, what would they think if I say this or I do this. Whereas, I might be on the end of the computer, screaming. They don't know that. Or I might just have a complete paddy. Well they wouldn't have known any of that, so that there's no value judgement there about that. I can just say what I think and they can say what they think. And they can be sitting there in their curlers or whatever; it wouldn't matter. You can deal with it and get it off your chest. Whereas other times you might have to think about it, just like a social kind of etiquette, kind of group dynamic thing.

The virtual mask may also have helped Janet to feel less self-conscious about her own limitations and enjoy participating on what she perceived to be a more equal footing.

Janet: I'm always frightened of showing myself up and appearing really thick and ignorant. So I don't like being in that kind of classroom environment and because I don't have any academic qualifications, I feel very disadvantaged. So sitting where ever I was sitting, I didn't feel so acutely aware of my disadvantage. My chip on my shoulder wasn't quite as large. So I had an enjoyment that I hadn't experienced previously in trying to do this level of study.

It seems then that identity concealment via the virtual mask may help to create equity among learners and promote a sense of participating on a more level playing field.

The effect of the virtual mask also appears to be present in interactions between the learners and their tutors in addition to learner-to-learner interactions. In the following statement Janet reports how the feeling of the anonymity in the OLLE protected her from any embarrassment she felt about the quality of her draft work. This sense of anonymity seemed to enable her to share work with a tutor and receive feedback when perhaps she would not have accessed this support in a face-to-face tutorial. From this statement it seems that Janet felt the opportunity to share ideas and work with the protection of the virtual mask increased her ability to engage and contributed to her success.

Janet: Most often I've walked away from courses because I've felt "No I can't do this." As soon as I can't do something I walk away. Whereas I battled on through, though, I felt at times "Oh I can't do this I'm stupid." But with the tutorial type of assistance and the ability just to put your thoughts down and send it to the tutor you know, kind of say it and be damned really and then get on with it, it was quite good because I wouldn't have done it otherwise. And I haven't done, historically. So that kind of liberated me. And the fact that I was successful in passing the course, I had success as well and that was really excellent. So it was a very emancipating experience for me personally.

4.9.2 Virtual mask summary:

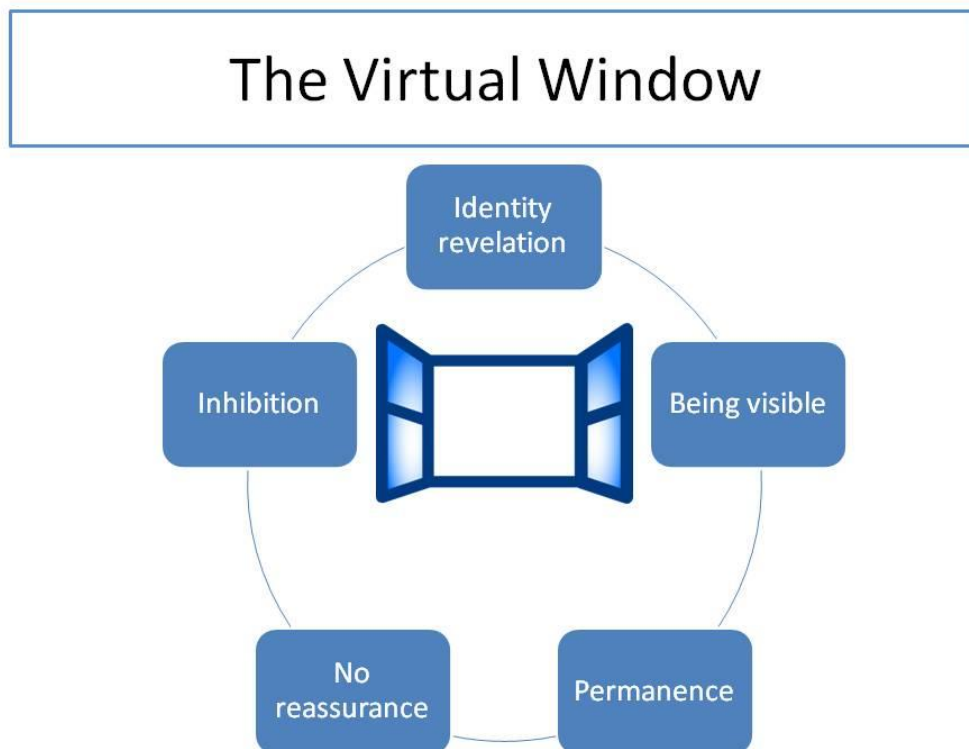
The virtual mask appears to be a sense of identity concealment in the OLLE and is a phenomenon that may facilitate learner participation and social interaction. It seems to promote participation by

offering learners the opportunity to hide adverse reactions to the comments of others and may afford them time to plan thoughtful, considered responses resulting in more constructive contributions. The virtual mask may help to level the playing field between learners and promote a more equitable learning experience. It seems a sense of identity concealment in the OLLE may help to create a safe environment for learning and liberate learners to participate.

4.9.3 The virtual window

A second theme that appears to illustrate how learners experience learning in the OLLE is the virtual window (Figure 11). The virtual window reflects an apparent sense of being visible to others as if being looked at through a window. Learners seem to experience a sense of being on show, as if their identity is revealed and their actions are known to others. The experience of the window appears to be one way, however, as learners seem to feel they are not able to look back through the window and see who is on the other side. Their posting behaviour may be inhibited as a result.

Figure 11 Showing the nature of the virtual window



Factors that appear to contribute to the experience of the virtual window are:

- i. knowing others and being visible
- ii. the absence of non-verbal reassurance in the online environment
- iii. the sense of permanence associated with posting written comments on discussion boards in comparison to making verbal ones.
- iv. The lack of opportunity to offer or receive non-verbal re-assurance

Although the concept of the virtual window was expressed by other learners in the study, it seemed most significant in the interviews with John and Grace. I have therefore chosen to present the concept of the virtual window based on the interviews of these two participants and in order to reflect the significance of the concept in their learning experience. As John and Grace's experiences also seem to reveal nuances within the concept of the virtual window, using the experience of two participants here also allows me to illustrate the key elements of the virtual window that appeared to have an impact on the experience of learning in the OLLE. For both these learners, their relationships with others seem to have increased their feelings of vulnerability in the OLLE. John appeared to be inhibited in the OLLE because he was studying with a colleague so he was visible through the window because his identity was known. Grace appeared to be inhibited because she did not know all the other learners in the OLLE but she felt visible to them. Both learners therefore experienced the virtual window in the OLLE based on identity revelation. Yu and Liu (2009) also found that learners behave differently in relation to identity revelation. I go on to discuss this point in more detail in Chapter 5.0.

As previously discussed under the virtual mask theme, not knowing other learners may benefit learners in the OLLE. However if the mask is removed and identities are revealed because learners know each other, the virtual window may emerge. The loss of anonymity may lead to a sense of

exposure because learning actions can be seen by others. In this way the virtual window may inhibit learners' willingness to contribute to discussions in the OLLE.

John: Looking back, I probably felt that I should have put something on the message board but I felt if I put something wrong into it, then probably one of my colleagues, coz a colleague was doing it at work, would have felt well "John's knowledge is probably not the best." I don't know; it must be down to a confidence thing really.

For John the virtual window seemed to be heightened when his anonymity was compromised. This potentially emphasises the importance of the protection of the virtual mask in facilitating learner contributions to online discussions.

Learners appear to be aware of the impact of identity revelation on their learning behaviour. Being visible through the virtual window seems to have an impact learners' contribution decisions at a conscious level.

Interviewer: Do you think that this feeling was affected by the fact you said there was a colleague on the course?

John: Yeah. This colleague...I think with her being on the course as well, she made some good points. Some of her points were very good. I just felt, if I'd put something that probably wasn't correct, she might think, "Well why has John put that on? Seems a bit of a silly thing to say."

Interviewer: If nobody had known you on the course would that have been different?

John: Yes it probably would have been. I suppose for example, if I had been Student 001 then it probably wouldn't have affected me; I probably would have inputted a bit more.

It seems then that being visible through the virtual window may influence the experience of the OLLE as a safe learning environment and learners who feel unsafe because their identity is revealed may choose not to participate in discussion as a consequence.

Grace also appeared to experience the virtual window; not because she could be seen by those who knew her but because she *didn't* know who was looking back through the window. It seems she felt

her identity was revealed to people she didn't know. Grace appeared to lack the confidence to post because learners she did not know could see her posts on the discussion board and this inhibited her posting behaviour.

Grace's ability to post confidently appeared to develop over time and the opportunity to engage in an individual online asynchronous dialogue with a tutor appeared to help her overcome the sense of being visible and build her confidence in sharing ideas online with others.

***Grace:** I know I personally felt, more confident putting things in the personal journal as I knew it was only the tutor who had access to that. Whereas the discussion board, it took me not an awful lot of time, but it does take a little while, just to build the confidence to post on there because there's lots more people that you don't know, who are commenting and who are also looking at your remarks that you're putting on there. But you literally needed to get your confidence up to sort of start putting things on the discussion board.*

It seems learners were also concerned that their unskilful comments would be on show through the virtual window. They appeared concerned that the usual non-verbal mechanisms to mediate the limitations of verbal communication were not available in the OLLE. Although lack of opportunity for non-verbal re-assurance in the OLLE seemed to increase learner sense of visibility, learners also expressed concern about the impact their posts might have on others. Learners apparently wished to avoid harming others with harsh comments.

***Grace:** But it's also part of how things sound when you try to, you know. If you're in a classroom and somebody says something and you might say "What about this?" with your tone of voice, you can make it sound as though you're not being critical; you're not criticising their idea. But sometimes when you're writing about it, it can be, not always sound how you meant it to sound. So I was probably a bit aware of that.*

Learners expressed additional concerns about their ability to comment appropriately without non-verbal affirmation of their peers. It seems not seeing the reaction of others through the virtual window also presents a challenge to posting in the OLLE.

John: It's quite bizarre in a sense that this was the first course I'd ever actually studied online. So if for example, we were having a lecture and there were other people in the room and a question was asked, sometimes, if you were a bit unsure, you may hold back what you feel the answer might be coz you want to be one of the people giving a positive response. In the room, you can then vocalise what you feel the answer might be. That's probably where confidence comes from. Whereas sitting at a computer obviously you can't see the lecturer and you can't see the people in the room. You can't really get any non-verbal clues back. For example, if a lecturer asks a certain question, if you gave an answer you'd probably look around, more for support or for non-verbal clues like nodding your head, probably murmuring 'yes' and looking with interest in regards to what you're saying. Whereas when you're on the internet, you can't really garner what kind of opinion your answers gained.

The permanent nature of comments and posts in the OLLE also seemed to present a challenge to the learners' willingness to post. Learners had an apparent sense of the enduring nature of their posts and the knowledge that their 'mistakes' would be visible for a long period of time lead them to be reluctant to contribute.

John: Studying online, I did enjoy it but there were one or two draw backs...Once you've inputted your idea on the message board or learning journal, you can't retrieve it. You can't say "Well I want to change my mind." Once you've sent the message to the board, you might think, if you go back to it later on, you might think "Well now I've done a little bit more research I can't go back and amend my answer."

4.9.4 The virtual window summary:

The virtual window may reflect a sense of being visible to other learners as if being looked at through a window. It seems to illustrate how learners experience the OLLE in relation to feelings of exposure and uncertainty and how this impacts on posting behaviour. The virtual window seems to

manifest when learners experience a sense of being on show, as if their identity is revealed and their actions are known to others.

There appear to be four key factors that contribute to the experience of the virtual window. These are:

- i. knowing others and being visible
- ii. the absence of non-verbal reassurance in the OLLE
- iii. the sense of permanence associated with posting written comments on discussion boards in comparison to making verbal ones.
- iv. the lack of opportunity to offer or receive non-verbal re-assurance

4.9.5 The noesis of the OLLE: concluding statement

I have provided insight into the noesis of the OLLE by presenting my findings pertaining to the phenomena that appeared to influence learning in this context. I shall discuss the implications of the virtual mask and the virtual window for OLL and nurse education in the context of current literature in the discussion in Chapter 5.0.

4.10 Final summary of results

In the findings presented I have attempted to convey the essence of the experience of online entertainment-education through the eyes of the learners that lived it. They have been presented as an appropriation of learner experience constructed by combining the meanings of experience for the learners and the interpretation of their experience by me. Congruent with phenomenological traditions, I organized the results into the noema of experience to describe the learning that was experienced and the term noesis was used to describe how learning was experienced by learners in the OLLE.

The results offered suggest entertainment-education in the OLLE may be experienced by learners through three learning processes:

- Parasocial learning
- Social support for learning
- Monophonic learning

And may possibly be influenced by two objects:

- The virtual mask
- The virtual window

I will discuss what I perceive as the main implications of these results for nurse education in the OLLE in the context of current literature the following discussion chapter.

5.0 Discussion

Having presented the results of the study, I now wish to discuss the key insights I obtained in relation to my research questions understanding the experience of learning via entertainment-education in an OLLE and consider how I now believe learning takes place for the learners in this context. In the previous results chapter I presented the themes that emerged from my data analysis. In this chapter I will discuss these findings with reference to current literature. This chapter therefore offers my interpretations of the results in the context of entertainment-education and nurse education. As such it emphasizes the findings which I believe are relevant to current debates. Whilst my view of the pedagogical implications are presented, I have taken care to situate them in the experiences of the learners, as Van Manen (1990) cautions authors of phenomenological research against excessive abstraction that detracts from the life-world of the participants. My aim with this chapter therefore is to achieve an appropriate balance between a discussion of experiences that appeared meaningful to the learners and my interpretation of their significance for entertainment-education pedagogy and for nurse education.

I have organized this discussion chapter into three sections related to the lived experience (noema) of learning online through entertainment-education. These are parasocial learning, social support for learning and monophonic learning. The noesis of the OLLE is discussed in the context of social support for learning, the virtual mask and the virtual window in order to emphasise the intersubjectivity between these phenomena.

5.1 Discussion of Findings relating to Parasocial Learning

As discussed in the results chapter in exploring experience of learning via entertainment-education in an OLLE, I identified a learning process which appears to take place between learners and the online characters. Drawing on the work of Horton and Wohl (1956) who identified that interactive relationships occur between people and media characters and used the term parasocial interaction to describe them, I have called this process parasocial learning. I defined parasocial learning as

occurring when an interaction with an online character is internalized by a learner creating an emotional response which may prompt them to make comparisons with their own role and modify their attitudes or behaviours; or influence those of others. Based on the experiences of the nurse learners in this study, I will now explore the findings related to parasocial learning showing how they advance understanding of entertainment-education pedagogy and consider the implications for nurse education.

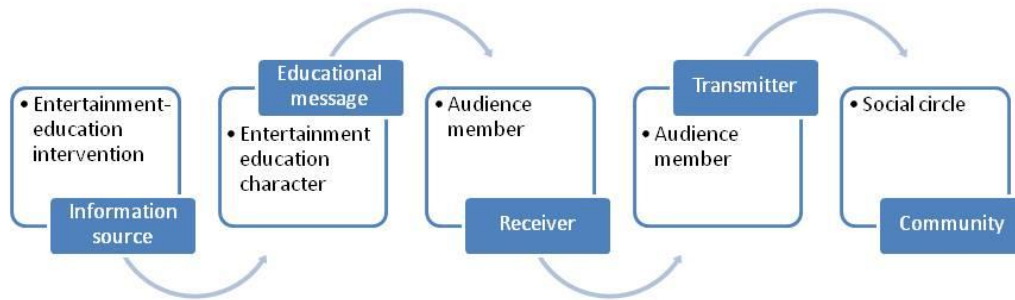
5.1.1 Parasocial learning as an active learning process.

By exploring learner experience of entertainment-education in the OLLE I have identified parasocial learning as the active, reflective process by which I suggest learning takes place. In doing so my work develops Sabido's (in Nariman 1993) original theory of how individuals learn through entertainment-education for the new context of the OLLE and expands on assertions about audience members and TV/radio characters from other fields of practice. My interpretations of learner experience therefore advance understanding of how individuals learn through entertainment-education.

In his original theory Sabido (in Nariman 1993) describes the learner as a receiver for the educational message that is transmitted through the educational character, thus implying a passive role for the learner (see Figure 3).

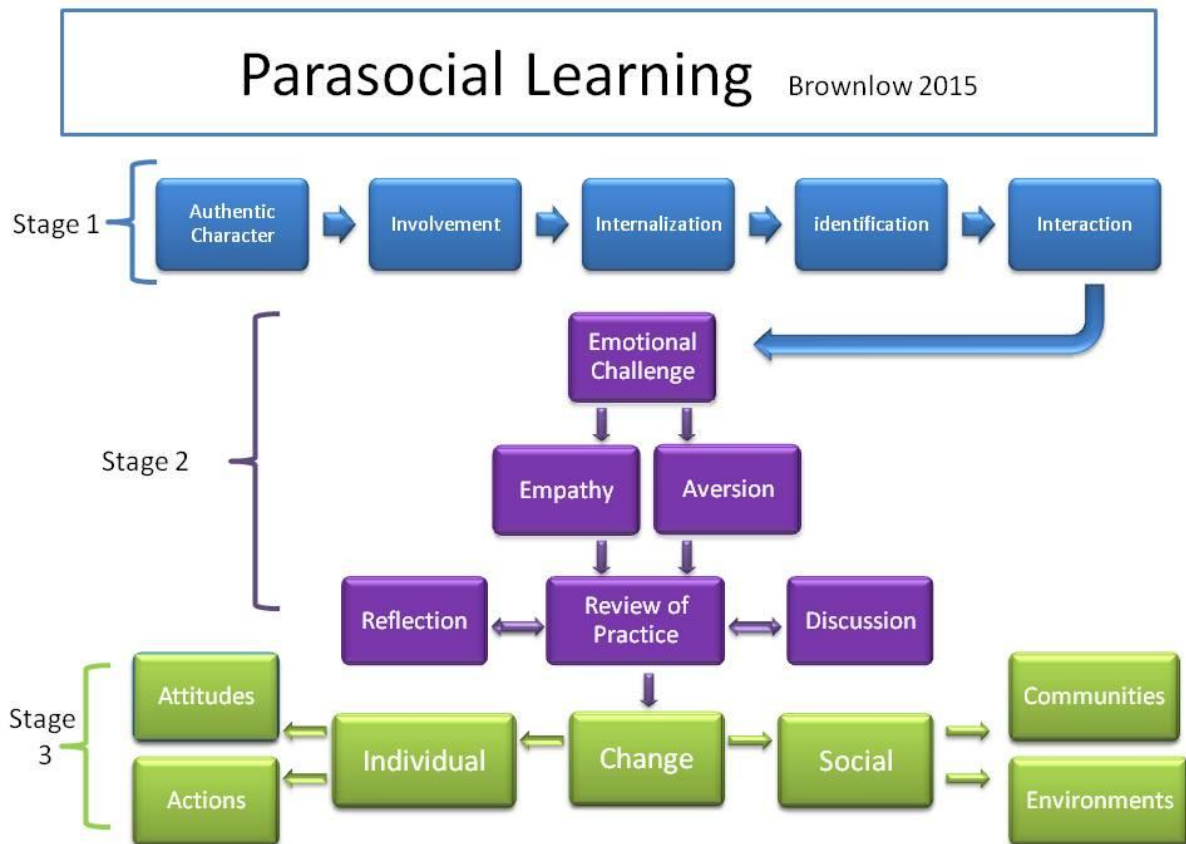
Figure 3 Showing Sabido's 1993 Communication circuit in entertainment-education

Sabido's (1993) Communication circuit



A passive role for the learner is also implied by Green and Brock (2000) who consider that learning occurs when an individual is transported into a story. However in exploring learner experience of entertainment-education I identified the parasocial learning process which includes learning by engaging in steps of involvement, internalization and identification in interaction with the entertainment-education characters, followed by reflection and discussion with peers and colleagues which suggests an active role for the learner (See Figure 7).

Figure 7 The 3 stage parasocial learning process (Brownlow 2014)



I will consider the role of reflection and discussion later in section 5.1.2 of this chapter. For now I wish to focus on the interaction between the learner and the entertainment-education character in order to demonstrate why parasocial learning reveals an active role for the learner and to provide rationale for my recommendation that Sabido's (in Nariman 1993) original communication circuit should be amended.

I propose that character involvement is the first step in parasocial learning. In using the term involvement I am drawing on the ideas of Moyer-Gusé et al (2008) who describe involvement as demonstrating increased attention to a character. In doing so I am arguing that the very notion of paying attention to someone is an active response; by paying attention, I am suggesting the learner is noticing the character and noticing is an action that requires recognition seeking on behalf of the

learner. By comparison the learner could be presented with a character and not even notice them. Studies using masked visual identification tasks to measure subjective awareness such as Sandberg et al (2010) show it is possible to present learners with characters and scenarios yet they may claim not to have seen anything, thus implying a passive response to the stimulus presented. The involvement step in parasocial learning therefore challenges the notion of the learner as a passive recipient of an entertainment-education message and demonstrates the active nature of their role. The second step in the parasocial learning process is internalization of the character, a key element of which is conversation rehearsal. This process requires the active use of imagination on behalf of the learner and has been observed in studies of parasocial interactions between TV characters and audience members (Hartmann and Goldhoorn 2011). The stimulation of learners' imagination is reported to be a central feature of learning through stories (Wood 2014) and I assert that it is this active use of imagination of the learner that enables them to be transported into a story, the point at which Green and Brock (2000) suggest learning occurs. The identification of the parasocial learning process implies that internalization of the character requires active use of imagination and conversation rehearsal by the learner who is challenged to respond to the story as a consequence, again suggesting that the learner's role in entertainment-education is an active one.

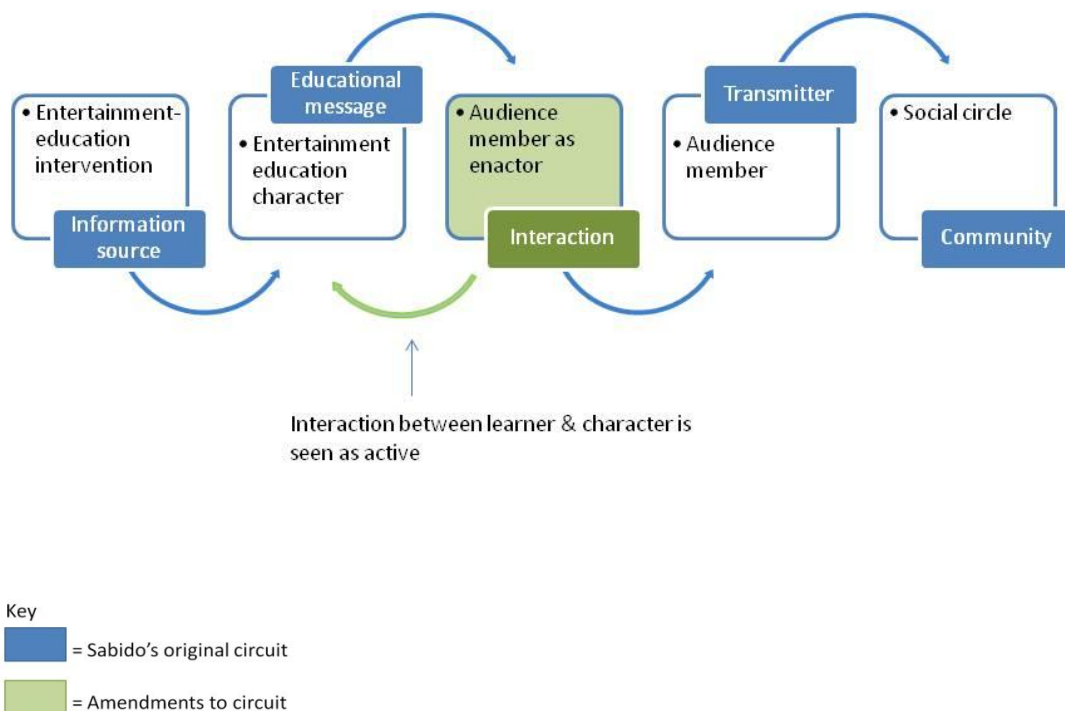
I believe parasocial learning is also associated with character identification which culminates in an interaction with a character. This results in an emotional challenge, leading to changes in outcome expectancy and a review of practice which I will discuss in more detail in section 5.1.2 below. Here I wish to propose that identification with a character is an active process. As discussed in the literature review identification is a much debated concept within the field of entertainment-education. It may be described as a learner perceiving themselves as similar to a character (Hoffner and Buchanan 2005) or wanting to be like a character (Eyal and Rubin 2003). Observing the identification step within the parasocial learning process does not add further clarity to this debate but it does acknowledge that learners may perceive themselves to be like, or aspire to be like an entertainment-education character and in doing so it emphasises the active nature of this position.

Parasocial learning therefore emphasises the active role of the learner in constructing their own meaning in relation to the entertainment-education experience and illustrates how learners learn by developing their own conceptualizations. This position has implications for teaching design. As a recent meta-analysis of education literature has shown active methods produce better achievement when compared to traditional didactic methods across all academic levels (Hattie 2009), teaching methods that promote active learning are to be encouraged. The identification of parasocial learning as an active learning process implies therefore that entertainment-education can be selected as a pedagogical approach that promotes active involvement of learners with the intention of enhancing learner achievement.

In identifying the process of parasocial learning and discussing the initial steps on which a learner embarks, I have suggested that the learner's role in entertainment-education is an active one. In doing so I am refining Sabido's (in Nariman 1993) initial interpretation of the role of audience members in entertainment-education as passive recipients of educational messages. I recommend that his communication circuit is amended accordingly so that the description of the learner's role is changed from "receiver" to "enactor" and that a communication arrow is added from the audience member to the entertainment-education character with the label "interaction" to reflect the interactive nature of the relationship based on the active imaginative processes enacted by the learner (See Figure 12).

Figure 12 Showing recommended adaptations to Sabido's (1993) communication circuit to show the active role of the learner

Sabido's (1993) Communication circuit modified to reflect the active role of the learner



As Sabido's (in Nariman 1993) communication circuit was only originally intended to guide the design of entertainment-education and so reflects the teacher perspective, my recommendations advances work in this area by showing the nature of learning through entertainment-education from the learner perspective and enabling learner experience to be considered as part of entertainment-education design.

5.1.2 Parasocial learning as a transformative learning process

Having suggested parasocial learning emerges from learner experience of entertainment-education in the OLLE, I have come to perceive this learning process as a transformative one. In doing so I align it with the ideas of Mezirow (2009) who emphasizes personal transformation and Friere (1972) who gives more attention to transformation in the social environment, as I assert that parasocial learning leads to change at both a personal and social level. I will discuss the role of parasocial learning as a vehicle for social change in section 5.1.3 of this chapter as here I want to focus on parasocial learning as a medium for personal change. In doing so I will extend the ideas of Bandura (2004) with regard to how learning takes place in the context of entertainment-education as I propose that learning in this context influences more than outcome expectancy but can lead to changes in views and personal transformation. My work also advances Sabido's (in Nariman 1993) original theory of entertainment-education by integrating the processes by which learning and personal change take place. While my extrapolations here draw on literature that has influenced my understanding of the context, my position is also informed by reports of learner experience of parasocial learning within the primary data. As such I believe my assertion that parasocial learning is a transformative learning process reflects a fusion between learner experience and my interpretation of it and so remains grounded in my phenomenological intentions.

It seems parasocial learning may lead to changes in outcome expectancy, attitudes and actions through reflection on personal practice. Although there are many definitions of reflection making it an elusive concept to describe, for the purposes of this discussion, I have understood reflection as a process of critically reviewing experience in order to learn from it (Freshwater et al 2008) as this interpretation of reflection is widely accepted in nurse education. In addition nursing academics such as Johns (2013) and Bulman and Schutz (2013) make associations between retrospective reflection-on-action (Schön 1987) and personal transformation. Outcome expectancy, although a common concept in healthcare, is ordinarily associated with patient care rather than nurse education but as my discussion below suggests, it is a meaningful concept to consider when

describing learner experience of parasocial learning and the personal change that occurs as a consequence.

According to Bandura (2004) motivations and actions are influenced by the outcomes that individuals expect their actions to produce and these anticipated outcomes will prompt an individual to self-regulate their own behaviour. Bandura (2004) described this as outcome expectancy.

According to Bandura (2004) individuals will generally seek pleasurable outcomes and social approval for their behaviours and avoid behaviours that have unpleasant consequences or gain social disapproval. Changes in outcome expectancy seem apparent within the parasocial learning process, as motivated by the desire to be like a character or the desire to avoid negative consequences experienced by a character learners appear to seek to modify their practice. I propose therefore that outcome expectancy has a role in prompting the review of practice within the parasocial learning process and can motivate learners to modify their actions in practice.

Learners who appear to engage in parasocial learning seem to undertake a review of practice that extends beyond adjustments in outcome expectancy however. Changes to attitudes and values which may be interpreted as personal transformation also seem to occur. Mezirow (2009) proposes that personal transformation takes place when individuals experience change in what they think, feel and perceive, suggesting that alterations in emotions and attitudes impact upon how individuals function and how they envisage their world in the future. Personal transformation therefore extends beyond a desire to comply with social norms and avoid negative consequences. It involves critique of the self which may result in confronting deeply held assumptions. Exploring learner experience implies that during the parasocial learning process learners subject their attitudes to critical review and may modify them as a consequence. I therefore assert that parasocial learning is a transformational learning process that may result in enhanced personal insight and changes in attitudes to practice. Identifying parasocial learning therefore implies a learning process by which

both attitudes and actions may be modified by the learner through changes in outcome expectancy and self critique.

Reflection is a key step in parasocial learning that may lead to what Mezirow (2009) describes as a self reflective reframe. A reframe is a mechanism for reinterpreting difficult experiences, ideas and emotions to identify positive alternatives that can support changes in action (Mezirow 2009).

Drawing on Jung's concept of individuation (1961/1989), Dirkx (2006) and Dirkx and Smith (2009) propose that change through self reflection occurs in response to a dialogue between the conscious and the unconscious mind in which individuals become more self aware. Similarly in parasocial learning, learners reflecting on their responses to characters may become more aware of how their emotions impact upon their decisions and they appear able to consider their actions mindfully as a result. Mezirow (2009) suggests that becoming more aware of the impact of emotions on self and others through self reflective processes leads to personal transformation. These similarities imply that parasocial learning is a transformative process.

During parasocial learning learners seem to experience an emotional challenge which acts as a stimulus for reflection and change. I use the phrase emotional challenge to mean a poignant response to the characters or storyline which appears to be experienced as empathy or aversion as part of the parasocial learning process. In common with stories, entertainment-education uses melodrama or dramatic peaks to stimulate responses by creating tension in the moral universe of the learner (Sabido in Singhal and Obregon 1999). Presented with this exaggerated reality it seems the learner then has to review their current context and consider future actions. This appears to be experienced by the learner as an emotional challenge. This stimulus can be aligned with what Mezirow (2009) described as a disorientating dilemma which is seen as a stimulus for self critique, the stepping stone to personal transformation and change. Thus I suggest that the emotional challenge in parasocial learning may be considered a disorientating dilemma and thus parasocial learning may be considered a transformational learning process.

According to Taylor (2009) disorientating dilemmas are promoted through value laded content. In entertainment-education values are presented in the form of a storyline or integrated into characters and add intensity to the learning experience. In parasocial learning emotional challenges appear to occur as a reaction to the values inherent in conflicts between characters or in response to characters struggling with adversity. Although reports from the field of entertainment-education suggest that learner response may differ depending on the level of involvement with the story (Murphy et al 2011), the characters (Moye-Gusé 2008) and emotional involvement (Kincaid 2002, Gesser-Edelsberg 2011) and my results imply that learners may engage with characters and stories at different levels, parasocial learning seems to occur when the emotional challenge is heightened. Involvement with the story, the characters and emotional involvement all appear important in creating the emotional challenge or disorientating dilemma that stimulates the review of practice and leads to change.

In parasocial learning the intensity of the emotional challenge seems to be linked to involvement with characters. I use the term involvement here to mean increased attention to a character as offered by Moye-Gusé (2008) and suggest that in parasocial learning involvement may be heightened in learners in response to characters they feel they know. Presenting learners with recognizable situations using dramatic theory (Bentley 1967, Kincaid 2002) and familiar patient characters using archetypes and stereotype principles (Jung 1933), provides learners with familiar challenges and consequently they may experience similar emotions to those they experience in their own clinical practice. Dirkx and Smith (2009) acknowledge that the OLLE can support powerful emotional experiences and claim that personal transformation can occur when learners engage thoughtfully with the emotional elements presented in the OLLE. By engaging emotional responses Dirkx and Smith (2009, p.64) suggest that the OLLE has the potential to evoke the kind of deep learning that engages learners in “self-work, self-change and transformation.” As the emotional response to characters in parasocial learning seems to stimulate a review of practice in the form of

self reflection that results in personal change, I suggest it may be understood as a transformative learning process.

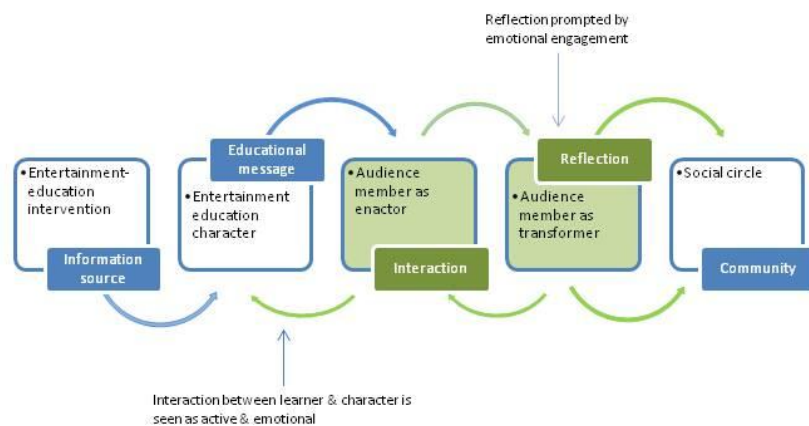
From exploring learner experience it seems that significant changes in outcome expectancy may also occur in response to specific types of parasocial interactions, most noticeably with transitional role models. My primary data seems to provide support for the theoretical assertions of Slater and Rouner (2002) who proposed that changes in outcome expectancy amongst learners motivate them to plan to change behaviour as my findings suggest changes in outcome expectancy appear more significant in the presence of transitional role models. While aspirational character role models may have value in parasocial learning by promoting desirable practice and negative character role models may help learners identify practice to be avoided, in parasocial learning learners seem to experience empathy in response to transitional role model characters who experience the challenges of (vicarious) clinical practice and attempt to develop strategies to overcome them. These findings seem to provide primary data to support Bandura's (2004) assertion that learners are most likely to draw inspiration from transitional role models by seeing them overcome similar adversities. Bandura (2004) went on to suggest that transitional role models function as vicarious motivators that increase learner self-efficacy in adopting new behaviours as they perceive they can improve their own lives by similar means. It therefore seems reasonable to infer that in parasocial learning learner empathy with transitional role models may act not only as a stimulus to motivate reflection and change but may also function to increase learner confidence in their capacity to do so. Hence parasocial learning may have the potential to empower learners to change their own practice.

In identifying the steps in parasocial learning that contribute to individual change, I have proposed that the learner engages in self reflection and suggested that parasocial learning is a transformative process. In doing so I am advancing Sabido's (in Nariman 1993) interpretation of the actions of audience members in entertainment-education as transmitters of educational messages. I recommend that his communication circuit is amended accordingly so that the description of the learner's role is changed from "transmitter" to "transformer" and that a communication arrow

labelled “reflection” is added from the audience member to the entertainment-education character to reflect the transformation that occurs within parasocial learning through self reflection in the context of entertainment-education (see Figure 13).

Figure 13 Showing recommended amendments to Sabido’s 1993 communicator circuit to show learner engagement in reflection and personal transformation.

Sabido’s (1993) Communication circuit modified to show learner engagement in self-reflective and transformative processes



Key
 = Sabido’s original circuit
 = Amendments to circuit

My recommendations mean that the transformative nature of learner experience should be considered as part of entertainment-education design.

5.1.3 Parasocial learning: transcending the theory-practice gap by promoting social change

From my findings it seems entertainment-education characters may become real for learners through the processes of involvement, internalization and identification as part of the parasocial learning process. By using these active, imaginative processes learners may experience interactions with the online characters as if they are real people and discuss them in the same way as they would any other patient or colleague. Giles (2002) asserts that once an audience member has engaged in a parasocial interaction with a media character they occupy the same space in the audience member's social network as a real person, overcoming the boundary between the media environment and the real world. Exploring learner experience suggests that discussions of entertainment-education characters by learners within their social networks may be a core element of parasocial learning that enables nurse learners to transport theory from the OLLE into the clinical setting and in doing so may promote opportunities for change in the practice environment.

Learning parasocially may enable learners to make links between theory and practice in a unique way. The educational messages embedded in entertainment-education stories that learners access through parasocial interactions with characters, seem to be remembered by the learner as a construction of the situation in the form of a story. As suggested by Sabido (in Narimann 1993) learners may disseminate this knowledge to others in their social network by discussing the character and telling their story; the character's story becomes part of the learner's story and knowledge may potentially be transferred from the character to the learner with the story. Schank and Berman (2006) suggest that knowledge is transferred from one person to another in the classroom setting in this way. The discursive process between characters, nurse learners in the OLLE and their clinical colleagues seems to parallel Giles' (2002) assertion that characters from parasocial interactions occupy the same social space as real people. This blurring of social boundaries between the OLLE and the practice setting means that a character's story appears to become part of everyday conversations and may be discussed with colleagues in the same way that nursing interactions from a TV show such as *Holby City* (BBC) might be discussed in the workplace. Yet because the story under

discussion is supported by educational messages, the evidence to guide practice development appears to be transferred from the OLLE, through the learner to their colleagues in the telling of the character's story.

In addition to information sharing, telling stories also seems to allow the information contained within the story to be critiqued through discussion. As Mezirow (2009) asserts that discourse involves critically reflective thinking and Vygotsky (1962) states the act of articulating an idea contributes to the understanding of it, discussing stories may help learners to validate, justify and test out their beliefs with others. Discussing stories based on interactions with patient characters may help nurse learners gain shared perspectives with their practice colleagues and work to resolving mutually experienced problems. According to Tyler (2009) it is the richness of stories that enables listeners to move beyond the basics of a problem to see where their own experience interacts with the teller; implying that it is the story that facilitates shared understanding and a desire to seek solutions to common problems collaboratively. Critiquing character stories is comparable to the reported use of stories by nurses to share knowledge from real world experience to generate common understandings (Benner and Wrubel 1989, Adamson and Dewar 2014) that have been widely discussed in the nurse education literature (Johns and Freshwater 2005, Freshwater et al 2008, Rolfe et al 2011). As entertainment-education characters occupy the same social space as real people it seems that discussing their stories from parasocial interactions in the OLLE may help nurse learners overcome barriers to integrating knowledge from higher education into the practice setting. The implication here for nurse education is that parasocial learning may offer a unique opportunity to transcend the theory practice gap that is so commonly reported in the nurse education literature (Gallagher 2007, Moss et al 2010, Hope et al 2011, Scully et al 2011, Ajani and Moez 2011, Dadaragan et al 2012, Jamison and Lis 2014).

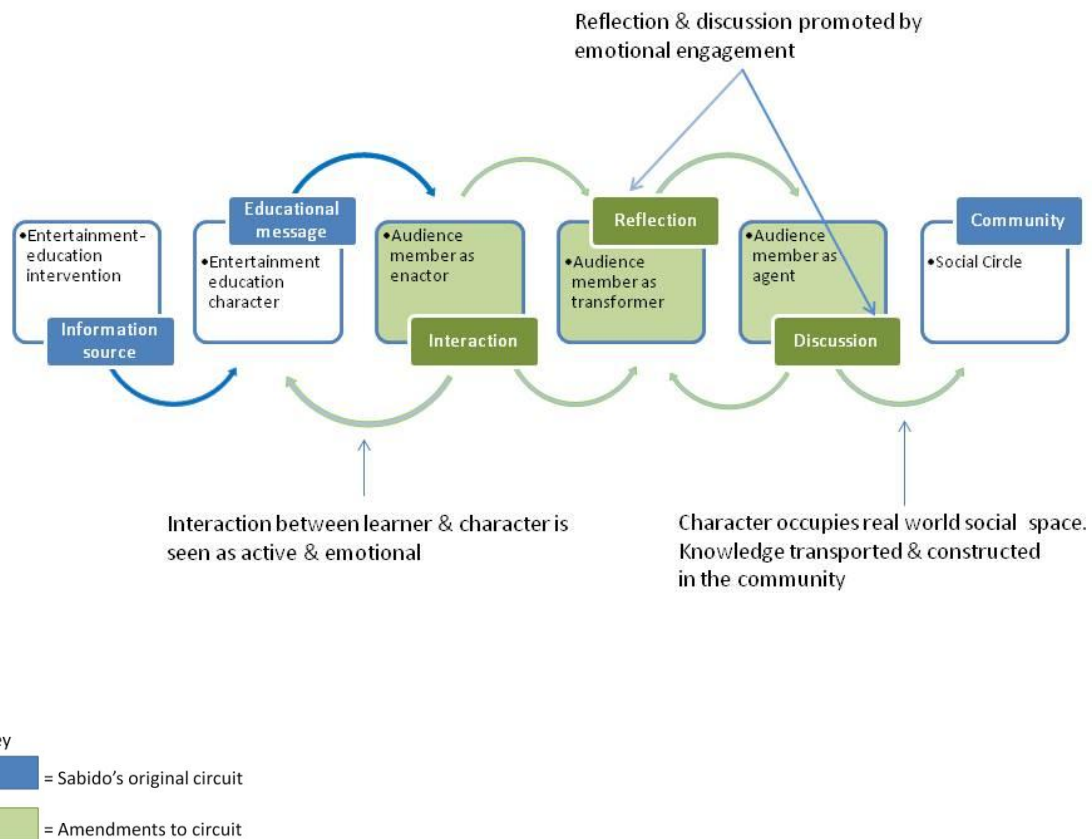
Rather than just transmitting educational messages, it seems learners learning parasocially may actively engage in a critical review of their practice in order to change it and that the discussion of stories about patient characters may be an integral part of this process. Although in entertainment-

education circles the audience member is at times described as an agent of change (Singhal et al 2004), the mechanism by which a learner may enact change is not clear. From the literature in this area it seems the learner is perceived as a disseminator of information rather than an enactor of change. This role for the learner is reflected in Sabido's (in Nariman 1993) communication circuit (Figure 3 p.146) which shows the audience member transmitting the entertainment-education message to their social circle. In identifying the occurrence of parasocial learning in learner experience, I am suggesting that the conduct of the learner is an interaction within their social network and aligned to the idea of praxis as proposed by Friere (1972) in which communities reflect and act on their world in order to transform it. This position implies that learning parasocially empowers nurse learners to enact change in their practice environments. As discussed in the literature review, empowerment is a common aspiration in entertainment-education projects and though it is difficult to demonstrate as an outcome, researchers in the field have attempted to do so from its earliest inceptions (Nariman 1993, Singhal et al 1994) to recent work (Soul City Institute 2007, Singhal et al 2007). By identifying the discursive step in parasocial learning my work appears to identify the mechanism by which the learner becomes an agent for change in their social environment. In making this connection I recommend amending Sabido's (in Nariman 1993) communication circuit to reflect the dialectic and socially transformative nature of the learners role by adding the word "agent" and inserting an additional arrow with the label "discussion" showing communication between the learner's social circle and the learner (See Figure 14).

This change will enhance understanding of learning processes in entertainment-education by better reflecting the discursive nature of the relationship between the learner and their community that leads to common understanding, the co-construction of knowledge between them and the desire to enact change in collaboration in the social environment.

Figure 14 Showing Sabido's 1993 communication circuit amended to show the active role of the learner and the community in enacting social change.

Sabido's (1993) Communication circuit modified to reflect the role of the learner as an agent for social change



5.1.4 Parasocial learning: an alternative to learning from real world experience

Parasocial learning seems to occur within online entertainment-education as a consequence of learners' interaction with online characters as if they are real people. Consequently entertainment-education characters seem to occupy the same social space as real people and learners appear to gain vicarious experience of practice through their interactions with them. This finding seems to

provide primary data to support Bandura's (2004) assertion that individuals can learn from vicarious experience in mass media environments. It may also add to the literature on entertainment-education by showing that learning from vicarious experience can occur in the OLLE through entertainment-education as well as in the TV and radio contexts more commonly reported in the literature. For the purposes of this discussion I wish to consider the potential benefits of this finding for nurse education.

Identifying that nurses may learn from vicarious experiences of care in the context of online entertainment-education is an important finding for nurse education as it has implications for educational provision. Traditionally, clinical placements have been used to provide relevant experiential learning opportunities for nurses (Larew et al 2006) but concerns regarding the safety of learning from practice experience have been expressed in the nursing literature (Rolfe 2011). As a result of the public inquiry into care at the Mid Staffordshire NHS Foundation Trust (Francis Report 2013) the role of nurse educators in facilitating opportunities for nurse learners to build their capacity to care for patients while ensuring patient safety has been emphasized (Berwick 2013). Learning through experimentation in clinical practice based on the concepts outlined by Dewey (1938) and reshaping practice through reflection-in-action (Schön 1983) are still an essential requirement in nurse education as these approaches have the potential to make '*each moment meaningful*' (Watson 1998 p.218) and enable nurses to develop their expertise (Rolfe 2014b). These approaches are also perceived as increasingly risky however and the demand for safe alternatives is increasing (NMC 2007).

In addition to the need to maintain the safety of patients exposed to novice practitioners, there are concerns for the safety of learners learning in the practice setting. Schön (1987) asserts that practice, in any discipline, may not always be the ideal location for learners to learn about practice; primarily for emotional reasons. Schön (1987 p166) suggests that being plunged into the complexities of practice where learners "*do without knowing*" can lead to feelings of vulnerability where fears about making errors can undermine practice (Brookfield 1993). In nursing, practice

placements are known to produce learner anxiety (Gibbons 2010, Shaban et al 2012, Reeve et al 2013). A recent survey reported that while in clinical placement nurse learners experience stress due to lack of skill and perceive this stressful emotion has a negative impact on their capacity to perform in both clinical and educational environments (Moridi et al 2014). As Schön (1987, p.166) states *"It is easy under these circumstances,"* for learners *"to become defensive."* As such the practice environment itself presents a challenge to providing contextualized learning.

Concern for learner and patient safety has seen the increasing use of clinical simulation in nurse education as an alternative method of providing vicarious learning opportunities as an alternative to practice. It is reported to be safe for both the nurse learner and the patient (Berragan 2011, Stayt 2012, Garrett et al 2011, Tuxbury et al 2012) while supporting the development of confidence (Moule et al 2008, Moule 2011, Hope et al 2011), knowledge (Gerdprasert 2011, Riesen and Morley 2012) and competence (Nehring and Lashley 2009, McCaughey and Traynor 2010). Despite the prevalence of simulation, Stayt (2012) asserts that discussions of the underlying pedagogy in the nurse education literature are limited and its use has been challenged as emphasising technology rather than pedagogy (Kneebone 2005, Shinn 2006, Berragan 2011). More recently challenges in the nurse education literature suggest simulation may result in superficial learning experiences (Josephsen and Butt 2014). It seems simulation faces similar criticisms to edutainment as primarily technologically focussed and despite attempts to align it more closely with pedagogies such as constructivism, behaviourism and situated learning (Parker and Myrick 2009, Kala 2010, Berragan 2011), it may not always produce the in-depth contextualized learning experiences desired.

Studies exploring learner experience of simulation have identified nurse learners do perceive benefits to learning through simulation (McCaughey and Traynor 2010) believing it increases their confidence and competence, however a recent systematic review suggests the evidence that learning from simulation translates into practice is limited (Harder 2010). So while simulation may address issues of learner vulnerability by enhancing self-efficacy, patient safety may still not be improved. Limitations of the realism of simulation has also been identified in studies of learner

experience (Ward and Hartley 2006, McCaughey and Traynor 2010, Walsh 2011) and it appears a lack of authenticity may inhibit the transport of learning from simulation to the practice environment. So it seems that clinical simulation only provides a partial solution as a safe alternative to learning in clinical practice, implying that additional approaches to constructing vicarious experiences for nurse learners are required.

OLLEs are becoming more prevalent in nurse education and have been widely adopted to provide theoretical learning experiences for nurse learners undertaking programmes of continuing professional development (Curran-Smith and Best 2004, Penman and Ellis 2007, Anderson and Tredway 2009). As nurse learners' confidence (Liang et al 2011) and ability (Green et al 2006) to study online increases, nurse educators are adapting their pedagogical approaches to deliver safe experiences of practice in the OLLE (Gerdprasert et al 2011, Hurst and Marks-Marran 2011, Phillips et al 2012). It seems that the OLLE is considered a supportive setting for nurse learners to learn about the practice of nursing. This implies that the use of an OLLE has the potential to offer nurse learners the experience of nursing practice without compromising the safety of the patient or giving rise to the feelings of vulnerability that both Schön (1987) and Brookfield (1993) identified as emerging from real-world practice and that inhibit learning. My findings also seem to support this. Exploring learners experience implies that entertainment-education in the OLLE may facilitate meaningful vicarious learning experience and may be a viable pedagogical alternative to learning through placement in the clinical setting or in clinical simulations units. The parasocial learning process that appear to occur in response to entertainment-education pedagogy in the OLLE may prompt learners to engage in self-critique, review their practice and share their understanding through the telling of stories. It seems that the vividness of characters and the richness of stories in entertainment-education may promote learner involvement with course context and may support integration of theoretical learning into clinical practice. My findings suggest that learning parasocially through entertainment-education in the OLLE may lead to individual and social change and as such have the potential be used to support meaningful vicarious experiences of practice for

nurse learners. I should also add a note of caution here that my claims that parasocial learning may support social change are based on learner reports of change in practice rather than direct observation. These accounts do however appear congruent with learners' journeys and it would not be methodologically appropriate for me to attempt to triangulate them.

In summary I assert that entertainment-education pedagogy may be used to support nurse education in the OLLE to facilitate relevant vicarious experiences of care that may enable nurse learners' to enhance their capacity to care while ensuring patient safety and minimizing learner vulnerability. In using entertainment-education to promote parasocial learning nurse educators may be able to provide meaningful vicarious learning experiences for nurse learners as an alternative or adjunct to traditional practice placements (which can be high risk) and as an alternative to simulations (which may not support theory practice integration), while meeting the recommendations of the Berwick Report (Berwick 2013). Although I assert here that entertainment-education may offer meaningful vicarious experience as an adjunct to clinical simulation and placements in the practice setting, my findings also suggest that not all learners learn parasocially in the context of entertainment-education in the OLLE as I discuss in section 5.3. So while entertainment-education may offer nurse educators a valuable, additional pedagogical approach to designing meaningful vicarious experiences for nurse learners, it is not a panacea.

5.1.5 Parasocial learning: facilitating the emotional challenge

By exploring the experience of learners I have identified that studying with characters via online entertainment-education is an emotional endeavour. It seems that entertainment-education stimulates expressions of difficult emotions amongst learners and provides a vehicle to express and explore their feelings in response to characters. Explorations of difficult emotions may lead to changes in attitude amongst learners that enables them to reframe their approach to their practice. The discovery that emotional responses to characters may stimulate reflection and change through the process of parasocial learning, provides evidence to support theoretical perspectives on

entertainment-education such as that of Kincaid (2002) who postulated emotional responses amongst audiences of entertainment-education have the potential to promote re-conceptualisation of individual beliefs and values. The findings of this study are able to add to the current body of knowledge on entertainment-education by providing specific accounts of the role of emotion in promoting learning and change based on the experiences of learners who engaged with entertainment-education.

Identifying the role of emotion in parasocial learning is also an important finding for nurse education as it is clear from the nursing literature that nurses struggle to manage the emotional labour of care; a situation which can be detrimental to practice. A landmark study by Menzies (1960/1988) identified that nurses, distressed by patient suffering and unable to resolve the emotional challenges withdrew from the nurse-patient relationship and resorted to task orientated care in order to avoid managing difficult emotions. The negative impact on nurses struggling to manage the emotional labour of caring is further evidenced by Stockwell (1972) who, in her groundbreaking study *The Unpopular Patient*, demonstrated that nurses coped with difficult emotional reactions to patients by labelling patients as stubborn, non-compliant or demanding; thus distancing themselves from the emotional challenges of caring rather than engaging in care giving interactions. Forty years on from Stockwell's (1972) study, the findings of The Francis Report (2013) and work by Maben et al (2012) into nurses' views of patients, show that little has changed. Some nurses remain unable to respond to the challenges of the caring role, patients' needs are still ignored and the requests of patients perceived as unpopular or demanding go unmet. The presence of difficult emotions amongst nurse learners in response to caring situations has been recognised by nurse educators (Maben et al 2007, Maben et al 2012) and nurse education is once again beginning to move towards supporting nurse learners in developing emotional competency (Rees 2014). While nurse education may be progressing to address emotional resilience alongside technical competence, it is clear that facilitating nurse learners' expressions of difficult emotions is challenging for nurse educators. Indeed Walsh and Crumbie (2011) in their work using online patient characters

recommend it should be avoided in order to protect both learner and educator. While I empathise with Walsh and Crumbie (2011) that supporting nurse learners to explore unpleasant feelings can be difficult, I would like to challenge their recommendation that it is better for learners and tutors if it is avoided and promote an alternative perspective.

Far from protecting nurse learners from the difficult emotions experienced in response to fictional characters from pedagogies such as entertainment-education, nurse educators need to facilitate the expression and exploration of these emotions in order help nurse learners develop strategies for managing emotions in clinical practice. If addressing the emotional aspects of the caring role is avoided in programmes of nurse education, then opportunities to prepare nurses for the emotional challenges of practice will be missed and nurses may be unprepared for the emotional challenges they are to face in practice.

Over the past 10 years in line with policy directives (DH 2004, NMC 2007) the emphasis in nurse education has been placed on safety and competence in nursing practice. Innovations in the field have focused on simulation of clinical practice to ensure nurses are competent in technical skills. While simulation may give consideration to interpersonal interaction (Reilly and Spratt 2007, Tait et al 2008, Hurst and Marks-Maran 2011) much discussion centres on clinical decision making (McCaughey and Traynor 2010) and technical skills (Parker and Myrick 2009). Patients within these simulations tend to be predominantly, though not exclusively, represented by mannequins who are mute and devoid of emotions or at best offer only limited and simplified responses. Thus while technical skills develop, emotional competency is left unaddressed.

In addition to the growth of the nurse's technical role, the evolution of the evidence-based movement in nursing has seen a rise in a technical-rational approach to practice (Cullum et al 2008). While this approach is undoubtedly valuable in informing nursing decisions, the detachment associated with it distances the nurse from the patient and its association with hierarchies of knowledge (Haynes 2008) negates the value of knowledge gained from experience in practice (Rolfe

2011). In this climate, it has been difficult for nurse learners to see the value in exploring their own experience and hard for nurse educators to challenge the status quo.

Being involved with patients may result in nurse learners experiencing emotional distress but engaging emotionally with patients also enhances nurses' capacity to care (Bulman et al 2012, Rees 2014) and improves the patient experience of care (NICE 2012). Leaving difficult emotions unaddressed can be harmful to both nurse learners (McAllister and McKinnon 2009) and patients (Maben et al 2012). Current innovations in the NHS such as the Schwartz Centre Rounds (Goodrich 2011) reveal that exploring difficult emotions that occur in response to care experiences using peer group reflection can prevent and overcome burnout. Nurse academics such as Bulman (2009), Rolfe (2011) and Rees (2014) are also recommending the use of reflective approaches to help nurse learners respond to the emotional challenges of caring. This suggests that rather than distancing themselves from facilitating expression of emotion, nurse educators have an emerging role in cultivating the capacity to work with difficult emotions amongst nurse learners. As previously discussed in the literature review the OLLE has the potential to provide a safe environment in which to do this. I assert parasocial learning provides a framework to guide the process in relation to online vicarious experiences of care.

A limitation of this study is that it does not consider the role of the nurse tutor in facilitating learning and so although I have identified an emotional element to learning parasocially, I have not made comment or observation with regard to the nurse educator's role in facilitating parasocial learning. While this has been a deliberate decision in order to ensure that the learner experience remains at the epicentre of discussion, it is clear at this juncture that the nurse educator's role in facilitating the exploration of difficult emotions with nurse learners warrants further investigation. I would therefore like to identify this as an area for future study, particularly with regard for facilitating the expression of difficult emotions in the OLLE and in response to interactions with online characters through vicarious experience of practice. Doing so would help to identify effective strategies that can be used to support learners in these contexts.

5.2 Social Support for Learning and the Virtual Mask

In addition to uncovering the parasocial learning process that took place between learners and online characters, exploring learner experience of learning in the OLLE through entertainment-education also revealed that learners may engage in supportive learning related behaviour that I called social support for learning. Social support for learning is a theme that reflects the series of actions and gratifications that appeared to be enacted by learners during their networking interactions in the OLLE in order to enhance the efficiency and effectiveness of their study. Learners who engage in social support for learning seemed to offer each other emotional support and share their knowledge and expertise to generate common understandings. Engaging in social support for learning appears to help to create a safe, supportive environment for learning; in effect learners contribute to the construction of their own microworld where their ideas can develop in safety (Papert 1993). It seems in line with findings by Johnson (2007) and JISC (2009) that learners who are involved in social support for learning may benefit by becoming efficient, effective learners.

As there is a plethora of evidence available exploring the use of discussion tools in supporting social interactions in the OLLE (Haythornthwaite and Andrews 2011, Laurillard 2012), rather than explore this area further, I would like instead to explore how the phenomena of the OLLE influenced this learner behaviour. My exploration of learner experience appears to show that learner discussions in the OLLE are influenced by a sense of identity concealment and revelation which I have presented through the phenomena of the virtual mask and the virtual window. I define the virtual mask as a feeling of identity concealment in the OLLE that promotes learner participation. I describe the virtual window a sense of being visible to others through identity revelation that inhibits learner posting behaviour. As these phenomena appear significant in the learner experience in the OLLE but are not commonly explored in the literature, I will now consider the implications of these concepts for OLL and more specifically OLL in the context of nurse education.

5.2.1 The virtual mask: identity concealment promotes participation and a safe OLLE

In his theory of connectivism Siemens (2005) postulates that learning in the modern world is no longer an individual but a group activity. As Siemens (2005) perceives knowledge as propositional, that is it is expressed in declarative statements, the connections that individuals form with others appear prioritized. Participation in digital networks is therefore increasingly important not only to develop critical thinking (Johnson 2007) but to maximise the co-construction of knowledge (Conole and Culver 2010) and develop collective intelligence (Siemens 2005/Walker et al 2010). The idea underpinning connectivism is that the intellectual prowess of a group is greater than that of any one individual. Therefore by participating in social learning as Benfield and de Latt (2010) assert, learners can become more efficient, effective learners. Based on the experience of learners who engaged in social support for learning, the findings of my study appear to support this view.

Major initiatives such as the eLISA and CAMEL studies (Jameson et al 2006, 2008) have shown that learning that is mediated through VLEs can enhance learner participation in online discussions but the majority of research to date has primarily focussed on how participation can be facilitated through technology. Consequently there have been calls for more work that explores the culture of participation from the learner perspective and in particular the barriers to learner expression (Jenkins 2006, Walker et al 2010).

My study adds to the current body of knowledge in this area by identifying two key phenomena from learner experiences of the VLE that appeared to influence learner participation; the virtual mask and the virtual window. In the following section I will explore the concept of the virtual window. For now I wish to discuss the phenomena of the virtual mask and consider its implications for learning in the OLLE with particular reference to nurse education.

My findings seem to show that the virtual mask is experienced by learners as a sense of anonymity that promotes participation in discussions in the OLLE. It seems to protect learners from exposing their limitations to others and liberate them to comment freely because their questions, comments and mistakes cannot be attributed to them. Consequently a learner perception of equity appears to

be created which according to Benfield and de Latt (2010) is essential for participation. Based on the experiences of learners, the sense of identity concealment reflected in the phenomenon of the virtual mask appears to be a requirement for learner participation in the OLLE, yet this issue is not widely addressed within the literature. A survey study with civil engineers by Yu and Liu (2009) however, did consider the relationship between identity revelation and posting behaviour in the OLLE. They discovered that learners behaved differently when identified by their real-name, a nickname or when anonymous. They showed that the majority of learners preferred to use a nickname or anonymity. In identifying that learners feel they can participate in discussion in the OLLE more readily if their identity is concealed, my findings concur with those of Yu and Liu (2009). It seems then from a learner perspective that identity concealment is a necessary condition for participation.

Although learner anxiety about posting to discussion boards in the OLLE was identified in the LEX study (Mayes et al 2006) it is an issue that does not appear to have been fully addressed in the literature. While this gap in the literature is acknowledged (Creanor and Trinder 2010), the risks associated with posting and exposing mistakes to others seems to be considered a necessary part of professional development (Hughes 2010). Despite Papert's (1993) assertion that microworlds, such as the OLLE, should be safe environments that nurture ideas to flourish and grow, the conditions that contribute to safety in the OLLE are not widely considered as much of the literature focuses on the affordances of technology in promoting participation rather than the psychological conditions within it. This situation seems somewhat disconcerting given that discussions of teaching and learning in the classroom environment commonly address the promotion of psychological safety for learners. For example Biggs (2003) suggested that teachers should ensure that the classroom setting does not produce learner anxiety but is a positive, supportive learning environment in which learners feel able to contribute. Biggs (2003, p.13) asserted that learners should "feel free to focus on the task" and should not be "watching their backs" when engaging in classroom discussions. Given the permanent nature of learner comments when posting in the OLLE compared to the

classroom environment, it would seem even more important to address the factors that promote learner anxiety and inhibit participation in the OLLE. Offering learners a choice regarding identity revelation (real name /nickname) may help to create a culture of participation and support learners to create their own microworld.

5.2.2 The virtual window: identity revelation compromises the safety of the OLLE

Despite the move towards supporting learners to develop collective intelligence (Siemans 2005) through co-construction of knowledge (Conole and Culver 2010) that leads to the development of participatory communities of learning (Lave and Wenger 1991), learning in the OLLE has been identified as risky for learners (Hughes 2010) as it is known to produce learner anxiety (Mayes et al 2006). By exploring learner experience I have shown that this anxiety may be experienced by learners through the phenomenon of the virtual window where learners experience a heightened sense of being visible to others because their questions, comments and mistakes are visible, permanent and can be attributed directly to them as an individual learner. As I identified that the learner experience of the virtual window appears to inhibit posting behaviour and may be a potential barrier to participation, I would like to discuss this concept in more detail as this finding adds to understandings of learner experience of learning in the OLLE by responding to calls for more work that explores the barriers to learner participation (Jenkins 2006, Walker et al 2010).

It seems then that learning in the OLLE is risky for learners (Hughes 2010) because of the public nature of the learning in which learner questions, comments and mistakes are visible and attributable. My findings seem to show this experience is heightened when learners are known to each other through a prior face-to-face relationship. This supports the findings of Yu and Liu (2009) who in their work on identity revelation found that learners whose posts could be attributed to their real-name identities experienced feelings of shame and humiliation with regard to the posts they made

that were later considered to be inaccurate or incorrect. This suggests that the safety of the OLLE is compromised when learners' real-name identity is known to others.

Identifying the phenomena of the virtual window in learner experience implies that learner anxiety is additionally heightened by uncertainty with regard to other learners. Concerns about who can see posts seem heightened when learners are *not* known to each other through a prior face-to-face relationship. This finding provides primary data for Benfield and de Latt's (2010) analogy of the VLE as an academic panopticon; that is like a circular prison in which prisoner uncertainty over whether they are being watched is used to control behaviour. Like the virtual window the assertion that the VLE is a panopticon also suggests the OLLE may not be experienced by learners as a safe place to learn.

Identifying anxieties associated with the virtual window prompts me to re-consider accepted interpretations of learner behaviour in the OLLE with regard to their decisions to participate in discussions. The terms lurking (Salmon 2002) and social-loafing (Gottschnall and Garcia-Bayonas 2008) are used to describe the behaviour of learners in the OLLE who read the posts of their peers but do not post themselves, the connotation being that these learners are taking advantage of the work of others. Perhaps when learners read the posts of others but do post themselves they are not lurking (Salmon 2002) or social-loafing (Gottschnall and Garcia-Bayonas 2008) as has been previously asserted but hiding. It may be that what is commonly interpreted as freeloading (Gottschnall and Garcia-Bayonas 2008) is refuge seeking behaviour. Reading but not posting may be a method of partial participation that learners adopt to overcome the anxieties associated with the virtual window by closing the virtual curtains in order to block the view of others. It seems the human need for safety identified as a priority for human beings (Maslow 1954) is as significant in the virtual environment as it is in the real world.

The experience of the virtual window and the sense of exposure associated with it may vary across different groups of learners. The sense of the virtual window may be particularly significant for nurse

learners as their perception may be influenced by their experiences of the culture within the NHS. The Berwick Report (2013) into patient safety highlighted a culture of fear within the NHS, characterized by a leadership that blamed staff for problems and mistakes even when the conditions for success were not provided. Berwick (2013) identified that this led to a closed culture in the NHS where mistakes were punished or covered up rather than explored openly in a supportive manner. As the culture Berwick (2013) describes is the occupational culture of the nurse learners in this study, it is unsurprising that some nurse learners were reluctant to expose their limitations to others by posting their ideas to discussion boards. It seems therefore that anxieties associated with the virtual window in the OLLE may be related to performance pressure that is exacerbated by the occupational culture of the NHS and the significance of the virtual window is increased for nurse learners as a consequence.

5.2.3 Promoting safety in the OLLE by addressing the challenges of the virtual mask and the virtual window

As the experience of the virtual mask appears to ameliorate feelings of anxiety associated with the virtual window and create the perception of a safe OLLE, it may be beneficial to offer nurse learners options with regard to identity revelation, so that they may choose to conceal their real-name identity from others. While offering learners the option to conceal their real-name identity may help to promote active participation in online discussions through the associated feelings of protection, this option also presents challenges. Identity concealment may enhance the learner experience of the OLLE by liberating nurses to express their ideas but reports exploring the use of social media in the general population suggest that identity concealment may also have the potential to create an OLLE that facilitates harm. Recent reports in relation to the online micro-blogging site Twitter (BBC 2013), which protects the real-name identities of its users by allowing the use of pseudonyms, reveal that bullying and intimidation are commonplace experiences of Twitter-users in the UK. This implies

identity concealment in the OLLE in the educational context would need to be adopted with caution to ensure the OLLE does not support cyber-bullying and the legal as well as the educational implications would need to be carefully considered (Wheeler 2013). It may be that allowing identity concealment within the OLLE may not promote the safe OLLE learners anticipate.

Allowing learners to conceal their real-name identity in the OLLE also has specific implications for nurse learners. The Berwick Report (2013) which seeks to promote safe practice recommends promoting a culture of openness and transparency within the NHS, yet identity concealment in the OLLE seems to go against this recommendation. It could be argued that allowing nurse learners to conceal their real-name identity in the OLLE detracts from their accountability for their comments, thus promoting the closed culture identified as detrimental to safe practice in the NHS by Berwick (2013). It may be that rather than promoting freedom to participate, allowing nurse learners to conceal their identity in the OLLE will promote a closed culture in which nurse learners are not accountable for their inappropriate actions or comments. So it seems that identity concealment may not provide a perfect solution.

It appears that exploring learner experience of the virtual mask and the virtual window has highlighted a number of challenges to nurse educators in promoting a safe OLLE. Despite the potential challenges of identity concealment it seems inappropriate to suggest that the anxieties of the virtual window and the experience of the OLLE as an unsafe learning environment remain unaddressed. Alternative solutions therefore need to be considered. It may be that using the OLLE as a flipped classroom (Bergmann and Sams 2012, Bergmann and Sams 2014) in which learners work online and then meet up for face-to-face discussions is a way forward, as learners can gain access to all the advantages of multi-media learning via the VLE and all the security of a classroom discussion. However this approach is also open to challenge. As my study showed, not all learners feel best advantaged in the classroom environment and nurse learners from the NHS experience considerable constraints in terms of time for study. It seems then that while my findings advance understandings

of the learner experience in the OLLE in identifying the phenomena that contribute to learner anxiety, a solution to the difficulties they face remains elusive.

5.3 Monophonic learning: learning in isolation

Even though my findings seem to provide evidence to support the superordinate themes of parasocial learning and social support for learning it is apparent that not all learners engage in these learning processes. By exploring learner experience I have identified that learners may alternatively engage in a unilateral learning process in the context of online entertainment-education that I have called monophonic learning. Monophonic learning appears to be an approach chosen by the learner that is characterized by limited social and parasocial interactions, task orientation and the acquisition of technical knowledge. Monophonic learning is a broader concept than “lurking” which merely reflects behaviour in which learners read posts of others but do not contribute (Preece et al 2004, p.202) as within the concept of monophonic learning I have attempted to reflect both the posting behaviour and the intentions behind them. Having already explored parasocial learning and social support for learning in the previous sections, I will now discuss the key features of monophonic learning alongside the potential implications of this process for the learner. In doing so I will suggest that in monophonic learning may lead to limited social capital for the learner and diminished therapeutic agency for the nurse.

5.3.1 Monophonic learning: a reduction in social capital

Monophonic learning seems characterized by a lack of social and parasocial interaction which has consequences for learning in the OLLE. In his theory of connectivism which is commonly applied to learning in the OLLE, Siemens (2005) proposes that learning is a dynamic process that occurs in connection with others. Knowledge is no longer perceived as the acquisition of factual information; knowing-how and knowing-what are replaced with knowing where to find knowledge. In a context such as nursing where learning from experience is valued but it is not possible to experience

everything directly, learning from peers or from parasocial interactions becomes significant. The knowledge that informs practice is, in part, derived from forming connections with others and knowing where to find knowledge is emphasized as a result. This situation is evidenced by the rise in networks in the NHS such as the New National Cardiovascular Intelligence Network (2013) where colleagues share experience, data and information to improve patient care. It is clear that knowing where to find knowledge and forging connections to support this activity is as important for nurse learners as for learners from other disciplines.

The lack of connections experienced by individuals who engage in monophonic learning reduces what Habermas (1984, p. 86) describes as their “communicative capacity,” that is the ability to see their own knowledge and experience in the context of the perspective of others. Learners’ insight into their own situation therefore appears limited because they are unable to benefit from the experience of others, examine their experience from a critical perspective or reach shared understandings through reasoned argument and discussion. As a consequence the value contained within connections with others is not accessible to individuals who engage in monophonic learning and they seem to have reduced social capital as a result, that is a reduction in the cultural and socio-economic benefits derived from the co-operation between individuals and groups (Bourdieu 1986).

According to Bourdieu (1986, p. 242)

“The volume of the social capital possessed by a given agent...depends on the size of the network of connections he can effectively mobilize and on the volume of the capital ...possessed by each of those to whom he is connected”.

Without social capital those who predominantly engage in monophonic learning reduce their potential to transform clinical practice by reducing their capacity to act as agents for change.

5.3.2 Monophonic learning as an instrumental learning process

In addition to identifying the impact of monophonic learning on social capital my findings suggest that monophonic learning is an instrumental learning process in which tasks are prioritized over interactions. In line with Habermas' (1984) notion of instrumental action, learners who engage in monophonic learning focus on controlling the environment for learning by prioritizing study tasks at the expense of interactions with other learners and with online characters. Limited parasocial interaction results in a lack of the emotional stimulus required for learning through entertainment-education as I suggested in my findings and as implied by discussions within the field (Kincaid 2002, Gesser-Edelsberg 2011). Opportunities to engage in personal reflection, by which I mean critically reviewing experience in order to learn from it (Freshwater et al 2008), may not be optimized in monophonic learning as a consequence. Learners' insight into their own life-world may become limited because, as Habermas (1984) implies, without the opportunity for personal reflection learners are unable to challenge their own assumptions. Without this self-critique, learners' outcome expectancy, that Bandura (2004) asserts regulates learner behaviour, is unmodified and learners are unable to engage in what Habermas (1984) describes as self-reflective change. Monophonic learning is therefore an ineffective approach to learning because it may limit learners' critical thinking and their values, beliefs and attitudes go unchallenged and unchanged. Ultimately the personal transformation that takes place as a consequence of parasocial learning that nurse educators aspire to promote (Johns 2013 and Bulman and Schutz 2012) is unlikely to occur when learners predominantly engage in monophonic learning. So it seems learners who engage in monophonic learning are unlikely to be able to change themselves or their practice as a consequence of their learning experience.

As it transpires that learners who engage in monophonic learning seek neither social capital nor personal development it seems appropriate to explore the motivations for engaging in this approach in more detail. My findings suggest that learners who engage in monophonic learning predominantly

seek to acquire technical information as part of the learning process, so I shall now consider the desire to accrue technical information as a feature of monophonic learning.

5.3.3 Monophonic learning: as a quest for facts

Learners who engage in monophonic learning appear to prioritize the acquisition of factual information over engaging in social and parasocial interactions or personal reflection. Habermas (1984) proposes that an interest in technical control promotes an 'empirical-analytic' way of knowing that leads individuals to want to know the facts associated with the topic of interest. In her definitive work on ways of knowing in nursing, Carper (1978) identified the empirical way of knowing as one of four key domains to guide nursing practice and in recent years this domain has been widely adopted and promoted by the evidence-based practice movement (Cullum et al 2008). Evidence-based nursing is described by its supporters as the "*application of valid, relevant research-based information in nurse decision-making*" (Cullum et al 2008, p.2), implying that drawing on current empirical evidence can enable nurse learners to make well informed decisions about patient care. Making evidence informed decisions can potentially help nurse learners to avoid mistakes in clinical practice but to be of value, evidence needs to be *applied* to situations and considered in the social context. As Sackett et al. (1996, p.72), pioneers in the evidence-based movement, advise:

"External clinical evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into the clinical decision."

My findings suggest that monophonic learning has a singular focus on empirics and imply that learner attention in monophonic learning may even be as narrow as merely accruing facts. While the factual knowledge amassed by monophonic learning may help to inform nursing practice, using the collection of facts as a predominant approach through monophonic learning presents a problem. Undertaken in isolation without social support for learning and parasocial learning, monophonic

learning limits the learner's capacity to develop expertise due to the lack of social capital and inhibits learner capacity to understand the meaning of evidence in the context of the patient experience because of the lack of reflective insight. Consequently learners who engage in monophonic learning have limitations in what Habermas (1984) termed their historical-hermeneutic understanding, that is establishing meaning in the socio-cultural context, which in turn may reduce what Carper (1978) described as their aesthetic way of knowing; the insight into what good nurses do. Ultimately opportunities for authentic human knowing as described by Habermas (1984) may be limited and in turn this may also diminish the potential for nurse learners to engage in authentic encounters in clinical practice with patients, reducing their therapeutic agency and potentially the quality of the care experience for the patient.

As it transpires that monophonic learning may not be the optimal way to learn in the context of entertainment-education it seems appropriate to consider what factors may have influenced its adoption. The collection of idiographic data in my study has provided some insight into the socio-cultural factors that influence the way in which individuals learn in entertainment-education. I shall therefore discuss the factors that I identified in learner experience as having influenced a monophonic learning approach. My findings suggest that learners experience different learning processes when learning in the context of entertainment-education and that multiple factors influence learner behaviour. The assertions I make here pertain to the learners in my study. It may be that understandings of learner rational for engaging in monophonic learning could be improved by further investigation.

5.3.4 Monophonic learning: a learning preference?

My findings, in line with observations by Knowles et al (2012), suggest that adult learners present with diverse learning experiences. While on the one-hand this means adult learners are themselves a valuable learning resource because of the cultural capital they possess, Knowles et al (2012) assert

that previous learning experience may impact negatively on learning due to the mental habits learners have developed over time as these may be less amenable to change. So while adult learners may be able to assimilate knowledge that fits with their mental models easily, Knowles et al (2012) imply this may be more difficult if adjustments to the mental model are required. Based on the ideas of Rummelbart and Norman (1978) they assert that learning facts, as in monophonic learning, may be easier for adult learners because no adjustment in their mental model is required whereas learning reflectively, as in parasocial learning, may be harder for adult learners because restructuring of the mental model becomes necessary. This implies that learners may engage in monophonic learning as it is a familiar and less challenging approach.

It seems adult learners may have individual differences based on prior experience which may manifest as learning styles and preferences. Although learner styles and preferences have been identified in adult education (Honey and Munford 2000), nurse education (Rassool and Rawaf 2008, Flemming et al 2011) and the OLLE (Society of College, National and University Libraries (SCONUL) 2011), there is limited evidence to suggest that learners have intrinsic preferences that remain fixed over time that are independent of the setting in which they emerge (Coffield et al 2004, Pashler et al 2009). It appears that individual learner differences in e-learning are likely to be influenced by feelings about technology (Sharpe et al 2009), cultural attitudes (Yoo and Huang 2011) and safety needs as previously discussed. This implies that monophonic learning may be an adopted learning behaviour rather than a fixed approach and my findings would seem to support this view.

There is however evidence to suggest learner performance is better in OLLEs when learners have access to a variety of media. Kress et al's (2006) findings show that learners perform better when they have opportunity to communicate using multimodal mechanisms. This implies that learners perform better when they engage in social support for learning as also suggested by my findings. However Knowles et al (2012) assert that adult learners should have the freedom to choose their own learning strategy, implying that a monophonic approach to learning should be encouraged and supported if it is the learner's preferred approach at a given time. This view is challenged by

Beetham's (2013) position as she claims that the evidence for accommodating learner preferences is unclear and indeed proposes that deeper learning may occur when learners are challenged to develop alternative strategies. So while learners who engage in monophonic learning may do so because it fits with their previous experiences of learning and does not require them to challenge their beliefs and assumptions, it represents a more superficial level of learning as a result. In addition I suggest that it would be inappropriate to encourage monophonic learning within the context of nurse education given its anticipated outcomes. As Sellman (2011), a leading nurse academic asserts, it is reasonable to expect that nurses engage in meaningful human interactions with patients. Yet Habermas (1984) suggests meaningful human interactions cannot take place in the absence of self-reflection and leading nurse educators cite self-reflection as the cornerstone of therapeutic relationships between nurses and patients (Freshwater et al 2008, Rolfe 2011, Johns et al 2013). Given that monophonic learning is characterized by a lack of self-reflection, adjustment of nurse education programmes in the OLLE to facilitate monophonic learning would seem inappropriate as supporting learning which lacks reflective insight may potentially have a negative impact on patient care.

5.3.5 Social context of monophonic learning

Exploring learner experience seems to suggest that social factors may influence learners' approach to their studies and prompt them to engage in monophonic learning but data from my study was limited in relation to this suggestion. Although a range of factors such as previous learning experiences and demands of work and family life appear to be influential for learners, idiographic analysis identified different social factors for each learner, suggesting further exploratory work needs to be done. However in seeking to understand learner motivations for monophonic learning it is helpful to consider the influence of the social context on learner behaviour. For example, although an experienced distance-learner, one learner was used to paper-based distance learning material,

rather than learning in an OLLE and so may not have considered seeking learning relationships to support her study. Another learner was subject to the demands of shift work and felt he lacked time to engage with the module in more depth, while a third learner took time out during the module in response to work and family commitments. These issues are common place in continuing professional development and perhaps reflect the competing demands on learners engaging in professional education. So although Robley et al (2004) showed that nurses undertaking distance learning in the OLLE value the opportunity to reflect on the comments of others, a survey by Atack and Rankin (2002) and interviews by Glogowska et al (2011) showed that nurse learners are frustrated by the lack of time available to engage in OLL. Perhaps what is being demonstrated by learners who engage in monophonic learning is the adoption of pragmatic behaviour which is an inevitable consequence of their busy modern professional lives. However, the diversity of issues cited by learners in my study makes this difficult for me to assert with confidence. The social conditions that underpin monophonic learning therefore need further exploration.

5.3.6 Monophonic learning conclusion

It seems then that monophonic learning is a process that learners in the OLLE undertake in the context of entertainment-education in isolation of other learners. Their adoption of this approach may be influenced by their previous learning history and their social conditions. My findings suggest that monophonic learning can result in learners possessing limited social capital, which may in turn have a negative impact on their capacity to transform clinical practice and produce a lack of critical self-reflection which may limit their capacity to engage in therapeutic relationships. Given the potential consequences of monophonic learning nurse educators might be best advised to discourage this approach amongst learners on the OLLE but given the pressure of time due to constraints in the NHS and family life prevalent in learners' experience, participation on any level is

to be supported. Having identified the monophonic learning process from learner experience, it seems that the issue of how to mitigate its negative effects remains unresolved.

5.4 Discussion Summary

In this chapter I have considered the nature of learning through online entertainment-education and suggested how individuals learn in this context by discussing my findings in the context of relevant literature. I have highlighted three superordinate themes related to learners lived experience of online learning through entertainment-education. These are parasocial learning, monophonic learning and social support for learning. In addition I have also suggested how the noesis of the OLLE interacts with learner experience of entertainment-education by presenting the phenomena of the virtual mask and the virtual window.

These findings provide new insights into entertainment-education by identifying the learning processes experienced by the learner, identifying an active role for the learner within these processes, suggesting how entertainment-education is experienced by professional learners in a higher education setting and suggesting how the OLLE interacts with the experience of learning through entertainment-education.

My findings suggest a need to modify the communication circuit that supports the design of entertainment-education in order to reflect an active role for the learner, the self-reflective processes experienced by the learner that lead to personal transformation and the function of the learner as an agent for change in their social setting.

My findings highlight tensions between the need to construct knowledge through discursive processes via social networks and the need to maintain a safe learning environment with considerations for identity revelation.

My work gives priority to the importance of the emotional challenge in learning from patient characters in the OLLE in facilitating personal and social transformation. In addition it emphasises

the challenges that professional modern learners face in highly technological learning environments pointing to the need for further investigation in this area.

6.0 Conclusion

I begin this final concluding chapter by reviewing the aims of the study and discussing the extent to which I feel they have been achieved and my research questions have been answered. I identify what I believe this study can contribute to the body of knowledge on entertainment-education and consider the implications for educating nurse-learners in the OLLE using this pedagogy. I go on to summarize the key findings of the study as set out in the discussion chapter and consider their implications for entertainment-education and nurse education as my core fields of interest, offering some considerations for OLL. Finally I re-establish the parameters of my study by identifying its limitations and making recommendations for future work.

6.1 Reviewing the aims of the study

In this study I sought to explore the nature of learning through entertainment-education and investigate how individuals learn through entertainment-education in the OLLE. More specifically as a designer of an OLLE and a tutor delivering nurse education within the context of online entertainment-education, I intended to investigate nurse learners' experiences of learning through entertainment-education and gain insight into the sense-making and learning processes involved. Although a significant body of research supported the use of entertainment-education in the public health arena, its use outside this field had been largely unexplored and the processes by which individuals learn had not been widely investigated. My study adds to the body of knowledge on entertainment-education by suggesting how individuals learn through entertainment-education based on learner experience. It does this with a new group of learners in a new context.

The IPA methodology underpinning this study has facilitated the collection of detailed accounts of learning experience from individual learners. The idiographic and thematic analysis within IPA allowed me to explore the tensions between the individual and collective experiences of the learners and bring unique learning experiences to the foreground based on their resonance which may have been lost or marginalized via other approaches. By exploring learners' experience, I have been able

to show that learners may have meaningful, socially contextualized learning experiences in an OLLE through entertainment-education that may lead to personal transformations and support their actions as agents for social change. I have also been able to highlight the challenges faced by learners in this context. Of particular note are the safety of the OLLE, concerns regarding identity revelation and the potential problems of loss of social capital and limited personal critique. Interpretive Phenomenological Analysis has therefore been an effective methodology in that it has facilitated the collection and analysis of rich data which has enhanced my understanding of learners' experience of learning through entertainment-education in the OLLE. To this extent I feel my study has achieved its aims.

6.2 Summary of key findings and their implications

At the outset of this study I asked "what is the nature of the learning experience in online entertainment-education?" and "how do individuals learn through online entertainment-education?" In response to my research questions I am able to suggest how individuals learn through online entertainment-education and provide insight into what it is like to learn through entertainment-education in an OLLE from the learner perspective.

By exploring learner experience I identified parasocial learning as the active, reflective process by which learning appears to take place between learners and online entertainment-education characters through steps of involvement (actively noticing), internalization (active use of imagination and conversation rehearsal), identification (recognition of self as similar to a character or wanting to be like a character) and that culminate in an interaction (an experience of engaging with an online character as if a they were a real person). I suggest that these interactions produce emotional challenges that prompt reflection and discussion leading to changes in learners' attitudes and actions that can influence the clinical environment. It seems that entertainment-education has the potential to enrich nurse education by integrating patient voice into curriculum. Therefore the use of

entertainment-education dramas may enable nurse educators to address the challenges of the Raising the Bar Report (Health Education England 2015) by placing the patient at centre stage of nurse education. Learning parasocially through entertainment-education may also enable nurse learners to shape care as a consequence.

My work suggests that parasocial learning in the OLLE may feel the same as learning in the real world; prompting the same emotional and cognitive difficulties and the same discursive and reflective processes. It seems that online characters may occupy the same social space as real people and consequently function as vehicles for change, supporting nurse learners to integrate theory with clinical practice through discussions of their parasocial learning experiences. My findings imply that online entertainment-education has the potential to provide online learning experiences as viable alternatives to real world placements that are safe for both patients and learners.

Proposing parasocial learning in the OLLE as an alternative to real world practice is significant for nurse education. It suggests entertainment-education may offer nurse educators the opportunity to address concerns regarding the safety of learning in practice for patients (Berwick 2013) and nurses (Rolfe 2011, Health Education England 2015). Given the findings of my study in the context of these concerns, entertainment-education appears to emerge as an appropriate adjunct to current approaches in nurse education.

Identifying an active role for the learner engaged in parasocial learning constitutes new understanding of the way individuals learn through entertainment-education, as traditional interpretations implied the learner is a passive recipient of educational messages. I have recommended changes to the communication circuit that traditionally guides the design of entertainment-education to incorporate the active nature of learning through entertainment-education. My recommendations advance understanding of entertainment-education in this area by

enabling an active role for the learner to be considered as part of entertainment-education design. They also emphasize the role on the nurse learner as a change-agent in clinical practice.

My work also suggests that social support for learning is a key theme in learning through entertainment-education afforded by the OLLE. It reflects the series of actions and gratifications enacted by nurse learners during their networking interactions in the OLLE in order to increase their social capital and in doing so enhance the efficiency and effectiveness of their study. I suggest that learners contribute to the creation of a safe microworld for learning through these actions.

Discovering that nurse learners appear to develop social and cultural capital through social support for learning is of real significance to nurse education given the concerns regarding burnout within the NHS. It seems entertainment-education in the OLLE may offer opportunities for nurse learners to transfer their social and cultural capital into clinical practice and may therefore enhance their capacity to develop resilience in themselves and others in the future.

For some learners social support for learning is facilitated by a sense of identity concealment experienced as the phenomenon of the virtual mask. I identified the phenomena of the virtual mask from learner experience as a sense of anonymity that promotes participation in discussions in the OLLE. It seems to protect learners from exposing their limitations to others and liberates them to comment freely. Consequently a perception of equity amongst learners, essential for participation, is created. However I found that not all learners experience the liberation of the virtual mask and the associated freedom to participate. Alternatively learners may experience the virtual window; a phenomenon I identified that reflects a heightened sense of being visible to others who cannot be seen; a sense of unwanted identity revelation. Learner experience of the virtual window contributes to the perception of the OLLE as an unsafe environment for learning, inhibits posting behaviour and is therefore a potential barrier to participation. The concepts of the virtual mask and virtual window extend discussions on participation in the OLLE by illuminating factors that contribute to

psychological safety. They challenge me as an educator to consider how I promote safety in the OLLE for learners and prompt me to review the management of learner identity in the OLLE and consider the need for choice with regard to identity revelation.

My findings further suggest that in addition to parasocial learning and social support for learning, individuals learning through entertainment-education in the OLLE may also engage in an alternative learning behaviour I called monophonic learning. Monophonic learning appeared to be a unilateral approach to learning where learners decided to study in isolation without engaging in dialogue with others or in interactions with online characters. My findings reveal that learners who engage in monophonic learning may have reduced social capital due to the lack of interaction and may be less effective learners as a consequence. Although my explorations of learner experience imply there are socio-cultural reasons why learners may engage in monophonic learning, the reasons for adopting monophonic learning, while significant for each individual, varied from learner to learner. I cannot therefore make assertions regarding common reasons for adopting this approach with any confidence. Having identified monophonic learning in the learner experience, I feel this phenomenon may be better understood through further exploration.

6.3 Limitations

In accordance with IPA methodology this study has focussed on participant perspectives and in doing so I have assumed honesty on behalf of the participants. While this position may be challenged as naive, such a challenge may be countered on the basis that there is no reason to assume anything other. Trustworthiness is the foundation for ethical behaviour of nurse learners, tutors and researchers and as such I accept the reports of learner experience as sincere. In doing so my intention has been to present learner experience in good faith in accordance with the phenomenological tradition of my study. I have sought to manage the tensions between the hermeneutics of faith and the hermeneutics of suspicion through epoché, reflection and supervision.

My purpose has been to genuinely gain understanding of the learner experience of the pedagogy to which they were exposed and interpret it with a view to sharing my insights with other educators as a fusion of horizons (Gadamer 1975/1989). As such my work is not offered as a true account of experience but as an appropriation of experience that I have come to by combining the meaning of experience for the participants with interpretations of it by me. It is from this position that my findings are offered for further interpretation by the reader. As Gadamer (1975/1989) implies, it is for each reader to make their own interpretation of the genuineness of the reports offered.

In exploring learner experience my work has intentionally prioritized the learner perspective and consequently a limitation of the study is that the tutor perspective is marginalized. So while the role of the learner in interactions with online characters and with each other is emphasized, the role of the tutor in facilitating learning is unaddressed. Given the complex nature of parasocial learning in the context of online entertainment-education that my study has explored, the skills of the tutor are now of interest. So although as a practitioner-researcher it would have been inappropriate for me to explore the tutor role within this study, it can now be highlighted as an area for future work. The situated nature of my study may also be considered a limitation as it specifically reports the experiences of a small number of learners interpreted by one tutor in one university. My recommendations therefore may not be considered directly generalizable to other learners in different contexts. However, having placed my work in the phenomenological tradition it is my view that all knowledge is partial, temporal and open to review and interpretation by others. From this position, the specificity of this study becomes a strength as I have been able to explore learner experience on a deep level. As the questions asked of the participants are relevant to others wishing to explore learner experience of entertainment-education in the OLLE and the findings are open for others to test, I propose in line with Van Manen's (1990) proposition that it is not for me to assert how the reader should apply my findings to their situation but for the reader to consider how my findings might influence them.

6.4 Recommendations for further work

Having identified monophonic learning in learner experience I feel the conditions that contribute to this phenomenon are varied and would benefit from further investigation. Given that learners who learned monophonically appear to be less effective than those who engaged in other approaches due to a lack of critical thinking, limited self reflection and a reduction in social capital, identifying the factors that contribute to this learning behaviour is important in order to promote conditions that encourage alternatives.

I also consider that the psychological safety of learners in the OLLE is an area that could be further explored. Although the phenomena of the virtual mask and the virtual window provided insight into how the safety of learning in the OLLE is experienced in relation to identity revelation, I feel unable to recommend any specific course of action in the basis of my findings that would enhance learner safety in the OLLE. As perceptions of safety and equity are important conditions for participation in the OLLE and my findings suggest revelation effects these perceptions, further work may add clarity regarding the creation of a microworld in which learners feel they can contribute their ideas in safety.

As discussed in section 6.3 the tutor role in facilitating parasocial learning has not been specifically explored in this study. Identifying parasocial learning as a transformative learning process implies that there is a role for the tutor in supporting the learner to navigate the emotional landscape of learning as they progress through the experience of learning from characters and stories. Work with tutors could explore the key challenges they face and identify approaches of benefit in supporting the learners and sustaining the tutor.

6.5 Reflections on my learning through the professional doctorate

In undertaking this study I feel I have grown both as an educator, as a researcher and as a writer. I feel privileged to have had the opportunity to explore learner experience on such a deep level and I am grateful to the nurse learners who made this possible by sharing their learning experience. They

have enabled me to gain an in-depth understanding of how learning takes places in the context of online entertainment-education. I am more empathic to the challenges learners face as a consequence and better able to optimize the use of entertainment-education pedagogy to support meaningful vicarious learning within the OLLE as a result. I continue to use entertainment-education pedagogy and support others to do so having guided colleagues who teach diabetes, maternity care and paramedic studies to develop this pedagogy in their programmes. I am currently exploring its use at post-graduate level with different groups of professional learners.

In my practice as an online tutor I am continually seeking ways to promote dialogue between learners and between tutors and learners using current technologies such as discussion boards, email and Google Hangouts and newly emergent technologies such as Blackboard Collaborate®. I also reflect on my individual practice as a facilitator, actively seek feedback on my performance from learners and discuss my approach to facilitation with my peers. In doing so I find my skills as an online tutor are constantly evolving and I anticipate, I will continue to enhance my skills if I remain open to the possibilities that each new teaching and learning experience presents.

As a researcher, my skills during this doctoral study have grown exponentially. I have been able to design and conduct a piece of research, navigating the ethical challenges and managing the analytical processes. Recently I have progressed from sharing my ideas and findings at a local and regional level to a national one. At the time of write up I have recently presented my findings nationally at the BACPR conference and have been accepted to present my findings to the Royal College of Nursing (RCN) Education Forum at their forthcoming national conference.

As a writer one of the biggest challenges I have faced in this study is finding my voice and the confidence to seek, find and state my position; to offer my own wisdom rather than rely on that received from others. Perhaps this struggle is unsurprising coming from a professional nursing background where silence predominates and voice is acknowledged not just as a challenge for the individuals within it but for the profession as a whole (Johns 2013, Buresh and Gordon 2013). I am

aware that developing my voice is an ongoing journey for me and I hope I can to continue to grow in this area through publication of my findings in journals in my field.

6.6 Closing statement

By adopting an IPA approach in this research inquiry, I have been able to collect, analyse and interpret the experiences of nurse learners learning through entertainment-education in an OLLE. Based on the findings of this study I am able to make a unique and valuable contribution to understanding the nature of learning through entertainment-education in a new environment. My work provides insight into the learning processes experienced by nurse learners and the phenomena that influence them. In identifying these phenomena I have made them both visible and revisable; opening them up to the critical consideration of others so that they may inform the use of online entertainment-education in wider contexts than my own.

References

- Adamson, E. and Dewar, B. (2014). Compassionate Care: Student nurses' learning through reflection and the use of story, *Nurse Education in Practice*, In press, doi: 10.1016/j.nepr.2014.08.002.
- Ajani, K. And Moez, S. (2012). Gap between knowledge and practice in nursing, *Procedia Social and Behavioral Sciences*, 15, 3927–3931.
- Aleman, J. L. F., Carillo de Gea, J. M. and Mondelar, J. J. R. (2011). Effects of competitive computer-assisted learning versus conventional teaching methods on the acquisition and retention of knowledge in medical surgical nursing students. *Nurse Education Today*, 31, 866-871.
- Alinier, G., Hunt, B., Gordon, R. and Harwood, C. (2006). *Effectiveness of intermediate-fidelity simulation training technology in undergraduate nursing education*. Oxford: Blackwell Publishing Ltd.
- Alinier, G., Hunt, W. B. and Gordon, R. (2004). Determining the value of simulation in nurse education: study design and initial results, *Nurse Education in Practice*, 4, 200–207.
- Anderson, G. L. and Tredway, C. A. (2009). Transforming the nursing curriculum to promote critical thinking online, *Journal of Nursing Education*, 48(2), 111-115.
- Appleby, J., Thompson, J., Humphries, R., Jabbal, J. and Galea, A. (2013). How is the health and social care system performing?, *Quarterly Monitoring Report: Kings Fund Centre*.
- Attack, L. and Rankin, J. (2002). A descriptive study of registered nurses' experiences with web-based learning, *Journal of Advanced Nursing*, 40(4), 457-465.
- Austgard, K.I. (2006). The aesthetic experience of nursing, *Nursing Philosophy*, 7, 11-19.
- Austgard, K.I. (2008). What characterises nursing care? A hermeneutical philosophical inquiry, *Scandinavian Journal of Caring Science*, 22(2), 314-319.
- Baker, C., West, J. and Stern, P. N. (1992). Method slurring: the grounded theory/phenomenology example, *Journal of Advanced Nursing*, 17, 1355-1360.
- Bandura, A. (2001). Social cognitive theory: an agentic perspective, *Annual Review of Psychology*, 52, 1-26.
- Bandura, A. (2004). Social cognitive theory for personal and social change. In Singhal, A., Cody, M. J., Rogers, E. M. and Sabido, M. (Eds.), *Entertainment-Education and Social Change: History, Research and Practice* (pp. 75-97). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- BBC News (2013). Twitter trolling 'on the rise' met says. Retrieved from: <http://www.bbc.co.uk/news/uk-england-london-24160004>
- Beetham, H. (2013). Designing active learning for technology-rich contexts. In Beetham, H. and Sharpe, R. (Eds.) *Rethinking pedagogy for a digital age: designing for 21st Century Learning* (2nd edition). New York, Routledge. [Kindle edition]. Retrieved from www.amazon.co.uk

- Beetham, H. and Sharpe, R. (2013). *Rethinking pedagogy for a digital age: designing for 21st Century Learning* (2nd edition). New York, Routledge. [Kindle edition]. Retrieved from www.amazon.co.uk
- Benfield, G. and De Latt, M. (2010). Collaborative knowledge building. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.) *Rethinking learning for a digital age*. Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Benner, P. (1984). *From novice to expert*. California: Addison-Wesley Publishing Company.
- Benner, P. And Wrubel, J. (1989). *The primacy of caring stress and coping as caring science*. California: Addison-Wesley Publishing Company.
- Bentley, E. (1967). *The life of drama*. New York: Atheneum.
- Berragan, L. (2011). Simulation: An effective pedagogical approach for nursing?, *Nurse Education Today* 31, 660-663.
- Bergmann, J. and Sams, A. (2014). *Flipped learning gateway to student engagement*. Eugene: International Society for Technology in Education.
- Bergmann, J. and Sams, A. (2012). *Flip your classroom: reach every student in every class every day*. Eugene: International Society for Technology in Education.
- Berwick, D. (2013). *A promise to learn – a commitment to act. Improving the Safety of Patients in England*. London: National Advisory Group on the Safety of Patients in England. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf
- Biggs, J. (2003). *Teaching for quality learning at university* (2nd edition). Maidenhead: Open University Press.
- Billings, D. M. (2001). Benchmarking best practices in web-based nursing courses, *Advances in Nursing Science*, 23(3), 41-52.
- Bouman, M., Maas, L. and Kok, G. (1998). Health Education in television entertainment- Medisch Centrum West: A Dutch drama serial, *Health Education Research*, 13(4), 503-518.
- Bouman, M. (2002). Turtles and peacocks: Collaboration in entertainment-education, *Communication Theory*, 12(2), 225-244.
- Bourdieu, P. (1986). The forms of social capital. In Richardson, J.G. (Ed.) *Handbook of theory and research for sociology of education* (pp.241-258). Westport CT, Greenwood.
- British Association for Cardiovascular Prevention and Rehabilitation (2012) *Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation*. Retrieved from: http://www.bacpr.com/resources/46C_BACPR_Standards_and_Core_Components_2012.pdf

- British Educational Research Association (2004) *Revised ethical guidelines for educational research*. Nottingham: BERA.
- British Heart Foundation (2008) *Coronary heart disease statistics*. London: BHF. Retrieved from <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001545>
- Brookfield, S.D. (1993). On impostership, cultural suicide, and other dangers: how nurses learn critical thinking, *Journal of Continuing Education in Nursing*, 24(5), 197–205.
- Brown, I. and Macintosh, M. J. (2006). Involving patients with coronary heart disease in developing e-learning assets for primary care, *Nurse Education in Practice*, 6(4), 237-242.
- Bruner, J. (1990). *Acts of meaning*. Cambridge: Harvard University Press.
- Buckingham, D. and Scanlon, M. (2004). Connecting the family? Edutainment websites and learning in the home, *Education, Communication and Information*, 4(2), 271-291.
- Bulman, C. (2009). *Constructing reflection in nursing: a qualitative exploration of reflection through a post-registration palliative care programme*. (Unpublished PhD thesis). University of Southampton, Southampton.
- Bulman, C., Lathlean, J. and Gobbi, M. (2012). The concept of reflection in nursing: qualitative findings on student and teacher perspectives, *Nurse Education Today*, 32(5), 8–13.
- Bulman, C. and Schutz, S. (2013). *Reflective practice in nursing*. Chichester: John Wiley and Sons.
- Buresh, B. and Gordon, S. (2013). *From silence to voice* (3rd edition). London, ILR Press.
- Cant, R.P. and Cooper, S.J. (2014). Simulation in the internet age: The place of Web-based simulation in nursing education. An integrative view, *Nurse Education Today*, 34, 1435-1442.
- Carper, B.A. (1978) Fundamental patterns of knowing in nursing, *Advances in Nursing Science*, 1(1), 13-23.
- Carroll, C., Booth, A., Papaioannou, D., Sutton, A. and Wong, R. (2009). UK health-care professionals' experience of online learning techniques: a systematic review of qualitative data, *Journal of Continuing Education in the Health Professions*, 29(4), 235-241.
- Chen, S., Stocker, J., Wang, R., Chung, Y. and Chen, F. (2009). Evaluation of self-regulatory online learning in a blended course for post-registration nursing students in Taiwan, *Nurse Education Today*, 29, 704-709.
- Christiansen, A. (2011). Storytelling and professional learning: A phenomenographic study of students' experience of patient digital stories in nurse education, *Nurse Education Today*, (31), 289–293.
- CLEX (Committee of Inquiry into the Changing Learner Experience) (2009). *Higher Education in a Web 2.0 World*. Retrieved from: <http://www.jisc.ac.uk/media/documents/publications/heweb20rptv1.pdf>

- Clobridge, A. (2012). MOOCs and the changing face of higher education, *Information Today*.
Retrieved from: <http://newsbreaks.infotoday.com/NewsBreaks/MOOCs-and-the-Changing-Face-of-Higher-Education-84681.asp>
- Coffait, L. (2012). The five big trends shaping higher education, *HE Policy blog*. May 9, 2012,
Retrieved from: <http://thepearsonthinktank.com/2012/the-five-big-trends-shaping-higher-education/>
- Cohen, J. (2001). Defining identification: a theoretical look at the identification of audiences with media characters, *Mass Communication and Society*, 4(3), 254-264.
- Cohen, L., Manion, L. and Morrison, K. (2000). *Research methods in education*. London: Routledge.
- Cohen, M. Z. and Ormerly, A. (1994) Schools of phenomenology: implications for research. In J. Morse (Ed.) *Critical issues in qualitative research methods* (pp. 137-156). London: Sage.
- Commissioning Board of the Chief Nursing Officer and DH Chief Nursing Adviser (2012). *Compassion in practice: Nursing Midwifery and care staff our vision our strategy*. Leeds: Department of Health and the NHS Commissioning Board. Retrieved from: <http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>
- Coffield, F., Moseley, D., Hall, E. and Ecclestone, K. (2004). *Learning styles and pedagogy in post-16 learning: a systematic and critical review*. Learning Skills and Research Centre. Retrieved from:
<http://skills.nl/lerenlerenu/bronnen/Learning%20styles%20by%20Coffield%20e.a..pdf>
- Conole, G. and Culver, J. (2010). The design of Cloudworks: Applying social networking practice to foster the exchange of learning and teaching ideas and designs, *Computers and Education*, 54(3), 679–692.
- Conole, G., Darby, J., de Laat, M. and Dillon, T. (2006). *JISC LXP: Student Experiences of Technology Study Final Report*. JISC. Retrieved from:
<http://labspace.open.ac.uk/file.php/1/kmap/1176712833/references/LXP%20project%20final%20report%20dec%2006.pdf>.
- Conole, G. and Oliver, M (2007). *Contemporary perspectives in e-learning research themes, methods and impact on practice*. London, Routledge. [Kindle edition]. Retrieved from
www.amazon.co.uk
- Corbin Dwyer, S. and Buckle, J.L. (2009) The space between: on being an insider-outsider in qualitative research, *International Institute for Qualitative Methodology*, 8(1), 54-63.
- Cornock, D. (2012). Ann Clwyd talks about her husband's death, *BBC News Wales*, 5th December 2012, Retrieved from: <http://www.bbc.co.uk/news/uk-wales-politics-20605629>
- Crawford, T. R. (2011). Using problem-based learning in web-based components of nurse education,

- Nurse Education Today*, 11, 124-130.
- Creanor, L. and Trinder, K. (2010). Managing study and life with technology. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.) *Rethinking learning for a digital age* (pp. 43-55). Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Creanor, L., Trinder, K., Gowan, D. and Howells, C. (2006). *LEX: the learner experience of e-learning final report*. JISC. Retrieved from:
http://www.jisc.ac.uk/uploaded_documents/LEX%20Final%20Report_August06.pdf
- Cullum, N., Ciliska, D., Haynes, R.B. and Marks, S. (2008). *Evidence-based nursing an introduction*. Oxford: Blackwell Publishing Ltd.
- Curran-Smith, J. and Best, S. (2004). An experience with an online learning environment to support a change in practice in an emergency department, *CIN: Computers, Informatics, Nursing*, 22(2), 107-110.
- Currie, K., Biggam, J., Palmer, J. and Corcoran, T. (2012). Participants' engagement with and reactions to the use of online action learning sets to support advanced nurse role development, *Nurse Education Today*, 32, 267-272.
- Dadgaran, I. Parvizy, S. and Peyrovi, H. (2012). A global issue in nursing students' clinical learning: the theory-practice gap, *Procedia - Social and Behavioral Sciences*, 47, 1713 – 1718.
- De Block, L. (2012). Entertainment-education and social change: evaluating a children's soap opera in Kenya, *International Journal of Educational Development*, 32, 608-614.
- de Freitas, S. and Conole, G. (2010), The influence of pervasive and integrative tools on learners' experience and expectations of study. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.), *Rethinking learning for a digital age* (pp.15-30). Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Diekelmann, N. and Diekelmann, J. (2009). *Schooling learning teaching toward narrative pedagogy*. Bloomington. iUniverse.
- Denzin, N. K. (1989). *Interpretive interactionism*. Thousand Oaks: Sage Publications.
- Denzin, N. K. (2000). The practices and politics of interpretation. In Denzin, N.K., and Lincoln, Y.S. (Eds.), *Handbook of qualitative research* (2nd edition) (pp.897-922). Thousand Oaks: Sage Publications.
- Department of Health (2000). *The national service framework for coronary heart disease*. London: Crown Copyright.
- Department of Health (2001a). *Consent, what you have a right to expect: a guide for adults*. London: Department of Health National Research Ethics Service.
- Department of Health (2001b). *Good practice in consent: an implementation guide*. London:

- Department of Health National Research Ethics Service.
- Department of Health (2003). *The national service framework for coronary heart disease: delivering better services, progress report*. London: Crown Copyright.
- Department of Health (2004). The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. London: Crown Copyright. Retrieved from: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4090843
- Department of Health (2006). *Modernising nursing careers: setting the direction*. London: Department of Health.
- Department of Health (2007). *High quality health care for all. (The Darzi report)*. London: Department of Health.
- Department of Health (2008). *Putting prevention first*. London: Crown Copyright.
- Department of Health (2009). *NHS health checks*. London: Crown Copyright.
- Department of Health (2010). *Healthy Lives, Healthy People: Our strategy for public health in England*. London: Crown Copyright. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf
- Department of Health (2012). *Liberating the NHS: developing the healthcare workforce from design to delivery*. [online] Leeds: NHS Future Forum. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216421/dh_132087.pdf
- Department of Health (2013). *Cardiovascular disease outcomes strategy: improving outcomes for people with or at risk of cardiovascular disease*. London: Department of Health. Retrieved from: <https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy>
- Dewey, J. (1938). *Experience and Education*, New York, Kappa Delta Pi.
- DiCenso, A., Cullum, N. And Ciliska, D. (2008). Implementing evidence-based nursing: some misconceptions. In Cullum, N., Ciliska, D., Haynes, R.B. and Marks, S. (Eds.) *Evidence-based nursing an introduction* (pp 9-17). Oxford: Blackwell Publishing Ltd.
- Dirk, J.M. (2006). Engaging emotions in adult learning: a Jungian perspective on emotion and transformative learning. In Taylor, E. (Ed.) *Teaching for change. New directions in adult and continuing education* no109 (pp. 15-26). San Francisco, Jossey-Bass.
- Dirkx, J.M. and Smith. R.O. (2009). Facilitating transformative learning. In Taylor, E.W. and Mezirow, J. (Eds.) *Transformative learning in practice insights from community, workplaces and higher*

- education*. San Francisco: Jossey-Bass. [Kindle edition]. Retrieved from www.amazon.co.uk
- Docherty, C., Hoy, D., Topp, H. And Trinder, K. (2005). E-learning techniques supporting problem based learning in clinical simulation, *International Journal of Medical Informatics*, 74, 527-533.
- Dunne, J. (2007). Practice and its informing knowledge: an Aristotelian understanding. In Drummond, J.S and Standish, P. (Eds.) *The philosophy of nurse education* (pp.91-108).Houndmills: Palgrave Macmillan.
- Dyke, M., Conole, G., Ravenscroft, A. and de Freitas, S. (2007). Learning theory and its application to e-learning. In Conole, G. and Oliver, M. (Eds.) *Contemporary perspectives in e-learning research themes, methods and impact on practice* (pp.2137-2148). London, Routledge. [Kindle edition]. Retrieved from www.amazon.co.uk
- Edwards, S.L. (2014). Using personal narrative to deepen emotional awareness of practice, *Nursing Standard*, 28(50), 46-51.
- Ekebergh, M. Lepp, M. and Dahlberg, K. (2004). Reflective learning with drama in nursing education: a Swedish attempt to overcome the theory praxis gap, *Nurse Education Today*, 24(8), 622-628.
- Engeström, Y. (1999). Activity theory and individual and social transformation. In Engeström, Y., Miettinen, R. and Punamäki, R. (Eds.) *Perspectives on activity theory*(pp.19-37). Cambridge, Cambridge University Press.
- Entwistle, N., McCune, V., and Hounsell, J. (2002). *Approaches to studying and perceptions of university teaching-learning environments: concepts, measures and preliminary findings. Enhancing teaching and learning environments in undergraduate courses occasional report*. Universities of Edinburgh, Coventry and Durham. Retrieved from: <http://www.etl.tla.ed.ac.uk/docs/ETLreport1.pdf>
- Eyal, K. and Rubin, A. (2003). Viewer aggression and homophily, identification and parasocial relationships with television characters. *Journal of Broadcasting and Electronic Media*, 47(1), 77-98.
- Facer, K. and Selwyn, N. (2010). Social networking: key messages from the research. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.) *Rethinking learning for a digital age*. Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Fisher, W. (1987). *Human communication as narration*. Columbia: University of South Carolina Press.
- Fleming, K. (2008). Asking answerable questions. In Cullum, N., Ciliska, D., Haynes, R.B. and Marks, S. (Eds.) *Evidence-based nursing an introduction*(pp 18 -24). Oxford: Blackwell Publishing Ltd.

- Flemming, S., McKee, G. and Huntley-Moore, S. (2011). Undergraduate nursing students' learning styles: a longitudinal study, *Nurse Education Today*, 31, 444-449.
- Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust public inquiry*. London: The Stationary Office. Retrieved from: <http://www.midstaffspublicinquiry.com/report>
- Freire, P. (1972). *Pedagogy of the oppressed*. London, Penguin Books.
- Freshwater, D., Taylor, B. and Sherwood, G. (2008). *International textbook of reflective practice in nursing*. Oxford : Blackwell Publishers.
- Fry, R.E. (2002). *Appreciative inquiry and organizational transformation: reports from the field*. Westport: CN, Quorum Books.
- Gabriel, Y. (2000). *Storytelling in organizations*. Oxford, Oxford University Press.
- Gadamer, H. G. (1975/1989). *Truth and method* (Weinsheimer, J. and Marshall, D. G. Trans.). London: Continuum.
- Gaines, C. (2014). Needed: a knowledge translation skill set, *Nurse Education Today*. 34, 487.
- Gallagher, P. (2007). How the metaphor of a gap between theory and practice has influenced nursing education, *Nurse Education Today*, 24, 263-268.
- Gallagher-Lepak, Reilly, J. and Killion, C. M. (2009). Nursing student perceptions of community in online learning, *Contemporary Nurse*, 32(1-2), 133-146.
- Garrett, B. M., MacPhee, M. and Jackson, M. (2011). Implementing high-fidelity simulation in Canada: reflections on 3 years of practice, *Nurse Education Today*, 31, 671-676.
- Garrison, R. (2009) Cognitive presence for effective asynchronous online learning: the role of reflective inquiry, self-direction and meta-cognition. Retrieved from: <http://cgu.edu/learningeffectiveness/paper-garrison.pdf>
- Gerdprasert, S., Pruksacheva, T., Panijpan, B. and Ruenwongsa, P. (2011). An interactive web-learning unit to facilitate and improve intrapartum nursing care of nursing students, *Nurse Education Today*, 31, 531 – 535.
- Gesser-Edelsburg, A. (2011). Entertainment-education: dilemmas of Israeli creators of theatre about the Israeli-Palestinian conflict in promoting peace, *Journal of Peace Education*, 8(1), 55-76.
- Gesser-Edelsburg, A. and Endevelta, R. (2011). An entertainment–education study of stereotypes and prejudice against fat women: an evaluation of Fat Pig, *Health Education Journal*, 70(4), 374–382.
- Gibbons, C. (2010). Stress, coping and burn-out in nursing students, *International Journal of Nursing Studies*, 47, 1299–1309.
- Giles, D.C. (2002). Parasocial Interaction: A review of the literature and a model for future research,

Media Psychology, 4(3), 279-305.

Glen, S. (2005). E-learning in nursing education: lessons learnt?, *Nurse Education Today*, 25, 415-417.

Glen, S. and Moule, P. (2006). *E-learning in nursing*. Houndmills: Palgrave Macmillan.

Glogowska, M., Young, P., Lockyer, L. and Moule, P. (2011). How 'blended' is blended learning?: students perceptions of issues around the integration of online and face-to-face learning in continuing professional development (CPD) health care context, *Nurse Education Today*, 31, 887-891.

Goodrich, J. (2011). Schwartz Center Rounds® evaluation of the UK pilots. London: The Kings Fund.

Retrieved from: <http://www.kingsfund.org.uk/publications/schwartz-center-rounds-pilot-evaluation>

Gottschall, H. and Garcia-Bayonas, M. (2008). Student attitudes towards groups work among undergraduates in business administration, education and mathematics, *Educational Research Quarterly*, 32(1), 11-24.

Gould, D. Papadopoulos, I. and Kelly, D. (2014). Tutors' opinions of suitability of online learning programmes in continuing professional development for midwives, *Nurse Education Today*, 34, 613-618.

Gowan, D. (2008). *Discussion of interview plus technique within an IPA approach*. Email correspondence to Ros Brownlow, Terry Hayes, Linda Creanor and Carol Howells. London. The Open Learning Partnership. [19 June 2008].

Green, M.C. (2004). Transportation into narrative works: The role of prior knowledge and perceived realism. *Discourse Processes*, 38(2), 247-266.

Green, M. C. and Brock, T. (2000). The role of transportation in the persuasiveness of public narratives, *Journal of Social Psychology*, 79(5), 701-721.

Green, M. C. and Brock, T. (2002). In the mind's eye: transportation imagery model of narrative persuasion'. In Green, M. C., Strange, J.J. and Brock, T. (Eds). *Narrative impact, social and cognitive foundations* (pp. 315-341). Mahwah: NJ, Erlbaum

Green, S. M., Weaver, M., Voegeli, D., Fitzsimons, D., Knowles, J., Harrison, M. and Shepard, K. (2006). The development and evaluation of the use of a virtual learning environment (Blackboard 5) to support the learning of pre-qualifying nursing students undertaking a human anatomy and physiology module, *Nurse Education Today*, 26, 388-395.

Habermas, J. (1984). *Theory of communicative action*. (McCarthy, T. Trans.) Boston, Beacon Press.

Hammersley, M. (2000). *Taking sides in social research*. Thousand Oaks: Sage Publications.

Hammersley, M., and Atkinson, P. (1983) *Ethnography: principles on practice*. London: Methuen.

Harder, B.N. (2010). Use of simulation in teaching and learning in health sciences: a systematic

- review, *The Journal of Nursing Education*, 49 (1), 23-28.
- Hardy, J. and Jeffries, A. (2010). How learners change: critical moments changing minds. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.) *Rethinking learning for a digital age*. Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Hartmann, T. and Goldhoorn, C. (2011). Horton and Wohl revisited: exploring viewers' experience of parasocial interaction, *Journal of Communication*, 61, 1104-1121.
- Hattie, J.A. (2009). *Visible learning a synthesis of over 800 meta-analyses relating to achievement*. London, Routledge.
- Haynes, R. (2008). Of studies, summaries, synopses and systems: the '4S' evolution of services for finding current best evidence. In Cullum, N., Ciliska, D., Haynes, R.B. and Marks, S. (Eds.) *Evidence-based nursing an introduction* (pp. 24-29). Oxford: Blackwell Publishing Ltd.
- Haythornthwaite, C. and Andrews, R. (2011). *E-learning theory and practice*. London: Sage.
- Health Education England (2014). *Investing in people for health and healthcare: Workforce plan for England proposed education and training commissions for 2014/15*. London: Health Education England. Retrieved from: <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>
- Health Education England (2015) *Raising the bar. Shape of caring: A review of the future education and training of registered nurses and care assistants*. Health Education England. Retrieved from <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>
- Heidegger, M. (1927/1962). *Being and time* (Macquarrie, J. and Robinson, E. Trans.). Oxford: Blackwell.
- Hether, H.J., Huang, G.C., Beck, V. Murphy, S.T. and Valente, T.W. (2008). Entertainment-education in media saturated environments: examining the impact of single and multiple exposures to breast cancer storylines on two popular medical dramas. *Journal of Health Communication: International Perspectives*. 13(8), 808-823.
- Hoffner, C. and Buchanan, M. (2005). Young adults' wishful identification with television characters: the role of perceived similarity and character attributes, *Media Psychology*. 7(4), 325-351.
- Honey. P. and Mumford, A. (2000). *The Learning Styles Helper's Guide*. Berkshire. Peter Honey Publications Limited.
- Hope, A., Garside, J., and Prescott, S. (2011). Rethinking theory and practice: Pre-registration student nurses experiences of simulation teaching and learning in the acquisition of clinical skills in the preparation for practice, *Nurse Education Today*, 31, 711-715.

- Horton, D., and Strauss, A. (1957). Interaction in audience participation shows, *The American Journal of Sociology*, 62, 579-587.
- Horton, D. and Wohl, R. (1956). Mass communication and para-social interaction: observations on intimacy at a distance, *Psychiatry*, 19, 215-229.
- Horton, T. and Goldhoorn, C. (2011). Horton and Wohl revisited: exploring viewers' experience of parasocial interaction, *Journal of Communication*, 61, 1104-1121.
- Horton-Deutsch S1, Sherwood G. (2008). Reflection: an educational strategy to develop emotionally-competent nurse leaders, *Journal of Nursing Management*. 16(8), 946-54.
- Hsu, L. (2004). Developing concept maps from problem-based learning scenario discussions, *Journal of Advanced Nursing*, 48(5), 510–518.
- Hughes, J. (2010). But it's not just developing like a learner, it's developing like a person. Reflections on e-portfolio-based learning. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.) *Rethinking learning for a digital age*. Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Hurst, H.M. and Marks-Maran, D. (2011). Using virtual patient activity to teach nurse prescribing, *Nurse Education Today*, 11, 192-198.
- Husserl, E. (1913/1931). *Ideas: a general introduction to pure phenomenology* (Gibson, W. R. Trans.). London: Allen and Unwin.
- Husserl, E. (1931/1967). *Cartesian meditations* (Cairns, D. Trans.). The Hague: Nijoff.
- Iley, K., McNulty, K., Jones, I., Yorke, J. and Johnson, M. (2011). Developing competence in cardiac care through the use of blended learning: course members and mentors accounts, *Nurse Education Today*, 31, 323-327.
- Ipsos MORI (2008). *Great expectations of ICT: How higher education institutions are measuring up*. Bristol, JSC.
- Jameson, J., Ferrell, G., Kelly, J., Walker, S. and Ryan, M. (2006). Building trust and shared knowledge in communities of e-learning practice: collaborative leadership in the JISC eLISA and CAMEL lifelong learning projects, *British Journal of Educational Technology*, 37(6), 949-986.
- Jameson, J., Walker, S., Riachi, Kelly, J., Stiles, M. and Mastermann, E. (2008). *Final report of the eLISA and CAMEL project*. Retrieved from: <http://www.jisc.ac.uk/media/documents/programmes/elearningpedagogy/elidacamel/final.pdf>
- Jamison, T. and Lis, G.A. (2014). Engaging the learner by bridging the gap between theory and clinical competence: the impact of concept mapping and simulation as innovative strategies for nurse-sensitive outcome indicators, *Nursing Clinics of North America*, 49 (1), 69-80.

- Jasper, M. A. (1994). Issues in phenomenology for researchers of nursing, *Journal of Advanced Nursing*, 19, 300-314.
- Jenkins, H. (2006). *Confronting the challenges of participatory culture: media educations for the 21st century*. MacArthur Foundation. Retrieved from:
http://digitallearning.macfound.org/atf/cf/%7B7E45C7E0-A3E0-4B89-AC9C-E807E1B0AE4E%7D/JENKINS_WHITE_PAPER.PDF
- Jensen, K. B. (2002). Media reception: qualitative traditions. In Jensen, K. B (Ed.) *A handbook of media and communication research: qualitative and quantitative methodologies* (pp. 156-171). London: Routledge.
- Jibaja-Weiss, M. L., Volk, R. J., Granchi, T. S., Neff, N. E., Robinson, E. K., Spann, S. J., Akoi, N., Friedman, L.C. and Beck, J. R. (2011). Entertainment-education for breast cancer surgery decisions: a randomized controlled trial among patients with low health literacy, *Patient Education and Counselling*, 84, 41-48.
- JISC. (2007). *In their own words. Exploring the learner's perspective on e-learning*. Retrieved from:
http://www.jisc.ac.uk/elp_learneroutcomes
- JISC (2009). *Responding to learners: a guide for practitioners*. Retrieved from:
<http://www.jisc.ac.uk/media/documents/publications/lxp2.pdf>
- Johns, C. (1998). Opening the doors of perception. In: Johns, C. and Freshwater D. (Eds.) *Transforming nursing through reflective practice* (pp.1-20). Oxford: Blackwell Science.
- Johns, Christopher (2010). *Guided reflection : a narrative approach to advancing professional practice*. Oxford : Wiley-Blackwell.
- Johns, C. (2013). *Becoming a reflective practitioner* (4th Edition). Chichester: John Wiley and Sons.
- Johns, C. and Freshwater, D. (2005). *Transforming nursing through reflective practice* (2nd Edition). Oxford: Blackwell
- Johns, C. and Hardy, H. (1998). Voice as a metaphor for transformation through reflection. In Johns, C. and Freshwater D. (Eds.) *Transforming nursing through reflective practice* (pp.51-61). Oxford: Blackwell Science.
- Johnson, D., Johnson, R. And Smith, K. (2007). The state of cooperative learning in post-secondary and professional settings, *Educational Psychology Review*, 19(1), 15-29.
- Johnson, N., List-Ivankovic, J., Eboh, W. O., Ireland, J., Adams, D., Mowatt, E. and Martind, S. (2010). Research and evidence-based practice: Using a blended approach to teaching and learning in undergraduate nurse education, *Nurse Education in Practice*, 10(1), 43-47.
- Joint British Societies (2005). Joint British Societies' guidelines on prevention of cardiovascular disease in clinical practice, *Heart*. 91(Supplement 5),v1-v52.

- Joint British Societies (2014). Joint British Societies' consensus recommendations for the prevention of cardiovascular disease (JBS3), *Heart*.100(Supplement 2), ii1-ii67. Retrieved from: http://heart.bmj.com/content/100/Suppl_2.toc
- Josephsen, J. and Butt, A. (2014). Virtual multipatient simulation: a case study, *Clinical Simulation in Nursing*, 10, e235-e240.
- Jung, C. (1933). *Modern man in search of a soul*. New York: Harcourt, Brace and Janovic.
- Jung, C. G. (1961/1989). *Memories, dreams, reflections* (C. Winston, R and Winston, C. Trans. Rev. ed.) (A. Jaffe, Ed.). New York: Random House, Inc.
- Kala, S., Isaramalai, S.A. and Pohthong, A. (2010). Electronic learning and constructivism: a model for nursing education, *Nurse Education Today*, 30, 61-66.
- Kemmis, S. and McTaggart, R. (2000) Participatory action research. In Denzin, N.K. and Lincoln, Y.S. (Eds.) *Handbook of qualitative research* (2nd ed) (pp.567–607). Thousand Oaks: Sage.
- Kenny, A. (2002). Online learning: enhancing nurse education?, *Journal of Advanced Nursing*, 38(2), 127-135.
- Killion, C., Reilly, J. and Gallagher-Lepak, S. (2011). Becoming an onliner: students' perceptions of moving from traditional to virtual learning'. *Online Journal of Nursing Informatics*, 15(1),139. Retrieved from: <http://ojni.org/issues/?p=139>
- Kincaid, D. L. (2002). Drama, emotion and cultural convergence, *Communication Theory*, 12(2), 136-152.
- Kneebone, R.L. (2005). Evaluating clinical simulations for learning procedural skills: a theory based approach, *Academic Medicine*, 80 (6), 549-553.
- Koch, J., Andrew, S., Salamonson, Y., Everett, B. and Davidson, P. M. (2010). Nursing students' perception of a web-based intervention to support learning, *Nurse Education Today*, 30(6), 584-590.
- Knowles, M.S. (1990). *The adult learner: a neglected species* (4th edition). Houston, Texas: Gulf Publishing.
- Knowles, M. S; Holton III, E. F. and Swanson, R. A. (2012). *The Adult Learner* (7th edition). Abingdon, Routledge.
- Kress, G., Jewitt, C., Ogborn, J. and Charalampos, T. (2006). *Multimodal teaching and learning: the rhetorics of the science classroom*. London, Edward Arnold.
- Lacayo, V. and Singhal, A. (2008). *Pop culture with a purpose suing entertainment-education for social change. Puntos de Encuentro, Soul City and Breakthrough share experiences from Nicaragua, South Africa, India and the U.S.*. The Hague: Oxfam Novib.
- Langdridge, D. (2007). *Phenomenological psychology theory research and method*. Harlow: Pearson

Education Limited.

Lapsanky, C., Shuh, J. S., Movius, L., Cody, M., Woodley, P. D. and de Castro Buffington, S. (2010). Evaluating the 'Baby Jack' storyline on *The Bold and the Beautiful*, *Cases in Public Health Communication and Marketing*, 4, 8-27.

Larew, C., Lessans, S., Spunt, D., Foster, D. and Covington, B.G. (2006). Innovations in clinical simulation: application of Benner's theory in an interactive patients care simulation, *Nursing Education Perspectives*, 27 (1), 16-21.

Laurillard, D. (2012). *Teaching as a design science building pedagogical patterns for learning and technology*. Abingdon, Oxon: Routledge.

Lave, J. and Wenger, E. (1991). *Situated learning. Legitimate peripheral participation*, Cambridge, Cambridge University Press.

LEaD (2009). *Learner experiences of e-learning. LEaD completion report*.

Retrieved from: <https://radar.brookes.ac.uk/radar/items/5e3dedde-4e30-9421-9730-957c018a370b/1/>

Lewis, M. J., Davies, R., Jenkins, D. and Tait, M. I. (2005). A review of evaluative studies of computer-based learning in nurse education, *Nurse Education Today*, 25, 586-597.

Liang, J., Wu, S. and Tsai, C. (2011). Nurses' Internet self-efficacy and attitudes towards web-based continuing learning, *Nurse Education Today*, 31, 768 – 773.

Lincoln, Y. S. and Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, California: Sage Publications.

Love, G.D., Mouttapa, M. and Tanjasiri, S.P. (2009). Everybody's talking: using entertainment-education video to reduce barriers to discussion of cervical cancer screening among Thai women, *Health Education Research*, 24(5), 829–838.

Love, G.D. and Tanjasiri, S.P. (2012). Using entertainment-education to promote cervical cancer screening in Thai women, *Journal of Cancer Education*, 27, 585–590.

Luckin, R., Clark, W., Logan, K., Graber, R., Oliver, M., and Mee, A. (2009). Do web 2.0 tools really open the door to learning: practices, perceptions and profiles of 11-16 year old learners, *Learning, Media and Technology*, 34(2), 87-104.

Maben, J., Adams, M., Peccei, R., Murrells, T. And Robert, G. (2012). Poppets and parcels: the links between staff experience of work and acutely ill older peoples' experience of hospital care, *International Journal of Older People Nursing*, 7, 83-94.

Maben, J., Latter, S. and Macleod Clark, J. (2007). The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study, *Nursing Inquiry*, 14(2), 99-113.

MacClean, P. D. (1973). *A triune concept of the brain and behaviour*. Toronto: University of Toronto Press.

- Madge, C., Wellens, J. and Meek, J. (2009). Facebook social integration and informal learning at University: It is more for socialising and talking to friends about work than actually doing any work, *Learning, Media and Technology*, 34(2), 141-155.
- Maslow, A. H. (1954). *Motivation and personality*. New York, NY: Harper.
- Mayes, T. (2006). *LEX: The learner experience of e-learning methodology report*. Glasgow: Glasgow Caledonian University.
- Mayes, J.T. & De Freitas, S. (2013). Technology-enhanced Learning: The Role of Theory. In H. Beetham and R. Sharpe, (Eds.) *Rethinking Pedagogy for a Digital Age* (2nd edition). London, Routledge. [Kindle edition]. Retrieved from www.amazon.co.uk
- McAllister, M. and McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: A critical review of the literature, *Nurse Education Today*, 29, 371–379.
- McCaughey, C.S. and Traynor, M.K. (2010). The role of simulation in nurse education, *Nurse Education Today*, 30, 827-832.
- Melrose, S. and Bergeron, K. (2006). Online graduate study of health care learners' perceptions of instructional immediacy, *International Review of Research in Open and Distance Learning*, 7(1), 1-13.
- Menzies, I.L. (1960/1988). Social systems as a defence against anxiety, *Human Relations*, 13, 95-121. Retrieved from:
<http://www.moderntimesworkplace.com/archives/ericssess/sessvol1/Lythp439.opd.pdf>
- Mezirow, J. (2009). Transformative learning theory. In Taylor, E.W. and Mezirow, J. (Eds.) *Transformative learning in practice insights from community, workplaces and higher education*. San Fransisco: Jossey-Bass. [Kindle edition]. Retrieved from www.amazon.co.uk
- Miles, M. B. and Huberman, A.M. (1994). *Qualitative data analysis an expanded sourcebook* (2nd edition). Thousand Oaks: Sage Publications.
- Miller, W.R. and Rollnick, S. (2002). *Motivational interviewing preparing people for change*. New York: Guildford Press.
- Minichiello, V., Aroni, R., Timewell, E. and Alexander, L. (1990). *In-depth interviewing researching people*. Melbourne: Longman Cheshire.
- Mole, L. J. and McLafferty, I. H. R. (2004). Evaluating a simulated ward exercise for third year student nurses. *Nurse Education in Practice*, 4, 91–99.
- Moon, J. (2010). *Using story in higher education and professional development*. London: Routledge.
- Moridi, G.,Khaledi,S. and Valiee, S. (2014). Clinical training stress-inducing factors from the students' viewpoint: a questionnaire-based study, *Nurse Education in Practice*, 14, 160-163.
- Morgan, S. E., Movious, L. and Cody, M. J. (2009). The power of narratives: the effect of

- entertainment television organ donation storylines on attitudes, knowledge and behaviours of donors and non-donors, *Journal of Communication*, 59, 131-151.
- Morse, J. M., Barrett, M., Myan, M., Olson, K. and Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research, *International Journal of Qualitative Methods*, 1(2), article 2.
- Moss, C., Grealish, L. and Lake, S. (2010). Valuing the gap: A dialectic between theory and practice in graduate nursing education from a constructive educational approach, *Nurse Education Today*, 30, 327-332.
- Moule, P. (2003). ICT: a social justice approach to exploring user issues?, *Nurse Education Today*, 23, 530-536.
- Moule, P. (2006). E-communities (pp.38-53). In S. Glen and P. Moule (Eds.), *E-learning in nursing*. Houndmills: Palgrave Macmillan.
- Moule, P. (2007). Challenging the five-stage model for e-learning: a new approach, *ALT-J Research in Learning Technology*, 15(1), 37-50.
- Moule, P. (2011). Simulation in nurse education: past, present and future, *Nurse Education Today*, 31, 645-646.
- Moule, P., Wilford, A., Sales, R. and Lockyer, L. (2008). Nursing students learning through simulation: a randomized study of non-equivalent groups, *Nurse Education Today*, 28, 790-797.
- Moule, P., Ward, R. and Lockyer, L. (2010). Nursing and healthcare students' experience and use of e-learning in higher education, *Journal of Advanced Nursing*, 66(12), 2785-2795.
- Moule, P., Wilford, A., Sales, R. and Lockyer, L. (2008). Student experiences and mentor views of the use of simulation for learning, *Nurse Education Today*, 28, 790-797.
- Moyer-Gusé, E. (2008). Toward a theory of entertainment persuasion: explaining the persuasive effects of entertainment-education messages, *Communication Theory*, 18, 407-425.
- Moyer-Guse, E. and Nabin, R. (2010). Explaining the effects of narrative in an entertainment television program: overcoming resistance to persuasion. *Human Communication Research*, 36(1), 26-52.
- Murphy, S.T, Frank, L. B., Moran, M.B. and Patnoe-Woodley, P. (2011). Involved, transported or Emotional? Exploring the determinants of change in knowledge attitudes and behaviour in entertainment-education, *Journal of Communication*, 61, 407-431.
- Nabi, R.L. and Krmar, M. (2004). Conceptualizing media enjoyment as attitude: Implications for mass media effects research, *Communication Theory*, 4, 288-310.
- Nehring, W., Lashey, F. (2009). Nursing Simulation: a review of the past 40 years, *Simulation and Gaming*, 40 (4), 528–551.

- Nariman, H. N. (1993). *Soap operas for social change towards a methodology for entertainment-education television*. Westpoint, CT: Praeger Publishers.
- National Institute for Clinical Excellence (2007). *Secondary prevention in primary and secondary care for patients following a myocardial infarction, Clinical Guidelines CG48*. London: NICE.
- National Institute for Clinical Excellence (2012). *Patient experience in adult NHS services (CG138)*. London: NICE. Retrieved from: <http://guidance.nice.org.uk/CG138>
- National Institute for Clinical Excellence (2013) *MI - secondary prevention Secondary prevention in primary and secondary care for patients following a myocardial infarction. Partial update of NICE CG48*. London: NICE. Retrieved from: <http://www.nice.org.uk/nicemedia/live/14302/65692/65692.pdf>
- New National Cardiovascular Intelligence Network (2013) New National Cardiovascular Intelligence Network. Public Health England. Retrieved from: <https://www.gov.uk/government/news/new-national-cardiovascular-intelligence-network> .
- NHS Future Forum (2012) *Education and Training – next stage: A report from the NHS Future Forum*. London: Crown Copyright. Retrieved from: <https://www.gov.uk/government/publications/nhs-future-forum-recommendations-to-government-second-phase>.
- Nursing and Midwifery Council (2010) Standards for pre-registration education. Retrieved from: <http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/more-standards-for-education.aspx>
- Nursing Midwifery Council (2007). Supporting direct care through simulated practice learning in the pre-registration nursing programme. *NMC Circular 36/2007*. London: Nursing Midwifery Council.
- Nursing and Midwifery Council (2005). *The PREP Handbook*. London: Nursing and Midwifery Council.
- Nye, L. and Senger, B. (2009). Cost-effective Pediatric Simulations Made Easy. *Clinical Simulation in Nursing*, 5 (3S), e129-e155.
- Oblinger, D.G. and Oblinger, J. (2005). *Educating the Net generation*. Educase and North Carolina State University. Retrieved from: <https://net.educause.edu/ir/library/pdf/pub7101.pdf>
- Okan, Z. (2003) 'Edutainment: is learning at risk?' *British Journal of Education Technology*. 34(3), 255-264.
- O'Neil, C., Fisher, C. and Newbold, S.K. (2009). *Developing online learning environments in nursing education*. New York: Springer Publishing Company.
- Papa, J. (2000). Entertainment-Education and social change: An analysis of parasocial interaction, social learning, collective efficacy and paradoxical communication, *Journal of*

- Communication*, 50(4), 31-55.
- Papert, S. (1993). *Mindstorms, children, computers and powerful ideas* (2nd edition). New York, Basic Books.
- Papert, S. (1998). Does easy do it? Children, games and learning. *Game Developer*, September, 88.
Retrieved from: www.papert.org/articles/doeseasydoit.html
- Parker, B.C. and Myrick, F. (2009). A critical examination of high-fidelity human patient simulation within the context of nursing pedagogy, *Nurse Education Today*. 29, 322-329.
- Parliamentary and Health Service Ombudsman (2011). *Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people*. London: The Stationary Office.
- Parliamentary and Health Service Ombudsman (2012). *Listening and learning: The Ombudsman's review of complaint handling by the NHS in England 2011-12*. London: The Stationary Office.
- Pashler, H., McDaniel, M., Rohrer, D. And Bjork, D. (2009). Learning styles: concepts and evidence, *Psychological Science in the Public Interest*, 9, 105-119.
- Patterson, C. (2012). *Care to be a nurse?* Retrieved from:
http://www.bbc.co.uk/iplayer/episode/b01p0fps/Care_to_Be_a_Nurse/
- Patton, M. Q. (2002) *Qualitative research evaluation methods* (3rd edition). Thousand Oaks: Sage Publications.
- Pavlov, I.P. (1927). *Conditioned Reflexes: An Investigation of the Physiological Activity of the Cerebral Cortex*. Oxford, Oxford University Press.
- Phillips, D., Duke, M., Nagle, C., Macfarlane, S., Karantzas, G. and Patterson, D. (2012). The Virtual Maternity Clinic: a teaching and learning innovation for midwifery education, *Nurse Education Today*, 33(10),1224-1229.
- Piaget, J. (1985). *Equilibration of cognitive structures*. Chicago, University of Chicago Press.
- Playley, J. (1997). Husserl, phenomenology and nursing, *Journal of Advanced Nursing*, 26,187-193.
- Polkinghorne, D (1988). *Narrative knowing and the human sciences*. Albany: SUNY Press.
- Polit, D. F. and Tanto Beck, C. (2008). *Nursing research. Generating and assessing evidence for nursing practice*. Philadelphia: Wolters Kluwer. Lippincott Williams and Wilkins.
- Pope, C. and Mays, N. (1995). Qualitative Research: Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research, *British Medical Journal*, 311, 42-45.
- Popil, I. (2011) Promotion of critical thinking by using case studies as teaching method, *Nurse Education Today*, 31, 204-207.
- Preece, J., Nonnecke, B. and Andrews, D. (2004). The top five reasons for lurking: improving

- community experiences for everyone, *Computers in Human Behaviour*, 20, 201-223.
- Rassool, G.H and Rawaf, S. (2008). The influence of learning style preference on undergraduate nursing students on educational outcomes in substance misuse education. *Nurse Education in Practice*. 8(5), 306-314.
- Ravenscroft, A. (2004). From conditioning to learning communities: implications of fifty years of research in e-learning interaction design, *ALT-J*, 11(3), 4-18.
- Reeve, K.L., Shumaker, C.J., Yearwood, E.L., Crowell, N.A. and Riley, J.B.(2013). Perceived stress and social support in undergraduate nursing students' educational experiences, *Nurse Education Today*, 33, 419–424.
- Rees, K.L. (2014). The role of reflective practices in enabling final year nursing students to respond to the distressing emotional challenges of nursing work, *Nurse Education in Practice*, 13, 48-52.
- Reid, K., Flowers, P. and Larkin, M. (2005). Exploring lived experience, *The Psychologist*, 18(1), 20-31.
- Reilly, A. and Spratt, C. (2007). The perceptions of undergraduate student nurses of high-fidelity simulation-based learning: A case report from the University of Tasmania, *Nurse Education Today*, 27, 542–550.
- Renes R.J., Mutsaers, K. and van Woerkum, C. (2012). The difficult balance between entertainment and education: a qualitative evaluation of a Dutch health-promoting documentary series, *Health Promotion Practice*, 13(2), 259-64.
- Ricoeur, P. (1981). *Hermeneutics and the human sciences* (Thompson, J.B. Trans.). Cambridge: Cambridge University Press.
- Riesen, E. and Morley, M. (2012). Improving interprofessional competence in undergraduate students using a novel blended approach, *Journal of Interprofessional Care*, 26(5), 312-318.
- Ritterfield, U. And Seung-A, J. (2006). Addressing Media Stigma for People Experiencing Mental Illness Using an Entertainment-Education Strategy, *Journal of Health Psychology*, 11(2), 247–267.
- Robley, L. R., Farnsworth, B. J., Flynn, J. B. and Horne, C. D. (2004). This new house: building knowledge through online learning, *Journal of Professional Nursing*, 20(5), 333-343.
- Rogers, E. and Singhal, A. (2000). Entertainment-education in Asian nations, *Media Educator*, (9), 77-88.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research, *Journal of Advanced Nursing*, 53(3), 304-310.
- Rolfe, G. (2011). Models and frameworks for reflective practice. In Rolfe, G., Jasper, M. and Freshwater, D. (Eds) *Critical reflection in practice generating knowledge for care* (2nd edition) (pp. 31-51). Basingstoke: Palgrave Macmillan.

- Rolfe, G. (2014a). Educating the good for nothing student, *Journal of Clinical Nursing*, (23)11-12, 1459-1460.
- Rolfe, G. (2014b). Rethinking reflective education: What would Dewey have done?, *Nurse Education Today* (in press), doi: 10.1016/j.nedt.2014.03.006.
- Rolfe, G., Jasper, M. and Freshwater, D. (2011). *Critical reflection in practice generating knowledge for care* (2nd edition). Basingstoke: Palgrave Macmillan.
- Rubin, A.M., Perse, E.M., Powell, R.A. (1985). Loneliness, parasocial interaction and local television news viewing. *Human Communication Research*, 12, 155-180.
- Rubin, R.B. and McHugh, M.P. (1987). Development of parasocial interaction relationships, *Journal of Broadcasting and Electronic Media*. 32(3), 279-292.
- Rubin, H. J. and Rubin, I. S. (1995). *Qualitative interviewing the art of hearing data*. Thousand Oaks: Sage Publications.
- Rummelbart, D.E. and Norman, D.A. (1978). Accretion, tuning and restructuring; three modes of learning. In Cotton, J.W. and Klatzky, R.L. (Eds.) *Semantic factors in cognition* (pp.38-45). Hillside NJ, Erlbaum.
- Sackett, D.L, Rosenberg, W.M.C., Muir Gray, J.A., Haynes, B.R. and Richardson, S.W. (1996). Evidence based medicine: what it is and what it isn't, *British Medical Journal*, 312, 71–72.
- Salmon, G. (2002). *E-tivities*. London: Routledge Falmer.
- Sandeberg, K., Timmermans, B., Overgaard, M. and Cleermans, A. (2010). Measuring consciousness: Is one measure better than the other? *Consciousness and Cognition*, In press, doi:10.1016/j.concog.2009.12.013.
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited, *Advances in Nursing Science*, 16, 1-8.
- Schank, R.C. and Abelson, R.P. (1995). Knowledge and memory: the real story, *Social Cognition*, 8, 1-85.
- Schank, R. and Bermann T. (2006). Living stories. Designing story-based educational experiences, *Narrative Inquiry*, 16(1), 220-228.
- Schön, D.A. (1983). *The reflective practitioner*. Farnham: Ashgate Publishing Limited.
- Schön, D.A. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- SCONUL (2011). *The SCONUL seven pillars of information literacy: care model for Higher Education*. Retrieved from: <http://www.sconul.ac.uk/>
- Scott, D. and Usher, R. (1999). *Researching Education*. London: Cassell.
- Scully, N.J. (2011). The theory-practice gap and skill acquisition: an issue for nursing education, *Collegian*, 18, 93-98.

- Sellar, A. M., and Somda, D. A. K. (2011). Homosexuality and HIV in Africa: an essay on using entertainment-education as a vehicle for stigma reduction, *Sexuality and Culture*, 15, 279-309.
- Sellman, D. (2011). *What makes a good nurse?* London: Jessica Kingsley Publishers.
- Shaban, I.A., Khater, W.A. and Akhu-Zaheya, L.M. (2012). Undergraduate nursing students' stress sources and coping behaviours during their initial period of clinical training: A Jordanian perspective, *Nurse Education in Practice*, 12, 204-209.
- Sharpe, R., Beetham, H. and de Freitas, S. (2010). *Rethinking learning for a digital age*. Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Sharpe, R., Benfield, G., Lessner, E. and De Cicco, E. (2009). *Learner Experiences of e-Learning Synthesis Report: Explaining Learner Differences*, JISC. Retrieved from: <http://www.jisc.ac.uk/media/documents/programmes/elearningpedagogy/lxp2finalsynthesis.pdf>
- Sharpe, R., Benfield, G., Lessner, E. and De Cicco, E. (2005). *Learner Scoping Study Final Report*. JISC. Retrieved from: www.jisc.ac.uk/elp_learneroutcomes
- Shinn, M. (2006). External, not internal challenges to interdisciplinary research'. *American Journal of Community Psychology*, 38, 27-29.
- Siemens, G. (2005). Connectivism: a learning theory for the digital age, *eLearnSpace*. Dec 2004, updated 2005. Retrieved from: <http://www.elearnspace.org/Articles/connectivism.htm>
- Singhal, A., Cody, M. J., Rogers, E. M. and Sabido, M. (2004). *Entertainment-Education and Social Change: History, Research and Practice*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Singhal, A., Harter, L.M., Chitnis, K. Sharma, D. (2007). Participatory photography as theory, method and praxis: analyzing an entertainment-education project in India, *Critical Arts: South-North Cultural and Media Studies*, 21(1), 212-227.
- Singhal, A. and Obregon, R. (1999). Social uses of commercial soap operas: a conversation with Miguel Sabido, *Journal of Development Communication*, 10(1), 68-77.
- Singhal, A., Obregon, R. and Rogers, E. M. (1994). Reconstructing the story of Simplementé Maria, the most popular telenovela in Latin America of all time, *Gazette*, 54(1), 1-15.
- Singhal, A. and Rogers, E. M. (2002). A theoretical agenda for entertainment-education, *Communication Theory*, 12(2), 117-135.
- Singhal, A. and Vasanti, P. N. (2005). The role of popular narratives in stimulating the public discourse on HIV and AIDS, *South Asian Popular Culture*, 3(1), 3-15.
- Sit, J. W. H., Chung, J. W., Chow, M. C. M. and Wong, T. K. S. (2005). Experiences of online learning: students' perspective, *Nurse Education Today*, 25, 140 – 147.
- Skinner, B.F. (1938). *The behavior of organisms: an experimental analysis*. Oxford, Appleton-Century.

- Slater, M. D. (2002). Entertainment-education and the persuasive impact of narratives. In Green, M.C., Strange, J.J. and Brook, T.C. (Eds) *Narrative impact: social change and cognitive foundations* (pp151-181). Mahwah, Newjersey: Lawrence Erlbaum Publishers.
- Slater, M. D. and Rouner, D. (2002). Entertainment-Education and elaboration-likelihood: understanding the processing of narrative persuasion, *Communication Theory*, 12(2), 173-191.
- Smith, J. A. (2004). Reflecting on the development of interpretive phenomenological analysis and its contribution to qualitative research in psychology, *Qualitative Research in Psychology*, 1, 39-54.
- Smith, J. A., Jarman, M. and Osborn, M. (1999). Doing interpretive phenomenological analysis. In Murray, M. and Chamberlain, K. (Eds.) *Qualitative health psychology: theories and methods* (pp. 218-240). London: Sage.
- Smith, J. A. and Osborn, M. (2003). Interpretive phenomenological analysis. In Smith, J. A. (Ed.) *Qualitative psychology a practical guide to research methods* (pp.51-80). London: Sage.
- Smith, J. A., Harré, R. and Van Langehove, L. (1995). Idiography and the case study. In J Smith, J. A., Harré, R. and Van Langehove, L. (Eds.) *Rethinking psychology* (pp. 59-69). London: Sage.
- Smith, R.A., Downs, E. and Witte, K. (2007). Drama theory and entertainment-education: exploring the effects of a radio drama on behavioral intentions to limit HIV transmission in Ethiopia, *Communication Monographs*, 74(2), 133-153.
- Sood, S. (2002). Audience involvement and entertainment-education. *Communication Theory*, 12(2), 153-172.
- Sood, S., Menard, T. and Witte, K. (2007). The theory behind entertainment-education. In Singhal, A. Cody, M.J., Rogers, E.M. and Sabido, M. (Eds.) *Entertainment-education and social change* (pp.117-149). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Sood, S. and Rogers, E. M. (2000). Dimensions of parasocial interaction by letter-writers to a popular entertainment-education soap opera in India, *Journal of Broadcasting and Electronic Media*, 44, 386-414.
- Soul City Institute (2007). *Soul City It's Real. Evaluation Report Series 7*. Retrieved from: <http://www.soulcity.org.za/research/evaluations/series/soul-city/soul-city-its-real-evaluation-report-2007/evaluation-report-2007/view>
- Spradley, J. P. (1979). *The ethnographic interview*. New York: Holt, Rinehart and Winston.
- Stayt, L.C. (2012). Clinical simulation: A sine qua non of nurse education or a white elephant?, *Nurse Education Today*, 32, e23–e27.
- Stockwell, F. (1972). *The Unpopular Patient*. London: RCN.

- STROLL (2009). *Learner experiences of e-learning: STROLL completion report*. [online] Retrieved from: <https://radar.brookes.ac.uk/radar/items/d888c8a6-5152-813b-532e-4bf41704bfba/1/>
- Sung, Y., Kwon, I. G. and Ryu, E. (2008). Blended learning on medication administration for new nurses: integration of e-learning face-to-face instruction in the classroom, *Nurse Education Today*, 28, 943 – 952.
- Sutton, B. and Basiel, A.S. (2014). *Teaching and learning online: new models for a connected world*. Volume 2. Oxford: Routledge.
- Sypher, B.D., McKinley, M., Ventsam, S., and Valdeavellano, E.E. (2002). Fostering reproductive health through entertainment—education in the Peruvian Amazon: the social construction of Bienvenida Salud, *Communication Theory*, 12(2), 192-205.
- Tait, M., Tait, D., Thornton, F. and Edwards, M. (2008). Development of a critical care e-learning scenario'. *Nurse Education Today*, 28, 970-980.
- Taylor, E. (2009). Fostering transformative learning. In Taylor, E.W. and Mezirow, J. (Eds.) *Transformative learning in practice insights from community, workplaces and higher education*. San Fransisco: Jossey-Bass. [Kindle edition]. Retrieved from www.amazon.co.uk
- Tobin, G. and Begley, C. (2004). Methodological rigour within a qualitative framework, *Journal of Advanced Nursing*, 48(4), 388-396.
- Tufte, T. (2004). Soap-operas and sense-making: mediations and audience ethnography. In Singhal, A. Cody, M.J., Rogers, E. M. and Sabido, M. (Eds.) *Entertainment-education and social change* (pp. 117-149). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Tuxbury, J. S., Wall-McCauley, P. M. and Lement, W. (2012). Nursing and theatre collaborate: an end-of-life simulation using forum theatre, *Journal of Nursing Education*, 51(8), 462-465.
- Twomey, A. (2004). Web-based teaching in nursing: lessons from the literature, *Nurse Education Today*, 24, 452-458.
- Tyler, J.A. (2009). Charting the course. In Taylor, E.W. and Mezirow, J. (Eds.) *Transformative learning in practice insights from community, workplaces and higher education*. San Fransisco: Jossey-Bass. [Kindle edition]. Retrieved from www.amazon.co.uk
- Van Manen, M. (1990). *Researching lived experience*. London: State University of New York Press.
- Vandermause, T.K. and Townsend, R.P. (2010). Teaching thoughtful practice: Narrative pedagogy in addictions education, *Nurse Education Today*. 30, 428-434.
- Vaughn, S. (2012). Stroke and heart disease prevention education via telenovela: a focus group's evaluation, *Rehabilitation Nurse*, 37(5), 215-9.
- Vittrup, A. C. and Davey, A. (2010). Problem based learning - bringing everything together - a strategy for graduate nurse programs, *Nurse Education in Practice*, 10(2), 88-95.

- Volk, R.J., Jibaja-Weiss, M.L., Hawley, S.T., Kneuper, S., Spann, S.J., Miles, B.J. and Hyman, D.J. (2008). Entertainment-education for prostate cancer screening: A randomized trial among primary care patients with low health literacy, *Patient Education and Counseling*, 73, 482–489.
- Vorderer, P., Klimmt, C. and Ritterfeld, U. (2004) Enjoyment: at the heart of media entertainment *Communication Theory*, 4, 388-408.
- Vygotsky, L.S. (1962). *Thought and language*. Cambridge MA: MIT Press.
- Vygotsky, L.S. (1978). *Mind in society: the development of higher psychological processes*. Cambridge MA: Harvard University Press.
- Walker, S., Jameson, J. and Ryan, M. (2010). Skills and strategies for e-learning in a participatory culture. In Sharpe, R., Beetham, H. and de Freitas, S. (Eds.) *Rethinking learning for a digital age*. Routledge, London. [Kindle edition]. Retrieved from www.amazon.co.uk
- Walsh, M. (2011). Narrative pedagogy and simulation, *Nurse Education Today*, 11, 216-219.
- Walsh, M. and Crumbie, A. (2011). Initial evaluation of Stilwell: a multimedia virtual community, *Nurse Education Today*, 11, 136-140.
- Ward, K. and Hartley, J. (2006). Using a virtual learning environment to address one problem with problem based learning, *Nurse Education in Practice*, 6, 85 – 191.
- Watson, J. (1998). A meta-reflection on reflective practice and caring theory. In Johns, C. and Freshwater D. (Eds.) *Transforming nursing through reflective practice* (pp.214-221). Oxford: Blackwell Science.
- Watson, J. (2008). *Nursing: the philosophy of nursing science*. Revised edition. Colorado: University Press of Colorado.
- Watson, L. and Girard, F. (2004). Establishing integrity and avoiding methodological misunderstanding, *Qualitative Health Research*, 14(6), 875-881.
- Wheeler, B. (2013). Twitter users: A guide to the law, *BBC News Magazine*, 26 February 2013. Retrieved from: <http://www.bbc.co.uk/news/magazine-20782257>
- Whittemore, R., Chase, S. K. and Mandel, C. L. (2001). Validity in qualitative nursing research, *Qualitative Health Research*, 11(4), 522-537.
- Wilkin, H.A., Valente, T.W., Murphy, S. Cody, M.J. Huang, G. and Beck, V. (2007). Does entertainment-education work with Latinos in the United States? Identification and effects of a Telenovela Breast Cancer Storyline, *Journal of Communication: International Perspectives*, 12(5), 455-469.
- Wilkinson, A., Forbes, A., Bloomfield, J. and Fincham Gee, C. (2004). An exploration of four web-based open and flexible learning modules in post-registration nurse education, *International*

Journal of Nursing Studies, 41, 411-424.

Willis Commission Report (2012). *Quality with compassion: the future of nursing education*. London: Royal College of Nursing.

Wolcott, H. (1994). *Transforming qualitative data*. London: Sage

Wood, P.J. (2014). Historical imagination, narrative learning and nursing practice: Graduate nursing students' reader-responses to a nurse's storytelling from the past, *Nurse Education in Practice*, In press, 1e6, <http://dx.doi.org/10.1016/j.nepr.2014.05.001>

Yoo, S.J. and Huang, D.W. (2011). Comparison of Web 2.0 technology acceptance level based on cultural differences, *Journal of Educational Technology and Society*, 14(4), 241-252.

Yu, F.Y. and Liu, Y.H. (2009). Creating a psychologically safe online space for a student-generated questions learning activity via different identity revelation modes, *British Journal of Educational Technology*, 40(6), 1109-1123.

Zvanut, B., Pucer, P., Licen, S., Trobec, S., Plazar, N. and Vavpotic, D. (2011). The effect of voluntariness on the acceptance of e-learning by nursing students, *Nurse Education Today*, 31, 350-355.

Appendix 1 Summary of outcomes of entertainment-education literature search

British Educational Index

- Entertainment AND education = 99 hits
- Limited for quality to peer reviewed = 88 hits
- Using NOT educational technology = 77 hits
- Literature between 2000 and 2005 = 5 hits
- Literature between 2005 and 2010 = 15 hits
- Literature between 2010 and 2015 = 57 hits

ERIC

- Entertainment AND education = 524 hits
- Limited to peer reviewed = 334 hits
- NOT educational technology 279 hits
- Literature between 2000 and 2005 = 86 hits
- Literature between 2005 and 2010 = 91 hits
- Literature between 2010 and 2015 = 102 hits

CINAHL PLUS

- Entertainment AND education = 199 hits
- Limited to peer reviewed journals = 189 hits
- NOT educational technology = 186 hits
- Literature between 2000 and 2005 = 41 hits
- Literature between 2005 and 2010 = 73 hits
- Literature between 2010 and 2015 = 72 hits

Appendix 2 Steps in IPA analysis Smith & Osborn (2003)

Interpretive Phenomenological Analysis Smith & Osborn (2003)

- Focus is on meaning rather than measuring frequency
- Researcher develops an iterative relationship with the transcript
- Start with one case, explore in detail then move on slowly
- Work from the idiographic to the general
- 7 step approach

Step 1: Looking for themes in the first case (p. 67)

- Read transcript
- Use left-hand margin to annotate interesting/significant
- No rules – may paraphrase, summarise, make connections, preliminary interpretations.
- ‘Free textual analysis’
- Continue process for the whole first transcript

Step 2 (pp. 68-71)

- Re-read transcript from the beginning
- Use right-hand margin to document emerging themes/titles
- Initial notes are transformed into concise phrases
- Aim is to capture ‘essential quality’ of what was found in the text
- Skill – making high-level connections while remaining grounded in the text.
- Transformation of notes to themes continues for the whole first transcript
- If similar themes emerge – same title is repeated
- At this stage – entire transcript is treated as data. No attempt is made to omit or select passages for special attention

Step 3: Connecting themes (pp. 71-72)

- List emergent themes on a piece of paper
- Initial list will be chronological as they arose in the transcript
- Try to make sense of connections between themes and re-order analytically/theoretically
- Some themes will cluster together
- Some themes will emerge as superordinate concepts

- As clusters emerge they are checked in the original transcript to 'make sure connections work for the primary source material'
- Iterative process – involves close connection between reader and text.
- Can also help to compile 'directories' of participant's phrases that support related themes.

Step 4: Make a table of themes (pp.72-73)

- Produce a table that orders themes coherently
- Steps 1-3 will have produced clusters of themes which represent participant views
- Each cluster is now given a name which represents the superordinate theme
- The table lists the themes which go into the superordinate theme
- An identifier is created for each superordinate theme
- The identifier indicates where in the transcript instances of each theme can be found by giving key words and the page number.
- Nb Murray and Chamberlain (1999 p223) suggest here that themes can also be dropped at this stage

Step 5: Continue the analysis with other cases (pp.73)

- For this phase either use the themes from the first case to help orientate the subsequent analysis
- OR put the table of themes for the first participant to one side and start afresh
- Aim to identify repeating patterns and new emerging issues
- Recognize ways in which participants are similar but also different.

Step 6: Make a final table of superordinate themes (pp. 76)

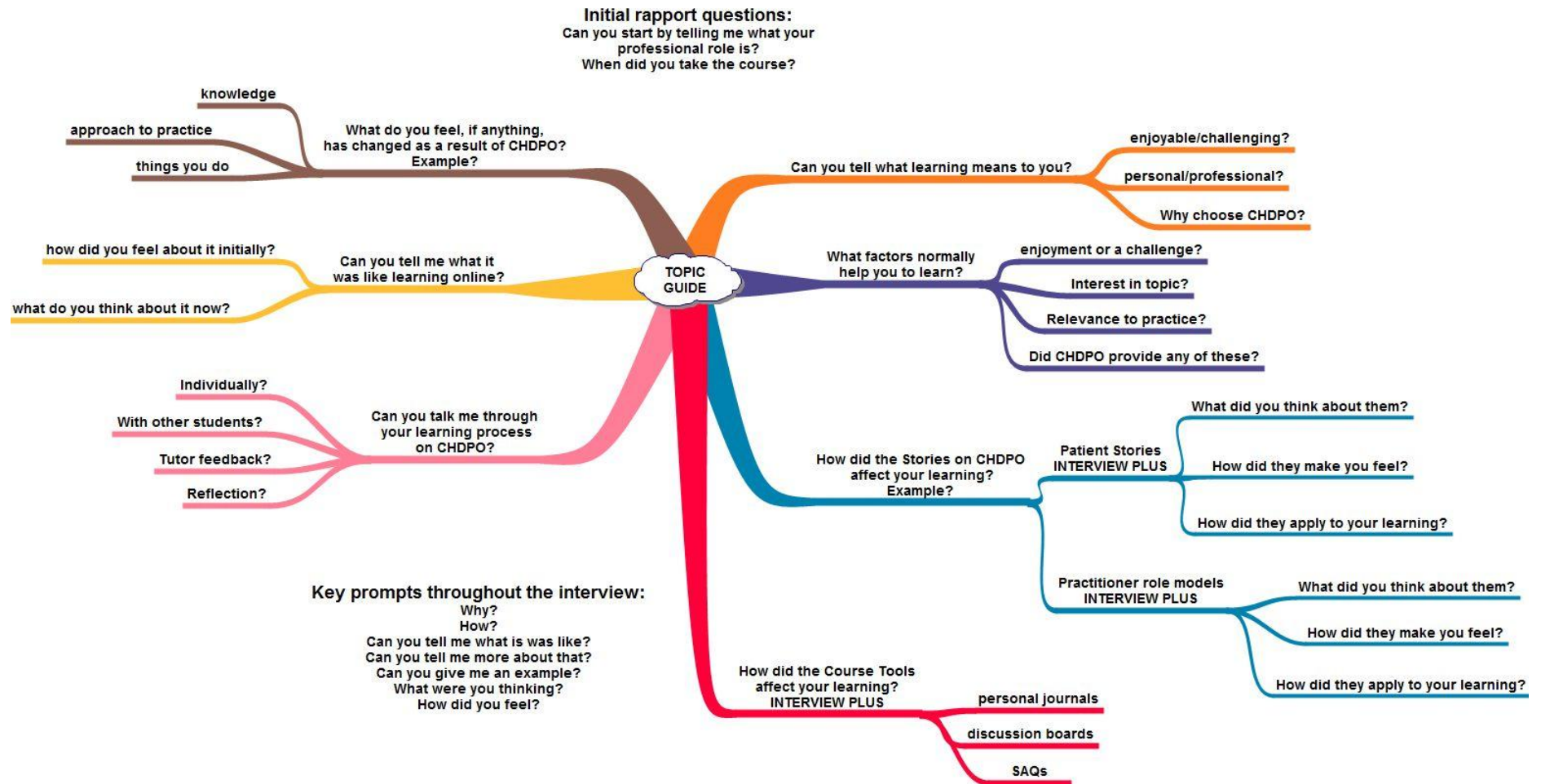
- Once each transcript has been analysed by the iterative process, construct a final table of superordinate themes
- This requires researcher to prioritise where to focus
- Themes are not selected based purely on prevalence but richness and illumination are considered
- If new superordinate themes may be found later in the analysis, earlier transcripts will be reviewed

Step 7: Write up

- Moves from final themes to a statement about meaning
- Translating themes into a narrative account

- Analysis will therefore often be expanded in the writing phase as themes are explained and illustrated
- Careful distinctions are made between respondents statements and analyst's interpretations
- 2 presentation strategies possible either separate results and discussion of links to literature or combined results and discussion of links to the literature.
- Separate approach = one section showing themes from the analysis – researchers ideas and participants words. Another section to explore the implication of these themes in relation to the literature.

TOPIC GUIDE FOR TALES FROM THE CARDIOVERSE



Appendix 4 Reflections on Piloting the Topic Guide

11th August 2008

Topic guide and learning artefacts were piloted with 2 colleagues prior to use in interview with participants. The order of the questions was found to be logical and questions overall appeared clear. However question 5 needed amendment as the term 'course tools' was felt to be jargonistic. It was therefore decided to revise this question to say 'learning tools such as...' and deploy the learning artefact examples related to each tool at that point.

Was the change made based on the pilot effective?

29th August 2008

The change to the wording appeared to work well in the interviews. Participants appeared to clearly understand what was meant by learning tools and needing little clarification. However stating examples of learning tools proved helpful and gave participants the choice of which tool to discuss and so enabled them to selected the one most relevant to their experience.

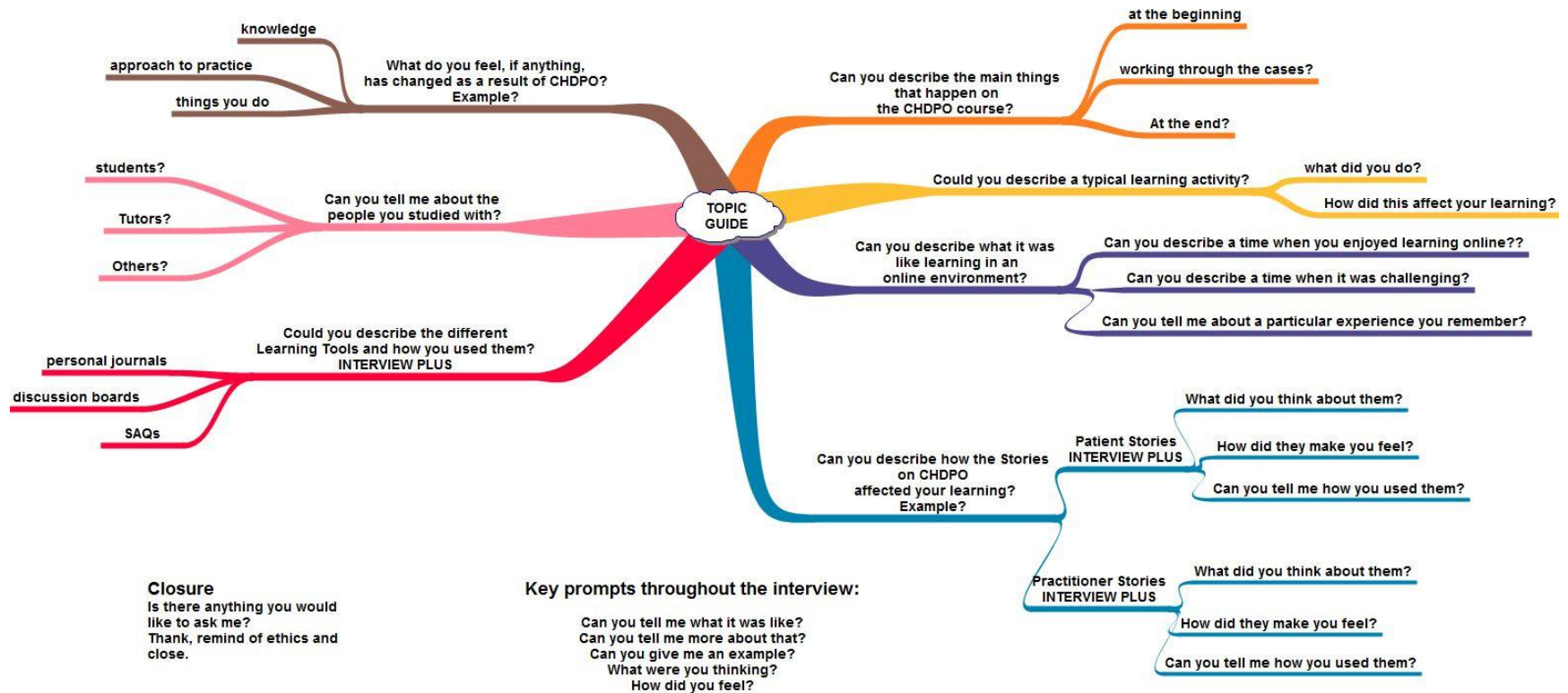
TOPIC GUIDE FOR TALES FROM THE CARDIOVERSE

The lived experience of learning through online entertainment-education.

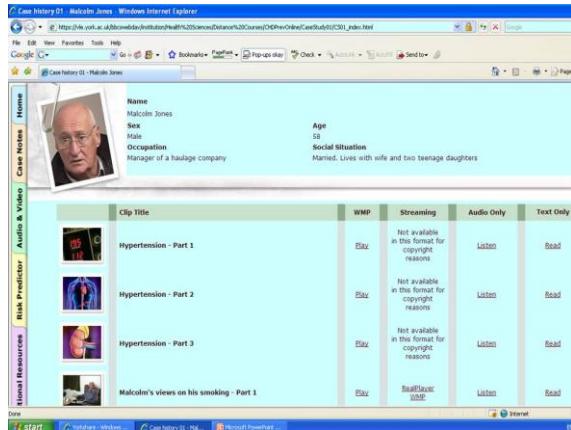
What is the nature of the student learning experience in online entertainment-education?

How do students learn through online entertainment-education?

Initial rapport questions:
 Explain purpose & process
 Confirm consent & thanks
 Can you start by telling me what your professional role is?
 When did you take the course?



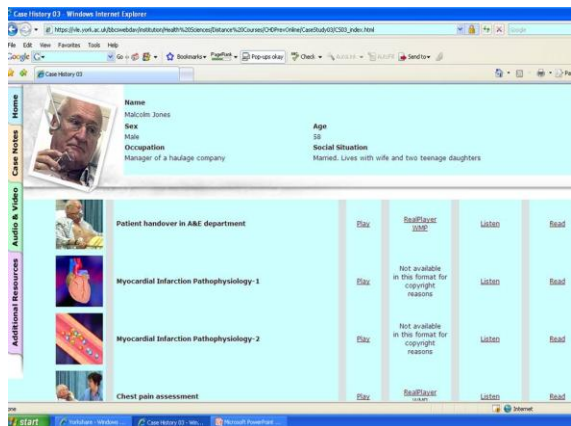
Appendix 6 Generic Learning artefacts of patient characters shown to participants in A4 size.



Case Study 1: Malcolm Jones



Case Study 2: Mohammed Khan



Case Study 3: Malcolm Jones




Case Study 4: Deidre Byrne

The screenshot shows a web browser window with the following content:

Case History 04 - Windows Internet Explorer
Address bar: http://www.cph.ucla.edu/meded/inst/abn/health/2006/02/06/CaseStudy04/CaseStudy04_index.html

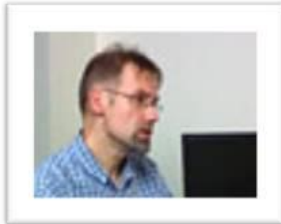
Case History 04

Name: Deidre Byrne
Sex: Female
Age: 62
Occupation: House wife
Social Situation: Widowed

Clip Title	WMP	Streaming	Audio Only	Text Only
 Deidre's monologue	Flux	RealPlayer VMS	Listen	Read
 Theme 1	Flux	RealPlayer VMS	Listen	Read
 Theme 2	Flux	RealPlayer VMS	Listen	Read

Appendix 7 Generic learning artefact of practitioner characters

Case 2: Mark
with
Mohammed
Khan



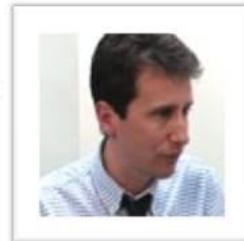
Case 3: Jenny
with
Malcolm
Jones



Case 3: Rosie
with
Malcolm
Jones



Case 4: Jerome
with
Deidre
Byrne



Practitioners



Appendix 8 Examples of individual learning artefacts

Subject: RE:RE:General chat...	
Author: Sarah Posted date: Sunday, April 29, 2007 10:15:33 PM BST Last modified date: Sunday, April 29, 2007 10:15:33 PM BST Total views: 21 Your views: 3	
Show Parent Post	
<p>Hi Pam,</p> <p>Thanks for getting in touch. It's the Primary prevention thing I am finding a little difficult to get my head round. As a practice nurse, I was wondering what facilities/resources are available to you for your patients? For example stress issues. We assist our patients to identify stresses and work through them but we also have the support of stress management groups/cognitive behavioural sessions and stress management.(we also use the Hospital Anxiety and Depression score to assist us) I may be being unrealistic in Malcolm's case study in what I am offering him ,so your help with this would be great. I haven't got my head round the Score article yet so can't comment as yet but I most certainly would like to discuss the pros and cons of the tools as I currently don't use any tool. I am worried I won't be able to accurately critically analyze them. HELP!!!!</p> <p>Thanks Sarah xx</p>	

Subject: RE:RE:ACTIVITY 9: Mohammed's reaction	Reply Quote Modify Set Flag Remove
Author: Mandy Posted date: Sunday, February 24, 2008 11:10:05 PM GMT Last modified date: Sunday, February 24, 2008 11:10:05 PM GMT Total views: 7 Your views: 3	‹ Previous Post Next Post ›
Show Parent Post	
<p>I was not in the least surprised by Mohammed's reaction. Having had a similar experience in a different context myself only a week ago, I felt as fed-up and angry (until next day!) - How unhelpful was that for the person and for me? My concern with the actions of the practitioner was not just that there was no change, or likelihood of change, but that by increasing the resistance, Mohammed had been induced to develop a whole new justification 'I am a purist, I like full milk,.'. So he landed up giving an explanation that, was really exaggerated</p> <p>To be induced to say ' I live life to the full, I'll die, I don't care anymore' is pretty desperate.</p> <p>I'd feel better if I didn't strongly suspect I've done this to patients at times (words chosen advisedly).</p> <p>thanks Mandy</p>	
Subject: RE:RE:ACTIVITY 9: Mohammed's reaction	

Appendix 9 Interview 1 Contact Summary

Point 5 illustrates feedback on use of learning artefacts within the interview

Contact Summary Sheet*			
Participant Pseudonym	Mary	Date of interview	12/08/2008
Participant age	48	Type of interview	FACE-TO-FACE
Gender	female	Cohort	Oct 07
Ethnicity	Caucasian	Tutor	XX
Highest qualification	Baccalaureate Also has prescribing & minor injuries	Grade	B
Job role	Practice Nurse	Interview Number	1

*Based on Miles and Huberman 1994 p. 51

Summarize your overall impression.

Seemed to have an overall positive learning experience of CHDPO. Could identify how it had made a difference to her practice and could also identify limitations of learning in this way

1. What were the main themes/relationships that struck you?

Reported change in practice. Main thing that has changed for Mary is the motivational interviewing and the ability to ask open questions rather than closed questions in consultation with her patients. She now feels able to be more exploratory in her interviews with patients. It seems that observing the video case studies has really helped her to do that.

Significance of cases. She remembered the patient cases in particular the one on chest pain seemed significant for her. It was the first one she mentioned. Very real for her. Gave her a very different experience. Good to do something different from what she would normally do. She has been able to integrate this into the triage process at work and was able to describe how she uses that day to day.

?Learning though patient characters

It's a good one the chest pain because in effect Mary has learned how to triage chest pain in her clinical practice based only on what she has done on the course.

?Learning though practitioner characters

Practitioner character Mark in particular – the transitional role model. Mary says how not to do it as well as how to do it has been really useful for her. She saw a lot of herself in the how not to and seemed to think if Mark could change so could she.

2. Anything additional that was salient or illuminating?

Observing clinical practice in situ with GPs compared to observing clinical practice online. Both useful. Not really much different. Took from it what she wanted and adapted/modified what she observed to suit her situation ? used both learning experiences in the same way. Possible implications for this are that we are giving the same kind of learning experience online as students would get in the real world.

Mary saw herself as a **social learner**. Liked social aspects like the Coffee Room – missed these aspects online compared to classroom. She did get involved in social aspects of learning such as the DB and Coffee Room but said they got harder to be involved in as the course went on and the workload got more heavy. Interesting that Mary would describe herself this way as I also thought she was a social learner based on her DB postings.

3. Has this generated any questions relevant for other interviews?

Not sure yet...all of the above...but don't want to push

4. Feedback on the interview process with me.

Went well. Mary liked the learning artefact flash cards. She felt it helped remind her about the patient cases and the practitioners. She would point at them to illustrate and shuffle through them to find example of what she meant. Seemed to help her talk about think in more detail. *Oh yeah I remember this is the patient that...*

Mary felt a little 'uncomfortable' looking at her own posts from DB and PJs. Mainly because she couldn't always remember making a particular post but some did serve to prompt her and help her describe how she had used them. So ? if appropriate to use these in future (NB could see her discomfort so didn't use all the ones I took with me as I think these slowed down the conversation rather than added to it. Asking her about specific posts didn't seem to enhance the quality of the description she gave. Making comments to her about the way she used/did not use the course tools seemed to work better.)

5. Reflection on interview

Rapport easy to build. Interviewed Mary at home – talked about her garden. Weather was awful – stormy that day – talked about that. Shared some personal info about families etc.

Appendix 10 Interview 2 Contact Summary

Point 5 illustrates feedback on use of learning artefacts within the interview

Contact Summary Sheet			
Participant pseudonym	Janet	Date of interview	12/08/2008
Participant age	54	Type of interview	TELEPHONE
Gender	Female	Cohort	Oct 07
Ethnicity	Caucasian	Tutor	XX
Highest qualification	Certificate (L4)	Grade	A
Job role	Snr Exercise Teacher. Manager co-ordinator for charitable service.	Interview Number	2

1. Summarize your overall impression.

Emancipatory learning experience for this student (in her own words!)– first successful degree level study and based on this experience is taking further study at this level.

Awesome changes that had occurred as a result of CHDPO. 1) in response to Mo Khan she had put in a funding bid to improve access of S.Asian patients to the service. 2) Training on Motivational Interviewing for her staff as a result of her experience with case 2. Changes influenced by character Mark's capacity to change outcomes of consultation by using different skills and strategies. She felt able to do so and wanted her staff to do the same.

2. What were the main themes/relationships that struck you?.

Discussion board as sound board. Opportunity to share ideas with other learners and get support Techno-phobe to techno-joy through this learning experience....

Building virtual relationships via discussion board. Whole course having a 'human-ness' about it. A camaraderie amongst students that can be helpful/supportive to learning.

Anonymity of online learning an advantage. Mistakes don't matter because can't be seen by other students. More confidence to test out ideas. Discussions therefore more liberating in the virtual world than in the real world.

Using DB and PJ cathartically.

3. Anything additional that was salient or illuminating?

Interactivity such as JBS2 risk assessment tool. Opportunity to try stuff out in safe environment gives confidence to use in practice.

Audio-visual in particular audio. Helps self organisation

Flexibility to study at any time – fits in lifestyle.

Paced activities. Discrete cases and staged release of cases helped to focus study.

4. Has this generated any questions relevant for other interviews?

Human-ness of the course. Did others feel this or was it just Janet?

Camaraderie amongst students, did others experience this? Was this only experienced by those who engaged/did well?

Anonymity of online learning an advantage? Did others feel it was an advantage not meeting face-to-face. Nb this already contrasts with Mary who maybe felt this was a downside.

Some of the things Janet says in her interview about how she felt she used discussion board seems to contrast with her observed posting behaviour. Must check this more closely.

5. Feedback on the interview process with me.

Janet saw it as an opportunity to catch up and talk about what she'd been doing since the module and how it had helped her. She enjoyed getting the pictures of patient/practitioner characters in the post. Helped her remember. I think I was more embarrassed about drawing her attention to her individual posts than she was. She seemed to recall reasons behind posts and happy to talk about them...

6. Reflection on interview

Productive interview. Janet talked a lot. Rapport easy to build even though on the phone. How are you? What are you up to now? etc

Appendix 11 April 2007 Cohort sample and recruitment

MAILSHOT 1						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Xxxx Xxxxxx		27/06/08		29/07/08	Would prefer email discussion
CD	Sarah	4	27/06/08	30/06/08		
EF	Xxxx Xxxxxx		27/06/08			Follow up call on 29/07 not returned

MAILSHOT 2						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Xxxx Xxxxxx		1/08/08	2/09/08	6/10/08	Student withdrew prior to interview
CD	Xxxx Xxxxxx		1/08/08			Letter returned to sender
EF	NONE AVAILABLE					

MAILSHOT 3						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Xxxx Xxxxxx		1/09/08			Recruited but not required
CD	Xxxx Xxxxxx		1/09/08			
EF	NONE AVAILABLE					

MAILSHOTS 4 - 9 planned but not required

Appendix 12 October 2007 Cohort sample and recruitment

MAILSHOT 1						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Janet	2	27/06/07	3/07/08		
CD	Xxx Xxxx		27/06/07		n/a	Letter returned to sender
EF	Carol	3	27/06/07	31/7/08		

MAILSHOT 2						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Mary	1	1/08/08	6/08/08		
CD	Xxxx Xxxxx		1/08/08		1/09/08	Personal reasons
EF	Xxxx Xxxxx		1/08/08		1/09/08	Work reasons

MAILSHOT 3						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Grace	9	1/09/08	29/09/08		On follow up
CD	Xxxx Xxxxx		1/09/08			No response
EF	Xxxx Xxxxx		1/09/08		7/09/08	Did not wish to participate

MAILSHOTS 4 – 10 planned but not required.

Appendix 13 January 2008 Cohort sample and recruitment

MAILSHOT 1						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Xxxx Xxxxx		27/06/08		11/08/08	Did not wish to participate
CD	John	5	27/06/08	7/07/08		
EF	Debbie	7	27/06/08	22/08/08		

MAILSHOT 2						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Xxxx Xxxxx		1/08/08			Letter returned to sender
CD	Mandy	6	1/08/08	4/09/2008		
EF	Xxxx Xxxxx		1/08/08			Follow up call on 1/09 not returned

MAILSHOT 3						
GRADE	PARTICIPANT NAME	PARTICIPANT NUMBER	CONTACT DATE	ACCEPTED (DATE)	DECLINED (DATE)	COMMENTS
AB	Angela	8	1/09/08	2/10/08		
CD	Xxxx Xxxxx					
EF	Xxxx Xxxxx					

MAILSHOTS 4 – 6 planned but not required

Appendix 14 Invitation to participate

THE UNIVERSITY *of York*

DEPARTMENT OF
HEALTH SCIENCES

date

C Block

Alcuin College

University of York

Name

Heslington

York YO10 5DD

Direct line (01904) 321398

Email: rm26 @york.ac.uk

Dear

I am currently conducting a doctoral research study that is exploring the learning experiences of students who have studied using online entertainment-education. The study is called *Tales from the Cardioverse: The lived experience of learning through online entertainment-education*. I am writing to invite you to take part in this study because you were a student on the CHD Prevention Online course in (month/year). This course is the focus of the study.

I would like to invite you to participate in a 1-hour recorded interview about your experience of studying with online entertainment-education on the CHD Prevention Online course. The interview can take place either face-to-face or over the telephone; whichever you prefer. I would also like to explore the personal journals and discussion boards that were used on the CHD Prevention Online course. Therefore I am seeking your permission to read and analyse the personal journals and discussion boards that you used.

If you choose to take part in the study, your interview will be recorded and then transcribed. Quotes from the interview, personal journals and discussion boards may be used for research reports and publications related to my doctoral study. All quotes used will be anonymised so you will not be identifiable by the things you said in the interview or posted in the personal journals and discussion boards. If you would like to participate in the study please complete the Consent Form with this letter and return it in the envelope provided. Please return the reply slip by (date – one month

hence). If you do not return the reply slip by this date it will be assumed you do not wish to participate.

In return for your participation in the study, I will be happy to provide you with a copy of any publications that result from this work. If you would like to discuss the study in more detail before deciding whether to participate, please do contact me and I will be happy to answer any questions you may have.

If, after having participated in the study, you decide you do not want your comments to be used in my research, you can let me know and I will destroy all records of your participation.

I would like to take this opportunity to thank you for reading this letter and giving this matter your consideration.

Yours sincerely,

Ros Brownlow

CHD Prevention Online.

Appendix 15 Consent form



CHD Prevention Online

Consent Form

Tales from the Cardioverse Study

Please read this form carefully and ask if there is anything that you do not understand.

Name (PRINT)

I confirm that I have read the study information dated 26/06/08 and I understand what the study aims to do. Yes / No

I have had an opportunity to ask questions and clarify anything that I do not understand. Yes / No

I understand that my participation is voluntary and that I can withdraw from the study at any time without giving an explanation and that this will not affect my results/involvement with CHD Prevention Online. Yes / No

I agree to participate in a 1 hour recorded interview about my experience of CHD Prevention Online. Yes / No

I am happy to allow the researcher to access the personal journals and discussion boards I used on the CHD Prevention Online course. Yes / No

I understand that the information gathered will be used to write research articles and reports, but will not identify me by name. Yes / No

I have considered all the information provided and I am happy to take part in this study. Yes / No

I freely give my consent to take part in this study

Signature: Date:.....

I have given written information and a verbal explanation to the above named person who has given their consent to participate.

Investigators Signature: Date:

Appendix 16 Reflections on interviewing Participant 7

Description

These reflections are based on my interview with participant 7. They reflect on the interviewing process and my position as a researcher practitioner.

Thoughts before the interview

I think I was a little nervous about interviewing Participant 7. I think my concerns about this interview were around what she might actually say. I knew she had failed the module at first attempt (though she passed on second attempt) and I knew she was upset about it. I knew this was bound to impact on how she felt about her learning experience.

I guess I was concerned about what she might say about the module and it made me realize that although cognitively I was aware that both positive and negative things might be said about learning experiences on the module, emotionally perhaps I wasn't quite as ready as I thought.

While I actually really wanted to hear about the challenges Participant 7 had experienced because they would add to my depth of understanding of the learners' experience, I was surprised to find myself worried how Participant 7's experience might make the module appear. I was aware that this is a ludicrous position to take really but found myself there anyway. I was then concerned that thinking this way might make me appear defensive in the interview, so, I needed to consider how I would manage that. I had to try to remain open and receptive, even though I had some anxieties.

I think drawing on my experience as a practitioner is the best way to deal with this. In consultations in clinical practice, I have commonly had to maintain a neutral position and so I have developed techniques for doing so which I think will probably apply here. So the steps I'm going to take are

- 1) Identify my position, label it and park it. Do not defend the module.
- 2) Set my intention for the interview: a genuine willingness to understand participant 7's experience.
- 3) Plan strategies for managing anything that feels challenging. Techniques from motivational interviewing to show empathy and maintain neutrality – coming alongside and confrontation avoidance.
- 4) Remembering the benefits of maintaining a neutral position – it allows me to hear a range of learner experiences. I am fortunate participant 7 volunteered to participate in the study.

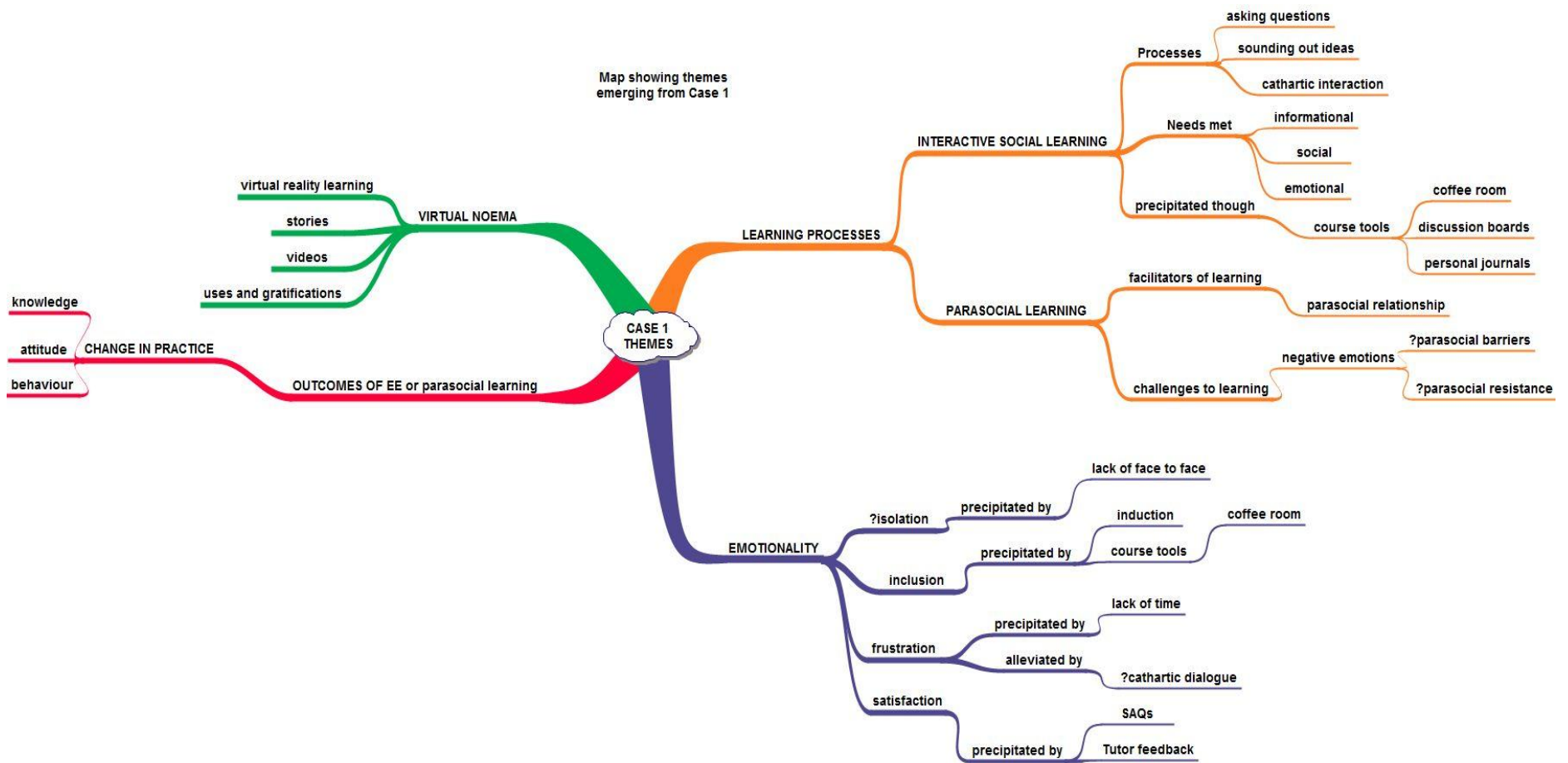
Reflections after the interview 10/10/2008

Reflecting back on the interview with participant 7 is very humbling. The first thing that strikes me is that initially she was nervous. I wonder if she was nervous because she knew I knew there were aspects of the module she had found difficult. The skills I needed for this interview were not so much about managing my potential for defensiveness as I had thought

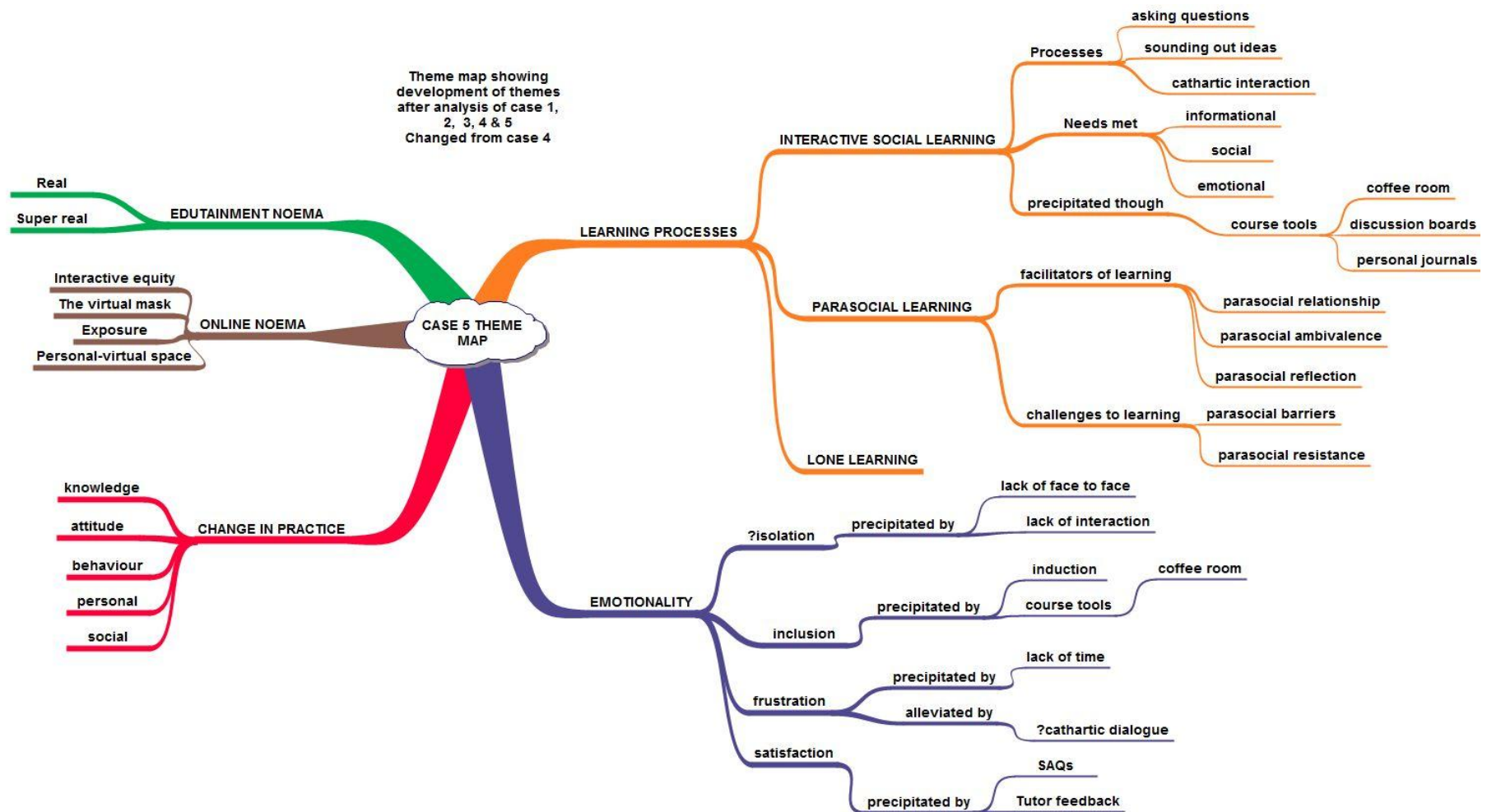
but on allaying participant 7's anxiety, helping her to feel comfortable and encouraging her to say what she really felt. I used reflective questioning, double sided reflection and paraphrasing to express my empathy and encourage participant 7 to express her ideas.

I think participant 7's motivation for engaging in this interview was that she really wanted me to know what it was like for her. She wanted me to hear that she had worked really hard printing off all the module materials. She wanted me to know what hadn't worked for her: that she never seemed to have enough time to study and posting to discussion boards after discussions had finished meant she felt like she was studying alone. I can see why for participant 7, it was so difficult. She had really had to persevere. I really felt for her.

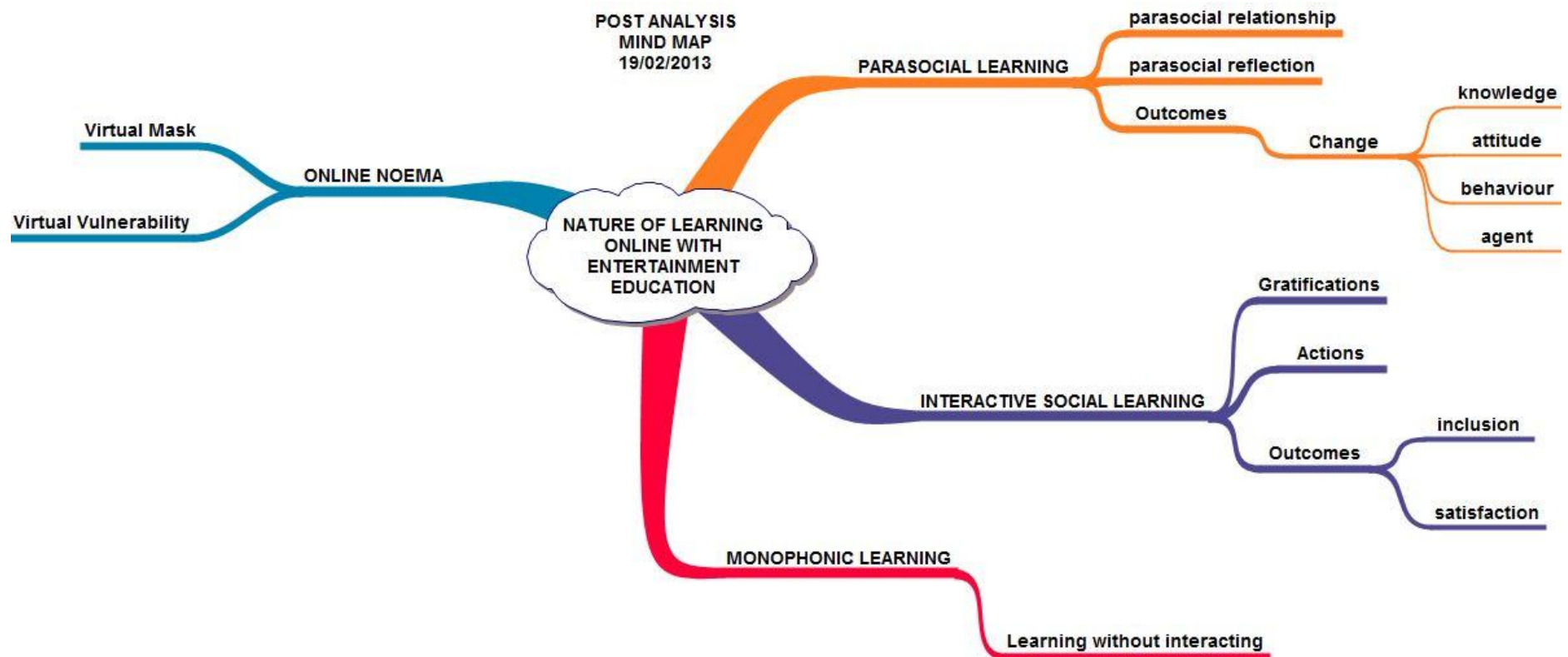
Based on the data obtained from this interview I think I was able to put my ego and my issues to one side and encourage participant 7 to talk about her experience. So trying to maintaining a neutral position had been a good strategy, even if the reasons for doing so were somewhat different than I had anticipated.



Appendix 17 Case 1 theme map showing repetition of parasocial learning



Appendix 18 Theme map showing analysis after case 5



Appendix 19 Final theme map after idiographic and cross case analysis

Appendix 20 Table showing themes which emerged from Case 1 only

CASE 1 THEME TABLE					
SUPERORDINATE THEME	PARA-SOCIAL LEARNING	INTERACTIVE SOCIAL LEARNING	EMOTIONALITY	CHANGE IN PRACTICE	VIRTUAL NOEMA
THEMES	<ul style="list-style-type: none"> • Para-social relationship • Para-social reflection • Para-social barriers 	<ul style="list-style-type: none"> • Actions <ul style="list-style-type: none"> ○ Asking questions ○ Sounding out ideas ○ Cathartic interventions • Gratifications <ul style="list-style-type: none"> ○ Informational ○ Social ○ emotional 	<ul style="list-style-type: none"> • Isolation • Inclusion • Frustration • Satisfaction 	<ul style="list-style-type: none"> • Knowledge • Attitude • Behaviour 	<ul style="list-style-type: none"> • Entertainment noema • Online Noema <ul style="list-style-type: none"> ○ Interactive equity
IDENTIFIER	PSL	ISL	E	CIP	VN
LINE NUMBER	209,220, 306,383, 409,418,474,483, 486,491, 510,567,578,597, 642,652,677, 715, 900, 912,923	108,126, 777,793, 862,870, 952.958,972,988	55,96, 100,116,143, 213, 460,469, 736, 912,978, 1010,1043,1071,1093	246,257,269, 301,328,389, 430,469, 510	159,171,183, 220, 389, 461, 677, 710

Table showing themes which emerged from Case 1 only
Points to consider:

- Shows empathy with patient & practitioner characters
- Makes comparisons between real & virtual worlds – prompts consideration of change in own practice
- Are negative emotional responses to some characters barriers to learning?

Appendix 21 Table showing themes which emerged from Case 5 only

CASE 5 THEME TABLE 25/10/2010							
SUPER-ORDINATE THEME	PARA-SOCIAL LEARNING	INTERACTIVE SOCIAL LEARNING	EMOTIONALITY	CHANGE IN PRACTICE	EDUTAINMENT NOEMA	ONLINE NOEMA	LONE LEARNING
THEMES	<ul style="list-style-type: none"> • Para-social ambivalence • Para-social reflection • Para-social barriers • Para-social resistance 	<p>Actions</p> <ul style="list-style-type: none"> • Asking questions • Sounding out ideas • Cathartic interventions <p>Gratifications</p> <ul style="list-style-type: none"> • Informational • Social • emotional 	<ul style="list-style-type: none"> • Isolation • Inclusion • Frustration • Satisfaction 	<ul style="list-style-type: none"> • Knowledge • Attitude • Behaviour 	<ul style="list-style-type: none"> • Real • Super-real 	<ul style="list-style-type: none"> • Interactive equity • Virtual mask • Exposure • Personal-Virtual Space 	<ul style="list-style-type: none"> • Lone learning
IDENTIFIER	PSL	ISL	E	CIP	EN	ON	LL
LINE NUMBER	69, 275 416,423,462	None	76, 113,127 220,231,235,240, 256,270 327,354,358,363, 380,387 401, 507,609		76, 105, 240	139,146,160, 176,184,195, 200, 550, 557, 585,587	507, 533

Table shows case 5 themes. Themes from other cases not seen in case 5 shown in faint type.

PARASOCIAL LEARNING

- Parasocial ambivalence – does not perceive patient cases as significant
- Attempts reflection but not parasocial as links to reading materials. More description of what has been read rather than reflection.

INTERACTIVE SOCIAL LEARNING

- Not at all in this case.

EMOTIONALITY

- No Inclusion or isolation but did feel exposed/inhibited – see below
- Frustration – mostly due to lack of time for study
- Satisfaction - mostly due to flexibility and tutor support

CHANGE IN PRACTICE

- No change in practice. Attempts to make links but inappropriate to the context

VIRTUAL NOEMA

- Closed VIRTUAL NOEMA theme AND DIVIDED into edutainment Noema theme and Online Noema theme cluster but ?Edutainment not significant enough to be a them cluster in its own right yet.
- Edutainment Noema – present in case 5 though not particularly significant
- Online Noema much more important – given own theme cluster as new sub themes emerged
- Virtual mask – lack of anonymity mask for case 5 – developed new theme **EXPOSURE**
- New theme of personal virtual space developed for case 5 as he expressed the need to personalize/have ownership of own space – check if important to others...

LONE LEARNING

- Lone Learning = case 5 – more insight into lone learning – lurking – reading but not posting ? Linked to exposure

Appendix 22 Master theme table after case 5. Table shows themes from all cases.

MASTER THEME TABLE 25/10/2010 AFTER CASE 5							
SUPER-ORDINATE THEME	PARA-SOCIAL LEARNING	INTERACTIVE SOCIAL LEARNING	EMOTIONALITY	CHANGE IN PRACTICE	EDUTAINMENT NOEMA	ONLINE NOEMA	LONE LEARNING
THEMES	<ul style="list-style-type: none"> • Para-social relationship • Para-social ambivalence • Para-social reflection • Para-social barriers • Para-social resistance 	Actions <ul style="list-style-type: none"> • Asking questions • Sounding out ideas • Cathartic interventions Gratifications <ul style="list-style-type: none"> • Informational • Social • emotional 	<ul style="list-style-type: none"> • Isolation • Inclusion • Frustration • Satisfaction 	<ul style="list-style-type: none"> • Knowledge • Attitude • Behaviour • Personal • Social 	<ul style="list-style-type: none"> • Real • Super-real 	<ul style="list-style-type: none"> • Interactive equity • Virtual mask • Exposure • Personal-Virtual Space 	<ul style="list-style-type: none"> • Lone learning
IDENTIFIER	PSL	ISL	E	CIP	EN	ON	LL
LINE NUMBER							

PARASOCIAL LEARNING

- Parasocial relationship seen in cases 1 and 2 and 4 and NOT at all in case 3 or case 5
- Parasocial ambivalence seen in case 5 – doesn't see relevance of patient cases
- Parasocial reflection seen in cases 1, 2 and 4 but NOT in case 3 or case 5
- Parasocial barriers cases 1 and 4 only...nb remember are these barriers or emotional stimuli?

- Parasocial resistance – nb remember is this no empathy with patient cases - in case 3 and case 5
- NB overlap with resistance and ambivalence...aspects of same thing? Part of lone learning

INTERACTIVE SOCIAL LEARNING

- Interactive social learning – social, informational needs and catharsis seen in cases 1, 2 and 4. NOT seen in case 3 or case 5
- Some overlap identified between Interactive Social Learning Social Gratifications and Emotionality Inclusion. Is this perhaps because learner is engaging with the course to meet social needs and this facilitates their feelings of inclusion? No change to coding structure made at this stage.

EMOTIONALITY

- Inclusion seen in cases 1,2 and 4 but NOT in case 3 or case 5
- Isolation – a few occurrences in cases 1, 2 but NOT in cases 3 4 or case 5
- Frustration –in cases 1, 2, 3,4 and 5. Mostly time for study.
- Satisfaction - in cases 1,2,3, 4 and 5...does it need to be split further? Flexibility and tutor support common reasons

CHANGE IN PRACTICE

- Change in practice seen in cases 1,2, 3, 4 and 5 BUT – 3 and 5 change knowledge only – not really practice linked
- Splits into KAB at personal and social level

VIRTUAL NOEMA

- Entertainment Noema changed to Edutainment Noema on further clarification of the theme after case 3
- Edutainment Noema – prevalent in cases 1,2, 3 and 5 but only one occurrence in case 4. Appears less significant to case 4. Interactive social learning and course structure appears more significant to case 4

- Closed VIRTUAL NOEMA theme AND DIVIDED into edutainment Noema theme and Online Noema theme cluster but ? is Edutainment not significant enough to be a theme cluster in its own right yet. Edutainment now in Real and Super-real
- Interactive equity = case 1 only but significant
- Virtual mask = case 2 only but significant
- Exposure – added for case 5 but very significant
- Personal-virtual space added after case 5 but significant

LONE LEARNING

- Lone Learning - case 3 and case 5. Lack of interaction with others. Lack of significance given to patient cases. Lurking/not posting.

Appendix 23 Reflection on theme boundaries

19/3/09 Theme boundaries parasocial learning and change in practice

Ok I'm struggling a bit with the overlap of these 2 themes.

I've coded text as parasocial learning when the learner verbally attributes learning/change to the parasocial relationship.

I've coded things text as change in practice when learning is not explicitly attributed to the parasocial relationship or is stimulated by different aspects of the course.

However when I went back to look at the text to see what stimulated responses I had coded as change in practice and what aspects of the course these changes could be attributed to I found some of these statements seemed to be in response to patient cases and activities that engage the students with them e.g. Applying the HAD score to the patient case. Is this parasocial learning then? Is it situated learning?

Mmmm Maybe part of the problem here is I'm losing sight of things a little bit. I think perhaps my intention with 'change in practice' was this looked at the OUTCOMES of learning whereas 'parasocial learning' is about the LEARNING PROCESS. Oh! Maybe that's it...I'll go and revisit...

Appendix 24 Master theme table on completion of idiographic analysis of all cases

MASTER THEME TABLE 13/2/12 AFTER CASE 9							
SUPER-ORDINATE THEME	PARA-SOCIAL LEARNING	INTERACTIVE SOCIAL LEARNING	ONLINE EMOTIONALITY	CHANGE IN PRACTICE	EDUTAINMENT NOEMA	ONLINE NOEMA	LONE LEARNING
THEMES	<ul style="list-style-type: none"> • Para-social relationship • Para-social ambivalence • Para-social reflection • Para-social barriers • Para-social resistance 	Actions <ul style="list-style-type: none"> • Asking questions • Sounding out ideas • Cathartic interventions Gratifications <ul style="list-style-type: none"> • Informational • Social • emotional 	<ul style="list-style-type: none"> • Isolation • Inclusion • Frustration • Satisfaction 	<ul style="list-style-type: none"> • Knowledge • Attitude • Behaviour 	<ul style="list-style-type: none"> • Real • Super-real 	<ul style="list-style-type: none"> • Interactive equity • Interactive inequity • Virtual mask • Exposure • Personal-Virtual Privacy 	<ul style="list-style-type: none"> • Lone learner
IDENTIFIER	PSL	ISL	E	CIP	EN	ON	LL
LINE NUMBER							

Appendix 25 Final master theme table after coding across all cases

MASTER THEME TABLE 19/2/13 AFTER ANALYSIS				
SUPER-ORDINATE THEME	PARA-SOCIAL LEARNING	INTERACTIVE SOCIAL LEARNING	MONOPHONIC LEARNING	ONLINE NOEMA
THEMES	<ul style="list-style-type: none"> • Para-social relationship • Para-social reflection <p>Outcomes – Change in:</p> <ul style="list-style-type: none"> • Knowledge • Attitudes • Behaviour 	<p>Actions</p> <ul style="list-style-type: none"> • Asking questions • Sounding out ideas • Cathartic interventions <p>Gratifications</p> <ul style="list-style-type: none"> • Informational • Social • Emotional <p>Outcomes</p> <ul style="list-style-type: none"> • Inclusion • Satisfaction 	<ul style="list-style-type: none"> • Learning without interacting 	<ul style="list-style-type: none"> • Virtual mask • Virtual vulnerability
IDENTIFIER	PSL	ISL	LL	ON
LINE NUMBER				