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The Theoretical Component of a Professional Nursing Programme is Pivotal to Nurse Registration:  
A Pre-Registration Student Nurses Perspective

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**THE THEORETICAL COMPONENT OF A  
PROFESSIONAL NURSING PROGRAMME IS  
PIVOTAL TO NURSE REGISTRATION: A PRE-  
REGISTRATION STUDENT NURSES  
PERSPECTIVE.**

**ELLEAN ANN HILEY**

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Education

The University of Huddersfield

July 2016

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# Abstract

This case study research involves a unique cohort of seven third year pre-registration student nurses (PRSNs) towards the end of their nursing programme with a North West Higher Educational Institution (HEI).

The aim of the research was to provide the reader with a deeper understanding of the experiences, motivation and challenges of the PRSNs when completing the theoretical component of their nursing programme within the current socio-political and professional nurse education reforms.

A Case study approach to gather and interpret the PRSNs perceptions of their nursing programme was necessary. Data was collected through use of focus groups, PRSNs Personal reflections and academic grades. Thematic network analysis and descriptive analysis were used to interpret the data followed by Triangulation of the findings.

The key findings suggest that a definitive demarcation between the engagement of PRSNs to the theory and practical components of the nursing programme. Other key findings included which impacted on the PRSNs learning and motivation were, the actions of others, the increase in academic level and the use of formative assessment. The main external challenge to be recognised was the need for some of the PRSNs to undertake additional paid work distracting them from their studies.

The nursing programme is currently 'fit for purpose' with PRSNs meeting all the necessary requirements to apply for registration status. However, amendments to the programme would improve the PRSNs experience. Therefore the recommendations would be as follows, to increase student engagement and maintain flexibility within programme development, change the delivery model, amalgamate academic and professional regulations and change the current grading system.

It should be recognised that pre-registration programmes throughout the country incorporate similar standards and therefore generality of the study can be applied. Future research to enhance student re-motivation, to decrease the theory practice gap, change assessment marking practices and raise public awareness of degree awards for nurses will prove beneficial.

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# **Chapter One: The Research**

This chapter and subsequent chapters have been formatted in a similar way with the signposting of decisions made throughout the case study, thereby increasing the reliability and transferability of the study.

Chapter one provides the rationale of the need and purpose of the study followed by the outline of the remaining chapters.

## **1.0 Introduction**

The role and expectations of the Pre-Registered Student Nurse (PRSN) has altered dramatically over recent decades, some of which I have experienced on a personal level as a registered nurse and as an educationalist. This thesis explores whether PRSNs perceive the theoretical component of their nursing programme to their registration to be pivotal. Major changes have taken place to the delivery of the PRSNs' educational programme, namely the integration of nurse education into the Higher Education institution (HEI) (UKCC 1986) and the introduction of a degree award for all PRSNs (NMC 2011). The inspiration for this study and the following thesis has emerged due to my involvement over the last eighteen years with the delivery of the theoretical component of a nursing education programme in a university within the North West of England.

### **1.1 The need for the study**

Having been involved in, and passionate about, nurse education since 1996 I have become increasingly concerned with the public's negative perception and criticism of nurse training undertaken in the HEI setting and their belief that student nurses on completion of their degree programmes are unable to nurse. Believing this to be an important and pressing issue for the nursing professional, this study sought to find out if the HEI delivers the curriculum that PRSNs need from their perception. Nurse education has always involved a symbiotic relationship between the theoretical and practical components, however the allocation of time to each component has been reformed over the years. The allocation of an equal weighting of 50% of the programme to both the theoretical and practical component of the programme, has been a consideration since 1990. Prior to this date, an apprentice format was followed where student nurses learned 'on the job' with an unspecified amount of time learning theory in a local school of nursing (Eaton 2012, Draper 2013). However the application of European legislation to all nursing degrees from 2005 has included a minimum of 4,600 hours covering the duration of three years (EU 2015). Each component equating to 50% of the programme consisting of 2,300 hours distributed equally over the three years. However the monitoring and delivery of these

hours varies for each HEI, albeit the content and standards deemed necessary by the NMC have to be incorporated (NMC 2010).

This aligned the education of nurses within the United Kingdom with that of their counterparts in Europe, thereby addressing European directives and alignment with international nursing (NMC 2004, EU 2015). A professional requirement of the Nursing and Midwifery Council (NMC) is for nursing to be an evidence based profession with research supporting and informing the practical application of nursing and nursing theories (NMC 2015). However, on review of the literature such demands have not been applied to the development of the curricula with a paucity of literature relating to the theoretical component of the programme and PRSNs being found. The literature typically examined student retention and/or attrition and the associated reasons as to why PRSNs do not complete their nursing programme, such as the lack of academic preparation and prior family commitments (Shepherd 2008, Urwin et al 2010, Gillen 2012, Cowin and Johnson 2015).

Despite the paucity of literature regarding the theoretical component of the nursing programme anecdotal evidence however, appears to be abundant. Novella (2008) argues that anecdotal evidence is often associated with emotional rather than scientific outputs and one where positive outcomes are expected. He expands further by suggesting that there are recognised limitations of anecdotal evidence/research being of an uncontrolled nature and therefore the unreliability of the assumptions being made limit their usefulness. However, this position fails to address the issue that anecdotal evidence does provide stories of what people believe to be happening. For example, as part of many conversations with colleagues and PRSNs it has been suggested that although the academic outcomes need to be met more *kudos* is associated with the practical component of the nursing programme because nursing is a practical role. Furthermore, there is doubt as to the value of the degree classification, and by implication the academic component, as all classification of degree awards permit registration and employment as a nurse. This research study will investigate whether the learning needs of the PRSNs are met enabling them to achieve their full academic potential and if they perceived any factors which could hinder their learning. Subsequently, if factors are found preventing them achieving their full potential, it will discover where in the programme these can be found. Finally, the study will explore the question of how the PRSNs respond to these factors in ensuring their personal learning takes place.

## **1.2 The purpose of the study**

The initial prima facie question therefore was:

‘How do PRSNs engage with learning in the theoretical component of the pre-registration programme?’

Following the literature review, three research questions were formulated to address the aims of the study. Firstly, to provide the reader with a deeper understanding of the experiences of the PRSNs in relation to the theoretical component of their nursing programme within the current socio-political and professional nurse education reforms. Secondly, to ascertain if the motivational levels of PRSNs vary from year to year throughout their three year nursing programme, with the intent of improving the PRSNs' learning journey. Finally, to inform and establish, a contemporary delivery of the theoretical component of the nursing programme and reduce potential challenges experienced by PRSNs.

## **1.3 Nursing and nurse education in context**

In order to enable the reader to contextualise nurse education and provide an understanding of how and why nurse education has continued to progress, a brief overview of the importance of the development of the nurse ‘register’ and the progression of nursing from a vocational to a professional status has been provided. All PRSNs enrol onto a nursing programme with two main intentions, firstly to complete a programme of study which will enable them to register with the nursing regulatory body, the NMC, and practice as a registered nurse and secondly to complete an academic education to degree level.

## **1.4 The nurse register**

The NMC is the recognised professional regulator for nurse education (training), nurse registration, nursing legislation and post registration issues in the United Kingdom (UK), (DOH 2014). On completion of their programme nurses and midwives must be recorded on the ‘register’ in order to practice. Therefore all nurses and midwives on the register must meet the professional standards set by the NMC during a programme of education. The register allows for the review of the numbers of registered nurses/midwives enabling the forward planning in developing the needs of the future workforces. The NMC provide current data as to the numbers on the register:

*“As of 31 March 2015 there were 686,782 nurses and midwives on the register” (NMC 2015:6)*

This information has assisted the Department of Health in recognising current and future workforce challenges affecting the number of nurses on the nurse register and of those who will become registered nurses in the forthcoming years affecting workforce planning (Addicott et al 2015). Four main challenges have been recognised, a decline in the number of young people in the UK available to apply for nurse training, an already ageing nursing workforce close to retirement (NMC 2008), international nursing shortages and the migration of qualified nurses to other countries (Foster 2010). The most recent challenge is the increased number of registered nurses leaving the profession through issues such as demotivation and demoralisation, resulting from the increase in negatively related media coverage associated with poor patient care and the standard of nurse education being scrutinised (Ford 2013). A combination of these factors demonstrates the potential for a decline in the number of qualified nurses within the health system. Attempts to address this decline include a strategy to increase the number of registered nurses by moving to an all degree programme allowing existing internationally registered (degree) nurses to apply to work in the UK (Sturgeon 2010). Therefore, contextualisation of the evolution of nurse education and practice and how this underpins current nurse education has been included.

## **1.5 'Vocation' or 'Profession'**

An attempt was made in 1889 to define nursing using terms such as 'vocation' or 'gift' as indicated below:

*'What is nursing? It has been called an art, a science, a profession, a vocation a Heaven-born gift, a laboriously acquired task'. (The Nursing Record. 1889:131)*

These terms remain associated with contemporary nursing today. Originally, nurse training comprised two tiers of vocational training. The two tier system included registered nurses who followed a theory and practice curriculum and assistant State Enrolled Nurses (SENs) who followed a more practically based curriculum (RCN 2008, UKCC 1986). The training on both routes followed the apprenticeship system. In response to a change in the exit award for nurses in 1986 with an increase to diploma level for all nurses on qualification saw the demise of the SEN with only the registered nurse route being available. More recently the need to fill the work gap left by SENs has become apparent with an increase in the employment of unqualified Health Care Assistants (HCAs) and the development of assistant practitioners who support the registered nurses in a practical care role (Merrifield 2015).

Much of the literature reviewed proffers opinions and debate with regard to whether or not nursing is a 'profession', 'occupation' or a 'vocation'. In general, the terminology is interchangeable and prior to the 1990s the terms 'occupation' and 'vocational' were being used, with the term 'profession' being

used in a more consistent way after this decade. This is comparable with other health professions, for example, social work students follow a vocational education programme despite describing social work throughout the literature as a profession (Hafford-Leitchfield 2007). Similarly, nurse training is often referred to as nurse education and both terms remain interchangeable with the term nurse education being more commonly used following the move to the HEIs and the resulting increase in academic achievement. Unquestionably many practitioners, myself included, view ourselves as professionals; however, I also consider nursing to be a vocation.

There is significant discussion, debate and a diversity of opinion throughout the available literature as to what constitutes a profession or the term 'professional'. Ruddy (1998), Castledine (2003), and Keogh (2013) suggest a profession requires some or all of the following characteristics, a degree of academic credibility, a code of ethics, its own body of knowledge, self-regulation, autonomy and independence. Using these characteristics as an evaluation of nursing as a profession, many of these characteristics are indeed present (Keogh 2013), having developed substantially over the decades.

A contemporary movement towards a professional programme was developed with the integration of nurse education into the higher education sector providing a measured academic level and therefore academic credibility (UKCC 1986). Degree education provides this academic credibility and is an integral part in the process of becoming a qualified nurse, a professional (NMC 2008). The development of the NMC code of ethics (NMC 2008) further aided the recognition of nursing as a profession and nurses as autonomous professionals. Professionalism and accountability in nursing have been researched globally, Wynd's (2003) descriptive and comparative/correlation study of 774 graduate nurses examined whether levels of professionalism existed and if so what affected these levels. Postal questionnaires were used to collect the data. The study revealed two key issues which related to the importance of autonomy and self-regulation of the nurse as being a major part of a professional. One notable finding was the more experienced a nurse became, the greater their level of autonomy, suggesting that encouraging experienced nurses to remain on the register is therefore essential.

In addition, the professionalism of the nurse's role within society is fundamentally defined by society which expects certain standards and behaviour from a nurse as alluded to in the Mid-Staffordshire report. Within the Mid-Staffordshire report (2013) the expectations of patients and the public as to what is acceptable and unacceptable behaviour in the delivery of care by the professional regulatory bodies and health commissioners are evident. A failure to act on the delivery of sub-standard care and inadequate interventions resulted in the reduced confidence of the public in the NHS and nursing standards. One recommendation to address this lack of care was the integral provision of professional



development training to all levels of nurses from students to directors (Mid-Staffordshire report, 2013). This incorporated professional development in both theory and practice for PRSNs.

PRSNs have to learn professionalism through their academic setting through the involvement of teaching staff, clinical staff and their peers who can assist with the development of professional values (Keogh 2013, Castledine 2003, Ruddy 1998). Therefore different levels of professional knowledge in combination with the body of nursing knowledge are incorporated into the three year nursing programme with incremental aspects of professional knowledge delivered throughout the programme, with the last year concentrating on the requirements and preparation for 'Fitness for Practice' on qualification (DOH 2000, NMC 2015).

## **1.6 Outline of thesis**

This thesis comprises five chapters

The first chapter provides an introduction to the research, including the need and purpose of the study. In addition it gives a brief overview of 'how' and 'why' nurse education has evolved, from its inception to present day and, importantly, the significant role of the NMC's contribution to pre-registration nurse education, including the importance of the requirement for nurse education to be accepted as a degree awarded profession. Finally, this chapter directs the reader through the research process undertaken in the content of the subsequent chapters.

The second chapter presents an explanation of the search strategy, identifying gaps within the current literature in relation to the theoretical component of the PRSNs nursing programme. Subsequent information as to the current socio-political events and social expectations of PRSNs are considered, with the final section focusing on the movement of nurse training from schools of nursing to higher educational establishments and the impact this has had on PRSNs.

Chapter three contextualises the study with the provision of the philosophical, the ontological and epistemological perspective of interpretivism. In addition, the methodological perspective of case study, data collection tools and participant inclusion has been discussed. Included within this are the ethical considerations and the underlying principles of interviewer effect and reflexivity.

Data analysis with disclosure and interpretation of the findings are outlined in chapter four. The focus groups were completed over a six week period, and the collection of the PRSNs' reflections and academic transcripts collected in week twelve on completion of all academic assessment. The application of Attride-Stirling's (2001) model of thematic analysis proved beneficial in determining

themes from the focus group and reflective data with interpretation of the academic transcripts achieved with the utilisation of descriptive analysis. In conclusion, triangulation and interpretation of the three data collection tools were completed.

The final chapter, offers the conclusion, highlights the limitations to this particular study and provides recommendations for improvements to the current programme and recommendations for further areas of research.

For completion, references and an appendix have also been supplied.

# **Chapter Two: Literature Review**

## **2.0 Overview**

The previous chapter has provided the context for the study by introducing the reader to the historical origins of the nursing profession and information regarding more recent developments to nurse training for pre-registration student nurses (PRSNs). The rationale for these changes is defended by the NMC, the governing regulatory body for nursing. The potential impact of these changes on the learning journey of the PRSN remains unclear.

## **2.1 Introduction**

This chapter provides the reader with a conceptual framework and a review of the factors relating to the learning journey of PRSNs while undertaking nurse training. In order to facilitate this and provide clarity of the current research available this chapter has been separated into six sections.

A précis of the importance of both the theoretical and practical components of the nursing programme to the PRSNs has been discussed in this first section with the greater emphasis of this study being placed on the theoretical component of the nursing programme.

The second section explains the search strategy followed to ascertain gaps in information and knowledge available in the research area. An outline conceptualising the study, including the rationale as to the inclusion of three pivotal interrelated areas, the current socio-political environment including societal expectations of PRSNs, the recent ideological changes to the type of knowledge delivered at universities and lastly the complex multifaceted life of undergraduates on a nursing programme have been provided. Each of these has been discussed individually in the next three sections.

The final section contains a summary of the literature review.

## **2.2 Theoretical component**

The HEI of the case study delivers the content of the programme in modular form; each module consisting of one block of theory of between six and ten weeks in duration with a related assessment attached. A further block of theory is completed after a block of practice learning. The content of each module is related to the experiences students will potentially encounter when returning to practice. Each module carries a specific amount of academic credit with individual modules using a wide variety of assessment strategies. Fulfilment of academic regulations in awarding academic credit is reliant on the academic staff following internal marking and moderation processes in combination with external moderation (Muir 2006, EHU 2014). Academic credit is awarded at yearly examine boards prior to

PRSNs progressing to the next academic level, included within this, is the credit awarded for the completion and passing of the practice modules.

### **2.2.1 Practical component**

The content of the practical component is constructed around the stipulations and regulations of the nursing governing body, the NMC, with each PRSN completing field and generic nursing competencies at a minimum of degree level prior to registration (NMC 2010). Practice learning placements are between six to twelve weeks in length in order to facilitate the completion of these competencies. However, these competencies are not graded or included in the overall degree classification. Sturgeon (2010) infers that greater emphasis is placed on the practical component of the programme; a point reinforced by the NMC (2015) that nurses need to be 'fit for practice' with the overarching aim of protecting the public, with any academic achievement coming second. A prolific amount of literature would appear to support this statement therefore providing further evidence of the disproportionate importance given to the practice component of the programme. A somewhat contradictory and misleading statement when a degree award has just been implemented for all PRSNs. Nevertheless, the significance of grading practice learning competencies and how this could relate to the PRSNs' overall interaction with their academic studies warrants further investigation.

## **2.3 Search strategy**

A systematic process was adopted to undertake a comprehensive and detailed review. Aveyard (2014) advocates the use of a systematic process of review, a rigorous procedure to ensure all pertinent literature is included within the review. Included within this procedure was a broad search strategy inclusive of 'grey' literature to remove bias. In addition, an inclusion and exclusion criterion was set to filter information relevant to the review. The use of critical appraisal tools and evaluation checklists strengthened this process and a systematic review summary completed the process (appendix 1).

An extensive search of the electronic data bases which included EBSCO host (MedLine, CINAHL), Internurse, ProQuest Nursing and Allied Health Sources and ScienceDirect, for appropriate published peer reviewed papers and conference papers was completed. Combinations of several of the key terms were used such as 'pre-registration student nurses' and 'student healthcare professions'. Initially this produced an excessive amount of literature however once the terms 'theory component' and 'academic' were used fewer results were obtained. Consequently, a dearth of research linking the theory component and pre-registration student nurses was found, therefore additional terms such as 'student nurse', 'training', 'education', 'factors affecting learning' and 'professional' were used to

expand the search. Following this additional search a paucity of papers were found as illustrated in the table below.

**Table 1: Initial search**

Database	Initial results after key terms	First additional key terms	Second additional key terms	Results following review of full text
EBSCO host (Medline, CINAHL)	17,230	1,584	83	2
Internurse	24,927	1,636	37	0
ProQuest Nursing and Allied Health	696	58	15	3

This original search was replicated using the same databases and search terms in 2014/15 to reassess if additional literature (between 2010 and 2015) could be uncovered. Two additional papers were found.

**Table 2: Reviewed search**

Database	Initial results after key terms	First additional key terms	Second additional key terms	Results following review of full text
EBSCO host (Medline, CINAHL)	2,189	35	30	0
Internurse	1,824	173	45	11
ProQuest Nursing and Allied Health	515	50	50	1

### **2.3.1 Grey literature**

Additionally, a search of grey literature for pertinent unpublished research was completed, a phase endorsed by Brine (2015) to minimise publication bias. Several sources were utilised, the Bielefeld Academic Search Engine (BASE), the Department of Health (DH), the Nursing and Midwifery Council (NMC) and the Higher Education Academy (HEA), for reports, reviews, theses, dissertations and conference abstracts. Following the implementation of a critical appraisal and evaluation checklist (AACODS checklist appendix 2) one piece of relevant material was obtained.

### **2.3.2 Hand searching and back referencing**

The search concluded with the hand searching and back referencing of the selected studies and literature from other established journals, this included one post registration and one practice related article to enhance contextual relevance. These journals found to be omitted from the databases include the Journal of Research in Nursing, Journal of Advanced Nursing, Learning in Health and Social Care and the Nursing Standard.

Additional sources	Results following review of full text
Grey literature/ BASE	1
Hand searching	3
Back referencing	4

The application of an inclusion and exclusion criteria in conjunction with the critical appraisal tool allowed for the scrutiny for the research utilised within the study (PubMedHealth 2014) (appendix 3).

### **2.3.3 Inclusion criteria**

Primarily, the search was limited to research of the United Kingdom however due to the restricted research in this area, relevant international works and literature relating to other professional healthcare and social care programmes was utilised. This provided an opportunity to compare and contrast known factors which affect the learning capabilities of PRSNs and other professional healthcare students during their training.

International works were included from Europe, Australia, America and New Zealand, all of which deliver professional healthcare degree related programmes. The initial timeline used in the inclusion criteria was post '2009'. However, following manual searching of journals, prior secondary references proved to be beneficial allowing valid but dated work to be included to underpin the study.

### **2.3.4 Exclusion criteria**

Much of the literature had a clinical or practical element and this was scrutinised for the key terms before being excluded from the study. Literature not written in English or peer reviewed was excluded. In addition, works from China were excluded as nurse training is not standardised throughout China or taught to degree level. The term student was also associated with post registration courses; these were similarly excluded from the study.

## **2.4 Themes**

Initial reading and questioning of the literature for the identification of themes was found to be time consuming and a confusing process at times in the organisation of my ideas. This was congruent with Burgess et al (2006) who indicates that researchers should acknowledge that this is a normal stage of the research process. Miles and Huberman (1994) and Aveyard (2010) offer similar views to aid the reduction of such confusion of the thematic process by suggesting the inclusion of a framework and the completion of a coherent meta-analysis summary or systematic review of literature to inform that particular area of inquiry. Furthermore, as defended by Childress (2013) the inclusion of a meta-

analysis summary process provides opportunities for the comparison and clustering of key themes which have been identified across the studies. Further endorsement is provided by Sandelowski and Barroso (2002) and Childress (2013) who explain that the key benefit of meta-analysis summary/systematic review is the recording of key findings found within a report or article for further examination to gain a deeper understanding of the topic.

Flick (2010) suggests the recognition of patterns and the checking of the repetition of topics should be continued until saturation is reached with no further themes being identified. This was achieved through a process of extensive reading and reflection on the available literature with the generic and individual themes being organised into three overarching themes; the current socio-political environment, the changing face of universities and the multifaceted nature of student life.

## **2.5 Search results**

Initially, 42,853 papers were located using the key terms. Following the application of two further key terms this number was reduced dramatically to 3,278. To determine the relevance of these papers titles and abstracts were read, this resulted in many papers being excluded where post-registration students were being classed as student nurses. In addition many of the papers incorporating the term 'education' involved the practice element of the nursing programme and therefore were excluded from the study. The implementation of a critical appraisal tool facilitated the inclusion of relevant papers. A re-evaluation of the search strategy following the process described above was undertaken in 2014/2015, with an additional two studies found and included into the literature review. This resulted in the review being constructed around thirteen studies from both a qualitative and quantitative nature relating to the theory component rather than the practical component of the nursing programme. Due to the paucity of available nursing literature to underpin this study two pieces of non-nursing literature were included by way of comparison. Firstly, Murdoch-Eaton et al (2007) who had researched themes affecting medical students learning during their programme and secondly that of Hafford-Leitchfield (2007) who had previously researched factors pertaining to the factors affecting the retention of social work students during their programme.

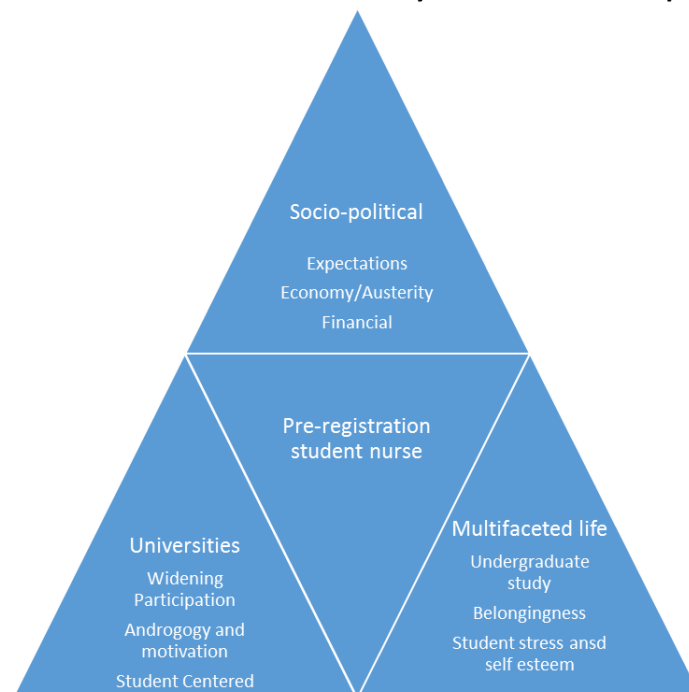
## **2.6 A conceptual framework**

In order to provide clarity and purpose to a study Parahoo (2014) suggests the use of a conceptual framework, a guide for every stage of the research process, which can be further enhanced with the addition of defining the workings and operational definitions. The utilisation of a conceptual framework which incorporated my main ideas and beliefs enabled me to organise my thoughts.

Consequently, this provided a way of starting the research and the development of theory to explain key concepts and the association between them and presumed relationships (Miles and Huberman 1994, Robson 2002, Parahoo 2014).

Previous research of the theoretical component of the PRSNs' nursing programme remains limited and is further reinforced by the lack of literature in the emerged themes, therefore necessitating further research. Figure one below provides an illustrative representation of the equal importance of the three interrelated themes to the study.

**Figure One. Conceptual framework: Interrelated key themes within a pre-registration nursing programme**



Preliminary readings of formative works on teaching, learning and assessment in higher education provided initial information as to the influential people and their works concerning changes to the higher education environment. One such person being Professor Ron Barnett whose significant and prolific works on changes to higher education were prominent within the literature with reference made in additional works. During my attendance at an educational conference (Innovative approaches to curriculum design and delivery in higher education 2014), Barnett, a key speaker made reference to an interconnected multilateral system existing within the higher education system comprising three key areas, that is, knowledge, education and society. A close similarity to the themes identified in the literature review was noted. Therefore the seminal works of Barnett have been utilised in the conceptualisation of this study.



### **2.6.1 Conceptualisation**

The study draws upon Barnett's early work and his concept that the fundamentals of higher education have changed to what he calls the 'modern university' (Barnett 1993). The premise of Barnett's concept of higher education is that of a three way association (tripartite model) between knowledge, higher education and society, all of which have an interdependent influence on each other; this is further reinforced in his later works (Barnett 2014). Utilising the relationship between these three themes alluded to in Barnett's concept have been used to underpin the case study to provide an understanding of the daily challenges faced by PRSNs. I consider Barnett's tripartite model of knowledge, higher education and society to be commended as a concept, though I feel logically that socio-political issues first and foremost, need to be considered. Socio-political issues such as the current levels of austerity, high unemployment and the raising of student fees have all contributed to the changing expectations required of universities, a university's performance and the programmes that they deliver.

Three comparable terms therefore have been used which have influence on today's PRSNs, these have been signposted throughout the review to provide a systematic and coherent structure. The tripartite model will be respected with the comparable terms being socio-political/society (society's expectations of newly registered nurses, university/higher education (the move of nurse education to the higher education arena) and complex multifaceted student life (the types of knowledge and challenges PRSNs face during their nursing programme). The balance of Barnett's three interdependent influences within the tripartite model had an equal importance; however, currently the expectations and employability of graduates on completion of their programmes may bring socio-political issues to the forefront.

### **2.6.2 Tripartite model**

Each of the emergent themes comprises of three elements. The first theme encompasses literature concerned with the expectations of society and nursing staff, the effects of economic/austerity changes within society to the increased applications to nursing programmes and the financial adversities that PRSNs experience. Literature incorporating the changing face of universities resulting from the implementation of widening participation, application of andragogical theory and student-centred learning provides the basis for the second theme. The third and final emergent theme identifies the multifaceted life of students specifically centred on the undertaking of an undergraduate programme, particularly the feeling of 'belongingness' and the effect student stress and low self-esteem can have on student learning.

## **2.7 Socio-political**

The current socio-economic feature of austerity and the existing political agenda has had a significant impact on universities' recruitment to pre-registration nursing programmes with an increase in local applications seen in nursing from 3,400 in 2014/15 to 4,000 in 2015/16 (EHU 2015). The increase of detrimental media coverage and personal financial hardship faced by PRSNs does not appear to have deterred applications or to the nursing programmes. However, the inclusion of paid tuition fees by the Department of Health and the inclusion of a student bursary might explain this increase in times of austerity.

### **2.7.1 Societal expectations**

Since the conception of the NHS in the mid-twentieth century, the principal role of the registered nurse, that of delivering hands-on bedside care has remained unchanged. Maben and Griffiths (2008:13) have argued that the stereotype of a nurse appears outdated, with members of society being unaware of '*what a registered nurse is*' and '*what a registered nurse does*'. This lack of understanding began with the demise of the second level nurses (SENs) in the 1980s, the SEN was phased out with all registered nurses now expected to achieve a diploma level of education. This however led to a fall in the number of trained nurses with the equivalent rise in the number of health care assistants (HCAs). These HCA's now provide the majority of the bedside care, with minimal practical training compared with their contemporaries. This is currently causing confusion to the public who believe that anyone looking after them is a nurse (Clews 2010, Cavendish Review 2013).

Furthermore, with the increase of health information available from a variety of media technologies, members of society are able to gain information and knowledge about every aspect of life, thereby raising their expectations (Keen 2007). However, the views and opinions of the public regarding 'the role of a nurse' have been hampered due to a lack of education and information illustrating the changes in the role of the nurse and supporting staff. Therefore this lack of education and explanation of these facts to members of society have produced harmful and damaging negative perceptions of registered nurses and the nursing profession. In particular, negative and harmful criticism of the nursing profession in the media has resulted in a lack of confidence from the public in relation to 'basic nursing hands-on care' and by implying that to deliver caring skills does not require any expertise (Scott et al 2013). Recent public enquiries into poor care provision and reviews into care delivery, improving the levels of care and patient safety substantiate many of these negative perceptions (Mid-Staffordshire 2013, Keogh 2013, and Berwick 2013).

Moreover, a lack of understanding and insufficient explanation to 'society' as to why a nurse should require a degree level of education has challenged the stereotypical concept of what a nurse should be, further compounded by the lack of an appropriate definition of a registered nurse. Scott et al (2013) infer that this is because past and current governments do not understand what is required to be a caring, professional nurse. Therefore further explanation providing clarity of the role, including the additional expectations of a registered nurse of the twenty-first century is necessary.

### **2.7.2 Economic recession/austerity**

With the introduction of austerity measures in 2012, a reduction in the commissioned numbers for nurse training was announced which further compounded the shortage of registered nurses (RCN 2014). However, since 2012, the realisation of this national shortage of registered nurses has resulted in an additional 1,407 commissioned places being made available to nursing programmes in 2013/14 and 2014/15. In addition, the more recent promise of a large influx of monies to the NHS with the complete removal of restricted commissioned places for student nurse training should eventually address this problem (Gummer 2016). Nursing, however remains a fairly secure employment (Davis 2008), with a starting salary of approximately £21,000 (Willis 2013). In addition, Foster (2010) argues that nursing has become a more attractive career pathway, especially to men, as it is seen as a dependable career choice with a progressive career ladder, with new improved pay scales and the potential for career development with a top pay band of £98,453 (DOH 2013). The latter raises two questions, the first being how does the current societal political environment impact on people's employment choices and secondly, does the prospect of a relatively good wage on registration, especially during an economic recession attract unsuitable and uncaring people.

Davies (2008) perceives an economic recession with increased redundancies to be advantageous to members of society by providing them with the opportunity to retrain for a new career or for the change of a job to gain more job satisfaction (Davis 2008). Equally, Santry (2010) implies that an increase in applications to nursing programmes is due to the economic recession. However, although Gillen (2014) and the RCN (2014) agree that a 75% increase in nurse training applications has been seen, doubling year on year, they do not confirm this is due to a recession.

### **2.7.3 Financial pressure**

Despite good monetary prospects available on qualification, the burden of significant levels of financial pressure on PRSNs during the nursing programme and how this might impact on their learning requires further debate. A discontinuation of a salary during apprentice nurse training in 1989 coincided with the movement of nursing programmes to the HEIs and the move to a means

tested bursary with the added option of PRSNs being able to apply for a concurrent student loan (Sturgeon 2010). Consequently, a high number of current PRSNs endure hardship and financial struggle, a problem consistently highlighted within the literature (Glogowska et al 2007, Karstadt 2009, and West 2015).

Glogowska et al (2007) and Karstadt (2009) claim that despite the PRSNs' university fees being paid and the receiving of a bursary or student loan, the majority of PRSNs endure a financial struggle, living below the poverty line with financial instability throughout their nursing programme which impacts on their learning journey. In an effort to support themselves, PRSNs have needed to take on additional paid work, a view substantiated by the multi-methods approach of Glogowska et al (2007). They conducted face to face Interviews with 30 nursing students who had considered leaving the nursing programme but had then stayed, in addition 19 phone interviews with nursing students were made to students who had taken the decision to leave the nursing programme. The study investigated the reasons as to why some students stayed and why some withdrew. It is unclear in the study whether the students were diploma or degree students. Six factors were revealed; some students experienced more than one factor as to why they left the programme. How many of the students were affected by multiple factors, was also unclear. Subsequently, 12 out of the 19 students withdraw due to financial strain. Again, it was unclear as to why the other seven students withdrew. Of the 30 students that considered leaving, only seven related this to financial strain, however underlying threads can be seen, with other factors which were closely linked to financial strain. The solution for many students was to undertake part-time paid work. This was considered to have a major impact on the PRSNs' ability to study and learn. This additional work was associated with increased tiredness and an increase in stress levels with the PRSNs trying to cope with completion of multiple components of their course whilst, at the same time, undertaking part-time work (Glogowska et al 2007). Remarkably, despite negative factors connected to additional work, PRSNs correspondingly considered an improvement in their time management skills as a positive motivator. A more comprehensive study could have included socio-political factors such as social deprivation or affluence of the area included in the study, either of which could have had an impact on the findings. An increase or decrease in part-time work might have had additional/reduced impact on the PRSNs' learning or completion of the programme.

My experience with personal students suffering financial hardship has been a cause for concern, which has threatened their progression and completion of their nursing programme. Similarly, medical students are reported to suffer serious levels of financial hardship while completing their programme of study. Murdoch-Eaton et al (2007) conducted an evaluative study comprising appraisal interviews of first and second year medical students with a total of 511 students included over a three year

period. The appraisal interviews were conducted as a support mechanism for medical students to review their progression on their programme and future career. The findings produced three key themes affecting the students' learning; study habits, personal issues and approaches to university life with no one theme emerging as more important than the others. Financial hardship was included under the theme of personal issues that medical students struggled with, *nhsCareers* (2014) stressed that this was typical of students who had received financial support for prior study. The opportunity for medical students to undertake additional paid work had limited discussion with the assumption that they take on summer work, reference to work on a daily or weekly basis was omitted. In comparison, *Hafford-Leitchfield's* (2007) small scale study including seven social work students suggests that due to the reduced number of assessment hours on the programme, social work students have more time to take on part-time paid work if needed to reduce financial adversity. In contrast PRSNs who complete their academic and practice hours already complete sufficient hours to equate to full time working, the undertaking of additional paid work therefore has the potential of impinging on their learning, study time, motivation and overall classification.

Although financial difficulties are recognised for PRSNs, recent debate between the RCN (2015) and Health Education England (2015) has brought the financial difficulties of PRSNs to the forefront once again. The controversial removal of the financial support to PRSNs in September 2017 is a development where both positive and negative aspects need to be monitored.

#### **2.7.4 Socio-political summary**

The political and existing condition of austerity in society reflects the increased application process to health-related programmes and the financial incentives. In order to improve the positive societal view of nurses and nurse education, the role of the nurse must be more open and transparent to members of society if the impact of an all degree nursing award is to be recognised. Further consideration as to the changes in the financial package available to PRSNs requires additional investigation to establish whether these reforms have any significant effect on the PRSNs' learning and motivation or if there are any additional positive or negative challenges placed on the PRSNs in the completion of their nursing programme.

### **2.8 Universities**

The expectations and demands by society of students graduating from universities has altered considerably, with participation required between society and universities (economically driven) to reap any economic benefits for both groups (*Rossi and Rosli* 2013). The increase in student fees and the student experience has become much more central to the operationalisation in the delivery of

course provision and the learning and teaching undertaken in universities. Ensuring a good quality student experience requires the engagement of students as partners, this can only be achieved by listening to students (Ramsden 2010, Healey et al 2014) and this is evidenced within results gained in the National Student Survey (NSS). With the use of the NSS, HEFCE (2016) inform potential students of national data regarding the quality of courses and what HEIs offer to enhance the student experience. Student satisfaction is therefore paramount if HEIs are to cultivate future applications to their programmes and demonstrate how they are proactively changing their provision to improve a student's HEI experience.

Flexibility, within a programme can therefore be seen as advantageous, for example, the integration of information technology for learning and teaching allows study to take place in any environment and at any time of the day, accommodating family friendly hours, the inclusion of longer university study days, and the potential to provide PRSNs with the opportunity to undertake part-time work (Ramsden 2010) and reducing financial adversity as previously discussed. Similarly, Barnett (2014) promotes flexibility of the curriculum, suggesting that it is much more than just changes to learning environments that is important and therefore recommends the inclusion of a 15 point benchmark to assist with the evaluation of flexibility within a programme. Furthermore, incorporating these benchmarks in the modification of course provision, knowledge provision and attainment of transferable life skills ensures employability of students (DoBIS 2014, Barnett 2004).

The expectation of contemporary society for graduates is high in comparison to the expectations of previous graduates. Society now demands that graduates have employability at the end of their programmes, Barnett (2000) more specifically explains how society expects graduates to have professional insight, analytical skills and knowledge related to a work-based market including the global work markets on completion of their courses. In fulfilling this expectation, Healey et al (2014) recognise that the philosophy within universities has moved from a philosophy based knowledge, to that of productive knowledge thereby providing students with work based knowledge and hence the greater chance of employability (Healey et al 2014) thus meeting the end product for nursing programmes, that of employability.

This is a sentiment echoed by the RCN (2012) who state that deep learning has been replaced with new forms of knowledge such as the transferability of skills, which Barnett (2014) maintains are valued in the wider world and allows the international movement of graduates within the global workforce. Lowden et al (2011) has provided additional evidence that suggests many universities have provided major investment to ensure graduates possess these employability skills. The university used in the

case study has a good reputation and being ranked in the top four in the North West for graduate employability from all of its professional programmes. Nursing programmes specifically incorporate NMC requisites required by PRSNs on graduation which include the above mentioned employability skills, otherwise known as ‘fit for practice and purpose’, including the gaining of an award at degree level on completion of their studies (NMC 2001, 2012). A major change identified to universities is the provision of professional programmes with the adjustment to curricula which accommodate skills and competencies (Barnett 2003, 2004). This is further illustrated by Rossi and Rosli (2013) who explain how work-based professional programmes rather than philosophical programmes of study are being offered with productive knowledge being the main purpose, emphasising the professional impetus.

In conjunction with the nursing programme being fit for purpose, examination of the delivered curriculum warrants further investigation in order to establish if it too is fit for purpose acknowledging the need for an innovative, flexible curriculum with the ability to deliver productive knowledge (Barnett 2014). In summary, the changes to the nursing programmes in order to incorporate a degree award have presented some new challenges. Additionally, the impact of such changes to nurse education has changed the recruitment process which has transformed the dynamics of the cohorts of PRSNs with an increase in the numbers of non-traditional students in relation to the numbers of traditional students.

### **2.8.1 Widening participation**

The concept of ‘widening participation’ and the encouragement of the participation of potential students from all social groups, who have previously been under-represented, are widely recognised in the literature (Department of Education and Employment 1997, Powney 2002). More recently, the concept of widening participation has been reviewed resulting in a national strategy being developed. The strategy incorporates a much broader viewpoint of widening participation by considering the importance of other departments such as schools and social communities and their role in the success of widening participation; monies to work alongside these additional departments to determine the achievements of learners entering the higher educational system are available (Moore et al 2013, DoBIS 2015).

The university within the study has embraced the widening participation agenda since its inception by encouraging diverse student groups, the inclusion of under-represented social groups providing a diversification of the social and cultural environment experienced by all students and one that creates a rich learning environment (Kaehne et al 2014). Within McKendry et al’s (2014) qualitative study they investigated the retention strategies of student nurses of another university embracing widening

participation. A grounded theory approach was utilised to ascertain if students' motivation and individual experiences during their first year affected the students overall performance. The study included 46 nursing and midwifery students who attended focus groups at two intervals throughout the year. Their findings highlighted some common themes such as motivation levels, support, transition to an HEI environment and 'juggling' demands. However, it was unclear from their findings if students without traditional qualifications had similar experiences to the students who had entered the programme with traditional qualifications, which equated to 43% of the recruited participants. Two separate focus groups, one comprising the traditional student participants and the other with the non-traditional participants may have been more productive and accurate allowing comparison of the themes.

The most significant impact within the university has been the diversity of students enrolled on the health related programmes, with an increase in the number of mature non-traditional students in comparison to traditional student numbers and an increase in men enrolling onto health related courses, albeit with no significant increase in men enrolling on to the nursing programmes. Despite this diversity, all HEI students are considered to be adult learners, a concept supported by Norrie and Dalby (2007) who intimate how there is an assumption in higher education that students are all adults so they should be able to function as adult learners.

### **2.8.2 Adult learners**

Knowles (1998) advocates the incorporation of six main principles to underpin teaching strategies when teaching adult learners. However, on further examination, it was evident that these principles were not conducive for the teaching of professional programmes, therefore additional theory was sought. There has been a plethora of additional theorists with an interest in the teaching of adult learners, one example being Brookfield (1986). Although dated, Brookfield's theory which comprises six categories is particularly pertinent to professional programmes with the development of professional skills and not just the teaching of adult learners. Recommendations made by the NMC for nurse education ensuring PRSNs are 'fit for purpose' mirror Brookfield's six categories. Inclusive within this the NMC require students to be reflective practitioners, critical thinkers, problem solvers, have self-awareness skills and have the skills to be lifelong learners (NMC 2004, 2015). To achieve 'fit for purpose' the nurse curriculum is evidence based and at times prescriptive so very 'teacher' focused (NMC 2004, NMC 2008b). Therefore, it is inevitable that both passive and active learning will take place throughout the programme, the type of learning is dependent on the specific subject required to be delivered in the curriculum at any particular juncture, for example, compliance with the professional statutory educational regulations. These regulations are information based which



requires adult learners to take a passive rather than an active role in their learning and consequently faculty staff must be aware of the disadvantages of such a 'teacher focused' curriculum so that this does not prevent the students from learning (Candela et al 2006). The seminal works of Knowles advocates that there is a need for adults to be active participants in their learning and as such the way we teach adult learners should reflect this (Knowles 1968). Norrie and Dalby's (2007) cross-sectional study explored the learning characteristics of 555 PRSNs across a three year nursing programme. Data was captured using questionnaires to determine whether PRSNs are equipped with the necessary skills and capabilities to be taught as adult learners. However they fail to draw a distinction between traditional and non-traditional students. Universities conventionally categorise students into two categories, traditional and non-traditional students. Traditional students, viewed as those under the age of 21 years and with traditional entry qualifications, whereas non-traditional or mature students, recognised as anyone over the age of 21 (mature students), gaining entry with a variety of non-traditional qualifications. This contradicts Knowles earlier definition of an adult as anyone from the age 16 years and upwards with a commonly accepted upper age limit of age of 25 years (Rogers 1996, Knowles 1990). A recognition that non-traditional students are over the 21 years of age rather than 25 years of age provides one explanation as to the increase to the number of non-traditional students onto HEI programmes. In addition, an expectation that non-traditional students have diverse learning needs compared to traditional students is challenged by Norrie and Dolby (2007) who found no statistical evidence of this in their study. Their study however, would have been more reliable if they had considered not just the effect of age and ethnicity on the learning needs of the group but also the impact of other factors such as gender on the dynamics and learning needs of such a diverse group. For example, the findings of Wehrwein et al's (2007) study suggest that the learning needs of males differ to females and therefore teaching approaches need to be adjusted to meet these needs. An acknowledgement therefore of the learning needs of PRSNs and the type of learning undertaken is important for learning to take place and is intrinsically linked to their motivation.

### **2.8.3 Motivation**

Motivation is deemed to be a necessity for adult learners to be able to learn. The seminal works of Maslow (1954), and his five tiered hierarchical theory of motivation, hypothesises how motivation is inherent in human behaviour with progression from one tier to another only taking place once one tier is met (Murphy 2006). Although motivation complements learning, limited literature relating to PRSNs and motivation during their theoretical component of their programme was available. Nonetheless, Newton et al (2009) and Murphy (2006) offer differing views as to the importance of motivation.

Newton et al (2009) explored motivation within the nursing profession; the study included 29 undergraduates and 35 registered nurses, some of whom were senior managers. Data was gathered via interviews, surveys and field work. Four themes were identified, which centred on the need to care for people; they did however draw conclusions from their findings that non-traditional students rather than the traditional students demonstrated a keen interest in wanting to study to be a nurse. Although the research has tended to focus on the motivation which was the need to care for people, rather less attention was made to the motivational factors required to complete a programme of study. In comparison, within Murphy's (2006) case study approach (which included just one student) an attempt was made to understand the motivational issues surrounding the motivational needs of this failing student undertaking education as a specialist nurse. Murphy interlaces learning theories and Maslow's theory of human motivation to her case study emphasising the importance of relationship building between teacher and student in discovering the motivational needs of a student. As explained earlier each tier of motivation needs to be achieved if learning is to take place. Murphy's participant, within her case study, was presented with challenges to all tiers of Maslow's theory. Through discussion, encouragement and confidence building, each tier of Maslow's theory was addressed; the participant then became re-motivated and became re-engaged with the learning process. Although post registration education was highlighted within this study, many of the challenges faced by the participant can be related to undergraduate PRSs. Through shadowing the journey of the participant, Murphy related the topic of motivation to the learning process and strengthened the importance and necessity of motivation and the possibility of re-motivation throughout a student's programme of study. It can be concluded from what Murphy (2006) has stated that motivation is paramount to a student's learning and an educational establishment involved with the delivery of professional programmes needs to look at how motivation is developed and maintained throughout that programme in order to promote student engagement.

#### **2.8.4 Student-centred**

Pryce-Miller (2010) describes the association between motivation, academic preparedness and adult learning such as self-directed study or student-centered learning as one of the most favorable learning strategies in adult education, with students having the ability to exercise more control over their own studies and fulfill their academic expectations.

A literature review undertaken by Timmins (2008), found lecturers need to provide the underpinning knowledge and encourage the development of self-directed skills with students prior to the undertaking of self-directed study. A limitation of her study however, is that it does not explain why some students have the ability to undertake self-directed learning and others do not. In addition,

Shepherd's (2008) literature review further quantifies the benefits of self-directed learning with increased student motivation and improved performance of academic work. However, she discovered that traditional groups of PRSNs found self-directed study stressful. Shepherd requests nurse educationalists to consider a later introduction for self-directed learning thus allowing traditional students to overcome some of their additional needs at commencement of their nursing programme. In complete contrast to Shepherd, Timmins (2008) explains how too much self-directed learning can lead to de-motivation and a reduction in learning, with the PRSNs unable to understand the relevance of how the information fits into their nursing programme. Timmins therefore advocates that self-directed learning needs to be related to the practice component of the programme in order to provide and enhance meaningful learning of PRSNs. This compounds the complexity of challenges experienced in the teaching of such diverse groups of students and the need for a flexible, student-centered approach in the delivery of the curriculum.

However, self-directed learning is seen as a necessity for nursing students, allowing them to develop independent critical learning and lifelong learning skills. McCabe and O'Connor (2014) and Barker et al (2016) further explain how PRSNs through the provision of self-directed learning skills, can move from teacher-centered, passive learning to student-centered, active learning. The NMC (2008b) and McCabe and Tangney (2014) explain how the focus of learning then shifts with the responsibility and ownership of learning being accepted by the student with the additional benefit of building their confidence (HEFCE 2002, Levett-Jones 2005, and Barnett 2008).

### **2.8.5 Universities summary**

The changing face of universities and the expectations required of graduates has transformed the provision and delivery of university programmes. In addition, the views, expectations and satisfaction of students is more prominent on university agendas, the scrutiny of the position of universities on rank tables and the increased expectation of 'value for money' for fee paying students has had the potential to affect new applications. It can be argued that this latter point has had less of an impact on nursing programmes with a PRSN's fees being paid by the NHS. It is conceivable however, that a reduction in future applications to nursing programmes is possible with the recent changes to the introduction of tuition fees for PRSNs.

## **2.9 Multifaceted life**

The opinions and views of society and socio-political events have had a major influence on the courses that universities currently provide, with employability of students completing programmes being a

high expectation. In conjunction with the implementation of widening participation and the change in delivery of the professional nurse programme the student population has become more diverse.

### **2.9.1 Undergraduate study**

When completing a degree, two main areas need to be considered, firstly the acceptance by society in endorsing the NMC's recommendation that nurses need to gain a degree and secondly, the importance of the degree classification. In order to accommodate an all degree programme, nurse training moved to the HEIs and, despite the introduction of the degree award, the length of the delivery programmes remains unchanged at a minimum of three years (NMC 2015c). Arguably, to encompass all the relevant aspects of nurse training and accomplish a meaningful classification of degree, consideration should be given to the lengthening of the nursing programme from three years to four years. However, due to the current shortage of registered nurses this would prolong the shortage, increase fiscal and resource demands and subsequently is not recognised as a viable option.

Consequently, the demands of the programme have increased with the pressures on PRSNs intensifying, however the evaluations of Gale et al (2015) mixed methods survey challenge this statement. An online questionnaire was completed by 96 first year nursing students to ascertain if the students considered the academic workload appropriate, although the completion of assessments and academic workload was recognised as an area of concern by student nurses they did consider the workload appropriate. Despite Gale et al's (2015) attempt to evaluate first year student nurses' engagement and experiences of their nursing programme the study lacked accuracy as it was unclear what the students were comparing their workload to, thus limiting the usefulness of this evidence. A return to the same group of students on completion of their third year to ascertain this information would be beneficial. However, an assumption can be made that the students are able to work at degree level within a HEI. In comparison to my own study, similarities can be drawn. The theoretical component of the programme is under review with the inclusion of PRSNs as participants. However my case study has focused on the engagement and learning undertaken by the PRSNs whilst on the programme. By completing the case study at the end of the third year this has provided an in-depth understanding to the academic challenges faced by PRSNs completing a degree awarded programme.

HEIs are in favour of supporting degree status in conjunction with the professional bodies; however incongruence remains with society hesitating to embrace this change. Wood (2008) supports society's viewpoint that a degree is not necessary to nurse patients by implying that in fact it is nursing that has lost its vision and that it does not know its purpose, aims or benefits anymore. This has

resulted in increased negative media coverage reflecting the high societal expectations of its nurses.

A prevailing view that is further evidenced by the service users who state:

*"The academic must be secondary to the practical. Only then will patients get the nurses they want and trust – the right ones with the right attitude. It must never become more important to write about care than to give it"* (Patients Association 2009:1).

This is a controversial statement, as Poulter (2014) suggests and rightly so, that during these times of illness, people are at their most vulnerable and need to be looked after. However, the front line workers are HCAs who have received little training; arguably therefore patients do not receive the care they require, specifically qualified nurse care, when at their most vulnerable. Thereby strengthening the argument that registered nurses must receive the appropriate skill set to provide leadership and management (degree level) in order to disseminate information to the HCA's (NMC 2015).

This was further substantiated in the Mid-Staffordshire report. This substantial inquiry into poor care and suffering underlined key features of poor recruitment, training and staffing of all levels of health care professionals within the NHS (Mid Staffordshire Report 2013). Consequently, 290 recommendations were endorsed, 12 of which were directed at the recruitment and training of nurses at all levels with regard to care and compassion. In particular it stressed the need of a greater collaboration between HEIs and practice in the assessment of student nurses, with particular emphasis on the recognised values and behaviours such as care and compassion and skills such as leadership and management. Subsequent reports reviewed the treatment and quality of care provided in other trusts and culminated in the development of a national advisory group on patient safety (Keogh 2013, Berwick 2013).

The PRSNs undertaking a degree however view this differently as they have some understanding as to why this is necessary and the gaining of a high degree classification is important to them, arguably, this should be as important as the registration. Furthermore, there is an incongruity between degree classifications and the importance placed on them, with many employers recognising only 1st and 2:1 attainment, thus restricting the selection process. Individual HEIs determine students' classification by a variety of calculates, thereby reducing the transparency and consistency of the process across the higher education setting (O'Malley 2015). Subsequently, investigations as to how student achievement can be recognised to reflect the students' skills and experience, currently omitted within the classification system, is being considered (Burgess 2007, Ramsden 2010) with the traditional qualifications being replaced with grade point averages (Burgess 2015). Possibly, this would increase

the number of applicants the employers could choose, increasing the diversity of the group for selection (Burgess 2007, Ramsden 2010).

The theoretical component of all nursing programmes is awarded a degree classification, however controversially the competencies in the practice learning environment are alternatively graded with a pass/fail result criteria, further separating theory and practice. An undefined number of universities grade practice in this way. Williams and Bateman (2003), Smith (2008), Hunt et al (2012) have investigated the resistance of practice related occupations to grade practice with an academic grade. For example, you can either give an injection and therefore be awarded a pass or you cannot and be awarded a fail. Therefore, in further consideration of Burgess (2007) and Ramsden's (2010) work, a grade point for the practice component alongside the theory component would provide additional information for future employers. An interim trial of a grade point average to operate alongside traditional qualifications has been ruminated with a national review expected in five years' time allowing for changes to be monitored post implementation (Ramsden 2010). Raftery (2012), Holland (201) and O'Malley (2015) convey how this adjustment, alongside proposed changes to the higher education arena should ensure the students are central in all aspects of the higher education process.

## **2.9.2 Belongingness**

Assimilation of PRSNs to HEI life has proved to be challenging, with students on professional programmes experiencing variations in term times, assessment times, the addition of placement attendance and an acknowledgement that mature students are less involved in campus activities (Bye et al 2007) with reasons given as prior financial responsibilities and family commitments. Thomas (2012) describes this concept as 'belongingness', how students' feelings of how they relate or connect to a HEI. He further explains, to understand the concept of 'belongingness', the student's individual perspective and their sociological perspective of belonging is required. A person's feeling of acceptance, respect and support is necessary for a sense of belongingness to be recognised. He further identifies how the sociological perspective of a student, especially the disparity between a student's background and that of the institution, can be cause enough for students to leave their courses early because they do not develop the sense of belonging.

However, inconsistent information is provided within the literature with regard to the significance of 'belongingness' in the nursing programme, Baumeister and Leary, (1995) express clearly how the stability of interpersonal relationships with continuing regular contact is important in the development of the sense of belonging. These relationships are interrupted when PRSNs complete the practical component of the programme and they are required to build new relationships. This is clearly demonstrated in Levitt-Jones et al's (2009) study; the critical review is predominately

concerned with student nurses' relationships in clinical placements and how the positive or negative nature of these relationships can affect the student nurses' experience of 'belongingness' in either a negative or positive way. PRSNs frequently change their practice placements resulting in meeting new people, requiring the building of new relationships which are paramount if the PRSNs are to feel a sense of belonging. This however is very dependent on the dynamics of the nursing team of a placement area and the ability of the PRSNs to develop these relationships. This sense of belonging is necessary in the fostering of motivation and learning (Levett-Jones et al 2009, Beachboard et al 2010). Therefore the movement back and forth between theory and practice could be said to be detrimental to the PRSNs and the development of the sense of belongingness.

Conversely, there is diminutive reference made to the importance of 'belongingness' when the PRSNs are completing their theoretical component of the programme. At this juncture a hypothesis, suggesting that a lack of 'belongingness' in the theory component of the programme has the potential to affect PRSNs' learning potential can be deduced. Consequently, further research into the development of the sense of 'belongingness' of PRSNs during their theoretical component of their programme would be advantageous.

### **2.9.3 Student stress, low self-esteem, low confidence and the learning process**

Within nursing programmes, there is a significant emphasis on the education of PRSNs to be 'fit for practice' on qualification (Hafford-Leitchfield 2007) with PRSNs possessing positive self-esteem and confidence in their own abilities being essential. Controversially, much of the literature pertains to the lack of low self-esteem, self-doubt, low self-confidence and high levels of stress of PRSNs while completing their nursing programme (Randle 2003, Chesser-Smith 2013). An example of this can be seen in Odro et al's (2010) mixed methods study which demonstrates how improving self-esteem can affect confidence levels. They explored the use of additional professional and personal developmental programmes with a group of mental health PRSNs of varied ages on a nursing programme. The data was gathered with the use of surveys and group discussions. The perceptions of the PRSNs to the usefulness of the development programme were gathered. Several themes emerged from the data, one related to the increase of a PRSN's confidence due to the improvement of their professional awareness and an increase in a PRSN's own self-awareness which generally improved self-esteem. However, Odro et al (2010) failed to explain whether the perceptions of the students under the age of 36 differed significantly from the non-traditional students involved in the study. It would appear that all students express self-doubt but for different reasons, however these were not explained and thus limits the usefulness of this evidence in itself.

To increase a student's confidence Barnett (2014), advocates the introduction of an element of flexibility into a programme of study, and an acknowledgement of student preferences in how they learn. An added benefit of increased confidence is an increase in self-esteem and a lowering of stress levels (Murdoch-Eaton et al 2007). On examination of the literature, varying degrees of stress are experienced by PRSNs on their nursing programme. However, there is conflicting evidence regarding as to why, what, where and when the amount of stress experienced by PRSNs changes during a nursing programme and how this affects their learning, this therefore requires further research to clarify the situation. Edwards et al (2010) provide some insight with their longitudinal study which examined the association between stress and self-esteem in student nurses throughout their three year programme. Data was gathered with the use of questionnaires from one cohort of PRSNs (169 students) at predetermined points in their programme. The collated information dealt with two topics, self-esteem and stress, and it was suggested that affecting one can also affect the other. Within the study, PRSNs were found to have higher self-esteem at the beginning of their training compared to the end of their training. Edwards et al (2010) surmise that this is because students are applying for jobs, with some PRSNs being accepted and some being rejected which affects their self-esteem. Nonetheless, there was nothing to substantiate this. They acknowledge, however, that much of the data about the changing levels of self-esteem is inconsistent, providing confirmation that further research of this area is justified in order to enhance clarity and improve rigour. Within the discussion it is intimated that stress is the same for all students including students on non-health related programmes. However, it remains unclear as to when stress occurs and if stress increases or reduces throughout a PRSNs programme.

Similarly, Prymachuk and Richards (2007) attempt to clarify this in their self-reporting study of 1,362 PRSNs, they found no correlation between a student's level of progression and increased stress. However, they did suggest, that it is the type of stress that changes, and not the level. Initially stress is related to the world of academia, specifically academic workload and financial adjustment whilst, towards the end of the nursing programme, the focus of the stress is found to be related to extracurricular issues and PRSNs' individual personal factors. This approach does, however, inadequately address the reliance on PRSNs to self-report accurately without too much subjectivity.

#### **2.9.4 Multifaceted life summary**

An attempt is made within the literature to examine self-esteem, a lack of confidence and stress individually; however they are considerably intertwined and often examined within the topic of stress. As a consequence, consideration as to the learning strategies employed by lecturers in reducing stress, increasing self-esteem and confidence is therefore important in enabling students to



learn. One such strategy is the concept of self-directed learning which involves PRSNs taking responsibility for their learning after the necessary preparation and support. In order to ensure this, lecturers should be flexible and adaptable with their learning strategies, know their student group, and be able to motivate their students with the transition from passive learning to active learning.

### **2.9.5 Chapter summary**

The review identified three key themes presented within the conceptual framework, encompassed within these were the experiences and perceptions of PRSNs entering the nursing programme and the coping strategies the PRSNs utilise to ensure they remain on the nursing programme. The information captured from the study will add to the current body of knowledge surrounding nurse education.

Subsequently, a fundamental aspect of the review has been to determine if the theoretical component of the students' learning journey, throughout their nursing programme, is given the same consideration and regard as to the practical component. Currently, there is a recognised disparity between the amount and type of research in relation to the practice and theory component of the nursing programme with the theory component being under-researched. A justification for this inequality requires further consideration.

Furthermore, the opinions and views of society alongside current socio-political events have had a major influence on the provision of nursing programmes delivered by universities. In conjunction with the implementation of widening participation and the change in delivery of the professional nurse programme, the student population has become more diverse. The impact of diversification has set PRSNs additional challenges and the consequences of these challenges on the learning journey of the PRSN require further consideration.

Equally, society's perception of nurse training/education has changed dramatically over the decades. In order to improve the reputation of the nursing profession an explanation as to the role of the registered nurse needs to be established, thus enabling society to be able to embrace current and future changes from an informed perspective. Additionally, information regarding the need for registered nurses to obtain a degree and the difficulties PRSNs face on a daily basis to achieve this is also required.

Similarly, this chapter has provided insight into the educational changes and day-to-day difficulties faced by PRSNs which can impinge on the PRSNs' learning and progression from undergraduate to graduate. As part of this process, nursing has moved from a vocational career, to a career with

professional status. Correspondingly, there has been an increase in the academic expectations of the PRSNs to fulfil the ever changing demands associated with the role of the qualified nurse. The progression towards an all degree programme has permitted PRSNs educated in the UK to enrol onto the UK nurse register and the opportunity to work abroad, if they so wish. Inclusion of the international studies confirms the commonalities of the factors that affect the PRSNs' learning during the completion of their nurse education.

In addition, the learning experience provided for the PRSNs by the HEI, must allow the PRSNs to develop their professional and academic skills. This will ensure that the opportunity for lifelong learning can take place; this can be exceedingly challenging for all concerned due to the constantly changing role of the nurse. The research studies used within this chapter provide confirmation and comparisons to emphasise that the role of the 'student', as well as the role of the PRSN has also changed, with many factors affecting the student during their educational journey. One significant contributory factor is that of widening participation, which is a necessity for recruitment to the nursing profession to take place, thereby ensuring future workforce targets to be achieved and the nursing profession to continue.

The research continues to direct the reader in acknowledging the many factors which can affect the PRSNs from reaching their academic potential, further study in this area will improve the overall success of the PRSNs and enable HEIs to support them in adapting to emerging change.

Through exploring and investigating the perceptions and experiences of the PRSNs in relation to the theoretical component of their programme, we can then understand their perceptions of the factors that affect their learning. Only then, can we be in a position to effectively support them. These factors are multifaceted and with further study, recommendations as to how to resolve a lack of parity between the practice and theory components of the programme can be made.

## Chapter Three: Method

### 3.0 Overview

As one of the North West universities, the student population is principally British, white, and female, from areas of high deprivation and low incomes therefore to enrich the learning and social-cultural environment a diversification of students is welcomed. The widening participation agenda has been embedded within the university's infrastructure at both strategic and operational levels. The university's widening participation strategy is reviewed on a three yearly basis giving time for the development, implementation and review of set aims and objectives. Key areas, such as increasing the numbers of under-represented groups to higher education by working closely with schools, in particular with pupils of the 14-19 year old age groups, by means of university taster days and pre-entry programmes such as summer school. The latter is aimed at people who might not have the Universities and Colleges Admissions Service (UCAS) points which are required however following the completion of a six week academic study skills programme they are then able to apply for an undergraduate place. This summer programme has seen a growth of 160% since its inception in 2012 with 96% of the students converting summer school to an undergraduate place (EHU 2015), currently however, due to a high level of applications to the nursing programmes summer school candidates have not been recruited. Nevertheless a diverse cohort of PRSNs in regard of academic ability, prior knowledge and varied social-cultural backgrounds commence their nurse training.

The previous chapters have highlighted the various changes within nurse education and the shortfall of significant research regarding the theoretical component of pre-registration nurse training programs, and therefore worthy of exploration. This background research and the inclusion of varied factors provides context to the study, as explained by Burgess et al (2006:59):

*"Historical, social, environmental, even political contexts help to explain incidents and issues of concern"*

The above factors are pertinent to all three of the interrelated themes of the study and were therefore discussed in detail to underpin the study.

### 3.1 Introduction

On commencement of the research I knew I wanted to explore with a group of PRSNs, their perceptions of the theoretical component of their nursing programme with the aim of understanding 'how things are' (Burgess et al 2006:46) rather than how they should be. A comparison with my own nurse training would be inappropriate as nurse training has changed considerably since the 1980s in both content and academic award.

### **3.2 Philosophical position conceptual framework**

Traditionally I have maintained a scientific quantitative research perspective in the completion of my Bachelors and Masters of Science degrees. However, my professional background as a registered nurse has provided me with professional knowledge, the development of complex communication skills which incorporate interview, assessment and observational skills culminating in the ability to document and capture information accurately in a variety of formats. These experiences have influenced my view of the world in a non-judgemental way, recognising the need for change and the importance of delivering accurate informative knowledge. These transferable skills have further been consolidated in my role as a senior nurse lecturer and university teaching fellow with the addition of increased reflective and self-awareness skills considered beneficial in the research process (Bryar 2000). I consider all of these skills invaluable for the completion of qualitative research, with my skills continually having been developed over the years (Frankel and Devers 2000). Within clinical practice, case study has a practical application with patient consultations, observation and documentary evidence culminating in a patient's treatment or diagnosis, albeit for a proportion of an individual's life, nevertheless a real life event (Stake 1995). This is an approach that I am very familiar with and I have found it previously useful in the underpinning of teaching and learning for the PRSNs. The incorporation of case study in teaching and learning of real life and related events to PRSNs conceptualises theory to practice, Scott (2005) describes how the use of case study in education demonstrates the caring communication involved in human relationships.

However, social scientists employ a range of methods to study a variety of social phenomena. When considering the type of research to undertake, two opposing epistemological paradigms, interpretivism and positivism, each with their own advantages and disadvantages need to be considered (Carson et al 2001). The aim of this study is to investigate the PRSNs' understanding of the environment around them by interpreting their perceptions of their theoretical component of their programme, thereby generating theory (Carson et al 2001, Cohen et al 2007) with an interpretivist stance.

The four leading philosophers of the interpretivism paradigm, Edmund Husserl, Arthur Schulz, Herbert Blumer and Harold Garfinkel, all having their own perspective of interpretivism, albeit with some overlapping of their perspectives, all agreed with one major principle which was that research should be looked at from the direct experiences of people and not observed from the outside, as with positivism, thus the phenomenon being investigated remains truthful (Cohen et al 2007, Mack 2010). Simply defined by Cohen et al (2007: 257) as:

*“Seeing the situation through the eyes of the participants”*

Furthermore, three traditional research styles of phenomenology, ethnography and symbolic interactionism can be considered when completing qualitative research (Cohen et al 2007). Both Edmund Husserl and Arthur Schulz are connected to the development of differing facets of phenomenology looking at the interactions which take place during human action, therefore unsuitable for the study of PRSNs’ perceptions.

Even though I had previous experience with case study, the three perspectives of phenomenology, ethnography and symbolic interactionism have been reviewed and compared to case study research to ensure case study as a methodology is an appropriate method for this study. Phenomenology, although useful when examining people and their perceptions of their life experiences, does not look at what the causes of these experiences are, with researchers aiming instead to understand what it was like to experience a particular phenomenon or hidden meaning and the meaning people attach to the experiences (Patton 2002, Grbich 2007). However, I wished to investigate not only the PRSNs’ perceptions of their pre-registration experiences but also the causes behind these experiences to provide an explanation of this phenomenon and the development of academic theory (Robson 2003). I therefore considered phenomenology an inappropriate research method for this study. In the investigation of the PRSNs’ perceptions, ‘how’ and ‘why’ questions were ascertained to be the most appropriate to try and explain the phenomenon and to develop theory, Yin (2014) advocates the use of case study in such a circumstance. However other perspectives were considered prior to final selection of a research perspective.

In comparison, Mead and Blumer who are associated with symbolic interactionism theory which studies social life, through combined activity of individuals or human/social action which in turn informs the nature of a given society (Rock 1979). Rather than looking at human interactions in this way, I wanted to look at perceptions of the PRSNs; therefore I deemed this an unsuitable approach for this particular study. However, when examined in more detail, the work of Harold Garfinkel’s and that of ethnography appears more conducive with the aims of the study from the participant’s perspective and face to face interaction in their natural setting. Similarly, according to Cohen et al (2007:23) ethnography:

*“is concerned with how people make sense of their world”*

This suggests that with ethnography the world would be looked at through the participants’ eyes and therefore suitable for this study. However, one subtle difference between ethnography and case study is the view of how the phenomenon can be seen; in essence ethnography concentrates on the

knowledge of the culture of participants or 'inward view' whereas case study defines a given phenomenon from individual perspectives or 'outward view' (Cohen and Court 2003). They offer further comparison, as to the data collection in both ethnography and case study, with ethnographers spending time in the field observing their participants in their natural setting, usually for long time periods to gather data, and the potential of bias being introduced affecting the quality of the study. Spindler and Spindler (1987:20) further describe this process as requiring the ethnographer to:

*"be present in the situation and engage in constant interaction between observations and interviews"*

However, within the context of this study I did not fulfil this criteria, due to the limited interaction with the PRSNs during their three year programme, though the study was completed within the PRSNs' natural setting, that of the university. A view supported by Hodkinson and Hodkinson (2001) who value case study research in the researching of learning in the educational sector. In agreement, Burgess (2006), Denscombe (2007) and Yin (2014), defend the use of a natural setting and the use of face to face interaction with participants in case study research. They also concur that in association with interviews and multi sources of data collection, rigour of the study is increased. Therefore, drawing upon ethnographic principles case study is recognised as an excellent research method because you are part of the real world and trying to understand a distinct and contemporary phenomenon and the relationships which surround it (Soy 1997). Denscombe (2007:38) offers further clarification:

*"Case study, works best when the researcher wants to investigate an issue in depth and provide an explanation that can cope with the complexity and subtlety of real life situations"*

I therefore deemed case study an appropriate strategy to try and find an understanding of the PRSNs' perceptions, about their nursing programme utilising three data collection sources. The seminal works of Yin, Merriam and Stake about case study provide suggested procedures for educational researchers to follow in the design of case study design (Creswell et al 2007). The procedures include six guiding steps, which if followed and completed in sequence conclude in the successful development and transferability of case study research (Simons 1990, Stake 1995, Yin 1984, 2014). The six steps encompass the following, the development of questions, the selection case and determining of the data collection methods, the preparation of how to collect the data, collecting the data, the evaluating and interpretation of the data and finally the reporting of the research. Therefore the completion of these steps together with my previous knowledge of case study aided the production of a quality piece of work ( Yin 2014) .

### 3.3 Why case study?

In principle, case study is used to investigate an individual, a group of people or an event allowing the researcher to comprehend a particular problem with rich and descriptive data with the assistance of a variety of collection tools (Pegram 2000). There are multiple definitions and understandings of case study, however Simons (2009: 21) provides a succinct definition to summarise this:

*“Case study is an in-depth exploration from multiple perspectives on the complexity and uniqueness of a particular project, policy, institution, programme or system in a real life context. It’s research based, inclusive of different methods and is evidence led. The primary purpose is to generate in-depth understanding of a specific topic.”*

The delivery and content of nursing programmes although similar can change from one HEI to another therefore the participants for the study were selected from only one HEI in the North West. The study was undertaken in the real life context with all the participants being at the same stage in their three year nursing programme providing the study with the perceptions of this unique group and particular phenomenon. After consideration of these key characteristics of case study, I considered this approach the most appropriate method to study the phenomenon to be investigated. The opportunity to gather the ‘real life’ perceptions, opinions and attitudes of the PRSNs, whilst completing their pre-registration nursing programme, was possible and an understanding of the phenomenon permitting theory with an interpretative approach to be developed, Burgess et al (2006) and Yin (2009) explain how this is an additional characteristic of case study research. There are also many types of case study, which Thomas (2011) has categorised into four areas each which are multi-layered with the intention of simplifying the process for the researcher as illustrated in the table 3 below.

**Table 3: Types of case study** (Thomas 2011:93)

Subject	Purpose	Approach	Process
Special or outlier case Key case Local knowledge case			
	Intrinsic Instrumental Evaluative Explanatory Exploratory		
		Testing a theory Building a theory Drawing a picture, illustrative Descriptive, Interpretative Experimental	
			Single or multiple Nested Parallel

			Sequential Retrospective Snapshot Diachronic
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Thomas (2011) separated the decision making process required for case study research into four different components, each of which are interrelated to one another and if completed in a sequential way, can aid the decision process of the researcher. Three options are provided in choosing the subject; the researcher's known knowledge on a topic, the subject demonstrated is a good example or the subject is something completely different to the norm. The second area, that of purpose which directs the researcher into thinking of the reason why they want to undertake a case study. The third area however, is concerned with how the researcher is going to complete the study, such as theory building or testing. Finally the fourth area, of the process, initiates the researcher into considering the practicalities of how the data is going to be gathered, for example a historic, single or multi case study. Drawing on these four areas my decisions for the case study became clearer. I therefore decided on a 'local knowledge case', 'I was part of the case' due to my extensive familiarity and knowledge of the delivery of the nursing programme over the last 18 years and my background of a previous 18 years in clinical nursing provided me with extensive knowledge of both the theoretical and practical components of the professional nurse training programme. The decision to conduct a dual purpose of explanatory and exploratory approach was made. The explanatory perspective provided the opportunity for in-depth examination and investigation of the situation and an exploration perspective providing 'thick description' of the PRSNs' perceptions of their experiences and factors affecting their learning enabling further investigation to take place (Denscombe 2007, Thomas 2011, Yin 2014). A theory building and interpretative approach was chosen to foster new ideas and seek what is happening in a particular area (Hamilton 2011). After first considering the additional views of Creswell (2013) and the risk of dilution in the analysis process with multiple case study, a single case process was chosen allowing the in-depth analysis of the unique phenomenon.

To provide focus to the study, the case has been explained as, the study of a group of nursing students' perceptions at the end of their third year, about the theoretical component of their nursing programme within one HEI. The addition of a boundary provided more detail as to what extent and direction the study would take, therefore the boundary for this study was, a study of seven, third year PRSNs over a twelve week period utilising three data collection tools (Thomas 2011).

Soy (1997) and Hamilton (2011) advocate the importance of gathering data from a variety of sources to increase the quality and rigour of the study, therefore three data collection sources were chosen, focus group interviews, the PRSNs' personal reflections and academic transcripts. I deemed these



three sources the most appropriate for the gathering of a variety of data and enabled triangulation, thereby providing the opportunity for interpretation to take place.

### **3.3.1 The approach: Case study**

The seminal works of Yin (1994) were drawn upon to implement the case study research strategy with consideration being given to three key points. The first, relating to the type of questions selected, with pertinent 'how' and 'why' explanatory questions rather than predictive questions, such as 'what', 'who' and 'where' questions were chosen. Secondly, these questions enable the researcher to investigate the research over time and on this occasion a designated twelve week time period was allocated to the research. Face to face contact in the form of focus group interviews fulfilled the third key point that of controlling a behavioural event.

### **3.3.2 Development of the research questions**

Consideration as to what I wanted to find out in the study lead to the development of the questions. My previous experience and interests in pre-registration education as a nurse educator provided the impetus for the study; I wanted to research some aspect of the theoretical component of the nursing programme. However, I wanted the research to capture the PRSNs' perspective, rather than my own, as they are the ones completing the current programme. Therefore my initially, prima facie research question was:

*'How do PRSNs learn on the theoretical component of their pre-registration programme?'*

Yin (2014) recognises that such prima facie questions provide a starting point for the research. Though a broad focus literature review and related reading to the education of student nurses was undertaken, the focus was narrowed when research pertaining to only the theoretical component of the nursing programme was undertaken. The available research following this process was found to be very limited. Despite the limited available research, three themes were able to be drawn from the literature (Aveyard 2010) and these incorporated three main areas; the current economic and austerity measures, the changes to HEIs and therefore nurse education, and the multiple challenges faced by the PRSNs on the programme. On the completion of additional reading and discussion with colleagues of these themes, I was able to develop new ideas and from these ideas, three new questions for the study were shaped and formulated (Aveyard 2010, Thomas 2011, Yin 2014).

The research questions are:

1. How do PRSNs enrolled on the mental health field of nursing engage (attendance, completion of assignments, punctuality) with the theoretical component of the nursing programme?
2. Why do the levels of motivation (to complete the programme) alter throughout the theoretical component of a nursing programme?
3. How do PRSNs enrolled on the mental health field of nursing meet the theoretical challenges of the nursing programme?

### **3.4 Methodological issues**

Criticisms can be made of any research method used; the strengths and weaknesses of case study research were therefore considered prior to its application.

#### **3.4.1 Strengths of case study**

In educational research having the ability to examine the actual reality of a situation and the related complexities is a recognised strength of case study research (Adelman et al., 1980 in Cohen et al., 2009). Moreover, Nisbet and Watt (1984 in Cohen et al 2009:256) underpin the strengths of case study with the following statement:

*'immediately intelligible, they speak for themselves, they catch unique features that might hold the key to understanding the situation and they provide insights into other, similar situations and cases, thereby assisting interpretation of other similar cases'* (Nisbet and Watt, 1984 in Cohen et al., 2009:256).

As seen in this case study research, the PRSNs' perceptions of their nursing programme provided the uniqueness of a real life situation undertaken by the PRSNs, therefore adding rigour to the chosen research approach. One of the foremost and major strengths of case study research is the opportunity to collect more detailed data of a unique and distinct phenomenon, with understanding and knowledge lost if superficial research methods such as a surveys, experiments and history studies were to be used, with the failure to capture current events (Neale et al 2006, Denscombe 2007, Yin 2014,). Case study additionally allows the study of a contemporary phenomenon with the incorporation of different ways of investigating and understanding of that phenomenon (Simons 1996, Yin 1994); in this study the perceptions of the PRSNs on the nursing programme, right here and now, with the utilisation of a variety of data collection methods . Yin (2003) argues that the use of different sources of evidence to corroborate a phenomenon is a recognised strength of case study.

Hamilton (2011) further explains, how within case study research, the use of multiple methods for data collection provides an overall holistic view of the phenomenon and therefore the quality of the case. A view further substantiated by Denzin (1989), Denscombe (2007) and Yin (2014), who endorses the use of multiple methods with the utilisation of multi-source data collection tools and triangulation to substantiate a phenomenon, thereby strengthening the rigour of the study. In addition Stake (1995) substantiates this by intimating that the case can remain the same in other spaces, at different times and even when people interact differently, so by looking at information from a variety of places is of extra benefit. For example within this study the here and now has been researched in the focus group interviews, previous information has been provided from the PRSNs' personal reflections and their assessment results, thereby lending themselves to case study research.

This in turn strengthens the transferability of the study by other researchers when completing similar research, drawing on the works of Shenton (2004) of how this can be achieved if the researcher provides enough detail. I have therefore signposted the decision making processes throughout the study to provide the detail required.

*“to provide sufficient detail of the context of the fieldwork for a reader to be able to decide whether the prevailing environment is similar to another situation with which he or she is familiar and whether the findings can justifiably be applied to the other setting”* (Shenton 2004:66)

Additional strengths of case study research are reinforced by Hodkinson and Hodkinson (2011); they refer to the ease to which case study can be applied to small scale social research on one research site and how the researcher can research a unique phenomenon of interest. I found both of these approaches useful, the one research site being based at the HEI and my interest in the theoretical component of a current pre-registration nursing programme as the unique phenomenon of interest. Lastly, McLeod (2008) explains how case study research and the building of theory provide vision for future research.

### **3.4.2 Weaknesses of case study**

However, despite clear benefits associated with case study, this method has been frequently criticised as having weaknesses. Pegram (2000), Denscombe (2007), and Yin (2014) are accurate in stating that these weaknesses include a lack of academic rigour, the lack of generalisation of a study and the lengthy process a case study can take, increasing the difficulty in the completion of that study and the potential to increase 'observer effect'. Therefore the rigour and quality of the case study was enhanced with the application of Lincoln and Guba's (1985) and Yin's (2014) rigour and quality criteria respectively. In addition, the negotiated access for participants and the gaining of the appropriate numbers of participants of the study can be problematic. Following the gaining of ethics approval the

gaining of negotiated access to participants was straight forward but time consuming with an appropriate number of PRSNs agreeing to participate in the study.

### **3.4.3 Rigour of case study**

According to Lincoln and Guba 1985 in Houghton et al (2013) complying with the concepts of credibility, dependability, confirmability and transferability, increase the rigour and trustworthiness of qualitative research eradicating the weaknesses of case study and turning them into strengths. Therefore the following actions were taken to strengthen the study, the focus groups were completed on a weekly basis for six weeks with the same group of PRSNs, with data from each focus group being transcribed immediately after; the transcripts were then checked prior to the next focus group sessions to confirm the accuracy and therefore the credibility of the transcriptions. The decisions made throughout the study are supported by accounts of reflexivity demonstrating the rigour and quality of the study. Finally, the explicit reasoning for the judgements made of the data collected, enabling transferability, has been included throughout. Firstly, multi-sources of evidence were used for the collection of the data, thereby strengthening the process. Likewise the signposting of decisions made throughout the case study, enabling future researchers to carry out the same case study again and in theory correspondingly gain the same results and conclusions added to the rigour and quality of the study. Controversially, Smith and Deemer (2000) and Thomas (2011) argue despite demonstrating rigour within a study future researchers would not be able to carry out the same case study and gain the same results as there is only one case. However, the signposting of the decisions made throughout this study have allowed this process to be replicated and therefore increased the transferability of the study, nevertheless I agree with Thomas, Smith and Deemer that future results and conclusions have the potential to be different as this is one case and variables can change.

### **3.4.4 Pilot study**

Prior to commencement of the study the implementation of a pilot study allowed the research questions and methodology to be tested and refined for effectiveness, reducing design problems prior to commencement of the study and the final research design (Burgess et al 2006, Doody and Doody 2015). Yin (2014:96) expands on this further:

*“The pilot case is more formative, assisting you to develop relevant lines of questions - possibly even providing some conceptual clarification for the research design as well”*

I therefore completed a pilot study six months prior to the commencement of the study. The pilot study provided formative information in the development of the focus group questions and for the testing of formal field procedures. The piloting of the questions were tested twofold, firstly they were used in a focus group, organised with a group of PRSNs from an earlier cohort and secondly they were

critiqued by my critical friend to check for inconsistencies and clarify the effectiveness of the questions being used (Kruger 1998). Furthermore, drawing upon Burgess et al's (2006) recommendations that the piloting of the data analysis processes can prove beneficial, as illustrated below:

*“Consider how well your data collection and analysis techniques work and if there are ways in which you can improve their effectiveness” (Burgess et al 2006:79)*

I therefore conducted a focus group interview and it was at this juncture that I became more aware of the potential for bias to be introduced into the discussion. My preconceived personal beliefs that nursing is a vocation as well as a profession could potentially prejudice the discussion, the need for impartiality on my part as researcher was therefore key. In addition, the pilot study helped me to evaluate the practicalities of the focus group interviews and formalise the final research design. Burgess et al (2007) and Yin (2014) both acknowledge that several revisions might be required as the direction of the questions can move away from the study area. The following of this process allowed me to highlight one or two syntax errors in the pilot questions which were then changed accordingly.

### **3.4.5 Participant recruitment**

The participants for the case study were targeted from one cohort of third year pre-registration student nurses prior to completion of their programme, all were studying at the same north west university where I work as a senior lecturer. Yin (2014) endorses a two stage approach to selection of participants. The first stage is to find who is eligible to be included in the study with the reduction in the number of eligible participants recommended as the second stage; however the low number of volunteers negated this need.

The PRSNs were chosen because they all share one characteristic, this is otherwise known as a purposive sample, and the shared characteristic on this occasion is that the PRSNs are all from the third year of a nursing programme (Oliver 2006) and subsequently a distinct case. The rationale for this was as follows. Third year students were chosen because they were knowledgeable in both theory and practice and therefore considered to have less challenges ahead of them in completion of the programme. It was considered that first year students would not have completed enough of the theoretical or practical component to make informed decisions. The second year students however would have new challenges in both theory and practice and therefore were also precluded from the study. PRSNs from three fields of nursing were eligible to take part. The adult field were excluded because of the potential for bias to be present. As a senior lecturer/year lead of adult nursing I had encountered the adult PRSNs on numerous occasions for teaching and with the personal tutor role. Some consideration was given to completion of the study with the PRSNs at the post registration stage

allowing the PRSNs to complete all of their nursing programme, however three main concerns prevented me from this. Firstly, following registration PRSNs would have new professional demands and responsibilities requiring them to concentrate on their new role as staff nurses. Secondly there was the potential for the cohort to move further a field geographically making the attendance at focus groups difficult even impossible and thirdly following registration the PRSNs perceptions of their nursing programme could change with the PRSNs reflecting on their programme from a registered nurse perspective. My contact with PRSNs from the other fields was minimal, therefore PRSNs from the other fields (approximately 90) were invited to take part in the study. Opposite views from Yin (2004) and Bryman (2008) as to the number of participants who should be included in the focus groups are given, Yin is of the view that the larger the group as possible should be used with Bryman contesting that too many is a waste of time. With such contradictory information, the aims, practicalities and feasibility of the study was considered, culminating in the decision to use one focus group of between five - ten PRSNs to correspond with the time scale chosen and the resources available. Following receipt of completed consent forms the PRSNs were contacted by email informing them of the details of the first focus group.

Six volunteers from the mental health field of nursing agreed to participate, therefore in an attempt to maximise the number of participants the one adult field PRSN who had volunteered was included in the study.

### **3.5 Data collection tools**

Data was gathered with three data collection tools. The main and first data gathering tool was that of focus groups, with one focus group being completed with the same group of PRSNs on a weekly basis over a six week period. The second and third data collection tools included the collection of the PRSNs' personal developmental reflections (allowing the students' true feelings to be expressed) and collection of the PRSNs' academic transcript in week twelve following completion of all the PRSNs' academic work.

#### **3.5.1 Triangulation: why use three collection tools?**

To gain a thorough understanding of a distinct phenomenon in qualitative research, the utilisation of triangulation is advocated. In order to enhance credibility the inclusion of various methods or data sources as illustrated by Patton (1999) to view the phenomenon from many points is advocated. A prerequisite and necessity for triangulation to be effective is the initial preparation of the research data (Farmer et al 2006). Therefore, three data collection tools were used in this study to gather qualitative data in the form of focus groups and personal reflection transcripts, with longitudinal

quantitative data from the academic grade transcripts reinforcing different views of the case study (Yin 2014, Silverman 2001). The correlation of the information from these three data sources followed by confirmation of the findings is recognised as a major benefit and strength of case study research (Yin 2003, Ryan-Nicholls and Will 2009, Bekhet and Zausniewski 2012).

Controversially, Cohen and Crabtree (2006) suggest more than one data collection tool is required because one or more of the chosen data collection tools being used must be weak and inadequate, therefore triangulation must be necessary to improve the outcome of the research. However, countless authors challenge this statement with justifications as to the inclusion of many data collection tools being advantageous to allow for the comparison, connection and differences between themes to be investigated, contributing to a sense of completeness and a reduction in bias (Casey and Murphy 2009, Bekhet and Zausniewski 2012, Houghton et al 2013, Yin 2014).

### **3.6 Focus group sessions**

Focus group sessions provided an environment to complete group discussions to gather views and gain an understanding of the participant's experiences thereby generating data (Stewart et al 2008, Morgan 1998). A significant challenge to focus group discussions is that participants feel uncomfortable with each other with a fear of reprisals (Fontana and Frey 2000); arguably Gill et al (2008) would suggest that this is reason enough not to use focus groups. For the purpose of this study however I believed the advantages for using focus groups outweighed the disadvantages. Steps taken to reduce anxiety within the group, such as incorporating extra time into the time schedule for the focus group interviews, allowed for introductions of the PRSNs to each other to be made (Krueger 2002). Maintaining confidentiality and integrity of the research is key, therefore during the information session it was explained to the PRSNs that the focus group sessions would be recorded allowing for easier transcription of the data (Mansell et al 2004) and by using their chosen pseudonyms, which they were more than happy to choose, confidentiality could be maintained (Saunders et al 2014). This decision was based on the views of Corden and Sainsbury (2006), O'Reilly (2009) and Kaiser (2009) who held a variety of views. Controversially, Corden and Sainsbury and O'Reilly advise that the removing of the participants' actual names and details is unethical and consequently should be used if permission has been agreed, particularly with reference to gender and age. Kaiser however, disagrees and suggests that despite consent, consideration should be given to the participants following completion of the study and possible reprisals. I concur with Kaiser that pseudonyms should be used to prevent possible repercussions to the PRSNs.

### **3.6.1 Focus groups: Practicalities**

I had anticipated conducting the focus groups over a five week period. However, after the initial five weeks, new data was still emerging so one follow up focus group was required taking the timescale to six weeks. Varied timescales for the completion of focus groups was provided by Fetterman (2010) and Newell and Burnard (2011) with inconsistencies as to the length of engagement being given from a few days to six months or years. This information offered little help when planning the focus groups. However, although not excessive, I deemed the chosen five to six week period appropriate, it provided an opportune moment in the PRSNs' programme to conduct the face to face element of my study and likewise permitted the students to move onto the next stage of their programme without interruption. Thereby justifying the completion of the study on the university campus, this is recognised as the PRSNs' natural setting and a key characteristic of case study research (Yin 2014, Happell 2007). The lengthy engagement with PRSNs over a five to six week period adds credibility to the study preventing observer effect (Houghton et al 2013, Yin 2014). A gap of a week between focus groups allowed for the transcripts to be completed and questions considered for the following focus group to be developed. The gathering of the PRSNs' perceptions, ideas and experiences were key to the study, therefore focus groups were deemed the most appropriate data collection tool (Morgan 1998, Denscombe 2007).

Additional consideration as to the timing of the focus groups, such as over the lunch hour, to increase attendance was suggested by Gill et al (2008) with the added benefits of preventing the lengthening the PRSNs' day, eliminating any excessive travel or incurring supplementary financial cost. In addition, the provision of refreshments provided sustenance to the students prior to their afternoon sessions and was seen as polite. This initial point was reinforced by Mensall et al (2004) who in their exploratory study investigated the complexities and practicalities of using focus groups in research, they found lunchtime refreshments effective, not only in encouraging the attendance of participants to the focus groups but also as a process whereby participants 'get to know' each other before the focus group discussion commenced. Provision of a free lunch could be considered an incentive; however, I regarded this as a necessity due to the PRSNs attending over their lunch time. At subsequent focus groups the participants declined the offer of lunch and were prepared to bring their own refreshments, however they still attended the focus groups, with only one participant missing one focus group, on one occasion.

Ultimately, the opportunistic grouping of the PRSNs was advantageous, as the planning of focus groups can be difficult, a view supported by many writers (Bryman 2008, Reed 2005). Despite using only one clinical area for her research Reed (2005) found the organisation and planning of her focus



groups problematic, which resulted in the participants not turning up at the arranged time. Although I used one educational setting for my study this was not found to be an issue. Primarily, the added advantage of prior viewing of the PRSNs' module timetables allowed for exceptionally convenient advanced pre-planning of the focus group interviews, including the booking of classrooms. This in conjunction with sending emails 24 hours in advance (a request from the PRSNs) reminding the PRSNs of the focus groups promoted their attendance and prevented confusion over attendance times. Stewart et al (2008) is critical of this point by suggesting that using the PRSNs' own environment might inhibit their behaviour in the study. I am more inclined to agree with O'Reilly (2009) who advocates that using rooms on the university campus provides a degree of familiarity to the PRSNs with the intention of ensuring that they are relaxed within their surroundings. On further reflection, I requested rooms out of view from general display to other students in an attempt to further protect confidentiality.

### **3.6.2 Focus group: Question development**

The PRSNs required some direction when discussing their nursing programme due to the volume of information contained in the theoretical component. Therefore topic questions including phrases which related to the content of the theoretical content of the programme were used to develop the questions. Krueger's (1998) approach is to direct the discussion within the focus group with questions from different categories, introductory, transition, key and closing questions (appendix 4). Consequently a set of eleven pre-determined questions were developed concerning the 'how and why' questions set out in the previous chapter as part of the case study protocol. Bryman (2008) and O'Reilly (2009) explain how the questions guide the researcher rather than them becoming involved in the discussion. An aspect further supported by Stewart et al (2008) as improving the quality and rigour of a study is the reduction in the introduction of any bias. As a novice researcher I welcomed the chance to use the prepared questions. I found them to be a useful support mechanism and aide-mémoire. During the focus group interviews the conversations initiated by the questions were allowed to develop in order to gain the PRSNs' perceptions of their nursing programme.

### **3.6.3 Focus groups: Process**

Each focus group was completed within a 60 minute time span, except for the first session where an additional 30 minutes was allocated for the PRSNs for introductions and the chance to relax. Although this was very prescriptive, Krueger and Casey (2009) recommend sessions are no longer than this. They explain that participants could become bored and fatigued during this process and therefore if additional time is added the credibility of the study could be affected. O'Reilly (2009) suggests that

the researcher can also become fatigued during longer sessions which can then become unproductive.

The first 10 minutes of the subsequent sessions was allocated for the PRSNs to listen to a summary and read the transcripts of the previous focus group session. A short summary of the dialogue was presented to the PRSNs at the end of the focus group clarifying salient points (Krueger and Casey 2007). The participants in Pickering and Watts (2005) study found that summarising the interview was particularly helpful and found to be a positive aspect of the study. I found this particularly difficult to implement due to the vast amount of discussion which had occurred. Therefore a short summary was provided at the end of the session, with a more comprehensive summary provided at the beginning of the next session. The timings of these sessions proved adequate; on completion of the focus groups the PRSNs expressed at how much they had enjoyed them and that the content had made them think more about their programme. Each of the focus group discussions was electronically recorded and then transcribed. In their informative investigation into the advantages and disadvantages of focus groups Mansell et al (2004) concluded that the use of recording equipment provides a transparency to the process and allows for systematic replication of the study thereby providing credibility to the study (Bryman 2008).

### **3.6.4 Focus groups: Moderators**

Yin (2014) intimates that the role of the researcher in focus group discussions, can increase the chance of bias the longer that the researcher spends with the participants. One of my challenges as the researcher was to refrain from commenting in the interviews and take on the role of an active listener hence reducing the potential of influencing the participants' responses and therefore the rigour and quality of the case study (Curtis and Redmond 2007, Yin 2014). Conversely, Morgan (1998) and Pickering and Watts (2005) advocate that the researcher is more effective as a moderator, allowing them to be conversant and confident with the focus group questions and immersed in the research, while at the same time still able to investigate any new ideas that developed within the groups, I believe my skills in facilitation of similar group discussions and awareness of the potential impact I could have on the participants' responses allowed me to take on the role of moderator. In addition, Pickering and Watts (2005:3) promote the role of an assistant moderator as a 'fail safe', explaining how the process allows a comparison of notes for critical parts of the focus group discussion to be revisited if necessary. Hence, I engaged the skills of an assistant moderator who was introduced to the PRSNs at the first focus group, and who then sat to one side of the discussion group to take notes of the discussion which were compared prior to transcription of the data.

### **3.6.5 Personal development reflections**

The development of a reflective professional development portfolio (PDP) is expected of all PRSNs (NMC 2010) and this needs to be completed prior to registration. Within the PRSNs' PDP, they produce personal reflections following each completed module of theory and practice. The PRSNs reflect on how the theory taught impacts on their practice. Once the PRSNs had been informed of the need for their personal reflections there was the potential for students to alter previous reflections and to add to their current reflections affecting the reliability of the data (Thorne 2000). However, from previous experience and the checking of personal student reflections at personal tutor contact time I believe it is unlikely that students would alter their personal reflections, with students giving less attention to formative pieces of work (Glover 2004). On many occasions my personal students have commented on how tedious they are to complete. These were collected in week twelve following completion of all other academic work.

### **3.6.6 Academic transcripts**

The final area of data collection was the collection of the academic transcripts for each of the PRSNs, these contained the assignment and exam results for each individual PRSN for each year, again these were collected in week twelve. A copy of these transcripts was kept electronically in a personal file and password protected with both theory and practice module results recorded here.

## **3.7 Data collection**

The data was collected in three stages; firstly the focus group discussions were transcribed, followed by the collection of the PRSNs' personal development reflections and then the academic transcripts.

### **3.7.1 Focus group data**

Charmaz (2007) and Houghton et al (2013) endorse the early transcription of focus group data, with verbatim transcribing being completed within 24-48 hours (appendix 5), to enhance the production of non-judgmental data of qualitative research. Verbatim transcribing maintains the meaning and context of the original words or parts of sentences taken from a transcription and relates these parts back to the whole, improving the trustworthiness, quality and accuracy of the data analysis (Tesch 1990, Thorne 2000, Oliver et al 2005). I completed the transcribing within 48 hours with the allocation of this time put to one side. Though what proved to be difficult on occasion was that all the PRSNs would talk over each other, however listening to the tapes many times aided with the transcribing process (Charmaz 2007). This early transcription allowed the PRSNs to check for accuracy at the beginning of each subsequent focus group, changes were made accordingly thereby verifying the

integrity of the data collected (Yin 2014). These changes were minimal but necessary prior to analysis, thereby preventing the interpretation and analysis of the researcher being challenged (Morse et al 2002).

### **3.7.2 Personal development reflections**

The second data collection tool to be utilised is that of the PRSNs' formative PDP reflections. Prior agreement requesting a copy of the PRSNs' reflections via email in week twelve of the study was made. On receipt of the reflections they were stored electronically allowing them to be password protected. Any information deemed as a 'cause for concern' regarding vulnerable people within the reflections would have been actioned in a comparable way to similar information obtained in the focus groups (NMC 2008, EHU 2015) however no such information was found in the reflections.

### **3.7.3 Academic grades**

The final area of data collection was the collection of academic transcripts for each PRSN; these contain the assignment and exam results for each PRSN for each individual year for three years. The use of these academic results is generally used by personal tutors and year leads to monitor student progression. However, I required these results for different purposes therefore consent was gained from the students to access these.

## **3.8 Data Analysis**

Thematic analysis has been recognised as a flexible qualitative analytical tool for analysis of data, to provide a rich, detailed and involved account of the data (Braun and Clarke 2006). Attride-Stirling (2001) and Braun and Clarke (2006) outline this process with the inclusion of six steps/phases. They both favour an illustrative format to represent the structure of the themes in a network manner. Attride-Stirling provides clear examples of how to achieve the coding and identification of themes within the data whereas Braun and Clarke provide a more in-depth and thorough description of what the researcher should be doing at each step of the analysis. During the analysis process, Pope et al (2000) and Lichtman (2006) offer an explanation as to how the interpretation and reduction of the data can provide an understanding of human experiences, in this case the experiences of the PRSNs that the researcher is trying to understand.

The data analysis process can be completed either manually or with the aid of computer software packages (CAQDAS). With limited knowledge of CAQDAS programmes, I decided to complete my coding using thematic analysis manually. With the use of a Word document and a hard copy of the transcripts I was able to move back and forth through the data in completion of the coding process

(appendix 6). This is acknowledged as a strength when completing qualitative research, St John and Johnson (2000), O'Reilly 2005 and Braun and Clark (2006) particularly emphasise the immersion of the researcher with the data in an active way, by way of reading and re-reading of the data in order to gain an understanding and searching of patterns. An additional strength to the transparency of the coding and analysis process according to Suter (2006) and Denscombe (2007) is the provision of an audit trail in the form of analytical memos or a diary to add strength; I therefore maintained a diary to encourage reflection throughout the process (Snowden 2015). Similarly, this process allows fellow researchers to validate the research adding a further strength.

In the identification and development of themes, Yin (2014) advocates following an analytical strategy prior to commencement of the case study to provide direction to the researcher on how to link the data and the concepts obtained. In addition, qualitative researchers benefit from following this process to test, retest ideas and look for the identification of themes until no new themes emerge as part of the analysis process or 'iterative inductive process' (O'Reilly 2005, Lichtman 2007, Denscombe 2007, Braun and Clarke 2006).

The application of an analytical tool, in particular a thematic network analysis tool, facilitates a systematic approach. This provides a robust and credible analysis of qualitative research (Attride-Stirling 2001). She explains that providing organisation and illustration of the themes permits analysis to take place. Although advantages to thematic analysis are evident, Braun and Clarke (2006) reinforce several disadvantages to the application of thematic analysis when compared to other analytical methods in qualitative research. For example, researchers using discourse and conversational analysis make assertions about the use of language in the data. This therefore would be an inappropriate form of analysis for this case study as the research questions would not be addressed, further strengthening the importance of an appropriate choice of analysis tool to answer the unique research questions.

Despite the inclusion of an analytical tool, the interpretation of the data is still dependent on the analytical skills of the researcher (Thomas 2009). However, I found the utilisation of such an analytical tool to be beneficial as it offered direction as to how to reduce the data and how to rebuild this data into useable themes by following six sequential stages. Two types of data analysis were necessary for completion of the analysis. Thematic analysis was used for the analysis of the focus group data and the personal reflections and descriptive analysis was used to analyse the academic transcripts.

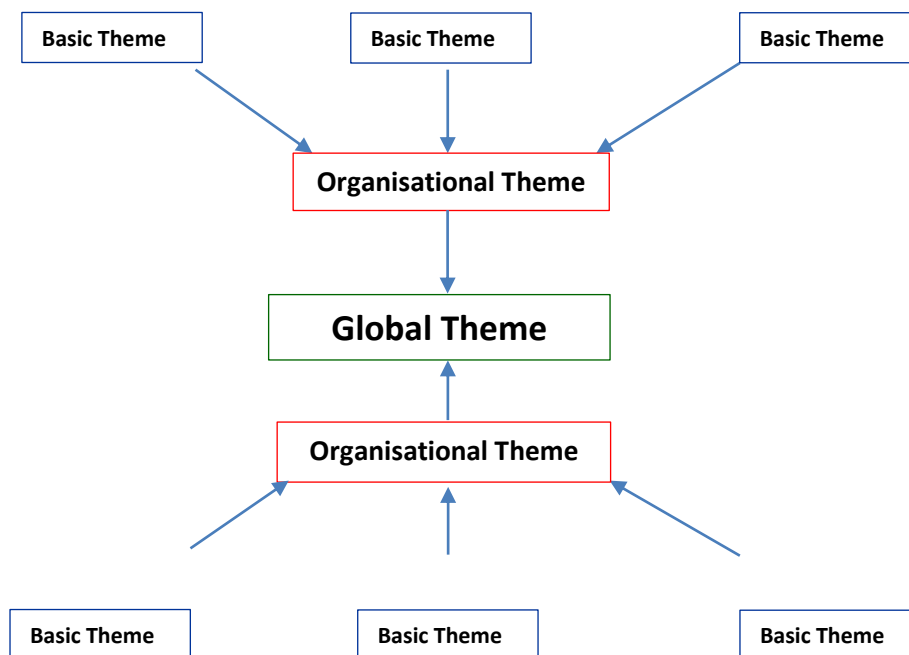
### **3.8.1 Thematic network analysis tool**

Criticism of the analysis process in qualitative research is common; the use of a thematic network analysis tool therefore provided a layer of clarity, credibility and rigour to the analysis process by allowing the data to be processed in a methodical manner. The thematic network analysis to identify themes (the number of themes is open to interpretation) comprises six analytical steps, each step to be completed before embarking on the next (Attride-Stirling 2001). In this case, the thematic analysis was data driven, Braun and Clarke (2006) describe this as inductive analysis, and therefore researchers' preconceptions of the research, or the use of a pre-existing coding frame should be discounted.

Primarily the data is reduced, this was completed by checking and highlighting recurrent or patterns of topics and words (Braun and Clarke 2006) followed by the segmenting of these topics and words into meaningful parts and these segments were given a numerical code, 778 in total (Attride-Sterling 2001); the codes chosen were the main topics prevalent within the focus groups and the personal reflections. This process was repeated several times prior to the identification of themes to ensure no codes were missed, reaching a saturation point (Robson 2003). Significant broad themes and relationships were drawn from the segmented text, and labelled basic themes. Adopting this approach enabled me to cluster comparable themes together and refer to these as organising themes. Finally, Braun and Clarke (2006) emphasise that a clear distinction in the identification of the overarching, global themes should represent of all the underlying organisational and basic themes thereby ensuring that data within the themes was meaningful. During the completion of the analysis Braun and Clarke (2006: 90) support the inclusion of a 'miscellaneous' theme for the storage of codes that do not fit into the chosen themes which if not required on completion can be disregarded. In my case study, some codes were kept in this way and were finally discarded.

The process of extracting and then linking themes on several levels facilitates the representation of said themes as an illustrative 'web-like' map (see figure two) with the added advantage of the relationship between the different steps, being demonstrated (Attride-Stirling 2001).

**Figure Two: A thematic network for the representation of themes**



Once the networks had been established I then moved onto describing and exploring the content of each theme, Braun and Clarke (2006) explain how this can be done by providing data extracts with an accompanying narrative to explain the importance of the theme. At the end of each account a summary and interpretation of the analysis process has been provided thereby completing the six analytical steps.

### **3.8.2 Focus group interview data analysis**

The data gathered from each focus group discussion was initially analysed for common topics and further focus group questions were designed to follow up these topics and ideas until no new information was obtained, following the cyclical process or recursive analysis of gathering data (Lecompte and Preissle 1993). The first three steps of Attride-Stirling's (2001) thematic network analysis were applied to the data; the codes gathered providing 25 basic, eight organisational and four global themes (appendix 7).

### **3.8.3 Personal development reflections**

Analysis of the personal reflections followed the same format as that of the focus group discussion transcripts. The application of the thematic network analysis tool ensured the data extracted was coded with seven basic, two organisational and one global theme. A similar process to that undertaken for the identification of the themes of the focus groups was followed (Appendix 7).

### **3.8.4 Descriptive analysis of the academic transcripts**

For the analysis of the quantitative data, descriptive analysis in the form of descriptive statistics to provide an explanation and organisation of the data was applied, the data from the academic transcripts was transferred into tabular form to enable descriptive statistics to be utilised. Descriptive statistics according to Trochim (2006) are the best way of describing the basic features of data collected in a study. The statistical data was then analysed and interpreted to compare with the findings from the focus groups and personal reflections. Three descriptive statistics have been used, the mean (M), the average of a particular category, the median (med) the midpoint of a particular category and the standard deviation (SD) how variable a result is from the mean or standard. Standard deviation offers reliability and validity to the data collected. The group of PRSNs is known as the sample size and this has been designated with the letter n, in this instance n=7. All of this information gathered together is further referred to as a set (Salkind 2014).

## **3.9 Ethics**

Prior to gathering data from the PRSNs it is important to acknowledge the significant role that ethical guidelines provide in the protection of participants in research studies. The ethics for the research has been divided into general ethical implications, followed by ethical considerations pertinent to the data collection tools that have been implemented. The health and safety of the participating PRSNs is paramount, significant consideration has therefore been given to the ethical responsibilities of the researcher, prior, during, and on completion of the study.

### **3.9.1 Ethical consideration**

The ethical guidelines for educational research with specific consideration given to the researcher's responsibilities have been applied in completion of this section (BERA 2011). Ethical consideration offered protection to the PRSNs throughout the process.

### **3.9.2 Informed consent**

To accommodate the case study strategy one cohort of pre-registration nursing students from within the educational institution involved was utilised for the study. Information both verbal and written was provided to the PRSNs prior to them registering as participants or completion of a consent form (appendix 8). An information sheet was provided which outlined the guidance and information necessary for them to make an informed decision (appendix 9). This included information about the inclusion to the study and the withdrawal process from the study. The information explained why the study was taking place, what the study was about, how the collection tools would be used and how



the information found during the study would be used (Miles and Huberman 1994). O'Reilly (2009) maintains that providing information at an early point can provide legitimacy to the study thereby encouraging participation.

The areas of competency and voluntary participation were considered prior to informed consent. Firstly, all the nursing students are adults and enrolled on a professional programme and have therefore been deemed as able, capable and competent of making their own decisions. In addition the PRSNs' participation has to be voluntary, the effect of 'peer pressure' was therefore discussed. Although voluntary participation was important, the information of how to withdraw from the study at any point was equally important and reiterated (Cohen et al 2007).

The information was presented to the PRSNs following a morning teaching session and prior to their lunch break, therefore providing a captive audience. The PRSNs were informed that the information talk would last approximately 15 minutes and told that if they wanted to leave the information session that they could, so as to prevent any unnecessary duress (BERA 2011). I found that much thought as to the language used to convey the information was very difficult, as words like 'favour' could be seen as manipulative. I found it easier to be specific about the requirements and facts connected to the research study. PRSNs were provided with further assurances that declining to participate would not result in any repercussions with their future study on the nursing programme (Cohen et al 2007).

To reduce the potential of repercussions to the PRSNs the data was collected in the latter stages of the PRSNs programme, enabling the PRSNs to be registered nurses by the time the research was completed, thereby reducing the chance of the PRSNs' responses being recognised by other members of staff. When one of the PRSNs asked the question of repercussions prior to a focus group I therefore reiterated the above and they were happy with this and eager to continue. A submission time and collection box was provided at the reception area for the PRSNs to submit their consent forms. However on this occasion the participants handed me their consent forms in person throughout the day, the box was left available for 24 hours but no further consent forms were received.

### **3.9.3 Openness**

Each aspect of the study was explained to the PRSNs and time was given for questions and answers to be discussed.

### **3.9.4 Disclosure and confidentiality**

The rules regarding the level of disclosure, confidentiality and privacy was discussed with the participants (Morgan 1998). The participants in the study have an underlying knowledge connected to

this area due to the nature of their programme. The PRSNs and I recognised professional guidelines, namely 'the code' – 'You must respect people's right to confidentiality' (NMC 2008:2). This would be reiterated at each focus group meeting that anything discussed or written within the focus groups would not be discussed out of this arena. Examples of how this could be easily broken were provided to the PRSNs. Equally I had a responsibility as a qualified nurse that if any information regarding 'cause for concern' regarding vulnerable people was mentioned during the focus group interviews or in the PRSNs' personal reflections, that I would need to action this with regard to patient and student safety (NMC 2008).

### **3.9.5 Privacy**

During the study all data recordings, transcriptions and reflections were held in a secure location at all times in a locked cupboard with electronic copies kept in a personal file belonging to me and only accessible with a personal password. All information collected was kept confidential as per a person's rights under the Data Protection Act (UKGOV.1998) and Freedom of Information Act (UKGOV.2000) with the PRSNs' names being replaced with pseudonyms during the research study and the final report. Following the completion of the study, all documentation and recordings will be destroyed with hard copies of documents being shredded and electronic copies deleted.

### **3.9.6 Vulnerability of PRSNs**

One major drawback to the study is that I have had some contact with all the PRSNs in some academic capacity before the study; this could have caused a conflict of interest and consequently affect the integrity of the study. However, generally my teaching, marking and moderating input to the programme has been at the beginning of the first year to all PRSNs on the nursing programme. My contact time with second and third year PRSNs, particularly mental health PRSNs is therefore reduced. However, I was aware of the potential conflict that my role could create and I therefore tried to minimise it. Firstly, I minimised contact with this group of PRSNs by declining any teaching opportunities for the duration of the study, secondly my personal students were excluded from participating in the study. To ignore conflicts of interest can damage the quality of the research as explained by Schneider (2010). Similarly, Opie (2004) recognises the importance of a positive relationship and to ignore power relationships within research between the researcher and participants is unethical, compromising the balance of this close relationship, the integrity and validity of the study (Bradbury-Jones and Alcock 2010, Polit and Beck 2004). Particular care is required when students become participants following a request from a researcher who is also a lecturer. As explained by Bradbury-Jones and Alcock (2010:195), "*some students might agree to participate in*

*order to please us*” therefore ensuring participants understand how they can decline and withdraw from a study is key.

I was aware of the disparity of the power relationship between that of myself and the PRSNs, no undue influence was placed on the PRSNs to participate and it was reinforced that they would not be penalised if they did not volunteer (Clark and McCann 2005). By demonstrating an awareness of potential conflicts of interest and disclosure of this, provides transparency to the research process. I am aware that ethical issues can change quickly and as a researcher I must be prepared for all eventualities, I believe my background both in clinical practice and academia has prepared me to manage such an event. The next section explains the process undertaken to gain access to the PRSNs for inclusion in the study.

### **3.9.7 Incentives**

Considerable debate regarding the benefits of financial incentives more so than gift incentives is explained as providing five positive benefits, higher levels of engagement, quicker recruitment times, fewer no shows, long term savings and positive opinions of the organising company (Vance 2011, Head 2009, Singer and Kulka 2002). Heyman and Ariely (2014) however argue that too big an incentive can reduce the effort of the participants. Incentives in focus group research is said to increase levels of participation and provides a friendly, calm and informal environment (Vance 2011, Krueger and Casey 2009). Oliver (2010) would suggest that a variety of incentives can be provided in recompense, as in this case, for the participants giving up their time.

I therefore decided to offer the PRSNs a cold lunch including a beverage for the focus group sessions. The PRSNs were informed of this after their consent forms had been received. This could be considered as an incentive, however this was regarded as a necessity due to the PRSNs attending over their lunch time. Free lunches were provided as a thank-you and potentially could be considered as a motivational element for PRSNs to continue with future focus group meetings (Martin and Loes 2010). Arguably, incentives can generate positive benefits (Vance 2011, Head 2009, Singer and Kulka 2002). Simmons and Wilmott (2004) add that if financial incentives are not provided then the quality of the research can be affected, in what way however is unclear. Furthermore McKeganey (2001) elucidates as to how a cultural change of society challenges previous expectations of participants and current participants of research regularly expect a financial incentive.

Despite knowing about the financial constraints of PRSNs and the benefits outlined above for financial incentives I still believe it is important for the integrity of the study to get PRSNs interested in the study for the right reasons. Vance (2011) reinforces this point by further by suggesting that

participants can feel obliged to attend research studies and say what they think you want them to say because they have been paid. I therefore decided to offer no payment to the PRSNs participating in the study to enable me to obtain the PRSNs' honest opinion of their programme. Only after the completion of the study was a letter confirming their engagement with qualitative research given to the PRSNs, providing them with evidence of participation for inclusion in their personal portfolio. The decision to include this within their portfolio though would be on an individual basis.

### **3.10 Negotiated access**

Following the gaining of ethical approval from the ethics committee of the University of Huddersfield, further approval to include PRSNs in the study was required from my employer. This request was made and approved by the Director of Nursing, who is overall responsible for ensuring the safety of the PRSNs.

The specifics of the ethics in relation to each of the data collection tools are provided in the next section.

### **3.11 Interviewer effect**

I am aware that I have had contact with all the PRSNs at some point during their training. Although this contact did offer a further lens to the research, by providing an informal perspective outside of the formal research environment. However, I was candid with the PRSNs by explaining how a non-judgmental approach would be used during the focus groups and like them, I work within the NMC guidelines with regard to professionalism, confidentiality and privacy. During the completion of the focus group discussions the PRSNs provided personal data such as entry qualifications and age, which was useful in the findings chapter (Denscombe 2007).

### **3.12 Reflexivity**

Acknowledgement of my own self-awareness and personal reflective accounts throughout the study and the use of a diary facilitated this process (Snowdon 2015) have provided a rationale of the processes and decisions made in an attempt to be open, visible and transparent with the reader throughout each part of the research process increasing the credibility of case study research (Houghton et al 2012, Bryar 2000). Furthermore, incorporating reflexivity throughout a study acknowledges the researcher's account of their own role and possible influences on a study by way of their previous history and interests with research data, thus demonstrating the dependability and the confirmability of the study (O'Reilly 2009, Petty et al 2012, Houghton et al 2013). As registered nurses

are required to complete a current portfolio of personal development, reflection and self-awareness I therefore consider the inclusion of a commentary of my decision making throughout the study will be straightforward.

### **3.13 Summary: Methods**

This chapter has presented the practicalities and methods used for the data collection of the qualitative and quantitative research. Sections have been signposted throughout this chapter to provide a rationale of the decisions made and establish the construction of an audit trail. Included within the initial section is substantive information about the use of case study research, how the participants were recruited and the practicalities of the environment the study was completed in. Next, is a comprehensive section on the data collection tools utilised, how the data was analysed using a thematic network analysis tool, the highlighting of five themes and subsequently the advantages of the triangulation process. The following section includes the minutiae of the ethical considerations which were explored and explained in the protection of the participants. The final section of this chapter reiterates the potential for, and prevention of, the introduction of bias with interviewer effect and the benefits of a reflexive account.

## **Chapter Four: Findings**

### **4.0 Overview**

The previous chapter provided substantive information regarding the rationale for the method chosen, that of case study. Additional rationale for the inclusion of certain processes to ensure the rigour and quality of the research processes was also provided. The first three steps of Attride-Stirling's (2001) thematic network analysis tool, the coding of material, the identification of themes (appendix 7) and the construction of thematic networks have been completed in the previous chapter.

### **4.1 Introduction**

The final three steps of description, summarisation and interpretation of the thematic network have been applied to each of the five global network themes (Attride-Stirling 2001) within the following sections. An illustrated web-like design summarising the theme has been presented at the beginning of each section (Attride-Stirling 2001) followed by an interpretation of the data. Descriptive statistics have been utilised for data analysis of the academic transcripts followed by interpretation of the data. In conclusion, an overall summary of the analysis and comparison of all three triangulation data sources has been presented.

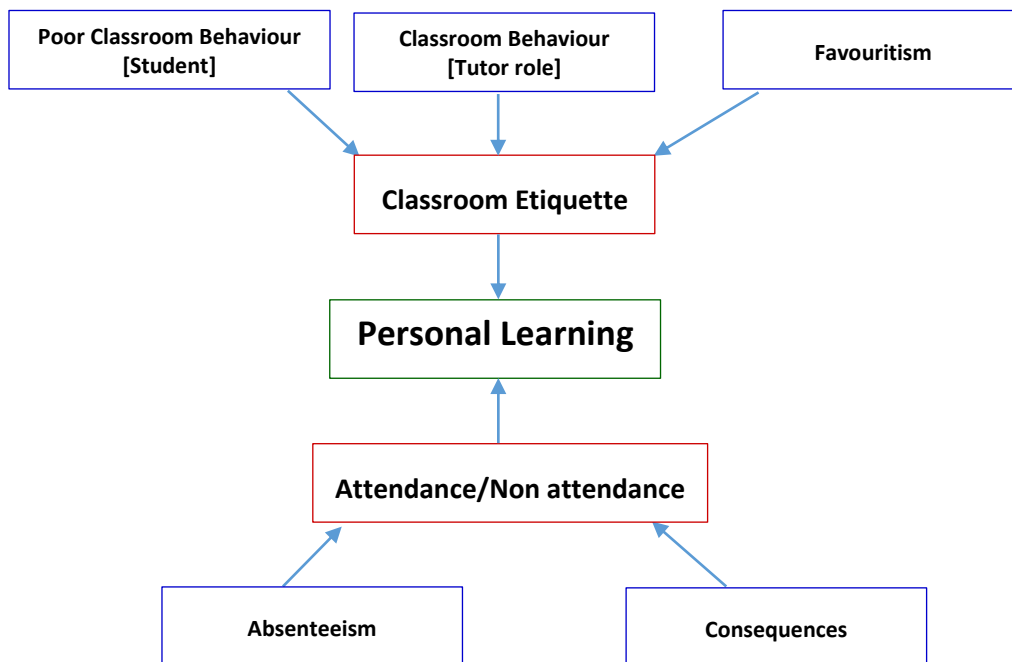
### **4.2 Focus group data analysis**

Applying a thematic network analysis tool proved beneficial and has allowed the identification of four global themes, from the focus group data, each one warranting further individual interpretation. A fifth theme was identified from the personal reflection data.

### **4.3 Global network theme: Personal learning**

Captured within this theme (see figure three) are the perceptions of the PRSNs of their personal learning whilst completing their nursing programme. This consists of two organisational themes and five basic themes drawn from the collected data (Attride-Stirling 2001).

**Figure Three: Global theme illustration: Personal learning**



#### **4.3.1 Organisational theme: Classroom etiquette**

The PRSNs described how they became distracted and ‘switched off’ in class because of poor classroom behaviour from their peers; they described as to what level they believed this behaviour affected their learning. They further explained the tutor’s role with classroom behaviour, including the phenomenon of ‘favouritism’ to certain individuals and how this can influence either a negative or positive learning experience.

#### **4.3.2 Basic theme: Poor classroom behaviour (students)**

The PRSNs all agreed that at some point in their nursing programme the disrespectful conduct of other PRSNs in the classroom had prevented them from learning. This conduct was categorised into two areas; that of other PRSNs consistently talking in class (not related to the session) and the inappropriate use of information technology (IT) devices in class.

Martha, Winnie and Rebecca experienced the behaviour of inappropriate talking on different occasions and considered it necessary to challenge the behaviour as they found this behaviour to be disrespectful to the tutors who have spent time preparing the sessions, and distracting to their learning, therefore they asked the other PRSNs to be quiet. Martha explains as to how she felt

awkwardness when challenging her peers during the first year of the programme. Martha maintained this was because she hates conflict.

*Martha: "in the first year I challenged a student and was worried about it for weeks, now if I see the same girl coming towards me I smile but I will always go (pulled face), I was, wasn't I? Worried for weeks over it, and so....."*

However, they have found this action to be unproductive, and met with a contemptuous attitude from their peers, leaving them feeling in the wrong, rather than the actual perpetrators. They decided therefore that they would not repeat such an action if this poor behaviour recurred as they hated conflict and the potential consequences of such actions.

Similarly, the PRSNs complained how the inappropriate use of electronic devices such as mobile phones and iPads in the classroom had disturbed their concentration. Although the use of electronic devices is encouraged in class, they can easily be hidden from view of the lecturer and used inappropriately. Martha in particular provided contradictory discourse, yes she found other PRSNs using these devices inappropriately but she also confessed to doing exactly this herself.

*Martha: "I think I might be a "fuddy duddy here but I think the fact when were in (lecture theatre number) people are doing online shopping .....I know everyone takes the odd call, I've done it myself, but I'm talking about constant, just why people go to the lesson?"*

To provide further clarity to this response at this juncture, the PRSNs were asked to apply a Likert scale to their response during the focus group when considering the level of the impact these distractions had on their learning, with one being a minimal impact and ten being a great impact (Sullivan and Artino 2013). A mixed response was given, with six PRSNs scoring five or below and one PRSNs offering no score. The PRSNs said they found the behaviour annoying and distracting which overall affected their concentration with three of them commenting on how they just tried to ignore the behaviour.

*Ivy: "It's affected me but on the whole I've just got on with it, it does get on my nerves"*

### **4.3.3 Basic theme: Classroom behaviour (tutor role)**

The PRSNs were asked who should take responsibility for poor classroom behaviour, the PRSNs or the lecturer. A mixture of responses was found. Initially, when asked do PRSNs have a responsibility to behave appropriately in class, they all agreed.

*All: "course"*



On further discussion Bronwen, Martha and Isabel explained what they perceived to be the lecturer's responsibility for classroom behaviour, with classroom etiquette being explained at the beginning of a session. Although the PRSNs had witnessed attempts by the lecturer to stop the disruptive behaviour, the PRSNs believed the lecturer was restricted in their role as to what they could do.

*Ivy: "the lecturer can only guide them; they can't physically stop you doing something."*

#### **4.3.4 Basic theme: Favouritism**

The PRSNs commented on a phenomenon that of 'favouritism' towards a particular student. They associated this behaviour with small classroom teaching during their third year field module sessions. When asked if the phenomenon of what they perceived to be as 'favouritism' happened a lot, they all responded vehemently, yes.

*All: all talk at once, "yeah"*

Several of the PRSNs commented on how they found this preferential treatment (favouritism) to one particular PRSN detrimental to their learning, with them feeling marginalised in class.

*Martha: "I think as well in our class sometimes if a tutor has favourites and they just focus on that person for giving them the answers and things.....the dynamics of the group change and the rest of the group becomes demotivated and deflated because their hand might be up but they're being overlooked"*

Ivy however, perceived this situation differently by acknowledging that perhaps it was the dynamics of the whole group which resulted in the lecturer engaging with that one student.

*Ivy: "just so happens you've got a group that don't want to speak up.....and if everyone there sits like a dodo, doesn't reply, so they're obviously going to feed off the person that does, that's where they're getting their direction from"*

#### **4.3.5 Organisational theme: Attendance/non-attendance**

A professional programme demands a professional attitude to the theoretical and practical component of the programme. Attendance and non-attendance is an aspect of professionalism which is instilled from day one of the programme. Although a PRSN's attendance or non-attendance is a personal matter, the focus group PRSNs found a disparity of consequences surrounding attendance/non-attendance to other PRSNs on the programme. Inadvertently, this had an impact on their learning causing them frustration to an extent where they became disheartened on a number of occasions. Two explanations of absenteeism and hidden consequences were offered.

#### **4.3.6 Basic theme: Absenteeism**

Firstly, the PRSNs are consistently advised of the importance of maintaining minimal sickness and absence levels to increase their future employability. The PRSNs believe that this is no longer the case with fellow students taking advantage of being absent from the theoretical component of the programme. The PRSNs have seen a noticeable increase in non-attendance when submissions of assignments are due; they found this to be unfair and demotivating.

*Rebecca: "well once you got your assignment guidelines and you know what's wanted you can sit at home and produce a really good assignment probably better because you've had more time"*

The second aspect of absenteeism is related to actual employment. The PRSNs believe that because there is a shortage of registered nurses anyone applying for a nursing post will get a job without sickness and absence records being checked. It was unclear however if Louise had been informed on the day that her post would be dependent on the outcome of references.

*Martha: "Thomas emphasised to us the importance of attendance because it would be influential in getting a job but we know that's not really true because.... Louise, she got the job anyway on her own merits on the interview day "*

#### **4.3.7 Basic theme: Hidden consequences**

The PRSNs observe few consequences for the above actions of other PRSNs and therefore identify this as being unfair when they are doing everything expected of them. When asked why they would think there are no consequences, they explained that they don't think anything happens as the PRSNs involved remain on the programme.

*Rebecca: "No, no like from my point of view as you say, you see the absences but as far as I am aware nothing is done about it"*

The PRSNs believed this happened due to an ineffective monitoring process, with the signing of cohort registers which can be manipulated by other PRSNs signing in for their friends. The pros and cons of a variety of alternative recording devices was discussed such as an electronic swiping system or in getting PRSNs to sign in with their student number rather than a signature. No ideal process for the monitoring of attendance was agreed upon.

*Martha: "getting the student to give their student number down rather than a signature"*

#### **4.3.8 Summary: Personal learning**

Captured within this global theme are the perceptions of the PRSNs and their personal learning. The PRSNs perceived the actions of other PRSNs to be detrimental to their personal learning. They

suggested unfairness to the current system of the monitoring of absences with unprofessional behaviour being rewarded.

### **4.3.9 Interpretation: Personal learning**

The significance of the findings within this global network theme provides an understanding into the perceptions of the PRSNs and their personal learning. All the experiences were described as negative experiences over which they had little or no control, causing them to become frustrated, disillusioned and at times demotivated. Similarities between the collective organisational and basic themes can be recognised within the phenomena known as 'classroom incivility'.

Nordstrom et al (2009) and Albert et al (2010) have theorised the increase of such behaviour proposing a shift in the learning style of students from that of active learners to that of passive learners. They provide explanations for such behaviour as previous indulgent school/college environments, liberal parents and the increased use of technology to provide immediate gratification. All of which negate the andragogical process for adult learners who are expected to be self-motivational and independent learners (Knowles et al 1998).

Many definitions of classroom incivility are provided, encapsulating the principal points of disruptive behaviour, the disregard of others, disrespectful behaviour and classroom conflict (Clark 2008, Berger 2000). In order to provide further clarity Connelly (2009) defines classifications of classroom incivility as 'less serious' and 'more serious' infractions. The less serious of the infractions being provocative in nature, such as disapproving groans and sighs, not attending class, acting disinterested in the teaching session and being disruptive in general. The classroom incivility observed by the PRSNs was predominantly of the 'less serious' nature. They described disruptive behaviour such as talking in class (individuals holding personal conversations), the inappropriate use of technology, consistent absences. However, the results of the Likert scale used during the focus group discussion and how this incivility had affected their learning would suggest differently, with an average low score of 2.8 - 3.2 out of 10, with 10 being the higher score. It can therefore be deduced that although they found the incivility frustrating it did not have a large impact on their learning, with a higher score having been expected. Arguably, however Luparell (2004), Rowland and Srisukho (2009) maintain how if such actions are allowed to continue, then a student's ability to think critically can decrease.

At least two of the PRSNs describe, from a personal level, the verbal attacks they endured when challenging peers in the classroom setting for their distracting behaviour, leaving them with reduced confidence and low self-esteem. Connelly (2009) classified this as a 'more serious' form of classroom incivility. As a member of the teaching faculty I have had many conversations with colleagues about

the attitude and behaviour of PRSNs in the classroom setting. These have been associated with the increased levels of incivility in today's society, a theory concurred by Connelly (2009). Equally, Bray and Del Favero (2004) acknowledge that faculty staff contribute to this dilemma by not challenging the behaviour. A perspective identified by the PRSNs with the inconsistent confrontation of individuals who dominated the classroom (favouritism). The solution therefore should come from the faculty staff to reduce the levels of classroom incivility.

Nilson and Jackson (2004), state that the occurrence of classroom incivility is more likely to occur within the large classroom environment, rather than the small classroom environment. They concluded that this was due to an impersonal approach and a decrease in class interaction between the lecturer and the students. PRSNs noticed the preponderance of classroom incivility to be those individuals talking in class and the inappropriate use of technology. A disadvantage to the use of technology is a decrease in face to face contact. Ross-Gordon (2003) recognises that for adult learners face to face contact is pivotal to their academic experience by providing structure and guidance. Therefore such a decrease is detrimental to the PRSNs' learning. A concept further endorsed by McGivney (2004) who established that a lack of a personal approach discourages adults very quickly.

Nworie and Houghton (2008) concede that varieties of technology used can encourage absenteeism with students accessing lesson notes and additional reading prior to the taught sessions and then failing to attend. It could be argued, that the process of allowing 'IT' increases flexibility to the programme for these PRSNs, the amount of flexibility in a course however needs to be balanced, Barnett (2014:7) discusses how too much flexibility is just as damaging as too little:

*“Systems will lack internal integrity and ultimately might fragment; certainly they will run risks of lowering standards and failing quality measures “*

For example the concept of absenteeism was raised by the PRSNs who felt that by allowing other PRSNs the ability to obtain lesson notes and additional reading and not attending class was an unjust situation which resulted in the division, fragmentation and cohesion of the group dynamic with the potential to cause chaos in the delivery of the programme. Lipscomb and Snelling (2010) further suggest that absenteeism is an aspect of incivility which demonstrates unprofessional conduct, and results in poor academic performance.

The PRSNs in the study did acknowledge how attending taught sessions had benefitted them; the interactions with the faculty member allowed them to question and receive answers when discussing clinical experiences which improved their understanding, a concept supported by Knepp (2012). The PRSNs debated within their focus groups that faculty staff who do not challenge classroom incivility

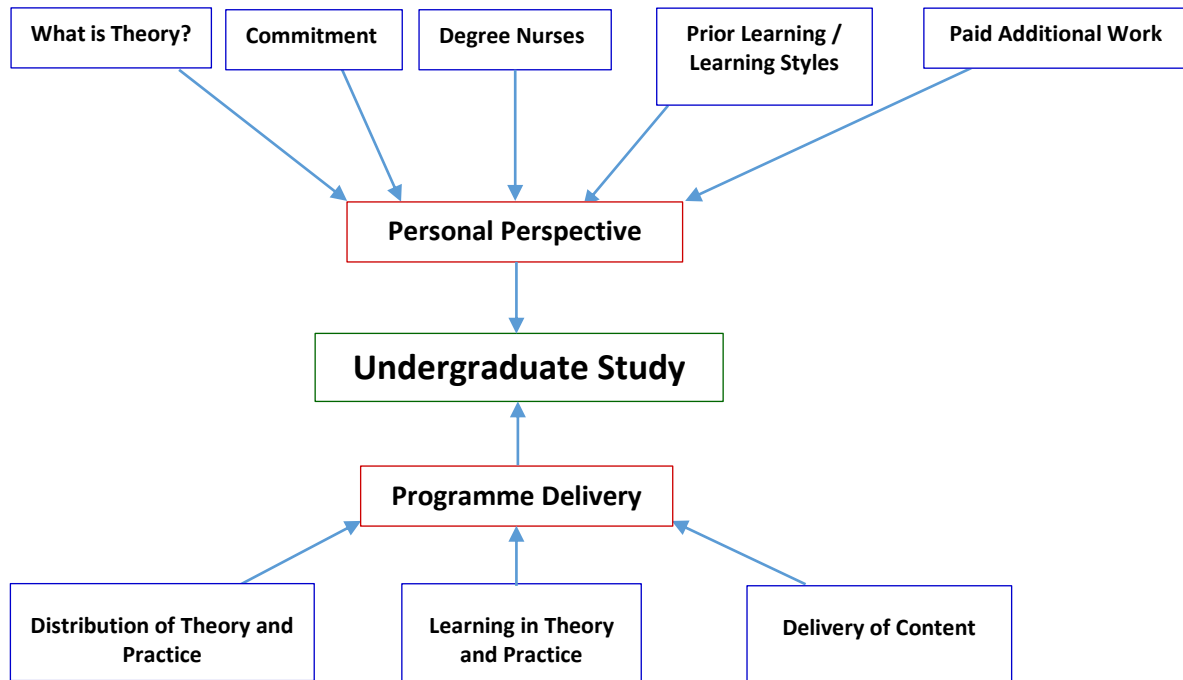
must be weak or lack the ability to manage a classroom, a notion reinforced by Bjorklund and Rehling (2010) who intimate that lecturers who experience classroom incivility can lack confidence, which in turn perpetuates further incivility and the loss of respect and credibility (Kuhlenschmidt and Layne 1999) from the students. In the HEI where the study has been completed, the current trend of employing graduate teaching assistants/PhD students has the potential to exacerbate this phenomenon due to the limited teaching experience of these assistants. These students need to teach up to six hours a week (including marking), in comparison with full time lecturers who complete at least 18 hours of teaching a week. The graduate teaching assistants/PhD students have to complete teaching training, however the opportunities to consolidate any new skills is reduced and could potentially impact on the PRSNs' learning. To reduce this risk, the key principles offered by the London school of Economics and Political Science (2009) in maintaining quality assurance and the appropriate levels of support are recommended when employing graduate teaching assistants.

An additional aspect of incivility concerned with the monitoring of attendance initiated debate within the focus groups. A degree of trust is placed on the students as adult learners in the signing of an attendance register. It has been evident on occasions that the register does not reflect the numbers in attendance for a given session. Despite an operational sickness and absence policy, which includes a disciplinary process, the PRSNs indicated that they felt aggrieved by the lack of apparent consequences for non-attenders. Research as to why PRSNs do not attend is required; previous research suggests students have to make a compromise between study and paid work with the reading of lecture notes compensating for the missed session (Burd and Hodgson 2005). The monitoring of attendance of large cohorts of generic modules is an ongoing concern with students failing to take up learning opportunities (QAA 2012). There is positive feedback from students who have appreciated an attempt to rectify attendance issues with the implementation of electronic monitoring (Newton-Ford et al 2008) and therefore requires serious consideration for its introduction.

#### **4.4 Undergraduate study overview**

Captured within this global theme (see figure four) are the perceptions of the PRSNs and undergraduate study. Two organisational themes and eight basic themes were drawn from the collected data (Attride-Stirling 2001).

**Figure Four: Global theme illustration: Undergraduate study**



#### **4.4.1 Organisational theme: Personal perspective**

The PRSNs described their individual beliefs and opinions from the viewpoint of an undergraduate student. Initially, their understanding of the theory component of the programme, followed by their level of commitment throughout the three years was discussed. Further data provides insight into the PRSNs’ understanding of the need for degree nurses and the importance the PRSNs place on their own particular learning style. Finally, a discussion of why PRSNs undertake paid additional work was provided.

#### **4.4.2 Basic theme: What is theory?**

When asked what theory was, a mixed response was given, the type of knowledge related to their field of nursing and how they compared the ratio of field to generic content. Firstly, they agreed that the underpinning theoretical knowledge of nursing included all the sciences such as physiology, psychology and sociology, the classification of illnesses, treatments and medications, and deemed necessary. Isabel summarises this quite aptly.

*Isabel: “it’s, it’s nursing, everything and anything together to do with nursing, its communication... Erm but it’s sort of giving you the, the tool box to, erm being able to apply it in the right way, in the workplace really”*

Secondly, the PRSNs discussed how important the field specific information was to them but how they perceived this content as being minimal despite each year incorporating a field specific module. Each PRSN offered a different viewpoint to this question with Rebecca being the most accurate. She still believed however that the amount of field specific information had not been enough to equip them with the necessary skills required to work as a registered mental health nurse.

*Rebecca: "no every year has been the same..... we've looked at it, had one module every year, has that been long enough though?"*

#### **4.4.3 Basic theme: Level of commitment**

Completion of a professional programme with assessments in theory and practice requires hard work, dedication and commitment. The PRSNs were all in agreement that their level of commitment had changed over the three years and described the level of commitment to be consistently changeable. Each individual PRSN experienced different challenges at different stages of the programme which in turn affected their commitment. Some of the challenges related to the programme, in particular the increase in the level of study during first and second year.

*Bronwen: "I found second year tough, but at no point did I think oh I'll quit... the hard times are not going to be forever"*

Some of the challenges related to personal issues, with three of the PRSNs contemplating leaving the programme at a very early stage; however the PRSNs self-determination and resilience prevented them from doing this. Similarly, the commencement of third year appeared to provide them with the impetus to continue.

*Isabel: "light at the end of the tunnel and to me nothing will get in the way of doing it"*

#### **4.4.4 Basic theme: Degree nurses**

The PRSNs defended the need for nurses to complete a degree programme and why it was important to them on a personal level. The PRSNs discussed how they believed their families understood that they were completing a degree and why they needed a degree, unlike fellow peers from a non-professional programme who denigrated their degree because of a lack of understanding as to the role of a registered nurse.

*Ivy: "I can remember having a conversation with someone at home and it was like....erm what are you doing at uni? Nursing, oh why do you need a degree to be a nurse.....aren't they just glorified HCAs (Health Care Assistants)?"*

In addition, the PRSNs contemplated why students on professional programmes are different to the stereotypical perception of HEI students.

*Bronwen: "all other students get like five months off and they're all going out drinking and that's kind of like, sorry, their stereotype, like the student life, as we're not like that, cause we're on placements full time.....we don't fit"*

#### **4.4.5 Basic theme: Prior learning/Learning styles**

The widening participation initiative sanctions the inclusivity of students from all areas of prior study. The seven participants all had prior study to enable them to meet the admission criteria. The discussion about access courses continued over several focus groups. Ivy was the only 'traditional' student who commenced the programme directly following her 'A' levels. The other six, 'non-traditional' students commenced the programme after completing a recent access course. The six PRSNs who had completed their access course were extremely positive about their experiences; they stated how beneficial the access course had been in preparing them for undergraduate study.

*Louise: "doing the access course was really good for me because I was able to learn how to do assignments and to reference..... Yeah, I would advise anyone to go and do the access before coming to university"..."*

In comparison, Ivy who was straight from 'A' levels struggled with the academic aspect of the first year of the programme, finding the transition from further education (FE) to HEI education difficult.

*Ivy: "I said I found first year like I said last time, I found it very difficult .....I came straight from my 'A' levels so I thought I should be able to do it but the style of everything you do is very, so different"*

#### **4.4.6 Basic theme: Advantages and disadvantages of additional paid work.**

All but one PRSN undertook either paid or voluntary work while on the programme. The PRSNs expressed how they were able to consolidate their theoretical knowledge by applying this to their clinical practice with an increase in practical skill acquisition and an increase in personal confidence, with the added advantage of increasing their financial position.

*Ivy: "things you can't do as a student nurse you can do as an HCA ...you've got an actual role,.....responsibilities.....learning different medications "*

Similarly, the PRSNs expressed how the completion of additional paid work had been beneficial in the development of transferable skills such as time management.

*Martha: "you have to be more disciplined and organised with your time"*



Negative aspects of the undertaking of additional paid work were also expressed with PRSNs having to make difficult choices as to work or study, with additional paid work distancing them from their academic study.

*Isabel: "if your finances are not there.....got to decide if you're going to study or are you going to go to work"*

#### **4.4.7 Organisational theme: Faculty expectations**

The contrasting organisational theme, that of the faculty expectations on academic challenge, include areas outside of the PRSNs' control but which can still impact on their learning. The PRSNs debated the programme structure, in particular the length and distribution of contact time in the programme, where they believed their learning took place and how the content of their theoretical content was delivered.

#### **4.4.8 Basic theme: Distribution of theoretical and practice contact time**

The current undergraduate programme is divided into two equal components comprising of 2,300 hours of theory and 2,300 hours of practice, a 50-50 ratio. Initially, all the PRSNs agreed that overall the programme should be split 50-50.

*All: "yeah"*

However, with further consideration, suggestions for how this could be changed for first and third year were proffered. A 60-40 split in favour of theory in first year to underpin the programme was suggested by the two younger PRSNs who in addition also had less practical experience than the other PRSNs.

*Ivy: "I think I could have benefitted .....if we were to have a 60-40, a little more theory I suppose because to me, I came in with no experience"*

The consensus and recommendation for second year was for a 50-50 split for both theory and practice. The PRSNs were in the process of completing year three of their programme and they discussed how a 60-40 split in favour of practice would have been beneficial to them prior to their registered nurse job.

*Martha: "I think for me it's about a 60-40 split in preference of practice.....yeah for me right now"*

The current distribution, design and delivery of the theory and practice modules varies to provide PRSNs with time for consolidation of learning and rest periods, however an assorted response was

given to the delivery of modules over a weekly time span. For example, a student could be in class Monday, Tuesday and Friday with two days off in between for consolidation of learning and rest periods. However, several PRSNs perceived this to be ineffective and did not see the benefit of this, preferring all the theory hours together allowing them to either complete several work shifts or catch up with personal matters.

*Isabel: "I would like them bulked together cause I know what I'm doing.....it doesn't really make a difference "*

Louise, the only PRSN who didn't undertake additional work thought otherwise, she enjoyed the flexibility of the programme.

*Louise: "whereas I'm the opposite, I like that willy-nilly.....I like doing a day off so I can catch up on things....I quite like that"*

#### **4.4.9 Basic theme: Learning in theory and practice**

Each component of the nursing programme requires a different skill set and knowledge each underpinning the other. The PRSNs were therefore asked to consider if they treated the theory component and practice component differently in terms of study; mixed responses were given. Initially they agreed that the programme was one programme, however on further reflection they discussed how it was definitely two components which they approached differently.

*Bronwen: "I see it as one programme, I'm doing my nursing, it's all one but I certainly look at them differently"*

When asked why they considered each component differently conflicting opinions were provided, it finally resulted in which component the PRSNs perceived to be easier than the other. When asked to explain why the theory component was easier for them, their responses fell into two categories. Firstly a time to recoup, take stock and it is therefore easier with the second category reflecting the multifaceted life that the PRSNs lead.

*Isabel: "it's hard to juggle it with child care, you might want to research something but you haven't got the time...your actual commitments are more when you're in placement because of the hours.....you might be on a late or working weekends ,so when you're in uni hours are shorter".*

Similarly when asked to explain why the practice component was easier for them, their responses related to the completion of academic work, they appeared to only relate learning to the theory component of the programme.

*Ivy: "when you come back from placement .....you don't think I've got an assignment to do when you come home, your home....after uni I'm always thinking what do I have to do tonight?"*

#### **4.4.10 Basic theme: Delivery of content**

To deliver the content of the programme many teaching strategies are used to complement the many known learning styles of the PRSNs. Some of the PRSNs were aware of their learning style prior to their commencement on the programme while others developed this along the way.

*Isabel: "it has all changed throughout the course because the demands of the course have changed and I have had to adapt"*

Varied views as to if the personality of the lecturer, aiding the PRSNs to learn or not, was discussed. The inclusion of appropriate humour and interaction within a session was found to be beneficial. This took the guise of quizzes and hand-outs which kept them engaged throughout the lecture.

*Rebecca: "do you remember that quiz .....we're all sat there like 'who wants to be a millionaire' and we loved it.....you're sort of still learning but it's got your attention"*

In contrast, the PRSNs became disengaged during a lecture when the delivery of the lecture was associated to a 'PowerPoint presentation', especially when there was no inclusion of discussion and debate or any interaction between the lecturer and the PRSNs.

*Isabel: "nothing worse than death by PowerPoint.....they don't expand on anything or give you, personal like illustrations, you could actually have that on blackboard and just read it"*

#### **4.4.11 Summary: Undergraduate study**

Captured within this global theme are the perceptions of the PRSNs and undergraduate study. The organisational and basic themes allowed the identification of significant contemporary issues which the PRSNs recognised as preventing them from learning to their full potential.

#### **4.4.12 Interpretation: Undergraduate study**

The importance of the findings within this global network theme provides an understanding into the perceptions of the PRSNs' undergraduate programme. The collective organisational and basic themes equally concur and challenge educational theories of knowledge acquisition during a nursing programme. The importance of professional knowledge, the acquisition of skills and competencies and the recognition of field specific related knowledge, for employment in the work-related market is substantive (QAA 2012, DoH 2006, Barnett 2009, Rossi and Rosli 2014).

To attain professional registration the PRSNs must complete competences stipulated by the NMC whilst maintaining professional knowledge, the curriculum content therefore being 'fit for purpose'. Equally the curriculum delivery requires to be 'fit for purpose' necessitating the increase in student partnership, the professional requirements however could negate this working in partnership, therefore initially only minor actions are suggested (Bovill et al 2011).

The PRSNs remarked on the level of commitment and self-determination required for the completion of a professional programme, with Wilcoxson et al (2011) explaining how external personal factors can negate this commitment. Two of the external factors highlighted in the study, affecting the PRSNs' commitment to their programme, were the lack of prior academic preparation and additional paid work. It transpired that the non-traditional PRSNs who completed an access course were more prepared for the initial academic level of study than the traditional PRSNs completing 'A' levels thereby reinforcing the views of Ramsden (2008) who advocates the collaboration and partnership between higher education and further education, as a necessity to convey the expectations required of students on commencement of degree programmes.

In contrast, the need to undertake additional paid work was seen as a necessity, not choice, by some of the PRSNs. However they did perceive this additional work as beneficial by allowing them to consolidate their learning with the application of theory to practice and an increase in skill acquisition, personal confidence, improvement of time management and communication skills. All of which has helped them with the completion of their assignments on time. Louise, the only PRSNs not to undertake paid work perceived herself to be at a disadvantage at this juncture due to her lack of clinical knowledge and experience with not completing additional work.

Furthermore, the PRSNs considered how the delivery of the programme could enhance their learning in both the theory and practice settings; two suggestions for changes to the current delivery were proffered. Primarily a change to first year was suggested with a 60-40 split in favour of theory to increase their theoretical knowledge and to allow the PRSNs time to build their confidence and take on the active learner role a concept supported by Al-Modhefer and Roe (2009). The second suggestion was a change to the delivery of third year, this time with a 60-40 split in favour of practice, with a more thorough consolidation of the professional competencies taking place prior to qualification. This would empower students to become active learners in this way in third year, by reducing the input required from tutors, enabling students to become self-motivated and independent learners (NMC 2008, Al-Modhefer and Roe 2009, Barnett 2014,) a requirement of any registered nurse (NMC 2015).

An additional area considered by the PRSNs was to determine whether they perceived the programme to be one programme or if they differentiated between the two components in their learning, professional attitude and attendance. A varied response was provided, the PRSNs acknowledged the two components of the programme; however their perceptions and interaction with each differ. I would concur with this statement, for example, after discussing expectations required from PRSNs at the beginning of a theory module, late admission to class was considered as unacceptable. One student got very angry with this suggestion. When I asked, if he would be angry if this happened in practice, he said no, he said he would negotiate with them if he was going to be late. I tried to ascertain why he thought that this was not required in the theory component, no answer was given. I suggested to the group that a level of professionalism was also required for the theory component of their programme. No response was made, a reflection of the apathy in the healthcare classroom and the lack of professionalism within the HEI setting.

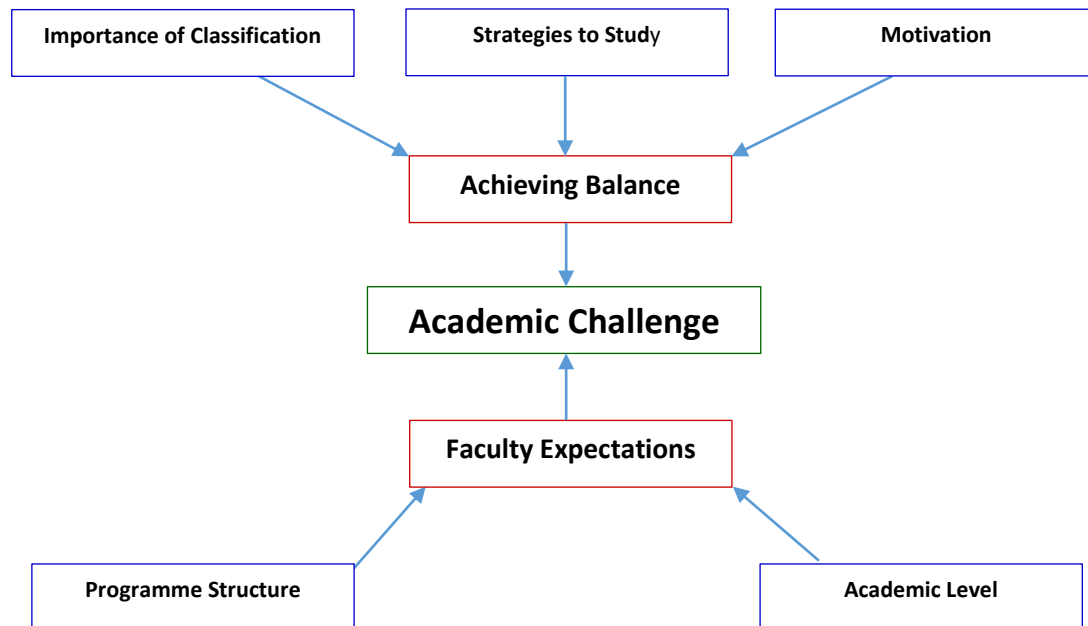
However, within the focus groups the PRSNs articulated why they perceived a difference between the theory and practice components and how this affected their learning, with conflicting views from the traditional and non-traditional PRSNs. The traditional PRSN and the youngest non-traditional PRSN identified the practical component to be easier because 'once you finish your shift, that's it, you don't need to think about university till the next shift. Arguably, a lack of deep learning or the consolidation of learning is being demonstrated here with the theoretical learning only being linked to university. The non-traditional PRSNs though agreed the theory component to be the easier option due to the flexibility of the attendance hours, they found this beneficial as this helped with the organisation of childcare and the working of additional hours. The traditional PRSN did not have children. They all agreed however that the flexibility of the theory component gave them time to catch up with their studies as this was not possible while in clinical practice.

Nursing programmes have always required elements of flexibility ensuring changes of health policy and NMC regulations to be incorporated. In conjunction HEIs have to respond to changes in the higher education setting in response to governmental, societal and student expectations. Currently the HEA supports the increase of flexibility across all HEIs (HEA 2015). Barnett (2014) advocates 15 provisos when integrating flexibility within a programme ensuring the integrity and standards of a programme remain whilst ensuring the programme can respond to the ever changing external environment. Therefore flexibility at every level within a HEI requires consideration, the flexibility to the delivery of the programme together with the inclusion of student partnership encouraging student engagement in learning and the development of teaching approaches (Barnett 2014, HEA 2015).

## 4.5 Academic challenge overview

Captured within this global theme (see figure five) are the perceptions of the PRSNs and the academic challenge of their professional programme. Two organisational themes and six basic themes were drawn from the collected data (Attride-Stirling 2001).

Figure Five: Global theme illustration: Academic challenge



### 4.5.1 Organisational theme: Achieving balance

The PRSNs examined how they achieved balance while undertaking the academic challenge of undergraduate study. Their justification for how they maintained this balance centred around three topic areas, the degree classification they were working towards, the study strategies they have undertaken to achieve this particular classification and how their motivation has affected these two outcomes.

### 4.5.2 Basic theme: The importance of degree classification

With an all degree award having been introduced for nursing programmes, the importance of gaining a good degree classification (1<sup>st</sup> or 2:1) was discussed with the PRSNs. The PRSNs explained how gaining a good degree classification would represent a personal achievement and having degree classifications provided them with a level of competition, which they acknowledged was a good motivator to keep learning.

*Ivy: "personally yeah, you want to get what you want for your own aspiration"*

The PRSNs were unanimous when discussing the level of degree classification required as a registered nurse as being less important when gaining employment and indeed when applying to go onto the nurse register. Several of the PRSNs had been for job interviews in anticipation of completing their nurse programme and not one had been asked about the theoretical component of their programme or of their predicted degree classification.

*Isabel: "I wasn't asked what level of degree I was going to come out with, they didn't say to me what forecast, out of interest, nothing, no one; degree wasn't even mentioned"*

When the PRSNs were asked to discuss if the theoretical component should be graded as a pass/fail like their practice component, similar to how medical doctors are graded, debate followed. Several PRSNs agreed that practice should be graded otherwise potential employers would not know how good you are in practice.

*Martha: "yeah, yeah you could absolutely be a shining star in practice; no one's going to know any difference because it is just a pass or fail"*

Bronwen also agreed practice should be graded however she related this to promotion opportunities once a PRSN became a registered nurse.

*Bronwen: "there needs to be a way to differentiate from people who got a third and then people who got a first and want to progress academically"*

### **4.5.3 Basic theme: Strategies to study**

Throughout the three years the PRSNs acknowledged the development of different strategies enabling them to improve how they studied. These took various guises such as 'study buddies' for Rebecca and Isabel, with Winnie giving a warning to family and friends that she was not available when assignments were due in.

*Winnie: "I phone people and say, look for the next few nights unless something is really urgent....don't contact me"*

A difference between the traditional and non-traditional PRSNs was also recognised. Ivy, the traditional PRSN also had study buddies, however the support she received was different to the non-traditional PRSNs who contacted each other when ready to commence their assignments. The traditional PRSN socialised first then a decision was made to concentrate on the assignment.

*Ivy: "you're just sitting on someone's bed and just talking about what's happened in uni and you know four hours have passed, we should be thinking of our assignment, come on let's go.."*

The PRSNs described an additional strategy which they considered motivational in the completion of an assignment and that was the personal promise of a reward to themselves.

*Bronwen: "if it is something I am really interested in I'll do a load of reading around it I find it a lot easier then.....I like to reward myself so like after 300 words I might have a cigarette. ...Or at the end of a paragraph a cup of coffee"*

*All: "a night out" all laugh*

#### **4.5.4 Basic theme: Motivation**

The PRSNs discuss several issues which have affected their motivational levels and therefore their learning throughout the programme. They described their motivational levels changing in peaks and troughs over the three years with the first year being particularly motivational.

*Isabel: "first year was fine.....you're a 'fresher' aren't you....that buzz and that sort of you know everything is all new.....you've still got that burst of enthusiasm"*

The PRSNs explained that a second year dip was because they felt that contact with the university had reduced and some of them were experiencing more external factors which were impacting on their programme. The PRSNs therefore suggested more contact with university in the second year to prevent this dip.

*Louise: "you could be brought in one day when you're in placement to do something, a scenario or something which is happening in practice"*

In third year however, the PRSNs perceived an increase in their motivation for a variety of reasons, in particular they could see the programme was near completion.

*Martha: "erm, I think my motivation has increased because you're looking for jobs as well, which spurs you on"*

#### **4.5.5 Organisational theme: Faculty expectations**

The contrasting organisational theme, that of the faculty expectations on academic challenge, include areas outside of the PRSNs' control. The PRSNs debated how the programme structure and the changes in academic level over the three years impacted on their individual study.

#### **4.5.6 Basic theme: Programme structure**

Within this basic theme there are three related areas. Firstly, the overall length of the programme, secondly, the academic level of the programme and thirdly how the current nursing programme is delivered over three years. The PRSNs were asked if three years was too short to deliver the programme as they were becoming exhausted or if it would be easier to spread it over four years. A



unanimous reply confirmed that the PRSNs considered three years to be the right length to deliver the programme.

*All: "guffaw and laugh..... "Well, enough, yeah"*

On further reflection however, Martha revealed to the group that she had heard other PRSNs say they would have like an additional six to twelve months added to their programme. Ivy expressed a similar view.

*Ivy: "I think in second year I thought I'm only in second year, it's not long enough.....I got into third year and I thought actually I'm going to be alright"*

#### **4.5.7 Basic theme: Academic level**

The academic level increases with each subsequent year of study. The PRSNs described their feelings towards the level of study for each individual year.

*Ivy: "I think the move to second year was a massive jump.....but it was easier as I knew what to do by then"*

The PRSNs commented on the increase in academic level and how the faculty expectations of that study had also increased, this had been explained to them during the transition weeks moving from one year to another and one level of study to another.

*Louise: "when you're going up each year, the level it's harder because you are analysing more and more"*

The role of the adult learner was explained with the expectation from the FoHSC staff that the PRSNs would undertake this role on their commencement of the programme. The assumption that PRSNs need to take responsibility for their own study for example in the form of directed study is clear in the PRSNs' discussion.

*Isabel: "it's down to you to go away and expand your knowledge, it was actually emphasised on numerous occasions.....I don't think anyone has actually really sat down and discussed in great depth directed study have they? It's just a case of oh you're on directed study"*

#### **4.5.8 Summary: Academic challenge**

Captured within this global theme are the perceptions of the PRSNs to the academic challenge of the nursing programme. The PRSNs perceived these challenges to be of a personal and of a faculty nature, which if not considered could be detrimental to their personal learning. They suggested that their resilience had therefore been tested throughout the programme.

#### **4.5.9 Interpretation: academic challenge**

The importance of the findings within this global network theme provides an understanding into the perceptions of the PRSNs and the academic challenge during a degree programme. The collective organisational and basic themes demonstrate how the PRSNs perceive that this is achieved from a personal and faculty perspective.

The PRSNs acknowledged that completion of their programme to degree award is necessary for them to gain employment. However, the PRSNs debated the importance of the classification on completion of their programme, the PRSNs implied a degree of any classification from a first through to a third class would guarantee them employment; their anecdotal and employability evidence would support this. The agreed perception for obtaining a good classification (1st or 2:1) was one for personal gratification only. They all acknowledged that the clinical areas appeared to be less concerned with a PRSN's predicted classification and more concerned with the completion of the NMC competencies and practical capabilities of the PRSNs. The PRSNs had never heard of anyone attending a registered nurse interview and being asked for a predicted classification. The lack of understanding about the role of the degree nurse by family members and other members of society has the potential to further suppress PRSNs' enthusiasm for gaining a good degree.

In comparison, there has been an increase in the percentage of non-health related employers in the UK who require the minimum attainment of at least 2:1 degree from graduates with a reduction in a 2:2 attainment being recognised (AGCAS 2012) although this implies that there has been an increase in 1<sup>st</sup> and 2:1 attainment. However, supportive of the PRSNs' viewpoint, potential employers in some European countries recognise the importance of employability skills and do not ask for level of degree attainment as long as the candidates have completed a degree.

Therefore, to gain their desired classification the PRSNs followed a variety of coping strategies such as peer support and personal time management organisation. Similarities in the strategies undertaken were comparable for the PRSNs with similar life challenges. Peer support is beneficial to both parties by encouraging the sharing of knowledge, experiences and ideas (Topping and Ehly 2001). An increase in the number of students participating with peer support/peer mentorship has increased in the higher education environment (Christiansen and Bell 2010). Participation with peer support is voluntary therefore it could be argued that the PRSNs' motivation is high at this point.

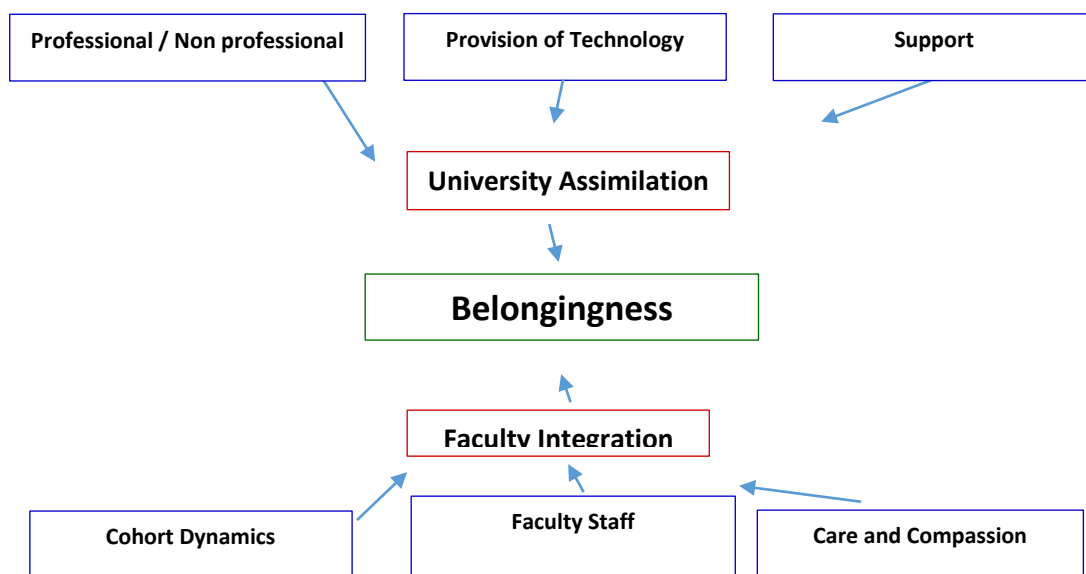
The PRSNs' motivation varied over the three years with the greatest change to their motivation level taking place in the second year. Al-Modhefer and Roe (2009) surmise that this is due to a period of transition in the learning process where the PRSNs resist the move from a dependent to a less

dependent learning process thereby reducing motivation. One further explanation proffered by Drefus (2006) is that the PRSNs are no longer novices in the practice setting and not yet an expert in the practice setting so are in an indeterminate state impacting on their motivational state. Similarly, it could be argued that PRSNs mirror the five stages of skill acquisition throughout the theoretical component of the programme, developing their academic skills in the production of assignments through instruction and experience from novice to competent student. However they are still not experts as the level of academic award moves each year requiring the PRSNs to hone their academic skills to achieve this goal. This could explain their lowered motivational state. The PRSNs commented that there were some aspects of the programme which they perceived to reduce their motivation, especially in the second year when they believed their engagement with the programme to be reduced. To increase the level of student engagement, Healey et al (2014) comment on how the inclusion of student partnership is therefore essential.

#### 4.6 Belongingness: Overview

Captured within this global theme (see figure six) are the perceptions of the PRSNs and the perception of belongingness. Two organisational themes, those of university assimilation and faculty integration, were drawn from the comparable basic themes (Attride-Stirling 2001). Three basic themes were identified for each organisational theme. For the PRSNs' university assimilation the basic themes found were the differences in programmes, the provision of technology and the level of available individual support. Three further basic themes emerged from the written data, those of the cohort dynamics, the qualification registration of qualified staff and the care and compassion of the staff to give support thus supporting the second organisational theme of faculty integration.

**Figure Six: Global theme illustration: Belongingness**



#### **4.6.1 Organisational theme: University assimilation**

The theme of belongingness incorporates the PRSNs' opinions of how they are integrated into university life. The PRSNs recognise several reasons as to why they do not consider themselves included in university life which has been detrimental to their university experience but not necessarily to their overall learning experience. These include the commencement on a professional programme versus that of a non-professional programme, the provision of technology and the support they have received while on the programme.

#### **4.6.2 Basic theme: Professional programmes and integration**

From the very beginning of a nursing programme professionalism is key, with professional regulations being adhered to, and expectations of student nurses on professional programmes remaining consistently high, an example of which is the maintaining of a 'good character' 24 hours a day for 365 days a year (NMC 2015). An increase in the number of mature students enrolling onto the nursing programmes has also changed, which has affected the diversity of the groups but also appears to have had repercussions on the integration in the main of PRSNs to the university setting with 'fresher's' fair' and university student events catering for the traditional younger students.

*Louise: "it's just an age thing...if I was younger then maybe I'd want to fit in more....."*

PRSNs that had external responsibilities from their nursing programme felt therefore that they had been disregarded; however, if they had been younger, they expressed how they would have liked to experienced university life. Ivy, the traditional PRSN commented on how she felt part of the university when she lived on campus but now she lived off campus this was less so.

*Ivy: "I lived on campus for the first year and it was like, don't know, I felt part of it because it's where I lived"*

Additional environmental reasons were provided by Martha, Louise and Ivy as to why they did not feel part of the university. They remarked on the minimal usage of 'the Hub' (a general recreational area for all students to gather) due to the positioning of the Hub within the campus setting (central to the campus) and the ease to which it can be bypassed.

*Martha: "it's the geographical element, we can bypass the Hub to come to the FoHSC"*

Ivy and Rebecca explain how this is further compounded by the length of queues at the food outlets and the allocation of short morning and lunch time breaks. The ability to socialise with students from other faculties is therefore minimised.

*Rebecca: "when you do go the Hub sometimes the queues are quite long anyway so by the time you get there you've got to rush there and rush back"*

#### **4.6.3 Basic theme: Provision of technology**

Technology is used university wide, specifically the use of a virtual learning environment (VLE) this not only improves communication with the PRSNs when used correctly but also strengthens one aspect of Barnett's (2014) concept of increased flexibility to a programme by allowing PRSNs to study at anytime , anywhere. However a miss-match in the PRSNs' individual technology skills caused a disparity in the flexibility within the programme offered to the PRSNs. The PRSNs found the use of the VLE straightforward however there have been mixed reactions to recent changes of the VLE 'Blackboard' (Bb) due to a lack of communication. The PRSNs have struggled to understand the need for the changes as these have caused them frustration as they are no longer able to use their existing technology such as their mobile phones, tablets and laptops. The PRSNs provided peer support for one another within the focus group explaining to one another how to adapt to the new changes to Bb. Rebecca walked around to demonstrate to Ivy while the discussion continued.

*Rebecca: "I have to use a different PDF viewer on my phone to be able to download them on my phone now as well.....my tablet won't work and it really annoys me because I bought my tablet to use here and it won't"*

The PRSNs commented on their individual level of engagement with technology within the delivery of the programme. Winnie and Martha, both mature non-traditional students, described their initial reactions to the use of technology, however their skills have improved over the duration of the programme.

*Winnie: "we used to laugh at and call each other dinosaurs.....I got better and better as things have gone along"*

In contrast, Rebecca, the oldest of the non-traditional students, embraced the use of technology. The other PRSNs found the use of technology fairly easy with a unanimous agreement that technological support was readily available.

*Rebecca:" I'm an avid gamer so no it didn't bother me in the slightest "*

Despite the provision of university wide computer rooms and study booths, the PRSNs commented on how they would prefer the provision of additional computers or even a computer suite in the FoHSC.

The PRSNs have discussed their sense of belonging to the FoHSC and therefore IT services would be advantageous here.

*Isabel: “yeah, but if you’ve got half an hour and you can run into a room by the time you get over to the library, walk around three floors to find one .....I know you’ve got computers around here but they’re not really comfortable.....you’d have more chance to actually come and do more productive work “*

#### **4.6.4 Basic theme: Individual support**

The PRSNs identified the inclusion of individual support from day one; they further explained how support started within the faculty with additional information being provided outside the faculty if specific support was found to be necessary. Until Bronwen completed the National Student Survey (NSS), she had not fully appreciated the support that had been made available to PRSNs throughout the programme.

*Bronwen: “I have just completed the NSS .....the questions they were asking made me realise how good uni is erm, things like were you given good feedback on your assignments or is study help available.....staff are dead supportive so I think it’s good.”*

Two of the PRSNs disclosed they had a splD which enabled them to access additional academic support. Rebecca commented on how she had been offered additional academic support of one hour per week; however she felt unable to take advantage of this because of paid work commitments, which potentially has had an impact on her learning.

*Rebecca: “to be honest with you, I’ve been given erm it’s an a hour week but I’ve never had the time to take it up cause if I’m not here erm I’m working”*

#### **4.6.5 Organisational theme: Faculty integration**

Within the theme of belongingness the PRSNs describe how they experienced a sense of assimilation to the faculty but not the university. The PRSNs explain three interrelated components which have provided this event. First the cohort dynamics, second the experience and knowledge of the faculty staff and finally the care and compassion received from the faculty team.

#### **4.6.6 Basic theme: Cohort dynamics**

A further aspect that has enabled the PRSNs to identify with this sense of comfort and wellbeing is the assimilation of the PRSNs into the cohort and the fostering of relationships within their cohort. Due to an implied caring nature of the nursing programme the PRSNs perceived the Faculty of Health and Social Care (FoHSC) to be very friendly and hospitable. Isabel and Rebecca recognised that this could be due to the nature of the programmes provided in the FoHSC.

*Isabel: "the FoHSC itself looks at you as an individual rather than just a student .....probably because they're healthcare professionals and they don't judge people"*

The PRSNs provided an explanation for their assimilation to the faculty. Firstly, the PRSNs explained their involvement with the generic aspect of the programme. Isabel, explains how being part of a large group made her feel comfortable, knowing everyone was doing the same programme.

*Isabel: "we see the same people, we know all the lecturers and no matter where you go there's someone to say hello to, you know all the, it's like one big happy family really isn't it."*

The delivery of the theory and practical element is delivered independently, though there is always some overlap. Therefore the PRSNs can meet first, second and third years in theory and practice providing them with a sense of familiarity and camaraderie. However, several of the PRSNs suggest this is more likely to happen in practice.

*Ivy: "sometimes I'll see someone and they might say I might see you in uni but I always think, no I never will"*

Bronwen and Winnie comment on how they felt solace and support being able to talk with students on comparable courses.

*Bronwen: "it's nice that everyone in this building bar a few, are like on nursing courses..... you can strike up a conversation .., yeah"*

#### **4.6.7 Basic theme: Faculty staff**

The NMC stipulates that nurse teachers should be a registered nurse with at least three years' clinical experience and the gaining of a teaching qualification within two years of starting teaching. The PRSNs had mixed views as to if this was an important aspect to their learning. Four of the PRSNs were in agreement that their lecturers should be nurses.

*Winnie: "you're all nurses aren't you, if there was anything we needed to talk about I feel like I could go and speak to someone about it"*

However, Martha disagreed with them, suggesting that it did not matter to her if the person was qualified as a nurse as long as they knew their stuff; despite previous comments, five of the PRSNs were in agreement.

*Martha: "no not to me, one of the best lectures was from Rosie, is she a psychologist? I think it's important to have an overview from other people as well"*

#### **4.6.8 Basic theme: Care and compassion**

Nursing incorporates the six 'C's, compassion in practice (DoH 2012). Caring and Compassion being two of the significant 'C's, on reflection the PRSNs debated whether care and compassion can be taught to PRSNs or not, mixed replies were given.

*Winnie: "I think you've got to start with it .....I suppose you could have lectures on it but I don't know.....you could build up on it"*

The PRSNs were asked if care and compassion was shown to them while on the programme, and if so, where had this been provided to them and was it from the faculty staff. The majority of responses made referred to the support and caring attitude provided by particular by their personal tutors.

*Louise: "just knowing you can go to somebody and even if they can't help you they sort of pass you on to someone else"*

#### **4.6.9 Summary: Belongingness**

Captured within this global theme are the perceptions of the PRSNs and belongingness. The concept of belongingness is not new; however, the PRSNs offer insight into their perceptions as to their transition and integration to university life and the FoHSC.

#### **4.6.10 Interpretation: Belongingness**

The importance of the findings within this global network theme provides an understanding into the perceptions of the PRSNs and the concept of belongingness when completing their degree programme. The comparison of two main themes became evident; that of the assimilation to the university and the assimilation to the Faculty of Health and Social Care (FoHSC). Current literature conveys the importance of generating a university setting where students can gain a sense of belongingness, engage with varied life experiences, learning opportunities and therefore providing them with an alternative experience to which the PRSNs would encounter in the FoHSC (DoBIS 2014, Moore et al 2013, and HEFCE 2008). The main focus of this assimilation to university life is aimed at first year students with minimal or no attempt made with returning second and third year students (Healey et al 2014). However, Compton et al (2006) and Dennick (2012) emphasise that learning can take place anywhere if the building of relationships is allowed to develop and students on professional programmes benefit from such interactions.

Although Dennick (2012) agrees that belongingness promotes life learning, the sense of belongingness to the FoHSC rather than the university does not appear detrimental to the learning process. The PRSNs agreed that the university experience was not that important but the completion of their programme was. Similarly, Bliuc et al (2011) provide an Australian viewpoint of how it is more



important for students to develop a social identity within the faculty. They explained how the university and faculty experiences provided different learning encounters, the university being involved with life learning and the faculty professional learning. Arguably the delivery of 50% of the professional programme in the clinical setting reduces the opportunities for the PRSNs to build relationships with other PRSNs in their cohort. A reliance to build relationships at the beginning of the theoretical component of the programme is therefore essential.

However, increased flexibility to programme delivery can further reduce the time spent on campus and the development of relationships causing isolation to the student (Barnett 2014), a further point to consider with the dip in motivation in second year. The increased use of technology provides opportunities for flexibility in delivery of the programme, providing various benefits for students, for example the most convenient time and place for study can be chosen by each student. Though arguably, the individual student's personal learning experience can be increased with resources available 24 hours a day (Levy 2014, Ramsden 2008). Barnett's (2014) counter argument however recognises how the reduction in face to face contact can alter a student's experience and although this is an appropriate approach for some mature students, it can be detrimental to others causing, demotivation and a lack of engagement in their studies.

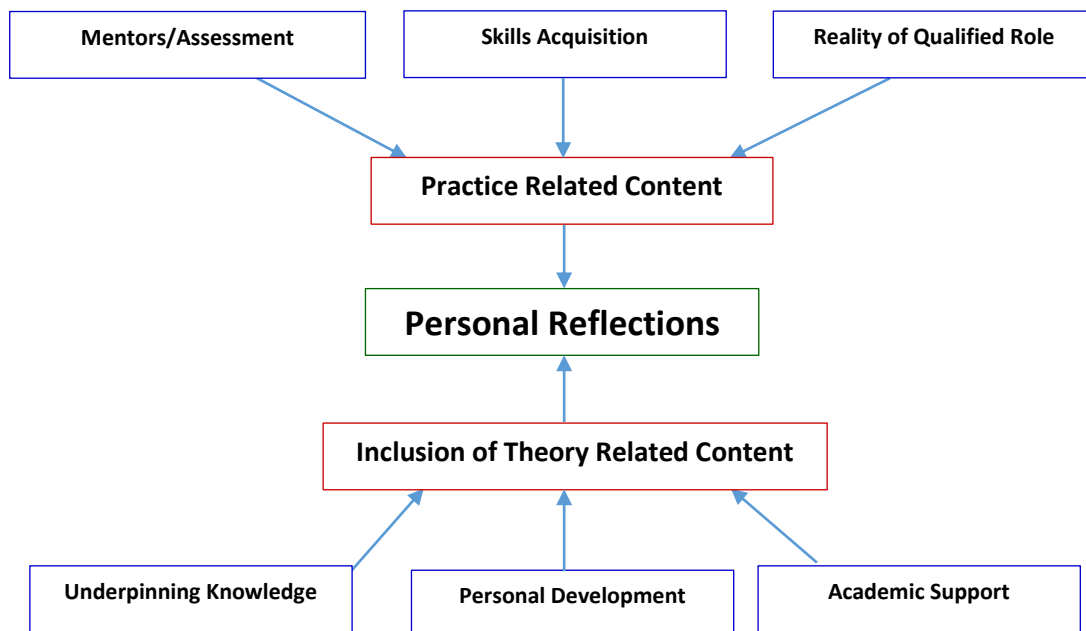
## **4.7 Personal reflections: Overview**

The previous chapters have provided substantive information regarding the findings of the focus group discussions. This chapter will focus on the findings from the PRSNs' personal reflections throughout their three year programme. Comparable to that of the focus group data analysis, the Attride-Stirling (2001) thematic network analysis tool has been utilised. The coding of the material, the identification of themes and the construction of a thematic network has been introduced in chapter three.

### **4.7.1 Introduction**

The PRSNs are encouraged to use a reflective model and relate theory to practice for critical incidents which they have experienced within the programme. The PRSNs are expected to produce a professional development portfolio consisting of at least six reflections and a maximum of twelve, one to be completed at the end of each theory/practice module and one at the completion of each academic year (appendix 10). These are then submitted to personal tutors for constructive criticism, guidance and feedback. Captured within this global theme (see figure seven) are the perceptions of the PRSNs within their individual reflections.

**Figure Seven: Global theme illustration: Personal reflections**



#### **4.7.2 Organisational theme: Practice related content**

The three basic themes emerged from the data for the practice related organisational theme. The PRSNs reflected on issues related to mentors and assessment, the acquisition of skills and the realisation of what the role of a qualified nurse is.

#### **4.7.3 Basic theme: Mentor/assessment**

The PRSNs mention on numerous occasions the positive impact their mentor had on them when in the practice area. This included the development of their communication skills and confidence levels and an appreciation of the feedback and advice offered.

*Ivy: "I learned to talk to my mentor, if I felt distressed about a patient ..... I received very good feedback from staff and mentor; I achieved something I thought I couldn't"*

A portion of their performance in practice is the assessments of patients. Assessment is an important and valuable aspect of nursing which aids the diagnosis of patients' conditions and their wellbeing. The PRSNs explained how their mentors had assisted them with this process and how by completing the assessment process effectively had again improved their confidence levels and communication skills.

*Bronwen: "mentor asked if I was comfortable assessing a patient.... My mentor agreed with my MH assessment and the MDT agreed"*

#### **4.7.4 Basic theme: Skill acquisition**

During their clinical placements the PRSNs reflect on how they have acquired a variety of practical and communication skills, including skills required for the assessment process which have been discussed in the earlier section. The PRSNs fail to recognise the underpinning knowledge provided in the theoretical component prior to placements and is not acknowledged in the acquisition of these skills. Divided views on how clinical practice was beneficial to learning fell into four categories; the development of clinical skills, self-awareness, confidence building and the recognition of deficits in their knowledge.

*Rebecca: "confidence increased giving injections every day"*

*Louise: "I learned that I had to put my own values to one side"*

*Winnie: "dealing with the situation has enhanced my confidence"*

*Rebecca: "I have arranged to spend time with the psychologist to learn more....."*

However, in contrast, similar experiences in clinical practice caused two of the PRSNs to question their level of knowledge when they realised how limited their knowledge was in some areas, which affected their confidence level.

*Martha: "I was asked to give a talk to the MH carers group and felt adequately equipped to talk about my course.....not prepared for questions and emotions of carers, had to draw on previous experience"*

One important skill expected of PRSNs is the ability to communicate effectively with patients, the multi-disciplinary team and members of the public. The PRSNs considered how their communication skills had developed while in the practice setting.

*Rebecca: "My communication skills have improved due to contact with service users ... I talk less and listen more.....I need to prepare more before doing things"*

#### **4.7.5 Basic theme: Reality of qualified nurse role**

Throughout their programme the PRSNs are supervised in the clinical setting, however the involvement and responsibility they have, increases over the three years. In several of the third year reflections, the realisation of the responsibility of what the role of the qualified nurse entails became evident to the PRSNs.

*Louise: "it was stressful for me as it was the first time I attended a meeting on my own and I wasn't prepared for what unfolded "*

#### **4.7.6 Organisational theme: Theory content**

A structure for the content of reflections is provided to PRSNs to encourage the PRSNs to consider the connection between theory and practice and how one is as important as the other. Although 50% of the programme is theory based the PRSNs made minimal references or no reference to the theory component of the programme within their reflections. Reference was made on occasion to the underpinning knowledge they had acquired and how beneficial this had been when in the clinical setting, however an assumption has been made that they gained this knowledge while in university. Two further areas mentioned which contained the theory content of the programme included the need for personal development and gaining of support.

#### **4.7.7 Basic theme: Underpinning knowledge**

In the reflections limited reference was made to a PRSNs prior academic and clinical knowledge. Therefore an assumption was made that when the PRSNs mention underpinning knowledge it is acknowledged that they have received this information while on the programme.

*Winnie: "I applied theory to practice when helped a choking child as shown in the theory session.....I acted appropriately in the situation"*

#### **4.7.8 Basic theme: Personal development**

Writing personal reflections is a process whereby the PRSNs can identify areas of where further learning and development can be increased; the use of a reflective cycle can aid this process. Only one PRSN passed comment on this developmental process.

*Ivy: "I will look at feedback from previous assignments from first year and get regular academic advice.....I was disheartened by losing marks for referencing"*

Ivy, the only PRSN to mention the need for any academic personal development acknowledged that she reads academic feedback and had planned to seek further support from learning services and her personal tutor with essay structure, analysis and referencing skills. However, having recognised the need for support, it is clear from additional reflections that Ivy did not take up this opportunity.

*Ivy: "I need to take on board feedback..... I plan to book a referencing session with learning services and use tutor feedback.....I am annoyed at myself for not getting regular academic advice to achieve capability"*

#### **4.7.9 Basic theme: Support**

Student support , more specifically academic support is available to PRSNs on a 24 hour basis, PRSNs are able to contact faculty staff via email and phone (including an answerphone), with other electronic

resources being available twenty four hours a day seven days a week. Ivy took advantage of this service in first year and found the support to be very beneficial.

*Ivy: "my grades have improved from implementing my first year action plan to get learning services and tutor support"*

#### **4.7.10 Exclusion of data**

The purpose of the reflections was to ascertain if PRSNs related theory to practice. Many of the PRSNs reflections contained personal comments on how the emotional impact of caring for mental health patients/clients in particular has on them as individuals and the impact it has on their individual patients/clients. These comments were private and should remain confidential, therefore I decided to exclude these references from the study, for example, "I felt extremely sad for him, I nearly cried", "I noticed self-harming scars".

#### **4.7.11 Summary: Personal reflections**

Although reflections were expected to be completed at the end of each module, it was apparent that the PRSNs had not completed these. The amount of reflections expected is personal and can therefore vary. Instructions for the completion of reflections are provided for PRSNs with sessions on how, what and when to reflect, the interpretation of these however by the PRSNs and faculty staff are often quite different.

#### **4.7.12 Interpretation: Personal reflections**

An expectation of the NMC (2014) and a recommendation of the Quality Assurance Agency (QAA) for higher education in the support of teaching and learning is the use of reflection (QAA 2012). Reflections are seen as a form of active learning which encourages student engagement, a key feature in the development of student partnership (Healey et al 2014). Opposing views on how reflections should be presented, either verbal or written are offered (Redmond 2004, Zuzelo 2010); both appear to have advantages and disadvantages. An advantage of the verbal presentation in a group setting is that students are provided with instant support and guidance, arguably a disadvantage is that very personal reflection would not take place in front of others. In comparison, advantages of the written reflection is that it is suitable to use with large size groups while allowing the student to refer to a reflection on numerous occasions, thereby providing the opportunity for further reflection and personal experiences to be disclosed with the disadvantage of delayed feedback (OECD 2008). Two areas for concern in the personal reflections which require discussion are the content of the reflections and the lack of completed reflections.

On reading the reflections and the identification of themes, a theory practice gap was found. A concept known as the theory practice gap has been recognised within nurse education for decades. First reported by Kramer (1974) and more recently by Monaghan (2015), the notion of what happens in reality is different to what happens in the taught theory, namely the 'reality shock'. The reasons why this gap has never been closed requires further research; previous research appears to have been inadequate despite providers of nurse education changing the delivery of nursing education in an attempt to address the theory practice gap. It is therefore conceivable that it is external factors within the NHS that impact on the role of the nurse preventing application of theory to practice. A comparison to ascertain if this concept is recognised in other professional education programmes and if so how they reduce the gap warrants further research.

Underpinning knowledge provided in the educational setting is a vital part to skill acquisition. A student moves through five stages where they move from novice to expert for skill acquisition to occur. Dreyfus and Dreyfus (1986) advocate that the novice learner requires a set of rules to work towards in an attempt to understand a skill. In comparison the expert learner understands how to complete a skill normally but they can also adapt the skill to fit into a given situation. Taking this into consideration offers an explanation as to why the reality of practice is so different to that taught in the educational setting. The challenge therefore is transferring this understanding to the students that the situation or context in which a skill is performed can change and rules challenged.

The importance of this underpinning knowledge has been omitted in the majority of the PRSNs' reflections and the acquisition of skills. In addition there is minimal reference made to the global network themes identified in the focus groups which affect the PRSNs' learning. This therefore supports the idea that the two components of the programme are viewed differently, with PRSNs only acknowledging theory when in the theory setting. They fail to recognise that information gained in university supports their practice, partially addressing the research question of how PRSNs engage with the theoretical component of the nursing programme.

The second area for concern is the incomplete number of reflections provided for triangulation of the study. All students are encouraged to complete a formative personal development planning (PDP) allowing for the provision of feedback for further development (QAA 2012). The potential deficit with formative assessment is the importance the student places on the gaining of feedback to their work. As previously mentioned feedback can be given in several ways however the lack of feedback can hinder a student's critical learning (Sivasubramaniam 2013). The importance of timely feedback is key, however motivating the students to read and action the feedback is reliant on the development of the relationship between student and personal tutor (Sivasubramaniam 2013). These relationships are

therefore important in maximising the PRSNs' engagement, learning potential and motivation levels during the completion of their programme. The building of these relationships however can be fragmented due to long periods of limited contact between the personal tutor and student when the PRSNs attend the clinical placements. To improve the current feedback process, further consideration and re-evaluation is required.

## **4.8 Academic grades overview**

The previous chapters have reported the data and findings from the focus groups and the PRSNs' personal reflections. The focal point of this chapter is a descriptive account and analysis of the academic grades achieved by each of the PRSNs for the twelve modules completed during their three year programme.

### **4.8.1 Introduction**

The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ) standardise academic standards within higher education ensuring the maintenance of academic standards and comparability with international education. Academic grades in higher education are allocated each year with a progression in academic level, 4 to 6 (QAA 2008). PRSNs must to achieve a minimum of 120 credits at each level of study per year to be awarded their degree. Each module is awarded a specific number of credits and, in order to obtain these credits, PRSNs have to gain at least 40% out of 100% for each assignment in order to pass the module. The first year grades are developmental with year two and three grades being calculated to establish the degree award. Somewhat incongruously, the practice modules are given either a score of 100% if passed, or a score of 0%, if failed. The practice modules are not graded and therefore are not included in the PRSNs' classification towards their final degree award. Inclusion of these modules, however, has provided a comprehensive view of the PRSNs' programme which enables the reader to use them for contextual purposes.

### **4.8.2 Overview: Academic grades**

The data captured from the PRSNs' academic grades has been collated into tabular form and has been concluded as an appendix (appendix 11) to allow the reader to contextualise the data. In completion of this chapter, the findings, an interpretation of the findings and an overall chapter summary has been provided.

### **4.8.3 Findings:**

The PRSNs passed all the theoretical modules achieving a variety of grades from 40-100%. Winnie had two attempts at one of her practice modules, which was an unexpected outcome, as Winnie had several years of previous healthcare experience. A current argument is that PRSNs should complete at least six months practical experience as a HCA to gain an insight to nursing practice before commencement of a nursing programme (Glasper 2014, Lovegrove and Griffin 2014). However, Winnie's experience questions this position as the evidence suggests that it is the standard of a PRSN's experience in a healthcare setting that determines the standard achieved by the student and not, necessarily, the length of time in healthcare settings.

The age of PRSNs on commencement to their programme has also been found to be significant in the success of PRSNs in their nursing programme. Mulholland et al (2008) and Pryjmachuk et al (2009) and Wray et al (2012) suggest that in addition to prior practice experience, mature PRSNs who are over the age of 34 years do better than their younger counterparts. Controversially, within this study, three of the PRSNs under 34 years of age and one over the age of 34 were awarded a first class degree which is contrary to the perceived view.

However, Ivy, the youngest PRSN received her lowest grades in the first year thus reinforcing the expectation of an academic leap for the younger student, which is attributed to poor study skills (Shepherd 2008). In comparison, mature students complete key study skills within their access programme which prepares them for academic study (Nidirect 2014). Arguably, the suggestion that access students have the necessary preparatory skills for university is questionable as two of the PRSNs who undertook the access programme received similar first year results to Ivy who was from the 'A' level route. Therefore, further explanations for these grade results are necessary.

Information captured via the focus groups provides some insight into why two of the mature PRSNs received lower grades despite receiving preparatory study skills on their access course, specifically that they had disclosed a Specific Learning Disability (spLD), a condition which can involve additional challenges to students on academic programmes. However, at what stage of the programme this spLD was disclosed is unclear. Wray et al (2008, 2011) advocate that following the assessment and confirmation of a spLD, additional support should be made available. Varied amounts of support are made available which is dependent on the spLD being disclosed. However, the data revealed that Rebecca had declined the support, and Isabel disclosed her spLD but did not disclose if she accepted or declined the support. Therefore, there was potential for these PRSNs to have improved their grades and degree classification.



Many types of spLD are recognised, yet literature exploring the different types of spLD and the uptake of support offered to PRSNs with spLD is diminutive. This raises the questions of how prevalent this situation is on nursing programmes and how can PRSNs be encouraged to seek out and accept support. The potential impact of spLD on achievement in the context of the focus group findings would suggest that further research is necessary into this under-researched area of the nursing programmes.

#### **4.8.4 Interpretation: Academic grades**

Prior to commencement of the programme, PRSNs choose a field of nursing that they want to follow in their nursing career. Anecdotal evidence from teaching staff and other PRSNs would suggest that the PRSNs show more interest in their field programme and complete the generic nursing input because they have to. Conversely, the descriptive data suggests otherwise, showing a pattern of the PRSNs consistently achieving lower academic scores for their field specific modules (Mental Health/Adult nursing) than the generic modules, although the gap between these reduces in years two and three. The field modules were delivered, one at the end of first year, then at the beginning of second and third year respectively. It could, therefore, be argued that the field module grade in first year had the potential to be higher than generic modules as the PRSNs had the opportunity to hone their study skills from the experience of completing two prior assignments at this level. However, four of the PRSNs did worse in their field assignment. Similarly, in year two, only two of the PRSNs increased the grade in their field module. On this occasion it is probable that the increase in academic level could account for this with the PRSNs having no opportunity to practise their writing at this increased academic level in an academic setting. Likewise, for year three, only one of the PRSNs was graded at a higher level in the field module in comparison to the generic module. Again, the PRSNs had lacked the opportunity to practise the higher academic level before grading took place.

However, further explanation of this pattern could also be associated with the marking technique of the lecturers. Lecturers from all fields of nursing grade the PRSNs generic module assignments whilst field specific tutors grade the field module assignments. The marking criteria is the same for both generic and field modules and applicable to the level of study. I would contend that field specific lecturers, who have expert knowledge, subconsciously have higher expectations of the PRSNs in their field modules, thus protecting their field reputation and potentially resulting in more subjective marking. According to Luck (2008) the level of subjectivity applied when marking requires further recognition.

In contrast, the steady increase in the field module grades for the majority of PRSNs over the three years supports Dreyfus and Dreyfus' (1986) early comments relating to the increase in a PRSN's

knowledge in practice over three years moving them from being a novice to an expert. Similarly, the increase in grades is suggestive of the PRSNs having consolidated their knowledge and by third year all PRSNs are equally knowledgeable and therefore the grades obtained are of a similar score. Further research to this phenomenon would provide further understanding of this area.

The consideration of other variables however could offer further explanation, for example an alternative viewpoint offered by Arnott and Dacko (2014) is that procrastination is the cause of reduced grades with students. Within their study they found that students who submit assessments closer or on the deadline of their submission date receive lower grades. They therefore recommend the teaching of time management skills to be the responsibility of the university. This particular phenomenon was not captured within my study but this point should not be ignored.

Significantly, the PRSNs related their grade attainment to levels of high motivation and consistently declared their preference for field modules across the programme. Yet there is incongruence between the grades attained by the PRSNs and what they perceived as a reduction in their learning and motivation in the second year. This was otherwise challenged, in general, by their academic grade results which illustrated clear increases in year two and then again in year three. In comparison Dennick (2012) argues that the level of motivation is important for students to perform well with motivation having to remain high. It is evident within this study that this argument can be contested with the PRSNs increasing their grades in second year, although the PRSNs perceived a reduction of motivation. One explanation for the increased grades in the last two years of the programme is that the pressures of attending university have reduced. Additionally, the PRSNs gain confidence with their academic work; they experience an increase in their ability to cope with the transition to an increased level of study, and having overcome the challenges presented at the beginning of the programme, such as the development of social networks and their levels of belongingness (Briggs et al 2012).

Whilst the focus groups' findings provide generous evidence of the PRSNs' actual enjoyment of the field modules, this does not, however, translate through to the grades obtained in the field modules. The discrepancy between the anecdotal evidence, the PRSNs' self-attributions and the academic attainment is worthy of further research in establishing ways to close the potential performance gap between field and generic modules. In addition, there is limited research as to the comparison of generic versus field module grades, warranting further investigation in this area. Lastly, the challenges encountered by PRSNs with a spLD and how best to support them, similarly requires further research.

### **4.8.5 Summary: Academic grades**

The theory and practice modules were passed by all of the PRSNs. The data has been captured in tabular form followed by descriptive analysis of the data to increase the validity of that data. The academic grades for the majority of the PRSNs increased year on year. Personal challenges rather than academic challenges were provided during the focus groups as an explanation for this. Despite an increase in academic level, expectations and external factors, the PRSNs engaged with the academic process of the programme, with all assignments being completed and passed on the first attempt.

## **4.9 Overview**

Previous chapters have included the data collection processes followed by the analysis and interpretation of that data. The research captured data from three sources; thematic mapping and analysis of transcriptions from participant focus groups, personal reflections of participants completed during the study programme and participants' academic grade results. Attride-Stirling's (2001) thematic network analytical tool was applied to the data retrieved from the focus groups and personal reflections in order to generate themes. The generation of themes in a systematic way increased the rigour and credibility of the study. The academic grade scores were analysed using descriptive statistics allowing the interpretation of the data provided (Salkind 2014), enabling the investigation of consistency or inconsistency between PRSNs' perceptions, declared motivation and other factors and their programme results. The application of a thematic analysis tool provided rigour and credibility to the qualitative research process (Attride-Stirling 2001). This resulted in the structured development of five global network themes, those of; personal learning, undergraduate study, academic challenge, belongingness and, finally, personal reflection.

Data provided in the focus groups reflected the real life perceptions of the PRSNs and the theoretical component of their programme. Within the focus group discussions, the data collected related to aspects of the programme that the PRSNs perceived as having had an impact on their learning. However, observations made within the focus group discussions confirmed that student engagement could be improved, evidenced by self-evaluation of their levels of commitment, and therefore their learning. The information captured from the reflections was less comprehensive than the primary data source of focus groups. Minimal correlation was obtained from the personal reflection data in comparison to the other two data sources. However, the personal reflections did confirm that the PRSNs view personal reflections as a reflection on practice learning and not academic learning, thus there was an absence of acknowledgement by PRSNs of the role and value of the underpinning knowledge received in academic settings. This link of underpinning knowledge is absent in the focus groups or the PRSNs' reflections. The PRSNs' personal accounts provided revealing and reflective

accounts of important critical incidents, personal to themselves and their learning. Importantly, each of the critical incidents expressed were practice-related, rather than theory-related, although during the focus groups the PRSNs claimed their programme was 50% theory and 50% practice. However, it is clear that they view the practice and theory elements of the programme differently; only alluding to theoretical elements which, in reality, underpins their practice. Furthermore, when the latter does occur, the relationship between theory and practice is presented indirectly rather than clearly stated. For example, Louise discusses the importance of leadership and management in her reflections yet no reference is made to the theory of this topic provided in the leadership and management module.

This, similarly, was the case for the final data source drawn from the academic grade results of the PRSNs. Whilst these, in themselves, did not reveal significant data, they are valuable within the triangulation analysis as they allowed analysis of the participants' actual performance in the context of their perceived learning and reflection. The results of the academic grades demonstrated that the PRSNs were engaged with the academic programme, as they all passed their academic assignments on the first attempt, despite a range of difficulties they had experienced in this component of the programme. The personal and individual external factors appeared to have had greatest impact on the PRSNs' academic grade results.

# **Chapter Five: Conclusion, Limitations and Recommendations**

## **5.0 Overview**

The earlier chapters include the appraisal of the literature relating to nurse education with subsequent chapters incorporating the application of case study research including a method, findings and interpretation chapters culminating with a triangulation chapter of the data collected.

## **5.1 Introduction**

This concluding chapter has been divided into three sections with the conclusion, limitations and recommendations for further research drawn from the study in answer to the original research questions.

The utilisation of case study research and the inclusion of a conceptual framework provided the starting point for the research, resulting in the development of three interrelated themes. Exploration and analysis of these themes captured negative and positive influences which seemed to either hinder or encourage the PRSNs' learning, which has previously been unreported. Within the exploration and analysis, the objectives of the study were met with the findings providing an understanding into the PRSNs' perceptions pertaining to their theoretical component of their programme. Therefore conclusions have been drawn from these key findings.

At this juncture the PRSNs should be commended for the commitment and determination shown in the completion of their pre-registered nurse training and their participation in this study.

## **5.2 Conclusion**

The aim of the study was to explore how pivotal PRSNs perceive the theoretical component of their nursing programme to their registration. Essentially, three research questions directed the development of the study.

1. How do PRSNs enrolled on the mental health field of nursing engage (attendance, completion of assignments, punctuality) with the theoretical component of the nursing programme?

The findings illustrated several areas where the PRSNs perceived changes to their engagement of the programme. Firstly, the evidence points almost exclusively to a definitive demarcation between the engagement of PRSNs to their learning in the theory component and their learning in the practical component of the nursing programme. Evidence from the focus groups suggests that within the

theory component, the PRSNs acknowledge that they study for one assignment at a time, and that they only re-engage with studying when they commence the next theory module. Similarly, evidence from the personal reflections suggest that the PRSNs learn in practice but on many occasion they do not perceive that any prior underpinning or relevant knowledge has been obtained in the theory component, acknowledging the existence of the theory practice gap. This suggests a failing in the teaching and delivery of the programme with a change needed to ensure the PRSNs can recognise the importance of the underpinning theory to the practical setting. Therefore the inclusion and engagement of the PRSNs in the planning of the programme is essential (Healey et al 2014). The PRSNs offered one suggestion to increase their engagement within the programme, they believed the percentage of theory and practice in each year of the programme should change with more theory and underpinning knowledge covered in the first year and an increase in practice learning available in the third year to help them consolidate their skills and knowledge.

A second area highlighted in the findings with the potential for PRSNs to disengage from their studies was the total lack of regard that the PRSNs perceived about members of society, the NHS and current employers regarding their degree classification. PRSNs attending for interviews for newly qualified staff nurse posts had never been asked their predicted classification; in fact their degree was never discussed at all. It could be argued, that this is a contemporary phenomenon due to the shortfall in the number of available registered nurses to fill nursing posts therefore any PRSNs completing their study were suitable with a total disregard given to their degree classification. It is unlikely that this viewpoint will change while the shortage of registered nurses continues. However, if alignment of the credit awarded to both theory and practice could be equalled, then a better understanding of what has been achieved by the PRSNs would be possible. For example if practice was to be graded similarly to the academic work then the classification of the degree would have more meaning to future employers or if the academic work was to be graded with a pass or fail similar to current practice then again a clearer picture would be provided for employers.

Emergent findings highlighted altered levels of professionalism of other PRSNs within the cohort while in the HEI setting, the PRSNs reflected on how this too made them disengage, even for the short term from their learning. The findings were twofold. The first was associated with the lack of attendance in the theory component of the programme by some PRSNs within the cohort. On commencement of the nursing programme both academic and professional regulations are presented to the PRSNs, the dichotomy between the two, causing conflict for the PRSNs reinforcing the suggestion that PRSNs undertake two roles while studying on the programme that of a 'student' while in the HEI setting and that of and a 'student nurse' in the practice setting. Although hours of academic engagement are

specified by the NMC for all PRSNs, the monitoring of completed theory hours is problematic. The PRSNs are acknowledged as adult learners and therefore trusted to sign a register of attendance on a daily basis of timetabled teaching sessions. However, the monitoring of face to face sessions is difficult as PRSNs can be absent for a variety of reasons, such as sickness, special leave or just absenteeism. The process for recording how these PRSNs complete the study from these missed sessions is unclear, with some PRSNs taking advantage of this anomaly. This has resulted in the PRSNs who did attend the face to face sessions becoming disgruntled and disengaged from their learning. In comparison the practice related hours are documented for each individual PRSN and are part of a professional competency in the practice setting with any shortfall of hours being closely monitored and being required to be made up prior to registration. The overall conclusion is, that within the cohort, the levels of professionalism regarding attendance differs for theory and practice, therefore calling for a more robust system of monitoring attendance in the theory component of the programme. The second aspect associated with professionalism drawn from the evidence of the focus groups was the lack of professionalism from some PRSNs in the classroom. Despite, the provision of a student charter for recommended student behaviour, a lack of unprofessional behaviour was illustrated in the focus groups with the PRSNs describing an increase in the prevalence of incivility within the classroom. An assumption therefore can be made that either the university rules and regulations, or the student charter or both, do not deter this behaviour and do not support a professional programme and is therefore not fit for purpose with a necessity for professional rules and regulations to be made available for professional programmes

Despite the PRSNs expressing concerns that their levels of engagement altered throughout the programme, it has been concluded that the PRSNs' overall personal resilience and commitment to becoming a registered nurse with a degree award encouraged them to succeed. However, the potential for PRSNs with lower levels of resilience and commitment may find it difficult to engage with the programme effectively and therefore fail to reach their full potential.

2. Do the levels of motivation (to complete the programme) alter throughout the theoretical component of a nursing programme and if so why?

It became clear that the movement from one motivational tier to another was required for the student to remain motivated as hypothesised by Maslow (1954). In particular the need for food and shelter with PRSNs undertaking paid work before concentrating on their studies. The PRSNs perceived their motivational levels to be high in both first and third year albeit for different reasons. The PRSNs perceived a decrease in motivation during their second year, although there was no evidence to suggest that this affected their learning with only minimal changes in their academic grades. A link

between disengagement and motivation was also evidenced in the focus groups associated with the delivery of some of the theory content. The PRSNs explained that this was due to a lack of discussion, debate or interaction during the delivery of lessons. Therefore, supporting the need to engage students with all aspects of curriculum planning and content delivery is necessary. The inclusion of PRSNs and the students union already exists with curriculum development and delivery and flexibility within the programme. However evidence would suggest that further development of student partnership relationships (Healey et al 2014) are required to assist with all aspects of the student journey.

In association with motivation, the evidence from this case study suggests that a PRSN's motivation and commitment are connected to personal resilience and their sense of belongingness while on the programme. This can explain why during the second year the PRSNs perceived their motivation to dip in correlation to a reduction in contact time of the theory component leaving them feeling disconnected from the HEI setting. Current engagement of PRSNs during their programme appears to be aimed at year one only. A change proposed by the PRSNs to the delivery of the programme however, would gradually reduce the dependence of PRSNs on the faculty staff. This would encourage independent learning and have the potential to keep the PRSNs motivated with the programme.

Above all, it seems pertinent to remember that motivation levels are variable with a dependence on changes to both internal and external factors as recognised by Busse and Walter (2013) who found a clear link to a decrease in motivation levels with a decrease in enjoyment levels in the studying of a topic. The findings within this study suggest how the PRSNs perceived their progress on the programme as affecting an increase or decrease in their motivation level. Therefore, further development of student partnerships and changes to the internal factors related to the programme such as an increase in the sense of 'belongingness' during the second year could be manipulated by the HEI staff in an attempt to keep the PRSNs motivated.

### 3. How do PRSNs enrolled on the mental health field of nursing meet the theoretical challenges of the nursing programme?

Through the interpretation of the evidence provided, the level of theoretical challenges faced by the PRSNs and how they met these challenges were found to be varied. The challenges came in two forms, internal and external factors. Several internal challenges included the annual increase in academic level and associated writing skills; the psychological affect the inappropriate behaviour of other PRSNs had on the PRSNs' learning, and the lack of impetus in completing formative assessments such as the production of personal reflections and for two of the PRSNs the challenges of completing the



programme with a recognised SPLD. The only external challenge to be discussed in any depth was the need of some PRSNs to have to undertake additional paid work whilst completing the programme.

The first challenge, the increase of academic level on a yearly basis was initially dependent on the prior academic qualifications the students had obtained. The PRSNs who had completed an access course prior to commencement of the programme found an increase in academic level achievable with the PRSN with traditional qualifications struggling. However, the findings suggest that after year one all the PRSNs found the move from one academic level to another challenging but attainable. One strategy the PRSNs employed to assist them in overcoming this challenge was the gaining of support either with the engagement of other PRSNs in completion of their studies such as 'study buddies' or obtaining support available from a variety of HEI sources. In addition, some of the PRSNs addressed this challenge by providing themselves with an incentive in order to complete assignments.

One challenge the PRSNs did struggle with was the psychological impact that the inappropriate actions of other PRSNs had on them, albeit that this would seem to have had a short rather than a lasting effect for most of the PRSNs, for example the incivility in class frustrated the PRSNs however they tried to ignore this behaviour when possible expecting the lecturer to sort the behaviour out. However, the psychological impact did appear to have a negative impact on the confidence levels of two of the PRSNs who had challenged incivility in the classroom though it would appear that there was no long lasting effect on their learning with all the PRSNs completing all the academic components of the programme.

A further challenge identified within the findings was the completion of formative assessments in the form of personal reflections. The amount and content of these reflections varied with each PRSN with some missing altogether, written reflections being incomplete, and others completed to a high standard. The only explanation offered from the PRSNs is that they hadn't had time to complete them but they would have them complete by the time they completed the programme. A requirement of being 'signed off' on completing their programme is the submission of a personal portfolio with completed personal reflections reinforcing the need for formal assessments to only be completed when necessary as previously discussed (Glover 2004).

Though not a theoretical challenge, one aspect of the programme with which the PRSNs perceived a shortfall in their learning was the amount of field specific content versus generic content provided throughout the programme. Although more generic content was provided the PRSNs received the appropriate amount of content to meet their registration needs in their particular field. However, if assignment results can be compared in the generic and field modules a difference in the results can

be seen. The PRSNs stated that they enjoyed the field modules more than the generic modules. The findings however, confirmed that they had in fact scored higher grades in their generic modules; this was not recognised by any of the PRSNs throughout the study. Two explanations can be offered, firstly the PRSNs might have developed a greater understanding of the generic information or secondly the PRSNs might have appeared to have done better in the generic rather than field modules due to the inherent dangers of subjective rather than objective marking by field lecturers within the field modules. This therefore suggests that further consideration as to other methods of marking should be considered such as anonymous or a suggestion of cross field marking for all modules.

The final challenge highlighted in the findings linked together an internal and external factor. The additional challenge of having a spLD was disclosed by two of the PRSNs. Although they perceived the spLD as not affecting their capabilities in the completion of their studies, they both described how they had developed self-help strategies to cope with completion of the assignments. The findings would suggest otherwise with the two PRSNs receiving lower grades than the other PRSNs, therefore the potential for them to improve on their degree classification was a possibility. One of the PRSNs gained one of the lowest of the classifications with a 2:2 and the other PRSN gained a 2:1. The explanation given was that they did not have time to take up the additional support offered to support their spLD because they had to work additional paid hours to support the family, thus they found it hard to dedicate time to their studies. The majority of the PRSNs had to consider which was more important, work or their studies.

The future of fee paying PRSNs accessing student loans will therefore be an area of interest to ascertain whether PRSNs still feel the need to undertake additional paid work or have the opportunity to concentrate on their learning. Similarly, external factors accompanying a PRSN's everyday life will always have an impact on any PRSNs attempting to complete their training, further highlighting the importance of support of both academic and social networks during this process. Inclusive within this will be changes to society's views and expectations of the role of the qualified nurse and the recognition of the training involved for PRSNs can only be beneficial for future PRSNs and the profession.

### **5.3 Research limitations**

Limitations to the study have been identified and an explanation of why particular choices were made for the study, followed by how these limitations could be reduced in future research. The limitations have been signposted for each stage of the research process for ease of reading.

### **5.3.1 Case study**

This was my first attempt at case study research with the potential for the rigour and quality to be lacking. However, the application of key principles as suggested by Houghton et al (2013) that of credibility, dependability, conformability and transferability, trustworthiness and reliability, ensured the rigour and quality of the study and thus reducing the potential areas of case study weakness.

### **5.3.2 Participant sample**

The student sample was taken from one North West of England university and therefore a UK perspective only. Due to resource and time constraints only participants from the mental health field of nursing were included with the potential for reduced representativeness to all the fields of nursing. The age of the participants was thought to be representative of the current nursing cohort however the lack of male participants was not representative on this occasion. Although there is an expectation that at least 10% of a nursing cohort are male (Roth and Coleman 2008), with the majority of these undertaking mental health nursing (Harding 2007), no male PRSNs participated in this study further reducing the potential of representativeness.

### **5.3.3 Data collection**

During the focus groups some PRSNs were more vocal than others; there were occasions when I had to draw the quieter students into the discussion with probing questions (David and Sutton 2004). By asking if they had anything to add to the discussion prevented a biased output from the stronger participants (Kruegar and Casey 2000), care with the type of questions so as not to influence the group was required. Equally the transcribing of the focus group data was dependent on my transcription skills, the temptation to paraphrase was great, however doing this could result in the meaning of the data being lost (Bailey 2008).

Finally, although the PRSNs were aware that their personal development reflections were required, the PRSNs were slow at handing these in, I had discussed with the PRSNs at the end of the focus groups that their reflections were required. The PRSNs asked me if I would remind them via email to do this as they were now going out in practice. I was keen not to place any undue influence on the PRSNs so I only made this request once (Karnieli-Miller et al 2009). The PRSNs' reflections were accepted as truthful accounts.

### **5.3.4 Findings**

There was the potential for data information to be lost, however the application of the thematic network analysis tool ensured a systematic approach was taken providing credibility to the analysis

(Attride-Stirling 2001). Descriptive analysis provided organisation and interpretation of data (Salkind 2011) and triangulation more credence.

## **5.4 Dissemination of findings**

I intend to disseminate my findings locally, nationally and internationally. At a local level I intend to present my findings through the staff development and research development groups and present at the teaching and learning conference at the university used for the study. I intend to publish the findings in national and international peer reviewed journals for nurse and health professional education.

## **5.5 Recommendations for education**

The current nursing programme is divided into two components with the probability that this will remain this same in the future. Therefore improving the learning of PRSNs within the theoretical component should be considered.

1. A recommendation that an increase in student consultation and the development of student partnerships should be encouraged with the aim of improving the student journey and therefore engagement with the programme.
2. With the aim of reducing the theory practice gap a pilot study of how incorporating changes to the distribution of theory and practice over the three years is recommended. The following format should be given consideration; a 60%-40% split in favour of theory for first year, followed by an equal distribution of 50% theory and 50% practice for second year, and finally a 40%-60% split in favour of practice for third year.
3. The findings highlighted the disregard of the degree award at interview for newly registered nurse positions within the clinical setting. A recommendation would be for nurse lecturers as part of their role as link tutors to disseminate the benefits of the newly registered nurse with a degree award to the future workforce team.
4. Currently there is an inequity to the importance of the two components of the programme. Consideration to the alignment of credit given to both the theory and practice components of the degree, either all graded with percentages or the movement to an all graded programme with a pass or fail grade would provide evidence to the overall performance of a PRSNs to employers.

5. This study emphasised the psychological impact of the unfairness of the recording and monitoring of attendance/non-attendance of students. Although this appeared to have no long term effect on the PRSNs' learning, it did have a long term negative psychological impact on the PRSNs. Therefore, the recommendation to move to an electronic monitoring system for attendance would reduce this. In addition, a more robust professional sickness and absence process is required for the theoretical component of the programme to align with the practice procedure.
6. Following the study it was apparent that classroom incivility was common, however a collective approach to reduce this behaviour appears to be lacking. Therefore the recommendation for the introduction of informal peer group sessions for staff at module level to share, and discuss interventions to reduce and avoid classroom incivility would be beneficial.
7. A recommendation for an amalgamation of both the academic and professional rules and regulations for both components of the programme, giving an equal weighting to both, to reinforce professional behaviour when in the HEI setting.
8. The findings stress the importance of motivation on a nursing programme; in particular a dip during second year was recognised. The need for staff to have an awareness of how to prevent this demotivation and how to re-motivate PRSNs is necessary therefore the recommendation for informal peer group sessions to discuss interventions to maintain motivation and how to re-motivate groups would be beneficial.
9. To reduce one of the challenges to the PRSNs with the increase of academic level each year is the recommendation for the development of informal formative student led academic writing groups throughout the year to encourage development of academic writing skills particularly in years two and three.
10. To raise the awareness about classroom incivility with the faculty staff during developmental sessions with the aim of reducing the incivility.
11. To make formative feedback more robust and time relevant at strategic points throughout the programme as part of programme governance.

## 5.6 Recommendations for future research

The findings have been important in recognising areas of good practice and similarly highlighting areas for development. The findings validated that the degree was appropriate for the nursing programme from the PRSNs' perspective and the generality of nursing programmes increases the transferability of the study. However, recommendations for future research and improvements to future nurse education programmes in the enhancement of PRSNs learning, engagement and motivation should be considered.

### 1. Motivation and re-motivation

A reduction in motivation during the second year of the programme in degree programmes is discussed throughout the literature (Milson et al 2014). The PRSNs indicated that their motivational levels dipped throughout the programme specifically in the second year. Further research of how to prevent this demotivation is key with the introduction of ways to re-motivate PRSNs to be recognised and added at strategic points in the programme. The PRSNs proffered some ideas, including additional and more frequent contact time with the faculty staff, a more varied module delivery and further involvement with PRSNs in the development of new programmes.

### 2. The Theory /Practice gap on professional courses.

Historically, a recognised theory practice gap has existed in nursing programmes. Within the findings, a widened gap between theory learning and practice learning became evident. It was unclear however, if this theory practice gap was detrimental to the PRSNs' overall learning and their ability to apply this knowledge, in practice, due to the PRSNs having met all of their learning outcomes in both the theory and practice setting to gain their degrees. Therefore this phenomenon requires further exploration.

### 3. Subjective or objective marking

In the descriptive analysis it was noticed that grades provided for the generic modules were higher than the field specific modules. The latter raising the question of why this occurred and did this happen across all the other field specific modules such as child, adult and learning disability. Further explanation and investigation is warranted.

4. Recognition of spLD PRSNs.

Many types of spLD are recognised; however, literature exploring the different types of spLD and the uptake of support offered to PRSNs with spLD is diminutive. Raising the question of how prevalent this situation is on nursing programmes and what can be done to encourage the uptake of support.

5. Learning styles

The findings suggest that a learning environment needs to be conducive for all learners to engage with the programme and confirms that PRSNs engagement in development of the programme is beneficial in this process. Future research to ascertain if the early recognition and collation of the learning styles of a new cohort of PRSNs could be beneficial in the preparing and presentation of future sessions is needed.

6. Education of the public and degree status nurses

To raise the awareness within the public domain of degree nurse status, a recommendation for the completion of a survey of visitors attending the faculty on open days with a view to capture their thoughts and understanding of why registered nurses require a degree in comparison to the NMC criteria. The findings will then be disseminated in the format of a poster at future open days and conference presentations.

7. Flexibility in the programme.

The findings suggest that a degree of flexibility within the programme has been beneficial. However, further research involving student partnerships with the aim of encouraging student engagement and the type of flexibility and more importantly, what would be an appropriate point to include this in the programme.

Despite my concerns about the public's negative perception and criticism of nurse training undertaken in the HEI setting I am reassured that that the overall aim of someone enrolling onto a nursing programme is to be a nurse offering caring ,compassionate care rather than the gaining of well-paid employment. One might conclude from this study that the theoretical component of the nursing programme meets the outcomes of the overall programme and is 'fit for purpose' with the PRSNs completing their degrees and gaining their registration and added to the nurse register. However, the ever changing expectations of the caring workforce will continue to provide challenges to the HEIs in delivery of nursing programmes which must be adapted accordingly to be 'fit for purpose'.

## Appendix 1: Systematic review.

Study identification	Type of study	Participants/ sample	Aim of study/paper	Information	Main findings/conclusion
Glogowski et al (2007)	Multi method approach	49 students	Student retention/ Factors affecting decisions to stay or go	Two groups of students Group 1 - 30 students Face to face Interviews Group 2 – 19 ex -students phone interviews	More traditional students withdrew Positives to stay - determination, commitment, support  Negatives to go - academic work, other responsibilities, financial strain, lack of support, negative experiences, illness
Murdoch-Eaton et al (2007)	Evaluation – qualitative analysis	511 medical students	Usefulness of annual appraisals	questionnaires following appraisal feedback	Recognition that study skills needed to be improved for both first and second years
McKendry et al (2014)	a grounded theory	46 first year nurses and midwifery students	To explore student motivation, experiences and support requirements during their first year to determine the efficacy of institutional retention initiatives.	Focus groups	Students utilise a range of support mechanisms in order to maintain their motivation and juggle demands. Expectations play a significant role in student satisfaction. Realistic understanding of nursing/midwifery programme needed. Nurturing the sense of belonging beneficial in promoting retention.
Norrie and Dalby (2007)	A cross sectional exploration	555 students	To explores to what extent nursing students function as adult learners and whether they progress as such throughout their studies	Questionnaires Focus groups	Students become less active in their learning as time goes on Mature- less likely to take on independent learning



Newton et al (2009)	Longitudinal multi method study	29 student nurses 25 registered nurses 6 managers	The motivations to nurse	Interviews –only interview data used. Surveys Filed work observations	What keeps nurses engaged with nursing
Murphy (2006)	Case study	1 student	To understand motivation and the need to re-motivate failing students	1 student	Potential causes of student under achievement and failure.
Timmins (2008)	Discussion paper	N/A	Provides understanding into the facilitation of self-directed learning		The role of the educator in self-directed study and tools required. Why students want to learn.
Shepherd (2008)	Discussion paper	N/A	Implications for retention :Adolescent student nurses		Youngest nursing students less likely to complete  Transition to adulthood Transitions to university life – lack of preparedness for university personal responsibility for their academic achievement and their social acceptance  social experiences appear to be more important than academic experiences
Gale et al 2015	A mixed method qualitative and quantitative survey design was used.	96 nursing students	To evaluate nursing students' experience during the first year of the degree programme in terms	Online questionnaire survey comprising Likert-style, demographic and	Areas of concern expressed included assessment timings and juggling personal/family commitments with academic workload.

			of their engagement with the programme, its impact and value and their overall satisfaction.	open-ended questions.	
Mid-Staffordshire report (2013)	Report	N/A	Investigation into poor standards of care	All health professionals mentioned	290 recommendations, 12 with care and compassion, recruitment, training and leadership
Levett-Jones et al (2009)	Cross mixed methods approach	18 nursing students	Importance of staff/student relationship and belongingness	Three universities 2 australia,1UK In-depth semi-structured interviews.	Deprived of belongingness  Low self-esteem, wellbeing and increased stress , depression and anxiety  Motivation and capacity to learn
Odro et al ( 2010)	Mixed methodology	72 mental health student nurses	Evaluation of a personal and professional development	Survey and discussion groups	PDP –increased knowledge and understanding, assisted with confidence building,
Edwards et al (2010)	Questionnaire	169	Investigate nursing students experiences of stress and levels of self-esteem during three years of an undergraduate programme	Completion of two questionnaires at five different points within the study	Self-esteem – different at different times of the course  lower at the end related to pass/fail of the course  Stress higher at the beginning of third year on application for jobs  balancing role of student is stressful not being a student nurse

Prymachuk and Richards (2008)	Retrospective cross sectional survey	1,362 nursing students	Identify the Factors affecting student completion rates	Questionnaires	<p>Older students more likely to complete</p> <p>Higher level qualifications more likely to complete</p> <p>Marked increase of students entering with vocational qualifications</p> <p>Child branch leave</p> <p>Male and black minority ethnic groups do not do well</p>
Hafford-Leitchfield (2007)	Small scale study	7 social work students	Factors affecting the retention of learners following the degree in social work	face to face interviews	<p>Negatives widening participation and distant learning. organisation and time management</p> <p>Students needs can be lost in large cohorts</p> <p>Positive - Learning contracts</p>

## Appendix 2: AACODS Checklist 1

Archived at the Flinders Academic Commons:  
<http://dspace.flinders.edu.au/dspace/>

The **AACODS** checklist is designed to enable evaluation and critical appraisal of grey literature.

The Fourth International Conference on Grey Literature held in Washington, DC, in October 1999 **defined grey literature** as: "that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers."

Grey literature includes theses or dissertations (reviewed by examiners who are subject specialists); conference papers (often peer-reviewed or presented by those with specialist knowledge) and various types of reports from those working in the field. All of these fall into the **"expert opinion"**

**Critical appraisal** is "the process of carefully and systematically examining research to judge its trustworthiness, and its relevance and value in a particular context" (Burls 2009)

Grey (unpublished) studies and RCTs should be appraised using the same tools as their black (published) counterparts.

AACODS		YES	NO	?
<b>Authority</b>	<p>Identifying who is responsible for the intellectual content.</p> <p><b>Individual author:</b></p> <ul style="list-style-type: none"> <li>• Associated with a reputable organisation?</li> <li>• Professional qualifications or considerable experience?</li> <li>• Produced/published other work (grey/black) in the field?</li> <li>• Recognised expert, identified in other sources?</li> <li>• Cited by others? (use Google Scholar as a quick check)</li> <li>• Higher degree student under "expert" supervision?</li> </ul> <p><b>Organisation or group:</b></p> <ul style="list-style-type: none"> <li>• Is the organisation reputable? (e.g. W.H.O)</li> <li>• Is the organisation an authority in the field?</li> </ul> <p><b>In all cases:</b></p> <ul style="list-style-type: none"> <li>• Does the item have a detailed reference list or bibliography?</li> </ul>			
<b>Accuracy</b>	<ul style="list-style-type: none"> <li>• Does the item have a clearly stated aim or brief?</li> <li>• Is so, is this met?</li> <li>• Does it have a stated methodology?</li> <li>• If so, is it adhered to?</li> <li>• Has it been peer-reviewed?</li> <li>• Has it been edited by a reputable authority?</li> <li>• Supported by authoritative, documented references or credible sources?</li> <li>• Is it representative of work in the field?</li> <li>• If No, is it a valid counterbalance?</li> <li>• Is any data collection explicit and appropriate for the research?</li> </ul>			

	<ul style="list-style-type: none"> <li>• If item is secondary material (e.g. a policy brief of a technical report) refer to</li> <li>• The original. Is it an accurate, unbiased interpretation or analysis?</li> </ul>			
<b>Coverage</b>	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> <li>• Are any limits clearly stated?</li> </ul>			
<b>Objectivity</b>	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> <li>• Opinion, expert or otherwise, is still opinion: is the author's</li> <li>• Standpoint clear?</li> <li>• Does the work seem to be balanced in presentation?</li> </ul>			
<b>Date</b>	<p>For the item to inform your research, it needs to have a date that confirms Relevance</p> <ul style="list-style-type: none"> <li>• Does the item have a clearly stated date related to content? No easily discernible date is a strong concern.</li> <li>• If no date is given, but can be closely ascertained, is there a valid reason for its absence?</li> <li>• Check the bibliography: have key contemporary material been included?</li> </ul>			
<b>Significance</b>	<p>This is a value judgment of the item, in the context of the relevant research area</p> <ul style="list-style-type: none"> <li>• Is the item meaningful? (this incorporates feasibility, utility and relevance)</li> <li>• Does it add context?</li> <li>• Does it enrich or add something unique to the research?</li> <li>• Does it strengthen or refute a current position?</li> <li>• Would the research area be lesser without it?</li> <li>• Is it integral, representative, typical?</li> <li>• Does it have impact? (in the sense of influencing the work or behaviour of others)</li> </ul>			

Burls, A. 2009, what is critical appraisal? Bandolier, viewed 4 November 2009.

[http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What\\_is\\_critical\\_appraisal.pdf](http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What_is_critical_appraisal.pdf)

Jess Tyndall,  
Flinders University,  
Nov 2010

### Appendix 3: Inclusion criteria and exclusion criteria

INCLUSION	EXCLUSION
<i>Types of study</i>	<i>Types of study</i>
English Language	Non English
Publication 2009(Inclusive) Present	Publications before 2009
Grey literature	
Studies from UK, European union, USA, Australia	China
Qualitative and quantitative	
<i>Types of participants</i>	<i>Types of participants</i>
Pre- registration student nurses	Post Registered nurses
First, second or third year	
Health professional students	Post registered Health professionals
<i>Types of outcome</i>	
Theory component	Practice related
Degree award on completion	Diploma award
Student learning	

Adapted from [www.ncbi.nlm.nih.gov/pubmedhealth/](http://www.ncbi.nlm.nih.gov/pubmedhealth/) [accessed 7<sup>th</sup> May 2015]

## **Appendix 4: An outline of the initial focus group questions**

**Opening:** - 1. Can you please tell the group your name and how long it takes for you to travel to University from home?

**Introduction:** - 2. Your programme consists of two components theory and practice; can you describe the level of importance to your nursing programme for each component?

**Transition:** - 3. When you think of the theoretical component of your programme what comes to mind?

**Transition:** - 4. Think about the first year; did your level of commitment to the theoretical component of your nursing programme change in any way? Can you tell me about this?

**Transition:** - 5. Think about the second year; did your level of commitment to the theoretical component of your nursing programme change in any way? Can you tell me about this?

**Transition:** - 6. Think about this year, has your level of commitment to the theoretical component of your nursing programme changed in any way? Can you tell me about this?

**Key:** - 7. Why do you think these changes occurred?

**KEY:**--8. Did any of these changes increase or decrease your motivation over the past year? Why was that?

**KEY:** - 9. what provided you with the motivation to carry on?

**KEY:** - 10. Tell me about any personal techniques you may have used to meet the theoretical challenges of the programme

**Ending:** - 11:- We are trying to encourage PRSNs to be proactive with the theoretical component of the programme. What suggestions can you offer which would be beneficial to future students?  
Summaries section

**Summary:** - Have I reflected what has been discussed?

## Appendix 5: Transcription

Focus group (4th one) 9.3.15

Me: It was noticeable last week after you read your transcripts that you were all thinking on how you were going to talk because it was being recorded this lasted for about 30 sec. You then relaxed and forgot about the recorder.

All: all talk at once

Me: Let me take you back to some of the questions from last time, we talked about learning styles did you all know you're learning style before you started or did you know once you started?

Rebecca: I knew before because I did an access course and you tend to find your faults when you're doing it, don't you?

Me: not your faults

Rebecca: oh yeah

Ivy: Yeah, I think I already knew mine, yeah obviously you have to adapt to the different style of work that you're doing ultimately I knew

Bronwen: I think I found out as the course has gone to be honest I prefer reading than doing,

Me: so could we have highlighted that earlier for you?

Bronwen: I think we did it in the first year yeah, so I think that was it yeah

Isabel: I knew erm how I thought I worked best prior to doing my access but it has all changed throughout the course because the demands of the course have changed and I have had to adapt changing sort of like results for myself really

Me: ok, but did you do that on your own?

Isabel: yeah, but I've also gone to learning services and got some support and asked them sort of learning new techniques

Me: how did you know they were there for that?

Isabel: We were told, ever since we started the degree pathway we been informed as students learning services are there for us, in the library there are a lot of pictures around, around the campus itself you know, it's always on Blackboard everywhere you go really, I think you would quite ignorant if you said 'I didn't know there was learning services'

Rebecca: there was learning services

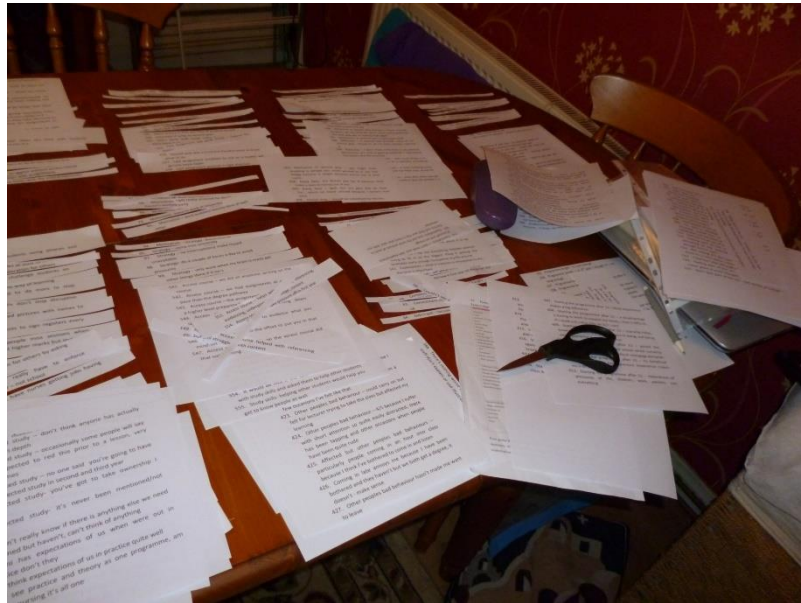
Isabel learning services

Me: ok, Winnie:

Winnie: yeah I'd agree you just sort of adapt as you go along, listening to your tutors feedback and things going to learning services, I've been there quite a few times in first year gone right through to be honest



## Appendix 6: Coding



## Appendix 7: Outcome for Stages 1-6 of Attride-Stirling thematic network analysis tool

Codes (issues discussed)	Basic themes	Organisational themes	Global themes
<p>Disrespectful Talking in class Using IT inappropriately</p> <p>Hour late Before assignments No action</p>	<p>Tutor role Favouritism Poor classroom behaviour</p> <p>Lateness Signing in Consequences</p>	<p>Classroom etiquette</p> <p>Attendance/non-attendance</p>	<p>Personal learning</p>
<p>One in the same course Look at both aspects differently but all same course Determination Knew on commencement</p> <p>Nursing is ..... Vary each year but 50:50 about right Try to meet all learning needs attention to detail</p>	<p>Relate theory to practice Prior learning Commitment Learning styles</p> <p>What is theory? Split percentage Delivery</p>	<p>Personal influences</p> <p>Programme delivery</p>	<p>Undergraduate study</p>
<p>Other uni programmes Don't fit in Uni for younger students Learning services</p> <p>Belong to cohort Belong to faculty get together Staff non-judgemental keen to help supportive</p>	<p>Difference in programmes Stereotype students – age- Support</p> <p>Cohort Qualified staff Care and compassion(support)</p>	<p>University</p> <p>Faculty</p>	<p>Belongingness</p>
<p>Classification Alone, peer support Come to uni Work alone Peaks and troughs</p> <p>Length of programme First second third year Professionalism</p>	<p>Importance of classification Strategies to study Motivation</p> <p>Programme structure Academic level Professionalism</p>	<p>Achieving balance</p> <p>Faculty expectations</p>	<p>Academic challenge</p>

<p>Feedback Supervision Completion of assessments Practice of skills Real life – shock</p> <p>Theory sessions Assignments/referencing Variety of support</p>	<p>Mentors Assessments Skills acquisition Reality of qualified role Underpinning knowledge Personal development a Academic support</p>	<p>Practice related content Theory related content</p>	<p>Personal reflections</p>
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## **Appendix 8: Consent form**

### **Letter to students/consent**

Information letter and consent form

Dear Student,

This letter is to give you information in the hope that you will participate in a research study as part of my Ed D course at Huddersfield University.

The information obtained will contribute to further research on the 'student's journey' and adult learning needs in pre-registration nurse education. The research may have no immediate benefit to you but it is hoped that the findings will contribute to the teaching and learning of students in the future within the faculty of Health.

The research study will be in two parts. Firstly a questionnaire will be distributed to the cohort and a request made for completion and handing in of the questionnaire.

The second part of the research study involves the use of focus groups which will be scheduled around the current theoretical component, volunteers from the cohort will be requested of between 6-10 students. The focus group meetings will take from between 45 -90 minutes. Questions generated from the previous questionnaire will be used in the focus groups as discussion points, the focus group meetings will be repeated on specified dates while you are still in the theoretical component of the theory module and on the university campus until no new information is forthcoming. Refreshments will be provided by the researcher during the focus group meetings. The focus group meetings will be recorded. The recordings will then be transcribed and both recordings and transcriptions will be kept in a secure location at all times. However, following the completion of the research study all, transcriptions and recordings will be destroyed. Participation in this research study is voluntary and you can withdraw from the research study at any given time. If you have any questions regarding this research study or would like additional information please ask me before, during, or after the focus group meetings.

Information collected will be kept confidential as per your rights under the Data Protection Act (1998) and Freedom of Information Act (2000) and no names will be used in the research study or in the final report.

I would like to take this opportunity to thank you for any contributions in this research study.

Ellean Hiley  
Student Researcher

**Consent form**

I have read the information letter regarding the research study and I have had my rights regarding participation in the study explained to me.

This is to certify that I \_\_\_\_\_ hereby agree to participate as a volunteer in this research study with the understanding that:

- 1 Confidentiality will be maintained at all times
- 2 I am free to withdraw my consent and terminate my participation at any time.
- 3 I have been given an opportunity to ask for clarifications and that all such
- 4 Questions have been answered to my satisfaction.
  
- 5 Participant.....
- 6 Researcher.....
- 7 Date.....

## **Appendix 9: Participant Information**

### **Introduction**

The aim of the research is to explore a pre-registration student nurses learning journey throughout the completion of a professional pre- registration nursing programme. The research may have no immediate benefit to you but it is hoped that the findings will contribute to the teaching and learning of students in the future within the faculty of Health and Social Care at Edge Hill University.

### **Participant Information Sheet**

#### **Title of Research Project:**

The theoretical component of a professional nursing programme is pivotal to nurse registration: A student's perspective.

I would like to invite you to take part in this research project. This page gives you more information about the project. Please read it carefully before deciding whether to take part or not. Please do ask if anything is not clear, (my details and that of my supervisor can be found below). Thank you for reading this.

#### **What is the purpose of this research study?**

This research is being led by; Elean Hiley and supervised by Dr Mike Snowden I am conducting this research project in order to complete my Ed D programme at Huddersfield University.

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

As you are a third year pre-registration nursing student approaching completion of your three year professional programme I would like to invite you to participate.

#### **Do I have to take part?**

No. Your participation is completely voluntary. You do not have to take part in this study if you do not want to. If you choose to participate and then change your mind, you may leave the study at any time for any reason by letting me know. If you withdraw, any information contributed until the time of withdrawal will be included in the study but no more information will be collected from you from that point on.

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

If you decide to participate, you will be given this information sheet to keep and be asked to agree to sign a consent form. You will be asked to participate in focus group interviews.

The interviews will last about 30 to 60 minutes. You will be asked questions about different aspects of your pre-registration nursing programme such as motivation, completion of assignments and how, in your view, they impact on the theoretical component of your learning journey.

I will also like to review your assessment data results by retrieving this information from the academic profile database and in addition review your personal reflections of theory and practice from your portfolios.

#### **What are the possible benefits of taking part?**

I hope that the findings from this study will yield a clearer understanding of how pre-registration nursing students learn on their theoretical component of their nursing programme and how this may contribute to the teaching and learning of students in the future within the faculty of Health and Social Care.

Although no remuneration will be offered, a copy of the research report will be held in the University Repository, and will be accessible to individual research participants.

#### **What are the possible disadvantages and risks of taking part?**

There are no major anticipated risks or disadvantages resulting from participation in this study. It is possible that you may feel uneasy in answering some of the questions. You do not have to answer any questions you do not wish to.

**Will my information be kept confidential?** All Information collected will be kept confidential as per your rights under the Data Protection Act (1998) and Freedom of Information Act (2000) and no names will be used in the research study or in the final report.

All information collected during this study will be seen only by me and my supervisor. Information will be stored and analysed in secure conditions. Your name or the name of your University will not appear in any publication resulting from this study.

**What if something goes wrong?**

If you have any concerns about this study and wish to make a complaint, please contact either me or my supervisor at the telephone number or email address given below.

**What will happen to the information I have provided?**

The information collected during this study will be kept for 3 years in secure conditions at Edge Hill University and My home address, then, destroyed. The information collected may be used in anonymised form for additional research.

**What will happen to the results of the study?**

The results of the study may be published in academic journal articles and be presented at conferences, seminars, etc. Further, a copy of the dissertation will be held in the University's repository and may be consulted by other researchers in the field.

Thank you very much for reading this information sheet. If you would like to participate, or would like additional information to assist you in reaching a decision about participation, please contact me at the telephone number or email address listed below.

This study has been reviewed and has received ethical approval from the University of Huddersfield School of Education and Professional Development.

All responses from the focus group interviews from the study will remain confidential; however there is a minimal chance of anonymity being broken if direct quotes are recognised. Some consideration was given to the issue of repercussions. To reduce the potential of repercussions the data being collected in the latter stages of the PRSNs programme. The PRSNs would be registered nurses by the time the research was completed and the reduced chance of the PRSNs responses being recognised by other members of staff. Therefore the findings from the study will only be available after you have completed your professional programme. The University will never have access to the responses.

I hope that you will agree to take part in this project. I very much look forward to speaking to you and thank you in advance for your assistance in this research project.

For further information on any aspect of the project, please contact:

Ellean Hiley: Senior lecturer, Teaching and Learning fellow, Edge Hill University, St. Helens Road, Ormskirk.  
'e' mail [hileye@edgehill.ac.uk](mailto:hileye@edgehill.ac.uk) tel. 01695 657053

Dr Michael Snowden; Academic Lead: Mentorship. University of Huddersfield. Huddersfield, Hd1 3DH 'e' mail [m.a.snowden@hud.ac.uk](mailto:m.a.snowden@hud.ac.uk) tel.: 01484 473817

## Appendix 10: Reflective accounts received

Name	First year reflections	Second year reflections	Third year reflections	Total
Isabel	1	1	1	3
Martha	0	1	0	1
Ivy	2	0	0	2
Louise	2	2	2	6
Bronwen	2	2	1	5
Rebecca	2	2	0	4
Winnie	1	2	2	5



## Appendix 11: Academic grades

Name	Ivy	Bronwen	Louise	Isabel	Martha	Rebecca	Winnie
Age	21	22	32	36	50	59	43
Entry Qualification	'A' Levels	Access course	Access course	Access course	Access course	Access course	Access course
Year (Modules) <sup>1</sup>							
1178 G	100	100	100	100	100	100	100
1179 G	56	92	70	68	100	40	48
1182 MH	41	58	81	58	84	78	55 A
1177 P	100	100	100	100	100	100	100 (2 <sup>nd</sup> )
Year (Modules) <sup>2</sup>							
2223 G	68	80	90	50	75	69	75
2222 G	84	66	82	59	57	68	55
2226 MH	72	72	82	52	70	67	56 A
2221 P	100	100	100	100	100	100	100
Year (modules) <sup>3</sup>							
3231 G	80	80	75	45	54	60	60
3232 G	88	78	85	52	79	70	60
3235 MH	77	76	76	58	77	64	40 A
3230 P	100	100	100	100	100	100	100
Average of all modules	74	78	82.3	60.2%	77.3%	68.4%	61
Classification	1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	2.2	1 <sup>st</sup>	2.1	2.2

Key:

G Generic module (all students complete these modules)

MH: Mental health module (mental health field specific)

**A: Adult Module (adult field specific)**

**P: Practice module (Graded with a 100 -0%)**

**SpLD: Specific Learning Difficulty**

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