Exploring the accounts of mental health student nurses' first practice placement: how can they be more fully prepared?

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Abstract

This research study, part of my Doctorate of Professional Practice (DProf), aimed to explore the accounts of mental health student nurses' first mental health practice placements to identify how they could be more fully prepared prior to placement. The research also aimed to inform the practice development stage of this Professional Doctorate.

My literature review identified a paucity of research concerning mental health student nurses and the first mental health practice placement. However, I found a wealth of literature exploring adult student nurses and their placements. These placements were from a variety of nursing health care settings, including mental health. Mental Health and Adult Nursing students describing a less positive experience said they felt anxious, were not made to feel welcome or wanted, and did not feel adequately prepared for placement. They were also aware they had missed out on valuable learning compared to those who felt more confident, better prepared and wanted. I was curious to find out what the experience was for mental health student nurses and whether there was more I could do, in my education role, to help prepare these students.

My research took the form of a two-phase qualitative study. Phase one of the studying the gene5ic model comprised four focus groups with 26 mental health student nurses to explore the expectations of mental health student nurses prior to the first mental health placement. Phase two of the study took the form of a narrative inquiry and used a diary interview method to collect the same students' accounts of their practice placement. Post-placement, four of the same students took part in in-depth face-to-face interviews and their diaries provided the cues for the interviews.

I subjected the transcripts from the four focus groups to thematic analysis using Braun and Clarke's (2013) seven stages of coding. The accounts from the diary: diary interviews were analysed using narrative analysis. The scripts were firstly scrutinised and in alignment with structural analysis, stories were created according to Labov and Waletsky's (1967) analytical model of six structural clauses framework. The stories were then explored to identify the structure of the stories and, a further level of

analysis explored how each of the students positioned themselves during their placement.

From the four focus groups it was found that the students were unsure about what to expect from placement. They were concerned that they might see something that they did not want to, that they might not be able to adjust into their role as students and get on with their mentor. Amongst the uncertainty, the students were expecting to change and develop and were looking forward to having opportunities and to learning something new. The findings from the students' positions in the second phase of the study suggested that those four mental health student nurses processed forwards and backwards through seven different stages before successfully completing their placement as more confident student nurses. These stages are that a) it might not feel welcoming, b) some things might seem puzzling, c) be a seeker of opportunities, d) show you are worthy, e) be prepared to be annoyed, f) be prepared to be surprised and g) expect things to have changed. The overall finding was that the students' appeared to have positioned in response to interactions with placement staff and when the interactions were negative, the students positioned backwards to earlier stages. When the interactions were positive, the students positioned forwards to more confident stages.

From the findings of the study, a collection of five different interactive and collaborative activities and games were developed, with the aim of helping mental health student nurses prepare for their first practice placement. These activities mainly focussed on what students might expect to encounter on their first placement in response to interactions with staff and the seven different stages. A sixth activity was also developed in response to the sharing of information that took place between the students during each of the focus groups.

My doctoral research indicates that if mental health student nurses were prepared to expect some negative interactions with placement staff and were guided in how to manage these, they would enter placement more fully prepared to make the most of the learning opportunities available.

Table of Contents

Chapter 1. Introduction 1

1.1 Introduction 1

1.2 My personal and professional history 1

1.3 Why I selected to study for a Doctor of Professional Practice........................ 6

1.4 Background to the study: Student nurse training 8

1.4.1 Type of training and length of training 8

1.4.2 Funding for training 9

1.4.3 The role of placement 9

1.4.4 Mentorship 10

1.5 History of mental health nurse training 10

1.6 Structure of thesis 21

Chapter 2. Literature Review 23

2.1 Introduction 23

2.2 Literature Review Methods 23

2.2.1 Literature search process 23

2.3 Literature Review Findings 28

2.3.1 What is student nurse practice placement? 30

2.3.2 The mentor 31

2.3.3 Other staff at the placement 33

2.3.4 Being a supernumerary member of the team 37

2.3.5 Fitting in 39

2.3.6 Feeling welcomed 40

2.3.7 Placement as a trigger for leaving the course 41

2.3.8 Being prepared for placement 43

2.3.9 Linking theory with the practice 45

2.3.10 Nursing was not what the students expected it to be 47

2.3.11 The first practice placement 48

2.3.12 The first mental health practice placement 50

2.4 Formulating the research focus 61

2.4.1 Aims and objectives of this study and practice development 62

Chapter 3. Research Methodology and Design 64

3.1 Ontology and epistemology 64

3.2 Selecting the methodological approach 66

3.2.1 Narrative Inquiry 66

3.3 Overview of the research design 67

3.4 Participants 68

Chapter 4. Phase 1 of the research study: Focus Groups 74

4.1 Introduction 74

4.2 Method: Focus Groups 74

4.3 Data Collection 76

4.3.1 Why I decided to use focus groups 76

4.3.2 Pilot of the focus groups 76

4.3.3 Decisions made regarding undertaking the focus groups 77

4.4 Ethics 80

4.5 Process of data collection 80

4.5.1 Gaining Access 80

4.5.2 Introducing the research to the students 80

4.5.3 Meeting with students who expressed an interest in engaging with the research. 81

4.5.4 Conducting the focus groups 82

4.6 Data Analysis of the focus groups 86

4.6.1 Data analysis of the background information 86

4.6.2 How I decided to transcribe and analyse the data from the focus groups... 87

4.6.3 Preparing the focus group interviews for analysis................................ 89

Stage 1: Transcribing the focus group interviews. 89

Stage 2: Reading and becoming familiar with the text and making notes of items of interest 91

Stage 3: Coding the data.. 91

Stages 4 – 6: Identifying the themes, checking the themes and sub themes, and mapping the relationships between them 92

4.7 Findings from the focus groups.. 93

4.7.1 Combined findings from the four focus groups 97

4.7.2 Summary of the findings from the focus groups................................ 109

Chapter 5. Phase 2 of the research study: Diary: diary interviews 111

5.1 Method 111

5.1.1 Diary: diary interviews as a data collection method........................... 111

5.2 Data Collection 112

5.2.1 Decisions made regarding the design of the diary............................. 112

5.3 Pilot of the diary: diary interview... 113

5.4 Process of data collection.. 114

5.4.1 Contacting the students prior to, during and following placement 115

5.4.2 Collecting the Diaries 115

5.4.3 Selecting who to interview from the diaries 116

5.4.4 Data collection: Conducting the Interviews...................................... 116

5.5 Data analysis of the diary: diary interviews... 119

5.5.1 How I decided to analyse the data from the diary: diary interviews 119

5.5.2 First Layer: Transcription of the diary: diary interviews.................... 120

5.6 Second layer of data analysis for the diary: diary interviews: identifying the students' positions.. 125

5.6.1 Summary of positions for each story unit 126

5.6.2 The students' key positions presented in a timeline: part 1 131

5.6.3 Timeline of key positions: part 2 135

5.6.4 Colour coding the students' key positions throughout their placement journey 160

5.7 Third layer: The forwards-backwards model 166

5.7.1 Using the forwards-backwards model to capture the movement of the students' positions during their placement. 167

5.7.2 What the forwards-backwards model suggests about the students' positions. 169

5.7.3 Explanation summary for the forwards-backwards model 170

5.7.4 Refining the original model 171

Chapter 6. The findings from the data analysis of the diary: diary interviews' 176

6.1 Findings from the first layer of data analysis from the diary: diary interviews 176

6.1.2 Interview One: Introducing Lorna 176

6.1.1 Story unit 1: They were cliquey 177

Story unit 2: Nightshift one 178

6.1.2 Story unit 3: Fitting in, but learning is more important 178

6.1.3 Interview Two: Introducing Amy 196

6.1.4 Interview Three: Introducing Julia 199

6.1.5 Interview Four: Introducing Debbie 202

6.2 Findings from the second layer of data analysis: synthesis of the combined findings for how the students' positioned themselves during their placement 205

6.2.1 It might not feel welcoming 205

6.2.2 Somethings might seem puzzling 207

6.2.3 Seeker of opportunities 210

6.2.4 Show you are worthy 212

6.2.5 Be prepared to be annoyed 215

6.2.6 Be prepared to be surprised 219

6.2.7 Expect things to have changed 221

6.2.8 Summary for the synthesis of the combined findings for how the students positioned themselves 226

6.2.9 Overall summary of the findings from the second layer of data analysis from the diary: diary interviews in relation to the students' positions 226

6.3 Findings from the third layer of data analysis: Positive and negative interactions in placement 227

6.3.1 Positive interactions with patients / residents 227

6.3.2 Positive social interactions with staff 230

6.3.3 Negative interactions with patients / residents 231

6.3.4 Negative interactions with staff 233

6.3.5 How the students appeared to have managed negative interactions with the patients /residents and staff 237

6.3.6 How the students appeared to have managed negative interactions with patients / residents 237

6.3.7 How the students appeared to have managed negative interactions with staff 240

6.3.8 The importance of managing negative interactions 243

6.3.9 The importance of managing negative interactions with patients / residents 244

6.3.10 The importance of managing negative interactions with staff 244

6.3.11 Reflections 245

6.4 Conclusion 246

Chapter 7. Practice Development 247

7.1 Background to the development of the learning tools 247

7.2 Activity 1 251

7.2.1 Pre-placement: Peer learning groups 251

7.3 Activity 2 257

7.3.1 Pre-placement: 'What would you do?' activity 257

7.4 Activity 3 260

7.4.1 Pre-placement 260

7.5 Activity 4 261

7.5.1 The forwards-backwards model 261

7.6 Workshop Activity 5 267

7.6.1 Pre-placement: The quick shuffle game 267

7.7 Workshop Activity 6: The train journey game 272

7.7.1 Pre-placement 272

7.8 Conclusion 276

7.9 Reflections 277

Chapter 8. Discussion 278

8.1 Introduction to this chapter 278

8.2 Expect negative interactions with staff 278

8.2.1 Not welcoming 282

8.2.2 Need to be a proactive seeker of opportunities 283

8.2.3 Be prepared to be annoyed 284

8.2.4 Being with the patients / residents 286

8.2.5 Not knowing what to expect 287

8.2.6 The forwards-backwards model 288

8.2.7 The usefulness of the focus group format for learning 289

8.3 Recommendations for practice development 290

8.3.1 Recommendations for those preparing students for their first practice placement 290

8.3.2 Recommendations for practice placement staff 291

8.3.3 Policy related implications/recommendations 292
8.4 Limitations and benefits of this study 292
8.4.1 Limitations of my study 292
8.4.2 Benefits of the study 293
8.5 Conclusion 294
Chapter 9. Conclusion 295
References 300
Appendix 1 Research Ethics Checklist 320
Appendix 2 Ethical Considerations 326
Appendix 3 The three papers which consider mental health student nurses' first practice placement 334
Appendix 4 Risk Assessment 336
Appendix 5 Expression of Interest to take part in a Research Study Reply Slip 338
Appendix 6 Participant Information Sheet 339
Appendix 7 Consent Form 343
Appendix 8 Background Questionnaire 344
Appendix 9 Demographic of participants 345
Appendix 10 Information for students when completing the diaries 348
Appendix 11 Debrief 349
Appendix 12 Extract from the transcript of focus group 4 with initial thoughts 350
Appendix 13 Extract from the transcript for focus group one with line numbers 352
Appendix 14 Arranging slips of paper for the themes for one focus group 353
Appendix 15 Developing the themes; part of the process 354
Appendix 16 Research findings from all four focus groups 355

Appendix 17 Diary: diary Interviews an extract from Lorna's script to show how the interview transcriptions were displayed...381

Appendix 18 Extract from Amy's initial interview scroll showing the positioning on the scroll for the good and not so good placement experiences....383

Appendix 19 Extract from Lorna's transcript with Data Analysis 384

Appendix 20 Summary of positions for Lorna, Julia, and Debbie....................398

Appendix 21 Timelines to show how the students' positions moved forwards and backwards for Lorna, Julia, and Debbie 416

Interview 1 Lorna.. 416

Interview 3 Julia... 418

Interview 4 Debbie.. 423

Appendix 22 Complete timeline for each student...426

Appendix 23 Colour coded timeline to show each students' movement of positions during their placement..441

Appendix 24 Using the forwards-backwards model to capture the movement of Lorna, Amy and Julia's positions...445

List of Tables

Table 1: Sample of the Search terms used ... 25

Table 2: List of databases searched ... 26

Table 3: Themes identified from the overview of the literature ... 29

Table 4: Key themes and sub-themes from the literature review ... 56

Table 5: Stating the themes for focus group one ... 95

Table 6: Stating the themes for focus group two ... 95

Table 7: Stating themes for focus group three ... 96

Table 8: Stating the themes for focus group four ... 96

Table 9: Summary of positions for Amy ... 126

Table 10: The colours of the positions the students' presented during their first placement ... 160

Table 11: The combined key positions for all four students. ... 165

Table 12: Lorna's story units ... 176

Table 13: Amy's story unit. ... 196

Table 14: Julia's story units ... 199

Table 15: Debbie's story units ... 202

Table 16: Positive interactions with patients / residents summarised ... 229

Table 17: Positive interactions with staff summarised ... 231

Table 18: Negative interactions with patients / residents summarised ... 233

Table 19: Negative interactions with staff summarised ... 237

Table 20: How the students managed negative interactions with patients/residents summarised ... 239

Table 21: How the students managed negative interactions with staff summarised... ... 243

Table 22: The importance of managing negative interactions with patients / residents summarised ... 244

Table 23: The importance of managing negative interactions with staff ... 245

List of Figures

Figure 1: Structure of the data collection 73
Figure 2: Interview 2, Amy's timeline to show how positions moved forwards and backwards 132
Figure 3: Interview 3, extract of Amy's timeline showing Amy's positive and negative positions for the first seven story units of her over-arching placement story 136
Figure 4: Timeline to show the movement of students' positions throughout their placement: Lorna 137
Figure 5: Timeline to show the movement of students' positions throughout their placement: Amy.. 140
Figure 6: Timeline to show the movement of students' positions throughout their placement: Julia 146
Figure 7: Timeline to show the movement of students' positions throughout their placement: Debbie 154
Figure 8 Julia's colour coded timeline to show her movement of positions throughout her placement.. 162
Figure 9: Model to show the combined student's positions during their first placement 166
Figure 10: Using the forwards-backwards model to capture the movement of Debbie's positions during her placement.. 168
Figure 11: The forwards-backwards model to show students' spiralling forwards and backwards positions 172

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Chapter 1. Introduction

1.1 Introduction

The overall aims of this doctoral work were twofold. The first aim was to explore the accounts of mental health student nurses' first mental health practice placements to identify how they could be more fully prepared prior to their placement, and the second aim was to inform the practice development stage of this Professional Doctorate.

1.2 My personal and professional history

I have chosen to write about my personal and professional history at the outset because it provides the narrative which helps to explain why education and learning is so important to me. It also provides the context for my passion for teaching and supporting adult learners and how this has guided me to study for the DProf.

I have always lived in the South of England and as a young child who was born in the mid 1960's, I lived with my parents in a rural market town and when I was five years old my brother was born. We both went to the same middle and comprehensive schools and are now both teachers.

I found most learning at school uninspiring because it usually involved either copying that which was written on a blackboard or taking notes whilst a teacher read from a book. The subjects I really enjoyed most were art and literature because they were creative, and this made them interesting. Whilst I was studying for my A levels, I applied to go to university to study for a degree in literature, with the intention of training for a further year to become a schoolteacher. This did not happen because the offer I received required one more A level than I had chosen to take.

When I left school with my two A Levels and secretarial skills qualifications, I worked for three years in a bank. I studied and passed some of the Institute of Bankers exams, but realised this career was not what I wanted and so I left to join a utility company.

This company sponsored me to study for a degree with the Open University and this is when my passion for learning started. I loved the courses because they introduced me to some subjects I had never studied before. This included some management courses, and these not only helped me professionally, they also provided me, with my first insight into psychological theory and practice. Consequently, I began selecting psychology courses to complete my degree.

I worked with this utility company for eight years and when I was 29 years old, I was diagnosed with a rare blood disorder called Myelodysplasia. Unfortunately, my only option for survival was a bone marrow transplant and fortunately my brother was a good bone marrow donor match. The transplant was unsuccessful and by then I had developed acute myeloid leukaemia, so my employer recommended I take a lump sum of money and retire. There was no realistic choice and from being a manager, I became a 'pensioner'. I was also 'unemployed' and 'unemployable', but I was still studying for my degree and so I was also a 'student'. My degree became even more important to me, and I was determined not to lose this because of my illness. It gave me a purpose and something to do during the times when I was well enough. I also made a pact with myself that if I gave up my studies it would be because I was going to die.

It was a further two years of regular hospital stays in isolation and unsuccessful doses of chemotherapy when I reached five percent chance of survival. The whole illness was such an emotional and physical rollercoaster and when I was told I had only five percent chance of survival and there were no other treatment options, I became really frightened. One night one of the nurses from my team of nurses sat and talked with me because I was too scared to go to sleep. I had just woken from a frightening dream, and we sat and spoke about this, and she reassured me.

The nurses who cared for me were fantastic and because we were all similar ages and from the same town: they used to treat me as a friend. They would tell me about their evenings out and used to bring me videos to watch. They helped to make my long stays in hospital more bearable. Even though I was in isolation, they made me feel included by coming in for a chat at the start of their shifts and throughout the day,

sometimes even during their rest breaks. Several of these nurses had just started to study for a nursing degree at the local university (where I, and this research, are now based). and they would ask me about studying and psychology. I found this helpful because it made me feel useful and it made a change from watching television and flicking through magazines.

Shortly after my consultant had told me there were no more treatment options, he attended an international conference and, when he returned, he suggested we could try a pioneering treatment. This required several donations of specific blood cells from my brother and eventually this worked. A few months later, I graduated with my BSc (Hons) degree in Psychology and after several bone marrow tests with no sign of leukaemia my consultant told me to go away and live my life!

As I grew stronger, I began to think about my career choices. I knew I wanted to do something that mattered to me, and I also wanted it to involve using my psychology degree and if possible, involve doing something that would make a difference to other people. Whilst I had enjoyed nearly all my learning of psychology, I had been especially fascinated with counselling therapies and theories and so I enrolled on two evening classes; one was to learn counselling theory and the other, counselling practice. These provided the initial training to become a counsellor. Almost simultaneously the local college started to enrol people to train for a teaching certificate. I decided to enrol on this course as well.

I successfully completed the first year of each of these courses and by then I knew that I wanted to continue with the second year of the teaching qualification. I was sad not to continue with the counselling, but realised I was not emotionally or psychologically strong enough to become a full-time counsellor at that time and I also knew that I much preferred teaching.

The following year I qualified with teaching status from Southampton university to teach in further and higher education and shortly after this I secured my first teaching post with one of the local Adult Education providers. Initially, this Adult Education

centre was reluctant to employ me because of my health history, but I was adamant I was not going to let them down. Over the years, I built a portfolio of teaching. I taught National Vocational Qualifications to retail and customer service students (including to a group of young men who had never attended mainstream school), delivered my own 'Psychology for Fun' courses and taught GCSE and A level psychology courses throughout the county. I also became employed as an Associate Lecturer with the Open University (including student support among other roles) and started teaching as a part-time member of staff at the local university.

Whilst I was teaching in these different educational environments, I decided to study for my Master of Arts (MA) in Education (lifelong learning). I achieved this qualification, and it took me a few years to think about where and how to study for my doctorate. Initially, I wanted to look at the importance of nurses' voices. The nurses who cared for me during my illness had made a huge impact on me and such a difference to my health and well-being through their stories and by taking the time to talk to me. I had concerns though that if I selected to focus my doctoral studies on 'nurses' voices in hospital cancer wards' it would bring back too many painful memories, even though I would not be focussing on my own experience.

Whilst I was considering my options, I became a full-time Lecturer at the local university and was based within the BSc mental health team, where I was teaching and tutoring first year mental health student nurses. I worked with the mental health team for just under four years and, during this time, I was the Academic Advisor for two different groups of mental health student nurses. The first group of students I supported through their first year and the second group I supported during their first two years of the mental health nursing programme. During this time, I also became the Programme Coordinator.

The students in my Academic Advisor groups varied in age and recent experience of academic study and mental health nursing. The youngest students were in their late teenage years and the oldest in their mid-forties. The younger students had recently completed their formative education, whilst most of the older students had not been in

an academic learning environment for many years. Similarly, some of these students had recently worked in a mental health environment, whilst others had little or no experience of mental health nursing. This wide age range combined with their different levels of previous experience meant these groups comprised a diverse range of students.

As their Academic Advisor, I heard some of my students' say they were worried about the first placement and whether they would fit in and be able to help their patients. Other concerns included whether their mentor would have time for them and whether they were sufficiently prepared. I also heard students say they were concerned about what it would be like returning to a nursing environment where they had previously worked as a non-qualified nurse.

Whilst I was able to support the students with their academic studies, I was concerned that my lack of nursing practice knowledge was preventing me from supporting them as well as I could prior to their first practice placement. Listening to their stories about their placement experiences gave me an understanding of what it was like, but my lack of experience meant these stories were difficult to relate to. I was also concerned that some of the students said they wished they had known more about placement and what was expected of them before starting their placements. Doing my best to support these students was no longer sufficient, and this is when I realised, I wanted to study for a professional doctorate at the university where I was employed, so that I could explore mental health student nurses experience of their first mental health practice placement.

To help address my inexperience I also arranged to spend several short blocks of time in a variety of different mental health environments, and these included accompanying mental health practitioners in the community and working in a mental health hospital. Whilst I enjoyed most of this opportunity, I was never sure what to expect and I frequently felt anxious. When I spent time on the wards, I was sometimes given tasks to do and other times I had nothing to do. Fortunately, I knew some of the students and they would help me either by explaining what was required of the task or by letting me spend time with them. I particularly enjoyed this because it was comforting being with

people I knew and because it was interesting to be in a position where I was the ‘student’, and the students were teaching me.

Since starting my doctorate, I have taken advantage of professional development opportunities which have resulted in my role at the university changing several times. My first move was to become the Faculty Student Representative Coordinator, and this meant a move away from mental health and my role as Programme Coordinator. This also meant that I was no longer an Academic Advisor for mental health student nurses, although I did continue to lecture, and unit lead a post registration research unit and a large across nursing field first-year communication unit. The communication unit is important because, at the time of data collection, I had just finished teaching this unit to one group of mental health student nurses and some of these students were involved in my research study. The possible implications of this are considered in my application for ethics document (Appendix 2 - Ethical Considerations) and in Phase one of the study. Whilst I was collecting the data, I was also diagnosed with breast cancer and, consequently, I had to suspend my studies for 18 months. On my return, I started the data analysis.

Following a restructure at the university, and shortly prior to covid, the Student Representative Coordinator role changed, and I began working within the adult nursing team, where I continued to lead the same units and lecture, amongst other academic roles. I also became the Academic Advisor for a group of first year adult nursing students. Throughout these role changes I didn’t lose my enthusiasm for my chosen topic, and I have not forgotten how I felt when I spent the time in a mental health environment and how grateful I was for the mental health student nurses there who guided me. In September 2021, I applied for promotion and have now returned to the mental health team as Programme Leader for MSc Mental Health nursing where I am also the Academic Advisor for one of the groups. In a way this feels like I have returned home to where I started after setting off on a journey.

1.3 Why I selected to study for a Doctor of Professional Practice

I selected to study for a DProf because it focuses on developing professional practice (Scott et al. 2010). As an academic, and as previously stated, when I started the DProf my main role was teaching and supporting mental health student nurses. As I am not trained as a nurse, I had little experience of mental health practice and wanted to support my students more fully. The professional doctorate also offered me the opportunity to reflect on my development as I gained the skills to become a competent researcher. It also enabled me to contribute to advancing professional practice and provided me with the opportunity to create a variety of tools from my findings that could help to prepare mental health student nurses for their first practice placement. I was also able to transfer my newly acquired knowledge relating to research and student nurses' experiences of first practice placement to my academic roles of teaching and supporting student nurses.

Personally, I wanted to study for a DProf because I was keen to develop my research skills and further my own learning to a higher level in education. Having successfully completed my Masters' degree in lifelong learning and having been awarded Chartered psychologist with the British Psychological Society and Associate Fellow for my teaching of psychology, I considered this to be the next progression in my learning experience. I also wanted the opportunity to challenge myself and to find out whether I was capable of study at this highest level. Below I have provided a reflection on this process. I will continue to include reflections on my professional development throughout this thesis and these will be presented using italics.

Reflection

It took me several years after achieving my master's degree to decide how I wanted to proceed to doctoral level and which topic I was interested in. Originally, I considered studying for a PhD at a different university to where I worked. Realistically, this was not a sensible option because it would not have been easy for me to travel to meet for supervision given my demanding workload. I then considered studying for a PhD at the university where I work. At that time, I was not aware of professional doctorates until some of my colleagues started them. Listening to what they were saying, I decided this would be a fantastic choice and it appealed to me because of the emphasis on

professional practice, especially as my desire was to help student nurses prepare for their first practice placement. It also appealed to me because it required me to reflect on my professional practice and personal development throughout the process. I collected these reflections in a handwritten journal and in a dedicated folder on my computer. There was no preference in how I recorded my thoughts, it depended on whether the journal, or the computer was nearest. The most relevant of these reflections are now interwoven throughout this thesis.

1.4 Background to the study: Student nurse training

Student nurse training differs throughout the world and in this section, I focus on the undergraduate route involving a degree in nursing. Whilst there are other routes individuals can follow to become a nurse, this is the most popular (Whatuni 2022). There are four main differences in student nurse training, and these are the type of, and length, of training, financial support made available to the student, and the role of placement and mentorship. I will discuss these in turn and then focus specifically on the history of mental health nurse training in England from the opening of the asylums in 1845 to mental health nurse training in 2019 and the current student nurse training curriculum.

1.4.1 Type of training and length of training

In the United Kingdom (UK), the BSc (hons) in nursing is a three-years full-time course. Once successfully completed, students become qualified registered nurses. At the outset, the students select from one of four fields of nursing, and these are adult, children, learning disability and mental health nursing (Royal College of Nursing 2016a). On successful completion of the course the students are qualified nurses in their chosen field and eligible to join the register of qualified nurses. For example, once qualified a mental health nurse will work alongside people with mental health issues and these may include people with eating disorders, addictions, schizophrenia, and depression.

The academic level and duration of training varies across the world and, for example, in American, Australia, New Zealand, and South Africa, students study for a degree in general nursing over three years and then train as a post-graduate student to specialise

in their chosen field (New Zealand College of Mental Health Nurses (NZCMHN) 2012; American Psychiatric Nurse Association (APNA) 2016; South African Nursing Council (SANC 2016); Australian Education Network (AEN) 2019)). Whereas the degree programme offered in the Republic of Ireland and South Africa takes four years to complete (Nursing and Midwifery Board of Ireland (NMBI) 2016; SANC 2016). In England and the Republic of Ireland, student nurses select their preferred field of nursing at the outset and study for either a BSc, or BSc(hons) degree in mental health nursing (NMBI 2016; Nursing and Midwifery Council (NMC 2018c).

1.4.2 Funding for training

Funding for student nurses differs not only across the world, but also within the UK. Until 2017, student nurses in the UK received a bursary which paid for their course fees and provided each student with a basic living allowance. Student nurses in England are now responsible for their own fees and have the option of applying for a student loan to cover the cost of their learning (RCN 2015). The system changed again slightly in 2020 with the introduction of the 'Learning support fund' which some students might be eligible to apply for (DHSC 2021). The bursary system for student nurses continues in Scotland, Wales, and Northern Ireland. The system is different in Australia, where student nurses can apply for a scholarship, and in the Republic of Ireland, where student nurses may be eligible for a grant (ACMHN 2016; NMBI 2016).

1.4.3 The role of placement

The role of placement is important and again this differs across the world in relation to the number of hours students are required to practice their skills in a practice setting. In the UK and in the Republic of Ireland, student nurses who study full-time, spend 50% of their time studying at the university and 50 percent of their time in a placement (NMC 2019a and NMBI 2016). This equates to a minimum of 2,300 hours (NMC 2019a and NMBI 2016). Whereas in Australia student nurses complete 1080 hours in a practice setting (ACMHN 2016) and in Western Canada the process is different again with some educators having partially, or completely, replaced practice placement with

simulated training (CASN 2015). Simulated training was adopted in response to the shortage of placements.

1.4.4 Mentorship

When I started my DProf study, all student nurses in England were required to have an accredited mentor to support them during each practice placement (NMC 2008). According to the NMC (2008) guidelines, a mentor was allocated to each student in advance of each placement and was expected to spend at least 40% of the placement supervising the student (NMC 2008). The role of the mentor was to facilitate and create learning opportunities for the students and this included arranging and supervising learning activities for the students, setting achievable objectives and assessing the student's performance (NMC 2008). The mentor was crucial in the student nurse's practice experience and were trained using a structured and formalised process (NMC 2008). This has since changed, and this is explained in the history of mental health nurse training section (p.19).

The mentorship system varies across the world and, for example, in Australia there are several models of mentorship, and this may mean the student has either group meetings with other students and the mentor, or one-to-one meetings with the mentor (RCN 2016b). The model of mentorship in the Republic of Ireland and Western Canada appears to be like the UK, except in Ireland and Western Canada; where the mentor is referred to as a preceptor (McCarthy and Murphy 2008; NMC 2008; CASN 2015). Student nurse training in the UK is structured and the NMC guidelines (NMC 2018a, 2018b and 2018c) provide students with detailed information of what they can expect from their training. The requirements and expectations of support for the student in placement are clearly articulated, so that each student should receive good quality support, and this would appear to be similar compared to the experience of student nurses in Australia and the Republic of Ireland.

1.5 History of mental health nurse training

Having positioned nurse training in the UK with other countries across the world, it seems the training of nurses varies. Historically, there have also been differences in the

training of nurses in England and this is distinct in relation to a comparison of general nurse training (now known as adult nursing) and the attendants (now known as mental health nurses) training. General nursing is often linked to Florence Nightingale and her work in the Crimean War (1853-1856) and, later, for starting the first school of nursing at St Thomas's hospital, London, 1860. Mental health nursing, when referred to at the same point in history, is usually linked to the Victorian asylums in which people with mental illness lived. In this next section I provide a brief history of mental health nurse training from the Victorian asylums to a more detailed discussion of contemporary mental health nurse training.

The first asylums opened in 1845 and originally were usually run by male attendants whose main role was that of a warden, or custodian. There were few pre-requisites to apply for the job except to be fit, healthy, and strong (RCN 2015). Whilst the role of the attendant was mainly male, some women were also appointed who were usually younger than the male attendants. There was also no official training for attendants, and it was not until 1885 that the first written guidebook for the training of attendants was published. Prior to this training had been delivered verbally. This book provided the only formal training guide for the attendants (RCN 2015) and was generally considered by doctors to be a positive step forward for their training. Whilst the handbook contained mainly medical knowledge, it paved the way for a second publication in 1886 which focussed on the care and treatment of mentally unwell people. These books proved popular with the attendants (male staff) and nurses (female staff) and provided the impetus for a more formal style of training (Nolan 1993).

In 1889, the Medico-Psychological Association (MPA) introduced the first formal training for the attendants and nurses. The training and the exams were provided in the two books, which were supplemented with occasional lectures from doctors, and from working with the mentally unwell patients (Nolan 1993). The training lasted two years and successful completion of the exams meant the attendants / nurses could register with the MPA and receive a 'Certificate of proficiency in nursing the insane' (Chatterton 2012). The proficiency certificate became popular in the public asylums and by 1899, there were over 100 asylums taking part in the training (Nolan 1993). In

1926, the MPA gained Royal Chartership and became the Royal Medico-Psychological Association (RMPA) (Chatterton 2012).

The Nurses Registration Act for England, Scotland, and Wales (1919) established three General Nurse Councils (GNCs) in Scotland, Ireland, England, and Wales and one of their roles was to register all nurses within their different categories of nursing. The General Nurse Council also introduced the syllabus for examination, and this provided mental student nurses with the opportunity to qualify for registered mental nurse status through a different channel. On successful completion of the course, both male and female mental nurses became registered mental nurses (RMN) (Nolan 1993). However, mental nurses were not allowed registration on the main nurse register and had to register on a supplementary part of the register for nurses trained in looking after people with mental illness. After 1921, the supplementary register for mental nurses was restricted and only mental nurses who had completed the GNC exams, and not the MPA exams, could register (Chatterton 2012). The MPA and the GNC qualification system continued alongside each other until 1951 when the MPA ceased. Following this, the only way to train as a nurse was through the GNC and this continued until 1969 (RCN 2015).

Until the late 1940s, most nurse training continued to be undertaken by doctors in the mental hospitals and opportunities for mental nurses to train as tutors were limited, resulting in general nurses teaching mental nurses (Nolan 1993). This appeared to have continued during the 1950s when the role of the student mental nurse was mostly restricted to routine work. For example, the student nurse may have been responsible for cleaning the ward, making the beds, or overseeing groups of patients who were working in the hospital or in the grounds. They were often perceived to be another "pair of hands" (Podmore 1988, p.17) and were often not informed about the patients' illnesses. Mental nursing was perceived as undesirable and far less acceptable than general nursing (Nolan 1993). Overall, the public image of the hospitals and of people with mental illness was negative and those who were too unwell to be cared for at home, were often placed in institutions miles away from their hometown to help alleviate the embarrassment for their families (Podmore1988).

These issues were compounded by a shortage of nurses who were leaving the profession due to unsatisfactory quality of training, poor pay, and job dissatisfaction (Nolan 1993). One of the other concerns was the 'wastage' rate of student nurses who were not completing their courses. It was reported that in 1946, 82 percent of mental student nurses in the Birmingham area did not complete their training (Cross and Hall 1954). Whilst it cannot be assumed this level of attrition was similar in other parts of the country, it was widely recognised that there was a high non-completion rate amongst student mental nurses (Nolan 1993). To help address the problem of staff shortages, and to meet the needs of the newly formed National Health Service in 1948, the government introduced a recruitment drive to employ unregistered nurses. Whilst this may have helped the deficit in staff shortages, it also created divisions between qualified and non-qualified staff and the "dilution" of qualified nursing staff with unqualified nursing assistants (Dingwall 1988, p.114; Chatterton 2012).

Following the end of admission to the RMPA syllabus in 1946, there were increasing concerns relating to the content of the GNC nursing syllabus which was considered to contain too much general nursing material and insufficient reference to caring for mentally ill patients (Nolan 1993). This concern was reinforced with the growing awareness of the benefits of therapeutic practice and of the recognition that patients responded more positively when the nurses spent time communicating with the patients in their care (Nolan 2003). These concerns appeared to have been recognised in 1957 when the GNC introduced the new 'Experimental' syllabus for mental nursing. This replaced the common preliminary syllabus with a mental health syllabus and incorporated more psychiatry, psychology, and social psychology (Dingwall et al. 1988). This syllabus was finally accepted in 1965 and acknowledged the necessity to recognise mental nursing required predominantly different skills to general nursing (Dingwall et al. 1988).

During the 1960s, there began a gradual move to community nursing. The move to community nursing combined with the gradual closing of the mental hospitals was a government driven policy to save the cost of having to repair the old institutions

(Nolan 1993). It was expected the introduction of sociology, psychology, and social psychology to the syllabus would help prepare the students for their community placements. The transition to a more community focused mental nursing continued throughout the 1970s and into the 1980s and this was reflected in the 1982 syllabus which was the first syllabus that did not include any contribution by Royal College of Psychiatrists (Chatterton 2015). This syllabus emphasised the importance of nursing skills and self-awareness. Unsurprisingly, there were those who were critical of this focus because of its move away from psychiatry towards a more humanistic therapeutic curriculum (Chatterton 2015). However, there were bigger moves afoot in nursing when in 1986, Project 2000 was introduced (UKCC 1986).

Project 2000 provided a vision for a new type of nurse training which required radical changes to the current nurse training provision. The main aims of Project 2000 were to reform and address the existing problems with nurse training (Le Var 1997). These problems included students being used as part of the workforce, students feeling ill-equipped to fulfil their role (Fulbrook et al. 2000) and high levels of non-completion, due, in part, to the stress levels of the students and their dissatisfaction with placement (Birch 1979; Lindop 1989; Lindop 1991; Nolan 1993; Glossop 2001). There was also a drive to raise the professional status of nurses in response to the recognition that health care was becoming more complex (Quinn and Hughes 2007). Overall, the main aims seemed to be to address the quality of student nurse education, to improve student satisfaction, and to reduce the number of students not completing their training (Le Var 1997; Glossop 2001).

One of the biggest changes brought about by Project 2000, was to move nurse training into higher education (UKCC 1986) and away from training schools in the hospitals (Chatterton 2012). The universities over saw the training and the UKCC decided student nurses would follow an eighteen-month common foundation programme before selecting their chosen branch of nursing for the final year of their programme (UKCC 1986). The eighteen-month common foundation programme meant that all branches of nursing followed the same programme (Ousey 2011) before selecting their chosen area of nursing.

Students were required to complete the theory elements of their course at the university and complete regular skills related placements where they could practice their newly learned skills. Each student was allocated a dedicated member of staff at each placement whose role it was to supervise them in their practice setting (UKCC 1986). Whilst on placement students would also be supernumerary which meant they would not be part of the working rota and would not be included in the staff numbers (UKCC 1986). The reason for this was for the students to focus on being students and to concentrate on their studies. Not being a part of the work force also meant the students no longer received a salary and this was replaced by a non-means tested bursary (Le Var 1997; Ousey 2011). On successful completion of the diploma, or degree level programme, the students completed a short post-registration consolidation period before being eligible to enrol on the qualified nurses register (UKCC 1986).

The move to university trained nurses opened the doors for advanced nursing courses and Liverpool University was the first UK university to develop an MSc in Clinical Nursing (Gibbon and Luker 1995). Nurses were eligible to enrol on this course if they were post-graduate students and had two years clinical practice as a qualified nurse together with either a diploma, or 2:1 degree in nursing. Postgraduate Masters' degrees continued to grow steadily post UKCC (1986) and increasingly offered more possibilities for nurse training. For example, The University of Nottingham was the first to offer mental health student nurses the opportunity to study for a Masters' degree and registration with the NMC (Stacey et al. 2010), whilst City University was the first to offer a dual registration MSc Masters' degree for Adult and Mental Health nursing. The benefit of these higher-level degrees was that they helped to elevate the professionalism of nursing (Gerrish et al. 2003; Stacey et al. 2010), potentially prepared the students for leadership roles (Merrifield 2016) and developed critically thinking nurses (Gerrish et al. 2000).

Whilst Project 2000 changed the face of nurse training, it was not without its critics and within the mental health arena there were rising concerns amongst the mental health student nurses (Chatterton 2015). These were set in the backdrop of the

experimental syllabus when mental nursing had managed to remain separate from general nursing on the basis the two types of nurses required a different skill set (Nolan 1993; Chatterton 2015). The advent of Project 2000 changed this, and the Common Foundation Programme (CFP) meant mental health nurses were spending eighteen months receiving predominantly general nurse training (UKCC 1999). Whilst this was not the intention of the UKCC (1986), it was a frequent cry of mental health student nurses, who were learning from a curriculum that had mainly been designed, written, developed, and was frequently delivered by non-mental health nursing tutors (Kinsella et al. 1999; Wood 2005; Chatterton 2015).

It appeared the unsuitability of the learning also widened the theory – practice gap (Kinsella et al. 1999; Howard 2001; Evans 2009; Chatterton 2015) and mental health student nurses felt their learning was not suitable for their practice placements (Kinsella et al. 1999) because it was too focussed on adult nursing (Illingworth and Singleton 2010). Some of the students also suffered financial hardship and this served to create two further issues. The first was that students who had to undertake paid work in addition to their course had less time to complete their university assessments and, secondly, these issues created students that were stressed (Howard 2001). It also impacted on their personal relationships and Howard (2001) found in his study that 55% of the students who were in relationships at the start of their studies broke up during the course. It is not clear whether this was mainly due to not having the time to maintain their relationships, or whether it was to do with the changing outlook of the students, but the two contributed to this high percentage of relationship breakups.

Students' non-completion of course, or attrition was expected to decline in response to Project 2000. It was also hoped that moving nursing to higher education would make the profession more attractive, and by association, would stem the number of students not completing the course (McKenna et al. 2006). However, the success of this was debateable and figures suggest attrition remained the same during the 1980s and 1990s at between 15-20% (Glossop 2001), and, according to Lord (2002), could have been as high as 30%.

Project 2000 was "the biggest ever change in nursing" (Le Var 1997, p.171) and both the universities and the placement providers took time to adjust (Allen 2009). However, it was becoming clear that Project 2000 had not been entirely successful, particularly in relation to students not having the necessary clinical skills (Lord 2002: RCN 2007). Due to a change of UK government in 1997, there was a drive to modernise the NHS which included changes to nurse education and training (Department of Health (DoH) 1999). In response to this government drive the DoH published several papers including the 'Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health Care' report (DoH 1999).

The findings from the 'Making a Difference' report (DoH 1999) were incorporated alongside findings from other DoH papers into the 'Fitness to Practice' report (UKCC 1999) which recognised newly qualified nurses did not have the level of skill competency expected of fully qualified nurses, or the range of skills necessary to practice confidently (Lord 2002). In response to these papers, it was agreed the principles of Project 2000 would remain, but there would be changes to the common foundation programme which was replaced with a "one-year competency-based programme" (Lord 2002, p.39) followed by two years of a branch specific element (RCN 2007). Within mental health, for example, student nurses would learn mental health specific theory and skills for two years, rather than one (Chatterton 2015). The aim of this amendment was to address the imbalance between generic theory and skills to specific field skills and theory.

In 2002, there were more changes to the nursing profession when the UKCC was replaced by the Nursing and Midwifery Council (NMC) (Chatterton 2015) and from then, the NMC developed the professional and proficiency standards for the training of student nurses (RCN 2007). Following nearly a decade of change there were more changes to come when the NMC evaluated the nurse training curriculum (NMC 2004) The evaluation focussed predominantly on the quality of the practice learning experience for the students and culminated with the formalised role of the mentor and the introduction of the 'Essential Skills Clusters' (NMC 2007). These skills were

identified as an essential cluster of skills and were incorporated into the curriculum. Each student needed to successfully complete the skills before they could be included in their branch of nursing and become registered nurses on the qualified nurse register (NMC 2007). It was also in 2004, that the RCN announced the training of student nurses would become degree only. The move to an all-graduate profession was confirmed by the NMC in 2009 (Clarke 2009).

The findings from the 'Fitness to Practice' consultation was incorporated into the NMC guidelines, and the one-year CFP was retained (NMC 2008). Whilst the 2010 guidelines remained similar to the 2008 guidelines and maintained the four fields of nursing, greater emphasis was placed on a more generic content (NMC 2010a). In addition, there was an alteration regarding placement and the named mentor was replaced with a non-specified mentor (NMC 2010a). The move to an all-graduate profession was also included in these guidelines and it was hoped this change would raise the profile of nurses and provide student nurses with the recognition of being qualified to the same academic level as other professions.

From a mental health student nurse perspective, the consultation is worthy of deeper analysis because of the potential implications for the profession of mental health nursing. Historically, mental health nursing was considered separate and distinct from adult nursing and as noted earlier, was initially excluded from the main nursing register. This consultation considered a generic nurse training, which some feared could see the demise of mental health nursing as a speciality (Clarke 2009; O'Donnell 2010). This fear was compounded with the on-going difficulty of recruiting for mental health nursing programmes (Clarke 2009) and the realisation that a generalised undergraduate training could impact negatively on the Mental Health profession (Robinson and Griffiths 2007).

Whilst there was some resistance to a more generic curriculum, there were strong arguments for student nurses to have a wider range of skills because neither mental or physical illness occur in silos and it would follow that for the best quality care, all

nurses should have the required skill set. This was highlighted in the Willis report (2015) which stated:

“Registered nurses often provide a constant presence to patients and need to be trained equally in both mental and physical support” (p.42).

The purpose of the Willis report (2015) was to provide a model for the future education and training of nurses and care assistants. The report stated the future training of nurses should include a vision for ‘whole-person care’ (Willis 2015, p.42). It also mapped student nurse training as a two-year core whole person training programme, followed by one-year specialist training in the student’s chosen field and a final one-year preceptorship (Willis 2015). In addition, the report provided recommendations to the HEE to fully implement their new ‘Talent for care programme’ to enable care assistants to bridge the gap between registered and non-registered staff.

The ‘Talent for Care National Strategic Framework’ was first developed in 2014 (HEE 2014) in response to the findings from the Francis report (Mid Staffordshire NHS Foundation Trust 2013) and the ‘Cavendish Review’ (2013) which highlighted the need for an improvement in the training of support workers. This framework included that all new healthcare support workers complete a care certificate on entry to their new role and that if they wished they could follow this with the higher certificate (HEE 2014). It also required the number of student apprentices be doubled by 2016 (HEE 2014).

The suggestion of a higher certificate translated as the nursing associate programme is now an established qualification incorporated into the NMC (2018a) standards. The nurse associate course is a Level 5, full-time qualification which takes two years to complete and leads to a foundation degree (Glasper 2017) and was first piloted in 2017 with 2000 recruits. Figures suggest over 5000 new trainee nurse associates were recruited in 2018 (Swan 2019). The purpose of the qualification is to reduce the gap between healthcare assistants (HCA’s) and registered nurses and to recognise the

talents of those who provide most of the care for patients (Rosser 2016). The HCA is a non-qualified member of the nursing team, whose role is to provide basic care for the patients. The qualification also offers career progression for health care workers (Rosser 2016) and on successful completion of the course, registration on the nursing associate part of the register (NMC 2018c).

Whilst some associates maybe content to leave their studies at this level, there is now an opportunity to continue to study for a degree apprenticeship which requires one more year of study. The nurse apprenticeship is a stand-alone qualification which comprises of a four-year, part-time programme. On successful completion of the course, the student will be a fully qualified nurse and eligible for full NMC nurse registration (Bishop 2017). The student nurse apprenticeship was approved in 2018. This route to becoming a qualified and registered nurse provides the flexibility to continue working in a healthcare setting whilst studying the four-year part-time course and completing the 2,300 hours in practice placement (NMC 2019a). The fees for this course are paid for by the student's employer (NMC 2019b) which contrasts with the traditional university degree pathway which can be funded by the student loan system (Eames 2015). For those individuals who already have a BSc degree or similar, there is also the possibility of becoming a registered nurse by completing an MSc degree in one of the fields of nursing.

In addition to these changes, the NMC updated their guidelines in 2018. These guidelines included changes to how students would be assessed in placement (NMC 2018a) These standards required the delivery of a new programme for nurse training which fosters resilient and reflective students who are prepared to work independently in placement (NMC 2018a). There were also changes to the structure of student nurses' placements with the role of the mentor being replaced with a practice supervisor and a practice assessor. This requires a different type of student from the one who would previously have expected to have access to a qualified nurse mentor. Students can now expect to be supported by any qualified health professional and with no guarantee it will be a nurse (NMC 2018b).

Reflection on writing about the history of mental health nursing

Prior to writing this section on the history of mental health nurse training, I did not have much knowledge about the history of mental health nursing apart from being curious from a psychologists' perspective and from hearing stories about the old asylum several miles away. I enjoyed finding out more about the history of mental health nursing and was interested to discover how as a profession it has always recognised a different set of skills are required compared to adult nursing. I found it disappointing to read that the history of general nursing from Florence Nightingale onwards has been so well documented and that this is not the same for the history of mental health, with the exception of Peter Nolan, who has written widely and in-depth on the topic. I could have easily written more widely and included more about the history of mental health nursing, instead I reminded myself of the focus for my research and narrowed the section to the training of mental health student nurses.

1.6 Structure of thesis

Chapter 2 explains the process of the literature review including how the literature search was completed and the key themes identified. This chapter also presents the critique of the literature and how, from this, the focus for the research study was formulated together with the study aims, objectives and research question. This is followed with Chapter 3, the methodology chapter, and this includes the methodological approach framing the study and the ontology and epistemology selected for this qualitative and interpretivist approach to explore mental health student nurses' first practice placement. This chapter also explains that there are the two phases to the study and that first-year students from the same university were invited to take part. The fourth chapter justifies and discusses the use of the focus group method for the first phase of the study, the ethical considerations, the process of the data collection from the focus groups, the data analysis, and the findings. Phase 2 of the research study is presented in Chapter 5, which outlines the use of the diary: diary interview method to collect data and the decisions made regarding this method, including the process of data collection. This is followed with the three layers of data analysis. The findings from the diary; diary interviews are presented in Chapter 6. Chapter 7, the Practice Development chapter follows, and this provides the theoretical

background to the development of the six activities and games from the students' narratives. These are presented with guidelines for how they can be used to help prepare student nurses for their first practice placement. The Discussion is presented in Chapter 8 and includes the key findings from my research study, the uniqueness of the forwards-backwards model for helping to prepare students for their first placement, and the usefulness of the focus group format for peer learning. Recommendations for practice development and policy are also presented. Chapter 9, the Conclusion, confirms how mental health student nurses can be more fully prepared for their first practice placement and how my research study contributes to what is already known about student nurses first placement. Several suggestions for future research and publications have also been included.

Chapter 2. Literature Review

2.1 Introduction

The purpose of this chapter is to provide a thorough summary of the literature review with the specific aim of focussing on mental health student nurses and their first practice placement. This literature review followed the principles suggested by Cronin et al. (2008) in which the most relevant literature available on the selected area of interest was summarised, critiqued and then overall conclusions were drawn. Cronin et al. (2008) describe this type of literature review as:

“Useful in gathering together a volume of literature in a specific subject area and summarising and synthesizing it” (p.8).

This review process also enabled me to identify the gaps in the literature and to justify the relevance of it. It also helped me to familiarise myself with the available literature and to structure the question for my research.

I started searching the literature shortly after starting my DProf to find information relating to mental health student nurses and their first practice placement. I was surprised was to find there were very few research papers available. At the time I identified only three papers (Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005; Hung et al. 2009) and whilst these papers provided me with an understanding of the experiences of mental student nurses practice placement in other countries across the world, they did not provide me with the information I was looking for relating to mental health student nurses first placement in England. This highlighted to me that this topic was worthy of study. Since these early searches, I have not been able to find any additional research relating to mental health student nurses’ first practice placement. In this chapter, I will present the literature review methods, the literature review findings, the literature review discussion, and the literature review conclusion.

2.2 Literature Review Methods

2.2.1 Literature search process

The purpose of this literature search was to systematically identify and review the literature relevant to mental health student nurses and their first practice placement, and to identify any gaps in the literature. As recommended by Aveyard (2010), I kept a detailed record of what I searched for, including the search terms, the names of databases searched, when the search was undertaken, the number of hits and when and what was found. I also set up files on the computer in which the publications were filed by topic. I took care to employ an effective and rigorous literature searching technique, to ensure the relevant literature was identified and accessed. The following steps were followed:

The literature search process involved the following seven steps:
Identified the research question
Identified the search terms
Used Boolean operators, wildcard symbols and other search techniques
Identified inclusion and exclusion criteria
Identified possible relevant databases for the initial searches
Logging and storing the papers
Critical review of the papers

2.2.1.1 The literature search question

Before starting any literature search, I needed to have a clearly defined search question (Aveyard 2010). The question for this search was: What is the first practice placement experience of mental health student nurses? Due to not being able to find many papers concerning mental health student nurses and their first mental health practice placement, I widened the search from mental health student nurses and first placement to include student nurses and placement. The literature search became an iterative process until I was satisfied, I had identified all the relevant papers.

2.2.1.2 The literature search terms

I took time to identify the most relevant search terms to support my literature searching. I also found that search terms are not used consistently across all data bases

and for example, mental health placement can be known as clinical placement, practice placement, or placement. Likewise, the spelling of words on some data bases varied. An example of this, is the American database CINAHL where the CINAHL spelling of words can be different to the UK (Cronin 2008).

Prior to collecting data, I carried out numerous searches with a wide range of different search words; to include them all here would be unwieldy. Instead, I have presented in the table below, a selection of the different search terms and combinations.

Table 1: Sample of the Search terms used

Search Terms
Mental health student nurses AND first practice placement
Mental health student nurses AND first clinical placement
Mental health student nurses AND first placement
Mental health student nurs* AND practice placement
Mental health student nurs* OR Psychiat* student nurses AND first clinical placement
Mental health nurses OR student nurses AND practice placement
Mental Health nurs*AND placement
Student nurses AND first clinical placement
Student nurses first placement
Student nurs* AND practice placement
Student nurses AND first clinical placement NOT adult nursing
Prepar* AND first nurs* practice placement
Student nurses AND placement OR student placement AND UK OR United Kingdom
Student nurs* AND placement experience

2.2.1.3 Boolean operators, wildcard truncation and other search techniques

Alongside the search terms, I also applied Boolean operators which helped me to filter the searches using AND, OR and NOT commands. Boolean logic enables the search of the key words to be specific. For example, adding ‘AND’ between two of the key search words instructs the search to seek for both words, whereas, adding ‘OR’ will instruct the search to seek for either of the key words. Whilst adding ‘NOT’ between key search words instructs the search to find material with the first key term and not the second one (Ridley 2012). I also applied the * wildcard symbol to search for

different endings of key words. In addition to the on-line searches, I manually searched for literature from the reference lists of published research to help identify potentially relevant pieces of research. I also searched online for the names of researchers who had published on practice placement to see if I could identify additional relevant papers which I had not uncovered using data base searches.

2.2.1.4 Inclusion and exclusion criteria

I used literature search filters which enabled me to apply inclusion and exclusion criteria and helped me to search more efficiently for relevant information. The inclusion criteria included published research papers that related to student nurses and to placement. I searched for literature published from the year 2000 which was when all UK nurse training had moved from being delivered in nursing schools and was placed within higher education (UKCC 1986). I stopped searching the literature in 2012, which was the deadline to develop the design of the study. To avoid missing any important papers, I kept the search wide to include papers from across the world, then due to the volume of research papers, I narrowed the search using search limiters to access only papers written in English and to countries where the nurse training is similar to the UK. This meant I accessed mainly, but not exclusively, research papers from Canada, Australia, America, New Zealand, Ireland and the UK. I also included papers where only the abstract was available and either manually searched for the full paper or requested it through the university interlibrary loan system. In addition to journal articles, I included books, conference papers and theses in my inclusion criteria.

2.2.1.5 Identified possible relevant databases for the initial searches

The following databases were selected because they provided access to literature relevant to student nurses.

Table 2: List of databases searched

List of Databases searched	
Scopus	Web of Science

Informa	Web of Knowledge
CINAHL Complete	Wiley Inter Science
Cochrane	British library (search and catalogue)
Academic search complete	Psychinfo
PsychArticles	Ebrary Academic complete
Open Grey	OVID
Science direct	Sage on-line
Google Scholar	FirstSearch OCLC
Open Access - PLOS	Medline Complete
Ebsco	Elsevier
Social Science	Directory of open access journals
Examples of other online sources searched	
Professional bodies including: Nursing and Midwifery Council and Royal College of Nursing	Library catalogues i.e. COPAC
Government bodies i.e. Department of Health	University on-line library including ebrary

2.2.1.5 Logging and storing the papers

I read each paper I had accessed to confirm its' relevance to student nurses and practice placement. I also included my thoughts whilst reading and critiquing each paper. Initially, I logged and stored the papers using the file manager endnote, although later I migrated to storing the papers in folders on my computer where they were easier to access. Having stored the papers safely, I needed to search through them to organise them for ease of access.

2.2.1.6 Critical review of the papers

To assist me with the critical appraisal of the literature, I created a table to summarise the details for each of the documents. The table was designed with the following headings: number of the paper (for ease of retrieval), the title of the paper, details about the publication including the author, journal details/source, including town/country of research, the methodology and method, sample type and size, the findings, limitations and additional comments / critique. For an excerpt of this, please refer to Appendix 3. This level of scrutiny of the papers, identified additional papers to

be removed and these included those that did not mention student nurses experience of placement.

To guide me with the critique of the research papers, I used the most suitable CASP (2002) appraisal framework for the research method. These framework tools enabled me to assess the overall quality of the research papers. Following the critique of the papers and having completed the table, I identified categories from the papers. I chose to arrange the papers into topic categories rather than to arrange the material chronologically because I wanted to find out about the practice placement experiences of student nurses, and this seemed to be the most suitable process to follow. Aveyard (2010) stated that this is the best method for making sense of research that contains a variety of different methodologies and this aligned with what I found in the research papers and articles that I identified for reviewing. The literature review was also supplemented with reference to the Nursing and Midwifery Council.
These themes formed the structure for the literature review discussion and provided me with the information to help me to shape the research question for my study.

2.3 Literature Review Findings

I undertook more than 50 different individual literature searches between 2010-2012 and I identified 169 published papers which included practice placement between 2000-2012. I removed papers that were not relevant. For example, papers removed if they focused on specific medical treatments, or on trialling a specific model in placement. This narrowed the number of papers to 107 research articles that included findings, or commentary about student nurses’ practice placements. These papers consisted of 56 papers from across the world beyond the UK and 50 from the UK.

Within the most relevant papers worldwide, 21 related to adult nurses and their first mental health practice placement and 12 of these papers were either authored or, co-authored by Brenda Happell, an Australian researcher. These research papers primarily focused on student nurse attitudes towards people who have mental health illnesses and mental health nursing as a career choice. Of the UK research papers and articles, 10 papers mentioned, or included, student nurses and mental health placements. In

total eight papers focussed on or included findings from the first practice placement and only three of these research papers included mental health student nurse practice placement. These three papers focussed solely on mental health nursing students and their first mental health placement (Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005 and Hung et al. 2009). Details of these three papers can be found in Appendix 3.

There is a wealth of information worldwide in general about student nurses and their practice placements (Gray and Smith 2000; Higgins and McCarthy 2005; Elcock et al. 2007; Happell 2008a,b,c; Levett-Jones et al. 2007; James and Chapman 2009; Newton et al. 2009; Gidman et al. 2011; Hamshire et al. 2012; Houghton et al. 2012; Henderson et al. 2012). In comparison, there is a paucity of research that focuses on the first practice placement with a total ten research papers having been identified (Brodie et al 2004; Van Rhyn and Gontsana 2004; Chesser-Smyth 2005; Higgins and McCarthy 2005; Pearcey and Draper 2008; Hung et al. 2009; Thomas and Burk 2009; Gidman et al 2011; Leducq et al. 2012). Whilst only three research papers which relate to mental health student nurses and their first practice placement have been identified from the literature search (Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005; Hung et al. 2009) numerous papers have been identified which focus on student adult nurses (also referred to as student general nurses) and their first mental health placement. This review will provide an overview of the key findings from previous research which focuses on student nurses and their practice placements and will be presented using the themes identified in Table 3.

Table 3: Themes identified from the overview of the literature

Theme topic
1. What is student nurse practice placement?
2. The mentor
3. Other staff at the placement
4. Being a supernumerary member of the team
5. Fitting in
6. Feeling welcomed
7. Placement as a trigger for leaving the course
8. Being prepared for placement
9. Linking theory with practice

10. Nursing was not what the student expected it to be
11. The first practice placement
12. The first mental health practice placement

2.3.1 What is student nurse practice placement?

Practice placement, or clinical placement as it is usually known internationally, provides student nurses with the opportunity to practice their professional skills in a clinical environment (NMC 2010a). The skills learnt at the university comprise of practical nursing techniques which have been taught in clinical skills suites where students mostly try out their skills on mannequins and each other. When students attend practice placement, they not only meet the patients, but also spend time with other health care professionals, including qualified nurses, their mentor, healthcare assistants, doctors, consultants, and bank staff. Given that student nurses in England spend half of their time in placement, it is important they have a positive experience in which they feel supported to become confident and competent nurses. Each student is allocated a mentor when they arrive at the placement and this person is usually a qualified nurse who has successfully completed preceptorship and mentorship training (Illingworth and Singleton 2010).

Practice placement can be in a variety of settings including working in the community and in elderly person care homes although historically and most usually student nurses are placed in hospitals. For example, it was not until the beginning of the 21st century that elderly care nursing homes in Kent, were considered suitable environments for student nurses' practice placements (Banning et al. 2006). Student nurses appear to prefer to work in hospitals and some are resistant to working in the community and in care homes believing there are fewer learning opportunities to develop their nursing skills in these environments (Last and Fulbrook 2003; Banning et al. 2006; Shelton and Harrison 2011). Even when student nurses have a positive attitude to nursing elderly people, these attitudes can be changed when faced with poor placements in which they are exposed to negative attitudes towards elderly people and poor nursing practice (Brown et al. 2006). The findings from the literature suggests that research which focuses on community and nursing home placements is sparse. When placements are referred to in this literature review, they are primarily in hospital environments.

2.3.2 The mentor

The mentor is pivotal to the students' placement experience (Higgins and McCarthy 2004: Ousey 2009; James and Chapman 2009; Warne et al. 2010; Hamshire et al. 2012) and having a good mentor appears to be fundamental to the students' reporting a positive placement experience (Warne et al. 2010; James and Chapman 2009; Gidman et al. 2011). A good mentor has been identified in the findings of a UK research study of ten student nurses who expected a good mentor to be approachable, supportive, knowledgeable, friendly, to have prepared for their arrival, to spend time with them and to arrange for them to do different activities (Gray and Smith 2000). As the student nurses in that study were from the same university, it could be argued they represent only the views of these students, even so, research evidence suggests, feeling supported by the mentor and spending time with the mentor is important to student nurses.

The importance of spending time with the mentor has also been reflected in the findings of a small Irish study of six, third year psychiatric student nurses who had just completed their first mental health practice placement with the same healthcare provider (Higgins and McCarthy 2005). These students' accounts were mostly positive about their practice placement, although one student reported not having had enough support from her mentor and felt abandoned.

Feeling supported by the mentor also seems to be an important factor in students reporting having had a positive placement experience and this is illustrated in the findings from a large-scale survey in which 703 Australian student general nurses were asked to complete an attitude survey following their mental health practice placement (Happell 2008c). The quantitative findings identified one key factor, and this is that when students spend more than half an hour each day with their preceptor, they have a better placement experience, and have a more positive attitude to clinical practice, compared to students who spend less time with their mentor. Whilst these findings appear to be valid and this is a large study, the findings may not apply to other settings because only one Australian state was involved in this research. These finding are

presumably only applicable when the student nurse has a positive relationship with their mentor.

The findings from a mixed methods study of 174 Cheshire and Merseyside nursing students, found the mentor is the main provider of support for student nurses in placement (Gidman et al. 2011). The researchers also identified that students thought it was important the mentor assisted them with their learning and helped them to develop new skills. However, when the students reported feeling the mentor was too busy to spend time with them, or did not seem to want them, this had a negative effect on their placement experience. Whilst the findings from that study are based on student nurses from one university in England, they do support previous research which has highlighted the importance of the role of the mentor.

Not feeling wanted by the mentor was also identified in a small Australian study in which six students were interviewed following their first acute mental health nursing placement (James and Chapman 2009). The researchers reported that when students felt that their mentor did not want them, students sometimes reported feeling uncomfortable and intimidated by their mentor (James and Chapman 2009). Even though that was a small study of six student nurses from one university, the study is important because it is one of the few papers that focuses on mental health student nurses first mental health practice placement.

Student nurses not spending time with the mentor and having a negative placement experience was also identified in the Higgins and McCarthy (2005) study. Whilst five of the six students reported having had a positive mentor experience, this was not the experience of one of the students whose mentor went on annual leave during the first week of the placement. A replacement mentor had not been identified and this student was left on her own and reported feeling in the way and tried to "hide herself away" (Higgins and McCarthy 2005, p.223), resulting in her missing out on learning opportunities. However, the mentor is not the only influencer on the student's placement experience, other staff can impact too.

2.3.3 Other staff at the placement

Initially, I thought the findings from the literature review suggested less had been written about other members of staff at the placement compared to the mentor. On closer inspection, I identified that less has been written about other members of staff who are not registered nurses compared to the research findings which relate to registered nurses. This is possibly because the mentor is fundamental to a students' successful completion of their placement and student nurses expect qualified nurses to be supportive of them, whereas other staff may have a peripheral role. When student nurses mention qualified nurses, it is sometimes negative, and this can broadly be divided into two key themes. The first theme relates to the behaviour of qualified nurses towards student nurses and the second theme relates to the attitude some qualified nurses appear to have regarding student nurses.

One negative behaviour of qualified nurses towards student nurses in placement has been identified as ignoring the students (Thomas and Burk 2009; Jackson et al. 2011). Being ignored by staff was identified as one of the main findings in a large qualitative US study in which 248 student nurses were required for one of their assessments to write a narrative about anger they had experienced since starting their nurse training. These students had recently started their nurse training and had recently completed their first practice placement (Thomas and Burk 2009). The researchers found that most of the anger student nurses expressed related to being ignored by qualified nurses. Students reported, incidents of nurses avoiding eye contact with them, being dismissive of them and ignoring them by carrying on with the task they were doing, or by walking away. In response, these students reported as having felt angry, annoyed, unwanted and in the way. According to Randle (2003a and 2003b) student nurses who have been ignored, can suffer both physically and psychologically, including being unable to sleep and feeling annoyed.

Student nurses being ignored by qualified nurses and other staff during placement was identified in a later mixed method study in which student nurses were asked to complete a survey about what they found most challenging and most pleasing about their placement. Of the 231 respondents, 105 students also completed open ended

questions (Jackson et al. 2011). One of the main findings from the open-ended questions was that students were frequently excluded by staff who appeared to be disinterested in them, did not want to help them, did not want the students to observe them and who did not wish to show them what to do. These researcher's do not always make it clear which 'staff' they were referring to, but from the research quotations used to support their discussion, it can be assumed, the reference to staff mainly referred to qualified nurses.

From reviewing the literature, I identified another negative behaviour experienced by student nurses from qualified nurses and this was verbal abuse (Randle 2003a and 2003b; Thomas and Burk 2009; Sedgwick and Rougeau 2010). When staff are verbally abusive to student nurses, it has been stated the students feel powerless to react due to their role as a student nurse (Randle 2003a and 2003b; Thomas and Burk 2009). Students frequently mention being "just a nursing student" (Thomas and Burk 2009, p.229), when they refer to the negative behaviour they experience from qualified nurses.

The research findings suggest, student nurses feel forced to accept verbal abuse because they perceive they are powerless, due to their role as student nurses. This is evidenced in Randle's (2003a and 2003b) multi-method, UK study which investigated how student nurses' self-esteem changed throughout their course. Five student nurses were interviewed as part of the second phase of the study and the researcher identified that qualified nurses and other staff, bullied and verbally abused student nurses. The extracts used to support the discussion stated the students felt they 'were a waste of time", "there to be slaves", and "something that had crawled out from underneath a stone". One student also commented "I never thought nurses could be so bitchy", whilst another stated that the nurses "make you feel really stupid" and another student thought "it's hard to get in with them and I always feel like I'm apologising for nothing really" (Randle 2003b, p.55-57). This behaviour impacted negatively on the student nurses' self-esteem and in response they appeared to adopt a subservient role and seem to have felt powerless to challenge poor practice. The findings also suggested the students felt powerless to practice to the standard they wanted and

instead, complied with the standards of the other nurses (Randle 2003a and 2003b). Since the aim of this study was to track student nurses' self-esteem and not to identify the negative behaviour of staff towards student nurses on placement, these findings reveal that these students experienced some very negative placements. The findings from this study also seem to lend support to an apparently well-known phrase in nursing and this is 'nurses eat their young' (Longo 2007; Thomas and Burk 2009).

Qualified nurses have also been reported as having been hostile to student nurses (Brodie 2004; Jackson et al. 2011). Hostility towards student nurses was reported in a large two-centre UK study of current and recently qualified student nurses. This research focused on student nurses' perception of nursing and how this changed during their course. One of the key findings suggested students' perception of nursing was that it was undervalued, poorly paid, stressful and that there were insufficient staff. Many of the students were also reported to have been surprised at the high level of skills and knowledge required of them (Brodie et al. 2004). Two of the seven students who were part of the focus group discussion, referred to staff that were "bitchy" and "backstabbing" and to qualified nurses who were "hostile" towards them (p.729).

High levels of hostility towards student nurses, including being lied about, humiliated, alienated and ignored was found in a large Australian mixed method survey of 231 student nurses (Jackson et al. 2011). The qualitative questions in the survey aimed to investigate the negative behaviours students had experienced in placement and were responded to by 105 of the students. In response to negative behaviours by staff at placement, it was reported that some student nurses used self-talk before shift to help boost their self-esteem and modified their behaviour during shift, to accommodate for the different personalities and attitudes of the staff towards them (Sedgwick and Rougeau 2010).

The negative behaviour of staff towards student nurse appears to be prolific and from this literature review it seems some staff resent student nurses and their negative behaviour towards them appears to stem from their negative attitude towards the students. It is not clear why this is, although from reviewing the literature, there seems

to be a specific attitude amongst some qualified staff towards student nurses who are trained at the university (Last and Fulbrook 2003; Nolan and Ryan 2008) and this appears to be related to Project 2000 and the move of student nurse training from the nursing schools to the theoretical and academic environment of the university.

Last and Fulbrook (2003) offered a suggestion to explain this from their interviews with 12 nursing professionals which explored why students left a nursing programme at a university in the South of England. The researchers said that some of the nurses stated they felt they no longer had any “ownership” of the student nurse training and were therefore no longer willing to support them (p.455). From their findings, the researchers also stated the mentors were often not qualified to diploma level. Being mindful of this, it is possible the qualified nurses felt their positions could be threatened by university trained nurses, or that students would be critical of their practice. This can arguably be supported in later research findings (Nolan and Ryan 2008) which stated staff felt their training was “better” compared to university training and that students trained at university would not “be good enough” (p.40).

I identified an alternative suggestion from an Australian study of 14 student nurses in which nurses and agency staff were reported as having a negative attitude towards university trained student nurses and this alluded to the theory-practice gap (Chapman and Orb 2001). These students recognised that what they had been taught at the university was different to the way the clinical skills were practiced in their placements. One of the students reported that agency staff said student nurses from the university were hopeless and knew nothing (Chapman and Orb 2001).

Having scrutinised the research to explore other staff at placement, it seems there is an issue regarding the behaviour and attitudes of some qualified nurses and other healthcare staff towards to student nurses. This does not appear to be a country specific issue and negative language, behaviour, and attitudes of staff towards student nurses appears to be a worldwide problem. With the research from the studies referenced in this section being from several different countries and with the claims supported with

extracts from the data, it appears this problem is widespread and there is no reason to question these findings.

2.3.4 Being a supernumerary member of the team

Staff shortages in nursing is well documented worldwide (Last and Fulbrook 2003; Brodie et al. 2004; Cleary and Happell 2005; Robinson and Cubit 2007; O'Brien et al. 2008b; James and Chapman 2009) and on wards where staff are overworked and short staffed, the student nurse can be expected to join in as an extra pair of hands (Randle 2003b; Bradbury-Jones et al. 2011; Hamshire et al. 2012). This not only means students miss out on other valuable learning opportunities, in the UK it also contravenes their supernumerary status (UKCC 1986). Supernumerary status for all student nurses was introduced as part of the Project 2000 with the purpose of protecting student nurses from being an additional member of staff in practice. This meant students were not allowed to be counted as part of the workforce and their names were not to be included in staff rotas (UKCC 1986). Student nurses have reported supernumerary status as being beneficial for providing learning opportunities and an overall better placement experience (Last and Fulbrook 2003; Elcock et al. 2007). Even when supernumerary status is adhered to, it has also been reported to have unexpected side-effects, with the possibility of students feeling that they do not belong and had struggled to fit in as part of the team at their placement (Ousey 2009).

When student nurse supernumerary status is not adhered to by placement staff, this is usually because there is a shortage of staff (Randle 2003b). When this happens, it is possible the students will be asked to undertake duties that they are not qualified to do or be given the tasks of healthcare assistants to complete (Randle 2003b). Supernumerary status may also not be upheld by staff due to their negative attitude towards the student nurses (Evans and Kelly 2004). These researchers asked 52 third year nursing students to complete a Likert scale questionnaire about stressors and found that in relation to placement, the two key stressors were the theory-practice gap and poor relationships with unfriendly clinical staff. One of the students stated: "I think that staff on the ward don't even consider us as supernumerary" (Evans and Kelly 2004, p.478). When students are not considered to be supernumerary, it can not

only be stressful for them, it can also result in them working long hours without being paid and with no recognition to their student status (Hamshire et al. 2012). It can also mean they miss out on valuable learning opportunities. Students have also been reported to feel they are not valued when their supernumerary status is ignored (Bradbury-Jones et al. 2011).

Whilst supernumerary status is generally considered to be beneficial to the students, it has also been identified to exclude the student from the team and to hinder learning (Evans 2009; Elcock et al. 2007). It is possible though, that when student nurses have been excluded from the team, it is related to unsupportive staff and the mentor and not supernumerary status. As mentioned earlier, when student nurses perceive they have an unsupportive mentor and are not wanted by their mentor, they withdraw themselves from the team and this impacts on their opportunities for learning. Supernumerary status may also be related to why some staff appear to be hostile of student nurses. It is possible the label "supernumerary" is perceived negatively by staff, and this combined with a shortage of staff who are overstretched and stressed, student nurses are perceived as another strain on resources.

The findings from a very large UK study involving a variety of different NHS professionals including stakeholders, staff and student nurses identified that supernumerary status has impacted on how both qualified nurses and student nurses perceive the role of the student nurse and that there is a discrepancy between the two (Allan et al. (2009). The discrepancy appears to partly relate to the expectations of both parties and the duties of the student nurse. Nurses view basic care as a learning opportunity which is fundamental to becoming a qualified nurse, whereas student nurses are reluctant to do this and do not consider it to be a learning opportunity (Allan et al. 2009).

It appears supernumerary status is fraught with issues and whilst it was designed to protect the students from becoming 'another pair of hands', student nurses appear to view this as a protection from carrying out basic nursing skills. Supernumerary status seems to have created a tension between student nurses' perception of what qualified

nurses and unqualified healthcare staff do and student nurses do not appear to view the tasks of unqualified healthcare staff as part of the role of a student nurse. When student nurses are unclear of their role and the learning opportunities available from providing nursing care, there is a risk they will "alienate" qualified staff (Allan et al. 2009, p.12) and ultimately this could impact on their ability to fit in with staff at their placement.

2.3.5 Fitting in

Being part of a team and fitting in is important to student nurses and helps to provide them with access to learning opportunities (Elcock et al. 2007). When students are on a supportive placement and are encouraged to learn, they fit in with the team and gain a sense of belongingness. Levett-Jones et al. (2008) highlighted the importance of belongingness for students' self-esteem levels and their overall placement experience. This research involved interviewing 18 third year student nurses from one UK and two Australian universities about their perception of belongingness in placement. The findings identified the importance of students being included by staff who encourage them to learn and practice their nursing skills. This fostered feelings of being valued and helped the student to become confident. Whilst this paper presented only four of the student's narratives, future papers extend the discussion (Levett-Jones and Lathlean 2008; Levett-Jones et al. 2009; Levett-Jones and Lathlean 2009).

When students state they do not feel that they fit in at their placement, or do not wish to be in a particular placement environment, they sometimes physically and emotionally withdraw themselves (Levett-Jones et al. 2009). Likewise, when students are at a placement where they perceive the staff do not want them, they can be excluded. Being excluded impinges on the students' ability to fit in and means missing out on valuable learning opportunities. Houghton et al. (2012) also identified that students who do not appear to be motivated to learn can be overlooked by staff and this further perpetuates their struggle to fit in and be accepted. One expectation of the mentor is to act as a role model for the student, and this includes helping to guide the student and in doing so, help the student to fit in (Papp et al. 2003; Higgins and McCarthy 2005; Ousey 2009).

When students establish their role and become accepted by the team, they begin to feel valued. Feeling valued by both staff and patients on placement is important to students during their first placement (Bradbury-Jones et al. 2011) and when students are valued as part of the team, they report having been able to make a worthwhile contribution and feel that they have been listened to (Bradbury-Jones et al. 2011). The importance of feeling valued for student nurses was also identified in an Irish mixed-method study of 435 BSc (Hons) student nurses from three different teaching institutions (Chesser-Smyth and Long 2012). The qualitative findings from this study identified a link between feeling valued and students' confidence. The researchers also identified that when students do not feel valued and are excluded this has a negative impact on their confidence. Whilst this research focuses on students from one country, it benefits from including students from three different teaching institutions and adds further support for the importance of students feeling valued in placement. It appears that feeling valued by staff in placement and being confident helps students to fit in with other staff and enables the students to engage in learning opportunities. These three factors of feeling valued, being confident and engaging in learning opportunities are linked to the importance of students feeling valued when they start their placement.

2.3.6 Feeling welcomed

The importance of student nurses being made to feel welcome at their placement has been identified as influencing the quality of student nurse experience in practice placement (Chapman and Orb 2001; Papp et al. 2003; Chesser-Smyth 2005; Cleary et al. 2006; Gidman et al. 2011; Jackson et al. 2011; Sedgwick and Rougeau 2010). Being made to feel welcome seems to help the students to become confident and appears to enhance their motivation to learn. Cleary et al. (2006) highlighted the importance of student nurses being made to feel welcome when they arrive at placement. The researchers also recommended that each student nurse should be allocated a person to welcome them and to help them to familiarise with the placement. According to the researchers, qualified nurses also recognise the benefits of students being made to feel welcome and the positive impact this has on their eagerness to learn (Cleary et al. 2006). More specifically, Papp et al. (2003) interviewed 16 student

nurses about their mental health practice placement learning experience and identified being supported and appreciated by team members as key factors for learning.

The importance of being made to feel welcome was also highlighted in a small qualitative study of ten student nurses (Chesser-Smyth 2005). The researcher identified that when students reported as having been made to feel welcome there was a positive impact on their self-esteem. Chesser-Smyth (2005) also identified a link between confidence and the learning of new skills. When the students started to learn new skills, they began to feel more confident.

Feeling welcomed at placement is also important to student nurses who want to make a good impression and who also want the staff to like them. Levett-Jones and Lathlean (2009) identified that being liked is so important to some student nurses they will conform to the placement's practices, even if this makes them feel uncomfortable. One student nurse, who had just started her placement, justified her conforming behaviour as not wishing to alienate herself from staff, who she believed could make her placement experience miserable.
Cleary et al. (2006) identified that when students are not made to feel welcome when they arrive at placement, there is a negative impact on their learning. Not being made to feel welcome having a negative impact on learning, was also illustrated in the findings of a study in which 231 Australian student nurses were asked to complete online surveys (Jackson et al. 2011). The findings stated that when the student nurses were made to feel unwelcome, it impacted negatively on their learning and some of the students became sufficiently isolated and excluded to consider leaving the course.

2.3.7 Placement as a trigger for leaving the course

Whilst the literature recognises multiple reasons for student nurses not completing their course, including academic stresses and personal issues, less research seems to have focussed on placement experience as a trigger for students not completing their training. When placement is mentioned as a reason for students leaving, or considering leaving their nursing course, it usually relates to three key factors: nursing students not having the opportunity to learn new skills, working relationship difficulties with

members of staff and the impact of stress (Last and Fulbrook 2003; Bowden 2008; Eick et al. 2012; Hamshire et al. 2012).

Regarding the lack of opportunity to learn new skills, the purpose of practice placement is for students to learn new skills and to practice the skills they have been taught at the university. When student nurses' supernumerary status is not upheld, students are often given jobs that require basic nursing skills, and this removes the opportunity for them to learn new skills. Not having the opportunity to learn new skills was one of the key findings from a UK study which included seven student nurses who had left their course (Hamshire et al. 2012).

When student nurses experience difficult working relationships with members of staff, this can also act as a trigger for them leaving their course. As stated previously, the mentor plays an important role in the students' overall placement experience. The mentor is also vital in student nurses' ability to fit in at placement and when this relationship is poor, it impacts negatively on the students, and this can lead to them leaving their course (Hamshire et al. 2012). Likewise, some students have identified poor staff attitude towards them as a reason for leaving (Eick et al. 2012). When other staff ignore and appear not to value student nurses, this can also act as a trigger for the student to decide to leave their course (Last and Fulbrook 2003; Hamshire et al. 2012).

As part of a larger UK study on student nurse stress, eight student nurses were interviewed and were asked why they considered leaving their course. Five of the students stated that experiencing stress during their placement was the reason why they had considered leaving. The reasons for the stress included not feeling part of the team, dealing with the death of patients, and not realising the full role of the nurse (Bowden 2008). Whilst this is a small study and it focussed on one group of students it highlights the importance of students being prepared for the reality of their placement. The reality of nursing was also mentioned in earlier research by Last and Fulbrook (2003, p.454) who referred to this as "organisational stress" and explained that when students observe nurses who are too busy to perform their work to a high standard,

they question whether they wish to work in that type of environment and may decide not to continue their studies.

2.3.8 Being prepared for placement

Prior to their first placement, students will learn academic theory and clinical skills at the university which are pertinent to placement. Some students have reported being fully prepared for placement and confident (Curtis 2007), although most do not (Van Ryhn 2004; Hamshire et al. 2012). From reading the literature, it appears the key factors for feeling unprepared for placement are insufficient clinical skills for practice, not being taught the skills necessary for practice, students not knowing what to expect and not knowing what to do.

Following the move of nurse training to universities, one of the criticisms levelled at the move, was that nurse training had become too academic. Last and Fulbrook (2003) stated that 97% of the students who engaged in their two-part study of 38 student nurses, thought there was too much emphasis on academic study and 95% felt there was insufficient teaching of clinical skills. Feeling they have not received enough clinical skills for practice, has been reported as being stressful for students (Sharif and Masumi 2005). This is also evidenced in a small study of five first year student nurses, some of whom reported taking blood pressure and giving injections as particularly stressful procedures because they felt they had not mastered the skills sufficiently before entering the placement (Higginson 2006).

Not being taught the necessary skills for practice, was also identified in the literature review as a factor for why student nurses sometimes feel they have not been sufficiently prepared for their placement. Students occasionally report key skills that have been missed in their clinical training at the university (Howard 2001; Wood 2005) and notably students who are new to nursing have concerns with the personal care of patients and how to communicate with them. Most specifically, Higginson (2006) found that students who were new to a practice environment were concerned about how to manage washing patients and how to cope with bodily fluid. They also raised fears about how to manage their body language and facial expressions when

they find the task unpleasant (Higginson 2006). The students in this study said this had not been discussed sufficiently at the university. Whilst this was only a small study, the concerns the students raised are possibly shared by many student nurses embarking on their nurse training.

Some students have stated that when they go into a placement for the first time, they do not know what to expect (Van Rhyn and Gontsana 2004; Bowden 2008; O'Brien et al. 2008b). There are several possibilities for this including being completely new to nursing (Bowden 2008) and being unsure what is expected of them when they arrive at placement (Van Rhyn and Gontsana 2004). One side effect of not knowing what to expect is that students sometimes state they do not know what to do on placement.

When students report they did not know what to when they arrived at placement, it can be due to several factors and these include not having previously experienced a similar type of nursing environment (Maude 2012), not having received sufficient preparation for placement (Sharif and Masumi 2005; O'Brien et al. 2008b) and placement staff not having plans for the student (Van Ryhn and Gontsana 2004). Part of not knowing what to do, relates to not knowing how to communicate with patients.

Not knowing how to verbally communicate with patients was identified in the findings of a large Australian study of 254 students which found that most of the student nurses who were asked to complete a questionnaire, did not know what to expect about their first mental health placement. These students were also worried about how to interact with patients and were concerned they might say said something to upset the patients (O'Brien et al. 2008b). Not knowing how to communicate with the patients was also identified in a later Australian study in which several students stated the reason for this was, being scared of the patients (Maude 2012). It is worth noting, Australian student nurses are required to complete a mental health component as part of their student nurse training with an average of 86 hours of clinical practice and having scrutinised these two pieces of research, it seems there was insufficient preparation for their mental health placement.

Another Australian study of six general student nurses in their second year of nurse training who were placed on an acute ward, reported as having been overwhelmed by the severity of the patients' illnesses (James and Chapman 2009). Five of these students had not previously witnessed severe illness and did not appear to have been prepared for this. Whilst this is a small study with few participants, and transferability was probably not expected, it is likely this is not an unusual response for students when first confronted with serious illness. Feeling overwhelmed was also identified in an earlier study in which 47 student nurses from two colleges in Sweden were asked to compile diaries about their final practice placement. One of the key themes was that the some of the students were so busy they felt overwhelmed and began to question their preparedness to work alone when they qualified (Lofmark and Wikblad 2001).

Even when students have received training at the university for a specific skill or situation, they still sometimes report as not having been sufficiently prepared. A small study of five UK student nurses from one university in Wales, identified that three of these students felt inadequately prepared to deal with the death of a patient, even though they said they thought they had been sufficiently prepared. Their concerns related to not knowing what to say to the family and they each said they were not prepared for covering the body. Whilst this is a small study from one university, this paper illustrates the difficulty of preparing students sufficiently for the reality of practice (Parry 2011).

2.3.9 Linking theory with the practice

During the university part of their nurse training, student nurses learn both theoretical aspects of nursing and clinical skills and they are also provided with the opportunity to practice these skills in simulated environments, in readiness for their practice placements. One reoccurring theme from the literature appears to be a theory – placement gap. The theory – practice gap has been defined as; "the mismatch between what students are taught at university and what they experience in practice" (Arkell and Bayliss-Pratt 2007, p.26). This discrepancy appears to be a long-standing concern and is often identified as an issue in student nurse practice placement (Last and Fulbrook 2003; Van Rhyn and Gontsana 2004; Sharif and Masoumi 2005; Evans 2009;

Caine and Jackson 2011; Wallace 2011; Houghton et al. 2012). Evans (2009) highlighted the theory - practice gap as a perennial problem, which has become more evident with the move of nursing education from hospitals to universities. Having reviewed the literature, it appears there are several concerns relating to the skills and theory practice gap, and these include the simulated skills environment at the university and skills taught at the university which are practiced differently in placement.

When students are taught clinical skills in a simulated environment at the university, it can be stressful for them when they practice these skills on patients for the first time. Van Ryhn and Gontsana (2004) aimed to identify and describe student nurses' experiences of their first clinical placement. The findings from their small study of eight South African psychiatric student nurses, identified that students found it difficult to integrate the skills they had learned at the college to the ward. The artificiality of practicing clinical skills on a mannequin in a simulated environment, was highlighted in a later study of 28 Australian student nurses who were dissatisfied with university clinical skills learning. These students questioned the benefit of practicing skills on a mannequin, compared to a patient, who they could accidently harm and in response, several of the students were critical of laboratory based clinical skills because of the artificiality (Newton et al. 2009). Practicing clinical skills on mannequins seems to highlight the theory-practice gap because students recognise the difference between working on a dummy and a real person. Students are also aware that whilst they could not harm a mannequin, they could harm a patient, and this created anxiety for them (Van Rhyn and Gontsana 2004). The difference between practicing skills on a mannequin compared to a patient was also identified in a later, Australian study, in which nine student nurses were asked to complete a survey and were interviewed (Maginnis and Croxon 2010). This study identified that the students found washing a patient was different to washing a mannequin because of the personal nature of washing a patient and having to communicate with them at the same time.
There is also a possibility the skills taught in the academic environment will be different to how the same skills are practiced in placement. When this happens, students can become confused and unsure what to do and most often adapt to the

process used in placement (Houghton et al. 2012). It is also possible there are some skills the university cannot teach. One UK study of 15 student nurses found that the friendships students make with other students on placement, provides them with 'survival skills' (Roberts 2008, p.37). These skills can also be viewed as the 'insider' knowledge the more experienced student nurse passes on to the newer student, from having worked in that environment.

From the review of the literature, it appears the theory-practice gap presents an enduring challenge for student nurses which students need to be made aware of prior to placement. It seems a lot has been written about this and little has been written about how students can manage it.

2.3.10 Nursing was not what the students expected it to be

From the literature review, it appears that often a key factor is that the role of the nurse is not what the students expected it to be. The literature review identified some students were surprised at the amount of paperwork nurses complete and that nursing appeared to be task focussed, at the expense of not communicating with the patients or caring for them (Pearcey and Draper 2008). Whereas the findings from an earlier study investigating student nurses' perceptions of their nurse training, identified two different factors about student nurses' expectations of the role of the nurse (Brodie et al. 2004). The first expectation was that the students were surprised how much theory was associated to practice skills and patient care and secondly, the students' perception that the role of the nurse was mainly to do with the basic needs of the patient and were surprised at the need for a more complex clinical skill base.

The findings from Brodie et al.'s (2004) study also identified that the students thought nursing was a respected profession and expected to feel valued at placement. Instead, these students reported having felt undervalued and not respected as student nurses and were disillusioned with the lack of respect afforded to nurses (Brodie et al. 2004). Most of the students in this study also reported incivility between the nurses and towards themselves. Prior to placement these students had a positive view of what being a nurse would be like and were disillusioned by the lack of support, the lack of

resources and staff shortages. They also reported as not being prepared for having to fit into a culture they were not happy with (Brodie et al. 2004). Some of these students became so disillusioned they regretted having started the course because of the reality of nursing. These two studies focussed on the findings from adult nurses and general nurses, and it is not known whether this would be the same findings for mental health and children's nurses.

2.3.11 The first practice placement

As mentioned in the introduction to this section, it appears comparatively little is known about student nurses' first practice placement with only a few papers having been identified (Brodie et al. 2004; Van Rhyn and Gontsana 2004; Chesser-Smyth 2005; Higgins and McCarthy 2005; Pearcey and Draper 2008; Hung et al. 2009; Thomas and Burk 2009; Gidman et al. 2011; Le Ducq 2012) When first placement is discussed, it also appears to be within the wider terms of either first year adult or general nursing students (Higginson 2006; Bradbury-Jones et al. 2011), or in relation to student nurses expectations of what first placement will be like (O'Brien et al. 2008a). Only three papers were identified that related to mental health student nurses and the first practice placement and these will be reviewed in the next section (Van Rhyn and Gontsana 2004; Hung et al. 2009; Higgins and McCarthy 2005).

Some student nurses appear to view this first placement as an opportunity to confirm whether they have made the right decision to train as nurses (O'Brien et al. 2008a). Having scrutinised the literature, it appears much of this information has already been discussed, although it is still worth considering the first placement because it is unique. For example, it is when students who are new to nursing have the first opportunity to observe the role of the nurse and to experience the reality of a nursing environment. There appear to be three main themes that are specifically important to the initial practice placement and these are the importance of a supportive mentor, student nurses working out their role and student nurses using the first placement to confirm whether they have made the correct career choice.

A supportive mentor is fundamental in helping the new student nurse settle in to their first placement and appears to be key to the student nurses' first placement experience (Higgins and McCarthy 2005; Gidman et al. 2011). Five of the six mental health student nurses who Higgins and McCarthy (2005) interviewed, reported having had a supportive mentor who helped to guide and orientate them in their first placement and helped to develop their confidence. However, when students report having a less positive first placement experience, it is also often to do with the mentor, and this often combines with negative relationships with other members of staff (Van Rhyn and Gontsana 2004; Gidman et al. 2011).

Students also seem to depend on their mentor during their first placement and when they report having a less positive experience, it can be because they perceive themselves as being unwanted by the mentor, and because they perceive their mentor does not want to mentor them (Gidman et al. 2011) and when this occurs, they are often left on their own and with no alternative mentor support (Higgins and McCarthy 2005). Students also report the mentor as having a negative impact on their confidence, especially when they view their mentor as being critical of them (Bradbury-Jones et al. 2011). Student nurses on their first placement appear to be vulnerable and not feeling confident means they miss out on learning opportunities. Houghton et al. (2012) identified that nurses are more likely to teach student nurses who appeared confident and keen to learn.

Students on their first practice placement can also be unsure of what their role is in terms of the nursing skills they are permitted to do, as student nurses (Gidman et al. 2011). Students who have previously worked as a Healthcare Assistant (HCA) share a similar concern with wanting to dissociate their HCA role, from their student nurse role. This is particularly relevant when student nurses on a placement have previously worked on the same ward as an HCA and continue to be treated as an HCA (Higginson 2006).

The first placement has also been identified by students as an opportunity to discover whether they have made the correct career choice (O'Brien et al. 2008a). Most students

who are new to nursing are anxious prior to their first placement and expect it to be a caring environment in which they will have the opportunity to make a difference to the patients (O'Brien et al. 2008a). When students perceive they have not had this opportunity, and report having had a negative placement, they can become disillusioned with their career choice and can decide to leave the course (Hamshire et al. 2012).

2.3.12 The first mental health practice placement

From the literature search, it seems there is no UK research that specifically focusses on the first mental health practice placement. From reviewing the literature, it is clear the interest in student nurses' first mental health practice placement focusses on non-UK nursing programmes in which student general nurses are required to complete at least one mental health placement as part of their nurse training (Happell and Gough 2007; Henderson et al. 2007; Happell 2008a,b,c; Happell 2009). This placement seems to be most frequently in the second and third year of the students' nurse training and the research generally appears to focus on students' attitudes to mental health illness and to mental health nursing prior to their mental health placement. Research findings appear to be primarily from one large Australian study, in which student general nurses were asked to complete surveys before and following their first mental health practice placement (Happell 2008a,b,c; Happell 2009). Following their mental health placement, students appeared to have a more positive attitude to mental health illness and to mental health nursing. The findings also identified those students who perceived they had received a positive placement, felt more prepared for mental health nursing and were more likely to consider pursuing a career in mental health nursing. The transferability of this latter finding to UK student nurses needs to be treated with caution because student mental health nurses in the UK have already selected to pursue a nursing career in mental health nursing and the other branches of nurse training do not have a specific mental health placement.

Another large Australian study of 257 student nurses, including six registered nurses and 12 clinical facilitators, identified that prior to the mental health placement, some of the student nurses had negative attitudes towards mental health and were worried about

this placement because they did not know what to expect. Other students were concerned and stated they were scared of the patients. It appears from the research findings that these students' attitudes had been generated from listening to qualified nurses on the general wards who had told them 'horror' stories about mental health practice placements (O'Brien et al. 2008b, p.516). Following the placement, students reported having enjoyed their placement and spending time with people who have mental health illness, with 75% of the students indicating they would probably select mental health nursing as their chosen career (O'Brien et al. 2008b). Whilst O'Brien's paper presents the findings from students at one university, it does serve to strengthen previous research that positive contact with mental health illness helps to break down negative attitudes to mental health nursing.

Having negative attitudes prior to mental health placement has also been identified in a later Finnish study which explored 39 critical incidents written by 20 student nurses during and following their mental health placement (Koskinen et al. 2011). These critical incidences were written to fulfil a non-assessed piece of university course work. The researchers stated that whilst the students had negative attitudes towards mental health illness and people with mental health illness prior to placement, during placement their attitudes positively changed after contact with people with mental health illnesses. Whilst this was a smaller study and students were asked to write their critical incidents as a piece of course-work, which may have influenced how they recounted their stories, it does add to an understanding of the potential benefits of contact with people who have mental health illness for changing negative attitudes to mental health illness and mental health nursing.

Positive contact with people who have mental health illness was also identified in an earlier study from New Zealand, in which164 student nurses were requested to complete an attitude survey prior to studying the mental health component of their course and following mental health placement. The findings from that study also suggested that contact with people who have a mental health illness can help to reduce student nurses' negative attitudes to mental health illness and mental health nursing. The findings also identified that when students have a positive attitude to mental health

nursing, they are more likely to pursue a career in mental health nursing (Surgenor et al. 2005). However, the study was less clear that it was placement which had impacted on student nurses' desire to select mental health nursing as a career. It is possible contact alone with someone who has a mental health illness was the trigger and, this may not have been related to placement.

As previously noted, there appears to be no UK research that specifically focusses on first mental health practice placement and general student nurses' attitudes to mental health, so comparisons could not be made. However, UK research by Schafer et al. (2011) which explored 288 nursing students' attitudes to mental health, found that the 53 mental health student nurses who had just started their nursing programme, had significantly lower negative attitudes to mental health, compared with student adult nurses. The students who had personal experience of mental health illness or knew someone who had, were more positive towards mental health illness. These findings support previous international research that suggests exposure to people with mental health problems helps to reduce negative attitudes to mental health illness. It must be noted though, these students had not yet attended their first placement, and this could possibly have reduced the number of negative responses.

Alongside students' negative attitudes to mental nursing and mental health illness, is students' fear of working with people who have mental health illness. This was highlighted earlier (O'Brien et al. 2008b) and identified later in the findings from an Australian study which has also previously been mentioned (Maude 2012). In this study, 76 student nurses were asked to complete journals during eight days of practice placement. This research focused solely on student nurses' fears and feelings during their first mental health practice placement. Whilst the researchers identified that the students had some negative attitudes prior to placement, the key findings focussed on the placement and these suggested the students had a mix of feelings relating to, being an outsider, unsure what to do, communication concerns, uncertain of their role and previous personal mental health issues. By the end of their placements, some of the students appeared to have become less fearful of patients with mental health illness, although it is not clear whether these were the same students who had been most

fearful at the outset. Overall, the message from the findings presented, suggest that at least some of these student nurses felt overwhelmed with their practice placement and this suggests more preparation for practice would have been helpful (Maude 2012).

Fear and learning were the focus of earlier Australian research which requested student nurses who had just completed their mental health placement to write about two critical incidents that had taken place during their three-week placement. Of the 130 students who participated, the researchers analysed 260 critical incidents and identified mainly negative experiences. Two hundred and ten of the incidents related predominantly to negative events involving patients and this included 52% of the student nurses observing psychotic events, violence, and verbal abuse. In response, students reported feeling a variety of emotions including being anxious, frightened, scared, embarrassed, angry, and shocked (Fisher 2002). This study provides a snapshot from one student cohort, and it is possible the words 'critical incident' suggests negative incidents, and this explains why so many of the reported incidents appear to have been negative. Perhaps, the words 'significant incident' would have encouraged more positive incidents to have been included. Nevertheless, the findings portray these students' experiences and highlight the importance of student nurses' being aware of how to manage conflict and distress in placement.

Regarding mental health student nurses and their first mental health practice placement, the literature review identified only three research papers and none of these papers were from the UK (Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005; Hung et al. 2009). As previously mentioned, Van Ryn and Gontsana (2004) were interested in the experiences of third year psychiatric (also known as mental health) student nurses in their first mental health practice placement in South Africa. Using open ended interviews to gather the placement experiences of eight student nurses, this study identified overwhelmingly, that stress was the key experience for these student nurses. The findings identified four key themes and these related firstly to students struggling to link theory with practice, secondly to the quality and type of care of the patients, thirdly to low levels of support from the placement staff and finally to insufficient resources. On closer inspection of the analysis of the themes, all

students struggled to link theory with practice and most of the students felt ill-equipped to work in a mental health environment, were distressed by the lack of therapeutic nursing and did not feel they were sufficiently supported. Some of the students also reported as not having known what to do, as being frightened of the patients, feeling unwelcome, being used as another member of staff and unsupportive, disinterested, and unfriendly staff. Most of the students also commented on the wards being dirty and with no privacy for the patients who sometimes walked around with no clothes on. Consequently, these factors led to the students feeling frustrated, stressed, demotivated and miserable.

This paper is intriguing because the title suggests the study was concerned with an exploration of the students' experiences in their first mental health placement, whereas the main aim of the study was to identify what students found stressful and this could have been reflected in the title of the paper, especially as it appears the student experience was so stressful that it overwhelmed their placement experience. This research was carried out in one teaching hospital and with the small sample, it might not be representative of all mental health student nurses' experiences in South Africa or the rest of the world. Whilst the title and abstract clearly state the students were all attending their first placement, one of the quotations included in the data analysis state:

"This is our second exposure to the psychiatric clinical units…I can say this is the third week because last time it was only two weeks and I really gained nothing" (Van Rhyn and Gontsana 2004, p.22).

I decided to include this paper as first placement with the appreciation that the first placement had only been for two weeks, and the student said she felt she had learnt nothing during those two weeks. It is possible the other students felt similarly as it was a short placement.

The purpose of the second paper was for the researchers to firstly understand the experience of mental health student nurses' first placement encounter with someone who has a mental health illness and secondly, to enhance what the students were

taught. The overall findings from this qualitative study of 12 young mental health student nurses who had just completed four weeks of placement, highlighted the role social media plays in the stigmatising of people with mental health problems in Taiwan (Hung et al. 2009). From the findings, it seemed that prior to placement, these student nurses, had negative attitudes about people with mental health illness and considered them to be violent. These students were anxious and fearful of what to expect prior to placement and this anxiety seemed to have continued to some extent during the placement, with one student reporting that they did not want to be near the patients and wished she could hide from them. Other students reported feeling unsure what to say to the patients and were worried they would say the wrong thing.

Once the students began to build relationships with the patients and trust was gained, most of the students realised their fears were unfounded and they started to enjoy spending time with the patients. Their negative attitudes also appeared to have dissipated. Whilst social media, as a trigger for the stigmatisation of mental health illness, has not been identified in other papers in this literature review, the findings from this study do concur with other research that identifies the breaking down of negative attitudes with personal experience of, and contact with, people who have a mental health illness. Given that the students who took part in the study were young and aged between 18-21 years, it would be interesting to compare the findings with those of older mental health student nurses in Taiwan. However, it is acknowledged this age range was the only age range available at the time and place of this study.

The third paper which focused on mental health student nurses and their first mental health placement comprised of a small sample of six, Irish student mental health nurses and their experience of having a mentor (Higgins and McCarthy 2005). Five of the six students reported having a positive experience with their mentor and the reasons for this were that when the mentor is available, informative, and supportive they can help the student to get to know the other staff and the patients. The mentor was also valued by the students for helping them to gain confidence by letting them practice their skills and for providing them with feedback. The students also valued their mentor's knowledge and they liked having a dedicated person they could go to if they wanted to

ask questions. The findings from this research also highlighted the importance of students having a supportive and informative mentor who provides them with helpful feedback. As previously noted, when the mentor is not available early in a students' placement, the student is often left on their own not knowing what to do, and this can impact on their whole placement experience and their opportunity to learn (Higgins and McCarthy 2005). As with the two previous papers, this study also had a small sample of student nurses from one university, and it cannot be assumed these findings reflect those of other student nurses in the south of Ireland.

2.3.13 Summary of key themes with sub-themes from the discussion of the literature review

Below I have summarised the key themes and sub themes from the literature review in a table so that they are easy to view. I have also included the relevant research papers from the review of the literature to provide evidence for these themes.

Table 4: Key themes and sub-themes from the literature review

Theme	Sub-themes	Research papers associated with each theme
What is student nurse practice placement?	Opportunity to practice nursing skills	Banning et al. 2006
	Placement settings	Last and Fulbrook 2003; Banning et al. 2006; Brown et al. 2006; Shelton and Harrison 2011.
The mentor	The role of the mentor	Gray and Smith 2000; Higgins and McCarthy 2005: Happell 2008c: Ousey 2009; James and Chapman 2009; Warne et al. 2010; Hamshire et al. 2012; Gidman et al. 2011
	Feeling supported by the mentor	Higgins and McCarthy 2005; Happell 2008c; Gidman et al. 2011

	Feeling unwanted by the mentor	Higgins and McCarthy 2005; James and Chapman 2009; Gidman et al. 2011
Other staff at the placement	Behaviour and attitudes of qualified nurses towards student nurses	Chapman and Orb 2001; Last and Fulbrook 2003; Randle 2003; Randle 2003b; Longo 2007: Nolan and Ryan 2008; Thomas and Burk 2009; Jackson et al. 2011
	Behaviour and attitudes of other healthcare staff towards student nurses (1 and 2 includes ignoring student nurses being hostile towards them and negative attitude towards university trained student nurses)	Sedgwick and Rougeau 2010
Being a supernumerary member of the team	1. Supernumerary Status - general	Last and Fulbrook 2003; Randle 2003b; Brodie et al. 2004; Cleary and Happell 2005; Robinson and Cubit 2007; O'Brien et al. 2008b; James and Chapman 2009; Bradbury-Jones et al. 2011; Hamshire et al. 2012
	2. Benefit of supernumerary status; not being used as an extra pair of hands, can concentrate on practicing and learning new skills	Last and Fulbrook 2003; Elcock et al. 2007
	3. Issues with supernumerary status; being excluded from the team, student nurses appear to think	Elcock et al. 2007; Allan et al. 2009; Ousey 2009;

	basic skills are required to be a nurse.	
	4. When supernumerary status is not adhered to	Randle 2003b; Evans and Kelly 2004; Bradbury-Jones et al. 2011; Hamshire et al. 2012;
Fitting in	Fitting in Gain sense of belonging, feel valued and become more confident	Papp et al. 2003; Higgins and McCarthy 2005; Elcock et al. 2007; Levett-Jones et al. 2008; Levett-Jones and Lathlean 2008; Ousey 2009; Levett-Jones et al. 2009; Levett-Jones and Lathlean 2009; Bradbury-Jones et al. 2011; Chesser-Smyth and Long 2012
	Not fitting in Withdraw and become excluded Loss of self-esteem and confidence	Houghton et al. 2012;
Feeling welcomed	1. Quality of placement	Chapman and Orb 2001; Papp et al. 2003; Chesser-Smyth 2005; Cleary et al. 2006; Gidman et al. 2011; Jackson et al. 2011; Sedgwick and Rougeau 2010
	2. Positive impact on learning	Papp et al. 2003; Cleary et al. 2006;
	3. Positive impact on self-esteem	Chesser-Smyth 2005;
	4. Negative impact of being made to feel welcomed	Levett-Jones and Lathlean 2009;
	5. Not being made to feel welcome	Cleary et al 2006; Jackson et al. 2011
	Lack of clinical opportunities to learn new skills	Hamshire et al. 2012

Placement as a trigger for leaving the course		
	Working relationship difficulties with other members of staff	Last and Fulbrook 2003; Hamshire et al. 2012; Eick et al. 2012
	The impact of stress	Last and Fulbrook 2003; Bowden 2008
Being prepared for placement	Insufficient clinical skills in readiness for placement	Last and Fulbrook 2003; Sharif and Masoumi 2005; Higginson 2006
	Not being taught the necessary skills for placement	Lofmark and Wikblad 2001; Howard 2001; Wood 2005; Higginson 2006; Maude 2012
	Students not knowing what to expect	Van Rhyn and Gontsana 2004; Bowden 2008; O'Brien et al. 2008b
	Students not knowing what to do	Van Rhyn and Gontsana 2004; Sharif and Masumi 2005; O'Brien et al. 2008b; Parry 2011; Maude 2012;
Linking theory with practice	The theory-practice gap	Last and Fulbrook 2003; Van Rhyn and Gontsana 2004; Sharif and Masoumi 2005; Arkell and Bayliss-Pratt 2007; Roberts 2008; Evans 2009; Caine and Jackson 2011; Wallace 2011; Houghton et al. 2012
	The simulated clinical skills environment at the university	Van Rhyn and Gontsana 2004; Newton et al. 2009;
	Skills taught at the university are practiced differently in placement	Maginnis and Croxon 2010; Houghton et al. 2012
Nursing was not what the student expected it to be	The role of the nurse was not what the students expected it to be	Brodie et al. 2004; Pearcey and Draper 2008
The first practice placement	Importance of a supportive mentor The student nurses' role	Van Rhyn and Gontsana 2004; Higgins and McCarthy

	The reality of nursing including confirming correct career choice	2005; Gidman et al. 2011 Bradbury-Jones et al. 2011; Houghton et al. 2012
		Higginson 2006; Gidman et al. 2011
		O'Brien et al. 2008a; Hamshire et al. 2012
The first mental health practice placement	1. Student general nurses' attitudes to mental health nursing	Surgenor et al. 2005; Happell 2008a,b,c; O'Brien et al. 2008b; Happell 2009; Koskinen et al. 2011; Schafer et al. 2011
	2. Fear of people with mental health illness	Fisher 2002; O'Brien et al. 2008b; Maude 2012
	3. Mental health student nurses and their first mental health placement	Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005; Hung et al. 2009

Summary of the literature review

I was surprised to find only three research papers that included mental health student nurses and their first mental health practice placement (Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005; Hung et al. 2009) and whilst these papers provided me with some understanding of the experiences of mental student nurses first practice placement in other countries across the world, they did not provide me with the information I was looking for relating to mental health student nurses first placement in the UK and it cannot be assumed the findings from this literature review would apply to mental health student nurses and their first practice placement in the UK. Thus, this literature review has mostly explored student nurse placements from the perspectives of adult nurses and their experience of practice placement. The overall findings from the literature review, highlighted the importance of a supportive mentor, welcoming staff who help the student to fit in, and who honour the students' supernumerary status. The findings also identified the importance of students being prepared for placement with some students having stated they did not know what to expect or know what to do. The review also identified that a negative placement experience can act as a prompt for students to leave course. Combined with my desire

to support mental health student nurses as fully as possible prior to their first placement, makes this is an important area to research.

Reflection of the literature review

When I started reading the papers, the only knowledge I had about nursing was from my own experience and from what the students had told me. I was surprised to read about student nurses not wanting to do, what I now know, are referred to as 'basic skills' because I thought this was part of the role of a nurse. I was also unaware there is a "theory-practice gap', and it was interesting to consider the impact of this and how student nurses adapt their university taught practice to fit in with the skills used in placement. Similarly, prior to reading these research papers, I had never heard of the expression "nurses eat their young". I asked a nursing colleague what this expression meant because it sounded horrible to me and apparently, it is a well-known expression in nursing which is used to refer to student nurses being bullied by qualified nurses. Until I reviewed this literature, I had the expectation that qualified nurses would welcome student nurses and want to help them to learn and develop. I have been alarmed by some of the quotations from student nurses in the research findings and have also been surprised to find that the bullying of student nurses seems to be widespread. I certainly did not expect students might have to encounter such hostile behaviour and critical staff. This did not fit in with my expectation that nursing is a caring profession where people would be nice to each other.

I was also surprised at how little research across the world, there appears to be on mental health student nurses and their placements. By comparison there appears to be a wealth of research from Australia on adult student nurses and their attitude of their first mental health placement nurses.

2.4 Formulating the research focus

There is some non-UK research which focuses on student general nurses and their first mental health placement, but there appears to be no research on mental health student nurses' first practice placement in the UK. Together with the paucity of research on mental health student nurses first placement in the UK and my desire to find out how

to prepare mental health student nurses prior to their first mental health practice placement, makes this a relevant topic for exploration.

2.4.1 Aims and objectives of this study and practice development

The aims of the research study were two-fold. The first aim was to explore the accounts of mental health student nurses' first mental health practice placements to identify how they could be more fully prepared prior to placement and the second aim was to inform the practice development stage of this Professional Doctorate. Thus, the research question asks: "What are the accounts of mental health student nurses first practice placement and, how can they be more fully prepared prior to this placement? I chose to ask how the students could be more fully supported and not whether they could be more fully supported because I knew from what mental health student nurses had previously told me they did not feel sufficiently prepared for their first placement.

This piece of work has three objectives. The first objective is to explore the expectations of first year mental health student nurses shortly prior to their first practice placement and the second objective is to examine the accounts of mental health student nurses first practice placement to identify what these students considered to be meaningful during their placement. The third objective relates to my professional development contribution to practice which is a specific requirement of the professional doctorate at the university where I work and am completing my doctorate (Carr et al. 2010).

2.4.1.1 Research Objectives

To explore the expectations of mental health student nurses prior to their first practice placement.

To examine the accounts of mental health student nurses first practice placement to explore the events the students' considered to be meaningful.

Practice development

To inform practice concerning mental health student nurses experience in the first practice placement.

Chapter 3. Research Methodology and Design

In this chapter I discuss the decisions made for selecting a suitable framework to explore mental health student nurses' first mental health practice placement. This includes explaining the ontology, epistemology and chosen design for the research study which aimed to explore the accounts of mental health student nurses' first mental health practice placements to identify how they could be more fully prepared prior to their placement.

3.1 Ontology and epistemology

When designing research, consideration needs to be given to selecting the most appropriate paradigm to frame the study. The ontological and epistemological assumptions provide the theoretical and philosophical framework for the study (Denzin and Lincoln 2011). The chosen research paradigm influences the decisions made relating to the collection and analysis of the data.

Over the last forty years there has been a move in the social sciences from a positivist, objective, and predictive approach to research towards a more subjective and qualitative approach. This move has been termed the 'narrative turn' (Clandinin and Rosiek 2006) and whilst this move does not favour one approach over the other, it does recognise the value in both approaches whilst acknowledging they are different. The turn to a more qualitative and subjective approach to research in which researchers were 'interested not in prediction and control, but in understanding' enabled new research questions to be asked that a quantitative paradigm had been unable to answer (Pinnegar and Daynes 2007, p.3).

I selected the interpretivist paradigm to shape my research, because it enabled me to collect qualitative data to address the research aims and answer the research question. The interpretivist paradigm asserts that there can be no one understanding and that a meaningful understanding of the world must be constructed (Schwandt 1998). These interpretations are subjective and are constructed from the individuals' own beliefs, experiences and from interactions with others.

The ontology refers to the way the world is viewed. Ponteretto (2005) referred to it as "the nature of reality and being" (p.130). I selected a relativist ontology because it aligns with the interpretivist paradigm and asserts there can be no single truth (Hugly and Sayward (1987), or reality and instead there are multiple possible truths and realities. Multiple realities are constructed at a particular time and in a particular place and they represent what is real for that individual at that moment in time (Crotty 2015). These realities are unique to the individual and are based on, for example, beliefs, culture, expectations, background, and previous experience. Denzin and Lincoln (2011) state that multiple realities are constructed from social interactions with others and the environment. Thus, reality is socially constructed (Berger and Luckmann 1991).

An individuals' understanding of the world is shaped by meanings and making sense of the meanings within the cultural and historical norms of the environment. An understanding of the meanings is constructed through social interactions in which an understanding of the meanings is mutually and socially negotiated (Cresswell 2013).

Butler-Kisber (2010) referred to the epistemology of research design as an understanding of what knowledge is and how it is acquired. Knowledge and understanding are constructed in a dynamic and active process in which meanings are mutually negotiated and co-constructed during interactions with others (Denzin and Lincoln 2011). The development of knowledge and understanding is not constructed in isolation of the environment, instead, it is a social process in which individuals construct their understanding of the environment from their interactions with others. These understandings are based on, for example, the individuals' prior knowledge, expectations, and experience and from communicating with those around them and their environment (Berger and Luckmann 1991). Gergen (1999) explained that social constructivism provides an understanding 'that individuals mentally construct the world' (p.237) and this is achieved through social interactions. Social constructivism aligns with not only my epistemological beliefs, but also with my newly found world view which feeds into the value of my research and my position in the research.

3.2 Selecting the methodological approach

Having decided on an interpretive framework for my study, I needed to select the most suitable qualitative methodology to address my research question. To help identify a suitable approach to do this, I read widely about the different possibilities for qualitative research, and these included grounded theory, case study, ethnography, phenomenology and hermeneutic phenomenology. They each seemed plausible, but as I continued to read, and think about how best to address my aims and answer the research question for the study, I slowly became aware that it was the students' stories of their first practice placement that I was interested in, and the words they used when talking about their placements. I wanted to find out how the students responded to being in the placement environment and how they created meanings from the accounts they created during and after their placement. I selected Narrative Inquiry because it would enable me to do this.

3.2.1 Narrative Inquiry

Narrative Inquiry is a broad umbrella term which encompasses many different types of narratives, including for example, oral, written and pictorial (Riessman 2008). The move to researchers collecting narratives has gained popularity over the last forty years (Riessman 2008) and has spread across many disciplines and not least within the social sciences, education, and health care research. There are numerous ways of working with narratives and it can refer to a few written, or spoken lines, to complete life stories (Riessman 2008). If viewed as a line of continuum, narratives consisting of a few lines would be at one end of the line with life stories at the other end. Positioned in the middle, there would be long sections of narrative, or stories which Riessman (2008) stated are favoured by social scientists.

Whilst there is no one single definition for what is meant by Narrative Inquiry, Denzin (1989) defined it as:

"a story that tells a sequence of events that are significant for the narrator and his or her audience. A narrative as a story has a plot, a beginning, a middle and an end. It

has an internal logic that makes sense to the narrator. A narrator relates events in a temporal, causal sequence" (p.37).
Thus, Narrative inquiry is about the individual and the stories they tell, who the story is told to, in which context and for what purpose. It allows for the focus to be on the structure of the story and for meanings to be constructed from how the story is told. What makes Narrative Inquiry unique is that it focuses on the composition of the story (Leggo 2004) and not the content.

Framing the second phase of my research with Narrative Inquiry enabled me to focus on the composition and structure of the story and the words the students' used when telling me their accounts. Allowing the students to tell their stories also allowed me to identify what was meaningful to the students in placement and how they perceived and presented themselves as student nurses and learners. Identifying what was meaningful for the students helped me to answer the research question and identify how the students can be more fully prepared for their practice placement.

3.3 Overview of the research design

I had to make some decisions regarding how I wished to design my study. I originally considered requesting the students to meet me for face-to-face interviews just prior to their first placement, but it would have been difficult trying to arrange these interviews with large numbers of students. More importantly, it was also possible those students who had little, or no previous experience of a mental health environment might feel intimidated talking on a one-to-one basis with me. I decided that focus groups would be more appropriate because they would enable the students to talk to each other about what they were expecting from their placements.

The aim of these focus groups was to provide the context and some background to the study in terms of what the students were expecting their first placement to be like. They were not intended to be part of the structure of the Narrative Inquiry, or to be included in the Narrative Inquiry data analysis. Instead, these focus groups provided a group discussion and helped to set prior understandings for the individual narratives that were to follow later in the diary interviews.

I decided to design the study in two phases as outlined below:

> Phase one of the study provided the background to the study and data was collected using focus groups prior to the students attending their first practice placement. The purpose of the focus groups was to address the first research objective and explore the expectations of mental health student nurses prior to their first placement.
>
> Phase two of the study made use of Narrative Inquiry and the students' stories were collected through diary: diary interviews which took place when the same students who had taken part in the focus groups returned from their first placement. The students were asked to complete diaries during their placements and these diaries then acted as cues for the interviews to help explore what the students considered to be significant during their first placement. This second phase of the study addressed the second research objective which was to examine the accounts of mental health student nurses first practice placement, so that I could explore the events the students' considered to be meaningful.

3.4 Participants

The students who took part in this research were undergraduate first year mental health student nurses from the same university in the south of England who were soon to embark on their first mental health practice placement. The data collection started towards the end of these students first semester of their programme and each of the mental health student nurses who were at the university the day the research was introduced to them, were invited to take part in the research.

Students were selected to take part if they were first year Mental Health student nurses studying for a BSc (Hons) degree in Mental Health nursing and if they had not yet started the first practice placement of the programme. Students were not invited to contribute to the study if they were students who were repeating the first year of their studies and who would have already attended their first practice placement.

A total of 28 students expressed an interest in taking part in the research. It was anticipated this sample size would be satisfactory to provide enough rich qualitative data even if some participants were unable to attend a focus group or decided to withdraw from the study.

Reflection on selecting the most suitable framework for the research

In this section I reflect on selecting the most suitable research framework for my study. I found this quite challenging because there are so many options to choose from, but also because I have had to question my core beliefs during this process and have had to cast away some very entrenched quantitative understandings. My research question required a shift away from the quantitative, positivist and objective research design I am more familiar with and into the qualitative world of many different research paradigms.

Selecting the most appropriate paradigm for my research was a challenge because there were so many possibilities. It is possible I could have created a research question using a positivist paradigm, but I did not feel this would be appropriate because I did not want to gather objective information that would be analysed numerically. Instead, I wanted to explore what the students were expecting their placement to be like by talking to them and collecting what they told me. After much reading, I selected the interpretivist paradigm as the most suitable because it fitted with my newly found beliefs that reality is constructed and that there are many possible realities in which understandings are mutually negotiated.

Having established the interpretivist paradigm as my research design framework I read about ontologies. I found considering my ontology for this study a challenge because of my psychological background. I had never heard of the term 'multiple realities' and initially, I found it difficult to understand there could be more than one reality. A further challenge came when I was making decisions regarding whether I would adopt a constructionist or a constructivist epistemology. My problem was that it

took me a long time to work out the difference between the two terms and I think this was because they are sometimes used to mean the same thing.

When I read that constructivism tends to be associated with psychology and focuses on the individual and that constructionism is associated with sociology and the main focus is culture and context, I began to understand. My psychological background had again not helped me because I associated constructivism with Piaget and children's cognitive development. Encountering the world of the social sciences from a different perspective had taken on a different meaning, but I could make a link between the two understandings. I also began to realise that constructivism was not what I was looking for, I wanted something between the two. My supervisors suggested I read Berger and Luckmann's (1966) book titled 'The Social construction of reality' and this helped me to have a better understanding of the constructivist and constructionist dilemma and gradually elevated my knowledge sufficiently to understand the content in Gergen's (1999) booked titled, 'An invitation to social construction'. In this book, I found the answer to my dilemma with social constructivism.

I also submitted an abstract for the 4th Annual Qualitative research symposium at Bath university in January 2018 on 'Researcher positionality within qualitative inquiry' (January 2018). The title of my paper was 'Being an outsider on the inside, or an insider on the outside: Betwixt and between'. Being accepted to present at this symposium and preparing the paper was so helpful for making me reflect on and articulate my position in my research project. I also compiled a research diary in which I regularly reflected on my role and the potential influence I was having.

Reflecting on selecting a suitable methodological approach

Initially, I thought selecting a suitable methodology would be more straight-forward by comparison to understanding what is meant by ontology and epistemology. This turned out to be a myth when I quickly began to realise my understanding was too simplistic. For example, my understanding of Grounded Theory started and finished with Glaser and Strauss and some distant memory of there being a falling out. I had a lot of work ahead of me. Likewise, I thought I had a reasonable understanding of

phenomenology, but on closer inspection found this not the case. It was not until much later in the process that I explored hermeneutic phenomenology, and this would have been a serious contender if I had wanted to focus on an analyses of the students' lived experience during placement.

Things became clearer to me when I realised that it was the students' stories and an understanding of the meanings of what they said in the stories that I was interested in and not their experience. This was when I began to realise Narrative Inquiry was what I had been searching for. This was not a straight-forward process for me though because the more I read about narratives, the more I began to realise how broad the topic was. I also found it disconcerting because I was unable to understand the differences between narrative and narrative inquiry, or what makes narrative inquiry unique. Clandinin (2006) was somewhat reassuring in his acknowledgement of the complexity of distinguishing between narrative and narrative inquiry and cautioned that 'care must be taken' (p.44) regarding how the terms are used. Whilst this was reassuring because I was not alone in the confusion, at the time it did not help me to solve the puzzle. Much later, this became clear when I realised Narrative Inquiry is more focussed on the story and how it is told than the content of the story. Thus, Narrative Inquiry is an approach to research which focuses on the story, and this includes how the story is told and the structure of the story. This was what I had been searching for and Narrative Inquiry framed Phase two of my research study. I also attended a narrative and storytelling training event in London which reaffirmed this.

My first research publication

In 2017, I received an email with a request to submit an abstract for the 'Second international symposium on Qualitative research (ISQR 2017) to be held in Salamanca, Spain. I discussed it with my supervisors who were happy for me to submit an abstract, if I was sure, it was a bona fide conference. It was at this point that I realised not all conferences are genuine, but after further checks through the internet and having looked at their previous conference, I wrote an abstract and sent it to them. I was delighted when it was accepted, and I was invited to write a full paper in readiness for the conference. One of my supervisors very helpfully edited the paper

and I sent it for peer review. The process of writing a twelve-page paper was onerous, but I loved writing it. I also learnt how to adhere to the strict requirements of the publisher (Springer) for the presentation and referencing of the paper. The paper was included as a chapter:

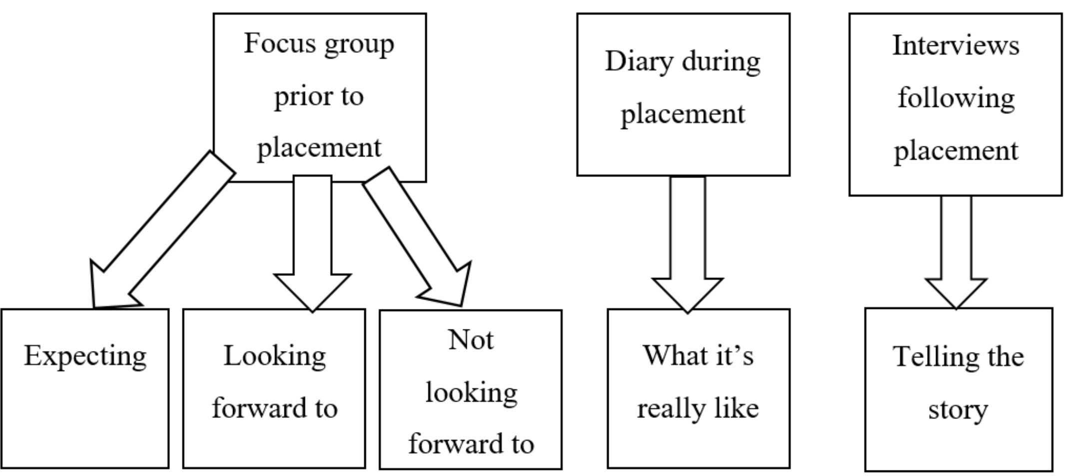
Lacey, A., 2017. Novice researchers' nightmare journey of paradigms and methodologies: 'It's hard to know what I right or wrong'. In: Costa, A.P., Reis, L.P., De Souza, F.N and Moreira, A., eds. *Computer Supported Qualitative Research Second International Symposium on Qualitative Research (ISQR 2017)*. Switzerland: Springer, 204-212.

In hindsight, this was probably not the most suitable home for my work, but it was my first publication and I absolutely loved presenting at Salamanca University. Writing the chapter and preparing the presentation was invaluable for helping me to delve deeply into research methodologies and for building on the knowledge I already had. This was also the first time I had applied for a funding grant, and I was awarded funding to cover the cost of the conference and my travel expenses.

Reflecting on the data collection methods

Early in my DProf journey and when I was thinking about how to formulate my study, I decided to take my next step as a doctoral student and presented a poster at the 5th Annual postgraduate research conference at Bournemouth university in April 2013. Creating the poster was helpful for confirming what the structure of the data collection was (Figure 1).

Figure 1: Structure of the data collection



It also enabled me to get feedback on my proposed study and this confirmed that my chosen topic would be of interest. I then presented a similar poster at the 24th International networking for healthcare education conference at Cambridge university in September 2013. This gave me the confidence to want to present at the next available relevant conference.

Chapter 4. Phase 1 of the research study: Focus Groups

4.1 Introduction

The purpose of this first stage of the data collection was to address the first objective for this study which was to explore the students' expectations of their first mental health practice placement. In this Chapter, I will firstly explain focus groups as a method, secondly, the pilot for the focus groups, thirdly, the process of how the data were collected including gaining ethical approval for the study. Fourthly, I will explain how the data were analysed and finally I will present the findings. I have also placed a brief section concerning the successful ethical outcome for this study in this chapter. The ethical consent applies to both phases of this study and can be viewed in full in the appendices (Appendices 1- Research Ethics Checklist and 2 - Appendix 2 - Ethical Considerations).

4.2 Method: Focus Groups

Focus groups were originally used in marketing and business to collect the views from small groups of people regarding services and products (Vaughn et al.1996). As they became more popular as a method for gaining peoples' perceptions, they were more widely adopted and migrated to other disciplines, including, psychology, education, and the social sciences.

Focus groups are 'group discussions' (Barbour and Kitzinger 1999, p.4) that provide an effective tool for exploring a particular topic with a small group of carefully chosen people (Whittaker and Williamson 2011). They enable discussion to take place concerning unknown topics and according to Stewart et al. (2007) are normally used early in the research process, or as a single method for data collection. They can also be used as part of a larger piece of research and alongside other data collection methods (Vaughn et al, 1996). Focus groups can generate a lot of material in a short amount of time and as Vaughn et al. (1996) have highlighted, the presence of other participants can motivate individuals to talk more freely.

The number of people required for a focus group varies. Stewart et al. (2007) suggested each focus group should comprise of approximately eight participants (no

less than six and no more than twelve). Whereas Polit and Beck (2010) suggested there could be between five and ten people. There is also the concern that the more participants there are, the more difficult it will be to identify who is speaking (Holloway and Wheeler 2000). Barbour and Kitzinger (1999) recommended that for use in the social sciences, the ideal number is between five and six people. This number of people is neither so large that individuals feel inhibited to speak, or too small to gain a suitable amount of information.

Whilst focus groups offer flexibility with the number of individuals who take part, they also offer flexibility with the number of focus groups that can take place on a given topic. For example, Barbour and Kitzinger (1999) stated that it is usual for focus groups to range from between 3 or 4 groups and up to a much larger number of fifty or more. Vaughn et al. (1996) warned one focus group interview would not be enough to gain sufficient data. Whilst Bloor et al. (2001), cautioned that focus groups can be time consuming to plan and to prepare the transcript for analysis the data and should be restricted to the minimum number required. Ultimately, the number of focus groups is determined by the topic being researched.

Focus groups also offer flexibility with their duration. Holloway and Wheeler (2000) suggested focus group sessions can range from one to three hours. However, Berg (2009) recommended between half an hour and an hour would be sufficient to gather a suitable amount of detailed information. Whereas Kitzinger et al. (2007) and Redmond and Curtis (2009) recommended between one and two hours. There appears to be a fine balance between how long an interview should last and this would depend, for example, on the time constraints of the people taking part, the saturation of the topic and the attentiveness of the focus group.

Whilst focus groups have the advantage of being able to create a lot of data in a relatively small space of time, they also have some limitations. For example, there is a risk people may not turn up and this may mean there are not enough people available. It is also possible some people may not wish to contribute, or that several people dominate the conversations (Berg 2009).

4.3 Data Collection

4.3.1 Why I decided to use focus groups

The benefit of using focus groups at the outset of this study was that they would provide a suitable method for exploring addressing the first objective which was to explore the expectations of mental health student nurses prior to their first practice placement. They also served to provide the context and background to the study in terms of what the students were expecting their first placement to be like. In preparation for using focus groups for the first phase of data collection, I decided to pilot the method.

4.3.2 Pilot of the focus groups

In preparation for this study, I piloted three focus groups to give me experience of facilitating focus groups and to help me identify potential issues. The first two of these focus groups were to help prepare two different groups of students for a research-based unit. I thought it would be useful for the students to experience taking part in a focus group whilst also refining my skills for facilitating focus groups. I invited some of the second-year mental health student nurses to take part in a focus group. These students knew me well and that I was studying for my doctorate, and they were happy to take part. I explained to the students that the purpose of the focus group was for them to talk about their placement and the next level of their studies and for me to practice conducting a focus group. I also assured them that this focus group was not being recorded and would not be used in the research.

Reflecting on this focus group enabled me to further refine my skills and it was during this focus group, I realised the importance of setting boundaries so that the students had the opportunity to state what they expected from each other and so that I could ask them to let each other speak and to listen to each other. This was important because I wanted to ensure, I could capture what was being said, when I wrote up the notes from the interviews. I also learnt that when working with students, it is important to make sure they are available on the day to take part. When I originally asked the students if the date was convenient for them, they said it was. If I had checked their academic timetable, I would have noticed they had an exam the day after the first focus group

and would probably prefer to spend their time revising. None of the students who engaged with the pilot focus groups took part in the research study and this was because they were all second-year mental health student nurses.

As part of the process of familiarising myself with focus groups, I accepted an invitation to take part in a focus group and this gave me an appreciation of taking part in the discussion. This focus group involved quite a large group of fifteen people and because I did not know these people, or much about the topic, I did not feel confident enough to speak. I also did not feel I was encouraged to speak and was relieved. This made me realise the importance of not inviting too many people to one, focus group, of providing a relaxed and informal environment and encouraging everyone to join in with the discussion only if they want to.

4.3.3 Decisions made regarding undertaking the focus groups

I decided to undertake the focus groups at the university because they were due to take place during a block of studies when the students were at the university. Being mindful that this research is not related to the students' studies, and that I wanted it to be quite clearly separate from the academic life of the students, I booked a room for the interviews in a building separate to those where the students were taught. This building is clean and has modern facilities. It is also usually quite quiet and has few distractions. My hope was that by inviting the students to a less familiar environment they would feel more comfortable and at ease to talk freely. I was able to book one of the small rooms with seats and tables on the research floor and this provided an ideal environment for the focus groups. For each focus group, I placed a do not disturb sign on the door to help ensure there were no interruptions.

In preparation for the focus group, I compiled a prompt card containing topics I wanted to remember to encourage the students to discuss. The purpose of the prompt cards was also to remind me to ask the students to talk to each other about what they were expecting the placement to be like, what they were looking forward to and what they were not looking forward to. The two latter questions were peripheral to the main

question, and I only chose to include them because I thought they might trigger additional information relevant to the students' experience.

I decided to enlist an assistant facilitator to aid me with the running of the focus groups and asked a colleague and fellow doctoral student if they would be available to do this. This person was unavailable for the first interview and another colleague and doctoral student took the notes for the first focus group. The main role of the assistant facilitator for this study was to sit outside of the group and to observe and take notes. The purpose for this, was so that I could listen to the students talking to each other without having to take notes of their conversation at the same time. Even though notes would be taken, I also decided to audio record the focus groups. This was important to me because I wanted to transcribe exactly what the students had said and not rely on memory. I also purchased some sticky labels for the students to wear and this was because the students were in their first semester, and I thought they might not know the names of the other members of the focus group. Being able to see the names of the students was also intended to act as an aid for the assistant facilitator who was taking the notes.

To help ensure the students were clear with what was expected of them during the discussion, I decided to ask them to agree some ground-rules. The purpose of ground rules is for helping to clarify what is expected of the group (Redmond and Curtis 2009). I also decided that once the students had confirmed their ground rules, I would add my own and that these would include what the students could expect from me as the facilitator. I also decided to request students to speak one at a time and to talk to each other because essentially, I wanted to listen to what they had to say and to only occasionally ask questions to guide the conversation. Taking a passive role in the focus groups, I hoped would encourage the students to interact more freely. As van Teijlingen and Pitchforth (2006) have noted, interactions are fundamental in focus groups and the meanings that develop. I kept my ground rules to a minimum, so that the students were aware of the basic guidelines and did not feel stifled by too many rules.

I also decided to ask the students to complete a background questionnaire at the beginning of the meeting and shortly before the focus group started. The purpose of this questionnaire was to gather information that would provide some context for these students. The questionnaire asked each student to respond to questions relating to their background, age, and previous experience of working in a mental health environment (Appendix 8 – Background Questionnaire).

When deciding on the duration for the focus groups I was mindful the focus groups were taking place during the students' theory block, and this would be a busy time for them. Holloway and Wheeler (2000) suggested focus group sessions can range from one to three hours. I considered three hours would be too long given the students were being asked about their expectations of something they had not yet experienced. I decided one to one and a half hours and no longer than two would be sufficient and not too demanding on the students' time. I was also mindful the focus groups would be taking place during the students' lunch break and so I secured funding to buy some food for each focus group.

Whilst preparing for the focus groups I also needed to consider how I would manage if the conversation waned, or some members of the group did not contribute, or if some members appeared to be dominating the conversation. As a psychologist and leader of the communications unit at the university, I hoped my interpersonal skills would be sufficiently polished to manage such situations without embarrassing the students. I was also aware preparation was key to an effective focus group (Berg 2009) and whilst I had carefully prepared for the practicalities of the focus group, I needed to prepare for the group interactions as well. Concerning the conversation waning, I decided not to act too quickly in case it was a natural pause. If after the pause there was no change, I decided I would ask the group if there was more, they wanted to add, and if not, I would begin to draw the focus group to a close. If I noticed a student had not spoken, I decided I would try to encourage them to join in by asking them their opinion. Likewise, if one of group members seemed to be dominating the conversation, I decided I would ask other group members for their opinion.

4.4 Ethics

A favourable ethical opinion was given by the University's Research Ethics Committee (copy of approval in Appendix1). For this research, the ethical guidelines suggested by the British Sociological Society (2002), the British Psychological Society (2009) and the Nursing and Midwifery Council 2010b) were taken into account, and included for example, protecting the students, confidentiality, anonymity, the right to withdraw, health and safety issues and data protection. The ethical considerations document and the risk assessment form can be found in Appendices 2 and 4). Following ethics approval (Appendix 1 - Research Ethics Checklist), it was necessary to return to ethics to request an increase in the number of students taking part in the study and to gain approval to adjust from two focus groups to four. This was agreed by the ethics approver and logged with the Graduate School.

4.5 Process of data collection

4.5.1 Gaining Access

At the start of the academic year of data collection, I met with the two first year Mental Health student nurse Academic Advisors. Within the nursing programme at this university, the role of the Academic Advisor is to support and guide the student with their studies. I arranged to meet with these Academic Advisors so that I could speak with them about the research and request their agreement for their students to take part. Once I had received both of their agreements, I arranged with the Academic Advisors a convenient time when I could meet with both groups of students to introduce my research to them.

This introductory meeting with the student nurses took place at the end of one of the Academic Advisor seminars, approximately two weeks before the data collection was due to start. This provided sufficient time for the students to express an interest in the study and for them to provide fully informed consent to take part.

4.5.2 Introducing the research to the students

At this introductory meeting, I introduced myself as a student researcher and not as a lecturer. This was important because some of the students already knew me from other

roles I have at the university and to help separate these roles, I wanted to make my role as researcher clear. I explained that I was studying for my Professional Doctorate and that my area of interest was first year mental health student nurses and their first practice placement experience. I then provided a brief overview of the research process in terms of what the students would be requested to do and what the findings would be used for. I also made it clear that the research was for the sole purpose of my research studies and that it was in no way linked to their studies at the university. In compliance with my ethical guidelines approval, the students were each handed an expression of interest to take part sheet which they were asked to complete and return to me within one week if they were interested in attending a meeting to find out more about the research (Appendix 5 – Expression of Interest to take part in a Research Study Reply Slip).

A total of 28 students expressed an interest in taking part in the research. Of the 28 expressions of interest, 19 reply sheets were completed and handed to me during the meeting and a further nine were received during the following week. Those students who expressed an interest in taking part were then invited by email to a meeting where the details of the research were explained to them. It was anticipated this sample size would be satisfactory to provide a sufficient amount of rich qualitative data even if some participants were unable to attend a focus group, or subsequently decided to withdraw from the study.

4.5.3 Meeting with students who expressed an interest in engaging with the research.

The meeting took place on a day when the students were already at the university. It lasted approximately half an hour and provided sufficient time for the students to ask questions and for me to remind the students the research comprises part of my professional doctorate and that my area of interest is the experience of mental health student nurses during their first practice placement. The involvement of the students in the research was outlined and included that they would be requested to take part in a focus group prior to placement, keep a diary during placement about their placement experience and that some of them would be invited to meet with me following

placement to talk about their placement experience. I also included when and where the focus groups would take place and that they were expected to last between one hour and one and a half hours and no longer than two hours. The students were also given a map of the campus, so they could locate the building. I also explained that I would provide the diaries for them and that whilst they were theirs to keep, I would ask to photocopy them following the placement, and then return it to them prior to the interviews.
During this meeting the students were assured that in accordance with the ethical requirements, confidentiality and anonymity would be adhered to and that their names and other identifying details, including placement details would not be mentioned in any part of the research, or in any future publications. I also included that if at any stage they decided not to continue, this would be fine, and the decision would not impact on them in any way.

The students were also each handed a participant information sheet to read (Appendix 6 - Participant Information Sheet), I also talked this through with them, to help ensure they were clear about what was being requested of them. They were also encouraged to ask if they had any questions. The students were also handed a consent form that they were asked to return to me (Appendix 7 – Consent Form). A total of 20 consent forms were completed and returned to me at the introductory meeting and a further eight were returned to me at later dates. The completed consent forms were photocopied, and a copy of the signed and dated consent form was returned to the students. The signed and dated consent forms were stored in the secure filing cabinet with the other research documents. Having completed the consent forms, I was ready to plan the focus groups.

4.5.4 Conducting the focus groups

In this section I provide a step-by-step guide of how the focus groups were conducted.

1) Prior to the first focus group, I visited the room to make sure it was suitable; I also introduced myself to the research staff in the next office and explained when I would be carrying out the focus groups.

2) On the day of each focus group, I placed a 'do not disturb' sign on the door.

3) I made sure the seats in the room were positioned around the large oval table.

4) I placed a chair and small desk outside of the focus group circle for the assistant facilitator.

5) I positioned the buffet for the students on a separate table. When the students arrived, they were welcomed, invited to have some food and then to take a seat.

6) Each student was given a sticky label which they were asked to write their name on and to wear.

7) Once all the students had arrived, I introduced the assistant facilitator to the students. The main function of the assistant facilitator is to have a background role outside of the actual focus group and to takes notes to supplement what is discussed (Berg 2009). I explained the role of the assistant facilitator was to observe and to take some notes whilst the discussion was taking place. The assistant facilitator also had the additional tasks of welcoming people as they arrived and asking them to help themselves to the buffet.

   I then explained my role as facilitator. The role of the facilitator, also known as moderator (Kitzinger et al. 2007; Redmond and Curtis 2009) can vary depending on the requirements of the study. For example, some facilitators may adopt an active role in the discussion, whereas others may be more passive (Barbour and Kitzinger (1999). Whatever the role the facilitator adopts, this person is key for the success of the focus group which is dependent on the skills of this person and a relaxed and non-threatening environment (Vaughn et al 1996). I explained to the students that my role was minimal and was only guide them, when needed, whilst they talked to each other about what they were expecting from their first placement.

8) The students were then asked to complete a background questionnaire (Appendix 8 – Background Questionnaire).

9) The students were then asked what ground rules they would like for the focus group. These were written on a flip chart and made visible to the students whilst the focus group was taking place. I then added my ground rules.

10) I also reminded the students the discussion must be kept confidential and not discussed after the focus group had finished. The students were also reminded they should only mention that which they were comfortable to discuss and that if, at any time during the interview, they decided not to continue, they could leave, and their contribution would not be included. I also included that each focus group was expected to last approximately one to one and a half hours and no longer than two hours. I also reminded the students the focus groups would be recorded and checked all the students were happy to continue.

11) Once the formalities had been completed and the students had all confirmed they were happy to continue, they were thanked for attending and the focus group began.

12) At this point I turned the tape recorder on.

13) I asked the students to talk to each other about what they were expecting their first practice placement to be like.

14) Towards the end of the discussion, the students were asked to talk about what they were looking forward to and not looking forward to during the placement.

15) The students were then asked if there was anything, we had not talked about they would like to mention, or a key point they would like to add. I followed this ending question with each person being invited to provide one final comment relating to their placement.

16) The students were then thanked again for taking part and reminded when I would be meeting them to discuss keeping a diary during placement and for them to receive their diaries.

Reflecting on the focus group interviews

Initially, I was quite worried the students would not turn up for the focus groups and was hugely relieved when they did, even though some of them did not turn up for the focus group I had expected them to attend. I thought I had carefully planned with the students which focus group they would be joining, but seemingly not. Twenty students arrived for the second focus group, and I had to tactfully remind them, that only the students who had agreed to be part of the focus group that day could stay. Likewise, I was expecting five students to attend the third focus group and three turned up. Two students who had signed and returned consent forms did not attend the focus group and were presumed to have decided that they did not want to take part in the study. Whilst I had not intended to provide the buffet as an incentive to attend, it seemed to have made an impact on the students when 20 students turned up for interview two. I had to smile when two of the students in the second focus groups brought crisps along to put in the dips, rather than eat the carrot and celery sticks I had provided.

When preparing for the interviews I made sure that I dressed casually and that I did not mention academic issue with the students. My student status was important to me, and I wanted to present myself as a fellow student and not as an academic doing research. I also wanted the students to feel comfortable of talking in my presence and I was very aware that if the students viewed me as a member of staff they might be unwilling to speak freely. I did not need to worry because the students did appear to speak freely, and it seemed to me that they forgot I was also an academic. This was evidenced at the start of the fourth focus group when one of the students said she felt sick because she had a hangover. Although I was annoyed because I did not want this to impact on the focus group discussion, I managed to maintain a good humour and gave her a glass of fruit juice to drink. I also chatted to her about her evening whilst the other students were making themselves comfortable. Having a pre-ramble before

the focus groups started was important because it appeared to help the students to relax. It is also possible that if I had been a nurse, they would not have spoken to me so freely for fear of showing lack of knowledge.

The assistant facilitators were very helpful and since they were both doctoral students who had previously used focus groups, their presence was reassuring for me. Having two different assistant facilitators did not seem to make a difference and this was probably because the assistant facilitator for interviews two to four followed the same procedures as the assistant facilitator for the first focus group.

Reflecting on using groups as a method for data collection; the focus groups were ideal for enabling the students to share their thoughts and to express the concerns they had with each other. This seemed to have been helpful for the students and helped me to find out what the students expected their first placement to be like and what they were looking forward to and not looking forward to. One unexpected aspect of the focus groups was that the students who had previously worked in a health care environment were sharing their knowledge with the students who did not know what it would be like. They seemed to be learning from each other what might be expected from the first practice placement and whilst they were learning, I was learning too.

4.6 Data Analysis of the focus groups

In this next section, I will firstly present the findings from the background information the students were requested to complete at the start of each focus group, then I will discuss how I decided to analyse the data for the focus groups, how I prepared the data for analysis and the data analysis.

4.6.1 Data analysis of the background information

Twenty-six student nurses took part in one of four focus groups and all students were requested to complete the background information. The data from the information were categorised in terms of the participant's gender, age range, whether they had previously worked in a mental environment and if so which type, their first placement area and ethnic origin (Appendix 9 – Demographic of participants).

4.6.2 How I decided to transcribe and analyse the data from the focus groups

There are numerous ways to transcribe focus group data, and for example, Curtis and Redmond (2007) stated four different methods; transcript based, tape based, note based and memory-based analysis. Transcript based is the most thorough method and includes the transcribing the full interview, the notes made by the facilitator of the focus group and from the debriefing session with the facilitator following the focus group. Tape based method is less detailed than the former and includes a briefer transcript together with the notes and summary provided by the facilitator. Whereas the note taking method is briefer still and involves the facilitator only taking notes during the focus group discussion. The discussion is recorded as with the previous methods, but not transcribed. Instead, the recording serves to confirm the accuracy of the notes and to provide quotations for the analysis. The memory-based method is the least time consuming and involves the facilitator verbally reporting an overview of the discussion to the researcher. This method does not require the focus group to be recorded (Curtis and Redmond 2007). Following the suggestions of Curtis and Redmond (2007) my preferred choice was the first option, the transcript-based process because I wanted to transcribe the interviews as accurately and fully as possible.

I continued reading because Curtis and Redmond's suggestions required a facilitator who was not the researcher to conduct the interviews and I had been the facilitator of the focus groups in my study. Barbour and Kitzinger (1999) provided me with an alternative method. They recommended researchers transcribe at least one focus group fully, so they can add additional notes and thoughts as they listen to the tape. Rather than transcribing only one focus group fully, I decided to transcribe all four focus group interviews as fully as possible, including the assistant facilitators notes and summary, so that the transcripts were as complete as possible.

I also chose to transcribe the interviews myself rather than ask a transcriber to do this for me because I wanted to re-familiarise myself with what had been said during the interviews. This was also important because it helped me to engage with what the

students had said. It also meant that whilst I was typing up the recordings, I could add notes in the margin of my thoughts of what had been said.

The next step in the process was to decide how to analyse four transcripts with a total of over 47,000 words. I had read that very few authors discussed how to analyse focus group data (Frankland and Bloor 1999) and if analysis was mentioned there was little information (Vaughn et al. 1996). I knew that I was not interested in the dynamics of the people in the focus groups and that I was interested in what they said and not how they said it. In honour of the ethos of my epistemology and with the remainder of my study aligning with Narrative Inquiry, I did not want to quantify the accounts for frequencies as in classical content analysis (Morgan 1997).

What I was interested in, was the content of what had been said. Thematic analysis offered me this possibility because it required me to focus on what the students had said while I was sorting the data into groups of similar topics. I decided to follow Braun and Clarke's (2013) stages of coding and analysis as a template to help guide me through the process. I selected this method because the steps were clearly stated, and the process would enable me to identify the different topics.

The seven stages Braun and Clarke recommended for the process of coding and data analysis

1) Transcribe
2) Read and become familiar with the text and make notes of anything that might be of interest.
3) Code the data
4) Identify the themes
5) Check the themes and sub themes and map the relationships between them
6) Define and name themes
7) Then finalise the analysis.

I chose this template because it provided a clear outline of how to analyse the data and a logical process to follow. It also appealed because it was not too prescriptive and provided me with some flexibility with how I proceeded.

4.6.3 Preparing the focus group interviews for analysis.

Following each focus group, I made copies of the interviews on compact discs, and these served as a precautionary back-up measure in case one of the audio recorders became faulty, or, needed to be returned to the university IT department before I had completed the transcribing. I was also able to transfer the recording of the interview from my I-pad onto a disc and then in accordance with my ethical agreement that all data would be stored in a secure place, I deleted the original interview. Aligning with Braun and Clarke's (2013) seven stages for coding and data analysis, I transcribed the focus group interviews.

Stage 1: Transcribing the focus group interviews.

I started transcribing the interviews as soon as they had taken place whilst they were still fresh in my mind. Firstly, I listened to each interview and then started to type what had been said. I transcribed the data as fully as possible, and this provided me with a more accurate and detailed account of what was said rather than if they had been only partially transcribed. The process of transcribing encouraged me to think about what was being said and as I typed I made notes of my thoughts (Appendix 12 - Extract from the transcript of focus group 4 with initial thoughts). In adherence to the ethical requirements for this study, all the names for the focus groups were anonymised including any names that were mentioned in the group discussion.

Where possible, the assistant facilitator had identified who was speaking and this helped me during the transcribing to recognise who was speaking and when one person had finished speaking and when the next person started. I added these names using pseudonyms to the script. Where I was unable to identify the name of the speaker, I referred to the person as 'Student'. I added the names because I wanted to keep the interview as intact as possible. I indicated the length of pauses using dots and when students spoke over each other, giggled, or spoke quietly, I used review comments to

make notes on the script. Line numbers were also added to each transcript for ease of identifying extracts of text (Appendix 13 – Extract from the transcript for focus group one with line numbers). The notes taken by the assistant facilitator for the focus groups were also added to the transcripts and to enable a more in-depth account of the findings. I replayed each of the recordings to check my transcripts for accuracy. I transcribed the interviews in the order they took place.

Reflecting on preparing the focus group transcripts for analysis

I transcribed the focus groups over a period of four months, and this took longer than anticipated. Working full time slowed my progress as well as ill-health which meant I had to take regular breaks. I was determined not to mess up the data collection because it would have meant waiting at least another year before I would have had the opportunity to arrange the focus groups again to fit in with mental health student nurses going on their first mental health practice placement. This was because there was only one opportunity a year to collect information from students prior to their first placement. Focussing on the transcribing had a positive effect as well though because it gave me a goal to work towards and helped to take my mind off being unwell.

The downside of trying to type everything that was said during the focus group was that it was not only a very time-consuming process, but that it was made more difficult when students talked over each other and did not speak clearly. However, the assistant facilitators notes helped with this task because in the notes where they noted what had been said, they had included the students' name. Having a Dictaphone for two of the focus groups which I could slow down when transcribing was helpful, but not always sufficient to enable me to identify every word that was said.

At the time of the focus groups, I thought it would be useful to know who was speaking and it was not until I started to analyse the data that I realised I did not need to know the student names. This was because I decided to analyse the focus group interviews by searching for themes and this did not require me to know the names of the speakers. When I next use focus groups, this is something I will consider because it was time consuming trying to identify peoples' voices.

4.6.4 First layer of analysis: Thematic analysis

Stage 2: Reading and becoming familiar with the text and making notes of items of interest

Throughout the process, I concentrated on the objective for the focus groups which was to explore the students' expectations of their first practice placement. I did this to remain focussed. I analysed the data for each focus group before moving to the next and this was because I wanted to see what the key messages were for each interview before comparing and contrasting the findings. I started by reading the first focus group several times and added my thoughts to the initial thoughts I had added when I was transcribing. Examples of my thoughts for the first focus group included placement, not knowing, role conflict, lack of previous experience, shifts, being on their own and mentor. I then re-read the script again to make sure I had not missed anything that might be important.

Stage 3: Coding the data

Following this, I extracted all the pieces of text, complete with their script line number, so the sections would be easy to refer to, and transferred all the text I considered relevant to sheets A4 sized sheets of paper. I decided 'relevant' would include anything relating to placement, including getting ready for placement and what the students were expecting it to be like. I cut up the sheets into small pieces of text which consisted of one or two sentences the students had said. I then placed these slips of paper into groups of similar topics and re-shuffled these groupings several times so the groups contained what I considered to be the most relevant slips of paper. These slips of paper became the codes which were later to be woven into themes (Appendix 14 – Arranging slips of paper for the themes for one focus group).

These groups of individual slips of paper / codes were then placed on a large sheet of paper which I had created from sticking together six sheets of A3 paper. Whilst placing the slips of paper onto the large sheet, I continued re-shuffling the groups. The process

of seeing the groupings on a big sheet seemed to make some of the extracts more suitable in other groups and so I moved the slips of paper around. This process enabled me to create new groupings and to break some of the groupings into other groups.

4.6.5 Second layer of data analysis: Thematic analysis

Stages 4 – 6: Identifying the themes, checking the themes and sub themes, and mapping the relationships between them

When I was satisfied with the groupings, I glued the extracts on the large sheet and hung it on the wall (Appendix 15 – Developing the themes; part of the process). This was helpful because I could identify links between the groupings. Identifying links also encouraged me to want to tweak the groupings again and this resulted in a second poster. These groupings became the themes and were given a title which was a key, and relevant phrase selected from what the students had said. The key phrases seemed to summarise the overall meaning for each of the groupings. I followed this process for the following three focus groups.

Braun and Clarke's (2013) seventh level of analysis, of finalising the analysis became incorporated into stages 4-6 because this was an iterative process and the stages intertwined as I made sense of the data.

Reflecting on the Process

Whilst I was analysing the first focus group, I began to feel uncertain I was being sufficiently rigorous, and this discomfort stemmed from a lack of confidence due to me being more familiar with the structured guidance of quantitative research analysis. I began to feel out of my depth and decided to put the data to one side whilst I refreshed my N-Vivo skills from a training course I had previously attended. N-Vivo is a computer package that stores the coding and themes of qualitative data (Cresswell 2013). I created the folders for N-Vivo and put some data in the folders, but this took me a long time because I did not understand the programme sufficiently. I eventually decided not to use N-Vivo having read the guidance in the information pack which explained that developing a suitable level of understanding would not make the best use of time unless the package was being used for large amounts of data

(qdatraining.eu 2012). Ironically, slotting the data into folders on a software package felt uncomfortable because it felt like the data was being taken from me and was being objectified. I was uncomfortable with this feeling and rejected N-Vivo.

I then questioned whether I should be using the students' words for the names of the themes, or whether I should interpret the category headings. I was concerned that remaining faithful to the exact words the students had said when identifying themes may not be correct. Turning to the textbooks, it appeared researchers do not usually use the participants' own words when they name themes, instead they used their own interpretations for the names of the groupings (Braun and Clarke 2013 and Barbour and Kitzinger (1999). I then found a research paper in which the authors stated they had used the words of their participants for the names of their themes (Nowell et al. 2017). This was reassuring to me because this is what I wanted to do, and this was because I felt the students' words reflected the essence of what they had said. Using only the words the students had said was helpful as it encouraged me to look more carefully at exactly what the students had said.

Following Braun and Clarke's (2013) process for the data analysis was useful for guiding me through the stages and for ensuring my system of data analysis was structured. It was not so helpful when analysing the codes and developing the themes and this was because I was unable to isolate stages 4 – 6 which did not seem to be distinct stages. The reality was a lot of shuffling with the codes, moving codes and sub themes into other themes and moving themes to different places on the sheet where they linked with other themes.

4.7 Findings from the focus groups

In this section, I firstly present the demographic findings from the background information questionnaires and then the number of students who took part in each focus group. This is followed with a precis of the findings for each focus group. I have included a brief precis here due to the word restrictions of a Professional Doctorate. A more detailed overview of the findings for each focus group can be found in the appendices (Appendix 16 – Research findings from all four focus groups). Alongside

the findings for each focus group, I have presented the themes in a table. Thirdly, I present the combined findings for the four focus groups.

4.7.1 Findings from the background information

The 26 students who took part in the study were first year mental health student nurses. Of these 26 students, 24 completed the background information. Twenty-one students stated they were female and three were male. Nineteen of the students were aged between 18-29. Eight of these students had no previous experience of working in a health care environment. Four of the students were aged between 30-40 and one of these students had no previous experience of working in a mental health environment. The oldest student in the category age range between 41-50 was male and did have previous experience of working in a mental health environment. Seventeen of the students stated they were White British including the three male participants. Three students stated they were Asian other, White other, and Black African. The ethnic origin of the other four students was not known. Thirteen of these 24 students stated they did not know where their placement was going to be (Appendix 9 – Demographic of participants). Twelve of the students stated they had previously worked in a mental health environment and 11 students had been informed of where their first placement would be.

4.7.2 Number of students who attended, and duration of each focus group

In total, four focus groups took place with a total of 26 students. Six students took part in focus group one; ten students took part in focus group two; three students took part in focus group three and seven students took part in focus group four. Focus groups one and two lasted one hour, focus group three was the shortest focus group and lasted 41 minutes, whereas focus group four was longest at just under two hours.

The findings for all four focus groups can be found in the appendices (Appendix 16 – Research findings from all four focus groups). The key messages are presented below.

4.7.3 Overall messages from each focus group

4.7.3.1 Focus group 1

These students did not know where their placements were going to be. The overall message from the first focus group seemed to be that these students felt like they were "*going on the inside*" (fg 1. 432) and this seemed to create a lot of uncertainty for them because they did not know what to expect and they were concerned whether their mentor would want them. They also felt that there would be a lot of adjusting to do and that this first placement was a time for deciding whether they would like this new career.

Table 5: Stating the themes for focus group one

Themes	Line Number
Going on the inside	432
Going in as a clean slate	120
We don't know	77
It will take a lot out	314
Putting everything together	470
You don't want to be doing things you shouldn't be doing	303
It would be nice to have a bit of back up	237
Make a difference	485
Make or break	353

4.7.3.2 Focus group 2

These students did not know where their placements were going to be. There appeared to be two main and overall messages for the second focus group, and these were that mental health nursing was thought to be a dangerous job to do and they were concerned about whether they would get on with the people they would be meeting. Similarly, to the students in the first focus group, they thought they would have to make some adjustments whilst on placement.

Table 6: Stating the themes for focus group two

Themes	Line Number
I don't know	115
I've not had much experience	230
It's very risky being a mental health nurse	199
Seeing something that perhaps you didn't want to	562
Relationships – meeting new people	171

It’s a different kind of learning	762
The students were expecting placements to be an adjustment	704
As a student nurse	220

4.7.3.3 Focus group 3

The students in the third focus group knew where their placements were going to be, but there was still seemed to be a lot of uncertainty about what to expect, but they were looking forward to taking this first step and being able to practice their skills that they had learnt in the university, at their placement environment.

Table 7: Stating themes for focus group three

Themes	**Line Number**
Well, we don’t know	184
You will change a lot	550
Another step further into the journey	556
Putting it into practice	382
New Experience	211

4.7.3.4 Focus group 4

The students in this focus group also knew where their placements were going to be. The topics discussed during this focus group were similar to the other focus groups in respect of some uncertainty and not knowing what to expect. This group were also concerned they might be a nuisance to the placement staff.

Table 8: Stating the themes for focus group four

Themes	**Line Number**
Right in the heart of the community	1192
I’m kind of going in blind	343
I don’t want to be a pain	1700
You are going to learn so much	491
It is hard to know what is right or wrong	786
You will do what shifts we expect you to do	511
Being a student nurse	1445
I really want to wear a uniform	1114
Make a lot of judgements	1212
Mentor	551
Meeting people	979
Eventually you are going to make a difference to someone	1272

We do have our own needs	1219

In this next section I have combined the themes from the four focus groups together to create the overarching themes from the sub themes which were identified in the individual focus groups. As with the earlier stages of this data analysis, I have headed the combined themes using the words of the students. This was important to me because I wanted to remain faithful to their words. This was more difficult to do with the sub themes, where exact words used in one focus group did not reflect the words used in the other focus groups.

4.7.1 Combined findings from the four focus groups

4.7.1.1 "Like the start of a new journey" (Fg 1. 519)

One of the key themes from the focus groups was that going into placement could be likened to the students going on a journey and some of the students, mentioned placement in terms of being another step into the journey and for these students it seemed to be a 'collective' journey:

"*It sounds cheesy, but we're all on this journey together*" (Fg 3. 378).

Going on this journey required the students to take some risks because of the uncertainties created by not having been on this journey before and there seemed to be quite a lot of anxiety about what to expect. One student stated:
"*I don't know what is expected of me or anything, so I'm quite worried about that*" (Fg 4. 93).

Whilst another student referred to it as "*the fear of the unknown*" (Fg2. 557)

Going on this journey also required the students to make arrangements to attend placement and this created some concerns for the students. For example, a few of the students had part-time jobs and they were concerned they might have to give them up:

"*I like to work on the weekends because you get the unsociable hours pay extra, which is important when you're not doing many hours anyway because it makes a difference, but if I have to do my placement on the Saturdays or Sundays it will cut my normal hours during the week it will influence my pay cheque a bit*" (Fg 1. 578-582).

Whereas other students who had children, had concerns relating to childcare. One student stated:

"*I've got a step-daughter and I don't know when I'll be able to pick her up*" (Fg 1. 498)

Other students were concerned about travelling to placement, especially if they had to work an early shift and did not drive:

"*Having to start at half past seven and then having to travel and get the buses and things like that*" (Fg 1. 619-621)

Whilst most of the students seemed to realise, they would have to manage their concerns and make their arrangements, one small group of students had a different opinion. This group appeared to expect placement to be flexible with them:

"*I don't know what they are going to do with shift work for people who don't drive*" (Fg 4. 145).

There appeared to be a lot of uncertainties about this journey because the students did not know what to expect and because of concerns regarding the arrangements they would have to make in readiness for the journey.

4.7.1.2 "Well, we don't know" (Fg 3. 161)

Not knowing what to expect seemed to be an important topic. At the start of the journey most of the students were uncertain what to expect, even if they had been told

where their placements were going to be. One of the students who knew where her placement was going to be commented:

"*I'm nervous about it now 'cos now I'm like I don't know what I'm doing at all*" (Fg 4. 865).

Those students who had not been told where their placements were going to be were anxious and felt they were not prepared for it by the university. One of the students said:

"*Everyone's uptight aren't they because we don't really know what's happening*" (Fg 2. 215).

Even though most of the students said they did not know what to expect, several of them were expecting to experience personal change and believed this would build up their confidence.

4.7.1.3 "A journey on starting to believe in yourself" (Fg 2. 535)

It seemed the students viewed placement as a time for personal change and development that would help them to grow as professionals and develop their confidence.

Personal change

A few of the students were expecting to experience personal change during placement and one of the students who was worried about being shy commented:

"*I am quite shy, but I think that will grow like with placement as well because you just like get used to it*" (Fg 3. 334-336).

Other students who had heard that they would change during their nurse training and were accepting of it:

"*Everyone says like placement changes you as a person*" (Fg 2. 551).

Development

Whilst the students were expecting their journey to change them, they were also expecting to develop professionally as individuals. This development was mostly focussed on professional growth. One of the students viewed her personal development in terms of becoming a competent practitioner:

"*I am actually looking forward to is to develop as an individual, to develop that competence to deliver the care that you think a person deserves, that's what I am actually looking forward to*" (Fg 2. 530-532).

This was similar to another student who also considered her development in relation to the practice of being a nurse:

"*I'm just looking forward to being one step closer to being a nurse. I think that once you are practicing you are already doing the job, even if you're doing it as a student you are like, you know you are half way there really*" Fg 4. 1007-1010).

4.7.1.4 "It's very risky being a mental health nurse" (Fg 2. 199)

Whilst the students were expecting their change and development to be positive, they were also aware they might be taking a risk working in a mental health environment. One of the students commented that going into placement was like "*Going on the inside*" (Fg 1. 432) and whilst several students were aware there might be a physical risk, others recognised there would be opportunities.

Physical risks

The students varied in their concerns about the physical risks they might be taking by working in a mental health environment and for some students these issues were based on previous experience as a health care professional:

"*Children's homes I never turned my back for a second*" (Fg 2. 211).

The students who had not previously worked in a mental health environment and who had no experience to draw on, seemed base their fears on hearsay:

"*It's really scary, if somebody asks what course you're doing and you say mental health nurse they just act as if you're going to die*" (Fg 2. 456-457).

Other students expected they might get injured, but seemed to be accepting of this as part of their role:

"*You obviously want to give care to people, but like knowing that there's people that can turn round and harm you, not because they want to, but because of their condition*" (Fg 2. 194-195).

A particular concern amongst the students seemed to be having a placement in the community and one of the students was worried about seeing a lot of deprivation, whilst another said she did not want to work in the community because she felt it would be unsafe going into other peoples' homes: "*Greater chance of being harmed in the community*" (Fg 2. 280).

Opportunities

Not all students shared these concerns though and some of them felt there were benefits to being a student nurse because they would not be expected to get involved in practice they were not trained to do and because they would be able to do things that they considered to be enjoyable with the patients:

"*Being a student nurse gives you the opportunity to take time with patients because you're not in a rush, you can just sit down and speak to someone*" (Fg 4. 1445-1447).

A few of the students also thought there would be benefits to having a placement in the community and seemed to be happy about this because they were looking forward to having the opportunity to meet people in their home environments:

"*You see them in their own homes, so you actually see them as a person, you are going to see them as who they are, where they live, right in the heart of the community*" (Fg 4. 923-928).

The overall benefit of being a student nurse seemed to be that having time to spend with the patients would mean that there would be more opportunities to make a positive difference to them:

"*Obviously as a student you are going to be making some kind of a difference to someone's life. You are gonna be a big aspect in someone getting better, or living with their illness. Eventually, you are going to make a difference to someone*" (Fg 4. 1002–1006).

This appeared to be an important part of the journey for the students in both the first and fourth focus groups:

"*That's why you go into mental health nursing to make a difference isn't it, to impact on somebody's life*" (Fg 1. 485).

4.7.1.5 "I'm actually scared of adjusting my role" (Fg 2. 218)

Several of the students who had previously worked in a mental health environment seemed to fear there would be a sense of loss from their previous role to student nurse. The two main reasons were concerns regarding the risk of losing a role they were familiar with and struggling to separate their new role from their previous role.

Loss of role

One of the students said she felt sad that she would be losing her role*:*

"*I almost mourn losing that side of my job and no longer being that person on shift*" (Fg 2. 261).

Other students seemed reluctant to change their role from one they felt comfortable with:

"*I think I'm going to struggle getting out of my support worker role 'cos that's what I'm used to doing*" (Fg 3. 212-213).

The role change seemed to be to do with separating from a role that was familiar to them and adjusting to a role they were uncertain of.

Role conflict

The change of role from health care practitioner to student nurse was a concern for several of the students because they expected they would have difficulty not doing tasks they had previously been considered skilled to undertake:

"*Separating the past and also sort of watching the restraint rather than being involved. I think I will struggle as a student nurse with finding the difference between separating the two, that is my biggest worry*" (Fg 2. 224-226).

Other students seemed uncertain what they would be allowed to do as a student nurse and were concerned they may not be able to distinguish their old role from their new role:

"*If you have worked as healthcare assistant and then gone back to the same place as a student, to actually be able to distinguish between what is expected of you as a student and when you are going passed your role must be quite difficult*" (Fg 4. 1343-1346).

Not being sure of the new role was a concern because some of the students expected there would be a conflict between their previous role as health care professional and

their new role as a student nurse and they were worried how successfully they would be able to make this transition and whether they would like their new role:

"*It's a different role and I might not like that role*" (Fg 3. 399).

4.7.1.6 "Learning new things" (Fg 3. 36)

The students were expecting to learn on this journey. The two main areas of discussion were that they were expecting to practice the theory they had learnt at the university and that during their placement they would experience a different type of learning.

Putting the theory into practice

Most of the students were looking forward to not having to listen to lectures and to having the opportunity to practice what they had learnt at the university:

"*I'm looking forward to learning things practically and not sitting in lecture theatres and having people talk to me*" (Fg 2. 759-760).

Some of the students commented that putting what they had learnt at university into practice would help them to make sense of what they had learnt:

"*I will be looking forward to putting everything that we have learnt so far that may at times have seemed irrelevant together to actually know that there's a reason the theory being linked to it and all that*" (Fg 1. 619-621).

Other students felt less confident because they were unsure, they had developed the skills sufficiently enough and one of the students was particularly concerned about putting a commode together:

"*I'm completely new to it, so I don't even know like how to put a commode together anything like that, literally I have no idea*" (Fg 4. 1406-1407).

The main concerns though seemed to surround not knowing enough about the different medications and having to give patients injections:

"*I think as much as I'm not looking forward to giving medication and injections I sort of am as well*" (Fg 3. 66-67).

A different type of learning

Several of the students commented that learning during placement would be different to learning at the university because it would be hands on. For some students this was seen to be a benefit because they felt that was how they learnt most effectively:

"*It's a different kind of learning and getting that confidence I don't think you can get from classroom lectures*" (Fg 2. 762-764).

A few of the students were also expecting that learning on a real person would require an adjustment from the practice skills developed at university from using mannequins:

"*It's okay practicing on that fake arm thing they give you in clinical skills, it's a bit different on a real person*" (Fg 3. 281).

4.7.1.7 "Meeting people who are doing it already" (Fg 4. 979)

Whilst on their journey the students were expecting to meet new people and they hoped these people would like them. Whilst there was a small amount of discussion about making friends and meeting the patients, the most discussed topics were the mentor and missing their university friends.

The mentor

There seemed to be an overall concern about the mentor and the students appeared to be basing their expectations on things they had heard: "*You hear horror stories don't you*" (Fg 1. 241). Other students talked about expecting the mentor to be "*horrible*" (Fg 4. 548), but these students did acknowledge this belief was based on what they had

heard other people say. Students were worried the mentor might be judgemental whilst other students appeared to view the mentor as someone that could not be trusted: "*That's going to be the difficulty, not like being able to open up and trust the mentor and tell them things*" (Fg 2. 674-676).

These students hoped to have a welcoming mentor but realised that whatever the situation they would have to get on with them because the mentor was seen to be fundamental for their overall placement experience:

"*The quality of your placement depends on the relationship with the mentor*" (Fg 1. 250).

Missing my friends

Whilst on their journey the students were expecting to miss the friends they had made at university, and it seemed that most of the students had formed strong friendship groups:

"*I'll miss our friendship groups*" (Fg 3. 510).

These friendship groups also seemed to have developed a support function for the students:

"*I think it's good if we keep in touch over placement in case there are any problems, you don't want to isolate yourself*" (Fg 1. 605-606).

It seemed these friendship groups were also a place to confide in each other and during their placement some of the students were worried about not having this support. Only one of the students was expecting to make new friends during her placement.

4.7.1.8 "Seeing something that perhaps you didn't want to see" (Fg 2. 582)

Some of the students expected they would see things they did not want to on the journey and these related mainly to poor practice and seeing dead bodies.

Seeing poor practice

For some of the students new to mental health nursing there was a concern whether they would be able to identify poor practice because they did not know what to expect:

"*What we're going to see in front of us, we're going to know no different*" (Fg 2. 234).

Whereas another group of students were more concerned who they would tell if they saw poor practice. These students were unsure whether they should report it to university staff, or to placement staff. They were worried that whoever they reported it to, it would impact negatively on their placement experience:

"*They're obviously going to address these issues and you've got then to go back into placement and they might be a bit cold shouldered*" (Fg 4. 783-785).

Seeing a dead body

This topic was only discussed by one group of students, but it seemed to be a big concern for most of this group. Some of students did not want to see, or to have to deal with seeing a dead body. One of the students said:

"*It is the physical side of it isn't it, if we will have to actually deal with a dead body*" (Fg 2. 585-586).

Another student added:

"*I'd like be in shock, I've found a dead person*" (Fg 2. 631).

Some of these students had not seen a dead body before: "*I have never seen a dead body before*" (Fg 2. 610) and this seemed to have been why they were so concerned.

4.7.1.9 "Make or break" (Fg 1. 353)

It appeared that whilst the students accepted the university part of the course was relevant, they expected the proper mental health nursing to start when they went on placement:
"*I think you have to have first placement to know how it is like*" (Fg 2. 555).

Going on this journey was seen by some students as a time of make or break and these students appeared to view their first placement as the factor that would confirm whether they had made the right career choice, or not. One of the students' commented:

"*I think the placement makes you decide whether you want to do this job. Placement's the make or break thing*" (Fg 1. 349-353).

Make
A few of the students had a positive view of placement and viewed it as a time to confirm they had made the right decision to choose mental health nursing:

"*I'm hoping that when I'm in placement something will just make me think that's why I'm here. I'm really happy that I've come in this direction*" (Fg 1. 661-662).

Break
Those students who talked about placement as the deciding factor for leaving the course were either pragmatic or worried that this might be an outcome. One of the students commented:

"*If that's not really what you want to do then that's not really what you want to do*" (Fg 2. 758-759).

Whereas some other students were more worried that a poor experience could make them feel that mental health nursing was no longer a career choice they wanted:

"*I want to have a mentor who loves what she does and she is into it because like if you're not into it, you're not going to make me feel like I should do it. I will just be liked is this about me, or have I just made the worst mistake*" (Fg 2. 133-135).

It seemed that going on this journey to placement presented a risk for some students who would decide they no longer wanted to become mental health nurses.

4.7.2 Summary of the findings from the focus groups

One of the most frequently occurring themes from the focus groups was that the students were not sure what to expect from their first placement. This was not surprising because when I facilitated the first two focus groups, the university had not told the students where their placements would be, and the students were anxious about this.

The students who had no previous experience of nursing were worried about having to do things, or to see things that they did not want to do and see. Some of these students were also anxious because they thought there might be a risk of them being harmed by people who had mental health illnesses. This fear appeared to have been based on the stories other people had told them. The students who had previously worked as an HCA had different concerns and they were worried about having to adjust their role to student nurse and this was mainly because they thought there would be a conflict between the two roles.

A key concern related to not having a welcoming mentor and some of the students had heard negative stories about the mentor which had worried them. There appeared to be an acknowledgement amongst the students that whatever the mentor was like, they would just have to accept it. The students also seemed to have been aware that the first placement might make them realise they did not want to continue with the course. However, not all the student's expectations about the placement were negative and a few of the students were looking forward to meeting new people who they hoped would like them. The students were also looking forward to having new opportunities and learning new things, although they realised it would be different to the type of

learning at the university. Some of the students were also expecting to change both personally and professionally as they became more confident. Amongst the anxiety, there appeared to have been a level of excitement.

Reflections

Whilst thematic analysis was helpful for identifying what the students were looking forward to and not looking forward to, I also noticed that the students who had previous experience of working in healthcare environments shared their knowledge with those who had no previous experience. For example, in Focus group 1, the students were talking about a student who had been disciplined because she had done the drug round on her own and one of the other students highlighted that this was a good point because if they had previously been allowed to give medications in other roles, they needed to remember their student role and not to risk falling into that trap. Whereas, in the second focus group the students spent some time sharing their fears of being attacked by someone with a mental health illness. One of the students suggested that they could go on a self-defence course and in response another student stated that they were not supposed to use self-defence. Students learning from each other was also identified in the third focus group when one of the students was unclear on the difference in roles between ward clerks and medical receptionists. One of the other students clearly knew the difference and explained this to the student. The fourth focus group also provided evidence of the students learning from one another when one of the students stated where her placement was and asked if anyone knew what it would be like. One of the other students appeared to have known the place well and fully described to the student that this would be her base and that she would be going into the community to visit patients. I had not anticipated this sharing of knowledge and began to think of the possibility of discussion groups as a method for helping students to prepare for their first placement.

Chapter 5. Phase 2 of the research study: Diary: diary interviews

This second phase of the research study addresses the second objective of the research which was to examine the accounts of mental health student nurses to explore the events the students considered to be meaningful. This chapter firstly outlines the data collection method of diary: diary interviews and why I considered this method to be the most suitable method for addressing the objectives for the second phase of the study. Secondly, this is followed with the process of data collection and thirdly the data analysis. Finally, the findings from the three layers of data analysis are presented.

5.1 Method

5.1.1 Diary: diary interviews as a data collection method

Alaszewski (2006, p.2) defined diary as, “a document created by an individual who has maintained a regular, personal and contemporaneous record”. Diaries are most often private accounts of an individuals’ daily activities, thoughts, and feelings. Log and journals can also be considered as types of diaries, although they tend to be more objective records and are not always completed daily (Alaszewski 2006). Journals can also be used as educational and reflexive accounts (Chabon Lee-Wilkerson 2006)

Historically, diaries were created by hand, but with the advent of electronic equipment they can now also be recorded visually and verbally (Alaszewski 2006). Diaries have been widely used in research and can be designed in a variety of different ways depending on their purpose. Bolger et al (2003) explained diaries can be time based or event based depending on the area of interest. Time based diaries are most frequently used to record behaviour over a set period of time, whereas event-based diaries tend to be used when the behaviour is infrequent. Likewise, diaries can be solicited or unsolicited (Alaszewski 2006). Solicited diaries are created when the diarist has been asked to write the diary for a specific purpose, whereas unsolicited diaries have been written by choice. Both solicited and unsolicited diaries can be used in research.

When using a solicited diary method in research, decisions need to be made regarding the type of diary and the instructions the diarists will be given beforehand. Whilst this

will be driven by the research question, ideally a balance needs to be found by providing the diarist with sufficient guidelines to know what is requested without overwhelming them with instructions. Even when instructions are kept to a minimum, the completion of a diary requires the diarist to be motivated to compile one. Välimäki et al. (2007) requested 132 participants in her study to complete unstructured diaries and received less than 50% completed diaries. The researchers cited lack of motivation and participants reluctance to take the time to complete the diary daily as the main reasons for non-completion of the diaries.

Diaries can be used as sole methods for data collection, or as part of a larger study. This can also be used alongside interviews. Zimmerman and Wieder (1977) designed the "Diary: Diary interview" method to help them collect data from environments where direct observation would be problematic. The diary: diary interview method addressed this by asking assistant researchers, who were more suitable for the environment, to act as observers and note their observations. The observations then provided the cues for the researchers to 'interrogate' their participants during interviews (Zimmerman and Wieder 1977, p.489). Using a non-interrogative variation of this original design, I decided to ask the students to complete diaries during their placement. The diaries then provided the 'cues' for the interviews to explore the events the students considered to be meaningful during their first practice placement.

5.2 Data Collection

5.2.1 Decisions made regarding the design of the diary

I decided to ask some of the second-year mental health student nurses in my tutor group what type of diary they would like to have completed during their first practice placement if they were taking part in my research Their responses were fundamental in helping me to shape the design for the diary. The students suggested the diaries should be small with either plain or faintly lined sheets and the instructions should be kept to a minimum. They justified their responses by suggesting that the diaries should be small, so they would not take up too much space and that they should have plain sheets of paper in case anyone wanted to include drawings. The students said that if there were

too many instructions it might confuse them and discourage them from completing the diaries, but they did say it was important that there were some instructions.

Based on these recommendations, I subsequently purchased A5 sized mole skin diaries for my study. I could have bought cheap, soft backed notebooks, but wanted the students to have a quality diary and something nice to write in given they were taking the time to compile the diary for my research. Also based on their recommendations, I kept the instructions brief. I also decided that I would contact the students at regular intervals during their placement. This decision was prompted by Alaszewski's (2006) recommendation of the importance of contacting diarists after they make their first diary entry to find out if any additional support is required. He found that contacting the diarists at regular intervals during the compilation of a longitudinal diary beneficial for maintaining the diarists' motivation.

5.3 Pilot of the diary: diary interview

The timing of this second phase of the study did not provide the opportunity to pilot the face-to-face interview method due to the design of the study and time constraints. If I had piloted this research method for this study, I would have had to wait until the start of the following academic year to undertake the research because there is only one intake of mental health student nurses at the university a year. I would also have had to find some students who were willing to complete diaries during their first placement because these were necessary to act as cues for the interviews. Whilst I was aware this was a risk, I hoped that contacting each student shortly after starting placement, would help to alleviate non-completion and not piloting the diaries.

I was already familiar with conducting face to face interviews having used this method in previous research both at first degree and master's degree level. I also attended a two-day face to face interview training course at Sussex University shortly before I collected data for the second phase of this study. During the training there was plenty of opportunity to practice interviewing and I hoped my previously honed skills would be satisfactory for these interviews.

5.4 Process of data collection

On the day of the final focus group, I emailed the students to remind them I would be meeting with them the following day to hand them their diaries. On the day, one diary was handed to each of the 26 students who had taken part in a focus group. I asked each student to sign a sheet when they collected their diaries, so that I had a record of who had collected the diaries. The students were asked to write their names on the diary and the context of their nursing environment placement, for example, elderly, acute or community. I reminded them that whilst their diary belonged to them, it also provided the cue for the face-to-face interview and that I would need to make a photocopy. In accordance with the agreed ethics for this study and Data Protection Act (1998), I assured the students all copies of the diary would be stored securely, and their names would be changed to protect their anonymity. I also explained that the diary would be returned to them as soon as the photocopy had been made and this would be prior to being invited to take part in the interview.

As part of the briefing, each student was handed a guidance sheet for completing the diaries (Appendix 10 – Information for students when completing the diaries). I emphasised there was no right way or wrong way of completing the diary. I explained the pages were blank, so they could include anything they liked concerning their placement and if they wished, they could include drawings and poems. I also suggested they might like to include who was there, when the event took place, how it made them feel and what their role was. The students were asked to try and complete the diary routinely and regularly. Students were requested not to complete their diary during a placement shift because the diary was not related to other paperwork they had to complete whilst on placement and there was risk it could be viewed by other people. At this point I also reminded the students of the Nursing and Midwifery Council's (2010b) standards regarding confidentiality and that the names of people and places must not be disclosed in the diaries.

Towards the end of the briefing, I reassured the students I would contact them at the start, middle and end of the placement to see if they had any questions regarding their diaries. I then collected information regarding each student's preferred method of

contact and contact details for when they were at placement. The purpose for asking the students for their contact details whilst they were at their placements was because I could not assume, they would be the same as they are when they are at the university. Overall, the meeting lasted 20 minutes, which was enough time for the students to ask questions. They were then thanked for coming along.

5.4.1 Contacting the students prior to, during and following placement

Each student was contacted a few days before they started their 10 - week placement to enquire whether they had any questions relating to completing the diary and to remind them they could contact me if they had any questions during their practice placement. I also informed them I would contact them again, using their preferred method of contact, in the middle and towards the end of their placement.

When I emailed the students just prior to their placement to see if they had any questions regarding completing their diaries, I received replies from three students who said they had started their diaries and did not require any more guidance. A few weeks following the start of placement one student emailed me to say she did not wish to continue with the research because she had not been writing her diary. This student was thanked for her contribution and her withdrawal was accepted. I received no further emails from the students during their placement.

5.4.2 Collecting the Diaries

When the students returned to the university, I sent an email to inform them when I intended to collect the diaries. I explained I would collect them at the end of one of their teaching sessions in an area nearby. On the day, I ensured I positioned myself away from their teaching room as this research was not related to their studies. Of the 26 diaries distributed, 15 students returned their diary to me for photocopying. Of the 11 students who did not return their diaries I received emails from five students. The first student stated they had completed the diary and did not wish to be interviewed. Instead, this student requested to meet to talk to me about placement. Two other students emailed to say they had not completed their diaries and they also requested to meet with me to talk about their placements. A fourth student emailed to say the diary

had not been completed, but they would like to write to me about their placement and a fifth student emailed to request a few more days to complete the diary. Each student was thanked for their offer, but the offers were declined because they deviated from the design of the research.

Once the diaries had been photocopied, I emailed the students to say their diaries were ready for collection. Only one student requested to have her diary returned and this was because she wanted to refer to it for an academic piece of work. A reminder email was sent at a later date to say the diaries were available for collection.

5.4.3 Selecting who to interview from the diaries

I read each of the 15 diaries and made decisions on whether to invite the author to interview based on the content of the diaries. I decided to exclude diaries that had only been written for part of the placement, diaries that contained a list of duties for the day and those where only brief weekly entries had been made. I selected diaries that seemed to be complete and where detailed entries had been made throughout the placement. It was important I selected the diaries with the most complete accounts because I wanted to analyse the stories of the students' placements and I could not be sure the incomplete or sparse diaries would provide we with this during the interviews. Of the 15 diaries I invited five students to interview.

5.4.4 Data collection: Conducting the Interviews

The students were emailed and invited to meet with me for an interview. All five of the students accepted the invitation. The interviews were arranged with each student to take place at a mutually convenient time and the students were emailed the room booking the following day. I reminded each student that their diary would provide the cue for the interview and that each interview was expected to last between one to one and a half hours and no longer than two (the interviews lasted between one and two hours). I explained to four of the students that I would bring their diaries with me. The remaining student had already requested to have her diary returned.

In readiness for each interview, I prepared an interview guide and made notes on the photocopy of the diary of the areas of interest for each interview. The purpose of the interview guide was to act as a reminder of the main questions to be asked, but these were only suggestions because I was hoping the students would lead by telling me their stories about placement (Silverman 2010).

Four of the five interviews took place in the same room as the focus groups, but this room was unavailable for the fifth interview which took place in a seminar room. The interviews took place over the duration of one week. For each interview, a sign was placed on the door to alert people to interviews taking place which stated that we were not to be disturbed. At the start of each interview, four of the students were handed their diary and the fifth student brought her diary with her. When the students arrived, they were invited to take a seat and were welcomed and thanked for coming along and for letting me read their diary. They were reminded the interview would be audio recorded and that what was said would remain confidential. They were also reminded they did not have to mention anything they felt uncomfortable talking about and that if they wished they could stop the interview at any point. I also asked each student if they wished to continue and if they agreed the interview commenced. All five students said they were happy to continue.

I explained at the start of each interview that I had very much enjoyed reading their diary and that I would like them to talk to me about their placement whilst using the diary to help remind them. I also explained that on my copy of the diary I had made some notes of a few things I wanted to explore with them, but the focus was for them to talk to me about what they had written in their diary about the placement. Towards the end of the interview the students were asked if there was anything else that they would like to include that was not in the diary. The students were then thanked for their time and handed a debriefing sheet which offered them the opportunity to speak with me about the research, or to ask if they had any questions (Appendix 11 - Debrief). Following each interview and once the student had left, I made some notes of my observations and reflections of the interview.

Reflecting on the interviews

I was unable to book the same room for all five of the interviews and the fifth interview took place in a different building. This building would have been more familiar to the student because it was in a teaching block, but it was not in a teaching room, and we were not disturbed. I think it is unlikely this change of venue impacted on the interview.

Likewise, I did wonder if there would be any impact regarding the student who requested to have the diary returned prior to placement. Whilst I can't be sure about this, she did turn up for the interview and she did provide me with a plausible reason for needing to have the diary returned and this was related to an assessment.

I also had an issue with one of the audio recorders because the batteries ran out of charge. This annoyed me because I had requested to collect the recorder well in advance of this interview and it was only available shortly before I was due to start the interview. Because of the quick turnover of the recorder between staff, the batteries had not been checked and I did not have any spare ones with me. Fortunately, I did have my I-Pad with me and was able to record the rest of the interview on that. I have learned for the future to always make sure I have back-up batteries with me.

Overall, the diaries were successful and acted as a good prompt for most of the interviews. I initially had concerns with the second interview because the student seemed to have almost forgotten what happened during the placement. I felt the interview was hard work and I ended up prompting the student more than I wanted to. I had hoped she would talk freely about her placement. Reflecting on this, I remembered this student had told me more than once during the interview that she had struggled to learn on placement because she was used to being told what to do and was not used to working independently. It is possible this was also being played out in the interview when she seemed to want me to take the lead and to ask her questions.

One unexpected complication occurred shortly prior to this stage of the data collection, and this was a diagnosis of cancer. Two days, following the final interview,

I started treatment. During this data collection process, I took care not to let the students know I was unwell. This was important to me because it could have had an impact on whether the students I had invited to interview, would want to continue to be part of the study. I also did not want to put the students off accepting the invite to interview because they felt uncomfortable meeting with me.

5.5 Data analysis of the diary: diary interviews

In this section, I discuss how I decided to analyse the data from the interviews, how I prepared the data for analysis and how I analysed the data. One of the interviews was not included in the data analysis and this was because the student was unwell and did not talk about her placement. Thus, I analysed the data from four interviews.

5.5.1 How I decided to analyse the data from the diary: diary interviews

The decisions I made regarding how to analyse the data were guided by my philosophical and methodological framework as outlined in the methodology chapter. I was interested in the individual students and the words they used to tell their stories to me. I did not want to fragment their accounts by identifying themes, instead I wanted to keep the accounts complete. I wanted to track how the students positioned themselves in their stories and how they told their stories.

Positioning theory originated in social psychology during the 1980's and is now used more widely to demonstrate metaphorically how individuals present or position themselves in relation to others through interactions (Harré and van Langenhove 1991). Examining the words, the students used when talking about their placement, in terms of themselves and others, enabled me to identify their positions and to explore how the students made sense of their placement environment. I reasoned that from following how the students positioned themselves in their interactions with others during placement, I would be able to identify how they could be more fully prepared for practice.

There are few recipes, or 'standard set of procedures' to follow regarding how to analyse narrative data (Riessman 1993, p.43) and many possibilities for how to analyse

it (Kramp 2004). For example, narratives can be analysed using a thematic approach in which the researcher focuses on what was said and extracts phrases or words from the text. This approach can cause fragmentation of the narrative due to the coding and categorising process and I did not want to do this because I wanted to keep the accounts complete. An alternative approach was to use a dialogic, or performance analysis of the data which would focus more on who was spoken to, when they were spoken to, and why (Riessman 2008). However, I decided this method for narrative analysis was not quite what I was searching for either. Instead, I chose to analyse the data structurally so that I could focus on the structure of the students' stories, the words the students used to tell their stories, and the overarching story line. Riessman (2008) stated that there are different understandings of what is meant by structural analysis, and for example, she said it could be related to a genre, or to an overarching storyline. For my study, I wished to adopt a structural analysis of the overarching storyline because I was interested in the episodes, or story units in each overarching placement story. The purpose for this was that by ordering the story units temporally, I would be able to track the students' positions across their placement.

5.5.2 First Layer: Transcription of the diary: diary interviews

In this section, I firstly state the steps I took to analyse the first layer of the data analysis and secondly, I describe these steps of the process in more detail.

5.5.2.1 The steps for the data analysis

1) Preparing the diary: diary interviews for data analysis.
2) Listened to each interview before starting to transcribe.
3) Transcribed each interview fully and changed all names to pseudonyms. I also altered the names of any identifying features such as the names of clinics to preserve anonymity.
4) Checked and double checked the audio recording against the transcript for accuracy.

5) Added the background details for each interview to include the date, location, characters, and duration. I also added line numbers for ease of identifying excerpts from the text.
6) I presented the accounts for each interview in a scroll using large sheets of paper.
7) To identify the stories, I applied Labov and Waletzky's (1967) analytical model of six structural clauses framework.
8) Having identified the story units in each overarching placement story, I named the story units and added the characters for each story unit.
9) I placed the story units in temporal order and created a second scroll.

I intentionally focussed on each interview before moving to the next because I wanted to be systematic with my data analysis. For example, I completed the first layer of analysis for interview one before moving to the first layer of analysis for interview two and so on.

5.5.2.2 Description of each step of the first layer of data analysis for the diary: diary interviews

5.5.2.2.1 Step one: Preparing the diary: diary interviews for analysis

Following each interview, and in accordance with the ethical requirements for my study, I uploaded the interviews from the audio recorder onto my password protected computer. I then deleted the original recording. As a precautionary measure, I also made a second copy of each interview on a cd in the event of an unexpected computer error and placed the cd in a locked filing cabinet in my secure office at work.

5.5.2.2.2 Steps two to five: Transcribing the interviews

I transcribed each interview carefully and took care to include vocalised pauses, for example, 'um', 'er' etc. I also noted when there were non-vocal pauses by inserting dots. The number of dots depended on the length of the pause. Transcribing the scripts with this level of detail was important because of my interest in how the students told their stories. I then re-listened to each audio recording to make sure my transcriptions were a good representation of the recordings. I changed all names to pseudonyms to maintain anonymity and kept a record of these names which were stored in accordance

with my ethical requirements, securely on my computer. I also changed the names of specific treatment units to help ensure anonymity and confidentiality. Following the completion of each transcription, I listened to the recordings again to make sure there were no errors and then added line numbers to make the text easily identifiable (Appendix 17 – Diary: diary interviews an extract from Lorna's script to show how the interview transcripts were displayed). I also noted that in interview three, the student referred to her placement as being in a care home. She also referred to the people at the home as residents and not patients. Whereas, during interviews one, two and four the students usually referred to the people they were looking after as patients. Remaining faithful to the words the students used, I decided to keep this distinction and the people being looked after will be referred to as either patients, or residents. When referring to both patients and residents, I have used the term patients / residents.

5.5.2.2.3 Step six: Presenting the accounts for each interview in a scroll using large sheets of paper

As I began to scrutinise the accounts more closely, I found that reading vertically on sheets of A4 paper was unsatisfactory. This was because the accounts did not appear to me to be displayed in a meaningful way. I needed to find a way that I could make more sense of what I had been told.

I decided to place the accounts horizontally on joined together sheets of A3 paper and glued the accounts onto the sheets as if they were an unravelling scroll. I placed what I identified to be positive accounts, higher on the sheets than those I considered to be negative accounts. For example, when Amy was pleased, she had the opportunity to learn a new task, I placed this higher on the sheet than when Amy talked about her mentor, who did not make her happy (Appendix 18 – Extract from Amy's initial interview scroll showing the positioning on the scroll for the good and not so good placement experiences). Presenting the accounts in this way enabled me to see the overarching placement story developing and at which stage in the placement story events had been positive and negative.

Viewing the accounts on these sheets also helped me to identify sections which were not related to placement. For example, in interview one, this included when the student decided to attend a carer support group which was not related to her placement and in interview four when the student spent two days at a care home which was not recognised by the university as a placement environment. I also removed a small section of text in interview two, when the student returned to the university for one day. I removed these sections of text because they were not directly relevant to the placement setting. In interview one, I also removed two descriptions about patients because they were about patients' behaviour and did not involve members of staff, or the student. I amended the interview scripts and was then ready to identify the stories within the overarching interviews.

5.5.2.2.4 Step seven: Applying Labov and Waletzky's (1967) analytical model of six structural clauses framework

In alignment with structural analysis, I identified the stories using Labov and Waletzky's (1967) analytical model of six structural clauses. Labov and Waletzky highlighted stories have six specific clauses. The first clause is known as the abstract and this provides an overview of the story and is followed by the orientation clause which provides information about where and when the event took place and who was involved. The complicating action (CA) follows this and refers to what actually happened. The next clause is the evaluation clause, and this refers to when the storyteller reflects on what took place. The resolution follows this clause, and the purpose of the resolution is to provide the outcome for the story. The final clause is the coda in which the storyteller returns to the present (Labov and Waletzky 1967). I applied these clauses to each story unit. In my study a story unit refers to a small story, within the overarching story for each student's account of their placement.

The advantage of using the structural clause model was that it kept the sequence of the stories and allowed the narrative units to be kept intact. It also helped me to identify the story units more systematically. The downside of the framework was that it was not always easy to apply, and this was because some of the stories were not told linearly, and the students would sometimes return to a story unit later in the placement

story. This meant I needed to decide when to keep the stories units separated, and when to join them together. My decision was to keep the stories separated when the narrative related to an on-going topic and to merge them when the student was returning to an earlier story unit.

5.5.2.2.5 Step eight: Naming the story units in each overarching placement story

When the story units had been developed, I gave each story unit a name which I considered reflected the narrative of the story and where relevant these included words the students had said. For example, I titled Interview one, story 11: "STU 1: STU was bizarre" and this was because on five different occasions this student referred to the process of STU as being bizarre. I also noted who the characters were in each story because these were relevant to help me to identify who was influencing the students positioning. For example, in Interview one, story unit 11, the characters were: Lorna (pseudonym), the patient and the staff. I then created a two-column table and placed the story units in the left-hand column. I then presented my analysis in the right-hand column alongside the story units (Appendix 19 – Extract from Lorna's transcript with data analysis).

5.5.2.2.6 Step nine: Placing the story units in temporal order and creating a second scroll

The eighth step involved referring to each individual students' diary to place the story units for each overarching placement story in the order the events had taken place. Placing the students' story units in temporal order enabled me to follow the students' positions in the sequence they occurred. This was with the appreciation that all narratives were created looking back from the moment of the interview which would have affected how the stories were told to me. I then created a second scroll, and this helped me to see patterns in the students' positions and how the positions changed during their placement. Having completed this I was able to track the development of the student and their positions during their placement. The findings from this first layer of data analysis are presented in Chapter 6.

Reflections

Reordering the story units to reflect the diary was time consuming and challenging because the students sometimes told me stories that I could not find in the diary and there was some difference between the accounts in the diary and what the student talked about in the interview. Whilst reordering the story units was time consuming, it was important to me to track the students' development and positions as faithfully as I could to the diaries. I purposefully only included the stories the students told me in the interviews and did not add additional material from the diaries because I was interested in the stories the students told me during the interview and not what the students had written in the diary. The benefit of keeping the stories complete and in the order the events took place, helped me to make sense of what the students had told me and helped me to explore how the students responded to their placements through how they structured their stories.

Shortly after completing the data analysis, I presented my DProf study in Telford at the RCN Education Forum international conference in August 2016. The title for this presentation was 'Exploring mental health student nurses' accounts of their first practice placement: how can they be more fully prepared?' The feedback I received from this was positive and I was challenged to defend why I had selected narrative inquiry rather than phenomenology. This felt uncomfortable, although I knew I would have to get used to this ready for my viva.

5.6 Second layer of data analysis for the diary: diary interviews: identifying the students' positions

To analyse this second layer of the data, I identified and explored how the students positioned themselves throughout their placement. Due to the quantity of this analysis, I have presented the steps taken for one student. The analysis for the other three students is placed in the Appendices. Firstly, I have presented the summary of positions for each story unit in a table and explained why I decided to do this. Secondly, I have presented a timeline for each student's positions and following this, I have discussed the student's positions having displayed them to show the movement of

their positions as they progressed through placement. Finally, I have presented the summary of the combined student's positions.

5.6.1 Summary of positions for each story unit

From scrutinising the words used in each story unit, I decided to gather the students' positions. Gathering the positions helped to give me an appreciation of how each of the students positioned themselves during their placements. The positions presented in black ink relate to the positions identified in each story unit, whilst those presented in the blue ink are those that seemed to me, might be the key positions in each story unit. The green ink presents my reflective thoughts and interpretation. I then presented this in a table for each student and named these 'Summary of positions' tables. Below I have presented the table for Amy and the tables for the other three students can be found in the appendices (Appendix 20 – Summary of Positions tables for Lorna, Julia and Debbie).

Table 9: Summary of positions for Amy

Interview Two: Amy's positions (story units in diary order)

Black ink = positions

Blue ink = key positions

Green ink = commentary

Story Unit	Positions
1 Amy was very nervous, and this was a strange place	Nervous, not with the nurses, not fitting in, finding own feet, worried, nothing to do, but they were nice and helpful. Uncertain and nothing to do. Nervous, uncertain, concerned, nothing to do, with the patients and second year student nurses and isolated and excluded from the staff nurses. Amy was nervous because this was very new to her and seemed worried because there was nothing to do. Amy did not like having nothing to do. She also seemed to be unwanted by the nurses who were in the office. Amy wanted to be busy she was not used to having nothing to do (although she was supposed to be getting to know the patients).
2	Confused, uncertain and unwanted, alone, not needed, accepted her lot, resigned and not wanted and she did not know them, and she had

Confused and not sure what to do.	not met her mentor. It was very hard for her – challenging. Amy realised she had to be active, or she would be left on her own. Not needed, unwanted, confused and alone. Had not met her mentor and did not know the patients. Amy tried very hard to find things to do and asked for things to do, but there was nothing and she realised if she did not find things to do, she would be left on her own. She was not needed and felt unwanted.
3 (7/1) Amy didn't know what she was doing there in the first week	Desperate (to learn), positioned with deputy manager, excluded, invisible, ignored, not wanted, confused, uncertain, trying to fit in and disappointed. Not included, excluded, confused, uncertain and trying to fit in. Positions with deputy manager from the next ward who helps explain things to her. For Amy this placement seemed to be a real battle to fit in and to be given things to do. The deputy manager was from another ward, and she tried to help Amy. The staff on her ward would not let her do anything even though she had HCA experience. This was very difficult for Amy who was desperate to learn and be given things to do.
4 (7/1) Manager from the other ward helped Amy to learn.	Grateful, gained confidence Grateful and gained confidence. Positioned herself to the deputy manager from the next ward who showed her how to do the handover. Amy liked this manager from the other ward because she pushed her to learn, and this gave Amy confidence and Amy was desperate to learn.
5 (9/1) Ward round story: Scared, but surprised how much she knew	Began to feel valued. Anxious/nervous, ward round was new to her, out of depth, learner, being included, wanted, surprised (she knew so much) and gaining confidence. Competent Amy Anxious, out of her depth, nervous, wanted and included. Gaining confidence. With the ward round and feeling like a member of staff. With the consultant. The consultant was including Amy on the ward round. Amy was surprised she knew so much about the patients and could answer his questions.
6 (10/1) Amy took a patient to the Specialist Treatment Unit: 1 (10/1)	Disappointed (she couldn't go in because she was a student nurse) frustrated and confused, was given a job to do for the first time by the ward. Positioned with the staff nurse (trained at a different university) who she went to STU with and who explained it to her. Not supported, disappointed, grateful, not wanted, frustrated, and confused. First time on the ward, given a job to do and did not know what STU was. The staff on her ward hadn't explained it to her. Amy was grateful for any learning that she considered staff nurse because she already knew the role of the HCA. Good opportunity because she had the chance to learn something.

7 (13/1) Specialist Treatment Unit 2: Amy was concerned the number of times it is needed	Developing an opinion (critical voice) and not agreeing with the decisions of the staff – not vocalised though. Disapproved. Positioning with patients, having an opinion (critical voice), disapproved.
8 (16/1) Late shift was awful and boring	Boring, not needed and nothing to do, isolated, not included. She didn't like late shift. Bored, not needed and nothing to do, isolated and excluded. Critical voice developing. Amy was bored on the late shift and there was nothing to do. She was also isolated because the nurses were sat in the office doing nothing.
9 Not much for Amy to do, but the bank nurse was helpful	Wants to learn, isolated and left out, not wanted, and not needed, showed willing Isolated, excluded, not wanted, and not needed. Positioned with the bank nurse Working with the bank nurse on the three morning shifts was good, he's helpful and teaches her the care plan, but then she had nothing to do, and she was desperate to be busy and to learn. Having no purpose in the office (where the nurses were) meant Amy had to be with the HCA's and patients. Mentor doesn't seem to be supportive or interested in Amy – she was too busy. Excluded from the mentor, nurses and second year student nurses who are always in the office. Tried to be active and find things to do, but not wanted in the office.
10 (20/1) Amy had to work it out for herself	Got given something to do - pleased. Given something to do. Had to work it out for herself. Amy was pleased to spend one day with her mentor and her mentor asked her to do something. She had an opportunity.
11 (27/1) Amy just wanted to learn	Desperate to learn, wanted to do something, to help. Growing confidence included, chance to learn. The bank nurse gave her things to do. It was that or to do nothing. Amy positioned herself with the bank nurse.
12 (28/1) Difficult relationship	Not included and not wanted (by mentor) and ignored. Scared. Mentor does not seem to want Amy and she seems to ignore her. Excluded, unwanted and scared. Amy does not like being with her mentor and would prefer to be with the staff nurses.
13 (29/1) Doing the first	Confidence, being competent Confidence, being competent

specialised injection	
14 (30/1) Doing her first care plan	Fitting in, wanted by some, finding her feet Finding her feet, some want her and fitting in. Amy positions herself with the second-year student nurse. Position changes here and Amy says the HCA's and staff nurses are helpful and do answer her questions. Mentor doesn't want her though and doesn't support her with learning. Perhaps this change started because the doctor and consultants valued Amy and included. Later, she said that most of them did not want her on the ward.
15 (30/1) Feeling more confident	Beginning to feel valued and less anxious and more confident. Independent and felt supported and included Key positions: more confident, supported and included. Positions herself with the deputy manager from the next ward. The first time Amy said that she felt included. Amy did a nurse job, and this was very important for her.
16 (3/2) Amy stood her ground	Amy said no and had a voice. Active student who has a choice Key positions: Amy said no and had a voice. Active student who had a choice. Amy did not feel confident to do the handover and so she said no.
17 (4/2) Amy found she was mostly doing routine jobs	Better to do the routine work with the nurse than to do nothing. Amy positioned herself with the staff, so at least she could do the drugs as well as the routine jobs, bored. Amy found the routine jobs boring, and she said she was bored for most of her placement.
18 (6/2) Amy contributed at a meeting.	Beginning to feel valued by mentor who asked Amy questions. Felt included. Amy was with the mentor and the social worker. Valued and included.
19 Placement was disappointing and not what Amy expected	Quiet ward and usually only one nurse in the office and the other on the ward Disappointed
20 (8/2) Amy made the staff happy and was appreciated	Amy the helper, felt valued, beginning to fit in, was appreciated Helper, beginning to fit in. Confidence growing. Amy was only appreciated because she did a job that saved the nurses having to do it the next day and she learnt something.
21 (13/2) Being interrupted doing a nurse job to do an HCA one.	Passive and obedient. Overpowered and pushed around Passive, obedient and powerless. Wanted to be with the nurse (nurse role and meds) but told to go to the patients (HCA role). Pushed around and even when she was doing the drugs (a nurse role), she was told to go and do an HCA

	role. Treated like a skivvy and used. She did as she was told because he was the boss.
22 (18/2) Not being wanted was a struggle	Abandoned, not supported, disappointed, unwanted, excluded, isolated bored, ignored, and powerless. Some nurses didn't seem to want her. Unwanted, excluded, isolated, bored, powerless, and ignored. Amy' s critical voice is growing in strength. Alone. No one to position with.
23 (19/2) Being ignored by the staff nurse	Agency and had choice, empathy for patient, used her knowledge, ignored (by nurse), anxious, conscientious, unwanted, not valued or acknowledged, invisible, did her best. Anxious, not valued, invisible, ignored (by staff) and critical voice. Rude member of staff, who ignored Amy and the needs of the patient. With patient and not staff.
24 Having to work things out for herself	Gaining confidence, actively learning on her own. Getting on, on her own, teaching herself Does not position with mentor, unwanted, unsupported, and unwanted. Remained unwanted and alone. Confident, adaptable, and resilient. Amy had to **fend for herself** and was mostly ignored. The only people willing to help her were not the usual staff and the helpful ones included the two second year student nurses, the assistant manager from the other ward and the bank nurse. It was Amy v the ward staff. Amy had to become an independent and adaptable learner which was hard for her to do. Free to do as she wished.
25 (26/2) Working out how to do things on her own	Let down by mentor, on her own abandoned, unwanted, alone, finding her own way and disappointed Remained unwanted, alone, disappointed, critical voice and abandoned. Amy had found her voice in the interview and did not think being with her mentor was a good idea. Mentor let her down and didn't show her how to do the paperwork. Mentor seemed unwilling to teach Amy and so Amy had to fend for herself.
26 (10/3) Going to a patient's house to assess her fitness	Helped her gain confidence, gave her a purpose, she became included, she had helped and seemed to be fitting in. Confidence, included and fitting in. Amy's favourite patient, occupational therapist. Mentor there and asks Amy to calm the patient down. Probably the most significant part of Amy's placement and it was the best bit for Amy. It was not the mentor that made this a good day, it was because Amy had made a real difference to this patient's outcome. Amy had spent time with this patient and because she knew her so well, she was really able to help, and this gave Amy confidence.

5.6.2 The students' key positions presented in a timeline: part 1

Having collected the students' positions from their story units, I decided that I wanted to analyse the students' positions in a more visual way to try to identify any movement of the positions. To do this, I initially created a timeline for each student to display their key positions. Keeping the story units in a temporal order for each overarching student story, I horizontally listed the story units and by referring to the 'Summary of positions' tables, I was able to match the story unit with the key positions for each student. Using different coloured crayons, I drew lines between the different student nurses' positions, and this enabled me to explore how their key positions moved between the story units. These timelines revealed the students' positions did not all seem to progress and move forward. Instead, the students' positions seemed to have moved forwards and backwards and returned to positions displayed earlier in placement. For example, Amy presented to me as an unwanted and excluded student at the start of her placement and although her story units suggested she worked out how to make the best of her placement, there were a couple of events towards the end of her placement when she returned to presenting as an unwanted and isolated student nurse. This is illustrated below in her timeline (Figure 2). The timelines for Lorna, Julia and Debbie can be found in the appendices (Appendix 21 – Timelines to show how the students' positions moved forwards and backwards).

Figure 2: Interview 2, Amy's timeline to show how positions moved forwards and backwards

Interview 2 Amy. Timeline to show how positions move forwards and backwards

Story unit 1 Amy was nervous and this was a strange place

Story unit 2 Confused and not sure what to do

Story unit 3 Amy didn't know what she was doing there in the first week

Story unit 4 Manager from the other ward helped Amy to learn

Story unit 5 Ward round story: Scared, but surprised how much she knew

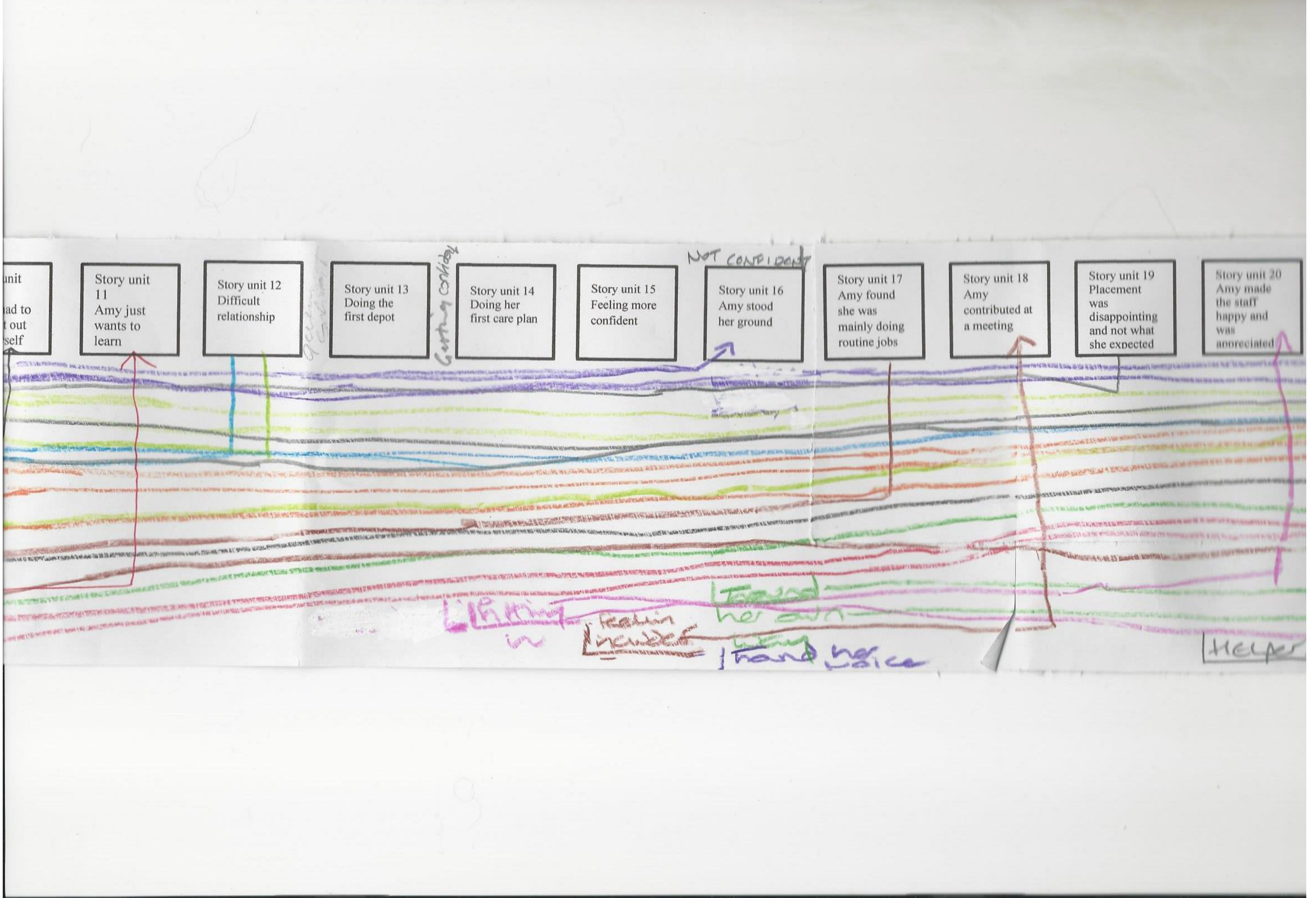
Story unit 6 Amy took a patient to STU: STU 1

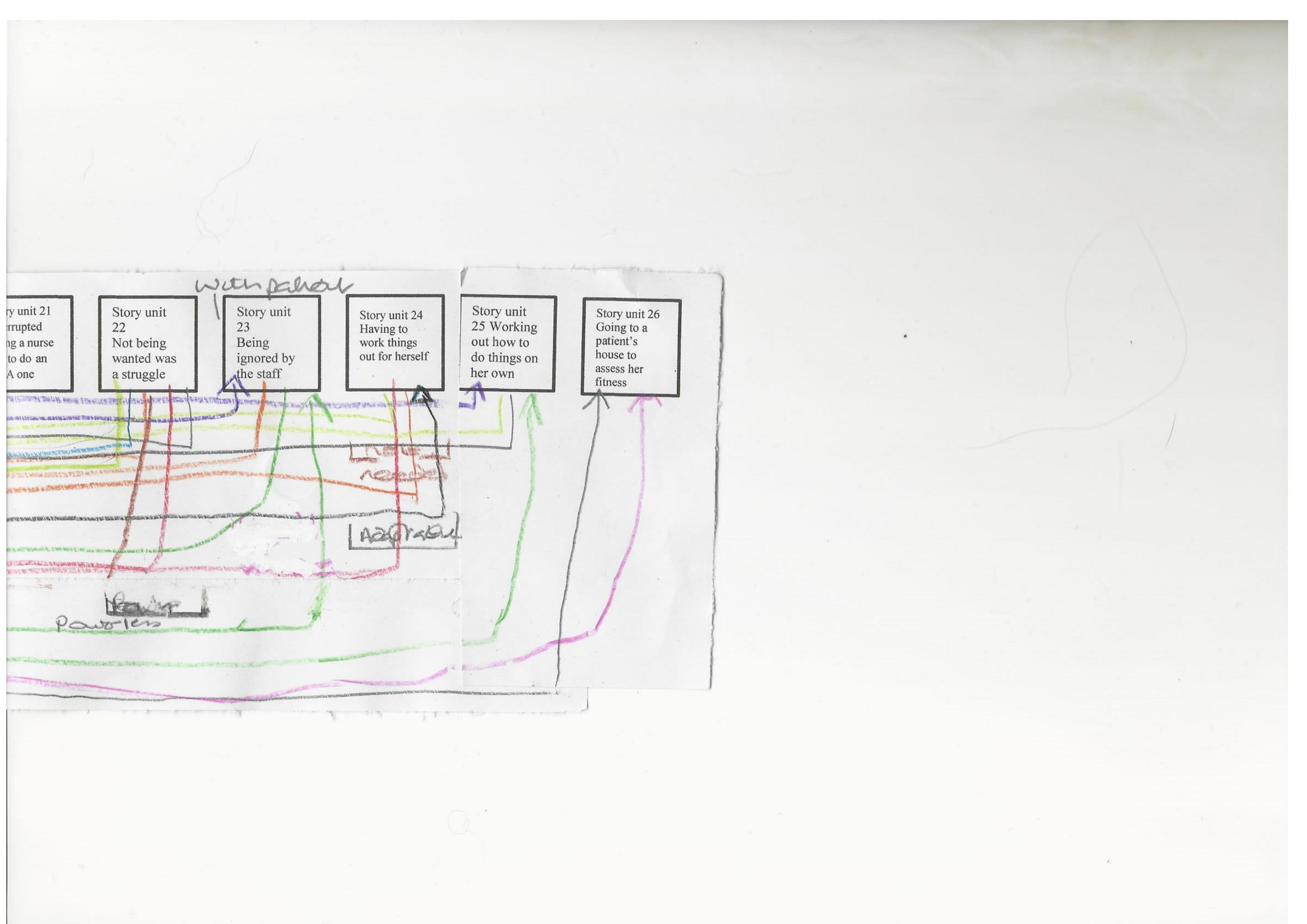
Story unit 7 ECT 2: Was concerned the number of times it is needed

Story unit 8 Late shift was awful and boring

Story unit 9 Not much for Amy to do, but the bank nurse was helpful

Story un[it] 10 Amy ha[d] work it ... for hers[elf]


unit
ad to
t out
self
Story unit 11
Amy just wants to learn
Story unit 12
Difficult relationship
Story unit 13
Doing the first depot
Getting confident
Story unit 14
Doing her first care plan
Story unit 15
Feeling more confident
NOT CONFIDENT
Story unit 16
Amy stood her ground
Story unit 17
Amy found she was mainly doing routine jobs
Story unit 18
Amy contributed at a meeting
Story unit 19
Placement was disappointing and not what she expected
Story unit 20
Amy made the staff happy and was appreciated
in
Found her own
Found her voice
Helper



ry unit 21
rrupted
ng a nurse
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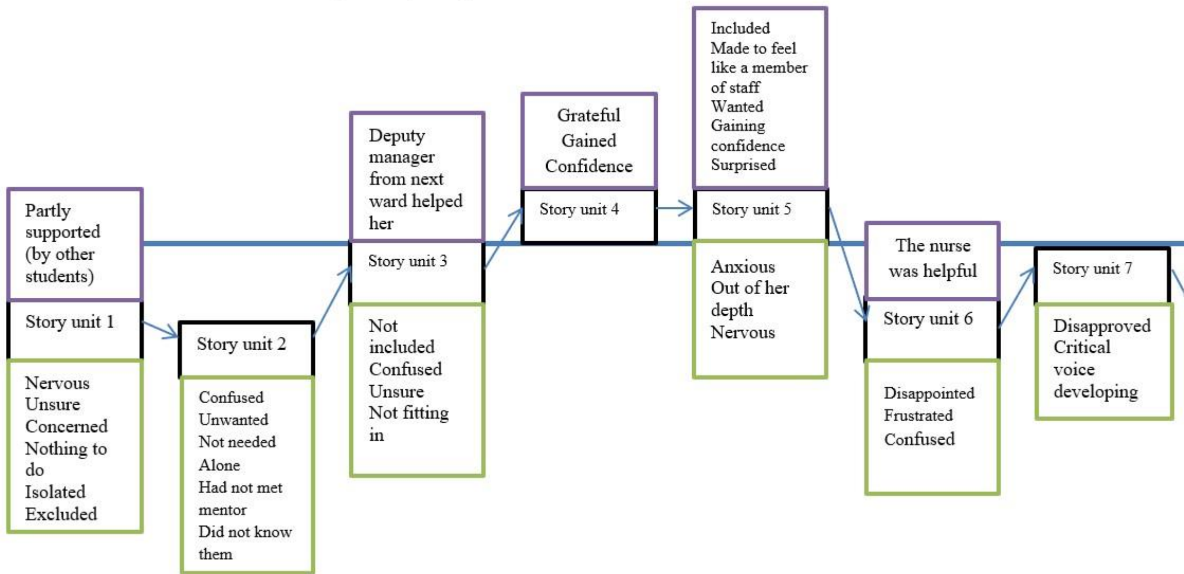
A one
Story unit 22 Not being wanted was a struggle
Story unit 23 Being ignored by the staff
Story unit 24 Having to work things out for herself
Story unit 25 Working out how to do things on her own
Story unit 26 Going to a patient's house to assess her fitness

5.6.3 Timeline of key positions: part 2

Although these timelines were untidy, they served to identify to me that the students' positions appeared to move forwards and backwards. I decided to abandon the crayons to explore this further using the computer to help me to present the findings in a more formal style. Using the same format for the original timeline, for each student, I created a timeline for each story unit in the student's overarching placement story. Keeping the story units in a temporal order, I added the students' positions for each story unit. Referring to the "Summary of positions" tables, I placed the positions I considered to be negative in the box below the story unit title box, and those I considered to be positive, I placed in a box above the story unit title box. Each story unit was then positioned either under, on, or above the line depending on whether I perceived the positions to represent positive, or negative student positions in response to placement. The line is intended to provide the marker between positive and not positive student positions in placement. Below is an extract of this from Amy's story units (Figure 3). The complete timeline for all the students can be found in the appendices (Appendix 22 - Complete timeline for each student).

Figure 3: Interview 3, extract of Amy's timeline showing Amy's positive and negative positions for the first seven story units of her over-arching placement story

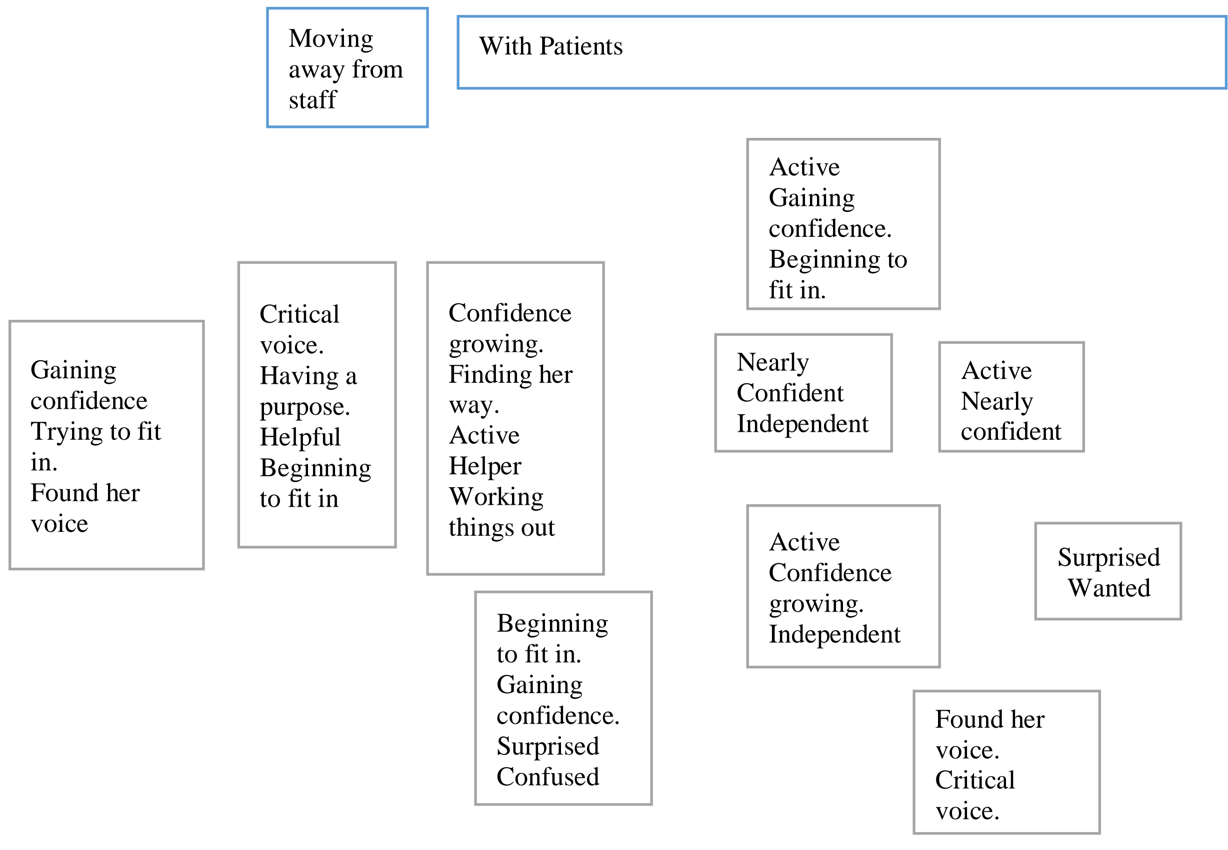


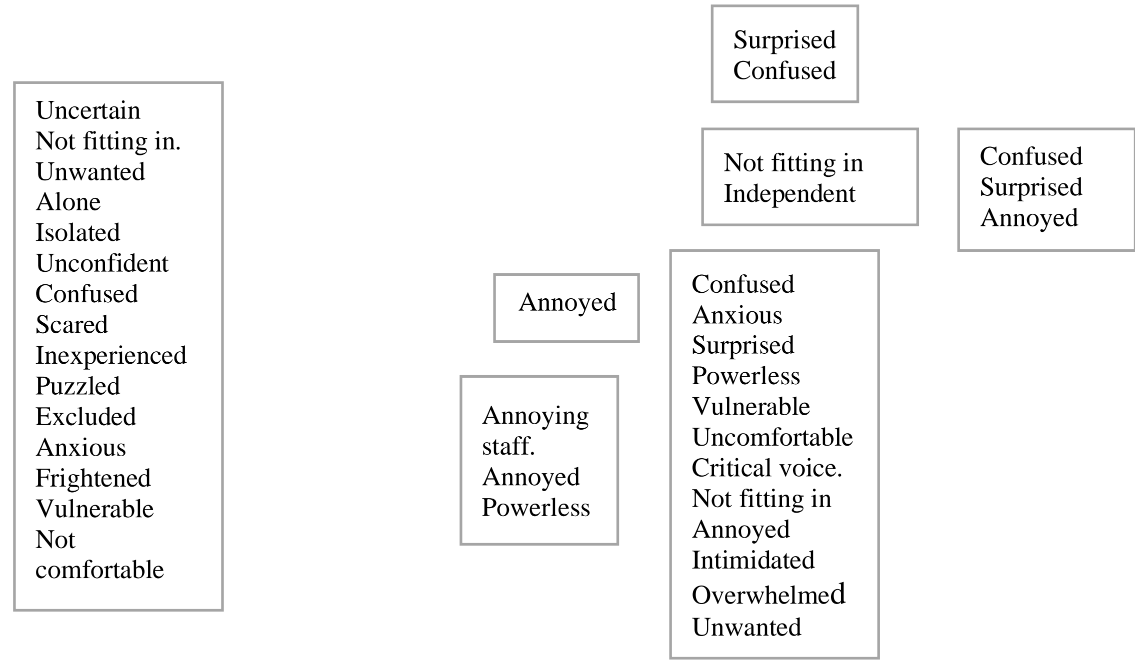
These timelines were helpful for presenting the story units linearly and for highlighting the students' positions both positively and negatively. They also helped me to start to formulate my thoughts. The downside of the timelines was that they were not helpful for presenting clearly, the back-and-forth movement of the positions for each student. With this thought in mind, I decided to present the story units for each student using a more visual format. Remaining faithful to the overarching story and to the temporality of the individual story units from each student's narrative; each story unit was presented in a box containing the student's key positions for that specific story unit. When the student told me about several different stories from one day in placement, I presented the positions together in one box for that day and removed the number of the story unit in the figure. I then placed the boxes in temporal order and working from left to right, the left-hand boxes are the positions presented at the beginning of the students' placement and to the right are the students' positions as they moved through their placement. Whether the box is presented at a higher or lower level in the table reflects my interpretation of the positions the students displayed. The positions

presented higher are those I considered to be positive, and the ones presented lower in each graph, I interpreted to be negative. The Blue arrow represents the students' order of positions as they progressed through placement.

I created these representations of the boxes for each student and named them: "Timeline to show the movement of students' positions throughout their placement". Below, I have presented timelines for each of the four students together with an analysis of their positions.

Figure 4: Timeline to show the movement of students' positions throughout their placement: Lorna





At the outset of her placement, Lorna positioned herself as an unwanted, isolated, and frightened student nurse who was often on her own.

"*I think for me the biggest thing, these were all my fears, but the biggest thing for me was fitting in actually. They were lovely, but it was very cliquey, and you know um………and they knew each other and they didn't know me*" (SU 1. 1-6).

Lorna also positioned herself as a confused and unconfident student and continued to present as confused throughout her placement. As her placement progressed and when Lorna started to get to know the patients, she began to gain confidence and stopped being frightened of them. From her narrative, it appeared to have been some of the staff who had frightened her during the first few days of her placement when she had been working on night shifts:

"…I think I feared that she would be um because they made such a big thing about locking the door" (SU 5. 45-47).

Lorna soon seemed to tire of these staff. There was also one of the HCA's who she viewed as being difficult:

"*I got in trouble once for um making too many cups of teas. The lady with the learning disabilities took to me very quickly, just because she would, she was very repetitive, like she would go over and over the same thing constantly um but I didn't seem to mind, I could cope with it quite well and er she always asked for a cup of tea and so I'd make her one and then when I was making her one she would go round asking everyone else if they wanted a cup of tea and um one of the health care assistants told me off*" (SU 10. 1-14).

Consequently, Lorna began to find her own way of helping the patients. It seemed that she could not develop confidence with the patients until she got to know them and then she seemed to like most of the patients:

"*I said that someone had gone in and put her pyjamas down and they said oh she can't dress herself, she can't do anything, she's not going to be well enough to go home and I kind of, I was gutted for her, so um I was going home cos they said I could leave early, so I went in just before to say good bye to her and she was still sat there with her pyjamas on the bed and she hadn't even got up to try and I said shall we do this together*" (SU 14. 59-70).

Once she started to gain her confidence, she started to become more active in her placement and began to find her way by working things out for herself:

"*I wouldn't go back I wouldn't go back, they asked me to go back because I said. I said at the end, I don't like giving injections, it's not um, I wouldn't you know be first in line to offer to do it if somebody needed an injection. But, um I feel like I can do it, I don't think that that was the right way for me to learn*" (SU 15. 156-164).

Lorna's relationship with the other members of staff was also not always good and she sometimes positioned herself as a critical student who did not approve of their behaviour. Some of the staff also appeared to annoy her and this occurred intermittently throughout her placement. It seemed that as her confidence grew, so did her critical voice:

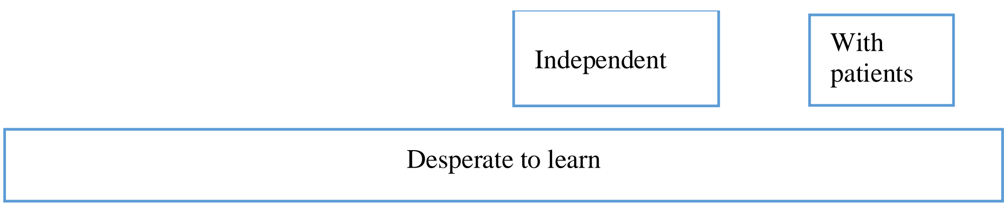
"*Although he washed his hands as I say he had this big ring on which was not, I'm not talking about a wedding band, I'm talking about a big ring, a strange ring, so he shouldn't have had that on and then he didn't wear gloves ever*" (SU 15. 242-248).

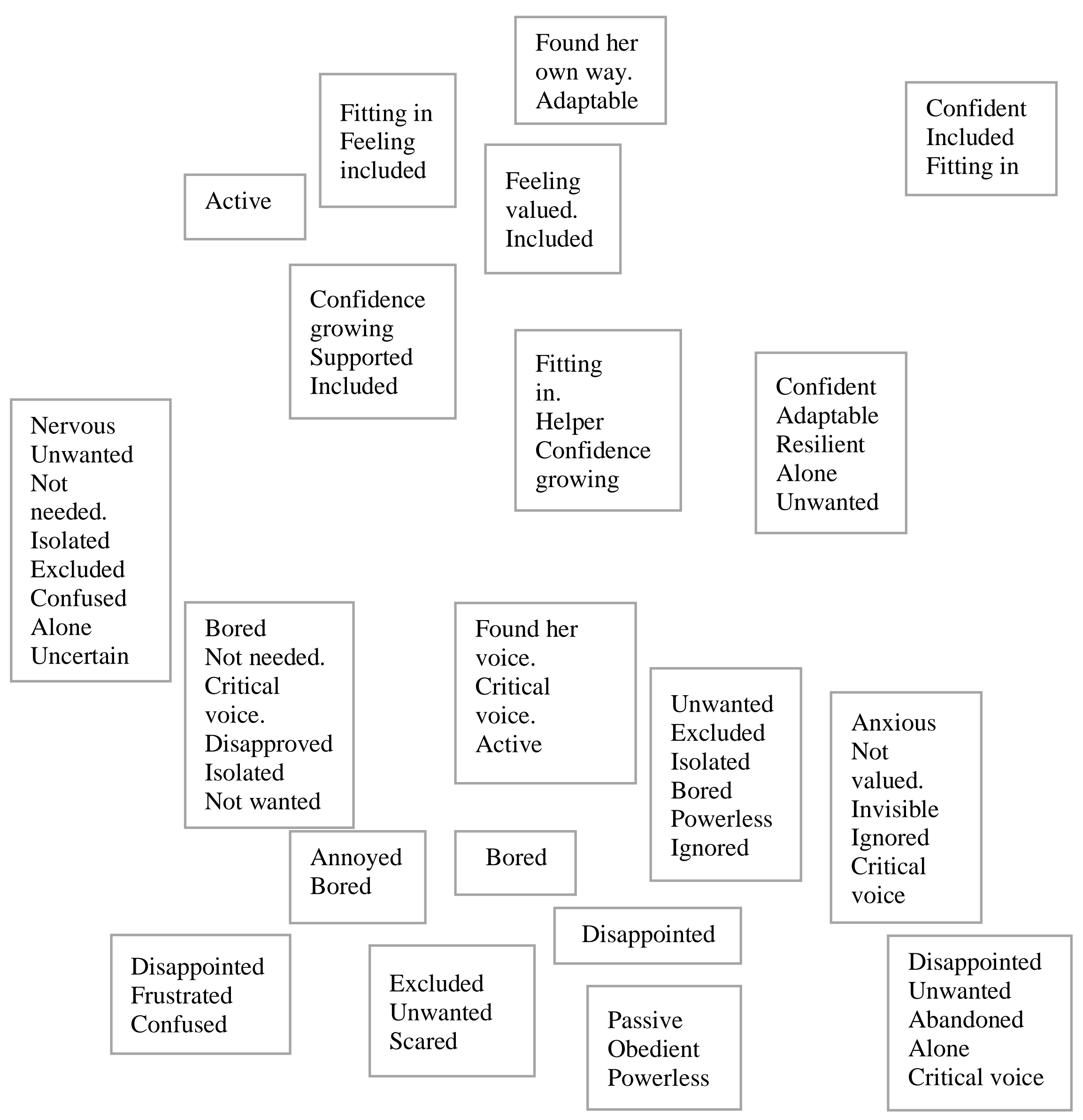
In the story units towards the middle of her overarching placement story, Lorna seemed to have presented herself as a student nurse who was 'the helper' for the patients. As she began to spend more time with the patients, she continued to present as an alone student who was working on her on her own with the patients. Lorna seemed to have prioritised her time with the patients and appeared to have positioned herself as a puzzled and confused student nurse when things went wrong for her, with the patients:

"*She didn't bleed very much at all and every time I injected her she never bled which is bizarre"* (SU 17. 14-17).

During the placement, Lorna had to navigate several challenges before she was able to fit everything together and during this journey, she seemed to have changed positions from an unconfident and frightened student nurse to a more confident and independent student nurse who seemed to have worked out how things fitted together and who mostly enjoyed helping the patients.

Figure 5: Timeline to show the movement of students' positions throughout their placement: Amy





At the outset of her placement, Amy positioned herself as a nervous, unwanted, and not needed student nurse who felt she had been excluded and isolated by the other members of staff. Amy was desperate to learn and at the start of her placement, she appeared not to view spending time with the patients as part of a nurses' role

"*if I didn't ask them about something, I'm just gonna be with myself like sitting in the lounge, or just be with the patients*" (SU 2. 15-17).

Amy did not talk about the patients until towards the end of her overarching placement story and then she only appeared to have referred to two patients. Her narrative focused more on the staff and her desire to be busy and to learn:

"*yeh I ask one of, you know this bank nurse, yeh I ask him if I can learn something new on this day and he gave me something to do like all the BMI and mass score. For me it's really helpful rather than doing nothing. I want to learn something like... I want to be like um help the ward you know, I want to do something I can help them*" (SU 11. 1-9).

The staff who seemed to want to help Amy were either from another ward, or bank nurse staff who were covering shifts. Amy tried to spend as much time as she could with these people because she had learnt they would teach her and help her:

"*I like one of the manager in the other ward because she's the one who push me to do the handover, even though I haven't, I don't have any experience to do it. She um let me do it, she just let me do it, she gave me confidence to do it*" (SU 4. 3-8).

Amy thought some of the staff on the ward did not want her there and did not include her in what they were doing:

"*I think there's some staff nurse doesn't want to have student nurse in their ward. All they're doing is just make themselves busy*" (SU 22. 11-14).

This meant Amy had to mainly teach herself and she said she found this difficult because she was used to being taught how to do things:

"*….from the start um I feel like it's just really hard, I feel like I want somebody, I want somebody for me to um say what am I going to do, but at the end of the day I um I*

learned on how to learn by myself what am I going to do this day. I just decide what, I just decide what interests me to do also I go to the other ward, to the next ward, when it's really quiet and I ask the nurses" (SU 24. 34-42).

Amy actively sought opportunities for learning and positioned herself as an independent student nurse who was desperate to learn. Towards the second half of her placement, Amy either positioned herself as a bored student nurse or as feeling appreciated by the staff:

"*Most of the time in my placement, I think I said before, I found it really boring because I keep doing you know, they just keep doing you know um the routine jobs every day and if there's a chance that um we can do something different like um ward meeting, discharge planning meeting, CPN meeting, I think that's the time that I'm going to learn new experiences, but most of the time I am just doing the routine job*" (SU 17. 1-11).

It appeared that Amy's determination to learn and be helpful, could also earn her the appreciation of some of the staff:

"*I ask my mentor if I can do something to help them and to learn as well and then she ask me to get the patients, um patients weight. So, I did it and um I think I need to do, to record it into the system as well and then yeh I've done it um with all of the patients and I recorded it into the system and after that um, well they're really happy because um another job done*" (SU 20. 7-15).

Being appreciated by the staff did not last long and during the last few days at her placement, Amy positioned as an unwanted and alone student nurse who was ignored by the staff. She seemed especially anxious when she asked a nurse for help with a lady who had become unwell, and the member of staff ignored her.

"*I said it to the um nurse in charge, but they just didn't, she didn't listen to me, um she just keep doing her job and then I feel like I think as long as I've done my job because*

I can't just give the patient paracetamol by myself, so I was feeling like oh my god, what am I going to do because this patient, this patient is really sick and wants paracetamol and then this staff nurse just ignored me and then kept going" (SU 23. 36-44).

Amy developed a critical voice early in her placement and this appeared to continue to develop strength throughout her placement. Amy was critical of her mentor, who she felt did not want her and who did not show her how to do things:

"*I find like, I don't know, working with her (mentor) is not like a good idea because she's not um teaching me something. She's letting me to learn, she's not, she's not um saying how I learn this, you know how to, how to learn this. She just left me to do things, so I just um did the mental capacity assessment by myself then she said it is self-explanatory, I can do it by myself, so I just did what I think what is right and when I finish she just said oh it will be fine, something like that"* (SU 25. 16-25).

Amy also appeared to be critical of some of nurses who she found it difficult to approach because they were busy:

"*All they're doing is just make themselves busy so if they're busy, I don't want to interrupt because if I want to ask question, I don't want to interrupt somebody who is really busy, so I, I'm just going to find time when they're lapse and I'm going to ask them, but sometime if I'm going to ask them something, I really haven't, I never get the chance to ask because they're just. I don't know if they're doing it or just like um because um they're just busy...*" (SU 22. 13-23).

Although Amy did not talk much about individual patients on the ward, in the last story unit, just before she finished her placement, she was given the opportunity to help calm an anxious patient. This was the first time Amy appeared to have positioned towards a patient:

"*I think the best experience that I had is you know there is this patient. This is really memorable for me*" (SU 26. 1-3).

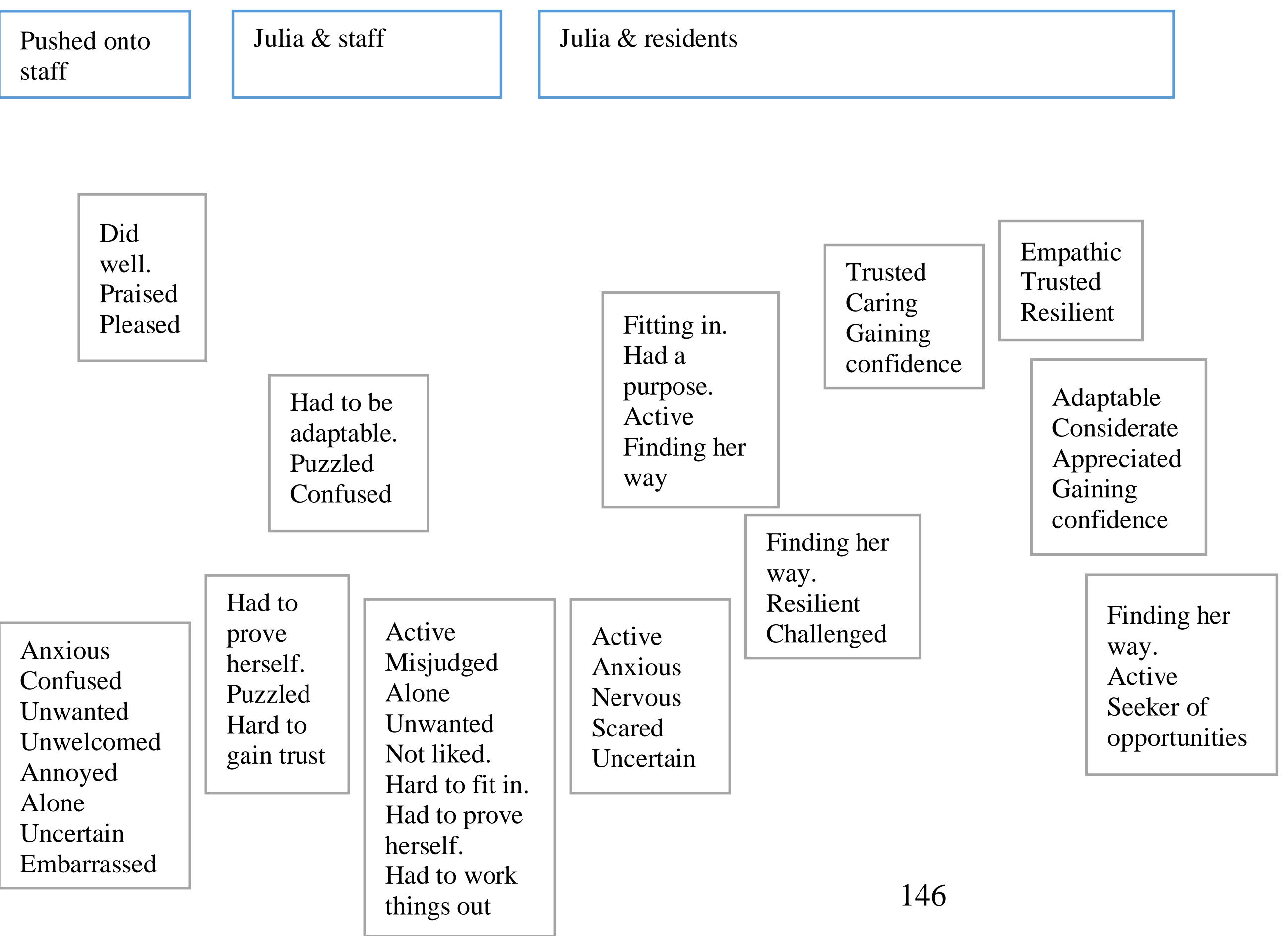
At the end of her placement, Amy alluded to the importance of getting to know the patients:

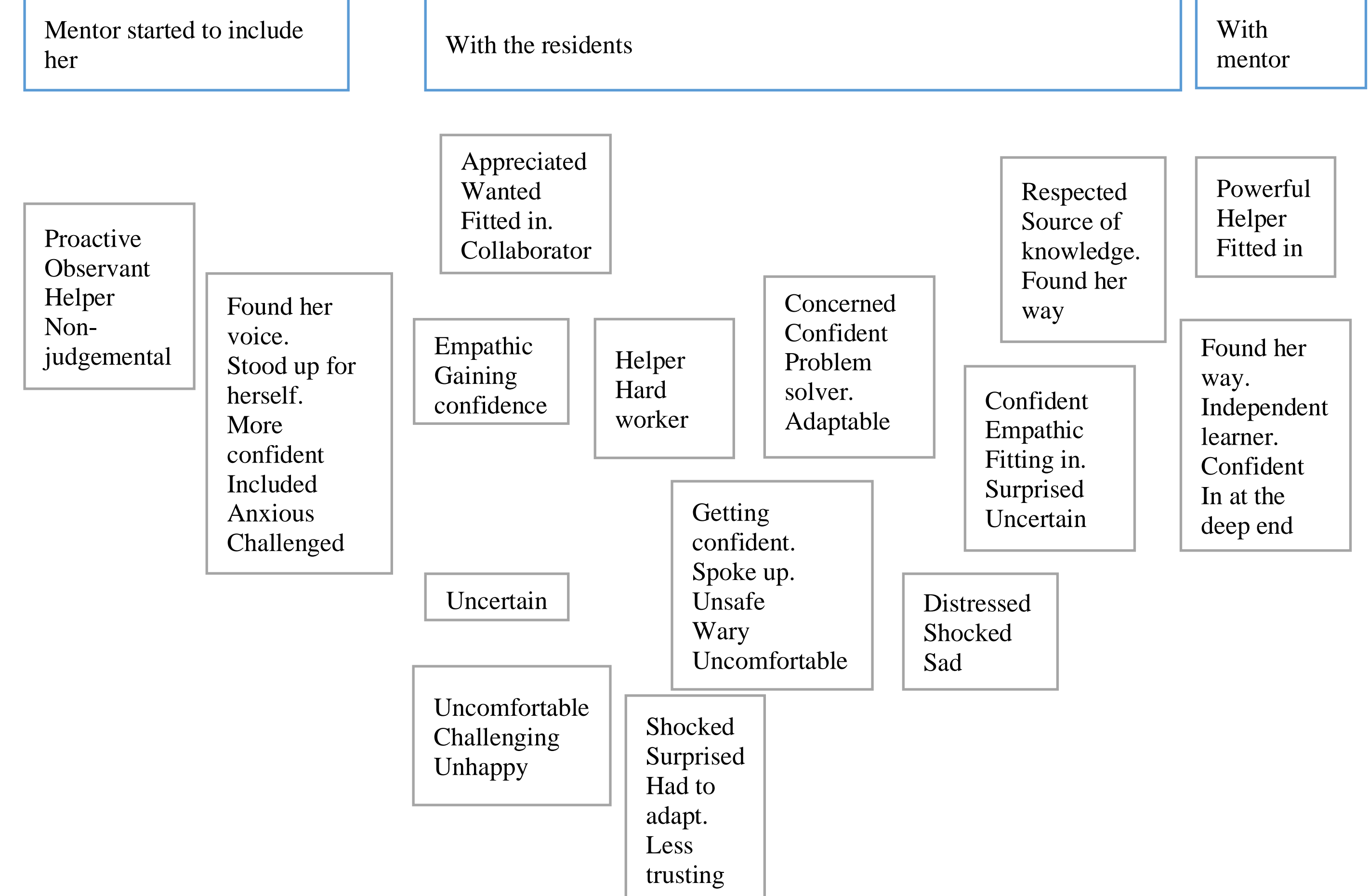
"*so for me like helping her because you know like when you know somebody, when you get connection, um you really understand, you really understand them, so there um in her discharge planning meeting, they did the er you know CPN, I think everyone's decided to um, to discharge her to a care home, but then at the end of the meeting, I don't think that it's right to discharge her in the care home because she really, really wanted to go home*" (SU 26. 22-31).

This narrative section also appears to present Amy as a more confident student nurse than she was earlier in her placement.

At the beginning of her placement, Amy positioned as a nervous student nurse, who wanted to be taught how to do things which were new to her. When she realised that some of the staff on the ward were not going to help her to learn, she seemed to have decided to adapt to an active student nurse who could do what she wanted. This appeared to have helped her to find her own way of learning new skills and to become more confident. Amy wanted to help the staff and she did her best, although she still seemed to remain mostly unwanted and excluded by some of them towards the end of her placement.

Figure 6: Timeline to show the movement of students' positions throughout their placement: Julia





Mentor started to include her
With the residents
With mentor
Proactive
Observant
Helper
Non-judgemental
Found her voice.
Stood up for herself.
More confident
Included
Anxious
Challenged
Appreciated
Wanted
Fitted in.
Collaborator
Empathic
Gaining confidence
Helper
Hard worker
Concerned
Confident
Problem solver.
Adaptable
Respected
Source of knowledge.
Found her way
Powerful
Helper
Fitted in
Confident
Empathic
Fitting in.
Surprised
Uncertain
Found her way.
Independent learner.
Confident
In at the deep end
Getting confident.
Spoke up.
Unsafe
Wary
Uncomfortable
Uncertain
Distressed
Shocked
Sad
Uncomfortable
Challenging
Unhappy
Shocked
Surprised
Had to adapt.
Less trusting

Section 3.

Role change: Becoming a nurse and confident

Role change: Becoming a nurse and confident

Leader
Collaborator
Proud
Confident
Competent
Pleased
Trusted
Fitted in
Not scared

Made a difference.
Collaborator
Powerful
Confident

Confident
Included
Fitted in

Fitted in.
Made people happy

Confident
Competent
Leader
Knowledgeable
No longer worried

Negotiator
Respected
Leader
Knowledgeable
Competent
Confident
Trusted
Fitted in
Helpful

Independent worker.
Appreciated
Worthwhile
Confident
Fitted in.
Comfortable

At the start of her placement, Julia positioned herself as an unwelcomed student nurse and this was because the staff had not made any plans for her, and she felt she was pushed onto staff:

"*they had no plans for me which I was fine with that and it was really nice to get to know them an um I was kind of just kind of like brush me off on to somebody else um cos there was no proper plans*" (SU 1. 39-43).

During the first few weeks of her placement, Julia seemed to have positioned as unwanted because she thought one of the staff disliked her:

"*Josie she didn't seem very keen on me at all. No, she didn't want to help me, she didn't want to, ……..*" (SU 8. 3-5).

Later in this story unit, Julia told me about how unwanted she had felt when this nurse had misunderstood Julia and she overheard the nurse complaining about her to the matron:

"*she actually was talking about me and I thought that was a bit …. unprofessional because she could have shut the door and it didn't make me feel very oh god, I didn't feel very wanted, but I got on really well with the matron and the Head of Care, so I was worried that then they would have a negative impression of me, but luckily I think they didn't in the end, so it was really good, but it could have been massive step back*" (SU 8. 55-62).

Julia also appeared to have felt that some of the staff did not want to show her how to learn new skills:

"*so I didn't know what I could do. I'd never done personal care before and no one was willing to teach me at that point that day. I would have happily gone in and done personal care and stuff. I was really wanting to learn everything*" (SU 8. 81-86).

Julia was keen to learn, and wanted to join in, although some of the staff did not seem to want to include her:

"*Josie and that had worked there for a long time, so they knew the people, they knew the names they know. I really don't know why she ….. It's kind of like I'd be a pain if I was just there do you know what I mean? Like she'd come in that day and just expecting to get on with things so she didn't want me put on her back*" (SU 8. 107-114).

Julia appeared to have found it difficult to fit in with some of the staff at placement and this included her mentor who had just started working on the ward when Julia started her placement:

"*I mean my mentor at first she didn't want me to because she wasn't very sure of herself doing it*" (SU 8. 101-103).

Julia began to fit in when she volunteered to fill the sensory boxes for the patients, and this was something she could engage with on her own. This task also benefited the staff who were too busy to fill the boxes. It seemed that filling the boxes gave Julia a purpose and was something she could do without having to rely on asking other members of staff to help her:

"*I don't know how it all got put onto me but it kind all did, but I was happy that it did cos then …….I'm quite a person that. I like to work in a team and stuff, but I also, if I've got an idea, I love to do it all*" (SU 10. 43-48).

Quite early in her placement, Julia's mentor allocated Julia, two residents to look after and this seemed to help her to engage with the other residents. At this point, Julia seem to have positioned away from the staff and towards the residents who she seemed to like:

"*it was just really changing the way I saw it like it doesn't matter that these people are here and that they're some of them might not have long left to live and I think it is good we make sure their last moments are and that maybe we can try and bring back some of the past for them to like through the sensory boxes and anything like that, like anything that they've done and try and make most of their time that they have here*" (SU 12. 17-27).

During the second half of her placement, Julia had her mid placement review with her mentor. Julia was still feeling nervous each time she attended placement and it seemed her mentor created much of this anxiety by being critical of Julia:

"*I was trying to run the units as well like she wanted me to so I was answering the question, I was getting back late and then she was ….like saying to me oh well, if you get here on time and stuff like that and it was like I've been trying to help everybody and I have been doing good, I've not been doing it to be like but um the turning point when that happened was when we had our like midway review and I said to her, she said like she said that to me like I think you need better timing and things like that and I'd say but this day I managed to find my voice"* (SU 17. 21-33).

Julia viewed this as a turning point and it seemed that from then on, her mentor started to include her, and they sometimes worked together. Julia seemed to have found her way with her mentor and this also helped to increase her confidence:

"*I think the midway point was really good as well cos she could tell me some things she'd seen that I was really good at which gave me some confidence and then I could tell her things that I wanted to improve on and like my confidence and stuff so she then built things around me, so I felt like for me it was a learning experience"* (SU 17. 42-50).

When she began to fit in, Julia could usually find someone who was happy for her to work alongside them and completing the boxes project helped her to get to know the residents and the staff:

"*I had loads of stuff left over from the boxes which I could give to them to contribute to putting on there and like they all were asking for like, they'd call up and say oh Sarah (mentor) is Julia free can she come and help with our ward*" (SU 26. 16-21).

Julia continued to present herself as an active and confident student nurse who was the seeker of opportunities, and this helped her to gain more confidence. However, things did not always go as Julia hoped, and when this happened, it seemed to have shocked and surprised her. Julia appeared to have quickly overcome these situations though and actively suggested changes to the staff which would help to protect them:

"*when I said to them about being with Gary and feeling a bit uneasy an stuff they said to me put the light on, so we know you're in there. That was a massive thing I saw change in the home, people were using lights a lot more to show you were in a resident's room which I think was really good*". (SU 24. 16-23).

Towards the end of the placement, Julia positioned herself as a competent and confident student nurse, who could manage the unit:

" I found when I was left in charge a couple of times on one of the units, that is what I would do, I would always make sure I was going back to the lounge to make sure everything was, like say, I would walk through and see someone sat in a wheelchair and I would say how long has she been sat there for and the pressure cushion oh and we need to change her quickly" (SU 21. 26-34).

She had found her confidence sufficiently to manage the HCA's and to make requests that they adhered to. She also presented herself as a collaborator who helped the staff to engage more with the residents:

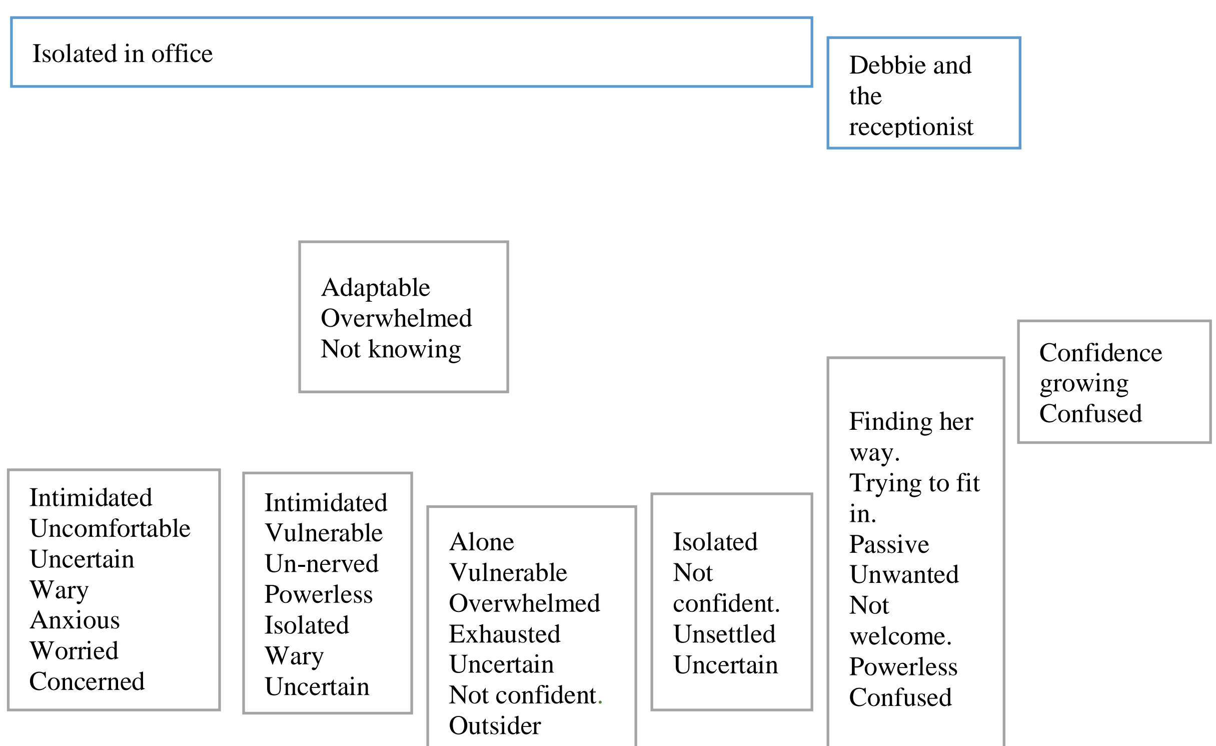
"*rather than giving orders as a student nurse, I felt that I should help them do it, but it was always just walking round and making more, having more involvement with things rather than just sitting away in the office*" (SU 21. 34-39).

At the end of placement Julia was sad to leave and wanted to spend more time at her placement. She positioned herself as a student who had found her way and fitted in with the staff and the residents. Getting to know the residents and establishing her role on the ward appeared to have helped Julia to gain the respect of the staff. By the end of the placement, Julia was beginning to position herself as a staff nurse capable of managing the ward and making decisions.

Figure 7: Timeline to show the movement of students' positions throughout their placement: Debbie

This timeline also needed to be divided into several sections. The reason for this was that early in her placement Debbie positioned herself negatively in her stories and this resulted in a more spread out and linear table.

Section 1.



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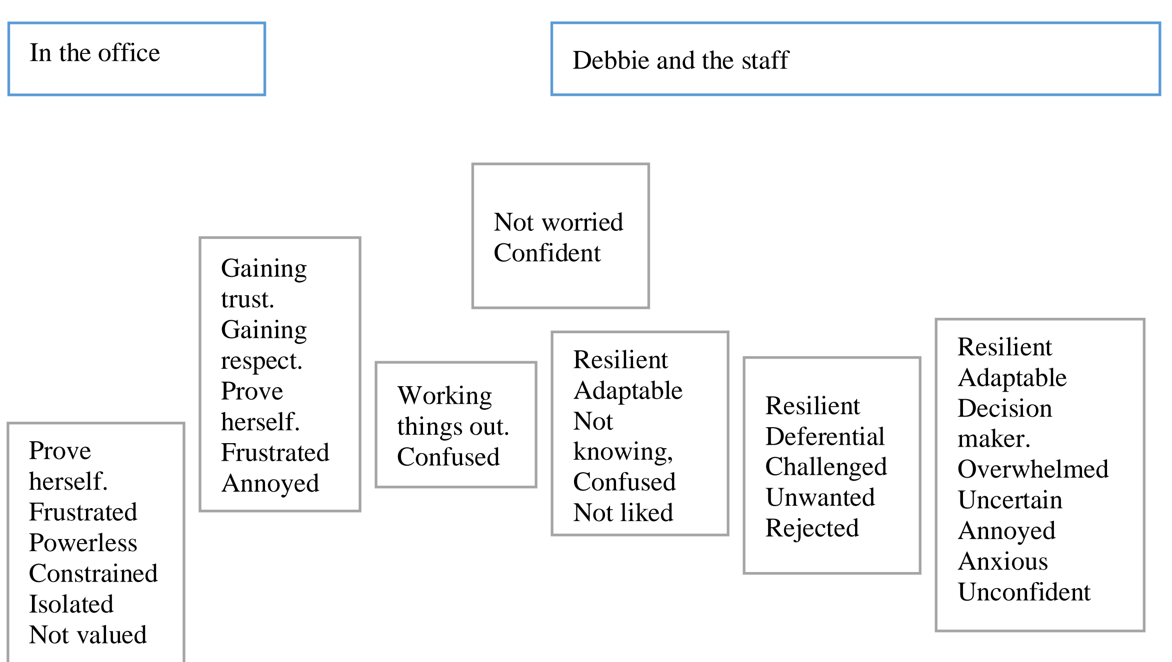


Section 3.

The turning point

Debbie and the staff

With the patients and mentor

Self awareness.
Confident
Resilient
Get on with it

Belonging
Comfortable
Fitting in.
Confident

Fitted in.
Comfortable
Wanted
Liked

Thoughtful
Considerate
Empathic
Gaining trust.
Helpful
Fitting in.
Pro-active
Skilful

Confidence growing.
Empathic
Self aware

Find her voice.
Resilience
Overwhelmed
Challenged

Finding her way.
In the way.
Powerless
Frustrated
Annoyed
Unhappy

Seeking opportunity.
Active
Challenging

Cautious
Observer
Wary
Not fitting in.
Excluded

Powerless
Disappointed
Obedient

At the start of her placement, Debbie's key positions seemed to present her as an unsure and anxious student nurse who was isolated in the office. She also seemed to have felt quite vulnerable and was concerned because she did not know the history of the ladies, or why they were there:

"*Yeh, I was a bit scared as well, I was scared, cos once I walked on to the ward, although I'd gone and looked around I didn't know what the patients, like what they had and I didn't know how they'd react to me and it was kind of like, I got myself into like a kind of a fear thing where I kind of didn't want to be turning my back on them*" (SU 1. 26-32).

At the beginning of her placement, Debbie also positioned herself as powerless because her mentor wanted her to stay in the office for the first few weeks:

"…in the first couple of weeks obviously I'm sat in the office and I wanted to spend time with those women, I wanted to, but I was told I wasn't allowed yet and whenever they came to the door and they wanted to go out for a cigarette I wasn't even allowed to sort of let them go out of the door to go for a cigarette, but the healthcare assistants are and the nurses, but I'm not allowed". (SU 8. 2-10).

She soon realised that the quickest way to be allowed to leave the office was to prove herself and her capability for doing the job. Having managed to free herself of the

office, Debbie encountered difficulties with some of the HCA's and the nurses. She had already found the receptionists to be difficult at the start of her placement and had managed this by thinking, it was just their way and to brush it off:

"*From the day I started she (receptionist) was like 'where's your belt?' and I was like oh, I thought I could borrow one of these and she was like 'no', you know she got really funny, so I just thought oh well, whatever, you know, but it was like constant everyday like...*" (SU 6. 14-19).

Debbie also used a similar approach towards several HCA's who she also appeared to position towards as an unwanted student nurse because to begin with the HCA's did not want her to work with them:

"*I'd go in there and I'd go oh um do you want me to help? They'd (HCA's) be like NO. Like fine cos they're in their little routine*" (SU 13. 4- 7)

Whilst Debbie acknowledged not all HCA's were difficult to get along with, she said some of them were:

"*then there's healthcare assistants and the healthcare assistants they are absolutely amazing but some of them, not all of them, some of them had a bit of an attitude*" (SU 12. 2-5).

Debbie also provided an explanation why the HCA's might be more difficult to get along with:

"*I think they're a little bit more difficult to work with than the actual nurses…and also and they're also running about here, there and everywhere and the nurses the majority of the time are in the office writing up notes so I can see that they would be a bit annoyed you know*" (SU 13. 26-31).

Debbie also stated that she thought the HCA's might be difficult to get along with because they had an issue with students from the university:

"*they're a bit precious about their jobs at the beginning, that's what it's like and they say things like so what do you learn at university then, like it's like they're annoyed*" (SU 13. 17-20).

Encountering difficult members of staff was a challenge for Debbie and at times she positioned as overwhelmed, but she mostly presented herself as a resilient student nurse. This resilience seemed to have enabled her to find her way and to explain to her mentor how overwhelmed one of the nurses had made her feel:

"*He said what's wrong and I was just like oh I'm just going to be honest with you I said like she's bombarded me with loads of information now you're going on at sums with me and I said and I can't deal with it and he was just laughing and went 'Right let's go and have a cup of tea*" (SU 16. 21-27).

This appeared to have instigated a turning point for Debbie with her mentor. By telling him how she felt, he was able to adjust how he taught her, which helped Debbie to learn more. Debbie's mentor was important to her, and she was with him most of the time during the first weeks of her placement.

Whilst Debbie's mentor seemed to have been supportive of her, it appeared she had to prove to him that she was ready to spend time with the patients. Not being allowed out of the office annoyed and frustrated Debbie because she knew she would get on with the ladies:

"*At first it was quite frustrating for me in a way at first because I knew that I'm in my first year and I had to kind of settle into the role, but I knew that I was capable of working with the women on the ward. I knew that I was, but obviously he didn't know that because he didn't know my background*" (SU 9. 1-6).

It seemed to be quite late in her placement when Debbie was allowed to leave the office and when she was, she positioned as confident to spend time with the patients:

"*there was other opportunities where I kind of initiated it because like the lady, the lady that was going into her new accommodation. My mentor wasn't there, it was the only day he wasn't there and he said to me the day before, I want you to escort the nurse with this patient, so I knew he wanted me to do that and it was a good opportunity for me*" (SU 19. 16-23).

Debbie positioned herself with the patients and presented as a helpful and pro-active student nurse. From then on, Debbie also presented as a thoughtful and empathic student nurse, who had begun to fit in with the patients:

"*anyway the day came where there was this jacket potato and cheese and everyone always says to her do you want some food, they've always have said that, but every day she would say no, but this one day I went oh yeh you only like salad cream and there's a jacket potato with loads of cheese and you can have salad cream on it, but obviously you don't like the hospital meals so I was just letting you know. The next minute she comes marching down and says I'll have jacket potato and cheese please, salad cream and all that*" (SU 22. 16-27).

Debbie also positioned as a comfortable student nurse who had fitted in with the patients who appeared to have been wanted and liked by her mentor and the patients:

"*I thought how do I go from that to now I feel so confident that I could, you know I feel as though I work here. So when I was leaving it was like a bit of a shock, I think it was a bit of a shock to them as well because they had kind of like got used to me being there*" (SU 25. 14-19).

At the end of her placement, the patients did not want Debbie to leave, and she said she had one regret, and that was that she had not been allowed to leave the office sooner, so that she could have spent more time helping the ladies. Debbie had changed from

being wary of the patients, to enjoying spending time with them and trying to help them. Although Debbie was aware there were still some situations, she did not have the skill to engage in:

"*there were certain things I didn't get involved in, in the conversations, just because I didn't really know what to say cos you know what I mean. Like I can't even think of an example, but like you could tell he was, he was proper qualified in like how he spoke to them*" (SU 24. 41-47).

Debbie's mentor seemed to have been supportive and she positioned herself with him and the patients, rather than the HCA's and the other nurses, some of whom she found could be difficult to get on with.

5.6.4 Colour coding the students' key positions throughout their placement journey

To help me to identify the positions more clearly, I decided to colour code them and to place the key positions into groups of similar positions. I did this because I wanted to display the groups of positions, so that I could track their movement throughout each students' placement. For example, I selected the colour brown for positions that appeared to be relating to not feeling welcomed, dark green for when the students' appeared to position as puzzled, or confused, red for when they had appeared to have been actively seeking things to do, blue for when they seemed to have been positioning as students who were worthy of praise, yellow for when they appeared to have positioned as annoyed, light green for when they appeared to have presented as surprised by something and purple for how they seemed to position at the end of their placement. These are presented below in the table below:

Table 10: The colours of the positions the students' presented during their first placement

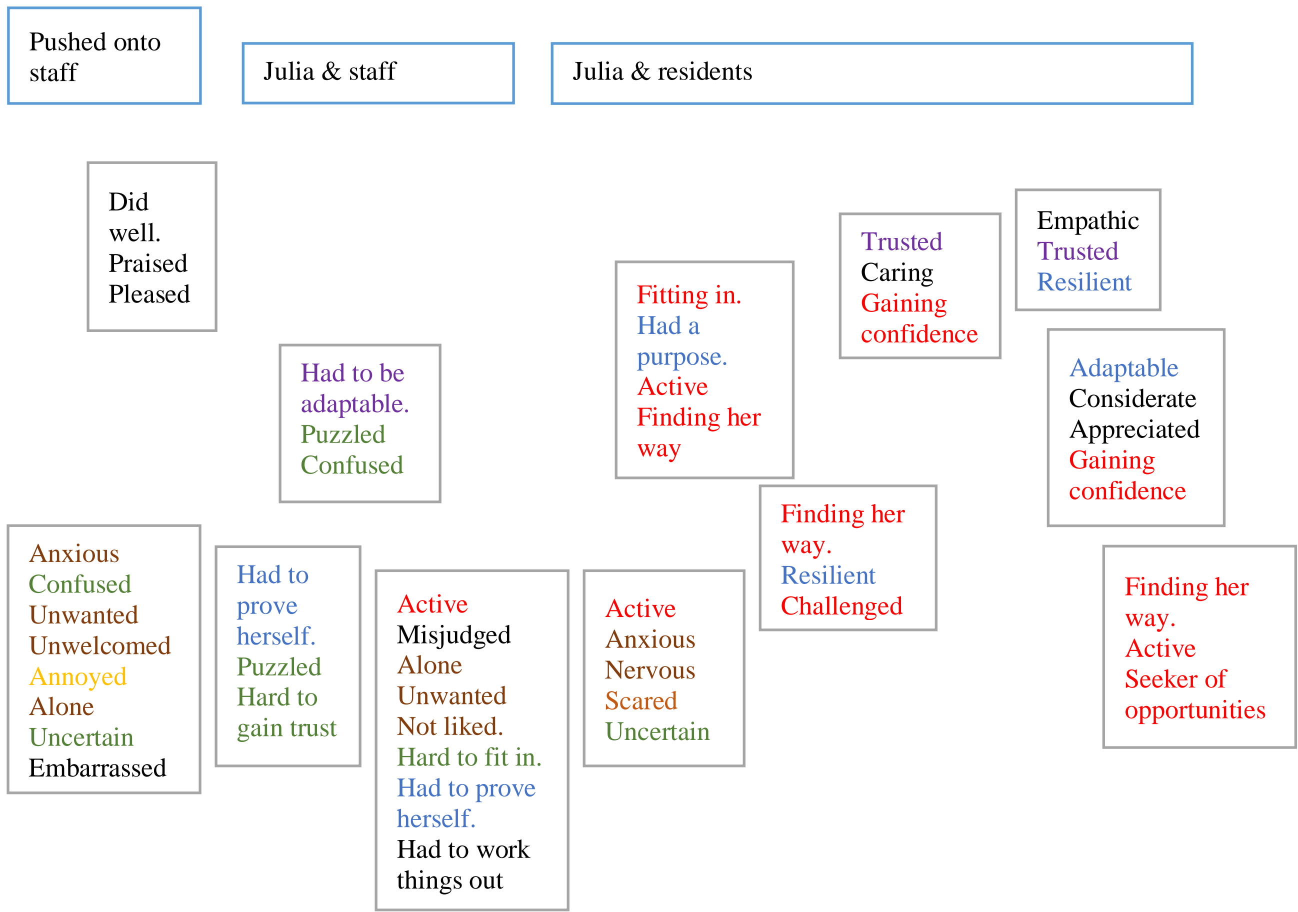
Table to show the colours of the positions the students' presented during their first placement		
Colour	Position Group	Reason for Groupings
Brown	It might not feel welcoming	Used for positions relating to not feeling welcomed.

Dark Green	Some things might seem puzzling	Used for positions where the students appeared to have positioned as puzzled or confused.
Red	Seeker of opportunities	Used for positions where the students' appeared to have been actively seeking something to do.
Blue	Show you are worthy	Used for positions when students appeared to have been positioning as worthy of the staff's attention.
Yellow	Be prepared to be annoyed	Used for when the students appeared to have been positioning as annoyed.
Light Green	Be prepared to be surprised	Used for when the students appeared to have positioned presented as shocked and surprised
Purple	Expect things to have changed	Used to show how these students appeared to have positioned by the end of their placement.

Using the 'Table to show the colours of the positions the students' presented during their first practice placement', I applied the colour codes to the positions as illustrated in the timelines below for each student. At the top of each timeline, I have placed boxes which contain overarching positions that I identified when analysing the data. These are presented in the blue boxes. I have presented Julia's timeline below and the timelines for the three other students can be found in Appendix 23 (Colour coded timelines to show the students' movement of positions during their placement).

Figure 8 Julia's colour coded timeline to show her movement of positions throughout her placement

Section 1.



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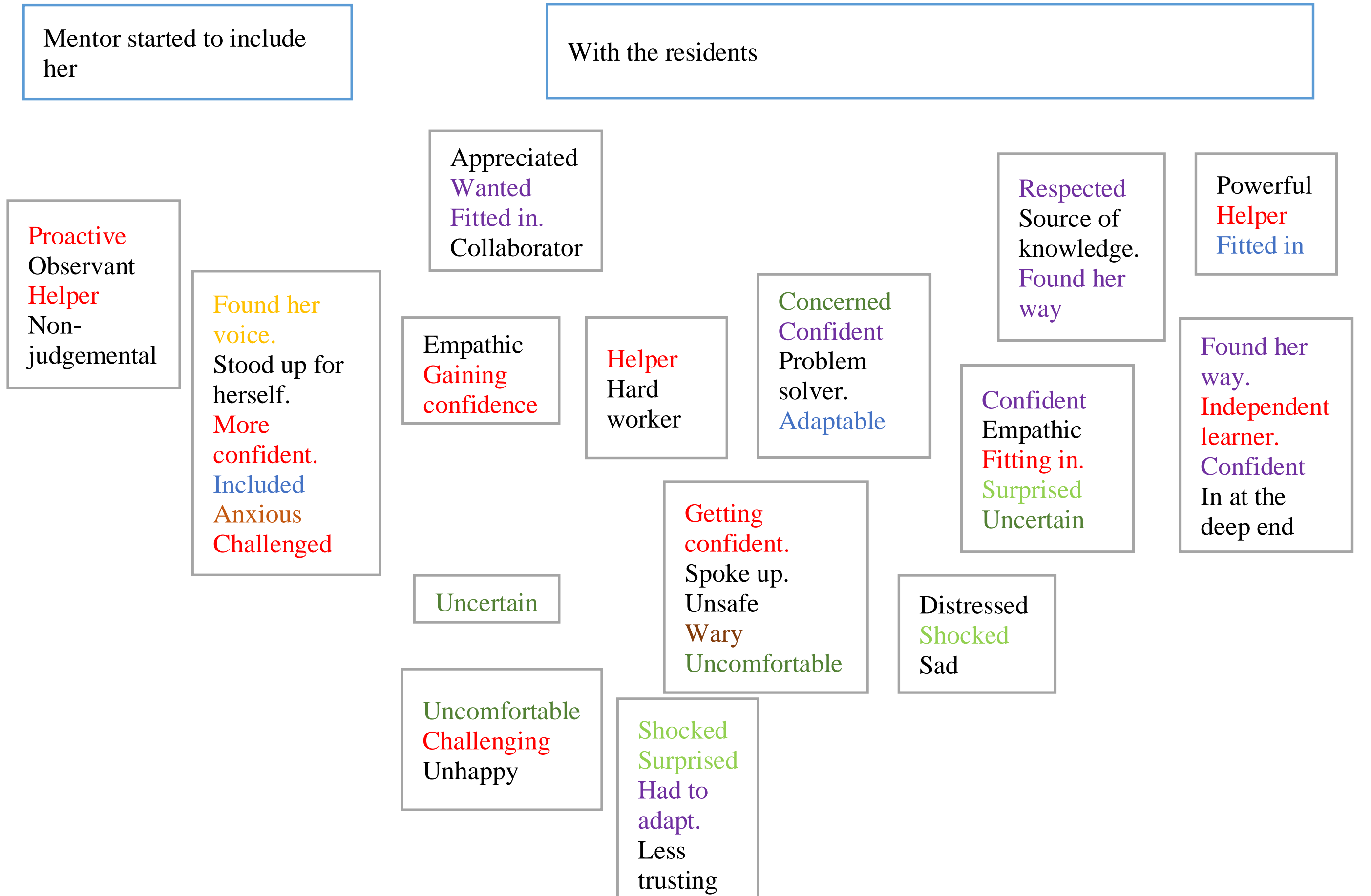

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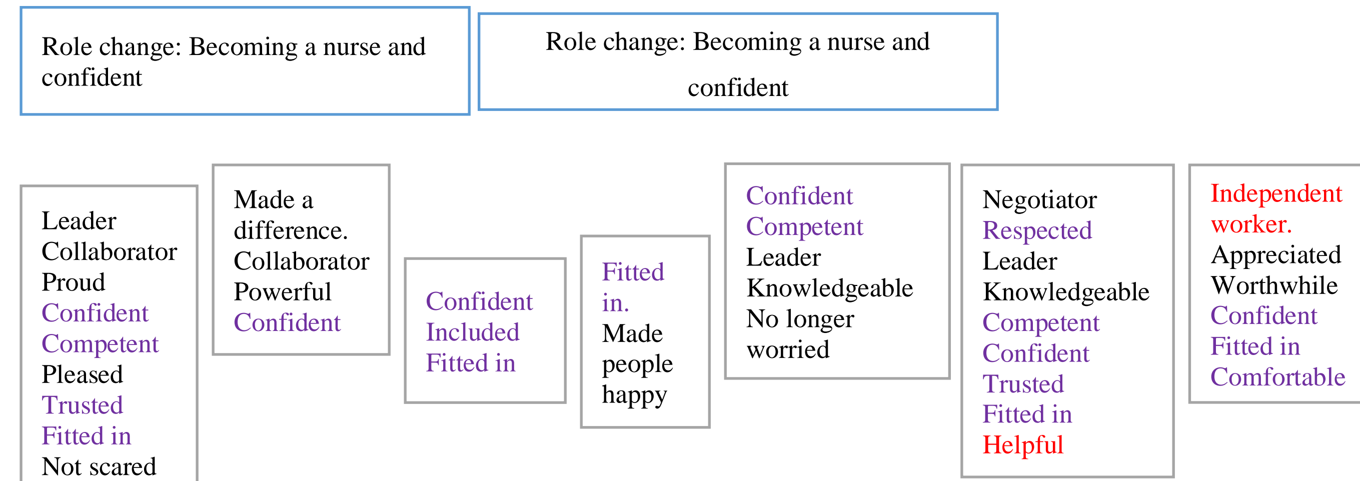


Having colour coded the students' positions into groups of what I considered to be similar positions (Table 10, p.160), I placed the positions in the table below. I also gave each grouping a title which I felt reflected the student's positions during their placement. The student's positions presented in black ink (please see above), on the 'Colour coded timelines to show movement of students' positions throughout their placement' have not been included in the table below (Table 11) and this is because they are positions that were infrequent, or only displayed by one student.

Table 11: The combined key positions for all four students.

Title for group positions	It might not feel welcoming	Somethings might seem puzzling	Seeker of oppor-tunities	Show you are worthy	Be prepared to be annoyed	Be prepared to be surprised	Expect things to have changed
K E Y P O S I T I O N S	Unwanted Isolated Excluded Alone Wary Unwelcomed Intimidated Frightened Nervous Anxious Abandoned Scared Ignored Invisible Not needed Disliked	Uncertain Confused Puzzled Not fitting in. Vulnerable Uncomfortable Not confident Trying to fit in Concerned Hard to gain trust	Active Helper Finding their voice. Finding their way. Working things out. Gaining confidence. Independent Challenge(d) Challenging Fitting in	Prove yourself. Resilient Adaptable Included Valued Had a purpose Gaining trust Gaining respect Beginning to fit in	Found their voice. Critical voice. Annoyed Disappointed Frustrated Powerless Not valued	Shocked Surprised Nearly confident. Confused Vulnerable Wary	Fitted in. Confident Competent Found their own way. Wanted Liked. Worked things out Included Valued Trusted Comfortable Belonging Active Respected

Using the table, I was able to provide a summary of how the students appeared to have journeyed through their placement. The findings from this second layer of data analysis can be found in the next chapter titled: ‘Chapter 6: The findings from the data analysis of the diary: diary interviews’.

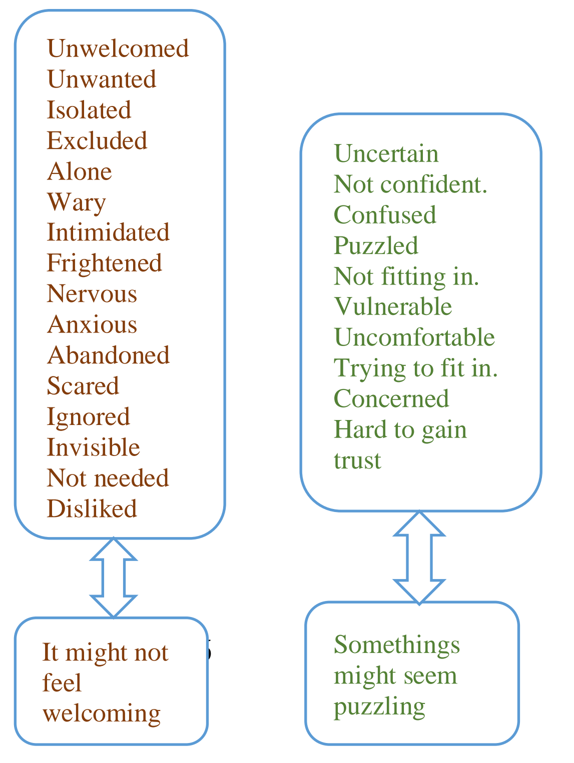
5.7 Third layer: The forwards-backwards model

I was curious to explore the movement of these positions further and decided to represent them as a model of the students’ seven collective positions shown in Table 11: The combined key positions for all four students. To create the model, I used the seven main position headings and created a circular shaped model. The reason for the model being circular shaped and not linear was that there appeared to have been backwards and forwards movements with the students’ positions which would have been more difficult to reflect in a linear model. The inner parts of the model are the position group headings and each of the headings link to a box containing the students’ positions as identified from the words the students used when telling me their narratives (Figure 9). These words can be found in Table 11, p.165.

Figure 9: Model to show the combined student’s positions during their first placement

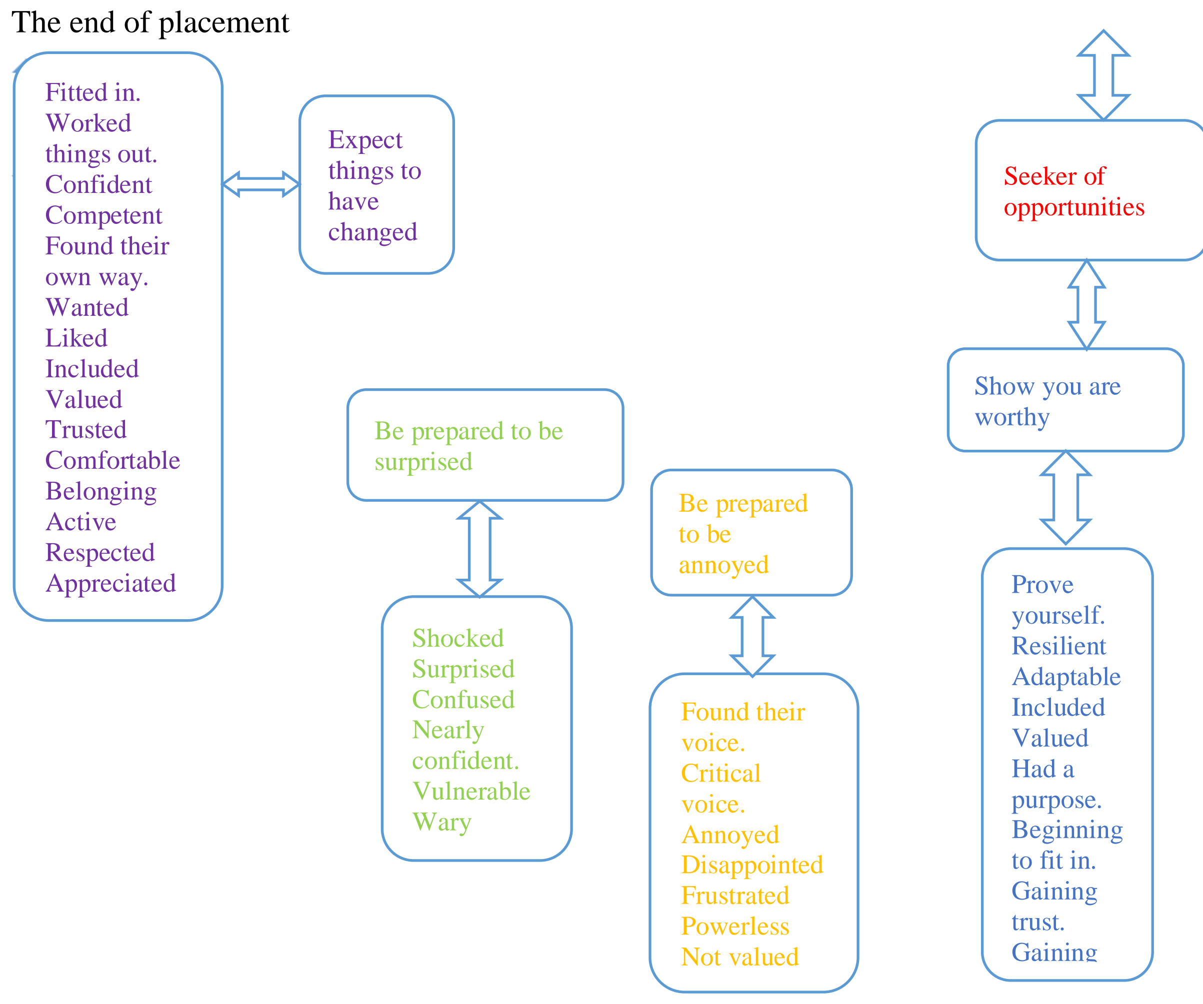
The start of placement

The start of placement



Active
Helper
Finding their voice.
Finding their way.
Fitting in
Working things out.
Gaining confidence.
Independent
Challenge(d)

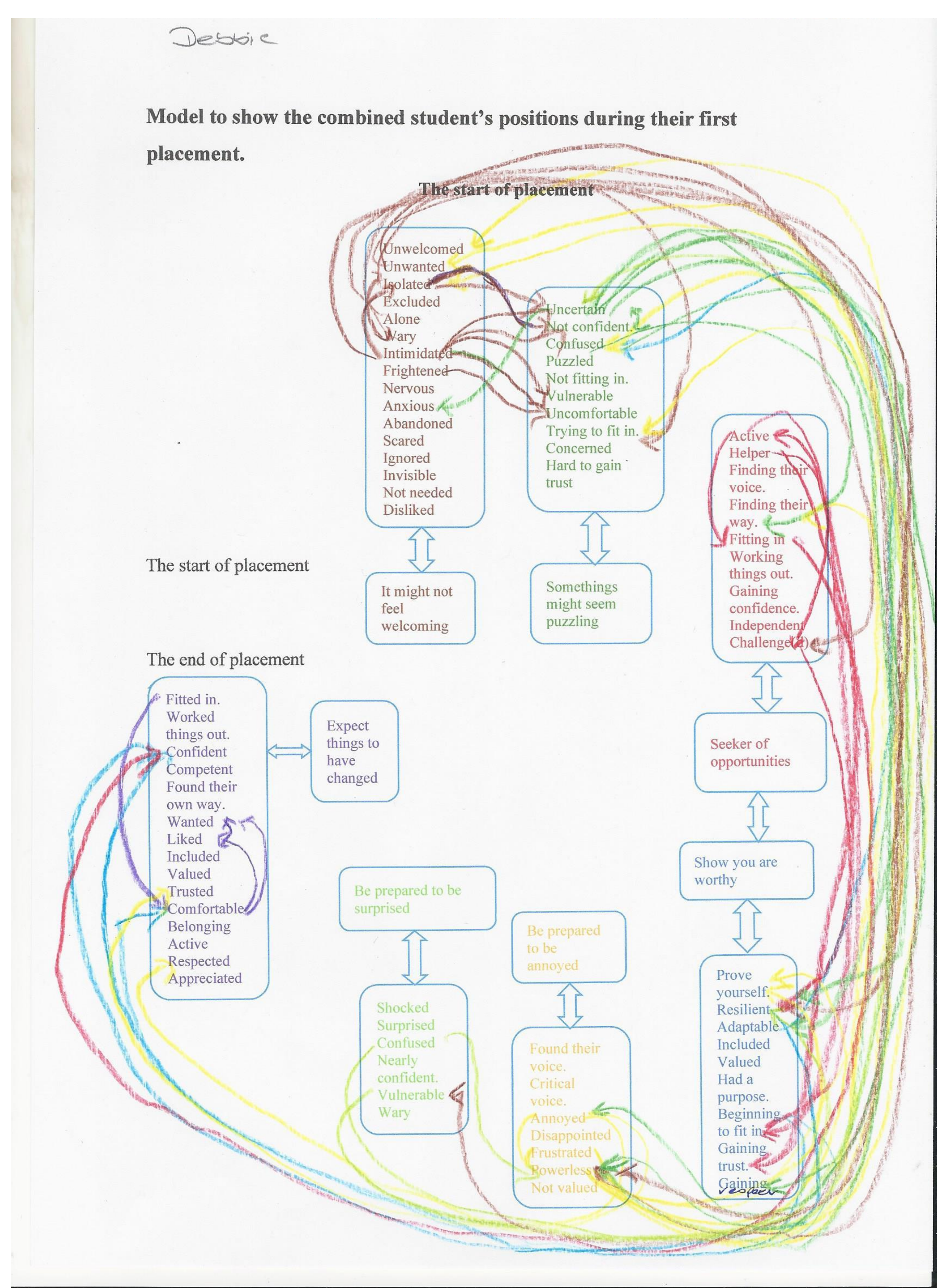
The end of placement



5.7.1 Using the forwards-backwards model to capture the movement of the students' positions during their placement.

Using coloured pens, similar to the colours used on the 'Model to show combined students' positions' above (Figure 9), and with reference to Table 10 titled: 'The colours of the positions the students' presented during their first placement' (p.160), I tracked the movement of the students' positions on the model template. This enabled me to identify the forwards and backwards movement of the students' positions. Below I have presented the model of positions for Debbie. The model of positions for Lorna, Amy and Julia can be found in Appendix 24.

Figure 10: Using the forwards-backwards model to capture the movement of Debbie's positions during her placement



5.7.2 What the forwards-backwards model suggests about the students' positions.

It can be suggested from the crayon arrows on Lorna's model, that she seemed to have moved backwards and forwards between 'Somethings might seem puzzling' and 'Be prepared to be annoyed' (Appendix 24). Likewise, Julia appeared to have positioned backwards and forwards between 'It might not feel welcoming' and 'Somethings might seem puzzling'. She also seemed to have moved frequently between 'Show you are worthy' and 'Seeker of opportunities' (Appendix 24). Whereas Debbie's positions appeared to have moved between 'Be prepared to be annoyed', 'It might not feel welcoming' and 'Somethings might seem puzzling' (Figure 10) and all students appeared to have moved between 'Seeker of opportunity' and 'Show you are worthy' (Appendix 24). I also noticed the students seemed to have positioned as annoyed or as surprised at different stages of their placement. The model also showed that towards the end of her placement Amy positioned within 'It might not feel welcoming' (Appendix 24).

The importance of presenting the positions using the model, was that it enabled me to explore the extent the students changed their positions. The model also identified that the students did not appear to work through the different grouping of positions in the same order. Using the model also identified that one of these students positioned late in the placement journey as unwanted and excluded. The main similarities between all four students were that they each started their placement by presenting some of the positions identified in the 'It might not feel welcoming' grouping and finished their placement with some of their positions in the 'Expect things to have changed grouping' where they each positioned as having become more confident.

There appeared to be no formalised structure as to when and where the students would position except for the beginning of the placement and the end. At the beginning the students' positions varied between anxious, nervous, and wary, and at the end each of them positioned as more confident, even if they still positioned as unwanted and wary.

The positions in-between, were not predictable and seemed to be dependent on placement events and how the students managed them.

5.7.3 Explanation summary for the forwards-backwards model

When the students arrived at placement, they displayed a variety of positions such as unwelcomed, unwanted, isolated, and excluded. These can be seen in the 'It might not feel welcoming' stage. Whilst these positions are not fixed at this early stage of development and can be returned to later in the placement, they appeared to be returned to less frequently. When the students returned to this stage it was usually in relation to the 'Be prepared to be annoyed' stage. It seemed the students needed to be prepared to be annoyed throughout their placements. A stage that occurs either simultaneously to, or close to the 'It might not feel welcoming' is the 'Somethings might seem puzzling' stage and these two stages seemed to be closely linked, with all four students moving backwards and forwards between them. As with the first stage, this stage can be returned to at later times during the placement, but when the student begins to fit into the placement environment, this position appears to weaken.

Fairly early in placement, and usually when the mentor was not available, these students appeared to have worked out that if they did not actively seek something to do, they would be left on their own. This stage is known as the 'Seeker of opportunities' and at this stage the students frequently revisited the two earlier stages. Seeking out opportunities appeared to have helped the students to move within the 'Show you are worthy' stage. The benefit of the 'Show you are worthy' stage also seemed to have been that it displayed to other members of staff that the students were willing to work, and it seemed that once the staff realised this, some of them were more willing to include the students. Both the 'Seeker of opportunities' and 'Show you are worthy' stages also appeared to have acted as triggers for the students to position in the 'Be prepared to be annoyed' and 'Be prepared to be surprised' stages. At the 'Be prepared to be annoyed' stage, the students began to 'find their voice' and this was in the form of a 'critical voice'. The students' having a 'critical voice' seemed to move them back to the 'It might not feel welcoming stage' and the 'Somethings might seem

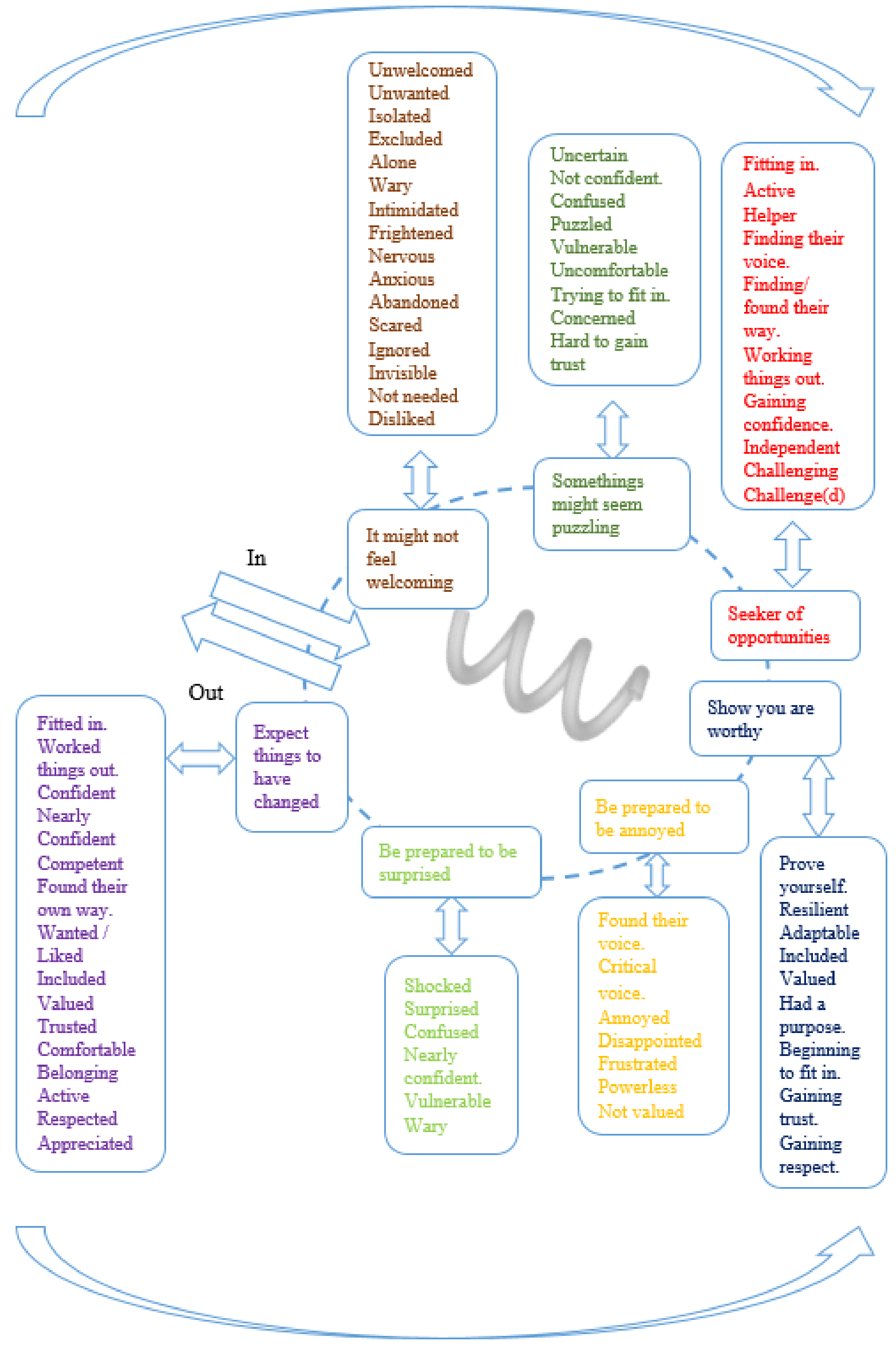
puzzling stage' Speaking up, or even just having an inner critical voice, appeared to have made the students more confident. Whilst this critical voice could occur at any time during placement, it seemed to have been strongest towards the middle of their placement and this was probably aided by the students becoming more familiar with their surroundings.

The 'Be prepared to be surprised' stage seemed to have occurred most frequently towards the second half of their placement and being surprised appeared to have occurred in response to the student positioning as confused, or shocked. I positioned this stage towards the end of this model because this is where it seemed to be most prevalent for these students. However, there were examples of stories earlier in the placement in which the students appeared to have been shocked and confused. This suggests students need to be prepared for the possibility of being shocked, surprised, and confused at any time during their placement. When this happened earlier in placement, the students frequently returned to earlier positions. The 'Expect things to have changed' stage is the final stage of the model, and this is when the students come to the end of their placement. At this point each of the students had gained sufficiently in confidence to successfully navigate and complete their placement.

5.7.4 Refining the original model

Mapping the students positions onto the model for each student, confirmed for me, that the movement of the students' positions was not a linear process. Instead, the model appeared to suggest the students' spiralled forwards and backwards and backwards and forwards between their positions. To reflect these movements, I decided to adjust the model by adding two overarching outer arrows to represent that the students do not systematically move forwards and backwards between the groupings. I also added a spiral shape to the centre of the model, to represent the students' 'spiralling' to and from the different positions (Figure 11).

Figure 11: The forwards-backwards model to show students' spiralling forwards and backwards positions



The model identified that these students appeared to spiral forwards and backwards through a series of seven different stages. These stages related to not feeling welcomed, finding some things puzzling, being a seeker of opportunities, showing they were worthy, being prepared to be annoyed, being prepared to be surprised and by the end of placement expecting things to have changed. Apart from the first and the final stages of the model, each of the students appeared to return to earlier positions during their placement and likewise could position early in their placement to later positions. Returning to the earlier positions could occur at any time in their placement. It appeared from the model, that moving forwards and backwards during their placement, was a process which helped the students to become confident. The process through the stages were in response to social interactions and when the interaction was positive, the student appeared to move forwards and become more confident and when it was not, they seemed to position backwards to an earlier stage. Gradually, the students seemed to become more efficient at managing negative interactions and appeared to develop a more sophisticated skill set.

5.8 Summary

In this chapter I have detailed how I presented and analysed the three layers of data analysis. Firstly, I prepared the transcripts, identified the stories within the transcripts and began the process of analysing what the students had told me from the words that they used. Analysing the students' story units, enabled me to move to the second layer of data analysis which involved identifying and exploring how the students positioned themselves in placement, in response to both positive and negative interactions with patients / residents and staff. In this chapter, I have also explained how grouping the positions into groups of similar positions inspired the third layer of data analysis in which I identified patterns in the positions. Part of this process led me to create the forwards – backwards model and from doing this, I identified that the students' positions did not appear to process sequentially. Instead, their positions appeared to process forwards and backwards and within this process the students gradually became more confident.

Whilst I was developing the forwards – backwards model, I noticed that the students' positions appeared to be in response to interactions with staff and patients / residents at the placement. Exploring how the students managed negative interactions in placement helped me to consider the benefit of preparing mental health student nurses for the possibility that they might encounter negative interactions in their placement. This will be discussed further in the Practice Development chapter. The combination of Positioning theory and Narrative Inquiry enabled me to address the research question and identify that prior to first placement, mental health student nurses would benefit with more support regarding how to manage negative interactions prior to their first practice placement. The findings for each of the three layers of data analysis are presented in Chapter 6.

Reflection: ***reflecting on combining narrative inquiry and positioning theory for analysing the diary: diary interview data***

Narrative Inquiry enabled me to examine the words the students' used when telling me their stories of their first practice placement and this helped me to identify how these students responded to being in the placement environment. It also helped me to explore the events the students considered to be meaningful during their first placement and in turn, this helped me to make sense of what being in placement meant to these students. Narrative Inquiry also provided me with the opportunity to explore the structure of the student's stories and this enabled me to identify how the students responded to their placement environment.

By utilising positioning theory, I was able to identify from the students' accounts the positions the student's appeared to present throughout their practice placement and how these positions changed. I was also able to identify that the students' positions seemed to have been influenced through their interactions with others at their placement. The benefit of combining narrative inquiry with positioning theory also enabled me to address my second research objective which was to examine the accounts of mental health student nurses' first practice placement. Combining narrative inquiry and positioning theory meant that having scrutinised what the students said and the words they used, I was able to track their positions throughout their placements. It was from analysing the movement of the positions that I realised the movement of the positions were not linear and this is what prompted me to develop the forwards-backwards model. Whilst developing the model, it became clear to me, that the students' positions were influenced by negative and positive interactions in placement with staff and to the patients / residents.

Chapter 6. The findings from the data analysis of the diary: diary interviews'

Within this chapter are the findings from each of three layers of data analysis of the diary: diary interviews.

6.1 Findings from the first layer of data analysis from the diary: diary interviews

The first layer of the data analysis led to understandings about how students positioned themselves on a ward and the meanings they created through an analysis of their story units (SU). Each student created a deep rich account, and an example of story units can be seen in full for Lorna and in summary for the other three students. For clarity, a Table has been included which states the title for each story unit, for each student.

6.1.2 Interview One: Introducing Lorna

Lorna was a mum with young children who had experience of care work, but no previous experience of working in a mental health environment. Lorna's ten-week placement was at an elderly care unit and as a shy person she thought it took her longer to fit in than it would have done for other people. This interview lasted for one hour 36 minutes.

Table 12: Lorna's story units

Story Unit Number	Story unit title	Story Unit Number	Story unit title
1	They were cliquey	11	STU 1: The specialist treatment unit was bizarre
2	Nightshift one	12	Lorna knows her role and it is siding with the patients
3	Fitting in, but learning is more important	13	For the first time a nurse let Lorna work with her
4	Never knew where she fitted in	14	STU 2 – the patients are what matter to Lorna
5	Nightshift two- bizarre	15	Mixed messages: Not a good way to learn

6	Nightshift three: Feeling scared the patient might turn on her	16	Lorna, patients and the marmite sandwich
7	Nightshift four: Shining the torch into the patients' rooms to make sure they were alive	17	Lorna, patients and injections are bizarre
8	Nightshift five: Out of her depth	18	Lorna, patients and managing aggression
9	The 'go to' person	19	Didn't know until the end that they had appreciated her
10	Fitting in with the patients and not the HCA's		

The findings from the first level of data analysis

6.1.1 Story unit 1: They were cliquey

At the beginning of the interview Lorna explained how important it was for her to fit in and she found this difficult because the staff all knew one another, and she did not know them. Lorna seemed to have found it difficult trying to join in and be included:

"*the biggest thing for me was fitting in actually. They were lovely, but it was very cliquey and you know um………. and they knew each other and they didn't know me so you had to make a real effort to sort of join in and fit in*" (SU 1. 1-8).

Lorna also told me that she was shy and so it took her longer to fit in than it might have done for someone else. Quite early in her placement, Lorna's mentor went on sick leave and Lorna found this difficult because she was not given another mentor and, no one seemed to want to include her:

"*My mentor was off sick for er a while and that was really hard for me because they didn't give me another mentor to replace her, so that was really difficult cos I kind of felt like I had to just keep myself busy*" (SU 1. 17-22).

Lorna soon realised that if she did not make an effort to be busy, she would have been left on her own and isolated, with nothing to do:

"*that was when I really got stuck in because I had to otherwise I didn't talk to anybody and didn't do anything all day so I just got on and did it um and then it was fine after that*" (SU 1. 25-29).

It seemed like Lorna felt she had to prove her willingness to be proactive before the other staff were willing to include her.

Story unit 2: Nightshift one

Lorna's first two shifts in placement were nightshifts and she completed a third night shift within the first two weeks of her placement. When Lorna told me her stories about night shift, she positioned herself as isolated from the other staff. The first story Lorna told me about nightshift was how confusing she thought it was because the patients looked so different at night when they were in bed. She also found it difficult switching from nightshifts to day shifts:

"*I did night shifts too which was really hard and then turning from nights to days was difficult in itself, but then to not, people look so different when they are asleep in bed to when they are up and about on the ward, you can't even recognise people that you interacted with at night that were awake cos they just don't, you know they don't look the same*" (SU 2. 4-13).

Lorna seemed to find working night shifts a challenge and she said: "*it was just getting through it, the initial bit*" (SU 2. 26-27).

6.1.2 Story unit 3: Fitting in, but learning is more important

In this story unit, Lorna told me about how difficult she had found it when she started her placement. Lorna really wanted to fit in, but more importantly she wanted to learn, and she soon realised that by positioning herself with her mentor meant she would not be left on her own: Lorna spent as much time she could with her mentor because it seemed clear to Lorna that the other staff were not going to invite her to work with them:

"*I worked a lot of weekends because that was what my mentor did and because I'd found quite early on that not working with her probably wasn't the best way to go because you are kind of left. The other nurses weren't um, they wouldn't say I'm going to go and do this do you want to come, so you'd have to kind of force yourself upon them*" (SU 3. 1-10).

Even when Lorna asked the nurses if she could work alongside them, they seemed reluctant to let her do so and Lorna felt this might have been because they were worried, she would be critical of them:

"*They didn't really want you there because they didn't want to be watched um they were all nurses that had been qualified for a long time um so I kind of think they thought I was kind of doubting them which wasn't the case at all, I just wanted to learn, but I kind of got that feeling that they thought I would be sort of criticising what they were doing*" (SU 3. 17-25).

This appeared to have been disappointing for Lorna because all she wanted to do was to learn and so she decided to adapt and work weekends with her mentor. Lorna really enjoyed this because she could learn more and there were fewer staff to interrupt them.

6.1.2.1 Story unit 4: Never knew where she fitted in

In this story unit Lorna continued to tell me about how she felt she did not fit in and how this made her feel uncertain and anxious. Lorna found handover difficult because she struggled with notetaking, and she also appeared to find it a challenge working out what her role was. Lorna had noticed the nurses had typed sheets of paper for the handover, the HCA's had scraps of paper to write on and Lorna did not have anything to write on:

"*They all had um...like they give you a thing for handover and it's all written out in a like set format and all the nurses had that and then the healthcare assistants had torn*

pieces of paper to write down which patients they had for the day, so I kind of never knew where I fitted in" (SU 4. 1-8).

It seemed the other members of staff were unwilling to include Lorna in the handover, and this meant that she was uncertain what she should be doing.

6.1.2.2 Story unit 5: Night shift two: Bizarre

Lorna said working night shifts was bizarre and she seemed not to enjoy them because there were lot of things that terrified her about working them, including being scared of the dark and being scared of the patients. When Lorna talked about working nightshifts she often seemed to be working on her own and she rarely mentioned working with other people. On one occasion when she did mention the other staff, it was to say how they had terrified her about a patient who had learning difficulties (LD). Lorna seemed to have been particularly frightened of this patient:

"Working a night shift is very bizarre, it is not something I had ever done, yes, it's very strange. Em one of the patients that they had there used to run up and down the ward at night. She had learning disabilities and she didn't sleep. Em, I was terrified of her and I don't know why. But for some reason they had made me really scared of her um, I remember going down to the staff room to have my break on like my first, or second night there and um just as I was trying to get into the door she came out and I was really scared and I just thought I have got to get in there quick and they said make sure you lock the door when you get in there, so I was really nervous" (SU 5. 1-17).

Lorna positioned herself as an alone and vulnerable student nurse who seemed to have been left to fend for herself. Being scared of the dark did not help her and from what Lorna told me, the layout of the ward did not help alleviate her fear either:

"*I think because it was dark and its, the ward is split into like three and so they're kind of sat in the lounge over here and the office is over there and she's here and the staff room is all over there so if you needed any help you were sort of a long way away from*

everybody else and concerned you didn't want to wake somebody with a learning disability because she was quite erratic" (SU 5. 35-44).

There appeared to have been a lot that frightened Lorna about this nightshift.

6.1.2.3 Story unit 6: Night shift three: Feeling scared the patient might turn on her

In this story unit, Lorna told me about another night shift that had been scary for her. Lorna told me that a patient who had been brought into the ward had been found at home sitting in the bath with a knife in his hand. Lorna said she thought he had been intending to kill himself and her job was to check on him regularly during the night. She also told me she was scared that if she stopped him from killing himself, he might attack her:

"*So that was really scary doing that and shining the torch in because you kinda thought well what happens if I go in and he is doing something and then I've got to then stop him from doing something, or I don't know, alert people, is he then going to be cross with me because I've stopped him from doing it so is his frustration going to turn on me because I've stopped him*" (SU 6. 23-30).

It seemed, that whilst she was concerned, she would have had to do something if she witnessed the man harming himself, she also knew this was unlikely because all he had in his room, was a magnifying glass, to help him to read. Her fears appeared to have been heightened by her fear of the dark:

"*The only thing he had in his room was this magnifying glass and that was it um er that he could have hurt himself with um so I think it was fairly safe, but I think because you are tired and it is dark and you have a tiny little torch so your imagination…..*" (SU 6. 96-104).

Lorna did not like having to shine her torch into the room to check on him because she found it difficult to see if he was okay. This seemed to have been a lonely and frightening time for Lorna, who was worried about her safety.

6.1.2.4 Story unit 7: Night shift four: Shining the torch into the patients' rooms to make sure they were alive

In this story unit, Lorna continued to talk to me about her dislike for shining the torch into the patients' rooms to make sure they were still alive. It is not clear whether the staff had told Lorna that the purpose of the shining the torch through the window was to make sure the patients were still alive, or whether finding a dead patient was Lorna's fear:

"*This was me being worried someone would die. It is very difficult to see if they are breathing, you shine a torch, you shine a torch, cos I don't know, have you seen the tiny little windows, they are like this with all the frosted things you get, so there is a clear line and then you get frosted line and then a clear and a frosted line and being able to shine a torch n and look and see, well, I couldn't do it because I just couldn't tell, I just couldn't see anything, I couldn't see the person, I couldn't see whether their chest was up and down or anything, so I would have to open the door and then I was really worried about waking them up and shining the light in their eye um, it was really hard"* (SU 7. 1-18).

It was whilst Lorna was trying to see if the patients were still alive that there was the first evidence of her developing an inner critical voice:

"*I didn't feel I could just pretend to look and say that I'd looked. I needed to see and so I had to open the door which took a lot longer. The others were able to do it and I don't know whether they could do it, or whether they just thought they're in bed, they're fine. I don't know. I was never quite sure about that……….. I would stand there and think oh no please. Yeh, but thankfully nobody did die*" (SU 7. 18-32).

Lorna seemed to find shining a torch into the rooms a challenge and she appeared to be critical of whether the other staff did do this, or whether they just said they did. This seemed to have been a lonely and scary task for Lorna.

6.1.2.5 Story unit 8: Night shift five: Out of her depth

Approximately, two weeks into her placement and whilst she was working on a nightshift, Lorna's mentor became ill and went on sick leave. The mentor was replaced by a bank nurse who Lorna found difficult to understand and when she asked Lorna to administer drugs to patients, Lorna refused:

"*she had a very strong accent and her English wasn't particularly very good um she tried to get me to do the drug round for her. Yeh, um after I'd been there a week maybe two weeks and I just said no*" (SU 8. 14-20).

This was the first time Lorna had refused to do something and it seemed was not prepared to do something she felt was unsafe. This suggested to me, that Lorna was beginning to build her confidence. The other HCA's also seemed to have thought this bank nurse annoying because she was so noisy:

"*It didn't feel particularly very safe and she was so noisy like all night she was banging and crashing you know, the healthcare people got very cross with her because she was so noisy*". (SU 8. 34-39).

It appeared that Lorna might be beginning to position herself with the HCA's and that she was not prepared to do something that made her feel uncomfortable

6.1.2.6 Story unit 9: The 'go to' person

Lorna told me in this story unit that she had started to notice, that quite often she could not find the HCA's. She had also begun to realise the patients would focus on those people who they knew would help them. Lorna seemed to be one of those people the patients focused on, and this appeared to help her to fit in:

"*You couldn't find a healthcare assistant anywhere. Just weren't anywhere to be seen um whether they had gone for a cigarette or sat in the lounge watching the tv with some of them, but I think the patients tend to approach the people they know will do something for them, rather than those that will promise, but never deliver for them. So I think that's kind of ... I fell into that because I kind of, I would always, I couldn't say no*" (SU 9. 8-19).

There is evidence in this story unit of Lorna's 'inner critical voice' when she referred to the absent HCA's. However, it was also possible that Lorna did not mind her new role as 'go to' person because it gave her a purpose and, it was at this point, Lorna seemed to have started to position herself towards the patients and appeared to be gaining confidence.

6.1.2.7 Story unit 10: Fitting in with the patients and not the HCA's

In this story unit, it appeared that Lorna continued to have difficulties with the HCAs, and she seemed to find the HCA in charge of the kitchen very territorial. Lorna continued to position with the patients and told me that when the LD lady wanted a cup of tea, the HCA had told her off for making the patient a tea:

"*One of the healthcare assistants told me off. She said they don't need to have a cup of tea now and I thought well I'm not doing anything I don't mind making a cup of tea. I don't need to sit and watch tele*" (SU 10. 13-18).

Whilst Lorna disagreed with the HCA about her tea making policy, she did not seem to want to fall out with her and from then on, she waited until the HCA was not around and then went into the kitchen and made the cups of tea. Lorna had a similar issue with the same HCA the following day when the LD lady, who was a very underweight patient, wanted a sandwich:

"*she also did again the following day when she asked for a sandwich and this lady was really, really underweight, really underweight and I didn't see the issue in giving her a sandwich. If she doesn't eat her tea then she doesn't eat her tea, but if she's hungry*

there and then she will eat and if she's underweight feed her, it doesn't matter whether she eats now and doesn't eat at teatime, or if she eats at both times um so that was frustrating" (SU 10. 21-34).

It seemed that this HCA, had a routine and she was not willing to have it interfered with. Lorna said she thought there was a rivalry, or resentment by this HCA towards her and that it was possible the HCA had felt threatened by her. Whilst Lorna found this very frustrating, she reasoned that it had something to do with her being a student nurse:

"*I think that was a kind of a ...sometimes there was that kind of challenge between who was, who was, sort of um the, they kind of felt threatened by you being there, like you were gonna override their sort of power of the fact that they are there and they work there and you are just a student, or whether you thought you were sort of bigger than them because you were a student um so I just chose to ignore it really*" (SU 10. 34-45).

This kitchen story suggests that Lorna was beginning to find her own way. Lorna's confidence also seemed to be growing and this was evidenced when she decided to ignore the HCA. It seemed that whilst she was not confident to vocalise her objections to this HCA, neither was she going abide by her rules. Instead, Lorna either made the drinks and sandwiches when the patients' requested them, or waited until the HCA was not nearby:

"*because she also did it again on or something to eat I would just, I would just do it, but I think I got, I was aware of when she wasn't around and did it then rather than I think the kitchen she felt she had some control over that. Yeh, so I'd say oh just wait a minute someone's in the kitchen and then do it*" (SU 10. 57-65).

Lorna's inner 'critical voice' was gaining strength and she was continuing to position herself towards the patients and away from the HCA's. Lorna was also beginning to work out how to work round the HCA's and seemed to have started to gain confidence.

6.1.2.8 Story unit 11: STU 1: The specialist treatment unit was bizarre

Lorna's critical voice continued to be noticeable when she took a patient to the specialist treatment unit. Lorna had not witnessed this treatment before and whilst she thought it was a strange process, she was pleased to see that it had a positive effect on some people:

"*She was really unwell, but left completely able to do everything again which was really lovely*" (SU 11. 45-48).

When Lorna said something was 'bizarre, or 'strange' it was usually related to something that had not gone well, or to something she did not like, or approve of. Lorna did not seem to have been impressed with the process and thought it was bizarre:

"*that was really interesting because she couldn't talk very well when she went there and I asked to go in with her and they kind of talked for her, they were very, it was very much a um .....conveyor belt, they kind of in, out, in, out and I find it bizarre. They all come round in the same room*" (SU 11. 84-91).

Lorna also seemed to be surprised about the lack of privacy afforded to patients who had received the therapy:

"*it was just really bizarre cos you just don't expect to you know, come round and people be having their breakfast, it's bizarre*" (SU 11. 140-143).

Lorna was also concerned about the lady she had taken to the specialist treatment unit because she had become distressed about being incontinent and the staff did not seem to take this into account. Lorna was not happy that the staff seemed to only be concerned about giving the treatment and not managing the concerns of the patient:

"she was um they did a lot of talking for her in her work up, er she'd become incontinent and was really upset by that um she really struggled to explain it to them

and they kind of glossed over it like it didn't matter, like she was there for STU and that was all" (SU 11. 143-150).

Lorna appeared to have been an empathic student nurse who really cared for her patients. In this story unit, there is again evidence of Lorna's inner critical voice towards the staff and of her continuing to position herself towards the patients. Lorna also seems to be continuing to work out how things fitted together and was continuing to develop her confidence. Lorna did not mention a nurse attending the specialist treatment unit with her and her patient and I assume Lorna was sufficiently confident to attend on her own with the patient.

6.1.2.9 Story unit 12: Lorna knows her role and it is siding with the patients

Whilst Lorna had said early in the interview that she thought it was important for her to fit in with the placement staff, she did not always wish to fit in with them. In this story unit, Lorna talked about when she was with a patient and two HCA's. Lorna's role was to observe the meeting and she was not impressed with the HCA's who were talking over the patient, or that the door had been left open:

"*Yeh talking about it right while she was there and what was funny was the healthcare assistant that was there who was equally, she was another nasty one um looked at me as though it was my fault that the door was open and I thought no, I've come in to sit with the patient and watch, I haven't come to make sure that you have closed the door, you're the one that's leading this, not me and actually if anyone is to blame it's the one that's shouting her mouth off in the room next door um she shouldn't be..that's not her opinion, it's not for her to have an opinion, she was there to fill in that form and that was it, it wasn't for her to do anything else*" (SU 12. 12-29).

This was a small story unit, but it seemed significant as a turning point for Lorna in relation to the HCA's. Lorna appeared to have formed a negative attitude about the HCA's and her critical voice was growing in strength and whilst she did not articulate it to the HCA's, it seemed quite clear in her story, what she thought of these members of staff. From then on, Lorna positioned herself towards the patients and away from

the HCA's. Lorna seemed to be finding her confidence and her inner critical voice also seemed to be getting stronger. Lorna knew her role was to observe, and she stood her ground with the HCA's.

6.1.2.10 Story unit 13: For the first time a nurse let Lorna work with her

This is another short story unit, but it seemed to be important for Lorna because in this story she appeared to have felt wanted and included by another member of staff. This was the first time one of the nurses had been happy for Lorna to work with her. Lorna did not say whether this nurse was from a different ward, but she did say it was a 'different' nurse and Lorna only spent one day with her. Lorna said she got to do a lot of different things and for the first time, she did something on her own. Up until this point, Lorna had been too frightened to do things on her own in case she hurt a patient, but ringing the doctor helped her to realise that it was better to do something, rather than to do nothing at all. This seemed to be an important development for Lorna, because it made her realise, she could do things without harming people:

"*She was almost pushing me and insisting I had to do it um but I was really glad. I think it really changed my confidence um throughout I was scared of doing something to someone that would have any sort of lasting impact on anything. I didn't want to hurt them in anyway or do anything, so yeh, because I didn't want to do anything wrong, so that was really good because I'd actually just got on and did something and then thought, if I hadn't done something it would have been worse*" (SU 13. 16-31).

Spending the day with this nurse helped Lorna to become more confident and it also helped her to continue working out how things fitted together. Lorna was continuing to find her way and was beginning to overcome her shyness.

6.1.2.11 Story unit 14: STU 2: The patients are what matter to Lorna

In this story unit, Lorna talked more about the patient she really liked and how she helped her to get ready for the therapy. Lorna really wanted to help this lady and from her narrative it seemed that Lorna understood what this lady wanted:

"*For me it was really important that she did it, but I helped her do it because that's what she wanted to do, she didn't want me to do it for her, so I think that was the difference whereas not everyone did that. I think a lot of people did to her because she didn't have like initially she didn't have the communication to tell you that she didn't want you to do it like that, she wanted you to help her do it um....so I think yeh sometimes that didn't happen um and I don't know whether that's time or if it's how some people kind of, how some people are but for me it was just wanting them to do as much as they could. I just wanted to support them, not to do it for them um otherwise I haven't really helped, I've just done it*" (SU 14. 133-152).

Lorna seemed to have enjoyed looking after patients and she did her best to make sure she did this with their best interests in mind. Lorna was positioning herself with the patients.

6.1.2.12 Story unit 15: Mixed messages: Not a good way to learn

Lorna's visit to the specialist injection clinic took place about five weeks after the placement had started. Lorna's mentor had promised Lorna that she would arrange for her to attend the clinic. Before this had been arranged, Lorna's mentor went on sick leave, and Lorna tried unsuccessfully to arrange the visit herself. It seemed to Lorna that the staff did not want her there and they ignored her requests, but when her mentor contacted them, she was able to go the next day:

"*It's almost like if you phone up as a student nobody wants to say yes, but if you phone up as a nurse, like she came back, she came back a day and she got me in which is really bizarre um I phoned and I emailed and no joy um but, I got there in the end*" (SU 15. 23-30).

This was the first time Lorna had been to a specialist injection clinic and the first time she had administered these injections. Lorna told me she did not enjoy being at the clinic:

"*it was an awful experience too, but, yeh, yeh, very bizarre, yeh, yeh bizarre*" (SU 15. 38-39).

During this story unit, Lorna's inner critical voice seemed to grow. Lora told me that she did not like the way she had been made to feel at the clinic and she seemed to have been annoyed because she had been encouraged to engage in poor practice:

"*I was like a guinea pig, that's what it felt like, all those people watching me and the guy who was teaching me…I was taught by the guy who runs the like the department he came and showed me how to do everything which was fine, they did that and um and a and you're supposed to do it all and then put your sharps straight into the sharps thing, but he kept moving the sharps things away from me after the guy had left, so I was moving to put it in the thing and he went no you don't walk ever with anything sharp you put it straight in your tray. I thought well that's not what he just said he said you always put it away*" (SU 15. 40-55).

Lorna also seemed to have been annoyed because she felt the way that she had been taught to administer the specialist injection drug was being contradicted by the man she was working with:

"*I thought oh my goodness, I put that there, but I put that there because he told me to put it there and I knew the other guy told me not to put it there, so it's really hard because everything is kind of like sort of contradicting itself*" (SU 15. 73-78).

Lorna then continued to explain to me that because the person she was doing the injections alongside did not wear gloves, she forgot to wear gloves, and this seemed to have upset her because she knew she should have been wearing them:

"*he said I've been doing this for ages, so I don't need to wear gloves, but you just did your one in front of the guy who when they were all stood there watching me and without gloves on, he could have told you off for that*" (SU 15. 81-87).

Lorna’s inner critical voice was gaining strength and whilst she did not say to the person, she was working with what she thought, she told me:

“*I felt like saying but you’ve agreed to have me, you’ve said that you will teach me, he’s gone because you’re going to teach me now, you be doing it in a way that, or you should at least be saying I’m not going to be wearing gloves, but you should be wearing gloves*” (SU 15. 87-93).

This incident seemed to have annoyed Lorna and it probably had not been helped by her having been told the wrong time to turn up, which meant she had arrived late, and the clinic had already started. Lorna said that she did not think the staff were helpful because they did not introduce her to the patients. This was unfortunate for Lorna who did not know the patients and who knew she had to ask them certain questions before administering the injections:

“*most of them came in and dropped their trousers straight down, then you’d have to be then asking them I’m really sorry but do you mind if I do it, where do you live, what’s your date of birth*” (SU 15.125-130).

It seemed that the specialist injection clinic staff had not adapted to help Lorna to fit in and she appeared to have had quite strong opinions about the practice she had engaged in. She told me that she thought she should have felt more confident to say no:

“*may be actually you need to be a bit more confident in yourself and say actually no, I do it this way because um, or can you show me that again because I do not know what it is that you are doing. I think I definitely learnt that the hard way, but I’ve learnt it ready for next time*” (SU 15. 304-312).

In this story unit, Lorna seemed to have positioned herself as powerless in relation to the male staff and it seemed that Lorna felt she just had no choice, other than to carry on with administering the specialist injections because it was a very busy clinic. Lorna

did not verbally express her concerns at the time, but when she was invited to go again, she declined.

6.1.2.13 Story unit 16: Lorna, patients, and the marmite sandwich

In this story unit, Lorna told me how she thought she was the only person who could make marmite sandwiches for the LD lady because the other staff put too much marmite in them:

"*I was the only person who could make her a marmite sandwich. I've never seen anybody make a marmite sandwich so disgusting and one night I went in and saw her eating, she had marmite pouring out of her mouth, it was black*" (SU 16. 3-8).

Lorna told me that she felt sorry for the lady and, from then on, she decided she would make the sandwiches for her before her shift finished, so that the lady could eat them later:

"*bless her she was trying to eat it, so I made her sandwiches from the on and in the end if I wasn't on a late shift, I was making them, putting them in um clingfilm and leaving them on the side for her because she said I was the only one that made it right*" (SU 16. 12-18).

This was quite a short story unit and Lorna did not mention whether the kitchen HCA was aware that she was making the sandwiches, or not. It is possible Lorna felt confident enough to make the sandwich regardless of what the HCA wanted. Lorna appeared to have taken control of the situation.

6.1.2.14 Story unit 17: Lorna, patients and injections are bizarre

In this story unit, Lorna talked about the difficulty she had trying to give an injection to a patient who she said she really liked:

"*I tried to take her bm and couldn't get any blood out of her finger at all it was really bizarre, really, really strange. I just couldn't get anything out of her*" (SU 17. 9-14).

This seemed to have been perplexing and surprising for Lorna who appeared to have really wanted to do her best for her patients. Lorna’s repetitive use of ‘bizarre’ suggested this had not gone well and Lorna appeared to have been disappointed by this situation.

6.1.2.15 Story unit 18: Lorna, patients and managing aggression

In this story unit, Lorna told me about one of the patients who had behaved aggressively towards her. Lorna said that she had found it difficult to know what to talk to this patient about and so she usually talked to her about her orchid:

“*I um always used to talk to her about her orchid. I think she probably got fed up with me you know when you don’t know what to talk about, but you think kind of, they’re sat in there all day you want to talk about something she never really gave me anything to talk about*” (SU 18. 11-18).

Lorna thought the patient might be getting bored with her talking about the orchid and so she decided to change the topic to knitting because one of the other patients had taught her to knit:

“*One day I went in and talked to her* about *her knitting somebody taught me how to knit whilst I was there and um she shouted at me and told me ‘I had stolen her knitting and that it wasn’t my knitting and I had stolen hers and I knew jolly well where I had put it’, cos I’d asked her about it and she went ‘oh you’ve stolen my knitting’ um thankfully I went and found out where it was*” (SU 18. 18-29).

This was the first time Lorna had indicated a patient had been aggressive and whilst she usually said the patients were lovely, even when she perceived things had not gone well, she did not with this lady. Lorna told me she thought this was a bizarre situation and it seemed that this patient’s response had surprised her:

"*I thought she was going to hit me, but funnily enough when I left, I went in and said goodbye to tell her this is my last shift and you probably won't see me again she hugged me which was really bizarre and she said you're lovely and you're beautiful and I thought oh my goodness, that's two nice things you know and you haven't said anything nice, you've been quite volatile and yeh that was really, really um quite sweet bless her. I was quite shocked when she hugged me*" (SU 18. 33-45).

Lorna did not seem to have felt scared of this patient and she stood her ground when she went and found the knitting. Lorna had also found her voice and told the lady she could have her knitting returned when she was better. Lorna's shyness appeared to have disappeared and she seemed to have become more confident with the patients.

6.1.2.16 Story unit 19: Didn't know until the end they appreciated her

Lorna told me that she was not aware until the end of her placement whether they had appreciated her, and she seemed to have been surprised by their response:

" *You do as much as you can and you do what you think is your best, but you never really know if anybody appreciates it, or if it's right, or if it's good enough, so it was really sweet when I left and they were all like, oh you're so lovely and I thought gosh actually I was okay then, cos you kinda don't know um and it's funny that no one says until you go, you kind of don't know until you leave, it is bizarre"* (SU 19. 3-14).

Lorna thought that she had done the best she could at the placement, and because she had not received any feedback during this time, she seemed to have been pleased to find out that they had appreciated her.

6.1.2.17 Summary

The first part of Lorna's overarching placement story focussed on the night shifts Lorna had worked. Lorna did not enjoy working night shifts and this was mainly because she was scared of the dark. When Lorna told her night-shift stories she presented as a scared student nurse who seemed to have been mainly on her own with the patients. There was little reference to other members of the night shift staff and

when she did mention them, it was because they appeared to have tried to scare her or had requested her to do something she did not want to do. Following these night shifts, Lorna's continued to position herself with the patients and appeared to have constructed herself the role of helper and carer of the patients. It seemed the members of staff mostly annoyed Lorna and she became increasingly critical of them.
There was one occasion when Lorna referred to the placement staff positively and this was over three weeks from the start of her placement, when for the first time, a member of staff let Lorna work with them. Following this she did not mention the other members of staff again, unless she was contrasting how she looked after the patients, compared to them.

Lorna's inner critical voice seemed to be important in relation to how she positioned herself towards the staff in placement. This voice was often present when Lorna said something was 'bizarre' or when something did not go well. It was most often present in relation to other staff. Lorna's 'critical' voice was also important to me for helping to track the development of her confidence. It seemed that as her 'critical voice' became stronger, her confidence grew.

Lorna seemed to be in a unique position because she appeared to have the time to spend with the patients that the other staff did not seem to have time to do. This might have been because the staff appeared not to have been willing to include Lorna and she had to actively find things to do and chose to focus on the patients. It is also possible the role of student nurse is unique because they have neither the role of the HCA, or the nurses.

Reflections

When I re-ordered the story units to reflect the order in the diary, I found that Lorna had included some entries in her diary that she did not talk about in the interview. For example, this included some of the practice skills she had developed and, also that she had taken the LD lady to her new residential home. The detail of the stories between the diary and the interview also varied. For example, in the diary Lorna did not say the man, who arrived at the placement when she was on night shift, had been found in

the bath with a knife. Likewise, Lorna did not mention in the interview, that she had felt intimidated when there were three men watching her whilst she was doing her second injection. It was also interesting to read in her diary, how much Lorna said she had loved the placement and that she would miss both the staff and the patients. I was surprised to read this because my impression was that Lorna had not got on well with the staff, and that was why, I thought she had positioned herself with the patients.

Having introduced the first layer of data analysis for Lorna in detail I will provide a summary of each of the other three students, and their story units. I followed the same process of data analysis for the other students, and it is again due to word restrictions that I have not included these in detail.

6.1.3 Interview Two: Introducing Amy

Amy was a young and shy student nurse who appeared to be very anxious about starting her ten-week placement. She had previous experience of working part-time as an HCA in a nursing home, but not in a mental health environment. Amy's placement was on a small and quiet ward where there were only a few staff and not many patients. This interview lasted for one hour 26 minutes.

Table 13: Amy's story unit.

Story Unit Number	**Story unit title**	**Story Unit Number**	**Story unit title**
1	Amy was very nervous, and this was a strange place	14	Doing her first care plan
2	Confused and not sure what to do	15	Feeling more confident
3	Amy didn't know what she was doing there in the first week	16	Amy stood her ground
4	Manager from the other ward helped Amy to learn	17	Amy found she was mostly doing routine jobs
5	Ward round story: Scared, but Amy was surprised how much she knew	18	Amy contributed at a meeting

6	Amy took a patient to the specialist treatment unit	19	Placement was disappointing and not what Amy expected
7	Amy was concerned about the number of times it was needed	20	Amy made the staff happy and was appreciated
8	Late shift was awful and boring	21	Being interrupted doing a nurse job to do an HCA one
9	Not much for Amy to do, but the bank nurse was helpful	22	Not being wanted was a struggle
10	Amy had to work it out for herself	23	Being ignored by the staff nurse
11	Amy just wanted to learn	24	Having to work things out for herself
12	Difficult relationship	25	Working out how to do things on her own
13	Doing the first specialist injection	26	Going to a patient's house to assess her fitness

6.1.3.1 Summary

Initially, it seemed that Amy positioned herself with the two second year student nurses, the assistant manager from the other ward and the bank nurse because they were willing to help her to learn new clinical skills. This was different to later in her placement, when it seemed that Amy was often on her own and unless she had been asked to work with a member of staff, her stories tended to focus on trying to find opportunities to learn, or on finding the placement boring. Amy did report that some of the HCA's and nurses were willing to answer her questions, although it did seem that some of the staff were unwilling to include Amy and this included her mentor, who Amy preferred not to spend time with. Amy did say that there was one patient she particularly liked and in the last story she did she seem to have a role to play when she helped one of the patients to return to their home, rather than being referred to a nursing home.

Towards the end of the placement, Amy seemed to have found her way and was beginning to have a role and despite some of the staff seeming to have been unwilling to help her, it appeared that Amy had managed to make the most of her placement.

Amy knew at the outset that it was a quiet ward, and the staff did say there would be little for her to learn, but Amy overcame her anxiety, gained her confidence, and actively sought out new things to learn. Amy's placement appeared to have ended positively, and she seemed to have been pleased that she had been able to help at least one of the patients.

Interview Two: Sections removed from transcript and the justification for removing them from the script.

I removed some of the 'ahs' and 'mms' that I had made during the interview so that Amy's stories were less fragmented, and I also removed a small section when Amy said she went back to university for one day because it did not relate to placement. I also removed a small section where Amy could not remember whether an event had taken place or not.

Reflections

Whilst the process of re-ordering the stories to reflect the diary was time consuming, it was slightly easier for Amy's interview because she had added dates in her diary. Amy did not mention in her diary, the story I have titled "Story 9: There wasn't much for Amy to do, but the bank nurse was helpful". I was able to work out approximately when this event took place by looking at the dates in the diary and finding that it had taken place after the 17th Jan and before the 27th Jan. I then placed it in the relevant place in her placement story.

I felt Amy became more open and honest as the interview continued. Towards the beginning of her story, Amy frequently said that everything was helpful, even when my perception was that someone, or something had not been helpful. It is likely that Amy said things were helpful because she did not wish me to see her in a bad light and then when she had relaxed into the interview, she became more honest. It is also possible that Amy was nervous at the start of the interview.

Sometimes when Amy was telling me her story, she became quite animated and then at other times she spoke more quietly. The more times I listened to the recording of her

interview, I began to realise that she became animated when she was remembering things in placement that had annoyed her and it seemed like when she talked quietly, or giggled, she was telling me things she felt she should not be saying.

I was really surprised how much my understanding of her account changed and when I started analysing her story, I began to realise that she had not chosen to spend so much time in the HCA role, it was mostly her only option, or to do nothing. I also began to realise that she had been desperate to be shown how to do things and that all she wanted to do, was to learn.

6.1.4 Interview Three: Introducing Julia

Julia was a young student nurse who had no previous experience of care work and whose ten-week placement was in a private elderly residential care home. Julia told me that prior to her placement, she had found it very difficult contacting the care home and when she did speak to someone, she appeared to have thought the person was unwelcoming. Julia also told me her mentor had only been at the placement a week and initially she felt her mentor did not want Julia to spend time with her. This interview was the longest and lasted for one hour 58 minutes.

Table 14: Julia's story units

Story unit number	Story unit title	Story unit number	Story unit title
1	They weren't prepared for Julia	24	Not feeling safe doing some care
2	Placement didn't start well	25	Deciding where to spend her time so that she could be of most help
3	Going to the park was a lot of responsibility	26	Julia got the residents involved
4	Going to the park and a resident shouted at Julia	27	Doing her best for the residents
5	The CQC visit was good	28	Working out how best to communicate with the residents
6	Gaining the trust of a resident's family	29	Dementia was a big shock for Julia

7	The different personalities of the ward nurses	30	People don't always behave in ways you would expect
8	The nurse who didn't seem to like Julia	31	Sitting all night with a lady who could have died
9	Learning how to work with different residents' needs	32	Seeing things differently: Working in a care home
10	The boxes	33	Working with the HCA's was the best way to learn
11	Dedicated resident and thinking about death	34	Mentor wanted her to learn for herself
12	Changing her thinking	35	There were some good times with the mentor
13	Julia thought it was important the families could trust her	36	Going on an outing near the end of placement
14	Julia seeking out things to do	37	The boxes: Getting everyone involved
15	Helping a resident to join in	38	The staff loved the boxes too
16	Residents can do the funniest things	39	Going to meetings and feeling valued
17	Julia her mentor and the turning point	40	Having her own project helped Julia to fit in
18	Getting used to doing handovers	41	Wishing she could have stayed longer
19	A horrible task that could have been done better: cleaning dirty bottoms	42	In the end Julia felt like she could take anything on
20	HCA's are important	43	Fitting in and gaining respect
21	Working collaboratively with the HCA's	44	Julia reflecting on her progress
22	Julia wondered how much the residents would remember about her	45	The residents came first for Julia
23	Being kicked was a real shock	46	Julia wanted to be remembered and thought she had made a difference

6.1.4.1 Summary

Julia's placement did not start well, and this was mostly because Julia felt the staff at the placement had not made any plans for her and because of this she felt she had been forced upon staff, which she did not appear to have been happy with. It also seemed

Julia had to work hard to get herself accepted by some of the staff who were critical of her. Creating the boxes probably helped Julia to fit in and by volunteering to do this, she found a role she enjoyed and had helped to ease the workload of the team who would have had to allocate the role to someone else. Towards the second half of the placement, Julia seemed to have gained the trust of her mentor and following this, was the first time she referred to herself as being a nurse. It was also interesting to note, that in the first half of the placement, Julia had sought information about the ward, from the HCA's and this role reversed in the second half, with the HCA's asking Julia for information. Julia changed from being a nervous and unconfident student who did not want to upset the residents and who did not think she could do the job, to being, a confident and competent (student) nurse who could be trusted to run the ward on her own. Julia wanted the best for her residents and appreciated what hard work it was being an HCA. It seemed, Julia had appreciated her elderly placement more than she had expected to and it had changed her perception of working with the elderly.

Interview Three: Sections removed and justification for removing them from the script

I removed only small pieces from the script when I said 'mm', ah, yes etc. so that Julia's story flowed more smoothly.

Reflections

Some of Julia's story units were difficult to position in chronological order because she frequently talked about how she had been at the beginning of her placement compared to the end. For example, in story unit 21, Julia talked about the nurses and their role. At the start of this story unit, it seemed that Julia was not included with the nurses when they returned to the office, but by the end of this story unit, Julia told me about how she ran the ward and felt like a nurse.

Julia seemed to talk to me more openly and honestly as the interview continued. At the beginning of her placement account Julia would say that a lot of things were nice and then she would follow this with 'but'. Later in the interview, she was less hesitant in her account when things had not been good.

6.1.5 Interview Four: Introducing Debbie

Debbie was the oldest student that I interviewed and a mother with a family to look after. Debbie had given up her job working in the community to train to be a nurse and had no previous experience of mental health nursing. Debbie's first placement was on a women's high secure ward. This was the shortest interview and lasted for one hour 13minutes.

Table 15: Debbie's story units

Story unit number	Story unit title	Story unit number	Story unit title
1	The first day	16	The turning point for Debbie
2	Getting to know the women	17	In the office being taught how to use the record system
3	The mentor (1)	18	The issues with the record card
4	In the beginning Debbie was exhausted	19	Different opportunities
5	Observing a third-year student	20	Meetings are intimidating for the patients
6	Dealing with the receptionists	21	Debbie got the woman to go to the ward round
7	Mentor (2)	22	Debbie managed to get a woman to eat
8	Not being with the patients for the first few weeks	23	The lady who self-harmed
9	It was frustrating for Debbie to start with	24	The game the mentor and the women played
10	Working out when to take her lunch break	25	Towards the end Debbie felt like she could have run the unit
11	Going to big meetings	26	Debbie asked if she could have done anything better
12	Some of the HCA's were really good	27	When it was time for her to leave, they didn't want her to go
13	The difficulty with the kitchen staff	28	The best part of placement
14	The very efficient newly qualified nurse	29	The worst part of placement

15	The overbearing newly qualified nurse		

6.1.5.1 Summary

Overall, Debbie seemed to have enjoyed her placement, although some of the staff had irritated her and this included the receptionist, the over enthusiastic newly qualified nurse, and the very busy HCA's. Whilst these members of staff seem to have annoyed Debbie, she chose to try to ignore their behaviour because she realised that upsetting them would not be helpful as she had to work with them.

Debbie appeared to have had a good relationship with her mentor and this person was probably the only member of staff, she positioned herself with. Once Debbie began to get to know the patients, she also appeared to position herself with some of them. However, Debbie seemed to have been aware of her boundaries with the patients and recognised there were some interactions between her mentor and the patients that she did not have the skills to engage in.

At the beginning of her placement, Debbie presented as an anxious student nurse who felt intimidated by the patients and towards the end of her placement, Debbie was a more confident student nurse who said she felt she could have managed the unit herself.

6.1.5.2 Interview Four: Section removed from the transcript and justification for removing them from the script

I removed only small bits from this transcript. I removed when Debbie and I were checking to make sure we were both looking at the same page of her diary. I also removed a section in which Debbie told me about working at a private care home. I removed this because this was not related to Debbie's placement. I also removed the description about when the office door was shut because this was not a story, and it did not involve any characters.

Reflections

Debbie's interview was difficult to place in chronological order even though she had included dates in her diary. The difficulty was that Debbie seemed to have remembered her placement well and did not always use the diary as a cue for the interview and on one occasion merged two stories into one. To reflect this, I divided the original story unit 15: "The overbearing super newly qualified nurse" from the interview, into two because I realised that when I compared this with the diary, Debbie had referred to separate events which had taken place at different times during her placement. I kept the title: "The overbearing super newly qualified nurse" for the first half and titled the second half: "In the office being taught how to use the record system". This became story unit 17. I also divided story unit 8, in which Debbie had told me about how she had been separated from the patients at the beginning and then towards the end how one of the patients had criticised Debbie for this. I kept the original story name for the first half and titled the second half "Debbie asked the patients if she could have done anything better" (SU 26). I also divided story unit 22: "How Debbie had changed during the 10 weeks" into two because she had told me about the beginning and end of placement in the same story unit. I renamed the first part: "In the beginning Debbie was exhausted" (SU 4) and the second half: "Towards the end Debbie felt like she could have run the unit" (SU 25). The benefit of splitting these three stories is that I could situate them in a more temporally relevant position within the overarching story.

I found Debbie's overarching placement story interesting because she was quite animated when she spoke to me, and she added a lot of humour to her story. I did find it curious though, that there was no mention of the nurses in either the best or worst parts of the placement story units, and I do not know why this was. I was also surprised Debbie did not include the HCA's and being stuck in the office when she told me about things, she had not liked in story unit 29. The mentor seemed to have been the person Debbie most relied on at the beginning of her placement. When she became more confident and had got to know the patients, she seemed to have spent more time with them.

6.2 Findings from the second layer of data analysis: synthesis of the combined findings for how the students' positioned themselves during their placement

The overall findings of the second phase of this study are presented below and are based on the accounts of the four mental health student nurses and how these students appeared to have positioned themselves in response to their first practice placements. The findings are presented using the title for each group position to provide structure to this section and to reflect the combined analysis of the students' positions.

6.2.1 It might not feel welcoming

There seemed to have been several possibilities to why the students appeared to have positioned as having not felt welcomed when they started their placement, and these included preparations not having been made for their arrival and members of staff not including them. From how the students presented themselves when they started their placement, they appeared to have adopted several different positions and these included unwelcomed, unwanted, wary, anxious, nervous, and unsure what they should be doing. Julia and Amy appeared to have positioned as unwanted because plans had not been made for their arrival and Julia told me:

"*I went with the girls for activities to begin with because they had no plans for me which I was fine with that and it was really nice to get to know them an um I was kind of just kind of like brush me off on to somebody else um cos there was no proper plans*" (Int 3. SU 1. 38-43).

Whereas Amy seemed to have positioned as unwanted because the staff had told her they could not teach her because there were not many patients on the ward and because there was nothing, they could teach her:

"*I keep asking them if there is anything that I can do differently, but then they said, the ward's really quiet and um they can't teach me anything*" (Int 2. SU 32-33).

Whilst it seemed preparations had not been made for Julia and Amy's arrival at placement, Debbie knew that she would be sat in the office and had been told this before she arrived, and although it seemed from Lorna's story that she met her mentor early in her placement, it did not seem to have guaranteed she would have a successful start to placement because her mentor went on sick leave within the first few days and no alternative plans were made for her. As previously mentioned, (p.121), Lorna had to find thing to do:

"*I really got stuck in because I had to otherwise I didn't talk to anybody and didn't do anything all day*" (Int 1. SU 1. 25-29).

Julia also appeared not to have felt welcomed because some of the staff seemed to have been unwilling to include her and she said the only person who wanted to talk to her was a nurse who she said liked talking:

"*my first day…..yeh. it was nice, but it was just a lot of just sitting around and some of the people talked to me like one of the nurses there he liked to talk a lot, so I just got left so he talked to me a lot* (Int 3. SU 1. 33-37).

Amy was also aware that some of the staff on her ward, including her mentor did not appear to want her and it seemed the only staff who wanted to help Amy were visiting bank staff, or the manager on the next ward. In response, Amy appeared to begin to position herself as an independent student nurse who actively found staff who were visiting the ward, or staff from the next ward, who would help her to learn:

"she was a deputy manager in the next ward and then she, um I met her in the staff room, yeh, we had a break together and then she asked me how am I getting on to my placement and I ask her um I really don't have any idea what I am doing on my placement because they didn't say to do, they didn't ask me to do anything yet" (Int 2. SU 3. 1-8).

When student nurses' do not feel welcome at placement, it can be for several reasons, and these include plans not having been made for their arrival and staff who do not appear to want them, or who do not want to include them. This can lead to students positioning as unsure, anxious, and unwanted. Preparations not having been made for the students at the start of their placement, can create an unwelcoming environment for the students who are then uncertain what to do and who risk being left on their own.

6.2.2 Somethings might seem puzzling

Throughout their placement the students seemed to have positioned as uncertain and confused on several occasions and this mostly related to the staff and patients who seemed to have puzzled them. For example, Julia appeared to have positioned as puzzled about how the behaviours of the qualified ward staff affected the residents' behaviours:

"*I found they all had different approaches to the day and it reflected on the residents. I found it was really strange*" (Int 3. SU 7. 8-9).

Whereas Lorna also appeared to have been puzzled why some of the nurses did not seem to want the students to watch them. For example, Lorna told me she thought some of the nurses were unwilling for her to watch them because they were worried that she would be judgemental of their practice, because they had trained a long time ago:

"*Sort of say can I come and watch that um and then you kind of felt like they didn't, some of them felt quite like self-conscious of doing things like injections and they didn't really want you there because they didn't want to be watched um they were all nurses that had been qualified for a long time um so I kind of think they thought I was kind of doubting them which wasn't the case at all, I just wanted to learn, but I kind of got that feeling*" (Int 1. SU 3. 10-24).

Julia also seemed to have been puzzled by the daughter of one of the residents who she thought was reluctant for her to look after her mother:

"*I don't think she wanted anybody extra going in you know but I was only there to do like better things for her and she would always come to me and ask questions about, oh could you find this out for me and stuff like that. So I think she might have like warmed to the idea but it was too late then, but yeh, I don't think there was nothing negative about me I don't think towards the end. Towards the beginning I thought there was like she doesn't think I'm good enough to like help out*" (Int 3. SU 6. 38-48).

Lorna appeared to have positioned as puzzled by the staff when she went to the specialist injection unit about whether she should wear gloves when giving injections:

"*to pick up on my fault on the glove thing and then to be doing everything in the opposite like not the way you should be doing it was just bizarre. I guess that's what happens as a student, they pick on every single fault don't they whereas it's alright when you've been doing it a few years*" (Int 1. SU 15. 202-209).

Whereas Debbie appeared to have positioned as confused about when to take her lunch break and seemed to have misunderstood what the staff had been told her:

"*I think what they meant was you can take it when you want, normally we go out get ours when we have our break, but if we are still here and we haven't had a break then we have it with the girls I think that is probably what they meant, but it was really confusing you know*" (Int 4. SU 10. 8-14).

Amy appeared to have positioned as confused about the patients. For example, when Amy started her placement, she did not appear to value spending time getting to know the patients because she wanted to be busy learning new skills. She seemed to have been confused and uncertain why she had been left to spend time with them:

"*I really don't have any idea what I am doing on my placement because they didn't say to do, they didn't ask me to do anything yet, it is just that every, I think for the first five days I feel like, you know, helping the patients. I didn't even help them um to do*

personal care first. It's just that I'm talking to them, asking them, asking the nurses, just um watching them, watching them about their routine in their work" (Int 2. SU 3. 5-14).

Julia appeared to have positioned as uncertain which shifts the staff were working and this appeared to have puzzled her because she wanted to find a nurse who she thought she could spend time with:

I think it was hard there as well because people had done 12 hour shifts, it was trying to catch that person when they were in an cos they'd done three 12 hour shifts a week, so it was always different people so I think that was one of the hardest things was tryin' a find one person and knowing when they are going to be in, so I could be with them" (Int 3. SU 1. 18-26).

Debbie also positioned as uncertain about whether she should enter a handover meeting when it had already started:

"*they'd all gone into ward round and it was one minute past seven and I knew really that I should go in there, but then I thought, I didn't want to interrupt them because I wasn't used to rounds, so I didn't know if they would be annoyed if I interrupted or what*" (Int 4. SU 14-19).

Towards the end of her placement Lorna also appeared to have been puzzled by a patient who did not bleed when she tried to take their blood for glucose monitoring and as previously mentioned (p.136):

"*I tried to take her, after I had my bm training, I tried to take her bm and couldn't get any blood out of her finger at all it was really bizarre, really, really strange. I just couldn't get anything out of her*" (Int 1. SU 17. 9-14).

The start of placement seemed to have been when the students mostly positioned as puzzled, and although they appeared to have positioned as less puzzled further into

their placement, it was still possible some events could make them position as uncertain and confused.

6.2.3 Seeker of opportunities

Lorna, Amy, and Julia seemed to have actively sought learning opportunities and this appeared to have helped them to avoid having nothing to do and being left on their own. Julia told me:

"*I'd always find one person that I could go to and say look can I help you because I don't have anything to do and they would always say, one person would always say yes"* (Int 3. SU 14. 5-9).

Similarly, to Julia, Amy also actively sought out staff she thought would be willing to help her to learn:

"*then every time we are going to finish um doing the drugs, I am going to ask him um to teach me something because I want to learn something different"* (Int 2. SU 9. 11-14).

Lorna soon realised some staff did not appear to want her working with them and when she found a different nurse on the ward, she took the opportunity to ask if she could work with her:

"*So different nurse now for the first time ever um decided that I could work with her that day. I'd asked her and said can I, can I um work with you and er she said yeh and so yeh I got loads done that day"* (Int 1. SU 13. 1-7).

Seeking opportunities and becoming more familiar with the ward also seemed to have helped Lorna to fit in at her placement and to learn how it fitted together:

"*I was really keen kind of to fit it all together because otherwise you kind of go and see that and don't know how the other bits go together, so yeh, I tried to go and see as much I could um and um it really helped definitely*" (Int 1. SU 3. 58-64).

Julia also actively sought an opportunity to keep her busy when she volunteered to complete the sensory box task:
"*I'd never seen the boxes before, so I went into this meeting like not knowing anything about them so I just done them completely again from scratch without looking at the ones from before because I thought I'm not going to look at the ones from before and try and just add to them, I'm going to do them so it's something new and fresh*" (Int 3. SU 10. 22-30).

There did not seem to have been other staff available to complete this task and this activity also seemed to have helped Julia to find her way around her placement. It also appeared to have helped her to fit in by getting to know the residents and the staff:

"*We'd all sit around nattering if we had spare time and like if I didn't have any clinical things to be doing, I'd go and sit with them all and we'd encourage the residents to help and we'd like design it all and stuff as a team it was really nice*" (Int 1. SU 26. 10-16).

It seemed that seeking out opportunities to learn was more important for these three students than it was for Debbie, who told me:

"*the majority of the time the opportunities came to me, just because of what was happening*" (Int 4. SU 19. 33-34).

When the students positioned as actively seeking opportunities to learn and to keep themselves busy, it seemed to have helped them to fit in and to get to know the patients/ residents and staff. It also seemed to help them to work things out and to find their way in placement. Students positioning as actively seeking opportunities also appeared to indicate to the staff that the students were worthy of their attention.

6.2.4 Show you are worthy

Showing a willingness to learn seemed to change the attitudes of some of the staff who the students had first thought did not want them to work with them. It seemed that whilst the students were showing they were worthy, they needed to adapt to the environment and be resilient. Debbie appeared to have identified the importance of being worthy and proving herself with some of the HCA's in the kitchen:

"*it's not until like a few weeks later where you think oh arse whatever you know and you carry on like doing your own little thing, but they've got to know you by then so they're like Oh don't worry like come on look and they want you to help them then*" (Int 4. SU 13. 7-12).

Debbie also seemed to have felt that she had to prove to her mentor she was capable of interacting with the patients:

"*it wasn't until we were like you know attending A and E and how I was talking to them cos you've just got to be so yourself that I think he ...kind of realised that he could have given me that work earlier*" (Int 4. SU 9. 18-22).

It also appeared that Julia had to prove herself as worthy with her mentor. Julia did not seem to have had a good relationship with her mentor until her midway review when Julia found the confidence to defend herself:

"*I explained to her why I had been late rather than just thinking okay I won't say nothing because I don't want to..... I kinda started sticking up for myself and saying ok well I was helping this person here to and then I'd try to get back as quick as I could and then she could understand*" (Int 3. SU 17. 33-40).

From then on Julia's mentor seemed to have started to include her more and be more willing to spend time with her. It appeared Julia had proven to her mentor that she was worthy of her mentor's attention.

Lorna seemed to have realised early in her placement that she needed to position as a student who wanted to fit in and was of value to the placement, and whilst this appeared to have been difficult for her because she was shy, she realised it was important:

"*I had to do it because otherwise it didn't sort of um get involved in anything if I didn't*" (Int 1. SU 1. 13-15).

This tactic appeared to have been successful because the staff seemed to have noticed Lorna was keen to work:

"*I think they then saw that I was willing to work hard and um yeh that was fine*" (Int 1. SU 1. 29-31).

These three students seemed to have successfully positioned as worthy of the attention of the staff by seeking opportunities to prove their worth. This did not seem to have been successful for Amy though, even though she seemed to have been desperate to learn. Amy still mainly continued to position as an alone and excluded student nurse:

"*I wanted to learn this care plan I feel like um when, whenever I'm free I spend time in the office and then I go to RIO, read some notes um and then start attempting to do the care plan, that's how I'm learning and how I remember it because they're not going to ask me to do something really, so it is my responsibility to learn for myself*" (Int 2. SU 24. 21-30).

Whilst trying to prove they were worthy of the attention of the staff, it appeared students had to be adaptable. Amy had been used to being taught and, on her placement, she seemed to have had to adapt to teaching herself:

"*in my culture it is really dependent. It's really dependent like the teachers are going to say what are you going to do, how are you going to do it, but here you have to figure it out by yourself*" (Int 2. SU 24. 12-16).

Whereas Julia appeared to have had to adapt how she interacted with a resident who she said had been angry with her:

"*I was trying to, tried to assist him with eating and he was really…he pushed me away and was like going mad, swearing and everything and I thought oh god, so instead of just giving up I thought right okay I'm gonna try and find a way where I can get him to and to like work with me*" (Int 3. SU 9. 30-37).

By adapting her behaviour, Julia had been able to encourage the resident to eat without him becoming angry with her:

"*I went in and I was like really quiet and just held his hand and I was, I was um giving him his food and he said to me, I said to him you tell me when you don't want any more like instead of me going have some more have some more and so I found he ate so much for me*" (Int 3. SU 9. 45-51).

Debbie also appeared to have adapted her thoughts to how she responded to the different behaviours of some of the HCA's:

"*so you do your observation chart thing, they do it in turns but, they haven't explained to me anything to do with that. So, then what would happen is the health care assistants would come and see that it was my name but I wouldn't know and then go oh I've got to do it then, but then you see that's down to personality as well cos then you get another health care assistant that would kind of like go, you know, roll her eyes, and just be like don't worry about it. You know, so there's a lot of like little things where you just have to think whatever, otherwise you'd be worrying about it all day*" (Int 4. SU12. 10-22).

It seemed that once the Lorna, Julia and Debbie had managed to prove to staff that they were worthy of the attention of the staff, some of the staff were more willing to help them. Although this did not seem to have been successful for Amy, she still found her way through her placement.

6.2.5 Be prepared to be annoyed

When students are at their placements it seems that there will be some things that will annoy them and there seemed to have been plenty of things that annoyed these students about their placement. These annoyances mostly related to the staff and Julia and Debbie both encountered difficulties with the staff before they arrived at placement. This seemed to have concerned poor communication and being let down. For example, Julia had found it difficult to contact the staff at her placement before she started there, and she seemed to have been annoyed that she was not introduced to the staff when she arrived. She also appeared to have been annoyed that she had not been told in advance with who her mentor would be:

"*I remember just walking in and going into the nursing station and saying 'Hi, I'm the student nurse', like I don't know who my mentor is I didn't have anything I could tell them but it made me look bad, it made me look disorganised and like I hadn't followed it up properly because the communication wasn't that great in the place so it looked like it was all my fault rather than oh well I have been ..... I didn't want to say oh I have been trying to ring cos I didn't want to make them look bad and like turn up on a bad note, I wanted to turn up on a good note*" (Int 1. SU 2. 40-52).

Julia appeared to have positioned as an annoyed student nurse because she thought it created a bad first impression and made her look like she had not prepared for her placement when she had tried to.

Debbie was annoyed with the receptionists on her first day of placement because she had been told by one of the receptionists that when she started her placement, she would be given a belt, and this was not the case. As previously mentioned, (p 178):

"*you don't even worry about it if you haven't got one because we've got loads of them here and I just thought oh ok, so she said, she was really lovely. From the day I started she was like 'where's your belt?' and I was like oh, I thought I could borrow one of these and she was like 'no', you know she got really funny*" (Int 4. SU 6. 11-17).

The receptionists continued to annoy Debbie throughout her placement and like Julia, she did not appear to have felt she should annoy them by speaking up. This is illustrated in a story in which Debbie told me about a young student nurse who could not find her badge to gain entry to the placement. Debbie had witnessed this and appeared to have felt protective of this younger student nurse:

"*she (receptionist) kind of said well um, this isn't the first time you've lost it, you've lost it loads of times sort of thing and she was just really rude and I thought if, if that was like the real world and I wasn't on placement I would probably have said look there's no need to be rude*" (Int 4. SU 6. 34-42).

Debbie also appeared to have positioned as powerless because as a student nurse, she seemed to have thought she could not say anything about this to the receptionist:

"*You know I felt like I couldn't say anything because I was on my placement, so I had to just like bite my tongue, but it was like really, really hard to do*" (Int 4. SU 6. 40-42).

Similarly, to Debbie, Lorna also appeared to have positioned as a powerless student nurse and this was illustrated at the end of the injection clinic story when Lorna alluded to having wondered if the staff had been intentionally misleading:

"*It's that little bit of power isn't it?*
A – mm.... possibly
L - that was my feeling anyway, but whether they do it, I knowing they are doing it, or whether they do it kind of not really realising they're doing it because they want that

little bit more of; you're only a student and you are only a first year, um I don't know" (Int 1. SU 15. 320-329).

The nurses also appeared to have annoyed Amy and she often told me she had been bored on her placement and because she wanted there to be more for her to do:

"*I want to do more, but then I keep asking them and then they said that um everything's done in the morning, so all you have to do is just you know getting to know the patients again and then um when I, yeh it's just that the staff nurse, they are just in the office doing nothing*" (Int 2. SU 8. 9-18).

Amy also appeared to have positioned as powerless during her placement when the manager interrupted her when she was busy doing medications with another member of staff. Amy seemed to have positioned as powerless because he was the manager and she felt she must do as he requested:

"*then when I'm going to give the drugs to one of the patient um he interrupted us and then he said that I need to help, to help in to the restaurant. I need to help in the restaurant because they're short staff, so I just follow it because he's the manager*" (Int 2. SU 21. 3-8).

Having been annoyed by the staff, seemed to have encouraged Lorna to position away from the staff and towards the patients. For example, Lorna had been annoyed by the HCA who would not let her make drinks for the patients when they wanted them and so she decided to continue to make them:

"*Well if they want a cup of tea, they can have a cup of tea. You know if you were at home you'd make on wouldn't you? And if they wanted one in the afternoon they'd go and make one, but they can't so um cos the kitchen's closed so they can't get in the kitchen um so I didn't see an issue with that and so I would often just make a cup of tea*" (Int 1. SU 10. 48-57).

It appeared that the staff who had annoyed these students, encouraged Lorna to develop an inner critical voice. Lorna's inner critical voice seemed to have been the most prolific compared to the other students, and in response to the member of staff who had not worn gloves when giving injections, Lorna positioned as critical of this person because she disagreed with how she had been taught:

"*I just think if you're gonna teach someone something then you do it right, you do it in a way that you should be teaching them, because otherwise you're not teaching them*" (Int 1. SU 15. 254-258).

It seemed that whilst the students found some of the staff annoying, the patients annoyed them less, although Lorna appeared to have been annoyed when one of the patients accused Lorna of stealing her knitting:

"*One day I went in and talked to her about her knitting somebody taught me how to knit whilst I was there and um she shouted at me and told me 'I had stolen her knitting and that it wasn't my knitting and I had stolen hers and I knew jolly well where I had put it', cos I'd asked her about it and she went 'oh you've stolen my knitting' um thankfully I went and found out where it was and I said to her I know where it is, it is in the office*" (Int 1. SU 18. 18-29 as previously mentioned on p.193).

Likewise, Amy seemed to have been annoyed with the nightshift because she said there was nothing for her to do and she found looking after the patients boring:

"*Oh yes this is my first day to do the late shift. Oh, oh this is really dreadful to do the late shift on that, on that ward because.... it's really quiet and all you have to do is just um....look after the patients and the patients are like really sleepy on that time and everything is really boring because I want to do more thing… I want to do, I want to do more, but then I keep asking them and then they said that um everything's done in the morning, so all you have to do is just you know getting to know the patients again*" (Int 2. SU 8. 1-8).

Whilst the students sometimes positioned as annoyed by their placements, they also needed to be prepared to be surprised.

6.2.6 Be prepared to be surprised

Three of the students appeared to have positioned as having been surprised, shocked and vulnerable during their placements. Events that seemed to have shocked and surprised the students varied and ranged between positive and negative events. For example, Amy first positioned as surprised during the first week of her placement when the consultant asked her questions about some of the patients, and she was able to reply because she had begun to get know the patients:

"*it really helps, it really helps, yeh it helps me because when he ask me about the patient I feel like oh no, how did I know, how did I know this um I feel like oh um I know a lot of information about the patient*" (Int 2. SU 5. 25-29).

Whereas Lorna appeared to have positioned as surprised in response to witnessing a specialist treatment procedure, at the layout of the unit and how the patients were processed:

"*so yeh, they're all having their breakfast and having a coffee and the people this end are coming round and it's happening literally through the other side of the door um there which is bizarre because I imagine that must be the most scariest thing to have*" (Int 1. SU 11. 123-129) .

It appeared the families of patients could surprise the students as well. Lorna seemed to have positioned as surprised by the behaviour of a relative of one of the patients who did not come to visit her mother even though, the staff had told they thought her mother was about to die:

"*when I rung the daughter and she said she couldn't come in that night and I found that really hard cos I was thinking gosh like I'm here and who am I like it was really hard, but then, afterwards I would think about it all and I would think well I don't*

know how many times this has happened um I don't know that it might not be harder for her to come in and see this like it might be better, sometimes. I don't know, you don't know peoples' situations, do you?" (Int 3. SU 30. 35-46).

There were times when the students were both surprised and shocked by events that happened on placement and as previously mentioned (p.137), Lorna appeared to have positioned as both in response to a patient's behaviour:

"*she hugged me which was really bizarre and she said you're lovely and you're beautiful and I thought oh my goodness, that's two nice things you know and you haven't said anything nice, you've been quite volatile and yeh that was really, really um quite sweet bless her. I was quite shocked when she hugged me………*" (Int 1. SU 18. 37-45).

When Julia was kicked by a resident she positioned as shocked and even though she was aware that it was possible she could be hurt, she still appeared to have been surprised when it happened:

"*That was the first time anyone had cos they told me to watch out for it, like watch out for it you get punches here and there and um it was a real shock to me. I was like 'ow' um I was with one of the HCA's when it happened*" (Int 3. SU 23. 5-9).

Julia also appeared to have positioned as shocked and surprised by how young some of the residents were who had dementia:

"*it was such a shock seeing these people of this age because I expected them all to be old not to have younger people in there like that, through trauma, or stuff like that they said it was through*" (Int 3. SU 29. 36-41).

By the end of her placement, Julia seemed to have been surprised with how much she had changed and become more confident during her placement:

"*at first I thought oh god I am going to be defeated by this if there's anything I can't do and then like I could, if I asked to take a part in something and I could do it and I could actually do it, like to begin with I was quite worried that I wasn't going to get it done and I was gonna let them down and it wasn't going to be a success, but it showed me that I can work an, if I want something I can go and get it. At the beginning I think I was really nervous and like just following everyone around and like just trying to and towards the end I kinda have people follow me round like it was a lot different*" (Int 3. SU 42. 2-16).

Debbie, who did not appear to have been surprised by anything at her placement, was a mature student who had previously worked in a social setting in the community, and it is possible these factors were why she had not positioned as surprised by what she saw, or what took place in her placement. She was also the student who spent most of her time with her mentor and maybe this helped to prevent her from being surprised. Although Debbie had not positioned as surprised, she did appear to have positioned as vulnerable and this was towards the start of her placement when she had been struggling with working long shifts and was wondering whether she would be capable of mastering how do the medications:

"*I actually had a job and I've given my job up and I'm doing this, cos I think I was feeling vulnerable, thinking I'm not going to be able to do this because they were all like doing notes and doing the medications, they were doing all this stuff that I thought well I'm not going to be able to do all that. There is no way I'm going to be to, I'm never going to be able to do all that*" (Int 4. SU 3 9-17).

From the narratives of these student nurses, it appears being surprised, shocked and vulnerable could happen for these students at any time during placement.

6.2.7 Expect things to have changed

Towards the end of their placements, it seemed that each of these student nurses positioned as more confident. For example, Julia had no previous health care experience when she started her placement and on the first day, she said that she felt

like she had "*got thrown in at the deep end*" (Int 3. SU 3. 28-29). Towards the end of the first month at placement, Julia had her midway review with her mentor and at this point she still seemed to have been quite anxious and told me:

"*Although I was enjoying things, I still felt very nervous every time I went in*" (Int 3. SU 17. 5-6).

Whereas, a month later Julia said she felt confident enough to sit with a resident who the staff thought was going to die:

"*so um they left me with um swabs to clean her with and stuff and cos I'd learnt it at uni I felt really confident that I could sit in there with her like and a lot of the HCA's didn't want to go in and, not that they didn't want to go in the room, they didn't want they were worried about what to do and stuff so I sat in there and done all that with her with her and everything and made sure that she was comfortable*" (Int 3. SU 31. 6-15).

At the end of her placement, Julia seemed to have developed into a confident student nurse:

"*My confidence grew massively I think within there. I found like I found my place because the nurses respected me, so did HCA's so I found I had a relationship with both*" (Int 3. SU 43. 1-4).

At the start of her placement Lorna had positioned as a shy and unconfident student nurse:

"*I'm quite shy so I don't think that probably didn't help, but it definitely brought me out of myself*" (Int 1. SU 1. 7-13).

As her placement progressed, Lorna began to position as a more confident student nurse, and this was evidenced when she told me about when she first did a clinical procedure on her own:

"*she made me phone the doctor, made me talk to the doctor, so yeh, it was really good because it really um, for the first time I um did something myself without kind of having somebody um holding my hand whilst I did it*" (Int 1. SU 13. 10-16).

Throughout her placement, Amy seemed to have positioned as an unwanted and alone student nurse who actively searched for activities and staff to work with, who she thought would help her to learn new skills. Towards the end of her first month at placement, a member staff from the other ward had guided Amy with how to complete a handover and Amy told me this had helped her to become more confident:

"*it's really good because um on that experience um, I feel, um I feel I know how to do the handover and to overcome my anxiety. Yeh, um she said to me she give to me a lot of advice, like it builds myself confidence, you know all the things she said to me and then yeh, I just, I just did it, I just did it based on my observation on the ward, on that shift, I just, I just felt how the ward is, how the ward was on that day*" (Int. 2. SU 15. 10-19).

As her placement progressed Amy appeared to have accepted that if she wanted to learn new skills, she would have to teach herself. Amy said she found this difficult to start with because she was used to being taught:

"*from the start um I feel like it's just really hard, I feel like I want somebody, I want somebody for me to um say what am I going to do, but at the end of the day I um I learned on how to learn by myself what am I going to do this day. I just decide what, I just decide what interests me to do*" (Int 2. SU 25. 36-42).

Towards the end of her placement Amy appeared to have become used to not being shown what to do:

"*I did it well. Yes I did do it well. So, another thing I've learned by myself again*" (Int 2. SU 25. 26-27).

It also seemed that Amy had become more confident and was very happy because following a home visit with a therapy worker, a patient was then able to go home:

"*Yeh I get the chance to work with an occupational therapy and just to um, just to prove that she's really independent that she doesn't want to go home um yep. Yeh we see her home*" (Int 2. SU 26. 81-85).

Debbie also seemed to have changed during her placement. Like Lorna, Julia and Amy, Debbie appeared to have positioned as uncertain at the start of her placement"

"*The way they stare at you, it's quite intimidating when you first walk on there, so you know, and I didn't know what they were in there for*" (Int 4. SU 2. 1-4).

This seemed to change once Debbie go to know the patients and by the end of the placement, Debbie presented as a confident student nurse who had fitted into her placement and who appeared to have positioned as comfortable in her role:

"*You know and being, being quite sort of like, not scared, but you know, having my back like, watching my back, over my shoulder with those patients to just sat there watching DVD's, chatting with em you know and it was just, it was, I realised how far I had come in like 10 weeks*" (Int 4. SU 25. 25-31).

Towards the end of their placements each of the students appeared to have fitted in and worked things out at their placement and seemed to have been valued by both the staff and patients. For example, Lorna mostly positioned with the patients and although it is not clear from this narrative who she was referring to, it does suggest Lorna was valued:

"*They were all very sweet actually and it is funny how you don't really know whether you're doing, you kind of...you do as much as you can and you do what you think is your best, but you never really know if anybody appreciates it, or if it's right, or if it's good enough, so it was really sweet when I left and they were all like, oh you're so lovely and I thought gosh actually I was okay*" (Int 1. SU 19.1-10.).

Although Julia did not tell me what it was like when she finished at her placement, she did reflect on her time there and hoped she would be remembered for making a difference to the residents:

"*I think I made a difference to the home as a whole and I think I made a difference to the residents days, whether they'd remember me now but, I made a difference on the day and the days carried out now um ……….I made a difference to their families as well*" (Int 3. SU 46. 1-7).

Julia also thought she had fitted in by the end:

"*it was quite hard that I was leaving there really. I quite liked it towards the end, I found my feet and I know I can do it now*" (Int 3. SU 46. 14-17).

Debbie had been quite wary of the patients at the beginning of placement, although once she was allowed to leave the office and got to know them, she appeared to position towards them. The patients also seem to have liked and valued Debbie and they did not seem to have wanted her to leave at the end of her placement:

"*It was really sweet when I left because we were all having lunch with the patients, and they said how can we get Debbie to stay. And I was like well, I've got to move on cos I've got to do this course and my mentor was like mm what do you think you should do to let her stay, and they were like what university do you go to and I was like oh, told em and they said oh we'll make bollards and stand with them*" (Int 4. SU 27. 4-12).

Amy mentioned a couple of events during her placement when it was possible the staff might have valued her. Similarly, to Julia, Amy did not say what happened the day she left placement, instead she seemed to have been reflective:

"*I think the worst bit was in my first week and how you can get onto the ward because as soon as you get onto the ward, that's it, you can do whatever you want whether you're happy, as long as you know everybody you're working with, it's easy, it's easier*" (Int 2. SU 27. 1-6).

The narrative also suggests that by the end of placement, Amy recognised the benefits of getting to know the staff.

6.2.8 Summary for the synthesis of the combined findings for how the students positioned themselves

Overall, the key to a successful first practice placement for Lorna, Amy, and Julia, appeared to have been finding their own way in placement and whilst all four students had positioned as uncertain until they started to fit in, Lorna, Amy, and Julia seemed to have needed to be active seekers of opportunities. It is possible Debbie did not need to find her own way in placement, or to have been a seeker of opportunities because she seemed to have spent a lot of time with her mentor. It is also possible that because she spent a lot of time with her mentor she did not appear to have positioned as surprised during her placement, whereas both Julia and Lorna had been surprised. It also seemed that being surprised could occur at any stage of their placement. Proving themselves as worthy to the staff also seemed to have been important for these four students. They all also appeared to have been annoyed at some point during their placement. Whilst these students all seem to have started the placement positioning, for example, as anxious, wary, unwelcomed and not wanted students, they all successfully completed their first practice placement and all the students appeared to have positioned as more confident student nurses by the end.

6.2.9 Overall summary of the findings from the second layer of data analysis from the diary: diary interviews in relation to the students' positions

Focussing on the words the students used when telling me their placement stories, helped me to interpret how the students positioned themselves during their placements. From my analysis of the students' positions, I was able to identify seven key positions that the students appeared to journey back and forth through during their placements. These seven positions, as previously explained, are:

1) It might not feel welcoming
2) Somethings might seem puzzling
3) Seeker of opportunities
4) Show you are worthy
5) Be prepared to be annoyed
6) Be prepared to be surprised
7) Expect things to have changed

6.3 Findings from the third layer of data analysis: Positive and negative interactions in placement

During the process of developing the forwards-backwards model, I identified that the students' positions appeared to have been influenced by the interactions they encountered during their placement. These interactions with staff and patients / residents were both positive and negative. In this section, I have firstly presented the findings of some of the positive interactions with the patients / residents and staff. I have then followed this with some of the negative interactions with the patients / residents and the staff. Finally, I have presented how the students seemed to have managed these negative interactions.

6.3.1 Positive interactions with patients / residents

There were numerous accounts of positive interactions with the patients / residents and all the students reported having had positive interactions with the patients. Notably, the patients appeared to have provided the students with more positive interactions than those that were negative. Examples of a few of the positive interactions are presented.

Lorna worked closely with one patient and both the patient, and her husband seemed to have been appreciative of Lorna's care of the lady:

"*..she thanked me and her husband thanked me and said that I had given her a lot of time and they could see that and every time I went in I went and saw her and said oh hello, how are you today um and yeh she thanked me for that and he thanked me for looking after her*" (Int 1. SU 14. 26-33).

Playing bingo seemed to have been appreciated by some of the residents and whilst Julia said she realised not all residents enjoyed it, she seemed to have been pleased when one of the residents thanked her:

"*I know it's not for some people, some people don't like it, but and one lady was like can you come back again and do it for us, can you please. It was really lovely…*" (Int 3. SU 15.19-22).

It even seemed that the lady who Lorna had struggled to give injections to had appreciated Lorna's efforts and had joked about this:

"*she was very sweet, very deaf and you had to get very close to her to shout at her and she always joked that um she had so many holes in her because of all the injections I gave her um but yes she was sweet*" (Int 1. SU 17. 1-6).

Debbie reported that she was wary of the patients at the beginning of her placement because she was uncertain of their backgrounds. Once Debbie got to know the patients, she appeared to have enjoyed talking to them. Debbie also seemed to have been quite skilled at interacting with these ladies. One example was a patient who did not want to attend an assessment meeting and who Debbie had encouraged to attend:

"*I said and then like that doctor woman, I forget her name now, but I'm not making a big thing of it, she um, she um sometimes like gives like kind of like privileges. She was*

like DOES SHE? Yeh, but anyway you don't wanna go, I'll see you later. The next minute, she said I think I'll, I, I don't know whether to go I said well I'll walk in with you if you want. She's like REALLY and I was like yeh. So it was hilarious" (Int 4. SU 21. 29-38).

Debbie also seemed to have been especially pleased when she encouraged one of the ladies to eat a wider variety of food:

"*..this one day I went oh yeh you only like salad cream and there's a jacket potato with loads of cheese and you can have salad cream on it, but obviously you don't like the hospital meals so I was just letting you know. The next minute she comes marching down and says I'll have jacket potato and cheese please, salad cream and all that. How do you do it? Yeh so that was good as well. Really good*" (Int 4. SU 22. 20 – 28 previously mentioned p. 159).

Even though Amy appeared to have focused mainly on finding tasks to do, she did report having got to know one of the patients well and who she stated she liked:

"*..this patient she's it's really hard to um to have a conversation with her, but then I keep spending my time with her so I get to know her more, um, um how do you say, um I get to know her really well and I feel like you know, she became my favourite patient at the end*" (Int 2. SU 26. 11-16).

The two key positive interactions with patients / residents included feeling appreciated and enjoying spending time with the patients / residents

Table 16: Positive interactions with patients / residents summarised

Positive interactions with patients / residents
Being appreciated Enjoying being with the patients / residents

6.3.2 Positive social interactions with staff

The students also had some positive interactions with the staff. Amy, who positioned as an active student nurse and who reported as wanting to learn more, appeared to have been pleased, when early in her placement, she was able to answer the questions a consultant had asked her about the patients:

"*..when he ask me about the patient I feel like oh no, how did I know, how did I know this um I feel like oh um I know a lot of information about the patient because I keep, you know like, yeh because the first, yeh, on the first week I keep just like talking to them, um, getting to know more about them*" (Int 2. SU 5. 26 – 32).

Towards the end of the first month at her placement, Amy seemed to have begun to fit in and this is evidenced with her reporting that the staff nurses and the HCA's supported her and answered her questions:

"*You know the one who really helps me a lot are the staff nurses and the health support worker because they kind of like um got more experience, they work there a long time ago, so every time I have a question, yeh they er help me*" (Int 2. SU 14. 18-23).

Debbie also reported about having been supported and this was in relation to her mentor who she had told about the enthusiastic newly qualified nurse who had overwhelmed her:

"*…what's wrong and I was just like oh I'm just going to be honest with you I said like she's bombarded me with loads of information now you're going on at sums with me and I said and I can't deal with it and he was just laughing and went 'Right let's go and have a cup of tea'. We went and had a cup of tea and then he was like ok, I always really wanted to be a maths teacher, I said aw I always hated maths and he*

said ok well I'm going to teach you in an easier way. So he was really, really like ... er, helped me, but knew that I couldn't be bombarded with loads of information, because I just wouldn't learn like that. So he was just the right person" (Int 4. SU 16. 21-35).

Likewise, Lorna talked about a nurse who had supported and included her and how this had boosted her confidence because the nurse had encouraged her to contact a doctor about a patient:

"*she was almost pushing me and insisting I had to do it um but I was really glad. I think it really changed my confidence*" (Int 1. SU 2. 16-19).

From Julia's account, it seemed that she did not get on well with her mentor until after she had proven herself as worthy and this appeared to have happened at her mid placement review with her mentor. It was during this review that Julia found the confidence to verbally defend herself from her mentor's criticisms. Following this, Julia's mentor appeared to have been more supportive and willing to include her:

"*She gave me such opportunities then when as soon as I'd found my way of like having a relationship with her*" (Int 3. SU 17. 57-59).

Being supported by staff seemed to have been important to the students and being included was also appreciated.

Table 17: Positive interactions with staff summarised

Positive interactions with staff
Being included Being supported

6.3.3 Negative interactions with patients / residents

Whilst the students had positive interactions with patients / residents and staff, the students all seemed to have encountered negative interactions with some of the patients / residents and staff. It is important to note though, that few negative interactions with patients were reported by the students in their accounts. When the students had

negative interactions with patients, these usually ended with positive interactions. This was not always the same outcome with the staff.

At the beginning of her placement, Julia had been on an outing with some of the residents when one of the residents had shouted at her:

"*I did speak to the girl later on who helped me and I said to her that I'm really worried, like it really upset me and I don't know how I am going to cope with this and she said you'll be fine by the end that lady will be like your best friend, so don't worry like they do that to you, they test you and this one in particular was very good at that*" (Int 1. SU 4. 28-35).

Later in placement a resident shouted at Julia when she had been trying to feed him:

"*I was trying to, tried to assist him with eating and he was really…he pushed me away and was like going mad, swearing and everything and I thought oh god, so instead of just giving up I thought right okay I'm gonna try and find a way where I can get him to and to like work with me*" (Int 3. SU 9. 30-37).

Lorna also stated that a resident who had accused her of stealing her knitting had shouted at her, and she thought the resident might hit her:

"*I thought she was going to hit me*" (Int 1. SU 18. 33-34).

At the end of her placement, Lorna reported that this patient had been nice to her and this had surprised her:

"*..I went in and said goodbye to tell her this is my last shift and you probably won't see me again she hugged me which was really bizarre and she said you're lovely and you're beautiful and I thought oh my goodness, that's two nice things you know and you haven't said anything nice, you've been quite volatile and yeh that was really,*

really um quite sweet bless her. I was quite shocked when she hugged me" (Int 1. SU 18. 34-45).

Towards the end of her placement, Julia was kicked by a resident:

"*..they told me to watch out for it, like watch out for it you get punches here and there and um it was a real shock to me. I was like 'ow' um I was with one of the HCA's when it happened*" (Int 3. SU 23. 6-9).

From the students' narratives, it appears the negative interactions with patients / residents were either physical or verbal and these are presented in the table below.

Table 18: Negative interactions with patients / residents summarised

Negative interactions with patients / residents
Being verbally abusive Being physically abusive

6.3.4 Negative interactions with staff

Lorna reported several negative interactions with the staff, and it was notable from her placement account that following the night shifts she worked at the start of her placement, she began to position herself with the patients:

"*you couldn't find a health care assistant anywhere. Just weren't anywhere to be seen um whether they had gone for a cigarette or sat in the lounge watching the tv with some of them, but I think the patients tend to approach the people they know will do something for them, rather than those that will promise, but never deliver for them. So I think that's kind of ... I fell into that because I kind of, I would always, I couldn't say no, so I would do it because I know if I wanted it done, then I'd ....that's why I did it*". (Int 1. SU 9. 8-21 as previously mentioned p.184).

Lorna also stated that there was an issue with some of the staff and whilst she said she was unsure why this was, she thought it might have been because she was a student:

"*I think that was a kind of a ...sometimes there was that kind of challenge between who was, who was, sort of um the, they kind of felt threatened by you being there, like you were gonna override their sort of power of the fact that they are there and they work there and you are just a student, or whether you thought you were sort of bigger than them because you were a student um so I just chose to ignore it really*" (Int 1. SU 10. 34-45 as previously mentioned p.185).

From Debbie's account it appeared there was an issue with students from the university:

"*..they're a bit precious about their jobs at the beginning, that's what it's like and they say things like so what do you learn at university then, like it's like they're annoyed*." (Int 4. SU 13. 17-20).

Whereas Julia reported that that she thought one of the nurses did not like her:

"*Josie she didn't seem very keen on me at all. No, she didn't want to help me, she didn't want to*" (Int 3. SU 8. 3-5 as previously mentioned p.149).

Also as previously mentioned (p.142), Amy stated that some of the staff did not want to have students on the ward:

"*sometimes I think there's some staff nurse doesn't want to have student nurse in their ward. All they're doing is just make themselves busy*" (Int 2. SU 22. 11-14).

Amy also reported having been ignored by a nurse when she wanted help with medication for a patient:

"*this patient is really sick and wants paracetamol and then this staff nurse just ignored me and then kept going*" (Int 2. SU 23. 42-44).

There also appeared to have been some staff who were reluctant to have students observing them and Julia reported:

"*...she wasn't happy for me like to watch her do the medication*" (Int 3. SU 8. 77-78).

Likewise, Lorna appeared to have thought that the qualified nurses who had been there a long time were uncomfortable with Lorna observing them:

"*The other nurses weren't um, they wouldn't say I'm going to go and do this do you want to come, so you'd have to kind of force yourself upon them. Sort of say can I come and watch that um and then you kind of felt like they didn't, some of them felt quite like self-conscious of doing things like injections and they didn't really want you there because they didn't want to be watched um they were all nurses that had been qualified for a long time um so I kind of think they thought I was kind of doubting them which wasn't the case at all, I just wanted to learn, but I kind of got that feeling that they thought I would be sort of criticising what they were doing*" (Int 1. SU 3. 6-25 as previously mentioned on p.207).

Julia also reported occasions when she felt some staff did not want to show her what to do:

"*I'd never done personal care before and no one was willing to teach me at that point that day. I would have happily gone in and done personal care and stuff. I was really wanting to learn everything*" (Int 3. SU 8. 82-86 as previously mentioned on p.149).

Whereas Debbie reported that some of the HCA's did not seem to have wanted the students to help them:

"*I've worked in kitchens loads of times like in my life, but every kitchen's different and every way of doing things is different, but I'd go in there and I'd go oh um do you want me to help? They'd be like NO.*" (Int 4. SU 13. 2-16).

In relation to the kitchen, Lorna had been told off by an HCA for making cups of tea for the patients and she reported:

"*I think the kitchen she felt she had some control over that*" (Int 1. SU 10. 61-63 as previously mentioned p.185).

Similarly, Julia reported that some HCA's seemed to have not appreciated her encouraging the patients to engage in activities which they thought made the ward untidy:

"*some of the HCA's would like to just put lids on and hide them away so it didn't get messy*" (Int. 3 SU 38. 34-36).

The students' accounts also suggest some of the interactions with staff were conflicting. For example, Lorna stated that one member of staff at the specialist injection unit contradicted the process she had been taught to administer the specialist injection and due to this, a patient picked up one of the needles:

"*I thought oh my goodness, I put that there, but I put that there because he told me to put it there and I knew the other guy told me not to put it there, so it's really hard because everything is kind of like sort of contradicting itself ....*" (Int 1. SU 15. 73-78 as previously mentioned on p.190).

Whereas Debbie was annoyed because she had been told prior to placement that she would be given a belt to wear and when she arrived this was contradicted:

"*..because when I first went to look around they were really, really lovely, really lovely and um, they said oh, have you got a belt and I was like oh no and they said oh don't worry, um we have them to put our, to put our alarms and keys and stuff on, but you don't even worry about it if you haven't got one because we've got loads of them here and I just thought oh ok, so she said, she was really lovely. From the day I started she was like 'where's your belt?' and I was like oh, I thought I could borrow one of these*

and she was like 'no', you know she got really funny" (Int 4. SU 6. 6-17 as previously mentioned p.157 and p.216).

During their placement each of the students encountered some staff who appeared to have been critical of them, who did not want the student to work with them or who had provided them with contradictory information. From the students' narratives, the most reported negative interactions with staff have been identified and are presented in the table below.

Table 19: Negative interactions with staff summarised

Negative interactions with staff
Being critical of students from the university
Not wanted
Ignoring the students
Not wanting the students to watch them
Not wanting to show the student what to do
Not wanting the students to help them
Providing contradictory information

In addition to identifying positive and negative interactions whilst developing the model, I also identified how the students appeared to have managed these negative interactions.

6.3.5 How the students appeared to have managed negative interactions with the patients /residents and staff

In this section, I will present how the students managed negative interactions with the patients / residents and then how they managed them with the staff.

6.3.6 How the students appeared to have managed negative interactions with patients / residents

Julia reported there was a resident who was aggressive and who swore at her whilst she was trying to help him eat. Rather than giving up, Julia decided she would try to work with him:

"*..he pushed me away and was like going mad, swearing and everything and I thought oh god, so instead of just giving up I thought right okay I'm gonna try and find a way where I can get him to and to like work with me*" (Int 3. SU 9. 32-37 as previously mentioned p.214 and p.232).

By calmly and quietly approaching the resident, Julia was able to stop him from being aggressive with her:

"*I went in and I was like really quiet and just held his hand and I was, I was um giving him his food and he said to me, I said to him you tell me when you don't want any more like instead of me going have some more have some more and so I found he ate so much for me*" (Int 3. SU 9. 45-51).

Later in her placement Julia adapted her practice to avoid being kicked by a resident:

"*..it did make me act differently then and I realised that when I shouldn't be so trusting of like going in and just like, I should always make sure like cos I had a couple of things to do in personal care and one on ones with a couple of residents and a couple of times I had to make sure that I had the door behind me and stuff like that because a couple of things would ....it's just you've got to be open to whatever could happen like you know, so like if I went into a resident I wouldn't go, I would always make sure I had my head away from their feet*" (Int 3. SU 23. 19-31).

Julia seemed to have been aware she could have had a negative impact on the residents if she had interrupted them. To avoid the possibility of negative interactions she adapted how she interacted with them:

"*I didn't want to go over to them and make them have a negative behaviour like and put them in a bad mood. I could see they were quite happy and content there and so I didn't want to go an push it, but towards the end having gotten to know each resident individually I could then.... like they all had different ways of what they'd like to talk about and what they liked to do and I knew that and then I could go and, and if I*

couldn't get them up dancing I could go and talk to them about something that they were interested in" (Int 3. SU 44. 17–29).

Interacting differently was not always successful. Lorna spoke of a patient who she thought might have been bored with her talking about the same thing, so she changed the conversation, and the patient shouted at her:

"*..she shouted at me and told me 'I had stolen her knitting and that it wasn't my knitting and I had stolen hers*" (Int 1. SU 18. 21-23 as previously mentioned p.193 and p.218).

Amy rarely spoke about the patients, although she did talk about one lady who she reported was difficult to interact with and how she had managed to build a relationship with her:

"*..this patient she's it's really hard to um to have a conversation with her, but then I keep spending my time with her so I get to know her more, um, um how do you say, um I get to know her really well and I feel like you know, she became my favourite patient at the end, um she's really difficult, she's a really difficult lady and also if she doesn't like you she um she's going to accuse you or something, so you have to be careful as well*" (Int 2. SU 28. 11-20).

When there were negative interactions with the patients / residents, the students appeared to have either adapted their practice or the way they communicated with them. This seemed to have mostly been successful and there appeared to have been few drawbacks with these strategies for managing negative interactions with patients / residents.

Table 20: How the students managed negative interactions with patients/residents summarised

Students responses to managing negative interactions with patients / residents
Adapt practice interactions

Modify interaction

6.3.7 How the students appeared to have managed negative interactions with staff

Some of the students appeared to have managed negative interactions with staff by either finding someone else who was willing to help them, or by finding things to do. Amy appeared to have actively found staff who were willing to let her observe and work with them:

"*I ask one of, you know this bank nurse, yeh I ask him if I can learn something new on this day and he gave me something to do like all the BMI and mass score…*" (Int 2. SU 11. 1-4).

Likewise, Lorna also reported having identified members of staff who were willing to help her:

"*So different nurse now for the first time ever um decided that I could work with her that day. I'd asked her and said can I, can I um work with you and er she said yeh and so yeh I got loads done that day*" (Int 1. SU 13. 1-7 as previously mentioned on p.210).

Early in her placement when the staff were too busy to show Julia what to do, she stated that she had found another member of staff who was willing to let her observe him:

"*I really don't know, um, a lot of them were like when Sam took off on his own and then he would let me watch him"* (Int 3. SU 8. 89-91).

Julia also actively found things to do, and this included volunteering to complete the activity boxes for the patients:

"*I said okay leave it with me and I'll see what I can do. It kind of, I don't know how it all got put onto me but it kind all did, but I was happy that it did cos then …….I'm*

quite a person that. I like to work in a team and stuff, but I also, if I've got an idea, I love to do it all" (Int 3. SU 10. 42-48).

In response to negative interactions, the students sometimes ignored or did not react to the interaction. For example, when the receptionists were unpleasant to her, Debbie decided not to react:

"*..she was just really rude and I thought if, if that was like the real world and I wasn't on placement I would probably have said look there's no need to be rude. You know I felt like I couldn't say anything because I was on my placement, so I had to just like bite my tongue, but it was like really, really hard to do*" (Int 3. SU 6. 36-42).

Debbie also stated that she had felt unable to react to the negative interactions with the receptionists because she had to work with them throughout the day:

"*..so you're communicating with them the whole, throughout the whole day and they've just put your back up, so you really have to get over it quick and just say oh well, you know, whatever*" " (Int 4. SU 6. 59-63).

Whilst Lorna's account contained several negative interactions when she was at the specialist injection clinic and although she stated that the staff had been unhelpful, she did not appear to have reacted to these negative interactions and appeared to have wondered whether it would have been different if she had said something:

"*I just didn't find them very helpful, but maybe that's because I'm not, maybe I didn't say could you actually you know say something as they were coming in, rather than coming in and having a chat with them about how they've been all week sort of say there's a student in there so that they didn't come in. One man came in and pulled his pants and his trouser down and then I had to stand there while he has his t-shirt up here and his trousers down there and ask him and it was just awful because you kind of, you don't know what to do*" (Int 1. SU 15. 134-148).

Likewise, Lorna did not react when she was criticised for not wearing gloves when doing the injections, even though the person she was working with, was not wearing gloves:

"*I think sometimes if people think they can um... er pick fault in you or you know um.... ah.. I don't know, sort of tell you they think you are doing it wrong, then they will and I definitely learnt that. That may be actually you need to be a bit more confident in yourself and say actually no, I do it this way*" (Int 1. SU 15. 300-308).

Julia also decided not to react at what she perceived to have been poor communication at the start of her placement:

"*I didn't want to say oh I have been trying to ring cos I didn't want to make them look bad and like turn up on a bad note, I wanted to turn up on a good note and just say oh like thank you for answering my phone call this morning. I'm glad …….like you know………. it was really hard*" (Int 3. SU 2. 49-55).

Amy appeared to have had several negative interactions with her mentor who it seemed did not want Amy to work with her. In response Amy had become frightened of her:

"*She's not communicating like ok Amy this is what we are going to learn today. No it's like I'm always scared of her*" (Int 2. SU 12. 11-13).

Julia's mentor had been critical of Julia and until her mid placement revue, Julia had not reacted to these negative interactions. The review with her mentor prompted Julia to defend herself in response to her mentor's criticisms of her and Julia stated:

"*..this day I managed to find my voice and like I explained to her why I had been late rather than just thinking okay I won't say nothing because I don't want to….. I kinda started sticking up for myself and saying ok well I was helping this person here to and*

then I'd try to get back as quick as I could and then she could understand" (Int 3. SU 17. 32-40 as previously mentioned p.212).

Following this, Julia reported that her mentor gave her more opportunities:

"*She gave me such opportunities then when as soon as I'd found my way of like having a relationship with her*" (Int 3. SU 17. 57-59 as previously mentioned p.231).

From the students' accounts, it appears these students used a variety of techniques to help manage negative interactions. Whilst these tactics seemed to have helped the students to manage the interactions, there appeared to have been some negative impacts on the students and these included ignoring the negative interactions of the staff and not speaking up for themselves. This contrasts to Julia who reported having defended her behaviour to her mentor and her mentor gave her more opportunities. Being prepared to speak up for themselves, may have been a beneficial technique for each of these students.

The table below presents how the students seemed to have found their own way to navigate these negative interactions.

Table 21: How the students managed negative interactions with staff summarised

Students responses to managing negative interactions with staff
Find things to do
Finding someone who was willing to show them what to do
Finding someone who was willing to let the student observe them
Ignore / not react to the interaction
Speaking up

6.3.8 The importance of managing negative interactions

In addition to how students appeared to have managed negative interactions with patients / residents and staff, the students' accounts also indicated why this was important to them.

6.3.9 The importance of managing negative interactions with patients / residents

As previously mentioned, (p.231) there were few negative interactions with patients / residents. However, Julia's account appeared to suggest two important benefits of managing negative interactions. Firstly, Julia stated that during her placement she realised that by adapting her practice interactions she would have more positive interactions with the residents:

"*..if you sit with them for just a little bit longer, or like have a little bit more,.... like then, just like a little bit more feeling and things, then they're much more likely to be less like be like irate with you*" (Int 3. SU 9. 19-24).

Secondly, Julia also recognised the importance of modifying her verbal interactions with the residents:

"*..it was really important I was really careful with the and that I knew their communication needs before cos one gentleman we had he um couldn't really communicate verbally, but we would show him stuff and he would say 'have you got' like all different things and he had dementia, so we knew he had capacity and it was just showing the highlights, highlighting the important for communication to me*" (Int 3. SU 28. 8-17).

Table 22: The importance of managing negative interactions with patients / residents summarised

The importance of managing negative interactions with patients / residents
Have more positive nonverbal interactions with patients / residents
Have more positive verbal interactions with patients / residents

6.3.10 The importance of managing negative interactions with staff

Julia stated why she found someone to work with:

"*I'd have a really bad day and think and no-one and then find someone, work alongside them and feel like my days completely turned around*" (Int 3. SU 14. 5-13).

Likewise, Amy also reported why she found someone to work with:

"*..because if I didn't ask them about something, I'm just gonna be with myself like sitting in the lounge, or just be with the patients*" (Int 2. SU 2, 15-17).

Whereas Lorna stated why she had tried to find things to do:

"*I really got stuck in because I had to otherwise I didn't talk to anybody and didn't do anything all day so I just got on and did it um and then it was fine after that, I think they then saw that I was willing to work hard and um yeh that was fine*" (Int 1. SU 1. 25-31 as previously mentioned on p.178 and p.206).

Table 23: The importance of managing negative interactions with staff

The importance of managing negative interactions with staff
Finding someone to work with can make the day better
Prevents having nothing to do

These findings indicate that these student nurses encountered fewer negative interactions with patients than with the staff. Given that they were sometimes reluctant to manage these negative interactions, suggests that mental health student nurses would benefit from being taught a range of skills to help them to manage negative interactions with staff in placement. These skills could include how to manage staff who appear not to want them on placement, staff who are critical of them and staff who are too busy or unwilling to let the students work with them. The preparation for first placement can also include the importance of students' findings activities to keep themselves busy and how to effectively speak up for themselves. This would enable them to present as students who are willing to learn and are actively engaging in placement.

6.3.11 Reflections

Identifying that student nurses would benefit from the skills to manage negative interactions took some time to identify. I have been surprised how long the analysis of

the narrative accounts has taken and can appreciate the importance of completing the process thoroughly. I initially thought the key issue was to do with the start of placement and to the students not appearing to have felt they were made to feel welcome. Developing the model, helped me to see the whole of placement as a process in which the students appeared to move forwards and backwards through several non-linear stages. Reflecting on the students' movements in the model and how the students seemed to have responded to the staff through their positioning encouraged me to think of interactions which I considered to be challenges. The more I thought about the interactions as challenges, the more I began to question the extent these interactions were challenges for the students. With further reflection of what the students had said and how they appeared to have positioned in response to the staff, I began to realise the interactions were part of a process and not a challenge because the students managed them. I began to consider them as interactions which the students had navigated through. Each of the four students had entered placement and positioned as nervous and towards the end of their placement they seemed to have positioned as more confident student nurses.

6.4 Conclusion

In this chapter, I have presented the findings from the three layers of data analysis. The findings from the first layer of data analysis consist of each student's placement story with the initial positions identified. The findings from the second layer of data analysis develop this further and identify that are seven different groupings of student positions. These are: It might not feel welcoming, some things might seem puzzling, seeker of opportunity, show you are worthy, be prepared to be annoyed, be prepared to be surprised and expect things to have changed. The overall analysis of the students' positions during the third level of data analysis identified how the students managed negative interactions with staff and patients.

Chapter 7. Practice Development

7.1 Background to the development of the learning tools

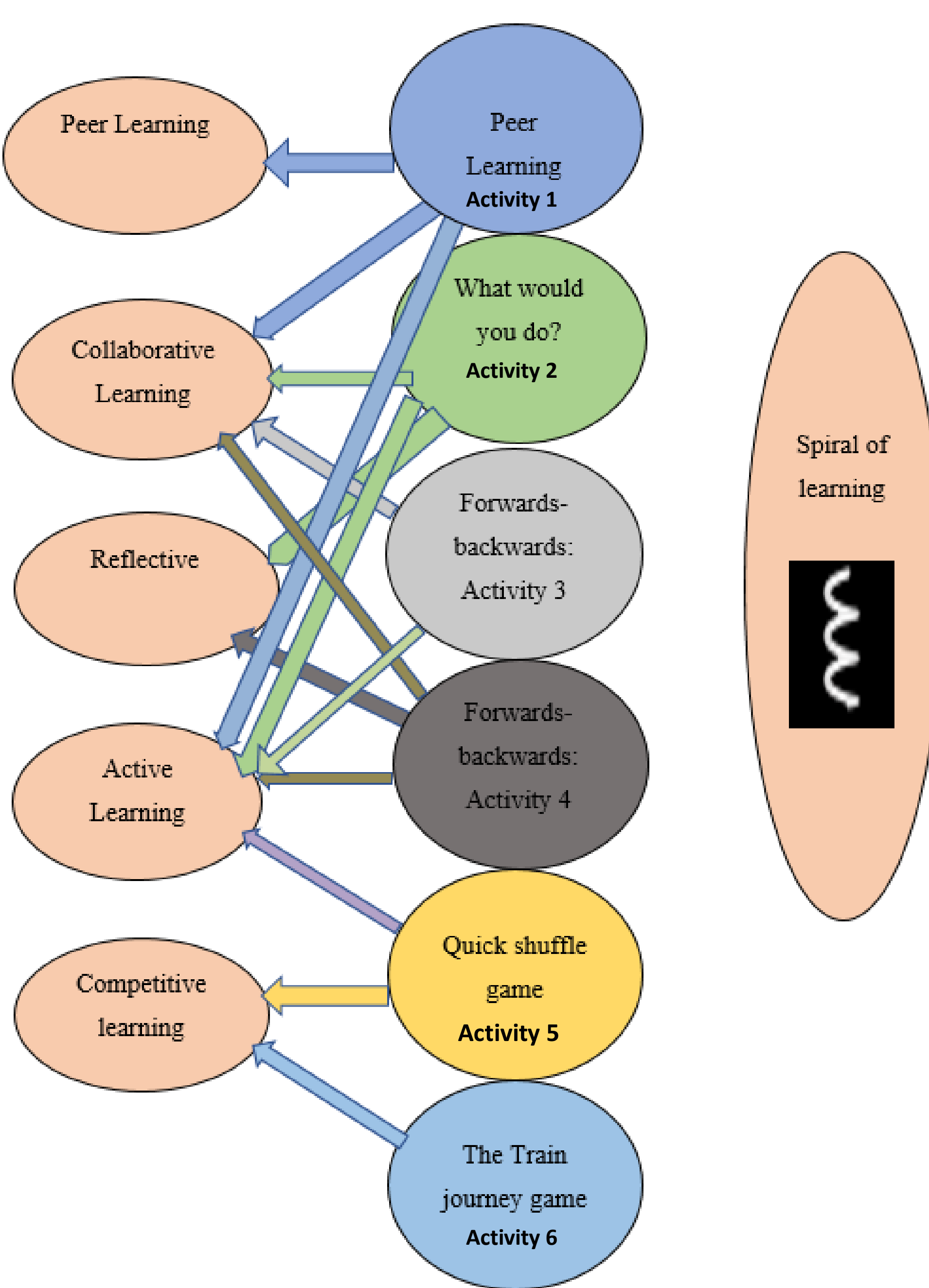
This chapter comprises the practice development element of my Doctor of Professional Practice by presenting a selection of tools designed to help prepare student nurses for their first practice placement. In response to the findings from my research, which addressed the research question of whether mental health student nurses could be more fully prepared for their first practice placement, I identified that mental health student nurses could be more fully prepared for their first placement, if they were prepared for the possibility that they may encounter negative social interactions during placement. In response to this finding, I have developed six different education activities.

These activities draw on an andragogical style of learning which is less tutor led and more collaborative. Knowles (1992) recognised that children and adults learn differently, with children benefitting from a more directed style of teaching than adults, who are more self-directed. Whilst these activities are not completely self-directed, they do cultivate a more relaxed and informal environment to help the students to learn, which does align with andragogy (Knowles 1992). Five of the six activities engage an active learning style and make use of the teaching strategies of peer, collaborative, and competitive learning. Active learning is a student-centred learning style in which students engage with knowledge, rather than passively absorbing it (Machemer and Crawford 2007). Peer learning also creates an active learning environment (Stigmar 2016) and has been defined as a type of learning which takes place between individuals from similar groups who share their knowledge with each other (Topping 2005). Peer learning can be delivered via a peer tutor, who is similar to the students, yet has more knowledge than them (Falchikov 2001). Peer learning can take place between individuals as well as groups, whereas collaborative learning takes place in groups where students can actively work together on a task or activity (Boud 2001). Whilst peer learning and collaborative learning create an interactive sharing of information, two of the activities encourage competitive learning through game playing. Introducing competition to a game can be motivating and provide fun when it is non-threatening to individuals (Royse and Newton 2007). When

students learn via peer, collaborative, and competitive learning they engage in active learning. Active learning takes place when students directly engage with learning and make it meaningful for themselves (Jaques 2000). Two of the activities also make use of reflection. Being reflective is important because of the learning that can be gained from thinking back on an experience (Boud and Walker 1998).

The diagram below illustrates how these activities interlink with different teaching strategies (Figure 12).

Figure 12: Teaching strategy and activity links



The spiral of learning represents the ability of these activities to build on knowledge gained from each activity in a process of revisiting the same topic areas. Bruner (1973) proposed the spiral curriculum in which knowledge is most effectively achieved when the topic is not only meaningful for the individual, but when it is frequently re-visited. These activities are designed to build on previous learning starting with the peer learning groups. This activity sets the context for the future activities which can then be selected for their appropriateness for the students and the time available. The purpose of these activities is to provide a fun and interactive delivery format for preparing student nurses for their first practice placement. Whilst the students could be prepared via the more pedagogical, formal, and passive lecture format, the logistics of the lecture theatre would not allow for a collaborative and relaxed student context. In addition, there is evidence to suggest students consider lectures boring (Mann and Robinson 2009). This is not to say, that all lectures are boring, just those that lack interaction (French and Kennedy 2017).

The aim of these activities is to provide the students with information regarding what they might expect to encounter during their first placement. Five of these activities have been designed to be used during workshops to help students to prepare for their first practice placement. Whereas activity four has been designed for use following placement, or during the students' recall day. Recall days occur when students who are on placement are timetabled to return to the university for a short time, so that they can meet with relevant academic staff and receive placement related updates. There is also the opportunity for the students to reflect on their placement and to meet with their Academic Advisors.

Each of these activities requires a facilitator with an understanding of student nurse placements, the forwards-backwards model, and the nature of relationships in mental health settings. Ideally, a mental health peer student who has completed their first mental health placement will also be available. As Baid and Lambert (2010) have noted, activities will only be as effective as the person who is delivering them, hence the importance of a facilitator with a background in mental health nursing and a mental health peer student nurse who has completed their first practice placement. Whilst a

peer mental health student nurse would be beneficial for each activity, this is only a necessary requirement for the peer learning group activity.

Basing these activities on the students' narratives makes these activities meaningful for the students because they are based on other students' experiences. Adult learners need materials that are relevant, motivational and which are useful to their life (Knowles 2011). The strength of personally meaningful and relevant material is that adult learners are more likely to engage with it (Priniski et al. 2018). I will now present the activities which I have developed in the following order of: 1) the 'Peer learning' groups, 2) 'What would you do?', 3) 'Forwards-backwards model', 4) 'Quick shuffle' game and 5) 'Train journey' game. These activities and games are presented as prototypes which will be further developed in post-doctoral work.

7.2 Activity 1

7.2.1 Pre-placement: Peer learning groups

When the students were taking part in the focus groups prior to starting their first placement, I noticed the students who had previously worked in a social care setting were sharing their knowledge and stories of healthcare settings with those students who had not previously worked in a healthcare setting. It appeared that the more experienced students were scaffolding those with less experience to a next level of learning (Vygotsky 1978) as they played their role in helping to acquire a higher level of knowledge.

It was from this collaborative sharing of knowledge between the students that I developed the idea of harnessing peer learning groups as a framework for the sharing of this knowledge. As mentioned in the Discussion chapter (Section 8.2.7), peer learning happens when students in a similar situation learn from their peers who have more experience of a topic, and who share their knowledge with them (Boud 2001). I decided to change the name from focus groups, which suggest information gathering for research, to peer learning groups which more accurately reflects the sharing of knowledge purpose for the groups.

Each peer learning group would comprise of no less than five and no more than seven students, so that each student has the opportunity, to join in the discussion (Baker 2011). The reason for this is that groups of more than seven can discourage students from joining in whereas, small groups of less than five can lack variation between the students (Baker 2011). Each group would have a facilitator, who would organise and oversee the peer learning group, introduce the purpose of the peer learning group (Armson et al. 2007) and encourage the group to discuss what they are expecting placement to be like. The facilitator would be an academic member of staff with a background in nursing. Boud et al. (2001) recommended an academic be involved to ensure the peer learning activity takes place and to provide the structure and format for it. Ideally, each group would also have a student who has completed their first placement. This student would have recent experience of their first practice placement and would be able to share their knowledge with the students. This student would take on the role of peer tutor. Boud et al. (2001) explained the peer tutor as a student with more knowledge who takes on a minor educational role. Falchikov (2001) advised that one of the benefits of a peer tutor is that the students are more likely to ask questions to this person than a member of staff.

The observable role of the facilitator and the peer tutor would be minimal. The emphasis of the peer learning group is for the students to discuss what they think their placement will be like and it is important to give the students time for them to express their thoughts. Boud et al. (2001) cautioned, that when peer learning is prescriptive it can stifle exploration. Following the group discussion, the role of the peer tutor would be to answer any questions the students have about their first placement, and to share their knowledge and experience of this first practice placement.

The minimal input of the group facilitator and the peer tutor means that it would be possible to run several groups concurrently. For example, a seminar group of students could be divided into several peer learning groups and could receive the guidelines in the big group before joining their peer learning group. Following the small group discussion, the students would re-join the large group, where the facilitator would encourage them to share their thoughts, and the peer tutor would answer their

questions and share their experience of their first practice placement. Cohen and Sampson (2001) highlighted that giving students the opportunity to listen to what other students have discussed in their groups, can be reassuring and helps to let them know that they are not alone with their thoughts.

Due to the flexibility of the peer learning groups, they could also take place remotely, via online communication software platforms such as Zoom. Making use of virtual environments for collaborative group work, is not new to universities (Topping 2005) and during the Covid 19 pandemic, became a necessity (Kalanlar 2022). When there are multiple peer learning groups, the moderator would assign each group to a breakout room to discuss what they expect placement to be like. Following the discussion, the students would be returned to the whole group to share their discussion and to have their questions answered by the peer tutor.

Prior to the peer learning groups, the facilitator would need to be informed how to run the group, how many students per group and for how long (Cohen and Sampson 2001). These guidelines can be found below. Likewise, the peer tutor would also need to know what is expected of their role and these guidelines can also be found below, together with the guidelines for the students.

Below is a copy of the information sheet for the students, the group facilitator, and the peer tutor.

Peer learning groups

Guidance for students

Peer learning groups are discussion groups which are useful for sharing knowledge and understanding (Boud et al. 2001). The purpose of this small discussion group is for you to discuss with each other what you expect your first placement to be like. Some of you will have no

experience of a health care setting and this is fine, but others in your group may have and this is also fine. This group provides you with the opportunity to speak to each other in a safe setting. It also provides you with the opportunity to share your thoughts, what you are looking forward to and what you are not looking forward to about placement. The discussion will last between half an hour and one hour. You may wish to think about the people you will meet on placement and what you might be doing.

After your small group discussion, you will be asked to re-join the large group to share what you have been the discussing. At this point, you will also be able to ask a student who has already completed their first placement, questions about placement.

Peer learning groups

Guidance for facilitators

The purpose of the peer learning group is for the students to discuss with each other what they expect their first placement to be like.

When the students arrive, please greet them and if necessary, ask them to introduce themselves to each other and then explain to them that the purpose of the group discussion is for the students to talk to each other about what they expect placement to be like.

Next, split the students into groups. Please note that the number of students in each learning group should be no smaller than five and no larger than seven students.

To get the groups started, please ask them to agree some ground rules for what they expect from others within their group. For example, these might include them wanting to ask the other members of their group not to speak over what another person is saying, that they respect the views of other group members, that they listen to each other and that they understand that some group members may not have had any mental health care experience.

Having asked the students to discuss what they expect their first placement to be like. Please also ask them to discuss what they are looking forward and not looking forward to at placement. Please keep your role minimal and allow the students to continue the discussion for as long as you think it is helpful and preferably for not over an hour. If the students need prompting to continue, you could ask them to think about the people they will meet on placement and what they might be doing.

Following this, the students can be brought back together to share what they have discussed in a big group. The peer tutor can lead this and answer any questions the students have.

Peer learning groups

Guidance for Peer Tutor

Peer learning groups are discussion groups and are useful for sharing knowledge and understanding (Boud et al. 2001). The role of the peer tutor is to assist others who have less knowledge than you, with a particular topic (Boud et al. 2001).

The purpose of the peer learning groups is to let the students talk amongst themselves about what they expect their placement to be like and to discuss what they are looking forward to and not looking forward to. Once the students have completed their small group discussion on what they expect placement to be like, the facilitator will ask the small groups to return to the large group. At this stage, the peer tutor role commences. Please ask the students to share with the wider group what they think placement will be like. This will hopefully encourage more discussion. It is likely that the students will have questions about placement which you can answer and please share your experience, where relevant. If you have any questions regarding your role, please ask the facilitator.

This activity would help to prepare the students for their first placement. If students are to fulfil the requirements of the NMC (2018a) and are capable of being independent learners who take responsibility for their own learning, then it is important they know what might be expected of them prior to their first placement. The role of the peer learning groups would fulfil this requirement with the peer tutor assisting them to move into the next level of knowledge, or zone of proximal development (Vygotsky 1978). A study of 49 peer tutors at an American university found that 91% of the peer tutors in their survey reported they had enjoyed helping students to settle into university life (Abbot et al. 2018).

If required, knowledge gained from taking part in the peer learning groups could be captured by asking students about knowledge they have learnt about placement. This could be achieved by using an online platform like Padlet which provides a synchronous and collaborative platform for gathering information (Atherton 2020).

7.3 Activity 2

7.3.1 Pre-placement: 'What would you do?' activity

A pack of short case study cards have been developed to encourage the students to consider what they would do if they were in a similar situation on placement. As with Activity one: 'Peer learning groups', this activity also requires a facilitator with a background in nursing. These case studies have been created in response to the stories the students told me and have been designed for use in a small group activity which can take place prior to students attending their first placement. The aim of this activity is for students in small groups to discuss collaboratively, how they would manage these interactions. Rutherford (2014) commented on the difficulty of defining what is meant by collaborative working because of the numerous ways it can be applied. However, he did emphasise the importance of communication and constructing shared meanings for collaborative learning. By collaboratively communicating their responses, students can discuss how they would manage these situations in preparation for them encountering similar situations in practice. Below are some examples of these case study cards.

When Jane arrived at placement, it was really busy, and she didn't know what to do.

What would you do to help you to fit in?

Molly recognised that one of the patients who was in pain, needed an aspirin. Molly asked a member of staff, but they didn't do anything.

What would you do to help this patient?

James was told he could go with another member of staff to see ECT. When James got there, he wasn't allowed in.

What would you do, to get the best out of this learning?

Zak really wanted to watch one of the nurses, but she didn't seem keen on letting him.

How would you manage this?

To start with Laura felt a bit shy and when she was asked to take part in the activities, she was quite nervous.

What would you do to show you are willing to take part?

Fynn noticed that one of the residents didn't want to go to the assessment meeting.

What would you do with this observation?

Some of the residents asked Jenny to make cups of tea for them, but the kitchen staff didn't like her doing this.

What would you do?

To start with Joe expected to be taught how to do things because this is how he learn best, but nobody was prepared to teach him.

How would you manage this?

Zainab really wanted to observe one of the nurses, but she wasn't sure how to approach her. Zainab thought that the nurse didn't notice her.

What would you do?

John found that some of the health care assistants were good sources of information.

How would you maximise this?

Amy was so keen to learn, she wanted to do everything, but everyone was so busy, that Amy wasn't sure what to do.

What would you do?

To start with Dimitri was told to sit with the residents, but he didn't know what to say.

How would you start the conversation?

Zara thought most of the residents were lovely, but that some of them could be difficult.

How would you manage this?

Soon after Ian started placement, he had nightshifts to do. Unfortunately, Ian is scared of the dark.

What would you do in this situation?

Staff talked about making memory boxes for the residents. Jamie liked this idea, but the organiser went sick.

What would you do?

These cards could also be used following placement to encourage the students to reflect on similar situations they have encountered on placement. Reflection is one of the fundamental elements of learning from an encounter, particularly from professional practice (Boud and Walker 1998). NMC (2018a) require students to reflect on their practice so that they can adjust and become more competent practitioners. Reflecting on similar interactions will help enable the students to do this.

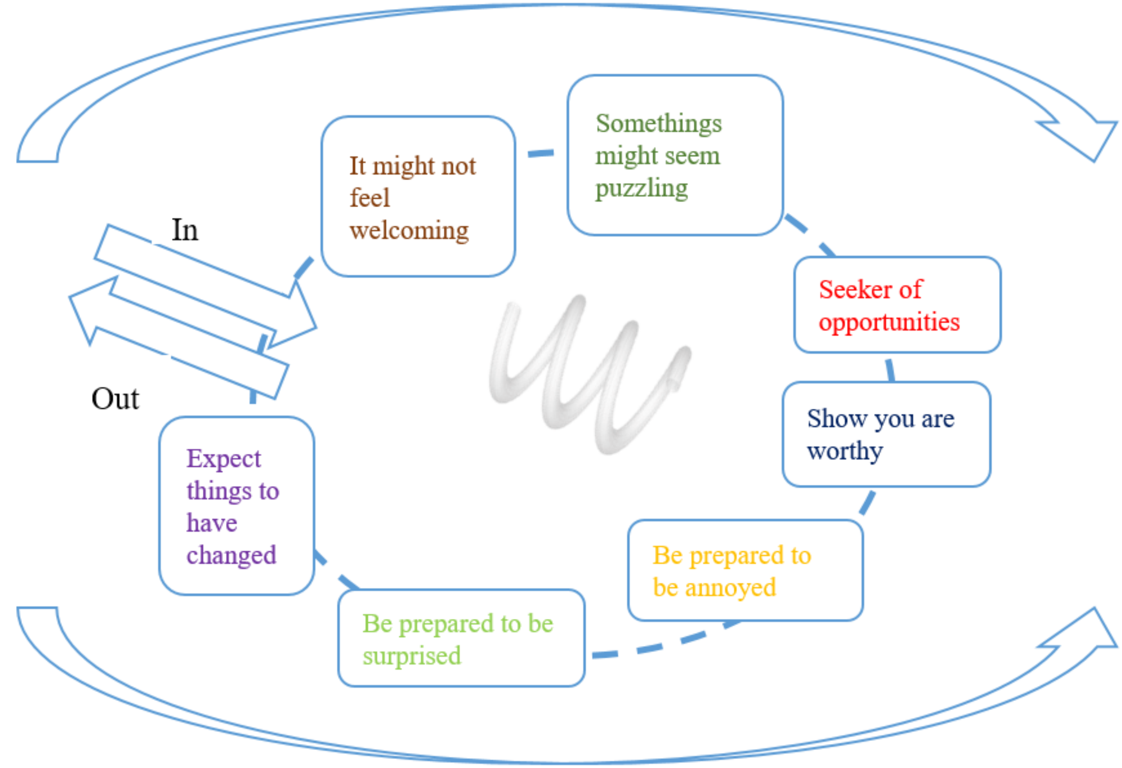
7.4 Activity 3

7.4.1 Pre-placement

7.4.1.1 The forwards-backwards model: What you might expect

Drawing on individual student reflection and collaborative learning, this is another small group activity which includes the forwards-backwards model. This model could be used by the students as a discussion point when they are preparing for their first practice placement and what they might encounter. The purpose of this activity is for students to discuss in their small group why placement might not feel welcoming, why somethings might seem puzzling, what they could do as student nurses to show they are seekers of opportunities, why it might be helpful to present as being worthy of staff support, what might be annoying, why they might need to be prepared to be surprised and what might have changed for them by the end of placement. Once the students have finished their discussion the facilitator would bring the groups back together to share their discussions for each of the possible stages within the placement. This activity would be useful for helping students to explore the stages they might move to and from during placement and why. As with the previous activities, this activity also requires a facilitator with appropriate practice experience and knowledge of the forwards-backwards model.

The forwards-backwards model: Where are you now?



7.5 Activity 4

7.5.1 The forwards-backwards model

7.5.1.1 Post or mid placement

This model could also be used during recall day or following students' first placement when it would provide a helpful tool for students to reflect on how they managed negative social interactions during placement and moving forward, and how they would manage similar encounters in the future. This is another small group activity which would consist of giving each student a list of the 'position' words randomly placed on a sheet. The students would be asked to circle on their sheet the words that they feel are most representative of them in relation to their placement. An example of the sheet is provided below.

Found their voice. Wary Wanted / Liked

Valued Abandoned Gaining respect

Had a purpose Anxious Uncomfortable Helper

Independent Annoyed Finding their voice

Unwelcomed Uncertain Frustrated Belonging

Unwanted Working things out Active Wary

Isolated Frightened Hard to gain trust

Included Ignored Resilient Challenging

Confused Gaining trust Puzzled Intimidated

Not valued Fitted in Confused Powerless

Vulnerable Fitting in Invisible Gaining confidence

Not confident Critical voice Nearly Competent Surprised

Beginning to fit in Confident Excluded Comfortable

Shocked Disappointed Found their way Disliked

Worked things out Alone Concerned Adaptable

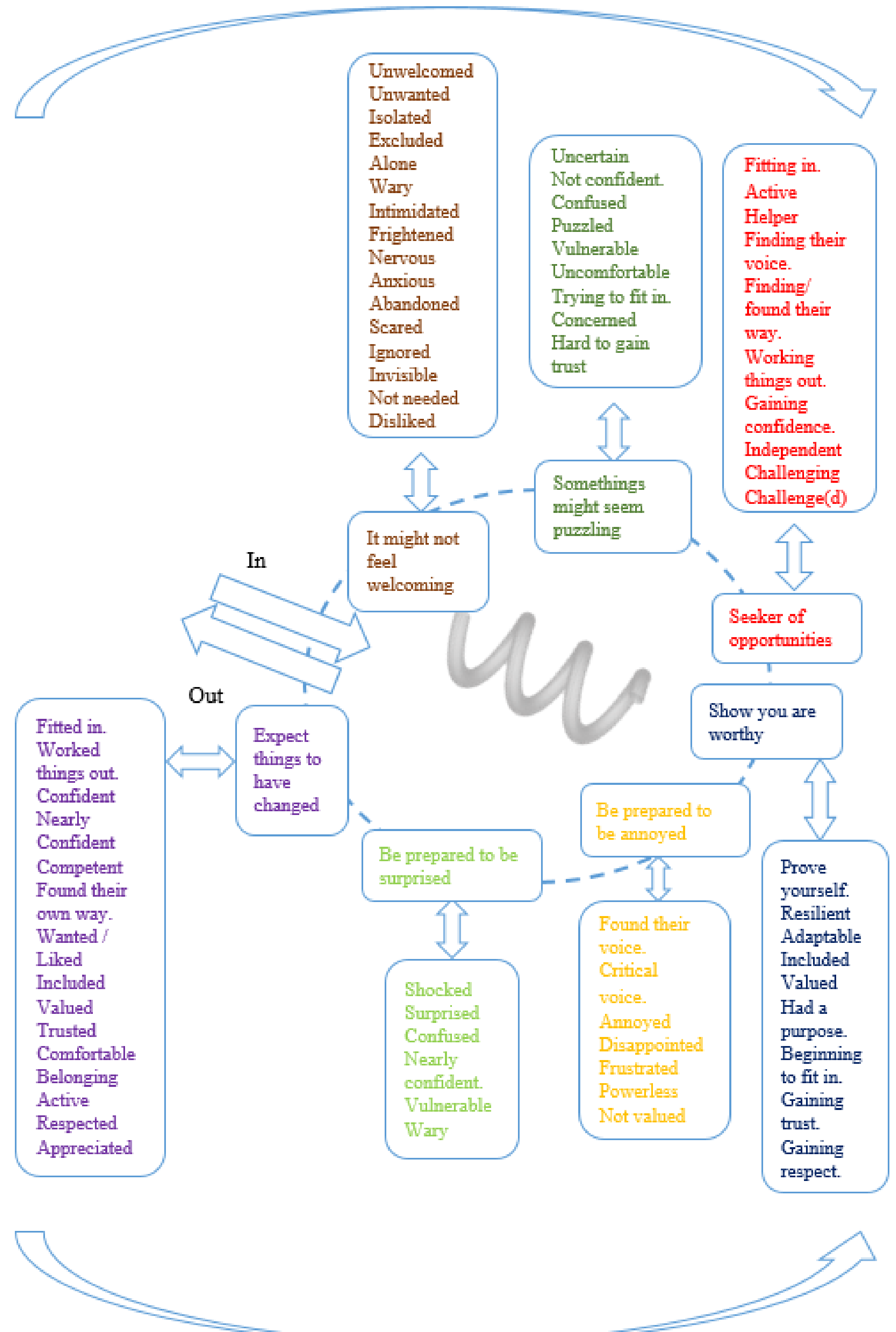
Not needed Trying to fit in Prove yourself Included

Scared Nearly confident Nervous Trusted Active

The words remain in the same colour as they were originally positioned and this would

enable the students to identify which stage they are currently at on their journey. This is illustrated in the model below with the position words shown at each stage of the model.

The forwards-backwards model with the position words related to each stage of the model



When shown the complete model, the facilitator for the groups can explain to the students that the purpose of the central spiral is to highlight that there is no specific

order of movement between the different stages. For example, students could identify as being confused at the ‘somethings might seem puzzling’ stage and at the ‘be prepared to be surprised’ stage. Likewise, being a ‘seeker of opportunities’, can help students to gain confidence, whereas, ‘nearly confident’ can be found at the ‘be prepared to be surprised’ stage. Similarly, ‘trying to fit in’ can be found at the ‘somethings might seem puzzling’ stage and seems to move to ‘beginning to fit in’ at the ‘show you are worthy’ stage.

The stages move from the ‘It might not feel welcoming’ at the beginning of placement, to somethings might seem puzzling. However, this stage can be returned to at any time during placement. Towards the beginning of placement, the ‘seeker of opportunities’ stage usually occurs due to the students looking for things to do to help them to fit in. This stage links with’show you are worthy’; due to students seeking opportnities signalling to staff that students are motivated and willing to learn and, deserving of their time. ‘Be prepared to be annoyed’ and ‘Be prepared to be surprised’ can happen at any stage during placement and with the other stages can be revisited several times. This movement between the stages is further explored with ‘The train journey game’ (Activity 6).

It might not feel welcoming
Unwelcomed
Unwanted
Isolated
Excluded
Alone
Wary
Intimidated
Frightened
Nervous
Anxious
Abandoned
Scared
Ignored
Invisible
Not needed
Disliked

Somethings might seem puzzling
Uncertain
Not confident.
Confused
Puzzled
Vulnerable
Uncomfortable
Trying to fit in.
Concerned
Hard to gain trust.

Seeker of opportunities
Fitting in.
Active
Helper
Finding their voice.
Finding/ found their way.
Working things out.
Gaining confidence.
Independent
Challenging
Challenge(d)

Show you are worthy
Prove yourself.
Resilient Adaptable
Included
Valued
Had a purpose.
Beginning to fit in.
Gaining trust.
Gaining respect.

Be prepared to be annoyed
Found their voice.
Critical voice.
Annoyed
Disappointed
Frustrated
Powerless
Not valued

Be prepared to be surprised
Shocked
Surprised
Confused
Nearly confident.
Vulnerable
Wary

Expect things to have changed
Fitted in.
Worked things out.
Confident
Nearly Confident
Competent
Found their own way.
Wanted / Liked.
Included
Valued
Trusted
Comfortable
Belonging
Active
Respected
Appreciated

The students maybe suprised to find they appear to be at several stages at the same time. This would serve to illustrate where they are making good progress on their placement journey and to reflect on areas where they might be helped. To assist with

this, the students could be asked to select words from the sheet that could help them to move to different stages. To avoid anxiety, the students could be reassured that there are not right or wrong stages because placement is a process. Apart from ‘it might not feel welcoming’ stage at the outset and the ‘expect things to have changed’ stage at the end of placement, this activity would also help to highlight that there is no set time during placement when these stages might occur.

7.6 Workshop Activity 5

7.6.1 Pre-placement: The quick shuffle game

The quick shuffle is a competitive game activity which is intended to be a fun, straight forward and does not take long to play. Game playing is often used in nurse training as an effective teaching method with adults, due to its active nature which encourages learning (Royse and Newton 2007). According to Allery (2004), games have defined rules, are competitive and can add an energising element to the learning process with the learning gained from taking part in the activity. Whilst the competitive element is motivational for many, Henderson (2005) cautioned that it could also cause embarrassment and anxiety for some players, if they feel like they are not performing well. However, game playing can also help with the development of communication skills (Henderson 2005). This game has simple rules and because the focus is on fun and speed of completion, it is not anticipated it will cause anxiety or embarrassment.

This game consists of four different questions with five different answers. The questions are based on the research findings from my study. The cards are colour coded for ease of keeping the response cards with the relevant questions so that the relevant question and related response cards are easy to identify. The aim of the game is for each student to order the response cards for each question from best to worst solution. Each student is given a pack of cards and the first student to complete the task, wins the game, if their responses are correct. A facilitator is required to start the game and to check the cards have been placed in the correct order. Each student is presented with a pack of the same cards as follows:

What if I don't know what to do on the first day?

See if there is another student in your placement who can support you

Speak to your placement assessor

Email the university

Sit on my own

Even if you feel shy, find someone to help you

What if I think there isn't anything for me to learn at this placement?

Find something to do within my student nurse capability

Think of something useful to do

Sit on your own

Ask a member of staff if there is anything you can do to help

Don't worry, there will be. Do nothing until there is

What if the staff tell me to go and sit with the patients?

Tut, roll your eyes and walk in the other direction

Talk to the patients, you know you can learn a lot from talking to them

Find a member of staff to show you how to do some proper nursing

Go and talk to them, you know it will help you to fit in

Go and sit with them and wait for them to talk to you

The staff always seem to be busy, and I don't want to interrupt them

If you don't want to interrupt them, be active and find something to do.

Decide to interrupt them otherwise they won't include you

Find another member of staff who isn't so busy

You know they are busy, so you wait until an appropriate time to ask

Sit and wait for a member of staff to approach you

The quick shuffle game - Answer sheet

Correct order of cards	
What if I don't know what to do on the first day?	
	Speak to your placement assessor
	Even if you feel shy, find someone to help you
	See if there is another student in your placement who can support you
	Sit on my own
	Email the university
What if I think there isn't anything for me to learn at this placement?	
	Ask a member of staff if there is anything you can do to help
	Find something to do within my student nurse capability
	Think of something useful to do
	Sit on your own
	Don't worry, there will be. Do nothing until there is
What if the staff tell me to go and sit with the patients?	

	Talk to the patients, you know you can learn a lot from talking to them
	Go and talk to them, you know it will help you to fit in
	Go and sit with them and wait for them to talk to you
	Find a member of staff to show you how to do some proper nursing
	Tut, roll your eyes and walk in the other direction
The staff always seem to be busy, and I don't want to interrupt them	
	If you don't want to interrupt them, be active and find something to do.
	Decide to interrupt them otherwise they won't include you
	Find another member of staff who isn't so busy
	You know they are busy, so you wait until an appropriate time to ask
	Sit and wait for a member of staff to approach you

Once the students have been given the correct presentation of the cards, they can discuss why they thought their order of the cards were correct. The facilitator can then explain why their choice could be altered. Strickland and Kaylor (2016) highlighted

the importance of providing feedback so that the facilitator can make links between the game and the intended learning.

7.7 Workshop Activity 6: The train journey game

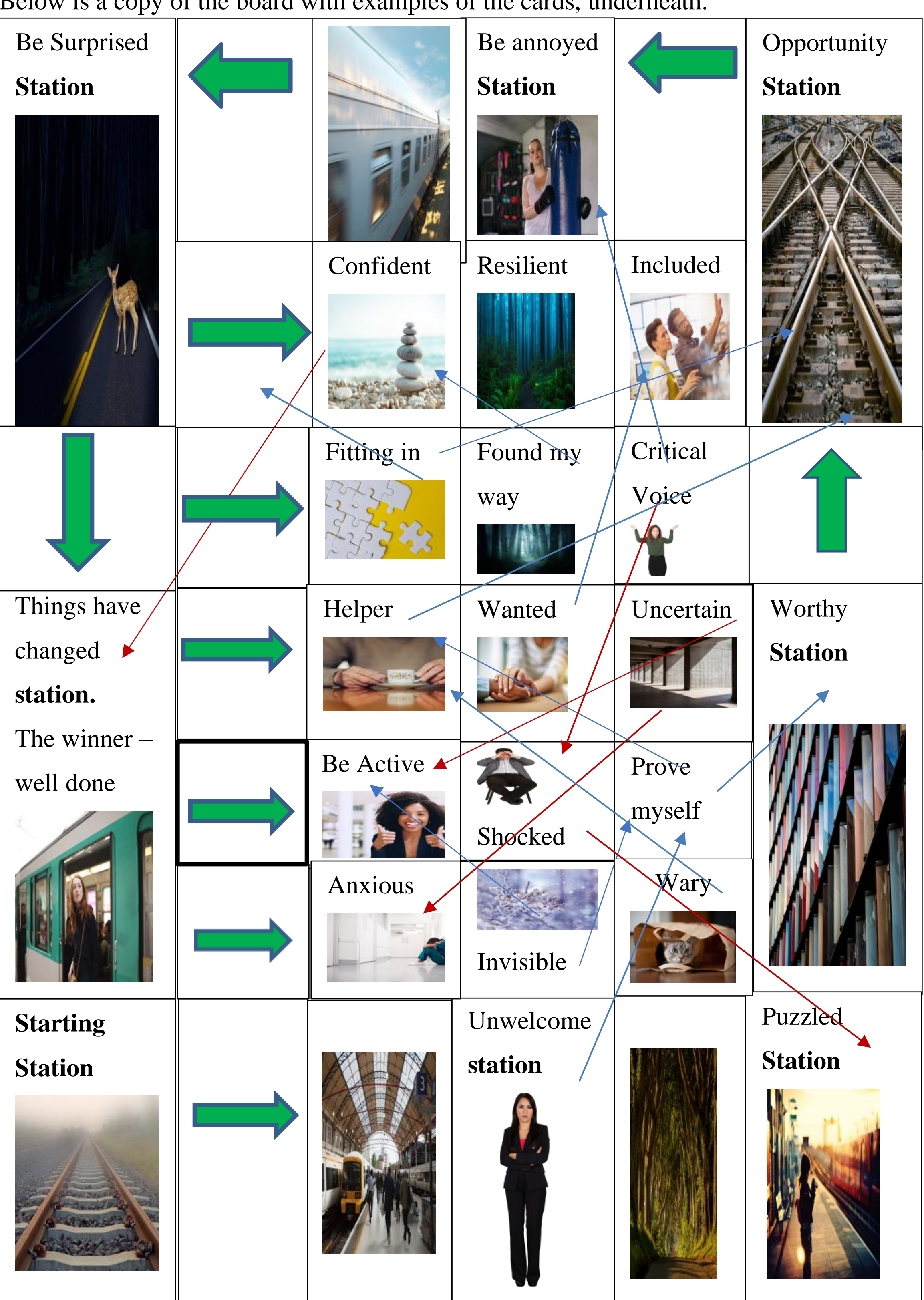
7.7.1 Pre-placement

Like the previous activity, this is also a competitive and non-collaborative activity. This game differs though because it is based on chance and fun. Whilst the fun element of this game could be considered entertainment, something educational games used to be criticised for (Royse and Newton 2007), the purpose of this game is to highlight the uncertainty of placement and that however well prepared the student is, unforeseen circumstances can take place which moves them back to an earlier stage as evidenced in the forwards-backwards model. It is also to reinforce the learning about first practice placement from the previous activities. This game draws on the seven key findings illustrated in the forwards-backwards model: It might not feel welcoming, some things might seem puzzling, seeker of opportunities, show you are worthy, be prepared to be annoyed, be prepared to be surprised and expect things to have changed. Adopting the analogy from the focus group data analysis findings of going on a journey, provided the inspiration for this board game which is based on likening placement to going on a train journey.

Firstly, I developed the format for the board game with each train station on the board being named one of the seven key findings incorporated in the forwards-backwards model. The squares in the middle of the board represent a selection of the student positions from each of the seven key findings. This board game also utilises the roll of a dice to move forwards around the board. Along the way, there is a scattering of seven stations on the edge of the board, with each named one of the seven key findings. When a station is landed on, the player is required to pick up a scenario card. The scenarios on the cards were developed from the interaction scenarios in the anonymised student's narratives following their first placement. Each card also tells the player to move to a square in the centre of the board and this will either be further up, or below their current position. Whilst moving along the inner squares, the players encounter arrows which take them up the board, or back down to an earlier stage.

These arrows are intended to portray the forwards and backwards movements from the model and how uncertain placement can be. There are also arrows to return the students to a station. The winner of the game is the first person to reach the 'Things have changed station'.

Below is a copy of the board with examples of the cards, underneath.



The stations and related cards

Unwelcome station

You found something to do, to keep you busy. Go to Opportunity Station	A member of staff invited you to work with them. Go to Worthy Station	You joined in with the resident activities. Go to opportunity station	I'm doing night shifts. I don't like the dark. Go to wary square

Puzzled station

I went to see a special treatment, but as I'm a student they wouldn't let me. Go back to unwelcome station	I didn't know I had to eat lunch with the patients so that I could observe them. Go to uncertain square	I didn't know what to do because there was always different staff on the ward. Go to be active	I was a minute late forward round, I didn't know what to. Go to anxious square.

Worthy station

I offered to run a project when there was no one else to do it. Go to fitting in square.	I stood up for myself and then the staff member included me. Go to resilient square.	Once they got to know me, they started to include me. Go to fitting in square.	When they realised, I wanted to learn, they included me. Go to included square.

Opportunity Station

I'd find a member of staff and ask them what I could do. Go to resilient square.	I'd see as much as I could, so I could find out how it fitted together. Go to fitting in square.	In free time, I'd join the staff and do activities with the residents. Go to included square.	I'd ask members of staff if I could watch them. Go to Fitting in square.

Be annoyed station

I overheard them talking about me and it made me look bad. Go to critical voice square.	I got told off for not wearing gloves. They weren't and they were training me. Go to critical voice square.	One patient was thirsty, and I got told off for making her a cup. That annoyed me. Go to critical voice square.	The ward was quiet and there was nothing to do which annoyed me. Go to critical voice square.

Be surprised station

The lady was very ill, and her daughter didn't want to visit. Go to shocked square.	The patient was horrible to me and at the end she hugged me. Go to wary square.	I got kicked by a patient and after that I took care. Go to wary square.	Seeing how young some people with dementia are shocked me. Go to shocked square.

The train journey game has intentionally been placed as the final prior to placement activity because of its potential to embed prior learning in a fun and engaging way.

The next stage is to ask students to test the activities and games, to find out if they enjoy them and find them useful. To do this, the materials will have to be developed and with the exception of the train journey game, this should be a straightforward process. For the train journey game, I will first create a large board with the game template on and get the cards printed. If feedback from the student is positive, I will contact a known, health care game producing company to enquire about them making the board game. The train journey game will cost more to develop than the other activities because it will require a game producer to develop it, whereas the other activities will require printing and have minimum cost implications.

7.8 Conclusion

In this chapter I have presented the practice development element for the DProf. In the form of six activities and games designed to support mental health student nurses to prepare for their first practice placement. As mentioned at the outset of this chapter, these activities and games have been designed in response to the research question for the study and focus on the overall message from the data analysis that students need to be prepared for the possibility of negative social interactions in placement. The importance of this is that interactions in placement seem to determine the unpredictable forwards and backwards movement of the students during their placement. These activities and games have been designed to build on the learning gained from the previous activities. As Bruner (1973) highlighted, when learning is meaningful and revisited, it is most effective. Focussing on a collaborative, informal and fun set of activities, it is anticipated the students will have a positive learning experience. These activities and games are also designed to be flexibly delivered and if there is insufficient time, not all of them need to be used, although it is recommended that the peer learning group (Activity 1) is used because it would allow the students to discuss together, what they think their first placement will be like and provides the foundations for the future activities.

7.9 Reflections

I was fascinated when I listened to the students telling each other what they thought placement would be like and that they appeared to have been sharing their knowledge with each other. I really liked the idea that the focus group format doubled up as an environment for teaching and learning. When I first started thinking about focus groups as a teaching and learning environment, I was not aware of the term 'peer learning group', although I knew of peer learning and now realise that they are an established format for teaching and learning. There are potential drawbacks with the peer learning groups which would have to be managed carefully so that they do not become fear inciting events and therefore it is important to have a facilitator with a background in nursing to manage them. Having a student peer tutor is also important because they would have recent placement experience and would be able to share their knowledge and how they felt with the students.

The subsequent activities were developed from the students' narratives of their first placement and from the forwards-backwards model which was created from an analysis of the how the students positioned themselves in placement. Whilst these activities and particularly the train journey game were time consuming to develop, they are powerful as they are based on real life experiences and should be valuable for helping mental health student nurses to prepare for their first practice placement.

Chapter 8. Discussion

8.1 Introduction to this chapter

The aim of my research was to explore the accounts of mental health student nurses' first mental health placement to identify how they can be more fully prepared prior for their placement. The study findings indicated that mental health student nurses can be more fully prepared for their first placement if they are alerted to the possibility that they might encounter negative interactions in placement. Five other key outcomes were identified: 1) placement was not welcoming for some students, 2) students needed to be proactive seekers of opportunities, 3) be prepared to be annoyed, 4) being with the patients / residents, and 5) not knowing what to expect. These findings are discussed in turn and in relation to previous literature. Furthermore, I have explained the usefulness of the focus group format for providing a learning opportunity and the forwards-backwards model in terms of its uniqueness in highlighting the different stages students seem to process through in their first placement. Recommendations have been made for those preparing student nurses for their first placement, for placement staff, and for policy. The strengths and limitations of the research study are also delineated.

8.2 Expect negative interactions with staff

The overriding message from my study was the importance of the quality of the students' interactions with members of staff at placement. From the focus groups there was some concern about the importance of getting on with mentors and the students hoped their mentor would like them. Apart from the mentor, the students did not seem to have anticipated issues with other members of staff. However, from the students' accounts, they reported both positive aspects of their placement, and numerous negative interactions with various members of staff beyond their mentors. These negative interactions included being ignored, feeling unwanted and some staff not wanting to support them. This is confirmed in Jack et al.'s (2018) study exploring other English nursing students' perceptions of unfairness in placement. They found that the students felt they had been ignored, not supported, and had been unfairly treated by placement staff. Jack et al. (2018) surmised that this was because nurses focus on completing their daily workloads and not supporting students.

In addition, the accounts from the students in my study, identified that some of the staff were not willing to let student nurses work alongside them, were critical of them and made things difficult for them. These findings echoed earlier research which identified that students had experienced negative behaviours and attitudes from placement staff (Last and Fulbrook 2003; Randle 2003a and 2003b; Brodie et al. 2004; Thomas and Burk 2009). The negative attitudes and behaviours of placement staff towards student nurses identified in my study appear to be enduring and are evidenced in other more recent UK research findings (Tee et al. 2016; Birks et al. 2018; Courtney-Pratt et al. 2018). Tee et al. (2016) UK study identified that over 40 per cent of the 657 student nurses in their reported feeling harassed or bullied in placement. The most frequent perpetrators of this behaviour were qualified nurses. Alarmingly, only19 per cent of these cases were reported with students believing that being bullied was part of the job. Birks et al. (2018) larger Australian study of 884 student nurses identified students who were humiliated, discriminated against, ostracised, ignored, made to feel a nuisance, and added students reported feeling powerless, scared and unconfident. One of the students stated they felt it was a rite of passage and that students expect to get bullied. Some of these students blamed the university for not preparing them. Another Australian study of student nurses reported students who had been ignored, unwelcomed, shouted at, criticised, excluded, and intimidated (Courtney-Pratt et al. 2018). A few of the students in this study said that universities should prepare students how to manage such behaviours. They also recognised the importance of gathering useful tips from other students about how to manage negative behaviours from other students. As with previous researchers, Courtney-Pratt et al. 2018) acknowledged the ingrained culture of bullying and noted that even when there was a zero tolerance for it, little changed.

Jack et al. (2018) commented that student nurses are more at risk of bullying from senior staff because of the difference in their training compared with senior staff. Whilst the students in my study did not report concerns regarding bullying or the difference in nurse qualifications, there did seem to have been an issue with students coming from the university. Chapman and Orb (2001) identified in their study of the

student nurses' placement experiences that some agency staff thought that student nurses from the university are "useless and don't know anything" (Chapman and Orb 2001, p.99). Whilst this is an Australian paper and it is quite old, it did have relevance because both Australia and UK nurse training had recently moved to the university from nursing schools and at that time in the UK, one criticism of UK university trained nurses was that they were "too posh to wash" (Olesen 2004). It is not known from my study findings whether this attitude continues and that this was the reason why some nurses appeared to have an attitude towards student nurses, or whether they felt threatened by the student nurses because they were receiving university training to become student nurses and they were worried about being superseded or displaced by all graduate qualified nurses. Possibly, it is related to Project 2000 and the move of nurse training from teaching hospitals to university. Project 2000 was widely criticised for over emphasising the theoretical element of nursing compared to the practice of nursing (Chatterton 2015). As Jack et al. (2017) research findings highlighted, there is a belief amongst apprentice trained nurses, that their training is superior to higher education nurse training.

Aside from students being university trained, staff who are intentionally unpleasant to student nurses and who ignore them and are critical of them as identified in my study, are challenging to understand. As the students in my study stated, some of the staff ignored them even when the students were talking to them, whereas other staff seemed to have been intentionally obstructive. Ignoring students is not a new behaviour (Thomas and Burk 2009; Jackson et al. 2011) and remains an issue for students (Birks et al. 2018; Jack et al. 2018). It is not clear in my study why there appeared to have been a resistance by placement staff to include these student nurses, although several possibilities were offered within the students' narratives. These included staff who did not like the students and who did want to have their routine disturbed. This may be related to an ingrained culture of nursing where this behaviour is considered a 'rite of passage' (Birks et al. 2018), fuelled by the belief of earlier trained nurses that as their training was difficult, this should be transferred to future nurses (Darbyshire et al.2019).

It is possible that negative interactions with placement staff stem from student nurses only being at the placement for a short period of time before the next student arrives and then they start again. Findings from an earlier UK study which aimed to address student nurses' negative placement comments, highlighted that the focus for staff is health care delivery and not student nurses and their learning needs (Harrison-White and Owens 2018). This could explain why some staff do not appear to appreciate student nurses.

A further possibility for why the students reported having had negative interactions in placement was motivated by them being either anxious, nervous, or wary when they entered their first practice placement and staff interpreting this as them being disinterested and not wanting to join in. For example, one of the mentors in a research study by Brown et al. (2020) highlighted the difficulties communicating with students who they perceived to be disengaged. However, it has been suggested that shyness can be confused with being disengaged. This has been evidenced in research that focussed on shyness in children and which found that children who were shy were considered withdrawn and disengaged by their teachers (Mjelve et al. 2019). Whilst this research focussed on children, there is no reason to suggest that this perception of children would be different with adults.

As previously mentioned, the negative behaviour of some of the staff may be related to the issue of power and staff feeling threatened by the students. The power-relations between staff and students has been highlighted in other studies (Gillespie et al. 2017; Harrison-White and Owens 2018; Brown et al. 2020). Primarily, it is the mentor who has the power to influence the student's overall success at placement, owing to them being responsible for signing placement competencies. For example, Harrison-White and Owens (2018) identified the power of mentors as gatekeepers who have the power to either make the student feel like they fit in, or to exclude them. Respondents in another study highlighted the importance of "keeping the mentor sweet" (Brown et al. 2020, p.3305) because of the perceived power of the status of the student's assessor. Research has referred to "nurses eating their young" meaning that nurses bully their young (Gillespie et al. 2017, p.11). Regardless of the reason why some staff interact

negatively with students, it would be beneficial if staff were tolerant of them because these are the nurses of the future who will help to address the shortage of nurses in the UK. Darbyshire et al. (2019, p.1337), stated that they have been aware of student nurse "horror stories" throughout their 40 years as nurses. This indicates that this behaviour is so entrenched, the wider implications of a nursing shortage are not considered.

Numerous suggestions from research have been identified relating to how students could manage negative interactions from staff whilst they are in placement (Jack et al. 2018; Courtney-Pratt et al. 2018; Weurlander et al. 2018; Brown et al. 2020). These include creating a more positive placement culture and having positive role models (Jack et al. 2018), someone student nurses can talk to (Weurlander et al. 2018) and peer support (Courtney-Pratt et al. 2018). Whilst recommendations for change have been highlighted, the culture remains, and it is not confined to the UK. There are numerous citations of negative interactions of staff to student nurses from across the world (O'Mara et al. 2014: Birks et al. 2018; Courtney- Pratt et al. 2018; Raso et al. 2018).

Having discussed the interactions the students in my study encountered on their first practice placement, this discussion will now continue with an exploration of the key aspects of the interactions including 1) not welcoming, 2) the need to be a proactive seeker of opportunities 3) be prepared to be annoyed, 4) being with the patients / residents and 5) not knowing what to expect.

8.2.1 Not welcoming

From the interview findings, when the students first started their placements, they reported not feeling welcomed by some of the staff, including their mentor, and this is probably why the students stated that they did not know what to do and uncertain and unwanted because no preparations had been made for them. Whilst the findings from the focus groups did not include the students expecting not to feel welcomed, they did hope their mentor would be welcoming. The expectation of a welcoming mentor was not always realised and three of the students reported having a mentor who did not want them, a mentor who went on sick leave and who was not replaced, and a mentor

who appeared to have not been confident being a mentor. Not having a welcoming and supportive mentor when they started their placement was an issue for the students and, from their accounts, they knew they anticipated being left on their own if they did not find things to do and one of the students reported that it was her responsibility to keep herself busy.

Previous UK research has indicated that student nurses who had not been made to feel welcomed by their mentor on arrival at their placement found it difficult to become included (Molesworth 2017; Harrison-White and Owens 2018; Brown 2020) and were often left on their own because other members of staff did not to want to support them (Thomas et al. 2015; Jack et al. 2018). The importance of students being made to feel welcome when they start their placement has been highlighted by Carr et al. (2018) who identified that when students are welcomed, there is a positive impact on their opportunity to learn because they feel supported. It seems that the mentor being present at the start of the students' placement is key to whether the students feel welcomed, included and are given opportunities to learn. With the new mentor system of practice assessor and supervisor, whose role it is to support student nurses (NMC 2018b), it will be interesting to know from future research whether student nurses feel more supported in practice placement.

8.2.2 Need to be a proactive seeker of opportunities

There was no indication from the focus group findings that the students expected to be left on their own when they arrived at placement, however, when the students arrived at their placement, three out of the four respondents were left on their own because no plans had been made for them. This can be likened to the students being in a liminal space in which they were "*neither here nor there*" and were "*betwixt and between*" (Turner et al. 1969, p.359). Parker et al. (2012) referred to students being in a liminal space when reporting on the international placements of UK student social workers, who the researchers described as having been "marginalised" (p.151). The students in my study could be described as having been marginalised when they started placement. However, once they began to find their way around and actively sought things to do, it seemed the staff were more likely to include them. It appeared that being an active

seeker of opportunities acted as an indication to the staff that they were motivated to learn and worthy of the nurses' attention. Whilst this does not seem to have been reported in other research, the RCNi (2017) recommend student nurses are proactive in placement. By actively seeking things they could do, the students avoided being left on their own.

Proving themselves as worthy to the staff appeared to be key to a successful first practice placement for students and once achieved, this seemed to act as the code, or rite of passage (Turner et al.1969) to being given learning opportunities. It is possible that this first stage needs to be successfully completed before more learning opportunities can be accessed. Student nurses from other studies have reported that they identified ways to access learning opportunities. For example, Thomas et al. (2015) reported that some of the student nurses from their study carried out a routine task in the hope of learning something to assist them in becoming a nurse. Whereas some of the students in Molesworth's (2017) Scottish study learnt to negotiate time with their mentor by not interrupting them when they were busy. However, Harrison-White and Owens (2018) caution that when students are left alone, they may take on the role of the HCA which is not beneficial for their nurse training practice.

8.2.3 Be prepared to be annoyed

Each of the students in my study reported having been annoyed with other members of staff at some point during their placement, and in response they each appeared to have developed an inner critical voice. This unspoken voice usually occurred when the students were annoyed by the perceived rudeness of some of the staff towards them. Rather than articulate their thoughts, the students usually chose to keep quiet and positioned themselves away from the person who annoyed them. When the students were unable to navigate themselves away from staff who had annoyed them, they still mostly kept quiet. From their narratives, it seemed that there was an appreciation that it was preferable for their overall placement experience if they did not challenge these interactions.

For example, one of the students stated that if she had not been on her placement, she would have spoken up about the rudeness of the receptionists but had decided not to because she had to rely on their cooperation. The receptionists at this placement appeared to have acted as gatekeepers who had the power to disrupt the student's placement. It is generally accepted that receptionists have the power and the ability to enable or deny access to services (Hammond et al. 2013). Whilst this student did state why she chose to keep quiet regarding the receptionists, the other students did not, although it was clear that they navigated around negative interactions by either finding someone who was willing to work with them, or by avoiding the members of staff.

Other UK studies have suggested why students decide not to speak up. For example, one UK study of 444 student nurses focussing on workplace violence identified that this culture is embedded, and student nurses do not speak up because being rude to student nurses is considered part of placement culture (Üzar-Özçetin et al. 2021). Whereas Galvin et al. (2015) suggested that student nurses may feel powerless to raise concerns due to their student status. Student nurses not to speaking up can be explained by a culture of power within in nursing, in which student nurses fear reprisal from other members of staff. The monitoring of student nurses in placement by staff can be likened to hierarchical observation which Foucault (1975) referred to as "disciplinary power" (p.176). By keeping quiet and not voicing their concerns, student nurses become "docile bodies" (Foucault 1975, p.136), as evidenced by Harrison-White and Owens (2018) and Brown et al. (2020) who found that student nurses do not speak up for fear of upsetting their mentor and not successfully completing their placement.

In response to being annoyed, the students in my study, developed an inner critical voice and this was not necessarily a poor coping choice because it appeared to have given them time to think about whether it would be wise to articulate their thoughts. When the students did decide to articulate their thoughts, it was usually to refuse to do a task they did not feel confident to do. The NMC (2018d) clearly state that people must not be placed at risk and when one of the students was asked by a nurse new to the ward, to take medications to patients, she declined because she did feel confident

doing this. Likewise, another of the students refused to go back to a clinic where she said that they had annoyed her and had encouraged her to engage in poor practice. These students challenged negative interactions by deciding to stand up for themselves. This seemed to have been when they began to gain more confidence at their placement and had begun to fit in. For example, one of the students stated that her mentor had been critical of her and once she had found her voice and explained to the mentor what had happened, her mentor stopped being critical of her and started to include her. By standing up for herself the student gained access to more learning opportunities.

8.2.4 Being with the patients / residents

Getting to know the patients / residents was key for assisting the students with familiarising themselves with the placement environment. As mentioned on p.122 (Steps two to five Transcribing the interviews) both the terms ‘patients’ and ‘residents’ are referred to because this is how the students referred to those they were looking after. The findings from the focus groups identified that the students were looking forward to spending their time with the patients / residents because this was how they believed they could make a difference, although they were aware that they might get hurt.

The interview findings echoed those from the focus groups regarding students concerns about getting hurt and looking forward to spending time with the patients / residents. When on placement the students reported enjoying spending time with the patients / residents at some time during their placement, although they were cautious and nervous of them until they worked out how to behave around them. Students concerns, prior to placement, that they might be hurt by mentally unwell people align with previous research (Van Rhyn and Gontsana 2004; Trenoweth 2013).

When students in my study were hurt by a patient / resident they reasoned that it was understandable and adapted their behaviour in response. Each of them positioned with the patients / residents for at least some of the time, and one of the students spent a lot of the time with the patients. This student had been critical of the staff whom she had

viewed negatively and by positioning with the patients she removed herself away from the staff and created space between herself and them. Bourdieu (1972) discussed social positioning and the potential for distancing within "space" (p.80) and highlighted the meanings of the distance of positions and the power relations involved. The student in my study who spent a lot of her time with the patients / residents had actively chosen to do this and in so doing exerted her power to distance herself from the staff who annoyed her. Through positioning with the patients / residents, this student entered a more peripheral space with the patients / residents who were also on the outside of the nursing staff group. In addition, it afforded her direct access to the patients who she thought she could care for better, than the staff who she was dismissive of.

From the students' accounts, spending time with the patients / residents was where they thought their efforts were appreciated and where they felt they had made a difference. The students mostly reported enjoying being with them and because of their supernumerary status, meaning that they were not part of the rostered staff, they had the time to sit and talk with the patients / residents. This suggests there is a unique relationship between student nurses and the people they care for that will not be so easily available to them once they qualify as registered nurses. For example, it is generally recognised that qualified nurses have less time to spend with the people they are caring for (Curtis et al. 2012). The findings from an earlier UK study on student nurses' compassion for patients, identified that student nurses were concerned that may change when they qualified and were questioning whether they would still enjoy nursing (Curtis et al. 2012).

8.2.5 Not knowing what to expect

A key theme from the focus group findings was that the students did not know what to expect. When students attend their first placement, they usually enter a busy health care environment and for some students this might be the first time they have been in this type of setting. The findings from the focus groups suggest that, whilst the students did receive practical tips regarding preparing for placement, it did not include what being at placement might be like. Accompanied with not knowing what to expect, the students reported being alone and uncertain of what they should be doing.

Being uncertain and not sure what to expect from first placement has been reported by Moquin et al. (2018). This Canadian study also identified that the students became more confident as the placement progressed. An earlier UK longitudinal study identified that once the students began to make sense of their placement, they stopped feeling uncertain (Trenoweth 2013). The students in my study appeared to have positioned themselves as less uncertain and more confident as their placements progressed, even though there were times later in the placement when they occasionally returned to an uncertain position. These students were progressing through a state that Turner (2008) referred to as a liminal space through which there was an "*in-between-ness*" (p.35). In the case of my students, this is a process from who the students were, to who they will become; for example, from being student nurses to becoming qualified nurses. As mentioned earlier in 8.2.2 these students seemed to have been in the liminal phase of being "*betwixt and between*" (Turner et al. 1969, p.359)

In this next section, I further consider the movement of the student positions within the context of the unique forwards-backwards model and then follow this with the benefit of the focus group format to help students to prepare for placement.

8.2.6 The forwards-backwards model

There appear to be few models relating to student nurses and their placement experience. However, there are numerous sources where students can find out how they can get the most from their placement (Stacey et al. 2012; Siviter 2013; RCNi 2017; Elcock 2020). For example, Stacey et al. (2012) provides information on what nurses do, the multidisciplinary team and the practice areas the students might be placed. Siviter (2013) takes a more detailed and extensive approach and provides top tips regarding how to present professionally on placement, including how to approach busy staff. The RCNi (2017) provide similar guidance and in addition, they recommend that students plan for their placement assessment, show a willingness to work, and be proactive. Elcock (2020) provides a practical and procedural account for preparing for practice including how placements are allocated, the required mandatory training prior to practice and a preplacement checklist. Whilst these resources provide

helpful and practical information regarding how to prepare for practice, only Siviter (2013) specifically mentions interacting with placement staff.

Thus, the forwards-backwards model is unique. This model will highlight to student nurses prior to placement, what they might expect to encounter when on placement (Please refer to Practice development chapter: Activity 3) and act as an aid to reassure them that this uncertain forwards-backwards process is not unusual and that by the end things will have changed, and they will have more confidence. Developing the forwards-backwards model into the second activity (Please refer to Practice development chapter: Activity 4) to be used either during or after placement, will enable the students to reflect on where they consider they position on the model (as explained in detail in Chapter 7, the Practice Development chapter).

The model would be useful for all professionals and academics who are preparing student nurses for their first placement, so that they are aware of these stages and are better able to support the students and reassure them that these stages are part of a process. The model can be used during recall days, and following placement, to guide the students to reflect on their experience and to explore how they might manage interactions differently.

8.2.7 The usefulness of the focus group format for learning

The focus groups seemed to have two functions, one intentional and the other unintentional. The intentional function was to enable me to gather information about what the students were expecting their first placement to be like, and the unintentional function that it doubled as a forum for the students to learn from each other. Examples of this were identified in each of the focus groups (see page 110 reflection).

Learning and sharing of information with each other, ‘peer learning’ (Boud 1988), allows individuals to share knowledge and learn together, with little or no input from a teacher. Boud et al. (2001) highlighted the interactional nature of peer learning in which knowledge shared on a particular topic is of benefit to other students. Whilst no one in the group will be an expert on a particular topic, some students will have more

experience than others and it is this information that can be shared (Boud et al. 2001. Peer learning can be considered to draw on the work of Lev Vygotsky (1978) and the zone of proximal development, in which a person who has more experience of a topic shares their knowledge with the less experienced person to aid them to reach the next level of development (Vygotsky 1978). During the focus groups there was a lot of knowledge being exchanged and learning taking place, with the students asking each other questions, to enable them to understand what placement might be like. Those students with more experience of health care settings shared their knowledge with those who had less knowledge. This collaborative sharing of knowledge would be useful for future students to assist them to prepare for placement.

The following sections focus on recommendations for practice and policy before highlighting the limitations and benefits of the study and suggestions for future research.

8.3 Recommendations for practice development

Through narrative analysis and identifying the students positions during their placement, I identified that students could be more fully prepared for their first practice placement if they are made aware of the negative interactions that they may encounter. The recommendations for educators, practice staff, and the NMC, focus on the reality of placement and students' negative interactions with placement staff.

8.3.1 Recommendations for those preparing students for their first practice placement

When preparing students for placement, educators should be aware that students often state that they do not know what to expect from placement. Completing the peer learning activity would assist in addressing this concern. The peer learning group activity will enable the students to explore what they think their first placement will be like. During these groups, the students can share their thoughts and learn from those with more knowledge. The learning groups should consist of students who know each other, so that they feel comfortable to discuss any concerns they have. These peer learning groups have been described more fully in the 'Practice Development' chapter, Activity 1.

Educators should prepare student nurses for the reality of placement and the possibility they might encounter negative interactions in placement including staff who ignore them, are not willing to include them, are critical of them, make things difficult for them, who annoy them, and who are resistant to them being there. This awareness can be supported with strategies to assist the students to manage these interactions so that they can maximise their learning opportunities and feel wanted. As outlined in the 'Practice Development' chapter, Activities 3 and 4, students can explore the 'forwards-backwards model' and take part in the other activities and games which have been developed to help them to prepare for this possibility.

When students are left on their own and no one is available to guide them, educators can advise student nurses to find something to do to indicate that they are keen and willing to learn. The benefit of being active and finding things to do highlights to staff that they are motivated and wanting to learn. Whilst identifying things to do, the students should be advised to be mindful of working within their skill confines, and of not being too active, which could be perceived negatively by staff. Working within the confines of what they are capable of is important because the NMC (2018d) clearly state that all nurses must "Recognise and work within the limits of your competence" (p.13). Furthermore, the RCN (2021) warns that student nurses must not take part in activities unless they are supervised and well prepared. Likewise, educators can highlight the benefits to students of spending time with the patients / residents. Spending time with the patients / residents enabled students to familiarise themselves with the environment and gave them something to do when they were not sure what to do. In addition, it helped them to fit in. Spending time with patients / residents will assist the students to develop their communication skills and show that they are working as part of the team (Illingworth and Singleton 2010).

8.3.2 Recommendations for practice placement staff

Staff on placement would benefit from being aware of the potential negative impact they can have on students through their interactions with them. Highlighting to staff the students' perceptions of not feeling welcomed or wanted on placement might

encourage them to reflect on their body language and their interactions with the students. Although it is widely recognised that staff on students' placements are busy (RCN 2019), it may be that because they are so busy that they do not think about the impact of their interactions with students. With awareness, they might be encouraged to reflect and interact with students positively. Practice placement staff could make sure that at least one member of the team is available to greet the student when they arrive on placement and that preparations have been made for them.

8.3.3 Policy related implications/recommendations

As stated above, the key finding from this study was that of negative interactions between some placement staff and student nurses. Staff should be advised to consider how they interact with student nurses, and this could be included in NMC policy. The NMC have recently received feedback for their Strategy 2020-2025 consultation (NMC 2020) which pledges that they will be "fair, kind and collaborative in all that we do" (p.4). They state that they will be more person-focussed. This seems to be an inclusive approach for all NMC regulated staff and whilst still stating their focus is the protection of the public, they do state that: "will do our best for the professionals on our register" (NMC 2020, p.8). Although student nurses do not complete their NMC registration until they have successfully completed their nurse training, the NMC does regulate student nurse education (NMC 2018d). They are planning to review this strategy when the coronavirus pressure ease and this will be a good time for me to forward this recommendation to the NMC.

8.4 Limitations and benefits of this study

In this section, I present the limitations of this study which relate to the size of the sample and that I had previously taught a few of the students. Further, I highlight the two benefits of this study including the lack of research focussed on mental health student nurses' first practice placement and the benefits of the learning resources that I have developed for practice development.

8.4.1 Limitations of my study

The first limitation of my study relates to the size of the study. This study consisted of only students from one university. I could had invited students from additional universities to provide a larger study, although this would have taken me longer to analyse the data. Given the time constraints of completing a DProf, I decided this was not feasible. However, if I were to do this study again, I would like to invite students I do not know and preferably from a different university.

The second limitation to my study relates to some of the students having been taught by me. As previously mentioned, (Chapter Four, p.80), some of the students knew me from my academic role and it is possible this may have influenced how they responded to me in the focus groups and interviews. Whilst I cannot be sure that being taught by me influenced the students' decisions to take part, there was no reference by the students to this, and the students seemed to have contributed openly during the focus groups and the interviews.

8.4.2 Benefits of the study

The first benefit of the study relates to its the uniqueness. As evidenced in my literature review, there is a paucity of studies on mental health student nurses and their first practice placement and notably, my study is the first study in the United Kingdom to explore this topic. Therefore, it is possible other universities who train mental health student nurses will be interested in my findings. The findings from this research add to the body of knowledge already known about student nurses and their practice placement and will add to the knowledge gained from the three previous worldwide studies which explored mental health student nurses first practice placements (Van Rhyn and Gontsana 2004; Higgins and McCarthy 2005; Hung et al. 2009).

The second benefit of this study are the learning resources that I developed (as outlined in the 'Practice Development' chapter), from the findings of my study. These learning resources will be relevant for preparing mental health student nurses for their first practice placement. Additionally, they could be useful for preparing adult student nurses for their first practice placement due to the negative interactions found in my study being applicable to adult nursing students. This is evidenced in my literature

review and in this discussion section, adult student nurses encounter negative interactions in placement as well.

8.5 Conclusion

This discussion chapter has highlighted the importance of the quality of interactions student nurses are exposed to during placement and the importance of preparing mental health student nurses in advance for the possibility that these interactions will be negative. Similarly, to my research findings, previous research has also reported student nurses' negative placements in which students are unwelcomed, not wanted, ignored, and not supported. The value of my study is the focus on these negative interactions and how the students positioned in response to them. The activities and games I developed, aim to prepare students more fully for placement and this is achievable through students taking part. Having prepared the students nurses (As explained in the Practice Development chapter) for this, will hopefully encourage the students to be more confident at the outset of their placement and guide them to maximise their learning opportunities. In addition, raising awareness to placement staff of how their interactions can be perceived as negative by student nurses could act as a trigger for them to consider how they interact with student nurses. This can be achieved through discussion with the staff and publication of the research findings.

Chapter 9. Conclusion

The findings from this doctoral research study identified that mental health student nurses can be more fully prepared for their first practice placement if they are prepared to expect negative interactions from some members of staff during their placement. As previously noted in the literature review, research focused on mental health student nurses' first practice placement is sparse, and, whilst this knowledge is more widely available within adult nursing students, concerns regarding some placement staff and their mostly negative behaviour towards student nurses is plentiful. The uniqueness of my research is a) that it focuses on the understudied area of mental health student nurses and their first practice placement and b) it is focused on more than just how negative interactions make students feel, with how the students position themselves in response to these negative interactions within the placement arena.

When I started my DProf, I knew that I wanted to find out how I could more fully support mental health student nurses prior to their first practice placement. As mentioned in my introduction, at that time, I was employed as the Programme Coordinator for BSc Mental health nursing and as an Academic Advisor. As a Psychologist I had no understanding of the reality of mental health student nurse placements and had begun to realise that doing my best to support them, and spending blocks of time in mental health placements as an academic, was no substitute for more formally exploring how students could be more fully prepared.

In order to do this, I selected to frame the research with an interpretivist and social constructivist framework, and this worked well for exploring students' expectations of their first practice placement because it enabled me to use focus groups for the first phase of my study to find out what the students expected their placement to be like. Framing the second phase of the study with a Narrative Inquiry methodology meant I could collect the students' narratives of their placement, and from the temporal order of their stories, construct meanings from these accounts. From this analysis, I identified that interactions with staff in placement impacted how students positioned themselves. When the interactions were positive, the students appeared to move forward in their practice development and, when they were negative, they moved

backwards to earlier stages, as evidenced in the forwards-backwards model. This knowledge was key to understanding how student nurses can be more fully prepared for their first practice placement. Mental health student nurses need to be prepared to expect some negative interactions with staff. From this awareness, I developed a suite of activities and games for the students to engage with in the safe environment of a classroom setting to help prepare the students for the interactions they might encounter in placement. These activities and games are unique, having been developed from the students' narratives in my study.

The peer learning activity was inspired by the learning that appeared to be taking place during the focus groups, with those students with healthcare experience sharing their knowledge with those students who had no previous experience. This was an unexpected finding from the focus groups and was fundamental in the development of the first practice activity, the peer learning groups. The forwards-backwards model is unique for helping to reassure students that the uncertainty of placement in terms of moving forwards and backwards in response to interactions with staff, is to be expected and part of a process.

This study is the first known study to focus on mental health student nurses' first practice placement in England. It also adds to the body of knowledge relating to student experience in placement, which frequently includes student nurses complaining about how they are treated. A notable strength of this study is that it focuses on the staff interactions with students and how the students respond. Whilst not guaranteed to be effective, the overriding message from my research findings, is the importance of students showing they are willing to learn when they start placement as this appears to indicate to staff that they are worthy of their attention.

However, this is not a one-way process. If staff were more aware of how their behaviour impacted on the student nurses, it is possible they could be encouraged to be more self-aware and supportive of the students. This would create a less stressful environment for the students and provide them with a more positive placement experience. As stated in the literature review, it is well known that the first placement

can be a time when students decide whether they want to stay on the course, or not. When students have a negative first placement, this can act as a trigger for leaving the course. Encouraging student nurses to complete their training, would be beneficial to placement staff because it would provide more qualified nurses in practice and help to address the shortfall of approximately 40,000 nursing job vacancies (RCN 2020). It is approximated that one in four student nurses do not complete their course (RCN 2018), and whilst placement is not always the reason for leaving given, a more welcoming and supportive first placement would help to address this.

The tools and activities which I have developed will raise awareness to student nurses of the raw reality of placement and this might help to bridge the gap between the familiarity of the university and their first placement. By adding a fun and collaborative element to preparation for first placement, the aim of these tools is to raise awareness to students that it might not feel welcoming, some things might seem puzzling, that they need to be a seeker of opportunities, that they need to show they are worthy of the attention of staff, that they might get annoyed, that they need to be prepared to be surprised, and by the end, that they can expect to find things have changed.

I am looking forward to preparing mental health student nurses for their first practice placement by supplementing the material they usually receive with the preparation for practice materials I have created. Now that I have neared completion of my ‘doctoral journey’, and returned to the Mental Health team as Programme-Lead for the MSc Mental Health programme, I am ideally positioned to do this. My journey has not finished yet though, and I have three suggestions for areas that I would like to research further, and which will add to what is currently known about mental health student nurses’ first practice placement.

1. Relating to the paucity of research about Mental Health student nurses’ first practice placement, importance of student satisfaction and the need for more qualified nurses (RCN 2020), my study could be developed to include a larger

sample size across several universities who train mental health student nurses in the UK. My study could then become the pilot study for the larger study.

2. It would be interesting to repeat the second phase of my study to identify the interactions between placement staff and mental health student nurses, in response to the NMC (2019) changes to placement mentors, who have now been replaced with the newly established practice supervisor and practice assessor, to find out if there is any impact on student satisfaction with placement.

3. To explore the benefits of the practice tools developed from students' accounts.

4. Placement staff could be asked what their expectations are of mental health students at the first placement. The findings from the study would guide academics when preparing student nurses for first placement and provide further knowledge for how student nurses can be more fully prepared for first practice placement.

There are also several papers for publication from my doctoral journey that I intend to write.

1) A paper to disseminate the research findings which will be the first paper on mental health student nurses' first practice placement in the UK.

2) A paper on the unexpected findings from the focus group and how they inspired the peer learning group activity.

3) I also intend to write up the paper I presented at Bath University on being betwixt and between, neither an insider nor an outsider as a student academic.

The knowledge I have gained from completing the DProf study will enormously enhance my professional practice, especially when preparing student nurses for their

first practice placement and when delivering materials relating to qualitative research, and the underpinning frameworks. My one hope is that the findings from my research will go some way to helping change the culture of all practice placements for the benefit of student nurses and that maybe the mantra could change from '*nurses eating their young, to nurses nurturing their young*'.

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Legislation references

Data Protection Act 1998.
[Accessed 25th April 2011].

Appendix 1 Research Ethics Checklist

Research Ethics Checklist

Status	Approved
Date Approved	20/11/2013

Researcher Details

Name	Andrea Lacey
School	Health and Social Care
Status	Postgraduate Research (PhD, MPhil, DProf, DEng)
Course / Research Centre	Professional Doctorate
Do you intend to apply for external funding to support this research project?	No
Please list any persons or institutions that you will be conducting joint research with, both internal to BU as well as external collaborators.	None

Project Details

Title	Mental health student nurses' first practice placement: Exploring their experiences.
Proposed Start Date	25/11/2013
Proposed End Date	30/09/2016
Supervisor	Jonathan Parker

Summary (including detail on background methodology, sample, outcomes, etc.)

Student nurses' first clinical placement is often reported as a positive experience, with students saying they feel welcome and supported (Happell 2008a; Mullen and Murray 2002), although this is not the experience of all students. Koskinen et al (2011) found student nurses felt unprepared for their first mental health placement and Mullen and Murray (2002) noted that students who feel inadequately prepared for their practice placement are more likely to miss out on valuable learning compared to those who are better prepared and feel more confident.The aim of this study is to explore the accounts of mental health student nurses' first mental health practice placement to identify whether students could be more fully prepared prior to placement.The research will take the form of a narrative enquiry and will make use of focus groups (totalling approximately 16 different students), diaries (the same 16 students) and face to face interviews with a maximum of 8 of the same students. Prior to placement, all participants will be invited to take part in a focus group of approximately 8 students, with the objective of exploring their expectations of this first practice placement. During the placement, participants will be asked to compile diaries to keep an account of what they consider to be their own significant placement experiences. These diaries will provide the cue for the interviews with those students who are invited to interview after the end of their placement. The study will provide an account of mental health student nurses' first practice placement and highlight the experiences the students consider to be significant. The narrative accounts will also highlight any potential for additional support or preparation to enhance student placement experience. This is an understudied area and is important because of the potential impact on the overall first practice placement experience of mental health student nurses in terms of retention and preparation for practice placement.

External Ethics Review

Does your research require external review through the NHS National Research Ethics Service (NRES) or through another external Ethics Committee?	No

Research Literature

Is your research solely literature based?	No

Human Participants

Will your research project involve interaction with human participants as primary sources of data (e.g. interview, observation, original survey)?	Yes
Does your research specifically involve participants who are considered vulnerable (i.e. children, those with cognitive impairment, those in unequal relationships—such as your own students, prison inmates, etc.)?	No
Does the study involve participants age 16 or over who are unable to give informed consent (i.e. people with learning disabilities)? NOTE: All research that falls under the auspices of the Mental Capacity Act 2005 must be reviewed by NHS NRES.	No
Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (i.e. students at school, members of self-help group, residents of Nursing home?)	Yes
Will it be necessary for participants to take part in your study without their knowledge and consent at the time (i.e. covert observation of people in non-public places)?	No

Will the study involve discussion of sensitive topics (i.e. sexual activity, drug use, criminal activity)?	No

Are drugs, placebos or other substances (i.e. food substances, vitamins) to be administered to the study participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind?	No

Will tissue samples (including blood) be obtained from participants? Note: If the answer to this question is 'yes' you will need to be aware of obligations under the Human Tissue Act 2004.	No

Could your research induce psychological stress or anxiety, cause harm or have negative consequences for the participant or researcher (beyond the risks encountered in normal life)?	No
Will your research involve prolonged or repetitive testing?	No
Will the research involve the collection of audio, photographic or video materials?	Yes
Will financial or other inducements (other than reasonable expenses and compensation for time) be offered to participants?	No

Please explain below why your research project involves the above mentioned criteria (be sure to explain why the sensitive criterion is essential to your project's success). Give a summary of the ethical issues and any action that will be taken to address these. Explain how you will obtain informed consent (and from whom) and how you will inform the participant(s) about the research project (i.e. participant information sheet).

The data collection requires the audio recording of two focus groups and no more than eight face to face interviews. The audio recording of the interviews is important, so that I can transcribe the data verbatim. I prefer not to take notes whilst carrying out the interviews because I wish to focus on what the student(s) is saying. The use of the audio recording is explained in the participant information sheet (Appendix 2) where it states that anonymised extracts from the interviews may be included in my doctoral thesis, future publications and when I present at conferences and other academic events. The audio recoding is also stated on the consent form (Appendix 3)mentioned in Students have the right to withdraw throughout the study. How this data will be stored is outlined in the research proposal in the ethics section under the headings of Confidentiality and Anonymity. The storage of the outlined in the section of the research proposal titled Data Protection Act (1998). The gatekeepers in this study refer to the 2 Academic Advisers (AA's) of these students and there are no issues. I have already explained the study to both of the AA's and they have said they are happy for me to invite their students to take part in this research. Below outlines the extract from the research proposal of how the gatekeepers were approached and how the students were informed about the study, so that informed consent could be achieved. 'Gaining access At the start of the academic year of data collection, I will meet with the two first year Mental Health student nurse Academic Advisors. Within the nursing programme at this university, the role of the Academic Advisor is to support and guide the student with their studies. I plan to meet with these Academic Advisors so that I can speak with them about the research and request their agreement for their students to take part. Once I have their agreement and when I receive clearance from the university research ethics committee, I will arrange with these Academic Advisors a convenient time when I can meet with both groups of students to introduce my research to them.This introductory meeting will hopefully take place at the end of one of the Academic Advisor seminars, approximately three weeks before the data collection is due to start. This should provide sufficient time for the students to express an interest in the study and for them to provide fully informed consent to take part.Introducing the research to the students.At this introductory meeting, I plan to introduce myself as a student researcher and not as a lecturer. The reason for this is that I will have taught some of the students on one of their first units of study. Some of the students will also know me from other roles I have at the university and to help separate these roles, it is important for me to make my role as researcher clear. I will explain that I am studying for my Professional Doctorate and that my area of interest is first year mental health student nurses and their first practice placement experience. I will then provide a brief overview of the research process in terms of what the students will be requested to do and what the findings will be used for. At this early stage I will make it clear that even though I have taught them and am marking the assessment, this research is only for the purpose of my research studies and is in no way linked to their studies, or expected to affect their studies in any way. Each student will be handed a reply slip (Appendix 1) which they will be asked to complete and return to me, if they are interested in attending a meeting to find out more about the research. The students will be asked to complete the reply slip with their contact details, sign it and then return it to me within one week. This should be achievable because the students will be attending the university most days during the first term and the reply slip can be returned to my office. Students who express an interest in taking part will be invited to a meeting where the details of the research will be explained to them.An email will be sent to the student groups a day or two before the reply slip is due to be returned and this will act as a reminder to those students who would like to volunteer, but had forgotten to return the reply slip. Meeting with those students who have expressed an interest in engaging with the research.Those students who return the reply slip will be invited by email to a meeting which will take place on a day when the students are already at the university. I will attach a copy of the participant information sheet to the email and ask the students to read this prior to coming to the meeting. This will enable the students to find out about the research before attending the meeting and giving consent to take part. The meeting will take no more than half an hour and should provide ample time for me to remind the students the research comprises part of my professional doctorate and that my area of interest is the experience of mental health student nurses in their first practice placement. The involvement of the students in the research will be outlined and include that they will be requested to take part in a focus group prior to placement and to keep a diary during placement. I will also include that some of them will be invited to meet with me again to help me more fully understand their placement experience. I will state when and where the interviews will take place and that they are expected to last between 1- 1½ hours and no longer than 2 hours. I will also explain that I will provide the diaries for them and that whilst they are theirs to keep, I will ask to photocopy it following the placement, and then return it to them prior to the interviews. During this meeting the students will be assured that confidentiality and anonymity will be adhered to and that their names and other identifying details, including placement details will not be mentioned in any part of the research, or in any future publications. I will also include that if at any stage

they decide not to continue, then this will be fine and the decision to stop contributing to the study will not impact on them in any way. The students will each be handed a participant information sheet (Appendix 2) to read. I will also talk this through with them, to help ensure they are clear about what is being requested of them. They will also be encouraged to ask if they have any questions. The information on the participant information sheet and my responses to any questions should be sufficiently comprehensive for the student to make a fully informed decision whether to take part, or not. Together with the participant information sheet, the students will be handed two copies of the consent form that they will be asked to sign and date. The students will retain one copy of the consent form (Appendix 3) and I will keep the other copy which will be stored in the secure filing cabinet with the other research documents'.For additional information regarding this information, please refer to Appendices 1, 2 and 3 and to the ethics section of the research proposal attached.

Final Review

Will you have access to personal data that allows you to identify individuals OR access to confidential corporate or company data (that is not covered by confidentiality terms within an agreement or by a separate confidentiality agreement)?	Yes

Please explain below why your research requires the collection of personal data. Describe how you will anonymize the personal data (if applicable). Describe how you will collect, manage and store the personal data (taking into consideration the Data Protection Act and the 8 Data Protection Principles). Explain how you will obtain informed consent (and from whom) and how you will inform the participant about the research project (i.e. participant information sheet).

I will have access to personal data that will enable me to identify the individual students. This data consists of the student's name, their email and phone contact details, their gender and age range.It is important for me to have some personal information relating to the students, especially as I will be selecting 8 of the students to meet with me to take part in a face to face interview, so that I can find out more about the placement experience. I need to be able to identify who the student is that I would like to talk to. The students will each be allocated a coded pseudonym (please refer to Appendices 4 and 7) and will be assured of anonymity. Students who express an interest in taking part will be assured 'that confidentiality and anonymity will be adhered to and that their names and other identifying details, including placement details will not be mentioned in any part of the research, or in any future publications' (Proposal p.7). In the confidentiality paragraph in the ethics section of the research proposal it is stated:- 'A copy of the information stored on the computer will also be placed on a portable hard drive and this will be kept in the locked filing cabinet in my office. The personal details relating to student identity will be stored away from the information on the computer and the personal hard drive and this will help to maintain student confidentiality and anonymity (BPS 2010). Only I have access to the computer and the locked filing cabinet. The only other person who accesses the office is the cleaner'. Information relating to the students personal details can be found in the anonymity section of the proposal (p. 16) and states:The students have a right to privacy and whilst this is more difficult to achieve when an individual is recounting their personal experience, every effort will be made to help ensure the individual students remain unidentifiable. Each student will be allocated a coded pseudonym to help preserve their anonymity and this is how they will be referred to throughout the research. This includes the data analysis, any reproduction or reference to the research data and analysis as well as subsequent reproductions, publications and presentations. Ensuring anonymity in qualitative research is difficult because of the small number of participants and the descriptive detail of the data collected. Withholding information relating to the identifying characteristics of the participants such as age and gender is one way anonymity can be protected (Polit and Beck 2010). Within this current study it should not be necessary to state the exact ages of individual students, although broad age ranges might be useful. The use of broad ages is unlikely to impact on student anonymity because the age range of students between 18 and 45 years is usually quite evenly distributed within the mental health programme. Protecting anonymity in relation to gender though is more of a challenge because there are fewer males than females studying for the BSc mental health qualification. It is also possible only a very small number will volunteer to become involved in the research in which case the information collected from them will need to be further anonymised. How this will be achieved will depend on the nature of the information. To help preserve the anonymity of the students, the practice placement locations and the university, it will only ever be stated that the research was carried out at a university in the south of England. The students' details and their coded pseudonyms will be stored separately within the filing cabinet in the secure office'.

Will your research involve experimentation on any of the following: animals, animal tissue, genetically modified organisms?	No
Will your research take place outside the UK (including any and all stages of research: collection, storage, analysis, etc.)?	No

Please use the below text box to highlight any other ethical concerns or risks that may arise during your research that have not been covered in this form.

I will have taught these students and will still be marking their essays, but how this will be managed is outlined in the research proposal p.7 and on p.18.

Appendix 2 Ethical Considerations

For the purpose of this research, the ethical guidelines suggested by the British Sociological Association (2002) have been taken into account. These guidelines help to ensure social science-based research is undertaken in a way that protects both the individuals taking part in the research, and the researcher. This research also adheres to the guidelines outlined by the British Psychological Society (BPS 2009). These guidelines provide a set of standards to which all society members should adhere to when undertaking research. The guidelines advocated by the Nursing and Midwifery Council (2010) have also been taken into account because these are the standards within which the participants for this study are required to comply. When making decisions concerning this research, the university research ethics code and practice guidance was also referred to and given due consideration.

Prior to the study, an application for formal ethical review and ethical approval will be made to the University Research Ethics Committee (UREC). External review is not required for this research.

I recognise that I may have to seek UREC ethical approval again when the diaries have been read and the areas of interest for interview identified. This is because it is not known at the current time what the areas of interest for the diary: diary interviews will be.

Informed consent

Each student will receive sufficient information concerning the research so that an informed and voluntary decision to take part can be made. This information will provide a full understanding of the research and include an outline of the purpose of the research, what the student will be requested to do, what the potential risks and benefits are of taking part and where the findings will be disseminated.

The information will also include my role at the university and why I am interested in the experience of the mental health student nurse in their first practice placement. I will also include that my role in this study is that of researcher and that the findings of the research will contribute to a Professional Doctorate qualification.

Each participant will be given a copy of the participant information sheet (Appendix 2 - Ethical Considerations) and the opportunity to meet with me to ask any questions they have regarding the research and to seek clarification where required. The students will also be assured there is no obligation for them to take part, and that they do not have to speak about, or document anything they are uncomfortable with. There will be no financial rewards for taking part in this study. The students will also be assured that this research in no way relates to their academic studies.

Withdrawal of consent

Having decided to engage with the research process, the students can also choose to withdraw their consent at any point during the study (Hewitt-Taylor 2011). Should any students wish to cease continuing either during, or after, any part of the research process, they will be asked if they would like to have their contribution removed and destroyed. Students will be assured at the outset that if they wish to withdraw consent, this decision will not negatively impact on them in any way. The right to withdraw will be stipulated on the participant information sheet and the students reminded of this at each stage of the data collection.

Confidentiality

All participants who engage in research have the right to privacy and this can be achieved by ensuring the participants' research data is kept confidential and that the students remain unidentifiable (Polit and Beck 2010). The audio recordings, the transcribed interviews and the data analysis will all be stored on a password protected computer. This computer is situated in my locked office at the university and is password protected. A copy of the information stored on the computer will also be placed on a portable hard drive and this will be kept in the locked filing cabinet in my office. The

personal details relating to student identity will be stored away from the information on the computer and the personal hard drive and this will help to maintain student confidentiality and anonymity (BPS 2010). Only I have access to the computer and the locked filing cabinet. The only other person who accesses the office is the cleaner.

The students will be asked not to mention the names of the people and places they talk about during the interviews, or when they complete their diary. They will also be asked not to discuss the content of the interviews outside of the interview environment.

The assurance of student confidentiality will be stated on the participant information sheet and at each stage of the research process. It is unlikely I would need to breach confidentiality, but if I heard about something in professional practice involving the harm of another person, I do have a nominated and appropriately qualified person to share my concerns with and guide me.

Anonymity

The students have a right to privacy and whilst this is more difficult to achieve when an individual is recounting their personal experience, every effort will be made to help ensure the individual students remain unidentifiable. Each student will be allocated a coded pseudonym to help preserve their anonymity and this is how they will be referred to throughout the research. This includes the data analysis, any reproduction or reference to the research data and analysis as well as subsequent reproductions, publications and presentations.

Ensuring anonymity in qualitative research is difficult because of the small number of participants and the descriptive detail of the data collected. Withholding information relating to the identifying characteristics of the participants such as age and gender is one-way anonymity can help to be protected (Polit and Beck 2010). Within this current study it should not be necessary to state the exact ages of individual students, although broad age ranges might be useful. The use of broad ages is unlikely to impact on student anonymity because the age range of students between 18 and 45 years is usually quite evenly distributed within the mental health programme.

Protecting anonymity in relation to gender though is more of a challenge because there are fewer males than females studying for the BSc mental health qualification. It is also possible only a very small number will volunteer to become involved in the research in which case the information collected from them will need to be further anonymised. How this will be achieved will depend on the nature of the information.

To help preserve the anonymity of the students, the practice placement locations and the university, it will only ever be stated that the research was carried out at a university in the south of England. The students' details and their coded pseudonyms will be stored separately within the filing cabinet in the secure office.

Protect participants

When individuals take part in research, they should not be exposed to any greater risk than they would expect to encounter in everyday life (BPS 2010). The students that volunteer to engage with this research every effort will be made to protect them and treat them with respect.

It is not anticipated this study will cause any distress to the students, although it is possible some may become distressed when talking about their placement experience both prior to and following the first practice placement. If this were to happen the student would be referred to the most appropriate support service. For example, this may be to the Academic Advisor, University doctor, Occupational health, the Counselling service and / or the Chaplaincy.

The students may also feel anxious about doing the research and if they are, I will encourage them to speak to me, and ask me any questions they wish relating to the research. I will also reassure them they can contact me throughout the research process. I will also do my best to make this a worthwhile experience for them since they are giving up their time and energy to engage with my research. Students will also be given detailed written instructions on how to complete their diaries, including an example of how this might be structured.

It is unlikely the location of the interviews will create any discomfort for the participants because all the interviews will take place at the university in a clean, modern, and safe environment in a building that the students will not have been taught.

I am anticipating the benefits of this research for providing an understanding of the first practice placement of the mental health student nurse will outweigh any potential risks to the students.

Data Protection Act (1998)

All data will be stored in compliance with the Data Protection Act (Office of Public Sector information 1998) and data will be kept for no longer than 5 years after which it will be deleted or shredded.

The audio recordings will be stored in a locked filing cabinet, in a locked office at the University; both of which the researcher has sole use of. The transcripts and analysis of the data will be stored on the researcher's password protected computer. To preserve anonymity, student names will be coded, and the coding stored separately to the research data. Any related hard copies will also be stored securely, including the photocopies of the diaries.

If removable discs or a portable hard drive is used for storing data, the devices will be removed from the computer after use and stored securely in the locked filing cabinet.
A dedicated data stick will be used to store the data. The benefit of this is that all the data will be stored in one place. When not in use, the data stick will be stored in the locked filing cabinet in my locked office.
The researcher will seek permission from the students to use the anonymised findings for inclusion in the professional doctorate report, presentations, and publications.

Health and Safety issues

It is not anticipated there will be any health and safety concerns. The university has its' own health and safety measures which I will familiarise myself with. At the start of the

interviews the students will be reminded where the fire exits are and what we will do if the fire alarm sounds during the interview. A risk assessment will also be undertaken as part of the UREC requirements, and this will include an electrical safety check for the recording equipment.

Debrief

The BPS (2010) states all researchers should debrief their participants at the end of their participation. This is particularly necessary in psychology related research in which there is often some deception. The purpose of the debrief in research involving deception is to inform the participants of the true purpose of the study and to identify any negative consequences for the participants.

My study will not have deceived the students, and neither should there have been any negative consequences, so the purpose of the debrief is to provide the opportunity for the students to ask any questions they wish relating to the research. It will also provide me with another opportunity to thank them for taking part and to offer them the opportunity of reading the research findings when they are available.

Potential limitations

Duality of role

Status and power

As a lecturer, student representative coordinator and research student at the university where I am undertaking this research, I could experience a conflict of roles. This is possible because I will have taught one unit of study to some of the students who I then later invite to take part in my research.

When I was delivering the unit, I decided not to mention the research to the students until after we had completed the unit because I did not want to coerce them in any way to engage with the research and was concerned, they might volunteer to take part thinking there might be some reward in winning my favour.

There is also a concern that my ‘insider’ role could cause an issue if I’m not clear about my roles. Atkins and Wallace (2012) warn about the impact this can have on relationships when there is confusion over whether an individual is in their researcher role, or their professional role. This could be an issue for me if I have difficulty separating the role of the researcher with my professional role. To help avoid this, I will make it clear to the students that during the research time, I am not in my professional capacity and that if they wish to discuss anything related to my other roles with me, they will need to make an appointment to do so at another time.

It is also possible the students will be concerned about what they say to me, and this may encourage them to tell the story in a different way, or to miss bits out they don’t want me to know about. They may also be concerned that what they say will have a negative impact on their studies, or that I may view them differently. For example, the students may think I will judge their suitability to be a nurse, or that the significant learning experience they have identified is something they should already know about, or that it is so obvious it shouldn’t be significant. To help manage this, the students will be reassured they can talk freely and that what is said or documented remains confidential, unless it relates to a serious breach of negligence.

Risk

There is a chance a student may divulge either during the interviews or in their diary’s examples of bad practice and negligence that they have witnessed or been involved in during placement. If this was to happen, I would discuss this with the nominated and appropriately qualified person who I can discuss these concerns with and who will guide me.

It is possible that something the students says, or other aspects of the research process will cause me distress and if this were to happen, I would contact the most appropriate source for support. Depending on the severity of the distress, I could contact the counselling service or the chaplaincy, but it is most likely I would speak with one of

my fellow research friends. If I needed to speak about the research, I would be mindful to respect the confidentiality and anonymity of the students.

Appendix 3 The three papers which consider mental health student nurses' first practice placement

Paper number	Title of paper	Details about Publication	Methodology/Method	Sample	Findings	Limitations	Additional Comments
20	The first experiences of clinical practice psychiatric nursing students in Taiwan: a phenomenological study.	Hung, Huang and Lin Journal of Clinical Nursing, 2009, 18, 22, 3126-3135 Taiwan	Qualitative and Phenomenological. Face to face interviews Data collected at end of 4-week placement.	12 Psychiatric student nurses. Purposive sample. MH students first meet with patients – 1st encounter.	Identified 4 themes – breaking the stigma, dev a trusting relationship, gaining prof knowledge and skills and the growing process. They found with the trust theme that developing empathy was important.	Limitations In disc they state the aim as being different to what they said at the beginning i.e. not now to do with experience! They said that due to sampling method and size the findings can't be generalised.	For the future they suggest placement staff refer to their findings regarding guiding students through clinical practice. In intro they say a lot has been done on student attitudes. Mentions both Happell (Australian) and Tully(Irish) and little on 1st clinical experience in Taiwan.
12	Experiences by student nurses during clinical placement in psychiatric units in a hospital.	Van Rhyn and Gontsana Curationis, Nov 2004, 27,4 18-27 South Africa	Unstructured interview to explore and describe 1st MH Placement experiences. Researchers wanted to find out what was stressful.	8 participants-purposive convenience sample. 3rd year Psychiatry students doing integrated dip in nursing. 1st MH placement	Found sources of stress were ineffective teaching and learning programmes, poor managerial governance, detachment of prof nurses from teaching role, poor staff relations, over reliance on medical model and patient neglect. Reported feelings of being lost and not welcome in the placement, placement too short.	Title and aim made it clear it was about experiences per se and from then on even lit review was focussed on stress.	What did students want; in-service training, attitude change of prof nurses, support for student initiative, student involve. In patient care, & adequate resources. Table 1 shows major themes that were identified. i.e. poor theory/practice link, to medical and not enough

							holistic approach, not enough support.
19	Psychiatric nursing students' experiences of having a mentor during their first practice placement: an Irish perspective	Higgins and McCarthy Nurse Education in Practice, 2005, 5, 218-224 Dublin	Semi structured interviews	6, Psychiatry Dip. students. Just completed 1st placement.	The benefits of having a support mechanism. 5 categories: - Someone there for you, Wanting the best out of the placement, Feedback for your own good. Supportive & professional relationship and Coping with being on your own.	Ltd to one Psychiatric service and 1 student group Effective mentors help maximise the learning opportunities	Small sample and 1 student didn't have a named mentor and so she focussed on 'fitting in' and 'learning the routine' Focus on the imp. of the mentor and strengths and weaknesses of the mentoring process. Assumes the reader will think this is all good.

Appendix 4 Risk Assessment

1.Describe the Activity being Risk Assessed: Two audio recorded focus groups and a maximum of five audio recorded face to face interviews. All students will be asked to complete a diary. 2. Location(s): The focus groups and the interviews will take place in a pre-booked room at Bournemouth University. The students will be asked to complete the diaries in their own time during their placement block.
3. Persons at potential Risk (e.g. Specific Staff only, General Staff, Students, Public etc.): The student nurses taking part in the study and Andrea Lacey (the researcher).
4. Potential Hazards i.e. What Could Happen?(NB: List hazards without considering any existing controls): There is a potential for the students to become distressed or experience some emotional impact whilst taking part in the interviews. It is also possible the students may say something to me (the researcher) that I find distressing or has some emotional impact. There could also be a risk if the student tells me more than they intended to. Environmental hazards within the interview room. The student could lose their diary or leave it where others can read it. During the interview's students could disclose potentially harmful, or sensitive information. Students may breach confidentiality.
5. Control Measures Already in Place: If a student becomes distressed, they will be sign-posted to the most relevant support and this may be to their Academic Advisor, the university counselling service, the university chaplaincy, or to their GP. If I experience distress or there is an emotional impact, I will seek support from the relevant source at the university i.e. Counselling and or my mentor. If a student tells me more than they had intended, I will reassure them that what they have said is confidential and that all data will be anonymised. Confidentiality would only be broken if I was made aware of harm to another person, or to a student. All the rooms at the university will have been checked for environmental hazards in adherence to Health and Safety requirements. Students will be requested to complete their diaries after their shift and away from the placement environment. If students disclose potentially harmful or sensitive information, I have a nominated and suitably qualified person to discuss the information with.

Students will be asked not to disclose what has been discussed at the interview once the interview has finished. They will also be asked not to mention the names of placement venues and members of staff. Students will be reminded of the importance of confidentiality in the participant information sheet and on the consent form.

6. Standards to be achieved
Bournemouth University Research Ethics Code of Practice (2009).
Ethical standards as outlined by the Nursing and Midwifery Council (2008).
Data Protection Act (1998).
The British Psychological Society Code of Ethics and Conduct (1998)

7. Are the risks adequately controlled (bearing in mind 4. & 5.)? **Write 'Yes' or 'No':**
YES,
If **Yes**, Step 8: Ensure that those affected are informed of the Risks and Controls:
Confirm how you have done this (e.g. written instructions):
Participation information sheet, the meeting when the research is being explained to the students, consent form and in the research, proposal submitted to BUREC.
Then, complete boxes below and the assessment is finished until the review date(s):

9. Person(s) Who did Assessment:	Andrea Lacey	10. Date:	2nd September 2013	11. Review Date:	
12. Checked By: (as necessary)		13. Date:		14. Review Date:	

If **No** to Qu 7, go to next section and estimate 'Residual Risk'.

Appendix 5 Expression of Interest to take part in a Research Study Reply Slip

Thank you for listening today when I was introducing you to my research study on the experience of mental health student nurses in their first practice placement. If you would like to attend a meeting to find out more about my research and possibly taking part in it, please provide your contact details and return this slip to me within one week at the address below.

Student Contact details

Name:
Signature:
BU email address:
Mobile Phone number:
Please circle the option you would prefer me to use to contact you.
Mobile phone BU email address.

Thank you for your expression of interest. I will contact you again shortly with the details for our meeting.
Kind regards
Andrea

Andrea Lacey
Professional Doctorate Student
Lecturer and Student Rep Champion
B229 Bournemouth House
Christchurch Road
Bournemouth
01202 961780
alacey@bournemouth.ac.uk

Appendix 6 Participant Information Sheet

Mental health student nurses' first practice placement: Exploring their experiences.

Invitation

I am employed as a lecturer at Bournemouth University and am currently studying for a Professional Doctorate. As part of my doctoral studies I am carrying out some research. As a member of the mental health team, I have an interest in the experience of mental health student nurses and their first mental health practice placement. Having previously worked as an academic advisor and not being a mental health nurse, I would like to find out more about the placement experience, to identify whether students could be more fully prepared prior to placement.

I would like to invite you take part in my study, but before you agree, it is important you take time to carefully read and consider this information sheet, so that you fully understand why I am carrying out this research and what you will be asked to do.

If there is anything that is unclear, or you would like further information on before deciding whether to take part, please contact me.

What is the purpose of the project?

The research you are being invited to take part in comprises one part of my professional doctorate studies. The findings from this research will then form the basis for a piece of work relating to practice experience.

Why have I been chosen?

All first-year mental health student nurses have been invited to take part in this research and the first 24 students who volunteer will be included.

Do I have to take part?

No, it is entirely up to you whether you decide to take part or not, participation in this study is entirely voluntary. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time during the research study.

What will I be asked to do?

If you decide to take part in this research, you will be invited to a group meeting with around 8 students prior to placement, asked to compile a diary during placement and you also may be invited to meet with me for an interview following placement. If you are invited to meet with me the diary will provide the cue for our interview and so I would like you to bring it along when we meet.

The focus group will take place towards the end of this term and will be on a day when you are already at the university. The meeting will also be timed so that you will not need to miss any of your taught sessions. Depending on your preferred contact method, I will either email you, or text you the details nearer the time. The purpose of the focus group is for you to talk to each other about what you are expecting your first placement to be like. My role will be to listen to what you are saying. The focus group is expected to last between 1- 1½ hours and no longer than 2 hours. The focus group will be quite small consisting of about 8 students. There will also be a note-taker present. The note-taker will sit away from our discussion group and will be there to take some additional notes. The discussion will also be audio recorded and this is to remind me what was being discussed. The focus group and the interview will be held in Melbury House. I have selected this building because it is away from the busy teaching buildings where you normally spend your time at the university, and it should provide us with a quiet environment with minimal interruptions.

Following the focus group, you will be invited to a brief meeting to receive your diary packs and to discuss how the diary might be completed. There is no right or wrong way of completing the diary, although I would like you to complete it regularly. The diary will belong to you, and you may keep it. However, I will ask to collect it when you return to the university so that I can photocopy it and once I have done this, I will return it to you.

It is possible you will be invited to meet with me again when I have read the diaries. I plan to ask up to eight students to meet with me for an interview so that I can ask more about aspects of the placement experience.

How will the audio recordings and the diary be used?

The audio recordings will only be used as a record of the interviews and will be transcribed following the interviews. Anonymised extracts from the interviews and the diary may be included in my doctoral thesis, future publications and when I present at conferences and other academic events.

What are the possible disadvantages and risks of taking part?

It is not anticipated there will be any disadvantages or risks from taking part. You will be giving some of your time to support this research.

What are the possible benefits of taking part?

There are no direct benefits for taking part in this research, but it will provide you with an opportunity to be involved in research which will help prepare future students for their first practice placement.

Will the findings from this study be confidential and what will happen to the results of the research project?

The findings from this research and your personal details will be kept strictly confidential. The only exception to maintaining strict confidentiality would be if there was a serious concern relating to professional practice involving harm to yourself or another person.

Your personal details and the data collected will be stored on a password protected computer which is situated in a locked filing cabinet in my secure office. At the outset, I will allocate you a coded pseudonym and this is how you will be referred to throughout the study. You will not be identifiable in my doctoral thesis or in any reports or publications.

The findings from this research project will be used to inform the piece of work relating to practice development. A summary of the research findings will be made available to you and form part of my Professional Doctorate. The findings will also be further disseminated in publications, at conferences and other academic events.

Contact for further information

Please take this sheet away with you and think about whether you would like to take part in this research. If you would, please complete the consent form and return it to me. I will then take a copy for you which I will return to you when we meet for the focus group.

Thank you for taking the time to come along to this meeting. If at any time you have any questions, or need to speak to me, please contact me using the details below.

Andrea

Andrea Lacey

Professional Doctorate Student

Lecturer and Student Rep Champion

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Dr Angela Turner-Wilson	ATurnerWilson@bournemouth.ac.uk

Appendix 7 Consent Form

Full title of project: Mental health student nurses' first practice placement: Exploring their experiences.
Name, position and contact details of researcher: Andrea Lacey, Lecturer and Professional Doctorate Student, alacey@bournemouth.ac.uk, 01202 961780
Name, position and contact details of supervisor (if the researcher is a student):
Professor Jonathan Parker, jparker@bournemouth.ac.uk, 01202 962810
Dr Caroline Ellis-Hill, cehill@bournemouth.ac.uk, 01202 962173
Dr Angela Turner-Wilson, ATurnerWilson@bournemouth.ac.uk, 01202 967342

	Please Initial Here
I confirm that I have read and understood the participant information sheet for the above research project and have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason and without there being any negative consequences.	
I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.	
I understand that I will be asked to take part in a focus group before practice placement and invited to an interview following placement.	
I understand that I will also be asked to compile a diary during my placement.	
I agree to take part in the above research project.	

____________________________ _______________ __________________________________

Name of Participant Date Signature

____________________________ _______________ __________________________________

Name of Researcher Date Signature

Appendix 8 Background Questionnaire

Please complete this questionnaire which will provide me with some background information. The information provided on this sheet will remain confidential and will be stored safely in a locked and secure filing cabinet that only I have access to. To help protect your anonymity, your name will not be used in the research, instead you will be allocated a coded pseudonym, and this is how you will be referred to in the research. If there are any questions you do not wish to answer, then please leave them, and move onto the next question.

1) Please indicate whether you are male or female by circling male or female.
Male Female

2) Please indicate your age range by circling your age range.
Age range 18 – 29 30 - 40 41-50

3) Have you previous experience of working in a mental health environment? Please circle either yes or no.
Yes No

4) If you responded 'Yes' to number 3, please can you provide a little more information about this work.

5) Please state below which area of Mental Health you will be working in for this first practice placement. For example, it might be working with elderly people, in the community or on an acute ward.

Please print and sign your name here:-

Thank you for completing this background questionnaire and for providing me with your details.
Andrea
Andrea Lacey
Professional Doctorate Student

Appendix 9 Demographic of participants

	Demographics of participants					
Participant and f/g No.	Gender	Age Range	Previously worked in MH environment	If yes, what type	Placement type	Ethnic origin
1 F/G 1	Male	18-29	Yes	Forensic MH unit	Don't know	White British
2 F/G 1	Male	18-29	Yes	Dementia care and MH hospital	Don't know	White British
3 F/G 1	Male	41-50	Yes	MH Hospital and care homes	Don't know	White British
4 F/G 1	Female	18-29	No		Don't know	White British
5 F/G 1	Female	18-29	No		Don't know	White British
6	No data available					
7 F/G 2	Female	18-29	Yes	Self-harm unit	Elderly	White British
8 F/G 2	Female	18-29	Yes	In-patient Wards Domestic violence refuge	Don't know	N/a
9 F/G 2	Female	18-29	No		Don't know	Asian Other

10 F/G 2	Female	30-40	Yes		Don't know	Black African
11 F/G 2	Female	18-29	No	Drug and alcohol service	Don't know	N/a
12 F/G 2	Female	18-29	No		Don't know	N/a
13 F/G 2	Female	18-29	Yes	3 days with crisis team	Don't know	White British
14 F/G 2	Female	30-40	Yes	Child and adolescent	Older age	White British
15 F/G 2	Female	30-40	Yes	Young people eating disorder and CAMHS	Don't know	White other
16 F/G 2	Female	18-29	Yes	Dementia home	Elderly people	N/a
17 F/G 3	Female	18-29	Yes	Dementia care home	Community	White British
18 F/G 3	Female	18-29	Yes	Forensic	Older person - hospital	White British
19 F/G 3	No data available					
20 F/G 4	Female	18-29	No		Elderly persons	White British
21 F/G 4	Female	18-29	Yes	Care Home	Adult community	White British

22 F/G 4	Female	18-29	No		Acute Treatment	White British
23 F/G 4	Female	18-29	No		Don't know	White British
24 F/G 4	Female	18-29	Yes	Dementia	Community	White British
25 F/G 4	Female	30-40	No		Low secure forensic	White British
26 F/G 4	Female	18-29	Yes	Dementia	Elderly	White British

n.b 26 students took part and 24 completed the background information sheet. The missing background questionnaires were from one student who took part in Focus group 1 and from one student who took part in focus group 3

Age range	18-29	30-40	41-50
Age category	19	4	1

24 students completed the background questionnaires

19 of the students were aged between 18-29, 4 between 30-40 and 1 from 41-50

17 of the students were white British, including the three males. 4 students did not state, and 3 others were not White British.

Of the 24 students, 9 had not worked in a mental health environment before and 8 of these were aged 18-29. The other student was aged between 30–40.

13 students said they did not know where their placement was going to be.

Appendix 10 Information for students when completing the diaries

Thank you for taking part in the focus groups which comprised the first part of my research. The second part of the research requests you to compile a record of your experience of your practice placement and this is why you have been given a diary.

The diary is yours to keep, although I will ask for it when you come back from placement, so that I can make a photocopy. As soon as I have done this, I will return it to you.

The diary has blank pages so that you can include in there anything you like regarding your placement experience. For example, you may wish to write about your day, or include some drawings and poetry. You may also wish to include some background to the entry and for example, this might include who was there, when it took place, how it made you feel and what your role was. It really is up to you what you decide to include because there is no right or wrong way to complete your diary. This is your record of your first practice placement.

I suggest you try to complete the diary regularly and do so away from your placement area. This is because the diary is not related to any other paperwork you have to complete whilst on placement. I would also suggest you are mindful of your NMC guidelines concerning the confidentiality of people you refer to in placement.

I will contact you at the start of your placement, during your placement and towards the end to see if you have any questions. Please also contact me if you have any questions during your placement concerning your diary.

Thank you

Andrea

alacey@bournemouth.ac.uk

01202 961780

Appendix 11 Debrief

Thank you for taking part in my research which was focussed on exploring the experiences of mental health student nurses in their first mental health practice placement.

If there is anything you would like to ask me about the research, or if you have any questions concerning this research, please contact me.

Once again thank you for taking the time to engage with my research. When I have made an anonymised copy of the findings, I will contact you so that you can read them, if you wish.

Andrea

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Appendix 12 Extract from the transcript of focus group 4 with initial thoughts

Transcript anonymised

Lines 664 - 688

Naomi – But I don't know what I'm expecting cos I don't know where I'm going. I don't know um the other two placements I got I started to read around it. Me and you were talking about my placements on the way here and things um but I don't know what to expect um yeh (AL Doesn't know what to expect because she doesn't know what she is doing)

Debbie - You saying oh I might ring up the ward manager first, I actually thought when I rung that nurse, after my little thing of oh that's not the mentor, I actually thought mm what happens then if the ward manager's annoyed now that she's not been spoken to before the other person.

Mm

Debbie - That made me think oh god

Tracy - Because I've got a list of like another 4 people, the ward manager, I don't know which one to pick, so I though oh ...

Debbie - I don't want to put like anyone's nose out,

Tracy - If she's not my mentor she can then say who is my mentor.

Debbie - I think they'll all be mentors for that ward probably and they just don't know who you are necessarily going to have, or you might have a couple of different people

Tracy - Yeh

Debbie - That's why, you see if I were you that is why I would ring the ward manager

Tracy - Yes, I think so

Naomi - You've got to um on one of my placements it said you have to do so many shifts with your mentor, you have to (AL- Working with the mentor)

Tracy - 60% of something isn't it?

Naomi – I thought it was 40, but you might be right

Appendix 13 Extract from the transcript for focus group one with line numbers

215 Ian- Everyone's uptight aren't they because we don't know what's happening and
216 that's more of an issue, it's not knowing, once you know and unfortunately, we're
217 gonna get to know and then we're all split up, so we won't be able to swap
218 stories.

219 Joyce - And also we won't be able to ask people, we might have to ask
220 academics about it really,

221 Ian - Yes

222 Joyce – At lunch time

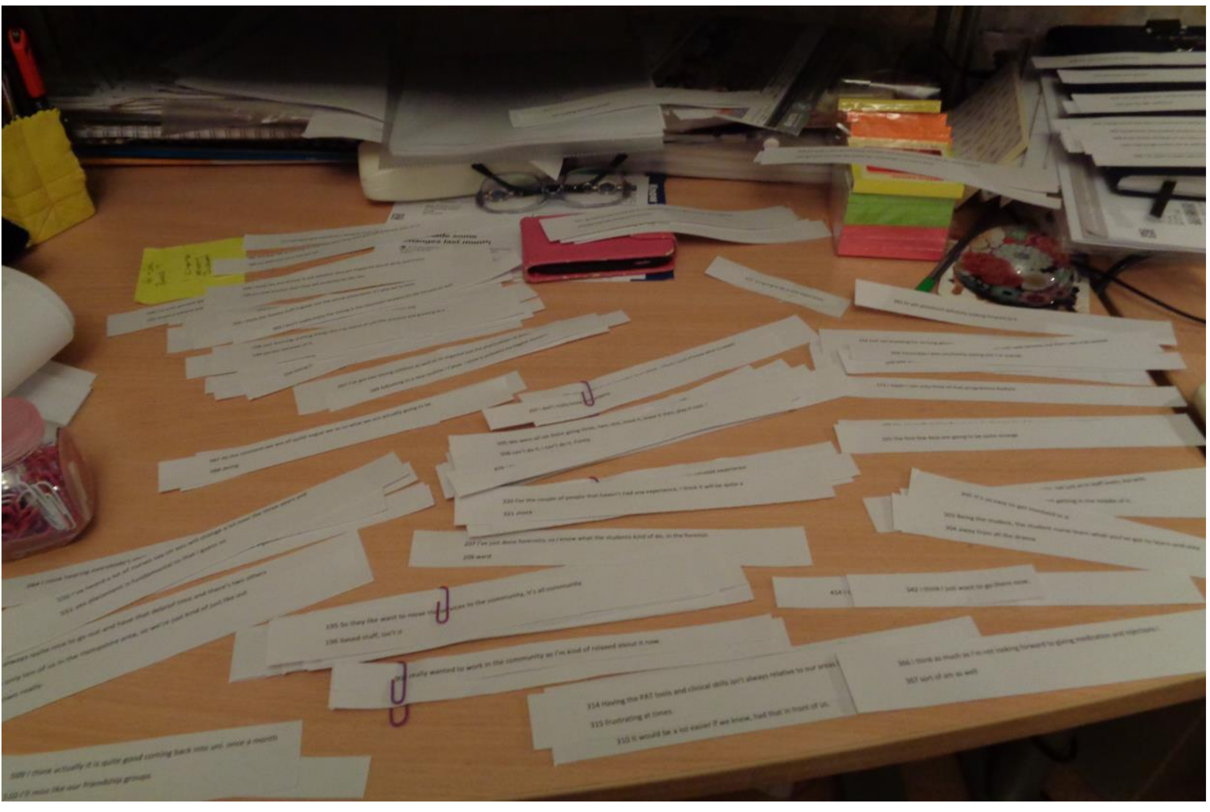
223 Or talk to make sure that you have the same experience, or you're doing things
224 right, something like that's going to be.

225 Joyce - I wonder if they tell you because they say like two people go on
226 placement and do it together, so I wonder if they let you know who the other
227 person is.

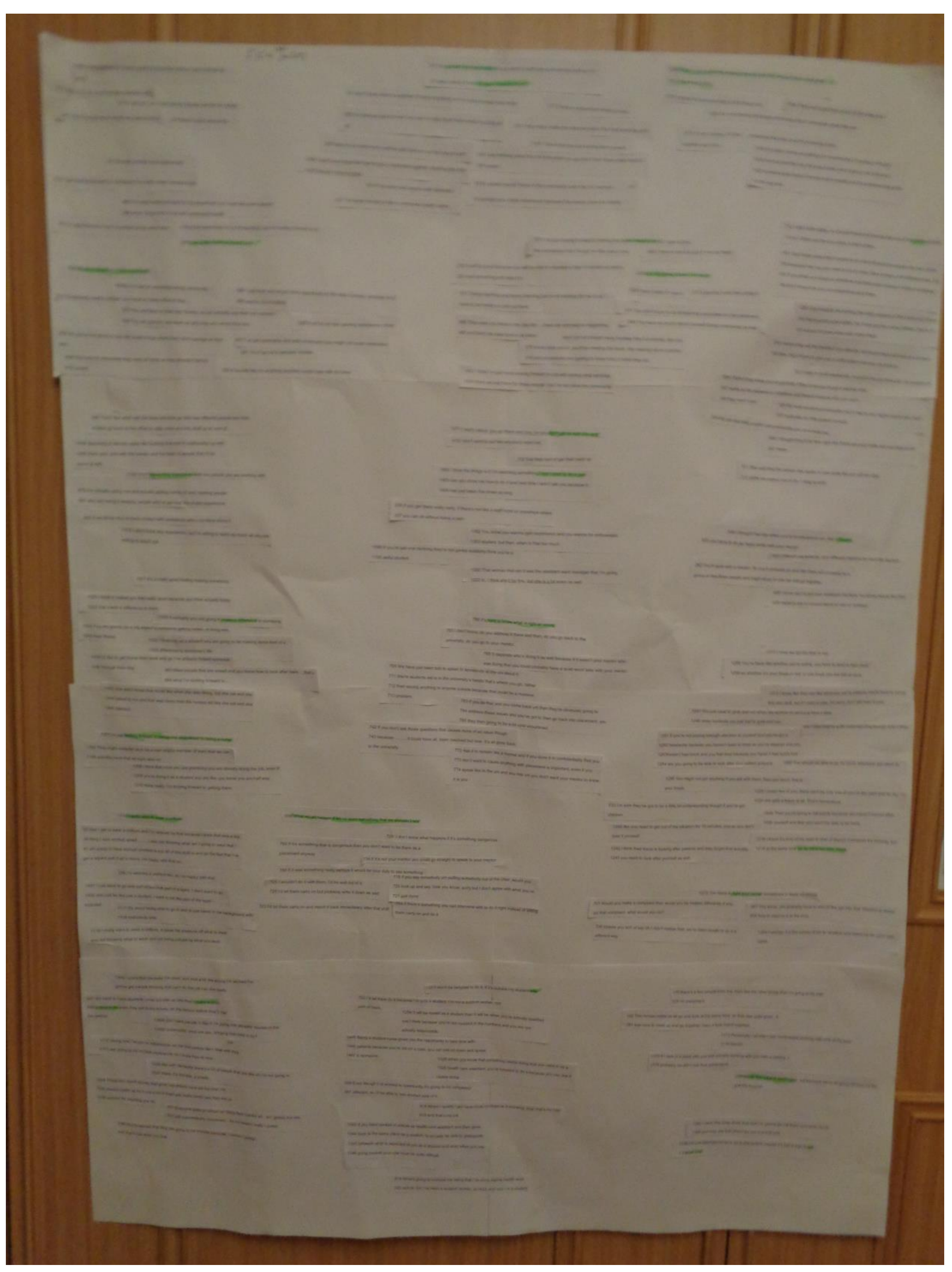
228 They said we wouldn't be with anyone else.

229 Ian – Oh right

Appendix 14 Arranging slips of paper for the themes for one focus group



Appendix 15 Developing the themes; part of the process



Appendix 16 Research findings from all four focus groups

Focus Group 1

Number of students: Six

Duration of interview: One hour

"Going on the inside" (432)

The main themes for this group of students were uncertainty and not knowing what to expect. They seemed to view placement as "*going on the inside*" (432) and whilst they appeared to think there were benefits to "*going on the inside*", it created a lot of uncertainty for the students and this was because they did not know what to expect.

One of the benefits of going on the inside was that there would be new opportunities and one of the students said they were: "*Looking forward to a new challenge, the next step*" (642) and another said:

"*Hopefully, there will be lots of observing, listening as you gain a bit of knowledge on the inside*" (123).

Several of the students were expecting to meet new people and one said they were looking forward to: "*a change of scenery, getting out there and meeting new people*" (433) and another said they would be: "*Meeting other co-workers and patients*" (434).

"Going in as a clean slate" (120)

"*Going in as a clean slate*" (120) was also mentioned by the some of the students as a benefit when: "going on the inside (432) with one student saying: "I'm lucky because I haven't got any experience" (130) and another one saying: "*It'll come easier to you because you don't have any bad habits yet*" (136). There were downsides to: "*going on the inside*" though and this was because the students did not know what to expect.

“We don’t know” (77)

The students all said they did not know what to expect from their placement and this was partly in response to not having been told where their first placement would be, but also because they felt they had not been fully enough prepared for it by the university. One of the students commented: “*Everyone’s uptight aren’t they because we don’t really know what’s happening*” (215) and another student commented:

“*Don’t really know at all where I’m going with that and that stresses me out because they are big parts of my life*” (644-655).

Aside from the anxiety there were also practical reasons for wanting to know where they were going and as one of the other students said:

“*I’ve got a step daughter and I don’t know when I’ll be able to pick her up and things like that*” (498).

“It will take a lot out” (314)

“*Going on the inside”* (432) also seemed to be a concern in terms of the demands it would make on the students’ normal routines and one student commented: “*It will take a lot out*” (314). Some of the students were concerned whether they would be able to keep their other jobs going and one student said:

“*I don’t know whether doing those hours at placement will leave me too tired, or too worn out to work as well. I would like to carry on working but I don’t want it to have a negative impact on my placement if I was too tired and stuff to get anything out of it*” (586-589).

Whilst another student commented:

“*I like to work on the weekends because you get the unsociable hours pay extra, which is important when you’re not doing many hours anyway because it makes a difference, but if I have to do my placement on the Saturdays or Sundays it will cut my normal hours during the week it will influence my pay cheque a bit*” (578-582).

The cost in relation to financial implications was also discussed in terms of whether the students need to buy clothes for it because that was: "*another expense*" (288) and another student stated: "*It's the money as well isn't it*" (317). Some of the students were concerned about travelling to placement and about preparing to get there, whilst another was concerned about the actual journey: "*It's not a lot of time to prepare or arrange*" (190) and: "*Having to start at half past seven and then having to travel and get the buses and things like that*" (315).

"Putting everything together" (470)

Others though, were looking forward to: "*putting everything together*" (470) and viewed placement as an opportunity to put into practice what they had learnt at the university. One of the students was keen to link the theory with the practice so he could understand how the links could be made:

"*I will be looking forward to putting everything that we have learnt so far that may at times have seemed irrelevant together to actually know that there's a reason of the theory being linked to it and all that*" (619-621).

"*Putting everything together*" (470) also involved working with other people, especially the mentor who seemed to be a big source for concern for these students:

"*All I really want to do at the moment is to meet my mentor*" (459)

The students seemed to be particularly worried about what the mentor would be like and whether they would like the students. One of the students commented: "*you hear horror stories don't you*" (241) whilst another said they wanted a mentor who is: "*patient and really nice to answer my questions*". The main concern seemed to be that they wanted to: "*get on*" (245 and 464) with the mentor and one of the students said: "*You don't want to be with someone who don't want one*" (244). The students were keen to have a mentor who wanted to have a student, but they realised that regardless they would have to: "*get on with them*" (464) and as one student stated: "*The quality of your placement depends on the relationship with the mentor*" (250).

“You don’t want to be doing things you shouldn’t be doing” (303)

“*Going on the inside*” (432) also meant there was a chance something could go wrong and one of the students stated:

“*You want to do the best you can and do your job and do what you’re asked to do, but then you don’t want to be doing things you shouldn’t be doing*” (302-303)

Another student stated:

“*Something could go wrong, you know it could be the mentor, the staff, anyone you know*” (529).

There was also some anxiety about saying the wrong thing:

“*I don’t want to say the wrong thing and think that I’m helping and I’m not being which I probably will be but we haven’t really been sort of told how to…. I guess that’s the point of placement*” (370-371).

There was also an issue about getting in the way and the fine line between wanting to learn, and not wishing to be a nuisance. One of the students commented:

“*It’s about being in the way isn’t it, when you’re shadowing someone, you don’t wanna like get in the way of them too much, but again you wanna be learning*” (388).

The students were also concerned they might behave inappropriately or that something could go wrong. One student commented: “*I don’t want to say the wrong thing*” (370) and another said: “*Something could go wrong, you know it could be the mentor, the staff, anyone you know.*” (529). This concern seemed to be neatly summarised by one student who said:

“*You want to so the best you can and do your job and do what you’re asked to do, but then you don’t want to be doing things you shouldn’t be doing*” (303-304).

“It would be nice to have a bit of back up” (237)

The students said they had formed friendship groups and there was a sense of loss amongst some of the students about "*going on the inside*". One of them commented:

"*I think it's good if we keep in touch over placement in case there are any problems, you don't want to isolate yourself*" (605-606).

There was also concern that they would not have the support in placement with one student saying: "*We won't be able to ask people, we might have to ask academics about it really*" and another commenting: "*It would be nice to have a bit of back up*" (237).

"Make a difference" (485)

Wanting to do their best when they were "*on the inside*" (432) also tied in with wanting to make a difference. One student commented that they wanted to:

"*Come away from placement and feel like you've actually influenced and made a positive change could be really rewarding*" (482-483).

Another student added:

"*That's why you go into mental health nursing to make a difference isn't it, to impact on somebody's life*" (485).

Whilst a different student wanted to add or change something to the placement they were going to and said they would:

"*Like to change and improve the service they provide by suggesting something*" (487).

"Make or break" (353)

"*Going on the inside*" (432) was also seen as a time of make or break and these students appeared to view their first placement as the factor that would confirm whether they had made the right career choice, or not. One of the students commented:

"*I think the placement makes you decide whether you want to do this job*" (349).

Whilst another student seemed to view it as an opportunity to see if they would enjoy working in mental health when they said: "*Seeing if I enjoy it, or I don't enjoy it*" (433). Another student added: "*If I don't enjoy it I might have to think of something else*" (435).

Focus Group 2

Number of students: 10

Duration of interview: One hour

There seemed to be two main themes for this focus group and the first was that being a mental health nurse was a risky thing to do and secondly there was a concern about whether they would get on with the people they would be meeting.

"I don't know" (115)

Some of these students said they did not know what to expect and one student said: "*At the moment I don't know anything about anything*" (405-406) and another commented: "*It is the fear of the unknown*" (557). As with the first focus group it was not surprising the students did not know what to expect because they had not been told by the university where their placements would be.

"I've not had much experience" (230)

Whilst there were only three students from this group who had no previous experience of working in a mental health environment, lack of experience was a concern and one of the students stated:

"*I've not had much experience I'm just worried about standing on the side lines and not really getting involved*".

As with the first focus group, there seemed to be the view that someone with no experience would be in a better position than someone who had previous experience. When one of the students stated they had no experience, one of the other students commented: "*I would feel you've got it easier*" (234). Whereas, another student stated: "*I don't want to be expected to know*" (147)

"It's very risky being a mental health nurse" (199)

One of the main messages from this focus group was that being a mental health nurse is risky because there is a chance of getting hurt. There also seemed to be a concern about caring for older people with mental health problems: "*I think you are more likely to get hit by an older person*" (213) and another student commented:

"*It would be a shame if you end up with a negative perception, about say elderly care and you go there and they basically live up to it*" (517-518).

Some of the students said that they thought there tends to be a negative attitude towards working in a mental health environment and they seemed to acknowledge that this perception is prevalent and so it was okay for them to feel worried about it:

"*It is a perception that is there and so we are going to go in feeling a bit probably wary and a bit scared*" (205-206).

Another student commented:

"*People have bad perception about being a mental health nurse and it's really scary ….if somebody asks what course you're doing and you say mental health, they just act as if you are going to die*" (465-467).

"Seeing something that perhaps you didn't want to" (562)

There was also some concern amongst the students that they might see something that they did not want to have seen. These fears mostly related to seeing dead bodies:

"*It is the physical side of it isn't it, it we will have to actually deal with a dead body*" (585-586) and another stated "*I'd be like in shock, I've found a dead person*" (631).

One of the students seemed concerned due to her culture being different:

"*I think where I come from is also part of it, it is personal too, we hardly go near dead bodies and we have people who do that*"(620).

Another fear related to witnessing poor practice in placement and one student responded that they would do as they were told: "*within reason*" (749).

"Relationships - meeting new people" (171)

The feeling relating to meeting new people appeared to be mixed with one student saying:

"*Another thing which I was worried about is the social aspect of being in a new place* (362 -363).

Whilst one of the other students was looking forward to meeting new people:

"*I'm looking forward to it, having that rapport*" (180).

Some of the students were also concerned for the patients because they felt they would build relationships with the patients and then after a few weeks they would be leaving:

"*If it's like a long term thing they're in long term care and you just leave, looks like lots of people just walking in and out*" (647-648).

There also seemed to be a feeling between the students those relationships developed with the patients are different before they qualify compared to afterwards:

"*As students we will still get chance to take patients for a walk or participate in fun time, but once we are qualified we will definitely be a bit more into the paperwork that has to be done*" (266-268).

This seemed to be summed up by one student who commented:

"*If you're not involved in that (activity) then you have to sit in the office and write these kind of care plan things. That's a very different relationship*".

The relationship with the mentor also appeared to have been a concern for this group of students who did not appear to have a positive expectation of their mentor. There was some anxiety about having a mentor who: "*kills your spirit if you make a mistake*" (785), although one student did suggest: "*We will actually have someone with us who says this is how you react in certain situations*" (322 - 323). There also seemed to be a sense that the mentor was someone who could not be trusted: "*That's going to be the difficulty, not like being able to open up and trust the mentor and tell them things*" (674-676). The students also seemed to have a lot of concerns relating to who they would be working with and one of the students stated: "I'm worried about whom I'm working with "(119).

"It's a different kind of learning" (762)

The students expected that learning in placement would be different to the learning they had currently experienced and one of the students commented:

"*It's a different kind of learning and getting that confidence I don't think you can get from classroom lectures*" (762-764).

One of the other students commented that it will be a "*chance to learn something*" (322), whilst another student said:

"*Think I'm looking forward to learning things practically and not sitting in lecture theatres and having people talk to me*" (759-760)

One of the other students said they thought they would: "*Get that hands on and learning*" (760) and learn from the mistakes they were expecting to make.

The students were expecting placement to be an "*adjustment*" (704)

Those students who had previously worked in a MH environment realised it would mean a change to their usual role in a mental health environment. One of the students said they thought it would mean:

"*Separating the past and also sort of watching the restraint rather than being involved*" (224-225)

Another student said they were worried about this adjustment to their role:

"*I'm actually scared of adjusting my role to be a student from being a support worker*" (218-9),

This change in role seemed to be challenge for these students:

"*I almost mourn losing that side of my job and no longer being that person on shift*" (261).

Whereas another student commented:

"*Thing is I'm comfortable as a support worker because I've done it for a long time*" (233-234).

The role change seemed to be to do with separating from a role that was familiar to them and adapting to a role they were uncertain of.

"As a student nurse" (220)

The students seemed to be concerned about their role as a student nurse and one student stated that it would be "*The same me obviously with a different role*" (262).

Some of the students seemed to have had some concerns about working out the role of the student nurse and one student remarked:

"*I think I will struggle as a student nurse finding the difference between separating the two that is my biggest worry*" (225-226).

One of the other students commented:

"*As a student nurse there are things you are allowed to do and there are things you are not allowed to do*" (220-221).

The switch in role was something most of these students seemed to be aware of and this involved the differences between being a student compared to a student nurse:

"*Just come to uni and then be back at work again, I won't be a student, I'll be a student nurse*" (379-380).

Aligned with this adjustment and change in role from student-to-student nurse, one of the students commented: "*Placement changes you as a person*" (551). Another student said: "*It's like a journey on starting to believe in yourself*" (535) and that it is a time for "*building confidence*" (783).

Focus Group 3

Number of students: Three

Duration of interview: 41 Minutes

One of the main themes for this focus group was uncertainty and there seemed to be a lot of uncertainty about their placement.

"Well we don't know" (184)

Some of these students were concerned because they did not know what to expect from a placement in the community. They were also unsure what the work would be like:

"*People with mental health problems that live in the community I don't know how severe their condition would have to be for them to go into hospital" (130-131) and one of the students was not sure what was involved with looking after the elderly: "I don't really know with elderly*" (207).

Comments about being placed in a community setting seemed to be based on guess work: "*I guess I'll see a lot of um deprivation*" (128) and: "*I guess it will involve quite a lot as well won't it?*" One of the students commented: "*In the community, well you go into other peoples*" houses" (126) and another offered: "*I think you know it is a supporting role*" (187).

As with the other focus groups, there were concerns with adjusting and these comments seemed to overlap with those made about "*Being a student nurse*" and "*You will change a lot*". Adjusting and not knowing appeared to involve the challenges of a new routine: "*Adjusting to a new routine, I s'pose that's my biggest concern*" (269). There was also a childcare concern for one of the students:

"*I've got two young children as well so to organise just the practicalities of doing early starts*" (267-278).

There were also some worries about the first few days, and this seemed to link with not knowing and being in a new and unknown environment. This was the only group that seemed to be worried about this: "*The first few days are going to be quite strange*" (325) and:

"*I'm not really looking forward to the first couple of days cos you just want to be settled down*" (296-297).

"You will change a lot" (550)

The students also believed they would change a lot, but they seemed to be quite happy about this: "*I'm looking forward to um like seeing how everyone's gonna like grow, develop*" (381) and another one reported:

"*I've heard a lot of nurses say, oh, you will change a lot over the three years and yes, placement is fundamental to that I guess so*" (550-551).

Two of the students were concerned about the change in their roles:

"*I know my role is going to be completely different because I'm going to be a student nurse and not a support worker*" (203-204).

"*I think I'm going to struggle to get out of my support worker role cos that's what I'm used to doing*" (211-212).

"Another step further into the journey" (556)

The belief that they would change a lot seemed to be linked in with "*Another step further into the journey*" (556) and one of the students said: "*I'm kind of trying to see where I want to be at the end of it*" (370). Going on this journey seemed to be a collective journey:

"*There's some older people and some really young people and we're still starting our career*" (576-577)

One of the other students commented:

"*It sounds really cheesy, but we're all on this journey together*" (378).

Relationships featured in this focus group as it did with the earlier ones, but with this group the friendships related to those friendships they had made together at the university and one student said: "*I'll miss like our friendship groups*" (510) and another commented:

"*I think it's nice that as a group as well we, we've got like our little group of friends*" (376).

When these students mentioned relationships in connection with placement these were more to with concerns, than looking forward to meeting new people: "*Trying not to feel like a nuisance for being a student nurse*" (259). One of the students commented:

"*Being the student, the student nurse, learn what you've got to learn and stay away from all the drama*" (303-304).

The mentor was referred to, but only in relation to: "*I know what the mentors say about the students*" (345).

"Putting it into practice" (382)

Learning has been referred to in the two previous focus groups and the students seemed to be looking forward to learning new things and one of the students commented:

"*Just learning, putting things like I've learnt at uni into practice and growing as a person because of it*" (548).

Whilst another commented:

"*I know that it's gonna improve me, like, I can only improve by doing, so that's what I'm quite looking forward to*" (367-368).

There appeared to be an awareness that this would be a different type of learning:

"*I think the theory stuff is good, but the actual placement it's why we're here, that's what we eventually want to be doing*" (356-357).

This awareness extended to realising it would be different practicing on an alive person:

"*It's okay practicing on that fake arm thing they give you in clinical skills, it's a bit different on a real person*" (281).

The main concern appeared to be having to give injections: "*Having to give injections is going to freak me out a little bit*" (277). There was also a concern about patients being anxious about having an injection and another student noted:

"*I'm a bit worried about somebody that is really anxious, if you've got a really anxious patient anyway and they don't like needles*" (286-287).

Some of the students also felt they: "*Might need a bit more direction to start with*" and this is where the mentor featured:

"*When I've seen mentors do it with students though, they're quite, they do explain it to students like*" (275-276).

Whilst another added: "*Can take the lead from mentors as well*". One student was quite clear about how she wished to be supported:

"*To start with I'd appreciate a bit more guidance as to this is how we interact and this is what level we expect, as opposed to somebody that will say, well get on and do what you think for the first week and we'll reflect*" (243-247).

"New experience" (211)

Possibly the most discussed topic was that this was going to be a new experience for these students and whether it was preferable to have had previous experience of working in a mental health environment or not:

"*For the couple of people that haven't had any experience, I think it will be quite a shock"* (320-321).

Whereas another student commented:

"*I'm thinking that people that haven't um been a support worker are at a kind of an advantage*" (216-217).

It was thought this would be a benefit because: "*It is easier to see with a fresh pair of eyes*" (224). There also seemed to be some satisfaction to knowing that even if a student had previous experience, they were still apprehensive:

"*I was speaking to another student, that's one of the more mature students yet she said she has worked in such a tiny little safe role, that she's still really apprehensive as well*" (587-589).

The students seemed to find this reassuring:

"*Quite reassuring that someone that has done mental health support working for years has still got quite big apprehensions*" (590-591).

The message seemed to be that even if someone did have experience of working in a mental health environment, this was going to be a completely new experience:

"*It's like you saying to me, oh you'll be fine, you've done it before and I'm like not, I've just done forensics. That's all*" (593-594).

Focus Group 4

Number of students: Seven

Duration of interview: Just under two hours

The overall theme of the discussion for this group of students appeared to be about uncertainty and not wanting to get in the way, although they also seemed to think they needed to stand up for themselves and to have their needs met. One of the students did not know where her placement was going to be. This was the longest interview and it lasted just under two hours.

These students appeared to be looking forward to their placements, although one student said: "*I'm apprehensive, but I'm excited at the same time*" (29) and later another student commented: "*at the same time it is a bit daunting, but I'm looking forward to it*" (219). One of the other students said:

"*I'm really looking forward to my placement, but I was like even happier when I knew it was erm community health*" (985-986).

"Right in the heart of the community" (1192)

Community placement seemed to be quite popular with this group and unlike the students in focus group three, these students seemed to have some understanding of what it would be like:

"*So you're not going to see like acute things where they can't manage on their own*" (258) and "*with community you might not cover medication*" (457).

In isolation, these two comments could be considered, to be a negative aspect of community placements because of the lack of access to practice certain clinical skills. In the context of this focus group, this seems to have been considered a positive aspect of a community placement and working in the community seemed to be popular with these students because: "*I just think you've got more opportunity to like take it slowly*" (884) and: "*you learn so much about yourself doing community as well*" (946). One of the students also seemed to think she would like it because: "*You see them in their own homes, so you actually see them as a person*" (923) and: "*You are going to see them as who they are, where they live*". One of the students also saw it as an: "*eye opening experience*" (226), although she did not explain what she meant by this.

"I'm kind of going in blind" (343)

Whilst the students seemed to be mostly looking forward to their first placement, there was quite a lot of anxiety relating to not knowing what to expect: "*I'm nervous about it now 'cos now I'm like I don't know what I'm doing at all*" (865) and one of the other students commented: "*I think that's really the unknown that's the most worrying part*" (197). One of the students who had not worked in a mental health environment before said:

"*I've not had any experience in any sort of healthcare environment and so I'm really new to it and I'm kind of going in blind*" (91-92).

This group was quite different to the others because they did not make any comment about whether it was better or not to have any experience. Linked with going in blind was:

"*I don't want to be that student the one that like clearly had no idea what they were doing*" (1086-1087)

Whilst this on its' own was not a huge concern, two of the students were concerned about remembering what the different drugs were for: "*It's not knowing the drugs and being able to remember what they are*" (1394). Two of the other students were concerned that they were clumsy and how things might go wrong: "*I'm so clumsy, I'm like.....remember the time I put the commode back together and it fell*" (1415), and the other student added:

"*I'm really clumsy as well and I'm worried like I'm going to like get nervous and flip over the drug trolley and it lands on its" side and someone gets shot in the foot with a needle and then someone else gets it in the eye*" (1419-1421).

"I don't want to be a pain" (1700)

This falls under the theme of relationships: "*I worry about you go out there and maybe you don't get on with the staff*" (1071). One of the students added: "*then sort of get their back up*" (732). another student was concerned because they did not want to get in the way: "*I think the thing is if I'm watching something I don't want to be a pain*" (1400) and this student was also concerned about hindering the staff: "*can you show me how to do it and next time I won't ask because it has just taken five times as long*" (1403-1404). Overall, some of the students did seem to be quite excited though, and one said: "*You wanna gain experience and you wanna be enthusiastic*" (1352).

“You are going to learn so much” (491)

The students were looking forward to what they would be learning on placement and one of the students said:

“*I’m just looking forward to having like a new experience so I gain all the new knowledge that I’ve got no idea about now*” (1011)

Other students were looking forward to a different type of learning as was mentioned in previous focus groups: “*Theory learning just is not working for me at all. I have to be hands* on” (571) and: “*I have to see it to get it into my head*” (580).

“It is hard to know what is right or wrong” (786)

There was a concern relating to seeing something they should not have seen, and one student queried what they should do if they witnessed poor practice: “*What would happen if we’ve seen something that we shouldn’t see*” (698) and they were most worried about who they should tell. They did not know whether it should be the mentor, or someone from the university. Role was an issue here because the students had to decide who was responsible for them: “*We have just been told to speak to somebody at the uni about it*” (705). Although, another said it would depend on who the person was who not behaving appropriately:

“*It depends on who’s doing it as well because if it wasn’t your mentor who was doing that you could probably have a quiet word later with your mentor*”. (765-766).

Working out what to do, appeared to have been quite an issue for these students because they were also concerned that what they did in response to what they had seen, could impact on them. For example, if they reported it to someone at the university, one student commented:

“*they’re obviously going to address these issues and you’ve got to then go back into placement, are they going to be a bit cold shouldered*” (783-785).

Another student was concerned that it might be better if it was dealt with in placement, rather than letting the university get involved:

"*If you don't ask those questions that causes more of an issue though because it could have all been resolved but now it's all gone back to the university*" (742-743).

There was also a concern about whether they should intervene if they saw bad practice: "*I'd let them carry on and report it back immediately after that shift*" (723) and another student added: "*I'd let them carry on, but probably write it down as well*" (725). Whilst another one said: "*I won't be tempted to do it, if it's outside my student role*" (1331).

The students appeared to have been confused about who they should and could talk to and it seemed pertinent that one student commented: "*We all like support each other, but because we're all going off now, it's like lost the support*" (677). It seemed that they viewed their friendship group as a safe place where they supported each other, and this was being torn away by having to go into placement.

"You will do what shifts we expect you to do" (511)

As with the other focus groups, there seemed to have been recognition that preparing for placement would require some adjustments. The difference with this group was that there seemed to be an expectation that placement would have to be flexible with the students and not the other way around:

"*I don't know what they are going to do with shift work for people who don't drive because they say you need to do an early, like a mixture of all different ones, but if you finish at 9.00pm or whatever and there aren't buses or trains or anything, I don't know how you can experience all of them*" (145-148).

One of the students was concerned there may not be the flexibility because she had heard from another student who had contacted her placement:

"*She said the person she spoke to was quite like you will do what shifts we expect you to d*o" (511).

Within this group, there also seemed to be a big concern about not being able to drive and not knowing how they would travel to and from placement, especially if suitable public transport was not available. Some of the students were also concerned about having to work weekends and this was either to do with family commitments, or because of other work. One student who needed to keep weekend work reported:

"*I need to work weekends, as part of my job I do weekends and they turned round and said you need to work weekends*" (522-523).

As with the earlier focus groups, this group of students also touched on this first placement as make or break, but this mainly related to the student who had not yet been told where her placement would be, and she viewed this as a bad omen and commented:

"*I'm just destined never to go to placement, maybe it's just a sign to get out now*" (1158-1159.

"Being a student nurse" (1445)

The role of the student nurse seemed to be important to these students and as with the earlier focus groups it seemed to be related to working out what their role was:

"*If you have worked in places as healthcare assistant and then gone back to the same place as a student, to actually be able to distinguish between what is expected of you as a student and when you are going passed your role must be quite difficult*" (1343 - 1346).

Whilst another student said:

"*What's going to confuse me being that I've done mental health work before, but I've been a support worker, an HCA and not I'm a student* (819-820).

Some of the students did seem to think there were benefits of being a student nurse and one student commented:

"*It will be easier as a student than it will be when you are actually qualified cos I think because you're not counted in the numbers and you are not actually responsible*" (1258-1259).

Another student said:

"*Being a student nurse gives you the opportunity to take time with patients because you're not in a rush, you can just sit down and speak to someone*" (1445 – 1447).

"I really want to wear a uniform" (1114)

Wearing a uniform was important to some members of this group and there were several reasons for this. One of the students viewed wearing a uniform as becoming part of the group:

"*I just want to go and sort of become part of a team, I don't want to go and just be like just a student. I want to be like part of the team – included* (1432-1434)

Another student saw it as a way of fitting in:
"*It's about being able to go in and to just blend in the background with everybody else*" (1400-1401)

Wearing a uniform was also considered to be positive because uniforms have pockets to put things in:

"*See I get to wear a uniform and I'm relieved by that because I think that was a big thing I was worried about. I was just thinking what am I going to wear that I am going to have enough pockets to put all this stuff in and so the fact that I've got a tabard with it all in there, I'm happy with that*" (41-42).

Wearing a uniform also had the benefit of not wearing inappropriate clothing:

"*I really want to wear a uniform, it takes the pressure off what to wear and not knowing what to wear and not being judged by what you wear*" (1116-1117).

This group of students were the ones who were most concerned about wearing a uniform.

"Make a lot of judgements" (1212)

One of the younger students was worried that because she looked young, she would be judged as incapable:

"*I worry that because I'm short and look a bit young I'm worried I'm gonna get people thinking she can't do this job can she really. I don't want people to like if I'm going into peoples' houses in the community, what are you bringing that child in for?*" (1305-1309).

Whilst judgements may be made about the students at their placements, the students were also aware of their own judgements:

"*Like with dementia there's a lot of people that are like oh, I'm not going in there, it's horrible it smells*" (1028-1029).

Whereas one of the more experienced students commented:

"*We used to have students come out with us and they'd make a lot of judgements when they get to the house, on the person before they'd met the person*" (947-948).

"Mentor" (551)

The students also discussed the mentor and it seemed that judgments were made about the mentor:

"*You're worried that they are going to be horrible because, I dunno I guess that's just what you fear*" (548-549).

One of the other students added:

"*Everyone goes on about not liking their mentor, so I guess you are just automatically concerned, for no reason really*" (551-552).

There was also general discussion surrounding the mentor and whether one mentor would look after several students at a time. This group also mentioned the mentor might be on holiday and so then they would have an assistant mentor:

"*I know you've got your assistant mentors, but some people like their mentors are on annual leave or are on holidays and they've got different things like*" (692-694).

"Meeting new people" (979)

One of the students expected to make friends with people in placement: "*You'll gonna form friendships with the people you are working with*" (1184). For other students it was more about meeting with people who are working in placement:

"*It's actually going out and actually getting hands on and meeting people who are doing it already, people who've got real like proper experience*" (979-982).

One of the other students saw it as an opportunity to meet with patients as well as staff:

"*Speaking to service users like building that sort of relationship up with then and, and with the mentor and the people that I'll be working with*" (1449-1450).

"Eventually you are going to make a difference to someone" (1272)

These students were looking forward to making positive difference to someone's life:

"*I think it makes you feel really good because you think actually today that made a difference to them*" (1021-1022).

Whilst another student commented:

"*Meet people that are unwell and you know how to look after them, that's what I'm looking forward to*" (983-984).

There also seemed to be an expectation with some of the students that they would make a difference:

"*You're gonna be a big aspect in someone getting better or living with their illness*" (1004-1005) and also: "*Obviously as a student you are going to be making some kind of a difference to someone's life*" (1002-1003).

One of the other students commented:

"*She didn't know much like what she was doing, but she sat, and she talked to me and that was more than the nurses did like she sat, and she listened*" (1443-1445).

"We do have our own needs" (1219)

Whereas the students in focus group 2 were concerned about having to do things they did not want to do, this group was concerned with making sure they got their comfort and lunch breaks:

"*I know like they say like obviously your patients' needs have to come first and stuff, but if I need to pee*" (1213).

This seemed to be a big issue for this student and later she added:

"*If you're not paying enough attention to yourself and you've got a headache because you haven't been to toilet, so you've stopped and you haven't had lunch and you feel tired because you haven't had lunch, how are you going to look after your patient properly*" (1251-1254).

There also seemed to be a concern for these students about missing lunch. One of the students commented: "*You should be able to go for lunch whenever you need to*" (1262). One of the other students who had previously worked in a mental health environment, where staff were expected to eat with the patients, commented: "*you*

might not get anything to eat if you eat with them" (1290). There seemed to be the expectation that as a student nurse they would not have their needs met because the patient is the focus:

"*I know it's kind of we need to kind of expect it because it's nursing, but at the same time, we do have our own needs*" (1218-1219).

Later another student added: "*I think their focus is looking after patients and they forget that actually you need to look after yourself as well*" (1242-1243).

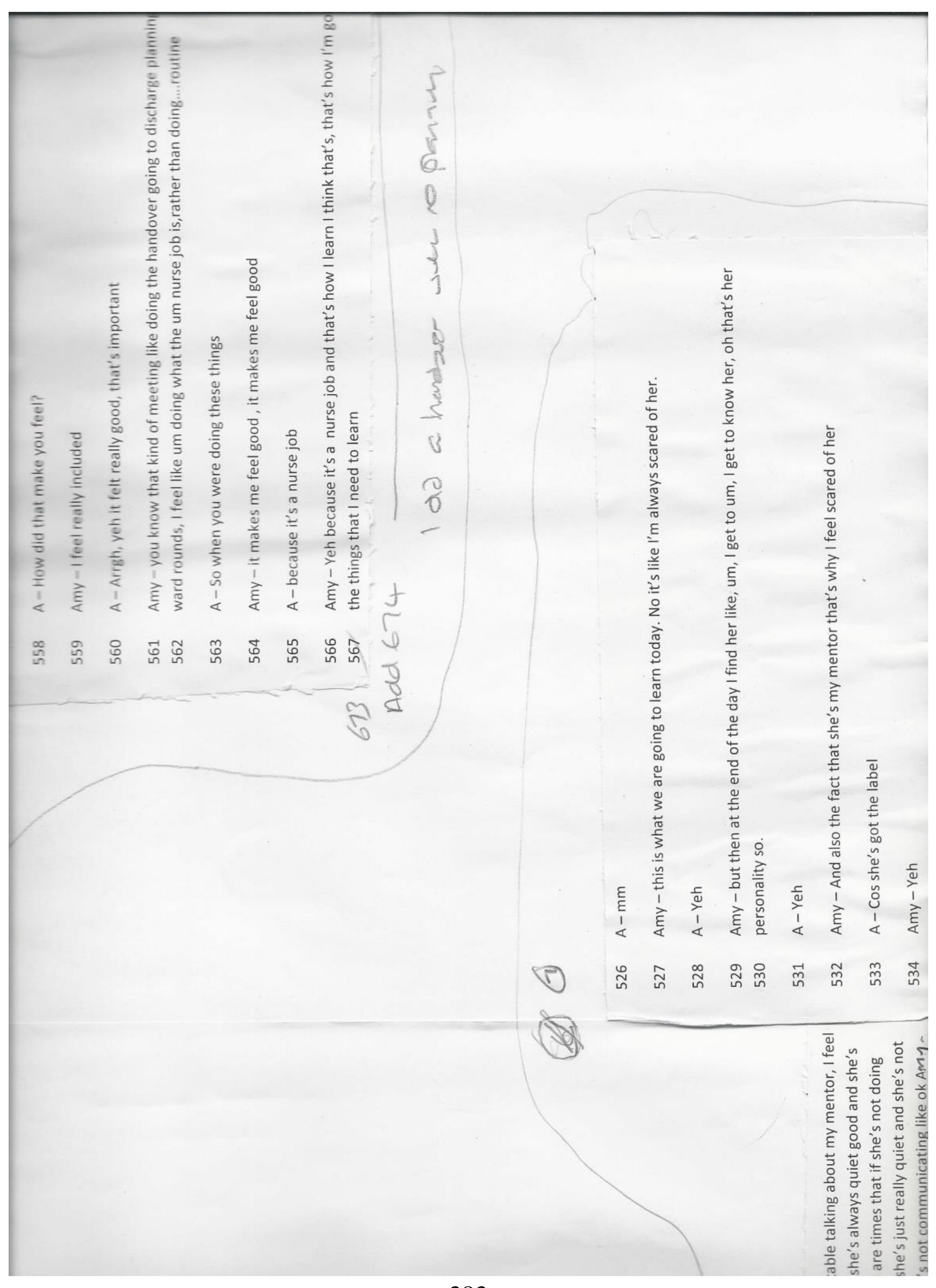
This was the first focus group to mention this and in this sense this group were protective of themselves in a similar way to focus group two, when the group discussed having to see and deal with dead bodies.

Appendix 17 Diary: diary Interviews an extract from Lorna's script to show how the interview transcriptions were displayed

603 A – Did you enjoy it?
604 Lorna – yeh it was good, it was very scary at the time
605 A – yeh
606 Lorna – but I was really glad. I think it really changed my confidence um it was …
607 Throughout I was scared of doing something to someone that would have any sort of
608 lasting impact on anything. I didn't want to hurt them in anyway or do anything, so
609 yeh, I really struggled with the confidence to do something because I didn't want to
610 do anything wrong, so that was really good because that was the first time I'd actually
612 just got on and did something and then thought, actually if I hadn't have done
613 something it would have been worse than having done something um for the lady
614 with the low blood pressure um so that was really good.
615 A - Yeh, I think that's really interesting the contrast as well. I made a note
616 somewhere that you had shut the door, maybe it's not there
617 Lorna – Um
618 A – oh yeh that was the ECT time then wasn't it
619 Lorna- yeh
620 A – because it was all so
621 Lorna – yeh
622 A – that's going back a couple of pages
623 Lorna –yeh . Oh um yeh, they yeh, so she had her assessment and we'd all gone into
624 the other room to have her work up and the lady came through and went 'oh I don't
625 think she should be here, I think she should be um' ...I can't think what it was called
626 now....they thought there was something wrong with her brain function
627 A -alright okay
628 Lorna –rather than um er...because she was diagnosed with severe depression
629 A – yeh
630 Lorna – she'd suffered with depression all her life and um her, her assessment was so
631 low that they thought it was probably more of a sort of cognition thing rather than a
632 depression, um. Yeh talking about it right while she was there and what was funny

633 was the healthcare assistant that was there who was equally, she was another nasty
634 one um looked at me as though it was my fault that the door was open and I thought
635 no, I've some in to sit with the patient and watch, I haven't come to make sure that
636 you have closed the door, you're the one that's leading this, not me and actually if
637 anyone is to blame it's the one that's shouting her mouth off in the room next door um
638 she shouldn't be
639 A – No
640 Lorna – that's not her opinion, it's not for her to have an opinion, she was there to fill
641 out a form and that was it, it wasn't for her to do anything else, so yeh that was, that
642 was interesting, I had forgot about that.

Appendix 18 Extract from Amy's initial interview scroll showing the positioning on the scroll for the good and not so good placement experiences



558 A – How did that make you feel?

559 Amy – I feel really included

560 A – Arrgh, yeh it felt really good, that's important

561 Amy – you know that kind of meeting like doing the handover going to discharge plannin
562 ward rounds, I feel like um doing what the um nurse job is,rather than doing....routine

563 A – So when you were doing these things

564 Amy – it makes me feel good , it makes me feel good

565 A – because it's a nurse job

566 Amy – Yeh because it's a nurse job and that's how I learn I think that's, that's how I'm go
567 the things that I need to learn

673 Add 674

526 A – mm

527 Amy – this is what we are going to learn today. No it's like I'm always scared of her.

528 A – Yeh

529 Amy – but then at the end of the day I find her like, um, I get to um, I get to know her, oh that's her
530 personality so.

531 A – Yeh

532 Amy – And also the fact that she's my mentor that's why I feel scared of her

533 A – Cos she's got the label

534 Amy – Yeh

...able talking about my mentor, I feel
she's always quiet good and she's
are times that if she's not doing
she's just really quiet and she's not
...'s not communicating like ok Amy –

Appendix 19 Extract from Lorna's transcript with Data Analysis

<table>
<tr><td colspan="3">Lorna interview 1
Date: Tuesday 20th May 2014
Location: Melbury House
Duration: One Hour 36 minutes.

Transcript Codes
[ ] – Complete story
… - Short pause
….. – Longer pause
………. – Long pause – when referring to diary
(f/p) – Flicking over pages of the diary</td></tr>
<tr><td>Story Unit 1</td><td>They were cliquey
Characters - Lorna, mentor, other members of staff and the patients</td><td></td></tr>
<tr><td>1
2
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21</td><td>[Um I think for me the biggest thing,
these were all my fears, but the biggest
thing for me was fitting in actually. They
were lovely, but it was very cliquey and
you know um………. and they knew
each other and they didn't know me so
you had to make a real effort to sort of
join in and fit in, um but as time went
on that was fine and it did happen, it
just took that little bit longer, um, I'm
quite shy so I don't think that probably
didn't help, but it definitely brought me
out of myself because I had to do it
because otherwise it didn't sort of um
get involved in anything if I didn't….but
yeh it was really good.

My mentor was off sick for er a while
and that was really hard for me because
they didn't give me another mentor to
replace her, so that was really difficult
cos I kind of felt like I had to just keep</td><td>Biggest thing/ lovely, but very cliquey
Outsider - start of placement Lorna saw herself as an outsider - everybody knew each other and she didn't know anybody. She said they were cliquey. She also said they were lovely - contradiction was probably used to counter the negative start to the interview.
Took her a bit longer than other people because she was really shy.
Had to get over her shyness.
Them and me - they all knew each other, and she didn't know them.
Hard work to get noticed - had to be really active to get to know them.
Biggest thing - had to make a real effort to fit in – had to push herself forward.

Mentor went on sick leave near the start of her placement. Really hard for her –she didn't know them, and</td></tr>
</table>

22 23 24 25 26 27 28 29 30 31	myself busy. I didn't know the ward and I didn't know the patients, so it was hard, but after that it was fine and I think that was when I really got stuck in because I had to otherwise I didn't talk to anybody and didn't do anything all day so I just got on and did it um and then it was fine after that, I think they then saw that I was willing to work hard and um yeh that was fine].	they didn't know her. People ignored her - she had to make the effort to get involved in things otherwise, she would have been left out and ignored. She said she felt it was important to keep herself busy and show she was willing to work - only then were the nurses willing to spend time with her – she got stuck in. Lorna, she seemed surprised and disappointed that she wasn't given another mentor. She seemed to struggle to start with - key seemed to be about getting stuck in and getting to know the staff and the patients. Seemed like a struggle and challenge. Fitting in, invisible, not wanted, had to be active, had to get stuck in, isolated, not sure what to do, uncertain, on the outside, shy and needed to get involved.
Story Unit 2:	**Nightshift 1** Characters: Lorna and her patients	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	[A – It must have felt quite unpleasant actually? L – It was, it was ye, probably for a couple of days and I did night shifts too which was really hard and then turning from nights to days was difficult in itself, but then to not, people look so different when they are asleep in bed to when they are up and about on the ward, you can't even recognise people that you interacted with at night that were awake cos they just don't, you know they don't look the same A – In what way? I wouldn't think of that? L –Um, well I guess it is just that they are in their pyjamas and then they're	Early in the placement, Lorna was working nightshifts and she found very different to working days because the patients didn't look the same at night as they did during the day because the ladies didn't have their hair done or have their teeth in and the men were wearing pyjamas. **Lorna found this difficult for the first few days and seemed to find it a struggle** that she had to get through. **Lorna found working night shifts confusing** and this was because of

18 19 20 21 22 23 24 25 26 27 28	dressed and then you know for the ladies their hair is done and they've got their glasses and makeup on and things you know, whereas when they're in bed they don't have their glasses and their teeth and all the other things they sort of – yeh A – Ooh how strange! L – Yeh, it was strange, but I enjoyed it, it was just getting through it, the initial bit I think].	shifting between working days and nights and because the patients looked different at night when they were in bed. The ward seemed to be a different place for Lorna at night. Lorna seemed to have looked back on it as an enjoyable time once she had got used to it. **She did seem to have been on her own and seemed to have been bit isolated** Getting used to it is part of fitting in and **confusing**
Story Unit 3	**Fitting in, but learning more important** Characters: Lorna, mentor, nurses, other professionals, and office staff	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	[I worked a lot of weekends because that was what my mentor did and because I'd found quite early on that not working with her probably wasn't the best way to go because you are kind of left. The other nurses weren't um, they wouldn't say I'm going to go and do this do you want to come, so you'd have to kind of force yourself upon them. Sort of say can I come and watch that um and then you kind of felt like they didn't, some of them felt quite like self-conscious of doing things like injections and they didn't really want you there because they didn't want to be watched um they were all nurses that had been qualified for a long time um so I kind of think they thought I was kind of doubting them which wasn't the case at all, I just wanted to learn, but I kind of got that feeling that they thought I would be sort of criticising	Tried to spend as much time as possible with mentor because she learnt quickly that not doing so meant she would be left on her own because the other nurses ignored her. (Stick with her mentor position). Lorna soon realised that if she wasn't with her mentor and **was left on her own,** she would have to be quite pushy if she wanted to work with the other nurses. Lorna said that she felt some of the nurses didn't want her to watch them and that they thought she might be criticising what they were doing. Lorna said that the nurses had been qualified for a long time and they didn't like her watching her. As a result Lorna had to work weekends with her mentor. Nurses = old timers and Lorna = new kid on the block. Lorna didn't say she resented working weekends, but from what she didn't say, I think it did because she repeated working weekends and

26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	what they were doing um so I found it easier to work with her which meant working weekends so, working Saturday and Sunday most weeks um er which she was happy with because it meant that I was with her and the weekends were much quieter, so um I got a lot more done and it was a lot more focussed on what I needed to achieve rather than sort of the everyday things that go on. A – So do you think that was helpful? L – Yes definitely. It worked for me cos I think I got to know her quicker because we didn't have the chaos of you know, ward rounds, doctors, psychologists, and everybody else that comes during the week and office staff being there A – mm L – yes so it really worked well, and she always gave me if I wanted my rota, she would give it to me in advance um and I just tried to work with her as much as possible um unless I um wanted to go and see something and go somewhere else.	stated that a weekend meant that she was working on a Saturday and a Sunday 'most weeks'. Then again, she kind of justifies this as being okay because the ward was less busy at the weekend and this meant she could get a lot more of her own learning needs achieved. There seems to be a compromise and a trade-off here between **the nurses who wouldn't let her learn from them** and as a result having to work weekends, but then she was in a better position with her mentor to learn the things she needed to learn. So, the **nurses are still excluding Lorna,** but it seems it has something to do with her being from the university and their fears that their skills might not be up to date as they had qualified a long time ago. Laura and mentor v other staff position. Lorna said there were advantages to working weekends because she got to know her mentor better and because the ward was busy during the day and there were interruptions from all the other members of staff - from consultants, psychologists, doctors, and office staff. Consultants, psychologists, and doctors seem to be transitory like the visitors - it is interesting when she refers to the office staff who she says, 'and office staff being there'. I wonder if there is anything in this comment about the office staff. Lorna seems to view these people as a hindrance who come along and interrupt her learning and create chaos. At least working weekends, Lorna doesn't have them getting in the way of her learning with her mentor.

55 56 57 58 59 60 61 62 63 64	A – Did you find things, were there things that you choose that you wanted to go and do? L – Yeh, I was really keen kind of to fit it all together because otherwise you kind of go and see that and don't know how the other bits go together, so yeh, I tried to go and see as much I could um and um it really helped definitely**].**	Lorna did say the ward was busy and maybe the nurses were too busy and didn't have time to show what to do. Perhaps there was a combination of being busy and a bit wary of having a student nurse with them, who maybe critical of them. Lorna said that she tried to stay with her mentor as much as possible, but that her mentor would let her go off and do other things when she wanted. It was important for Lorna that she could go and do other things - for her, it was very important that she could work out how things fitted together. **All Lorna said she wanted to do was to work out how it all fitted together and to learn. Fitting in would have been helpful,** but the priority was learning. Lorna is still finding it difficult to fit in and the nurses don't seem to want her and don't seem to want her to watch them. The nurses seem to be a closed group, and this is reinforced when Lorna said that she would have to 'force' herself upon them. Perhaps the nurses are just too busy, perhaps a student has been critical of their practice before, or maybe they just don't want students on their ward. They have been there a long time. There is a feeling of Lorna not being wanted by the staff; she is still being **excluded by them**. She finds safety in her mentor who is her support. There are difficulties with this though because it means Lorna has to fit in with her mentor who works weekends. But there is a trade off with this because Lorna can focus on her learning needs and seems to have her mentor to herself without all the other staff getting in the way.

		So, there are tensions and trade-offs. Maybe there was something about Lorna herself, the other staff didn't like. Working weekends is sign that Lorna is learning how to make the best out of her situation. **Left out, had to join in, had to gain confidence, not fitting in, unwanted, inexperienced, adapting, with mentor, didn't fit in, puzzled, fitting in and adaptable.**
Story Unit 4	**Never knew where she fitted in** Characters: Lorna, nurses, healthcare assistants and mentor	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	[They all had um...like they give you a thing for handover and it's all written out in a like set format and all the nurses had that and then the Healthcare assistants had torn pieces of paper to write down which patients they had for the day, so I kind of never knew where I fitted in because the printed form was for the um handover for the next you know, when they handover to the next shift and so that was what that was for was to then to put that into the one for the next shift, so I didn't really know where I fitted in um I could have written them all down, but I wouldn't have been able to listen and write and so for me once I knew the patient it wasn't so bad because I kind of... because I was in because we were doing full time hours you're in quite a lot of the time and so unless there was something really important um I didn't bother writing it down, but I got better like with RIO and things and like writing on the computer. I think I initially I had the conversation with my mentor about being dyslexic and she didn't think I could do anything and..She was very sweet about it and not in, not in a mean way, but she um	When Lorna did handover meetings **she never knew where she fitted in** (**overarching position**) because the nurses had hand typed sheets and the nurses had scraps of paper. The problem was she had neither - everyone knew the patients and she didn't, and she found it difficult to write notes. Lorna said it got easier as she got to know the patients and by using the computer and accessing the records. Again, she is not being included and nobody seems to be making any allowances for her. She feels like an outsider, who isn't clear what her role is, but she has noticed that the nurses have typed sheets of paper and the HCA's have scraps and she has nothing during handover. This must have made Lorna feel quite awkward and worried that she wasn't equipped for the day ahead. It is also not clear if Lorna's mentor was there or not and if not, then it seems the staff just carried on as if she wasn't there. She didn't know where she fitted in, and she was excluded.

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56 | would spell things out to me and can you write that out in there and is that alright for you to write that out in there and do you mind reading that and can you read that, um and so I think that was probably her just not knowing really
A – Mm how did that make you feel?
L – Um................it.............I was appreciative of the fact that I was never put in a position to do something that I didn't feel I could do (A- mm) which was nice (A- er um), but at the same time you kind of think.... she didn't do it in front of anybody else otherwise that would have been embarrassing, but um, yeh, it was, she didn't do it long. I think she realised that she was making more of it than it needs to be. I think that was her trying to be nice um so, but she didn't um, she'd been working nights for a while before I got there and so the first couple of conversations we had, I don't think it really went in because she didn't realise, I'd worked in hospitals before, so she thought I didn't sort of have any experience at all. I think she kind of felt she needed to carry me for a bit]. | At this point in the story Lorna told her mentor she had dyslexia and then she thought her mentor thought she was not capable of doing anything and started to treat her differently as if having dyslexia meant she wasn't capable of reading and writing. Lorna thought her mentor thought this was a big issue although she did say her mentor was kind to her about this and didn't make it known to the other staff. Even so, the mentor started double checking Lorna could read this and write that. Lorna was aware there was an upside to this because her mentor never asked her to do things that she was not capable of doing. Lorna also said her mentor thought she hadn't done any nursing before, and she had. The resolution to this was that Lorna thought her mentor eventually realised she was making more on an issue with the dyslexia than was necessary. There does seem to be a bit of a tension here between the over cautious mentor and Lorna who seemed to be annoyed the mentor made so much fuss about it. Lorna does not seem to want to be negative with her mentor but, I think Lorna felt a bit patronised by her mentor always checking to make sure she understood. It feels to me like dyslexia has got in the way between Lorna and her mentor and then on the outside of this the nurses don't want Lorna with them. Maybe the mentor was beginning to doubt her as well**. It took Lorna a lot of effort to prove to her mentor** that she was making too much of the dyslexia. It **shows how tenuous even this relationship is** (Lorna reveals |

		info and it seems to change her position) and perhaps the mentor wants Lorna by her side so she can keep an eye on her. Perhaps there is a link here with working weekends and keeping Lorna by her side. It all seems to be about **Lorna having to prove herself.** **Trying fit in in, awkward, excluded, left out, getting familiarised, gaining confidence, confused, awkward, inadequate, anxious, unsure, unappreciated, eager, uncertain, and having to prove herself.**
Story Unit 5	**Night shift 2: bizarre** Characters: Lorna, night shift staff and LD patient	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	[Working a night shift is very bizarre, it is not something I had ever done, yes, it's very strange. Em one of the patients that they had there used to run up and down the ward at night. She had learning disabilities and she didn't sleep. Em, I was terrified of her, and I don't know why. But for some reason they had made me really scared of her um, I remember going down to the staff room to have my break on like my first, or second night there and um just as I was trying to get into the door she came out and I was really scared and I just thought I have got to get in there quick and they said make sure you lock the door when you get in there, so I was really nervous, but actually when I met her doing days and got to know her, I got on really well with her and that's the lady I took to the home. A – Ah yes I'd worked with learning disabilities before, but I didn't realise she had learning difficulties I just thought that	Lorna returns to the working night shifts story. **Working night shifts seemed to be significant for Lorna.** This time she told me more about what happened on night shift. Lorna does not say whether it was qualified nurses she was working with, or HCA's, just that **they made her feel very frightened**. (Them v Lorna). The key word in this story is 'bizarre' because it was 'strange'. The **staff made Lorna frightened**. Lorna said she didn't know why, but the staff had terrified her about this patient, and they had told her to make sure she locked the staff room door when she was in there so the patient couldn't get in there. The staff room was a distance away from the main ward and the staff had told Lorna that the patient would 'kick doors open'. When Lorna arrived at the staff room, the woman ran out of it, and this frightened her even more. Lorna felt that the staff had intended

26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	she was particularly unwell and quite psychotic at night, but I don't know that it was, I think it was more her learning disabilities and confused, so when it had gone quiet and everyone had gone then she was quite like distressed by that, so ... Lock the door because she goes into peoples' rooms and gets them up and um will kick the door open and yeh it was just... I think because it was dark and its, the ward is split into like three and so they're kind of sat in the lounge over here and the office is over there and she's here and the staff room is all over there so if you needed any help you were sort of a long way away from everybody else and concerned you didn't want to wake somebody with a learning disability because she was quite erratic. I think I feared that she would be um because they made such a big thing about locking the door].	to frighten her, and this happened on her first, or second night. Again, Lorna seems to be **working alone** and whilst other members of staff are mentioned it is only to say that **they have frightened her** by warning her about the lady running up and down. The way Lorna tells the story, creates a scary and dark scene with a woman screaming and running up and down the ward Lorna constructed a sad story that was eerie to read -it was dark on the ward, and she took care to explain the layout and that the staff room was away from the other areas. The staff weren't friendly. Lorna, the young female student nurse was the lone student nurse who hadn't worked a night shift before and who was frightened. All Lorna wanted to do was to have her break, but by having her break she was further **segregated** and had to make a scary journey to the staffroom. Lorna knew that if anything happened, she was a long way away from the other staff. **She was vulnerable and isolated.** Lorna did pause in her story to say that in the end she really liked the patient once she got to know her during the day shifts. Not said, but the assumption was that things were better when it was light. There was quite a lot to frighten Lorna at night and she considered nightshift to be something **she had to struggle through**. There also seems to be a sort of power thing going on here between those who know and Lorna on the outside. Even the patient seemed to perform to cue. (**Isolated Lorna and them**). Perhaps this was all part of the game

		and an example of the established staff exerting their power. There was a lot for Lorna to be scared of in her relationships with the game playing staff and the scary patients in the scary dark for shy Lorna. **Confused, unconfident, scared, anxious, vulnerable, alone, isolated, growing confidence and frightened**.
Story Unit 6	**Night shift 3: Feeling scared the patient might turn on her** Characters: Lorna and the man with the knife	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	[A - mm ....Yes this bit where you've got walking down the corridor.......oh and the torch....here we are looking for the same bit. L – Yes an it's awful we had at one point um when I was there we had a man who was brought in who'd been found in a bath with um er, I think it was a bread knife, or a big knife anyway to um er wanting to kill himself and um that I was on nights still then and he was on five minute observations um and um..... putting it into context now he brought himself in he phoned up and he told them that's what is was and then he got himself in the taxi and came in. So he was obviously quite… I don't know...he was able to sort of identify he needed help and so he was obviously in a better place than you would have though having found him in the bath. A – with a knife – gosh L - So that was really scary doing that and shining the torch in because you kinda thought well what happens if I go in and he is doing something and then I've got to then stop him from doing something, or I don't know, alert people, is he then going to be cross with me because I've stopped him from	Back to night shifts again and this is because we are working through the diary and using it as a cue to prompt the interview. When Lorna was working a night shift when a man was brought onto the ward who had been found in the bath with a 'big knife' and had wanted to kill himself. The man was put on five-minute observations, and this was something Lorna was given to do. Lorna constructs a frightening story with the man who had been found in the bath with a big knife. However, she corrects herself and says that 'putting it into context' he actually rang for a cab, and this tones the story down and Lorna then adds that 'he was in a better place than you would have thought' (176-177). Lorna had to shine a torch in on him in his room to make sure he hadn't done anything, and Lorna said she found this 'really scary' (179) Lorna had to make sure he was still alive and she didn't like doing this because **she was frightened of what she might find** and also because she was frightened she might wake him up and make him angry because **he**

31	doing it so is his frustration going to	**might hurt her.** Lorna was **worried**
32	turn on me because I've stopped him	**that if he really wanted to kill**
33	um. Thankfully he didn't do anything he	**himself and she stopped him he**
34	just wanted some company, that was all	**would take his frustration out on**
35	he wanted.	**her.** Lorna was not sure what to do,
36	A - Do you think that is why he was in	and in this story, there seem to be a
37	the bath with a knife	lot of 'what if's': 'what happens if I
38	L – Yeh	go in and he is doing something and
39	A – mm	then I've got to then stop him from
40	L – yes, he was, he was lovely, and I	doing something, or I don't know,
41	really liked him, but he just desperately	alert people. **Is he going to turn on**
42	needed company, that was all he	**me** because I've stopped him from
43	needed, but he didn't want to go into a	doing it, so is his frustration going to
44	care home and his family um weren't	turn on me because I've stopped
45	really ...really very supportive,	him'? (180-182). This seemed to be
46	supportive probably isn't very fair	an anxious time for Lorna, but she
47	because he was quite interfering and	did seem to think that it was safe, it
48	he'd interfere with other peoples' care	was just her imagination. Towards
49	and he'd say oh such and such needs	the end of this story, Lorna said that
50	this or can you get that, or um one	she really got to like this man and
51	patient used to um scream a lot and he	that he was just lonely and
52	went in and shouted at her once and	'desperately needed company' (187).
53	told her to be quiet, so he was quite	Night shifts were hard for Lorna and
54	interfering in a way, but um he just	**Lorna has constructed a story in**
55	desperately needed a bit of company	**which there are only two**
56	um his wife had died several years	**characters: her and the patient.**
57	before and I don't think he ever got	**There must have been other staff on**
58	over the fact that he was on his own, he	**the ward that night, but Lorna**
59	just needed a bit of company really.	**doesn't mention them.** She was
60	A – Oh that's quite sad isn't it	scared of the man who had been
61	L – it is sad yeh	found with the big knife and she
62	A – and also quite scary if you like you	didn't like the dark. Lorna was scared
63	say when you walk into a room with a	of the dark ('I'm scared of the dark'
64	man who is armed with a knife and	(201) and so things and people
65	you're on your own.	seemed more frightening at night
66	L – yeh	than they did during the day. This
67	A – Did you feel sometimes there	was the second patient Lorna had
68	should have been two people, or not?	started off by being scared of at
69	L – um, I'm scared of the dark and so	night and had got to like during the
70	nights wasn't a good idea um but, it was	day. All a bit **uncertain.**
71	just, I think if you needed the help, it	In the story Lorna says about **the 'big**
72	was there. I think had something had	**knife'** and by comparison she only
73	happened yeh you definitely would	has a **'tiny, little torch'**. In the room
74	have needed two, but I don't know	the man only had a magnifying glass

75 76 77 78 79 80 81 82 83 84 85 86	whether because they have been doing it so much longer, they kind of knew, I mean he didn’t have anything, all he had was a magnifying glass that was it because he couldn’t read because his eyesight was going. Um ah so the only thing he had in this room was this magnifying glass and that was it um er that he could have hurt himself with um so I think it was fairly safe, but I think because you are tired and it is dark (little giggle here) and you have a tiny little torch so your imagination…..]	that he could hurt himself with and he had this so that he could see. This is a story of contrasts which has been constructed by Lorna who is scared of the dark and said that her imagination ran wild at night. **Seems like she might have felt vulnerable**. **Frightened, scared, vulnerable, anxious, uncertain and alone.**
Story Unit 7	**Night shift 4: Shining the torch into the patients’ rooms to make sure they were alive** Characters: Lorna, patients, ’others’	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	[This was me being worried someone would die. It is very difficult to see if they are breathing, you shine a torch, cos I don’t know, have you seen the tiny little windows, they are like this with all the frosted thing you get, so there is a clear line and then you get a frosted line and then a clear and a frosted line and being able to shine a torch in and look and see, well, I couldn’t do it because I just couldn’t tell, I just couldn’t see anything, I couldn’t see the person, I couldn’t see whether their chest was up and down or anything, so I would have to open the door and then I was really worried about waking them up and shining the light in their eye um, it was really hard, but I couldn’t, I didn’t feel I could just pretend to look and say that I’d looked. I needed to see and so I had to open the door which took a lot longer. The others were able to do it and I don’t know whether they could do it, or whether they just thought they’re in bed, they’re fine. I don’t know. I was never quite sure about that, but yeh I	Another night shift story. Lorna is scared of the dark and really didn’t like having to shine the light into the patients’ rooms. She said she was worried about somebody dying and found it difficult shining the little torch in through the little window to see if the patients were still breathing. She said it took her ages because it was dark, and she didn’t want to wake the patients. **This narrative seems to have a lot of uncertainty in it** and Lorna said: ‘it was difficult to see’ (210), ‘well I couldn’t do it because I just couldn’t tell, I just couldn’t see anything, I couldn’t see the person’ (213-214).It was a real struggle for Lorna to see if the patients were still breathing and she had to go into the room to make sure they were. It took her ages to do this, and she said she didn’t know whether the others could really do it, or whether they just pretended they could**. Lorna couldn’t pretend though because she was too scared**

27 28 29 30 31 32 33 34 35 36 37 38	always had to go in and look and yeh, you stand there for ages looking to see if this person's breathing and it's just... cos it was an elderly ward um so yeh, I would stand there and think oh no please. Yeh, but thankfully nobody did die. A – Did you ever see anybody that died there L – No, not yet no and I haven't had anybody in my family die, so yeh, it will be a big thing when it happens um yeh thankfully it didn't happen].	**someone would die**. 'I didn't feel I could pretend to look and say that I'd looked. I needed to see and so I had to open the door which took a lot longer. The others were able to do it and **I don't know whether they could do it,** or whether they just thought they're in, they're fine, I don't know. I was never too sure about that' (216-219). Lorna said it was and elderly ward and **she was really scared she would find a dead** person because she hadn't found a dead body before. **Lorna still seemed to be working alone** (**when she talks about nightshift she seems to be working alone).** Her night shift stories are scary stories in which Lorna is frightened and anxious. There was a lot of uncertainty surrounding shining the torch in the rooms to make sure the patients were okay and still alive. In relation to the other staff, Lorna was never sure they were doing their job properly, but she had to make sure she had done her job properly. Lorna certainly seemed to have doubted the other staff, but it might have been that they had been there so long that they had developed the skill to do this task. Lorna had to open the door, she had to make sure, and she was really pleased that she didn't find anyone who had died as this was an elderly ward and she hadn't seen a dead body before. **Fear, scared, uncertainty, conscientious, solo/alone.**

Appendix 20 Summary of positions for Lorna, Julia, and Debbie

Interview One: Lorna's positions (story units in diary order)

Black ink = Possible positions

Blue ink = key positions

Green ink = commentary

Story unit (SU)	Positions
1 They were cliquey	Outsider, had to get over her shyness, build confidence, make real effort to fit in, fitting in, Invisible, not wanted, felt she had to be active, felt she had to show willingness, get stuck in, isolated, get involved, shy, uncertain, they were cliquey, they didn't know her and there is a sense of abandonment because her mentor went sick. Uncertain, not fitting in, unwanted, alone, isolated and unconfident
2 Nightshift 1	Confusing, fitting in, challenged. Confused, alone and isolated
3 Fitting in, but learning is more important	Left out, had to gain confidence, had to join in, unwanted (by nurses), inexperienced, with mentor, left out, didn't fit in, Lorna and mentor, puzzled, learner, adaptable. Left out, not fitting in, confused, inexperienced, puzzled, and unwanted. Lorna positioned herself with her mentor v the other staff. Lorna viewed her mentor as the main person to help her to learn.
4 Never knew where she fitted in	Trying to fit in, awkward, excluded, left out, getting familiar, gaining confidence, confused, anxious, inadequate, unsure, unappreciated, eager, liability, uncertain, having to prove herself. Trying to fit in, excluded, left out, confused, anxious, uncertain, and gaining confidence. Lorna positioned herself as a lone student nurse who was left out. She did not know how to fit in and at handover the nurses had typed sheets and Lorna didn't have anything to write on.
5 Nightshift 2 - bizarre	Confused, unconfident, scared, anxious, vulnerable, a lone, isolated, getting confident, frightened. Unconfident, scared, alone, vulnerable, anxious, isolated, and confused. Lorna positioned herself as vulnerable and isolated from the other staff who she thought did not want to help or include her – they made her feel scared.

6 Night shift 3: Feeling scared the patient might turn on her	This story took place during the second night of night shifts at the beginning of placement, and it seemed to be significant. Frightened, very scared, vulnerable, anxious, unsure, uncertain Scared, frightened, anxious, vulnerable, and alone Lorna constructed a story in which she positioned herself as very vulnerable. The man had a big knife and Lorna had to check on him and she was very scared he might attack her. She probably wanted me to know how scared she had been, especially as it was dark, and she doesn't like the dark. Lorna then re-told the story within this story, so that it was less dramatic.
7 Nightshift 4: Shining the torch into the patients' rooms to make sure they were alive	This is another night shift story early in placement Fear, the unknown, uncertainty, conscientious student, solo, a lone, scared. Scared, uncertain and alone Lorna positioned herself as a lone and scared student nurse, but there is another position emerging and that is of critical student (towards other staff).
8 Nightshift 5: Out of her depth	Out of her depth, found her voice, found her confidence, said no, not comfortable, unsafe, scared, Lorna and HCAs versus agency nurse Gaining confidence, found her voice and not comfortable. Lorna changes her position and aligns with the usual night shift staff and away from the bank nurse. The bank nurse was annoying all the staff and Lorna and so Lorna positioned herself with the usual nurses.
9 The 'go to' person	Helpful, available, beginning to fit in, critical voice, having a purpose Critical voice, having a purpose, helpful and beginning to fit in. Lorna positioned herself as the helpful student because there were no HCA's around to help. For the first time Lorna was critical of the HCA's who she thought were being lazy because they were outside smoking.
	Notes: Up to this point Lorna had positioned herself as an unwanted, lonely, frightened, unconfident, and confused student. Her position changed when there was no one else to help the patients and this gave her the opportunity to be helpful and this gave her a purpose and to be wanted. This change in position from passive to more active student arose because Lorna had started to work out how things fitted together. She had also turned from scared student to a more critical student, and she had begun to find her voice. Lorna's position began to change from her being confused, uncertain, unconfident and a lone student nurse to being with the patients and helping them.
10	Getting to know the patients (focus on), helper/helpful, working things out, difficult people, working out how things fit together, annoyed,

Fitting in with the patients and not the HCA's	unwanted intruder, being a student is difficult, don't like students, non-confrontational, easy-going, frustrated, powerless, finding a way, gaining confidence, let it go, ignore them, challenging, being aware, acting timely, being active, keeping out of their way. Gaining confidence, active, helper/helpful, working things out, finding her way, focus on patients, annoyed, keeping out of way of annoying staff and powerless
11 STU1: The specialist treatment unit was bizarre	This is Lorna's favourite patient. Caring student, beginning to fit in, gaining confidence, annoyed, surprised, considerate. Beginning to fit in, gaining confidence, surprised and annoyed. Lorna was fascinated by the STU and that that it seemed to work so well. Lorna looked after her patient and was caring and considerate. Lorna fed the patient –nobody else had the patience to do so
12 Lorna knows her role and it is siding with the patients	Siding with the patients, not wanting to fit in, disapproving student, standing her ground, confidence growing. Disapproving student, stand her ground confidence growing, not wanting to fit in, critical student. Lorna has had enough of the HCA's and will not be pushed around by them anymore. Lorna positions herself with the patients again and not with the HCA's
13 For the first time a nurse let Lorna work with her.	Over three weeks in. Confidence growing, active student, fitting in, did something on her own. Key = Confidence growing, active student, fitting in and did something on her own. Lorna was an active student in as much as she knew that if she didn't push herself, she would be left on her own and wouldn't learn anything. This was important for Lorna because it was the very first time a nurse let Lorna join her and because this was the first time Lorna had done anything without having her hand held. This was also very important because it made her realise that she could do things without harming people. Lorna had been scared to do anything on her own in case she harmed someone, and it made her realise it was better to do something rather than to do nothing because she was too scared to. Lorna was pushed by the nurse to make the phone call. Lorna changed her position from shy and unconfident to having more confidence. Lorna had been uncertain at the start, but this gave her the confidence to know it was better to do something than nothing and it got her over her fear of doing harm to someone.
14 STU 2 – the patients are what matters to Lorna	A long story that seems significant – background to STU 1 Sticking with the patients, feeling appreciated, valued, helpful student, caring student, empathic, willing, staff not so important (she'd had enough of them by then) position with patient, finding her feet, the helper.

	Helper, finding her feet, caring student, empathic, with patient and staff not so important. Lorna positioned herself as a caring student nurse towards the patients and she really wanted to help this lady and her husband. Lorna positioned herself away from the other staff and made sure she looks after this lady.
15 Mixed messages: not a good way to learn	This is the first part of the longest and possibly the most significant story for Lorna. Unwanted, alone, not fitting in, unconfident, in the way, anxious, isolated, intimidated, abandoned, awkward, uncomfortable, annoyed, embarrassed, powerless, had to obey, gendered, confused, being a student is hard, inexperienced, contradictions, confusing, out of her depth, powerless, unwanted, complicated, innocent, lacked confidence to speak up, vulnerable, unwelcome intruder, finding her confidence, said no, confidence more and less, surprised, puzzled (bizarre), masculine authority, overpowered, overwhelmed, confused, only a first year, power over student. Learnt how not to be. Gaining confidence, said 'no', bizarre, annoyed, unwanted, alone, not fitting in, anxious, not comfortable, powerless, confused, overwhelmed, vulnerable, intimidated, surprised and critical voice.
	Notes: She positioned herself as powerless in relation to the power of these men. An intimidated and vulnerable position. Lorna was embarrassed when the men dropped their trousers. Lorna felt she just had to get on with the injections, but she wasn't happy with the process. Compared to the men, Lorna was in a powerless position, but she refused to go back there again when they invited her. Later in the story Lorna told me how the drug should have been given.
16 Lorna, patients, and the marmite sandwich	Confidence is growing, rescuer, taking control, active, with the patients and independent. Confidence is growing, active, independent and with the patients. Lorna is the only person that can make marmite sandwiches properly. Lorna is an active and capable student who rescued this lady from horrible marmite sandwiches.
17 Lorna, patients, and injections are bizarre	Confusing, confused, puzzled, and surprised. Surprised confused and puzzled. Lorna said that it was all going well with this very sweet lady, and they seemed to get on well, but the bizarre / strange thing was that Lorna couldn't get the blood out of her finger.
	Notes: When things aren't going according to plan for Lorna, they are bizarre. Lorna seems to spend most of her time alone working with her patients and she got to know the patients well and how best to communicate with them.
18 Lorna, patients and	Confused, surprised and annoyed. Confused, surprised and annoyed. This lady was strange because she got angry and aggressive with Lorna and Lorna felt vulnerable. It could have been worse though

managing aggression	because Lorna knew this lady had been aggressive to other staff, so this seemed to make it a bit better.
	Notes: Strange and bizarre are used similarly by Lorna when things don't go as she thinks they should. Lorna positions as a caring student who puts her patient first and tried to do what she thought they would like. (My thought on this is that the lady took Lorna by surprise, and it made her annoyed because she tried so hard to put the patients first and seemed to have got on well with all the others).
19 Didn't know until the end that they had appreciated her.	Did her best, appreciated, wanted, and surprised. Did her best, surprised, appreciated and wanted. Lorna was surprised that they liked her because she said that even though she did her best, no one said she was doing well.
	Notes: Lorna's position changed from a lone, scared, uncertain, unconfident student nurse to spending time with the patients (positioning herself with the patients). There were only a few times when Lorna positioned herself with the staff. Her mentor was important to her and when the bank nurse was on the night shift and when the nurse pushed her to do something on her own. Lorna developed a critical inner voice towards some of the staff, especially the HCA's. Lorna had a firm opinion about the HCA's and in response began to position herself as a more strategic, confident, and independent student. She would not tolerate them. Thereon she spoke about the patients and positioned herself with them.

Interview Three: Julia's positions (story units in diary order)

Black ink = positions

Blue ink = key positions

Green ink = commentary

Story Unit (SU)	Positions
1 (6/1) They weren't prepared for Julia	Uncertain, alone, scary, boring, not expected, not welcomed, anxious and pushed onto staff Uncertain, alone, unwanted, and anxious

	They were difficult to make contact with and on the first day they were not expecting her, and no plans were made for her. She felt she was pushed on to people.
2 Placement didn't start well	Not prepared for her, pushed on to people, hard to fit in, confused, unwelcomed, unwanted, annoyed, disappointed, a burden and pushed onto staff. Unwelcomed, awkward, unwanted, confused, disappointed and annoyed. Julia had a poor first impression and felt the staff felt the same about her and because there were no plans for her, she felt she was dumped onto people, and this did not help her to fit in or be liked.
3 (6/1) Going to the park was a lot of responsibility	In at the deep end, did not know what to do, did not know what to say, challenging, confused, anxious and pushed onto staff Anxious and confused. Julia found the outing difficult because she did not know what to do and she felt out of her depth and confused
4 (6/1) Going to the park and a resident shouted at Julia	Felt horrible, embarrassed, confused, uncomfortable, didn't know what to do, humiliated, uncertain and an outsider. Didn't know what to do, uncertain, embarrassed, confused, and uncomfortable On the outing one of the residents shouted at her and she felt embarrassed and didn't know what to do. She didn't know whether she would be able to do the job.
5 (7/1) The CQC visit was good	Did well, pleased with herself, was praised, and got recognition Did well, pleased, was praised. Julia was pleased she had been able to answer the questions correctly and this was recognised
6 (9/1) Gaining the trust of a resident's family	Puzzled, hard to gain trust, hard to fit in and had to prove herself to gain trust Puzzled, hard to gain trust, had to prove herself. One of the families' residents didn't want Julia looking after their relative and Julia was puzzled about this.
7 The different personalities of the ward nurses	Puzzled, confused, had to work things out, adaptable Puzzled, had to be adaptable and confused. Julia found the staff had different ways of working and she reflected on how she would like to be when she is a nurse.
8 (10/1) The nurse who didn't seem to like Julia	Not liked, not wanted, had to prove herself, show willingness to work and adapt, hard to fit in, alone, abandoned, misjudged, in trouble, uncertain, active, hard to work things out and alone. Hard to fit in, misjudged, alone, unwanted, not liked, had to prove herself, uncertain, active and had to work things out.

	Julia thought one of the nurses did not like her and had judged her over a miscommunication. Julia had been trying to do the right thing, but got into trouble, was left alone, humiliated, and felt unwanted. Julia also struggled to find anyone to teach her, and she said the same nurse was unwilling to let her to watch her
9 Learning how to work with different residents' needs	Very nervous, unconfident, anxious, worried, uncertain, scared, being adaptable, patient, getting to know the residents, being aware and being an active student. Nervous, anxious, scared, uncertain and being an active student. Julia was very nervous because she knew the resident could be aggressive and she was anxious about this. She was also very nervous.
10 The boxes	Find her way, had a task, wanted, needed, had a purpose and fitting in Fitting in, finding her way, active and had a purpose. Filling the boxes gave Julia a role and purpose which helped to fit in, and she wanted.
11 (16/1) Dedicated resident and thinking about death	Emotionally hard, finding her way, being resilient and challenged Finding her way, resilient and challenged. Julia found it quite hard because she kept thinking about people dying because it was an elderly resident and she had to work out how best to talk to the relative and did not mention death. Seemed to be gaining the trust of the daughter.
12 (19/1) Changing her thinking	Being trusted, caring student, and gaining confidence Being trusted, caring student, and gaining confidence. Julia was becoming a kind and caring student nurse who was very concerned to do her best for her residents and she changed the way she viewed the patients, and she gained the trust of the daughter
13 Julia thought it was important the families could trust her	Being trustworthy, empathic, and resilient Empathy, being resilient and trustworthy. Julia's main concern was the patients and the importance of gaining their trust and that of the families
14 Julia seeking out things to do	Finding her way, active student, seeker of opportunities and critical mentor Finding her way, active and seeker of opportunities. Julia could always find someone who was willing to let Julia help them, but it was important to be a seeker of opportunities, or she knew she would have been left on her own. Although Julia's mentor did criticise her for this as well because she said she missed out on other opportunities.
15 (21/1) Helping a resident to join in	Gaining confidence, adaptability, appreciated, difficult patients and considerate Adaptable, considerate, appreciated and gaining confidence. Julia found one patient was difficult, but by adapting how she was with him she could include him in activities, and this gave her confidence.

16 (23/1) Residents can do the funniest things	Being observant, being a helper, non-judgemental and proactive Proactive, observant, helper and non-judgemental. Julia seemed to be getting on better with her mentor who encouraged her to start make phone calls on behalf of residents. Julia also noticed the residents can do the strangest things.
17 Julia, her mentor and the turning point	Having to prove herself, anxious, found her voice, with her mentor, stood up for herself, mentor started to include her and challenged (Mid way review) Found her voice, stood up for herself, more confident, included, anxious and challenged. Julia found it hard getting to work on time and she was really worried about this because her mentor would criticise her for being late. She said she was very nervous for a long time. The mid review was Julia's turning point when she found her voice and stood up for herself and after that her mentor started to include her.
18 (27/1) Getting used to doing handovers	Beginning to feel like a nurse, gaining confidence Gaining confidence. Julia did handovers with her mentor and began to feel like a nurse
19 (27/1) A horrible task that could have been done better: cleaning dirty bottoms	Thrown in at the deep end, awful, challenging, uncomfortable and unhappy. Uncomfortable, challenging, uncomfortable and unhappy. Lorna was doing personal care with an HCA, and she was not happy with the way it was done. This upset Julia and made her feel uncomfortable.
20 HCAs are important	Being a nurse, gaining confidence, being empathic Gaining confidence and being empathic.
21 Working collaboratively with the HCA's	Not sure of her role, uncertain, being a nurse and being an HCA Uncertain. Not completely sure of her role, she worked with the nurses and then they would go back to the office and leave her behind. She thought the nurse work in the office was boring and so being left seemed not to be a problem for her
22 (15/2) Julia wondered how much the residents would remember about her	Confident and residents wanted to be with her Patients wanted to be with her and confident. Julia found the residents wanted to spend more time with her as she got more confident, and she wondered what they remembered of what she had done for them
23 (15/2) Being kicked was a real shock	Shocked, surprised, had to adapt and less trusting Shocked, surprised, had to adapt and less trusting. A patient kicked Julia and although she knew he could be aggressive this still shocked her. She had to become more wary and take care to protect herself

24 (16/2) Not feeling safe doing some care	Being a collaborator, fitted in, wanted, felt valued, Appreciated, fitted in, being a collaborator and wanted. Mentor noticed the work Julia had done with the boxes. The boxes had helped Julia to fit in and she was valued, appreciated, and wanted.
25 Deciding where to spend her time so that she could be of most help	Feeling sad, challenging, being a helper and being a hard worker Being a helper and being a hard worker. Julia felt sad for some of the residents who did not have any visitors and she spent as much time as she could with them.
26 (20/2) Julia got the residents involved	Unsafe in some of the residents' rooms, uncomfortable and wary, confident and spoke up Unsafe, uncomfortable, wary, confident and spoke up. Julia felt unsafe in some of the residents' rooms, but she was confident enough to say so and then practice was changed
27 (20/2) Doing her best for the residents	Self-awareness, being adaptable, getting confident and concerned and problem solver Confident, concerned, problem solver and adaptable. The aggressive residents scared Julia to start with, but it was better when she got to know and them and had worked out how to approach them. The patients were important to Julia
28 Working out how best to Communicate with the residents	Good communicator, took care and was empathic Empathic. Julia took great care to make sure she found out how best to communicate with the residents
29 Dementia was a big shock for Julia	Distressed, shocked, sad Distressed, shocked, sad. Seeing how bad dementia could be, shocked Julia.
30 (28/2) People don't always behave in ways you would expect	Surprised, caring, unsure, empathic Empathic and surprised. Julia was surprised the patient's daughter didn't visit when her mum nearly died. This surprised Julia, but when she thought about it from the daughter's point of view, she thought she could understand.
31 (28/2) Sitting all night with the lady who could have died	Confident, fitting in and uncertain Fitting in, uncertain and being confident. Julia thought placement was a strange place in which she got on and did things she thought she would not be able to do.
32	Not what she expected, changed her opinion, working out the roles

Seeing things differently: Working in a care home	Not what she expected, changed her opinion, and worked out the roles. Placement was not what Julia expected it to be, it was better than she thought because she had hoped not to be in an elderly person's home.
33 Working with the HCA's was the best way to learn	Respected and had found her way, changed role and source of knowledge Found her way, respected and source of knowledge. Julia found the HCAs were a good source for information and that it was good to position herself with them. Towards the end of placement, the HCAs would go to Julia for information. It worked both ways.
34 Mentor wanted her to learn for herself	Independent learner, found her way, thrown in at the deep end and became confident Independent learner, found her way, thrown in at the deep end and confident. Julia did not think her mentor had taught her, but one of the other mentors did talk things through with her. Julia thought she would have learnt more if her mentor had explained things to her. She did think that having been thrown in the deep end helped her to become more confident.
35 There were some good times with the mentor	Felt like a nurse, helper, fitted in, powerful and with men Helper, fitted in and powerful. Julia and her mentor worked together to help the HCAs, and this seemed to make Julia feel like she was a nurse.
36 (4/3) Going on an outing near the end of placement	Confident, pleased, proud of herself, was trusted and competent Proud, confident, competent, pleased and trusted. On one of the last trips out Julia was in control and she was very proud of how she managed. She was also pleased one of the previously difficult patients helped her out.
37 (4/3) The boxes: getting everyone involved	Confident, leader and collaborator and not scared. Being a nurse Confident, leader, fitted in, collaborator and not scared. The boxes seemed to give Julia a purpose and they stopped the HCAs and the patients from falling out. Julia had taken the lead and was acting as a collaborator
38 (7/3) The staff loved the boxes too	Helped to make everyone happy, collaborator, made a difference, had power over HCA's, confident and powerful Collaborator, powerful, made a difference and confident. Julia was really pleased with the boxes and because everyone seemed to like them. The HCA's kept wanting to tidy up and put the lid on them, but Julia told them not to do that because she wanted them left open.
39 Going to meetings and feeling valued	Felt valued, confident, had an opinion, and included Fitted in, confident and included. Julia felt valued when she went to meetings and gave her opinion which she thought they valued

40 Having her own project helped Julia to fit in	Fitted in, made people happy, had a role Fitted in and made people happy. Julia was pleased she had done the boxes and that everyone loved them so much. They had given her a role and helped her to fit in.
41 Wishing she could have stayed longer	Felt sad for some patients and wanted to stay longer Felt sad, wanted to stay longer. Julia was sad when she had to leave her placement and she wanted to stay longer so that she could more things in the boxes for people that didn't have much in there.
42 In the end Julia felt like she could take anything on	Confident, no longer worried, competent, leader and knowledgeable No longer worried, confident, competent, leader and knowledgeable. By the end of the placement people were asking her things and following her around. She no longer felt worried
43 Fitting in and gaining respect	Respected, negotiator, leader, knowledgeable, competent, confident, fitted in and helpful Negotiator, respected, leader, knowledgeable, competent, confident, fitted in and helpful. By the end the HCAs were asking Julia things and she was often the 'go between' for the nurses and the HCA's. When there were bank staff on the ward, Julia asked them to report to her. This is what Julia's mentor wanted. If there was a problem, Julia would suggest a solution and if it didn't work, then she would ask her mentor.
44 Julia reflecting on her progress	Confident, trusted, no longer shy and nervous and engaged with patients Fitted in, trusted and confident. Debbie reflected in this story how she had changed from the beginning when she did not have confidence to join in with the patients compared to getting to know them and spending time with them
45 The residents came first for Julia	Confident, rescuer, fitted in, independent worker, appreciated and worthwhile Confident, fitted in and independent worker. Julia saw a patient was struggling and she went into help her. For Julia the residents were most important
46 Julia wanted to be remembered and thought she had made a difference	Felt sad when she was leaving, wanted to be remembered, comfortable and had a role Comfortable. Julia was sad when it was time to leave, and she wanted to be remembered. She had found her feet there and enjoyed her placement. She enjoyed being on an elderly ward despite her initial reservations

Interview Four: Debbie's positions (story units in diary order)

Black ink = positions

Blue ink = key positions

Green ink = commentary

Story Unit (SU)	Positions
1 The first day (6th Jan)	Worried, uncertain, concerned threatened, scared, intimidated, anxious, uncomfortable, not nervous, and wary Uncertain, worried, frightened, anxious, uncomfortable, and intimidated. Debbie was not nervous on her first day, but she did feel a bit anxious, and she was worried about her foot. She felt uncomfortable with the ladies staring at her all the time and she did not know them, or why they were there and so she was frightened.
2 Getting to know the women	Not knowing, weak position, outsider, object of curiosity, adjust, isolated, un-nerved, no agency, no power, exclusion zone, no choice, trapped, scared, wary, intimidated, un-nerved, uncertain, and vulnerable. Intimidated, vulnerable, un-nerved, wary, isolated, uncertain, and powerless. Physically positioned in the office looking out on the patients Debbie felt wary when the ladies stared at her. Reading the patient files helped Debbie to feel more comfortable because she could learn about them. The patients also used to go to the office door and ask Debbie questions about herself. Getting to know the patients really helped
3 The Mentor (8th Jan)	Adaptable, challenging, not knowing, overwhelmed Adaptable, overwhelmed and not knowing. Physically with mentor The mentor was very important to Debbie, and she really liked him. He fully supported her and when he went on night shift, Debbie did nights as well. When the mentor wasn't with her sometimes things went wrong because the ward was quite volatile. The mentor seemed to be Debbie's protector. When the nurses overwhelmed her with information, the mentor told her not to worry and he took time to explain things to her. He was very important to Debbie.

4 In the beginning Debbie was exhausted (10th Jan)	Vulnerable, not confident, make or break, outsider, challenging, overwhelmed, alone, exhausted, uncertain, concerned not confident and outsider Alone, vulnerable, overwhelmed, exhausted, uncertain, not confident and outsider. Debbie questioned whether she had made the right decision about doing the course because she had a family to support and was so exhausted by the 13-hour shifts. Debbie had given up a job to do the course and she was beginning to regret it because she didn't feel she would be able to learn all the skills needed to become a mental health nurse.
5 Observing a third-year student (17th Jan)	Intimidated, uncomfortable, unsure, didn't know, unsettled, isolated, unnerved, uncertain and unconfident Intimidated, isolated, unconfident, unsettled, unnerved and uncertain. Physically positioned in the office and away from the patients Debbie was unsettled by the efficiency of the third-year student nurse who was so competent, and it made Debbie wonder if she should be doing more. This would have been difficult for Debbie who was still not allowed to leave the office. The efficiency of the student nurse unsettled Debbie.
6 Dealing with the receptionists	Formidable, powerless, misinformed, confused, unwelcomed, not wanted, challenging, being a student is difficult, putting up with, compromised, had to tolerate, fitting in, finding your way, compromised, no control, passive, constrained, resilience. Having to work out how to manage difficult people. Powerless, confused, unwanted, unwelcome, trying to fit in, finding her way, passive. The receptionists were very difficult and yet they had been nice when Debbie went to look round. They had told her they would give her a belt when she arrived and then they would not give her a belt. Debbie said they were always rude, and she wanted to say something to them about it but felt she shouldn't because she had to contact them throughout the day to let them know when patients were going in and out. Debbie had to put up with them and be resilient.
7 Mentor 2 (18th Jan)	Confused at first, gained confidence, learning Feeling confident with the mentor, Confused The mentor was very important for Debbie, and he took the time to explain things to her and when she didn't understand he would find a way to help her to understand.
8 Not being with the	In the office, had to prove herself to get out, was segregated, difficult being a student nurse, not valued, powerless, isolated, resented,

patients for the first few weeks	useless, inadequate. Constrained, missed opportunities, disappointed, trapped by rules, made to be submissive, frustrated and incapable Powerless, isolated, not valued, frustrated, had to prove herself and constrained. For the first few weeks Debbie wasn't allowed out of the office and she felt like she wasn't allowed to do anything. She wasn't even allowed to let the patients out for a cigarette, but HCAs could. Debbie wanted to be allowed out of the office.
9 It was frustrating for Debbie to start with	Frustrated, fitting in being a student is difficult, have to prove yourself, annoyed, getting respected, gaining trust. Frustrated, annoyed, had to prove herself and gradually gained trust and respect. Debbie knew that as a student there were things she wasn't allowed to do, but it was frustrating for her because she knew she would be fine if she was allowed out of the office. Debbie had to prove herself to the mentor that she had the skills.
10 Working out when to take her lunch break	Confused, working things out for herself, fitting in, and not knowing the routine. Confused and working things out for herself Nobody explained to Debbie when she should be taking her lunch and this was confusing, but once she got to know the routine she understood.
11 Going to big meetings (21st Jan)	Being older gave her confidence, not worried, confident Not worried, confident Debbie was a mature student with previous experience of having been to big meetings and so she wasn't scared of the meetings, and she enjoyed observing the different people there.
12 Some of the HCA's were really good	Confused, not being liked, being criticised different personalities, adaptable, resilient and not being told what to do. Adaptable, confused, being resilient, not knowing, not being liked, and being criticised Debbie said some of the HCA's were better than others and some of them did not help her or let her know what she should be doing. Good ones wouldn't help her, but they wouldn't make a big fuss about it.
13 The difficulty with the kitchen staff	Unwanted, resilient, challenging, being rejected, different personalities, being deferential Not wanted, challenging. being rejected, had to be resilient, being deferential and ignore the attitude of the HCA's

	The kitchen staff did not want Debbie to help them, but once they got to know her, they began to include. They seemed to be critical of uni students and territorial
14 The very efficient newly qualified nurses (28th Jan)	Overwhelmed, adaptable, uncertainty, anxious, difficult people, humiliated and annoyed Overwhelmed, uncertain, annoyed, anxious, and unconfident - had to make decision, resilient and adaptable. Debbie was a few minutes late for the handover and had to decide whether to go in, or not. The newly qualified nurse told Debbie off for not being enthusiastic enough because she did not go in. This nurse bombarded Debbie with information. Debbie tried to position herself away from the enthusiastic newly qualified nurse.
15 The overbearing newly qualified nurse 1st Feb)	Challenging, difficult personalities, emotional labour, acceptance, finding her voice, working round the others, fitting in, resilience and overwhelmed. Challenging, resilience and overwhelmed. The newly qualified nurse was very enthusiastic and although Debbie thought she meant well; Debbie found her overbearing. Even the HCA's found this nurse challenging.
16 The turning point for Debbie (1st Feb)	Overwhelmed, saturated, with mentor, found her voice, turning point Overwhelmed, saturated, found her voice, Debbie had been bombarded by the enthusiastic student nurse all day and then her mentor wanted to do calculations with her. Debbie told her mentor she could not take any more in and he understood what she was saying. He was thoughtful. Mentor was very supportive of Debbie and taught her. Mentor was Debbie's safe place. Turning point for Debbie.
17 In the office being taught how to use the record system (13th Feb)	Frustrated, powerless, reliant on mentor, in the way and finding her way Powerless, in the way and finding her way. Debbie's mentor taught her how to use the note system and he was very thorough. This annoyed the HCA's who also wanted to use the computer to do their notes. Powerless because Debbie relied on her mentor for access to the computer record system.

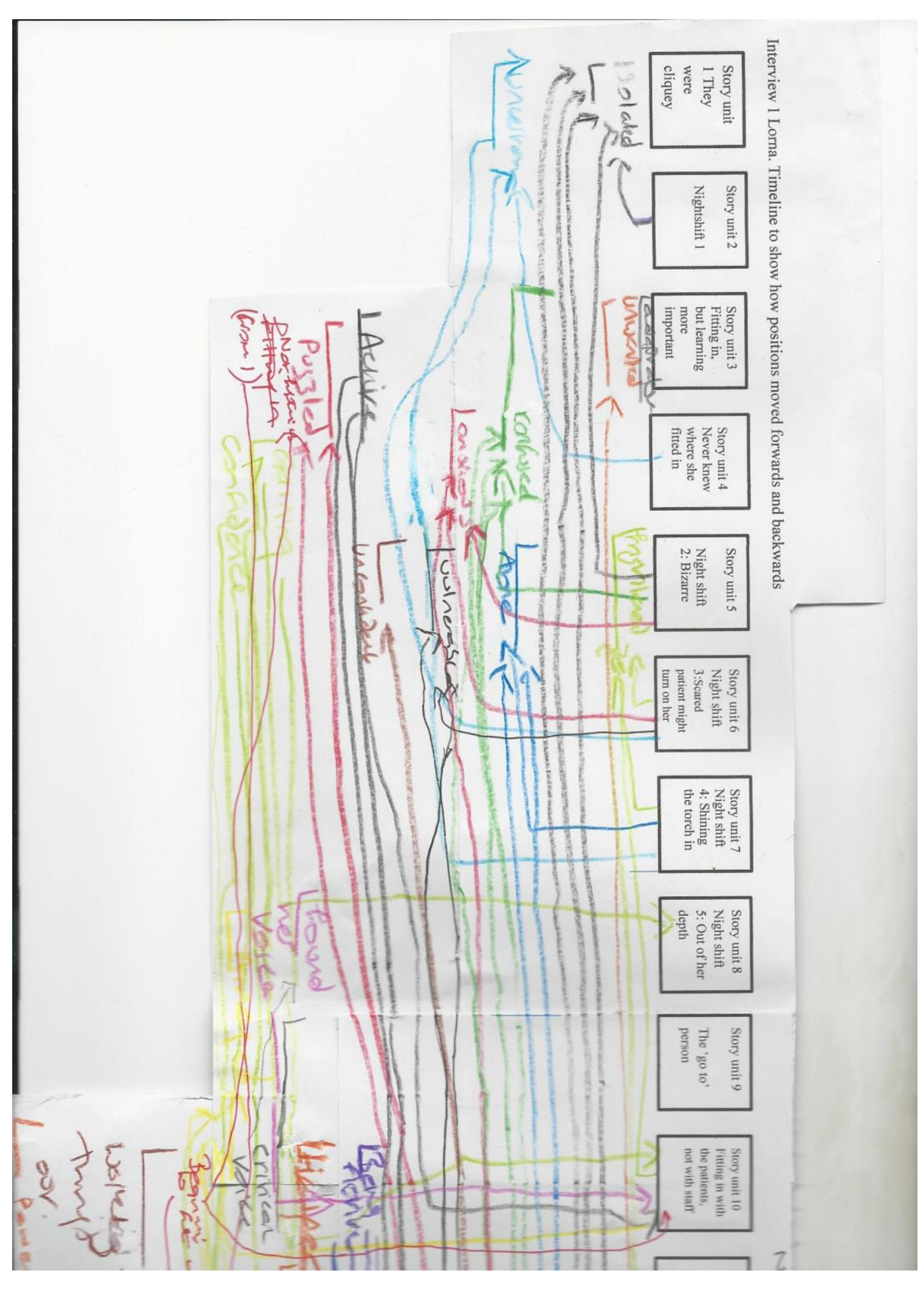
18 The issues with the record system card (13th Feb)	Frustrating, in the way, nobody interested, dismissive and uncaring people, annoyed and unhappy and not cared for. Frustrated, in the way, annoyed and unhappy. Debbie did not have her card to log on to RIO and this meant she had to wait for someone to log her on. Then her details were lost for her record system card, and this was a worry, but the receptionist did seem worried and then she took a dreadful photo of Debbie for the card and got her name wrong. Nobody seemed to be interested and the staff seemed to have been uncaring. The receptionists were hard work.
19 Different opportunities (4th March)	Throw herself in (active), challenging and finding opportunities Opportunities, active, it was challenging (when the mentor wasn't there). There were opportunities for Debbie because her mentor included her and when her mentor wasn't there, Debbie found other opportunities. This wasn't always easy because the nurse didn't think it was necessary for Debbie to be included.
20 Meetings are intimidating for the patients	Self-aware, empathy, growing in confidence Confidence growing, empathic, and self- aware. Debbie was confident with the big meetings because she was used to going to big meetings, but she could understand why the patients were so scared
21 Debbie got the woman to go to the ward round (4th March)	Helpful, thoughtful, considerate, active, fitting things together, being adaptable, getting the best out of the patients, working independently, building trust, being empathic, proud, pro-active, made a difference, big achievement. Empathic, thoughtful, considerate, gaining trust, helper, fitting in and pro-active. Debbie was really pleased she managed to get the patient to go to the ward round. Debbie had built a relationship with this lady, and she used her own experience to help encourage the lady to go. Getting to know the patients was very important for building trust.
22 Debbie managed to get a patient to eat	Debbie's skill was in not making a big fuss. Positioned towards the patient, empathic, helper, pro-active, made a difference and skilful communicator. Empathic, pro-active, and skilful. Debbie was so please she managed to get the lady to go to ward round, she decided to try and encourage a lady to eat, and this was very successful as well. Helping the ladies was rewarding.
23 The lady who self-harmed (9th March)	Debbie's resilience – ok so this happened now let's get on with it. Confident and self-aware. Confident and resilient, get on with it and self-awareness.

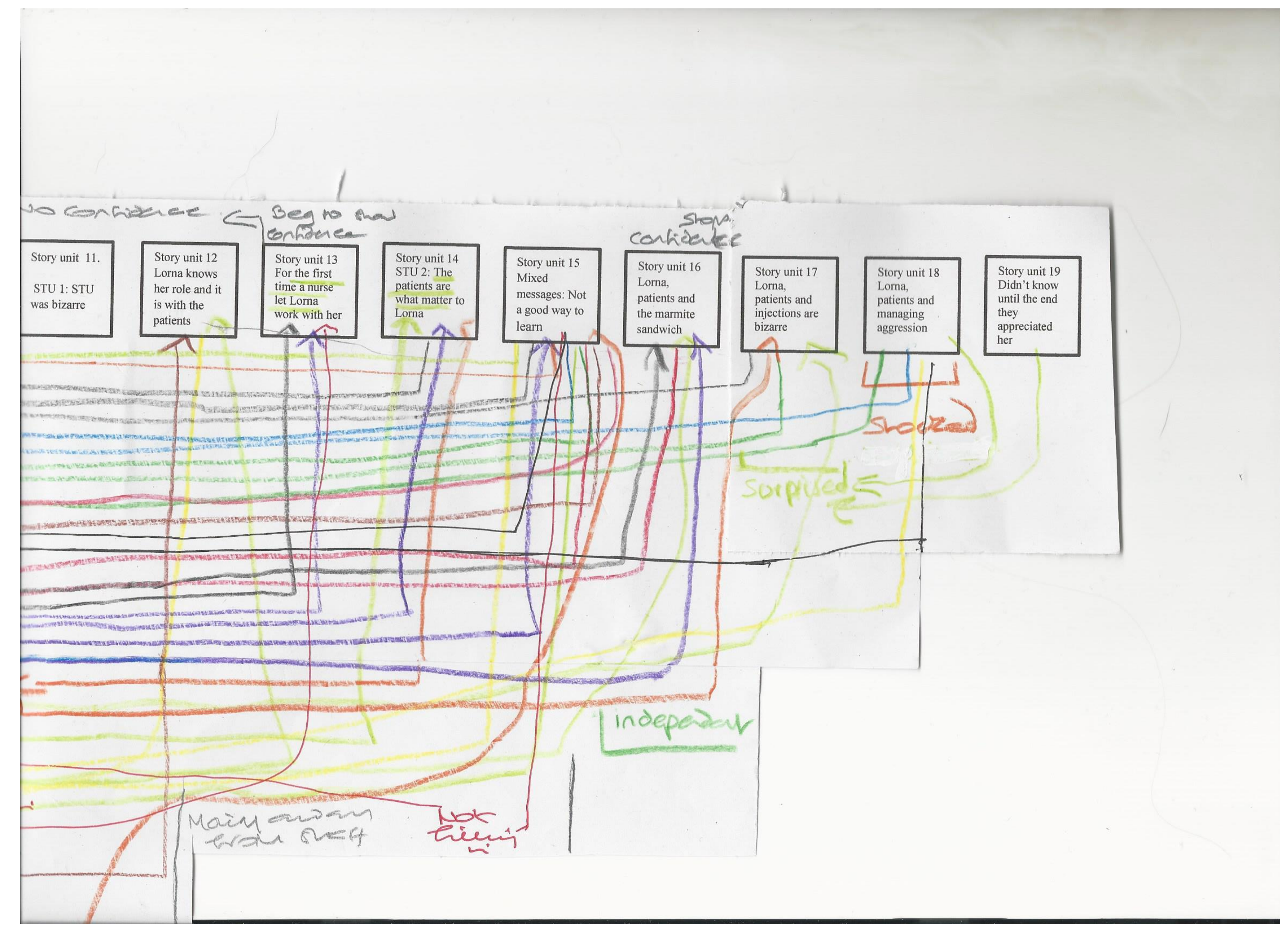
	Debbie had been on day out with the ladies and when they got back, one of them self-harmed. Debbie wasn't fazed by this even though some of the nurses were. She showed she was resilient.
24 The game the mentor and the patients played	Still not fitting in fully, observer, didn't have the skills, social awareness, rules, and processes not fitting in and excluded. Cautious, observer, wary, not fully fitting in, excluded. Debbie realised she needed to be cautious and that she did not have the skills to join in the verbal games between the mentor and the ladies. Debbie admired these skills in her mentor.
25 Towards the end Debbie felt like she could have run the unit	Fitting in, had a routine, confident, belonging, comfortable Fitting in, had a routine, confident, belonging, comfortable. Debbie realised how much she had developed in ten weeks and towards the end it felt like she worked there. It was a shock to all of them when it came to an end. Debbie had got into a routine and was doing things on her own. Her mentor was still there, but he did not rely on him so much. Debbie really enjoyed her placement.
26 Debbie asked if she could have done anything better	Powerless, rules to be obeyed, disappointed, missed opportunities, obedient and needed to justify herself. Powerless, disappointed, and obedient. Debbie asked the patients if there was anything she could have done better and one of them said they wished she had come out of the office because she thought that was the way Debbie would learn. Debbie wasn't allowed out of the office sooner and felt she had missed opportunities to make a difference.
27 When it was time for her to leave they didn't want Debbie to go	Interesting, comfortable, fitting in, wanted, and liked Fitted in, comfortable, wanted and liked. The ladies did not want her to leave, and Debbie enjoyed her placement and even when there were very bad days, the good days helped to make up for it. Fully integrated and fitted in.
28 The best part of placement	Mentor safe person The mentor was what helped to make this a good placement for Debbie. It was an interesting and challenging place. Debbie did not mention the other members of staff on the ward often, it was mainly her mentor and the ladies. Debbie had a supportive mentor and she had lots of opportunities on this placement. Debbie also got on very well with the patients.
29 The worst part	Difficult people The receptionists were hard work and had to be tolerated because they had power and their own set of expectations of student nurses.

	The receptionists were the worst part of her placement and when the shifts were long and boring.

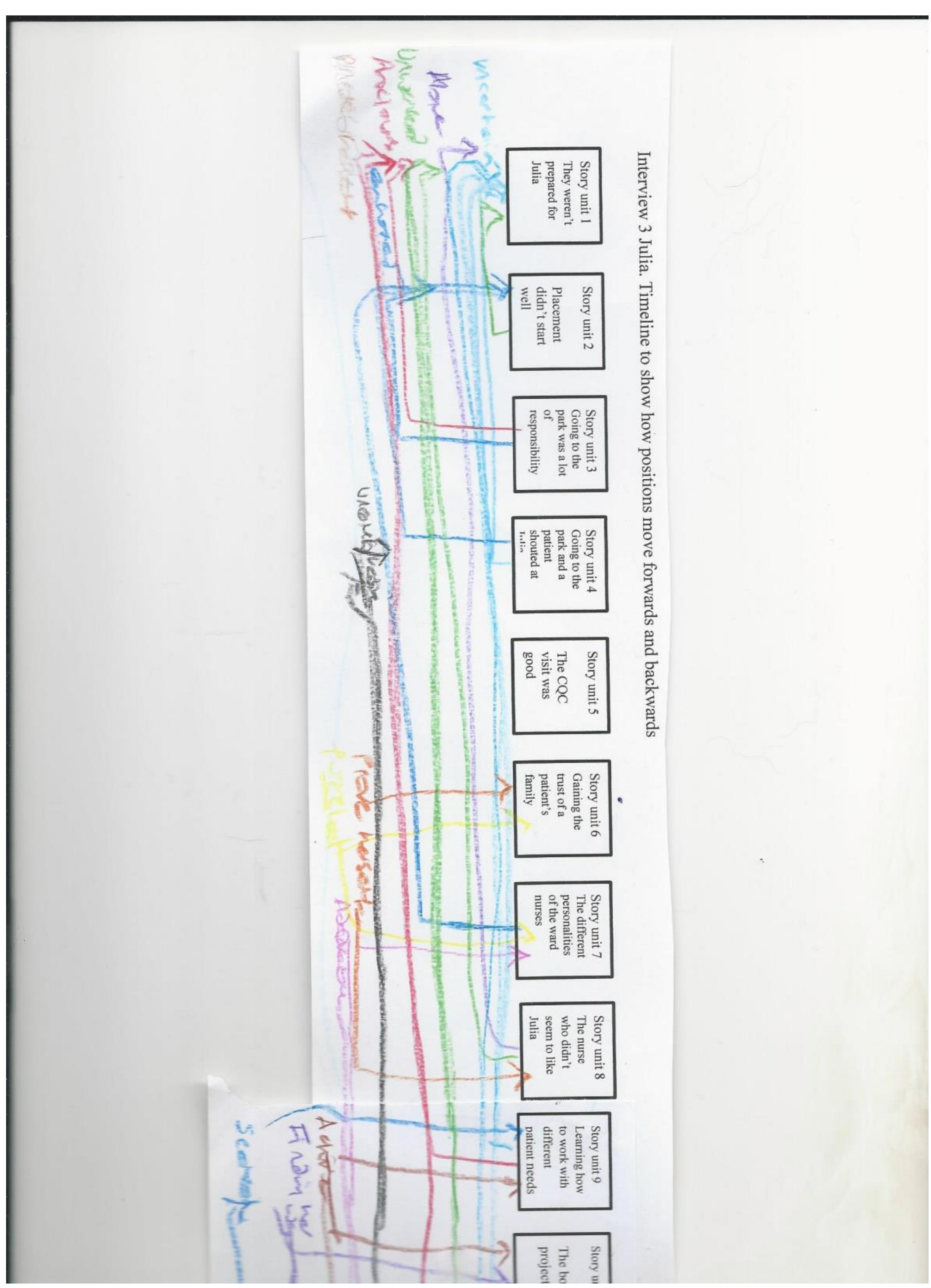
Appendix 21 Timelines to show how the students' positions moved forwards and backwards for Lorna, Julia, and Debbie

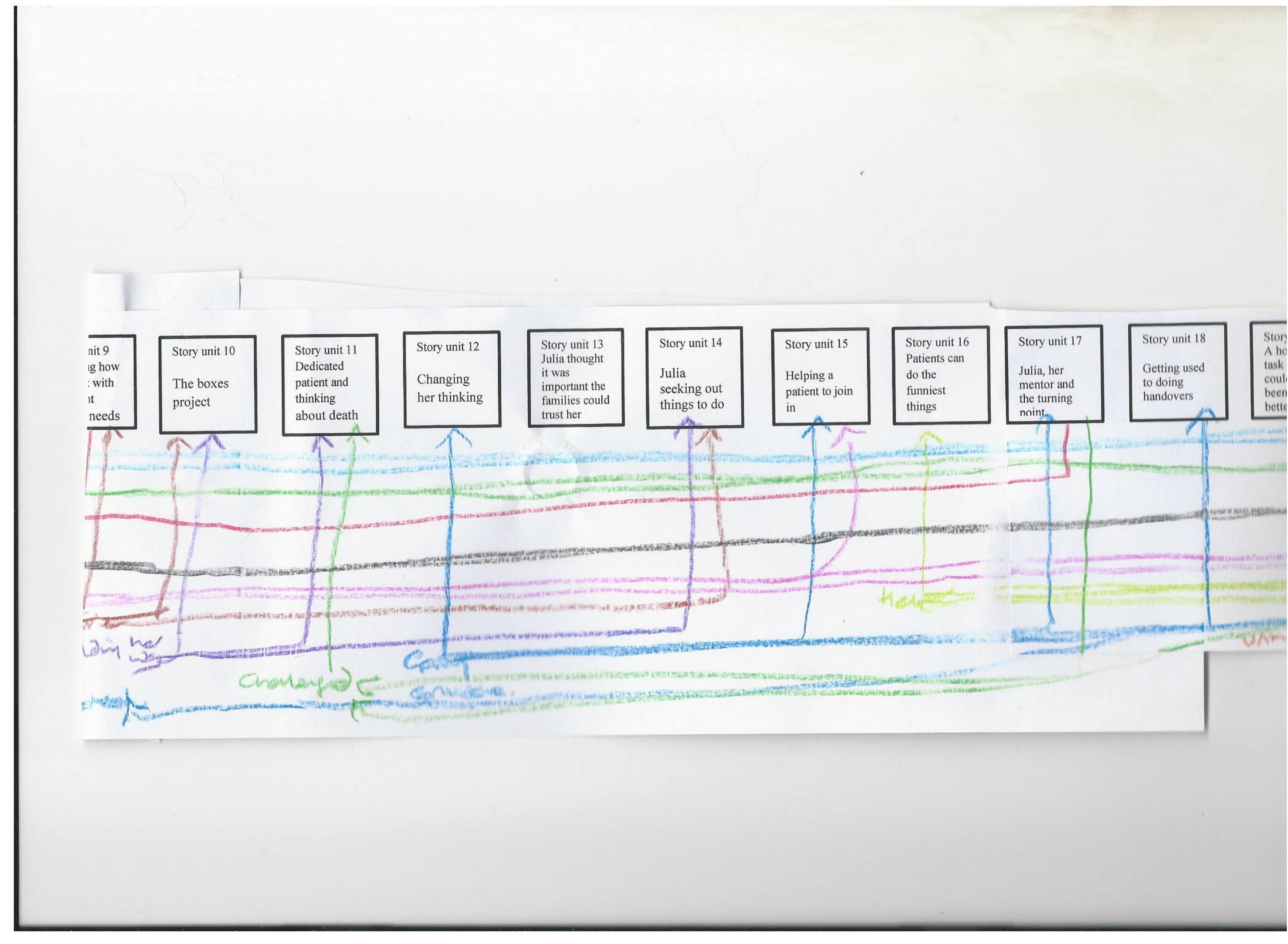
Interview 1 Lorna

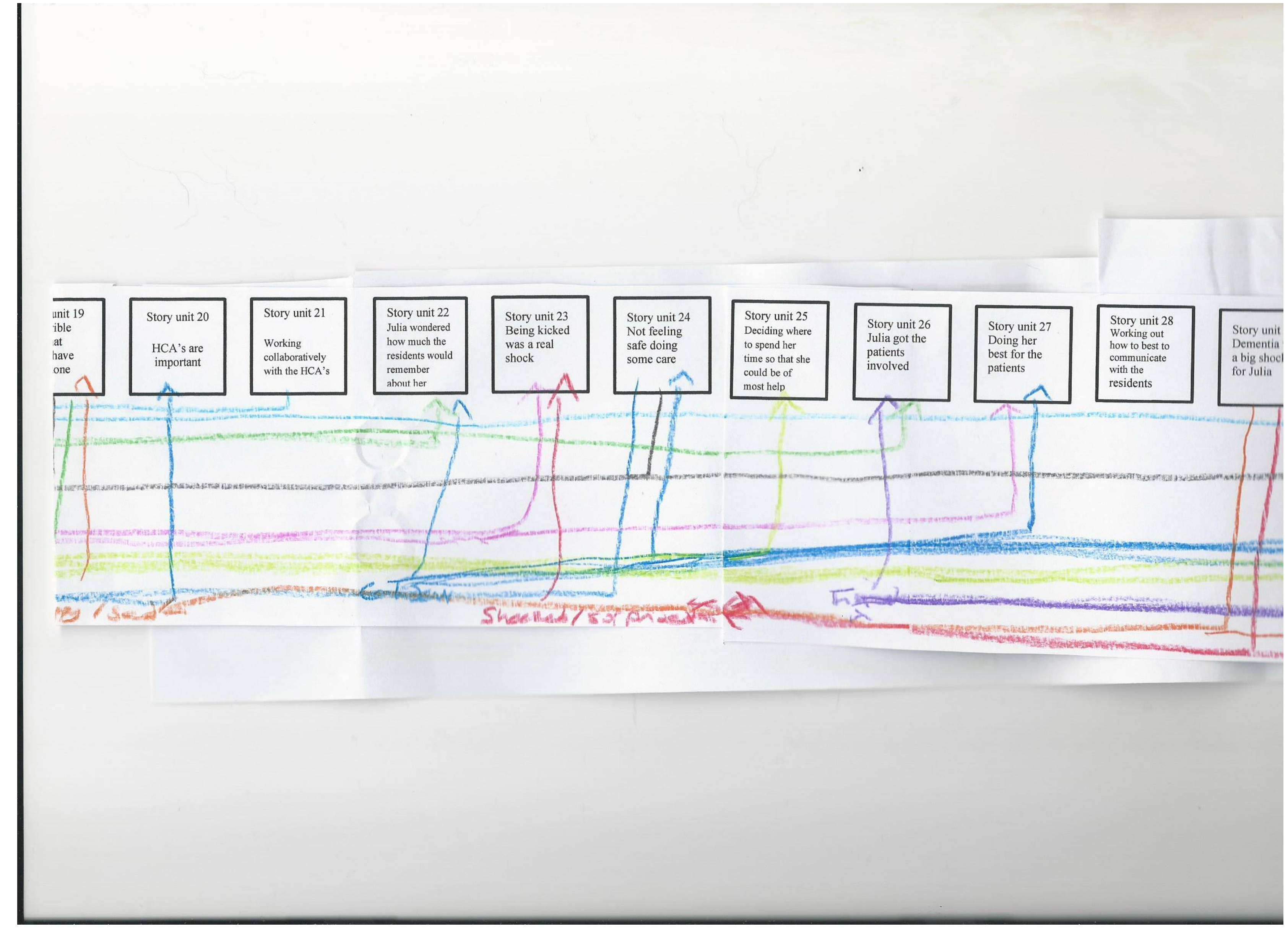


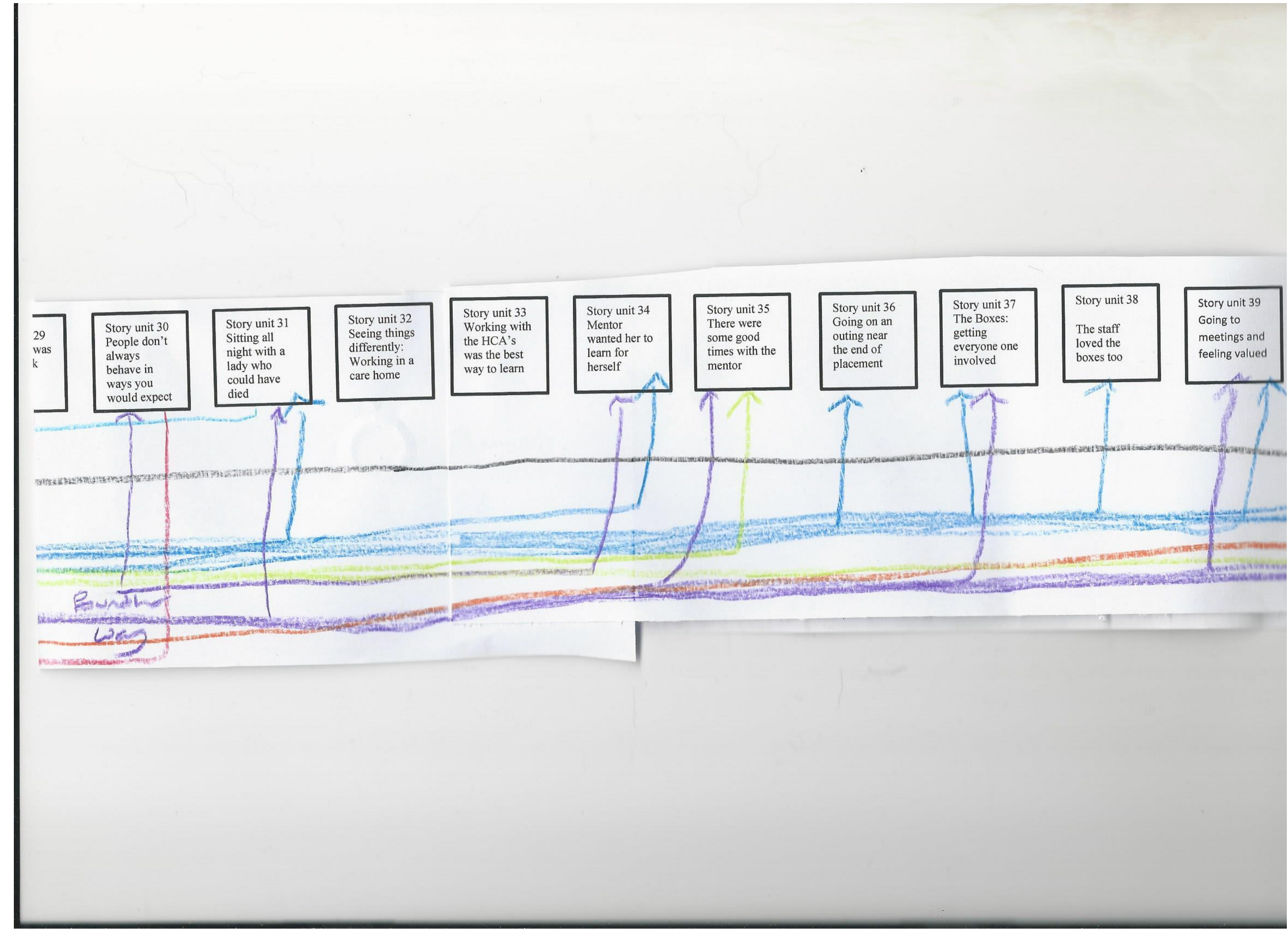

Story unit 11. STU 1: STU was bizarre
Story unit 12 Lorna knows her role and it is with the patients
Story unit 13 For the first time a nurse let Lorna work with her
Story unit 14 STU 2: The patients are what matter to Lorna
Story unit 15 Mixed messages: Not a good way to learn
Story unit 16 Lorna, patients and the marmite sandwich
Story unit 17 Lorna, patients and injections are bizarre
Story unit 18 Lorna, patients and managing aggression
Story unit 19 Didn't know until the end they appreciated her

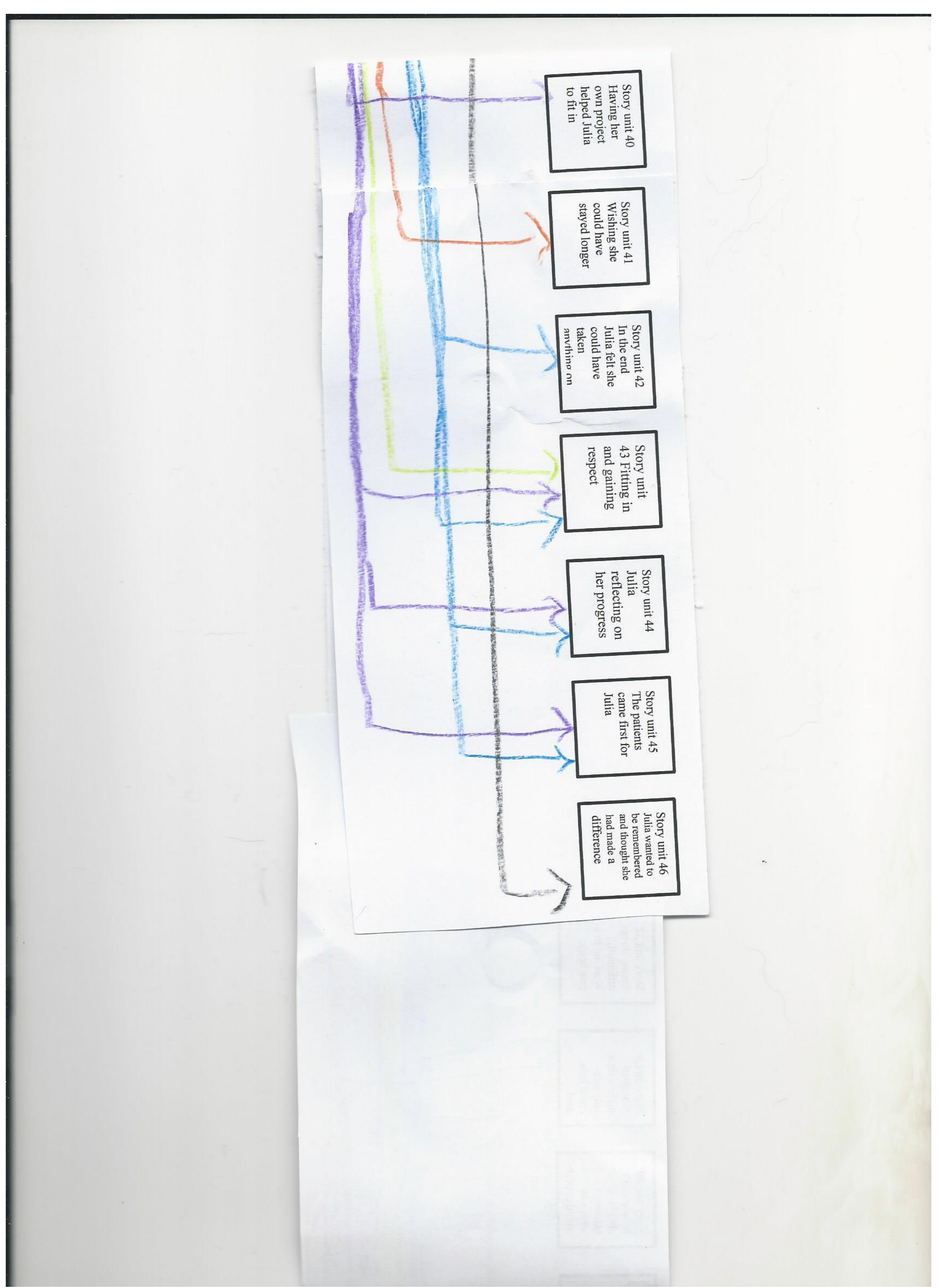
Interview 3 Julia




Story unit 10
The boxes project
Story unit 11
Dedicated patient and thinking about death
Story unit 12
Changing her thinking
Story unit 13
Julia thought it was important the families could trust her
Story unit 14
Julia seeking out things to do
Story unit 15
Helping a patient to join in
Story unit 16
Patients can do the funniest things
Story unit 17
Julia, her mentor and the turning point
Story unit 18
Getting used to doing handovers

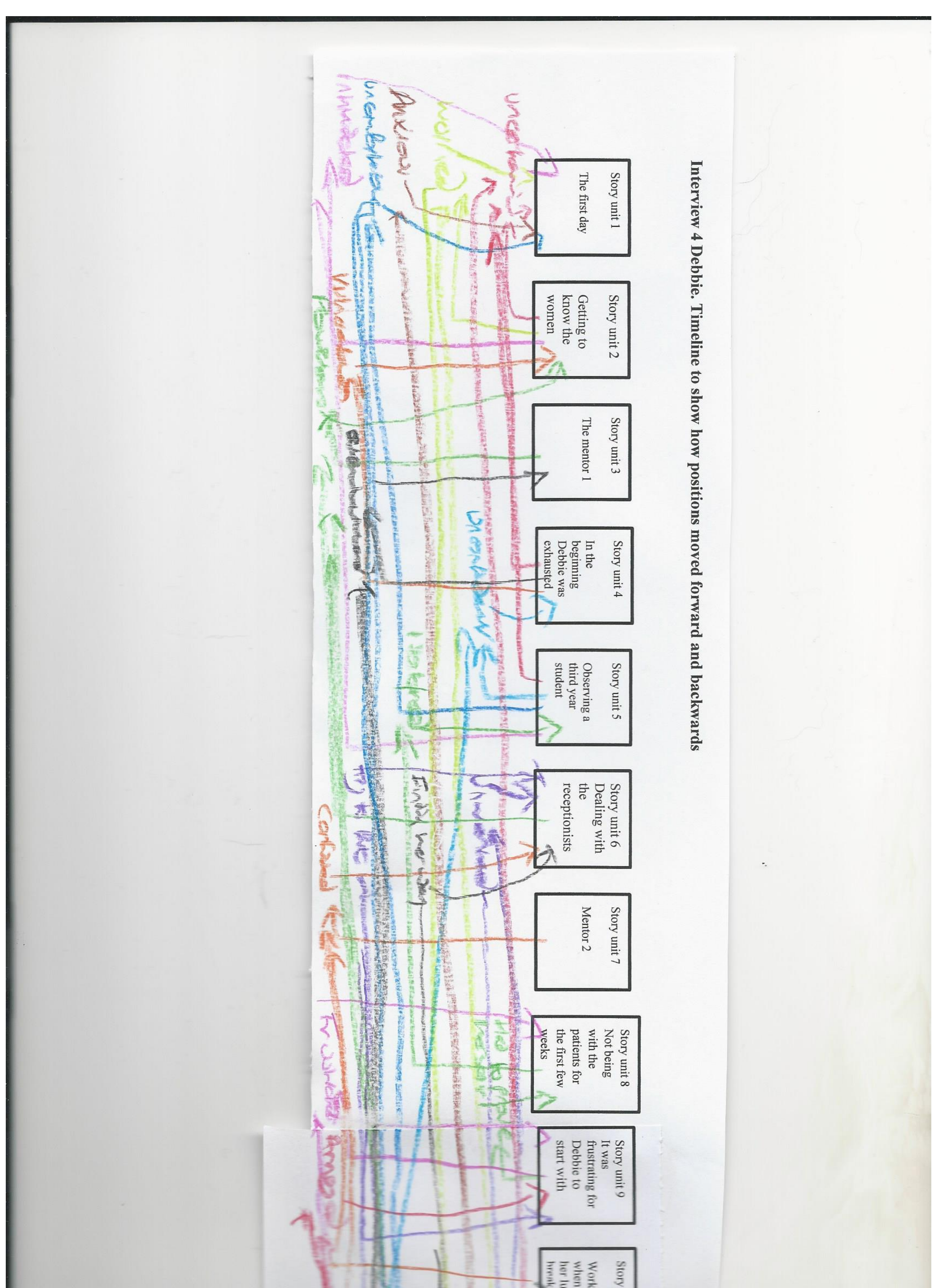

Story unit 20
HCA's are important
Story unit 21
Working collaboratively with the HCA's
Story unit 22
Julia wondered how much the residents would remember about her
Story unit 23
Being kicked was a real shock
Story unit 24
Not feeling safe doing some care
Story unit 25
Deciding where to spend her time so that she could be of most help
Story unit 26
Julia got the patients involved
Story unit 27
Doing her best for the patients
Story unit 28
Working out how to best to communicate with the residents

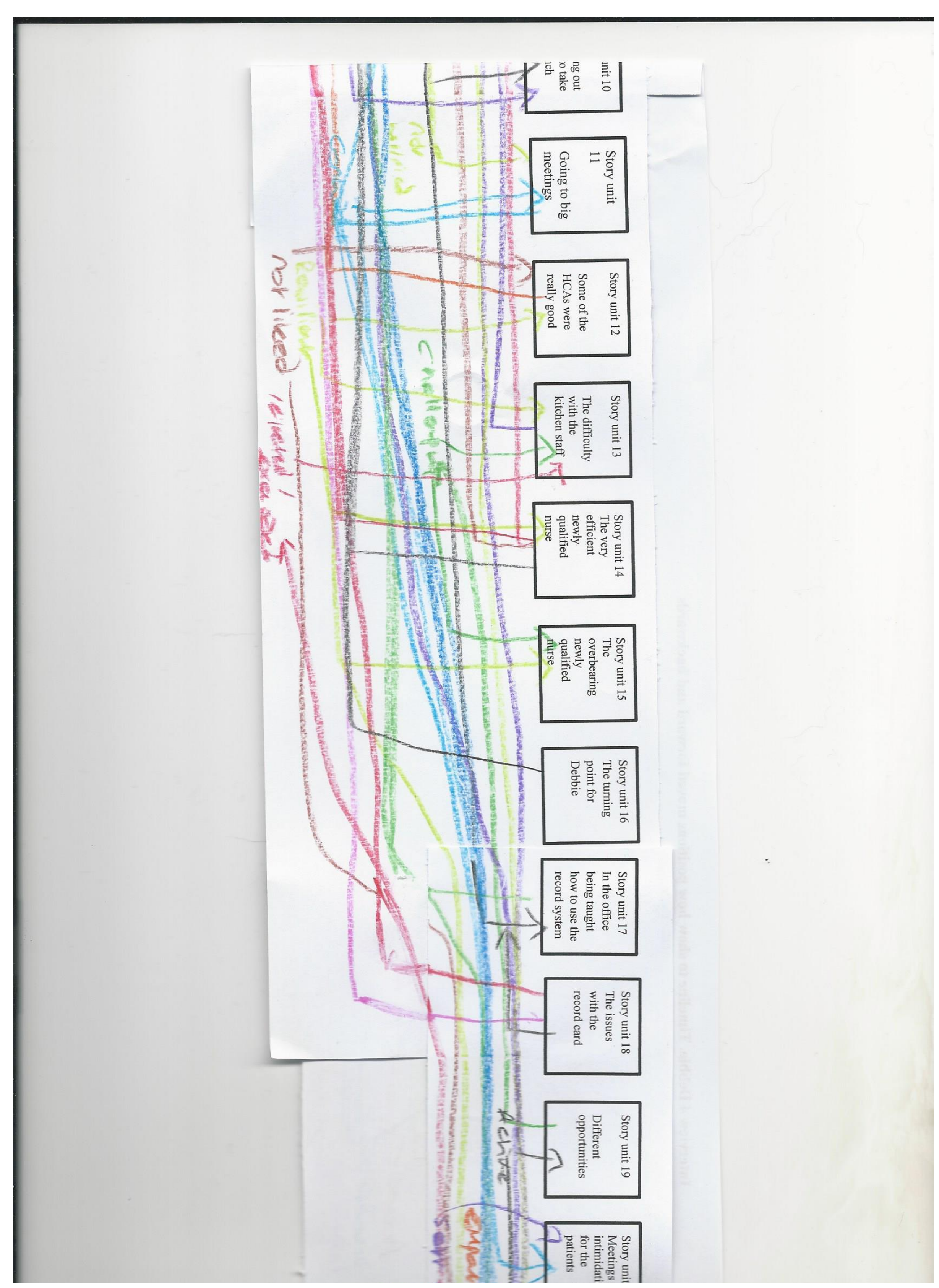

Story unit 30 People don't always behave in ways you would expect
Story unit 31 Sitting all night with a lady who could have died
Story unit 32 Seeing things differently: Working in a care home
Story unit 33 Working with the HCA's was the best way to learn
Story unit 34 Mentor wanted her to learn for herself
Story unit 35 There were some good times with the mentor
Story unit 36 Going on an outing near the end of placement
Story unit 37 The Boxes: getting everyone one involved
Story unit 38 The staff loved the boxes too
Story unit 39 Going to meetings and feeling valued

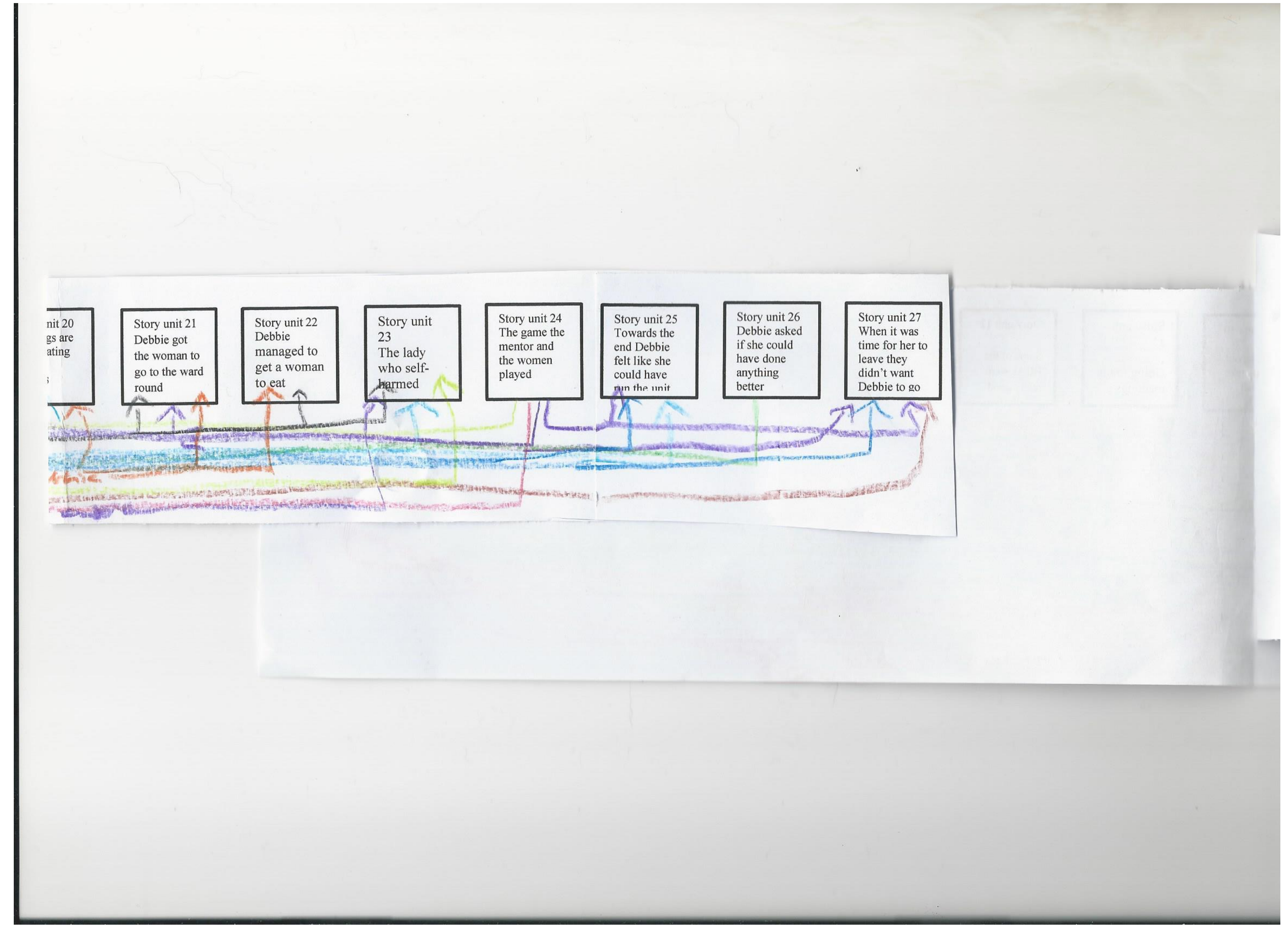


Story unit 40 Having her own project helped Julia to fit in
Story unit 41 Wishing she could have stayed longer
Story unit 42 In the end Julia felt she could have taken anything on
Story unit 43 Fitting in and gaining respect
Story unit 44 Julia reflecting on her progress
Story unit 45 The patients came first for Julia
Story unit 46 Julia wanted to be remembered and thought she had made a difference

Interview 4 Debbie



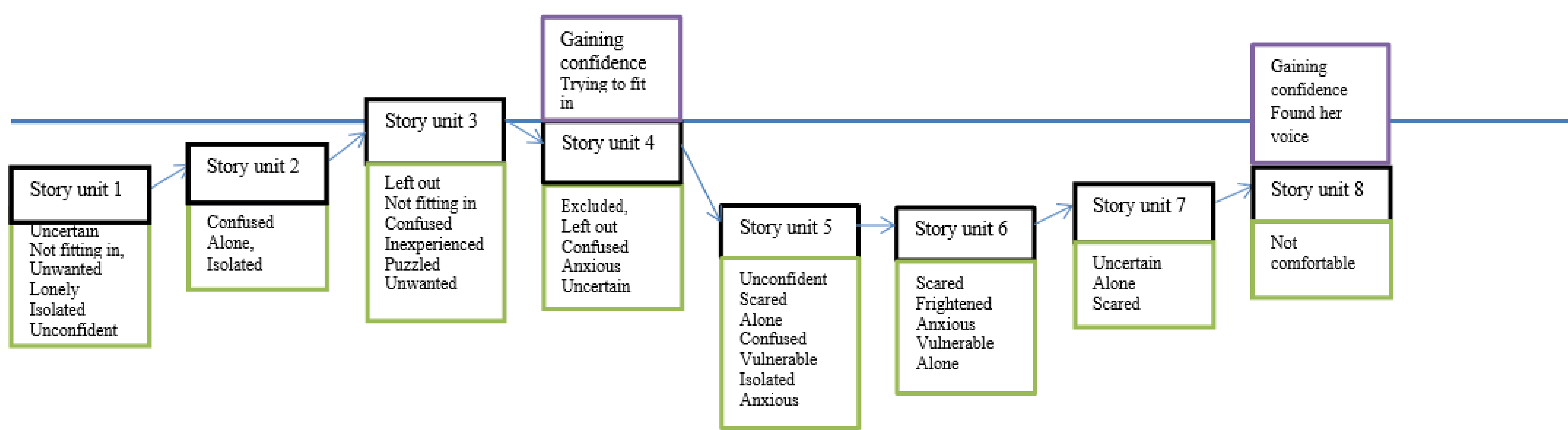

Story unit 11
Going to big meetings
Story unit 12
Some of the HCAs were really good
Story unit 13
The difficulty with the kitchen staff
Story unit 14
The very efficient newly qualified nurse
Story unit 15
The overbearing newly qualified nurse
Story unit 16
The turning point for Debbie
Story unit 17
In the office being taught how to use the record system
Story unit 18
The issues with the record card
Story unit 19
Different opportunities

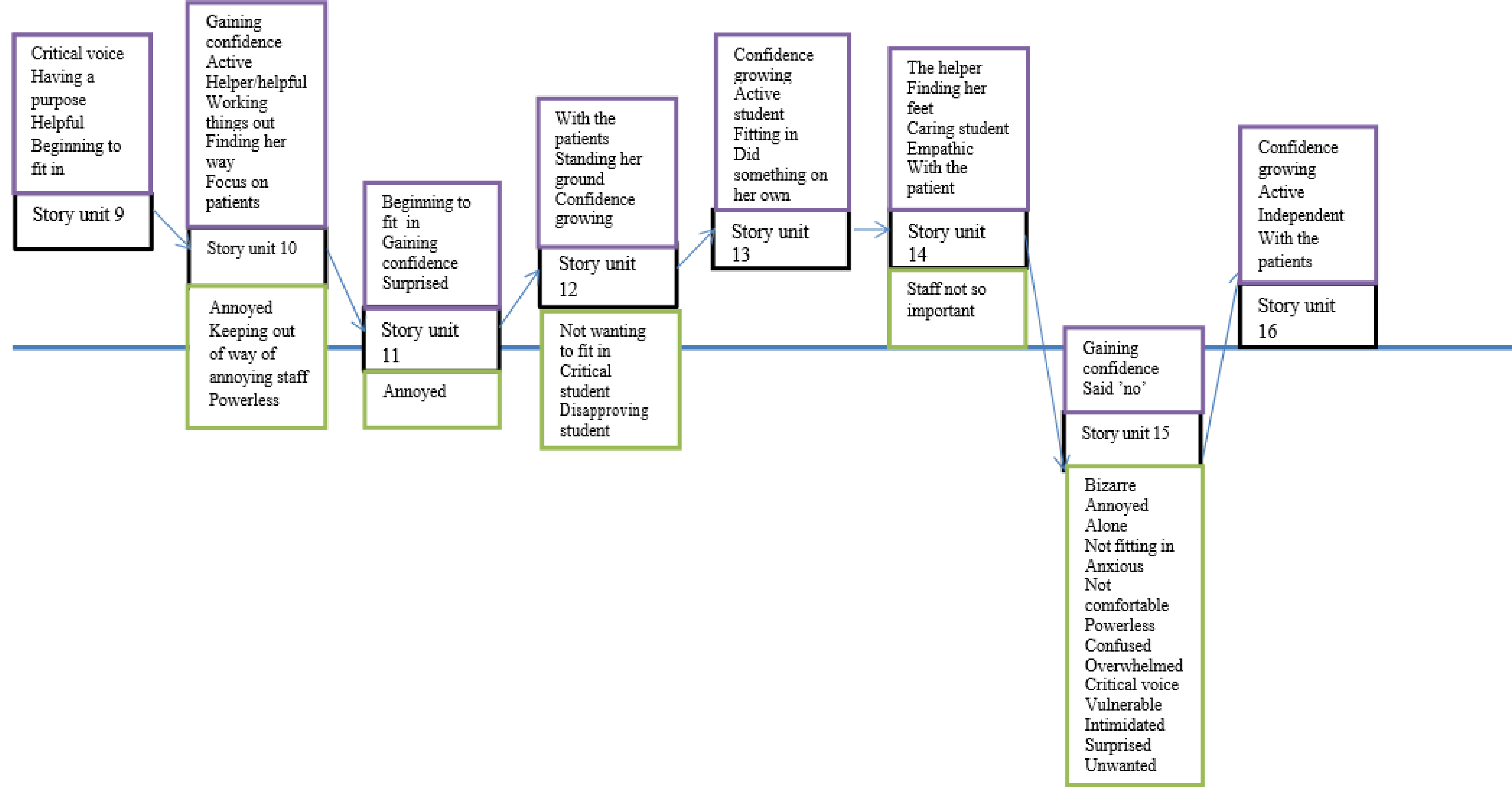


Story unit 21 Debbie got the woman to go to the ward round
Story unit 22 Debbie managed to get a woman to eat
Story unit 23 The lady who self-harmed
Story unit 24 The game the mentor and the women played
Story unit 25 Towards the end Debbie felt like she could have
Story unit 26 Debbie asked if she could have done anything better
Story unit 27 When it was time for her to leave they didn't want Debbie to go

Appendix 22 Complete timeline for each student

Interview 1 Timeline to show Lorna's story unit positions




Critical voice
Having a purpose
Helpful
Beginning to fit in
Story unit 9
Gaining confidence
Active
Helper/helpful
Working things out
Finding her way
Focus on patients
Story unit 10
Annoyed
Keeping out of way of annoying staff
Powerless
Beginning to fit in
Gaining confidence
Surprised
Story unit 11
Annoyed
With the patients
Standing her ground
Confidence growing
Story unit 12
Not wanting to fit in
Critical student
Disapproving student
Confidence growing
Active student
Fitting in
Did something on her own
Story unit 13
The helper
Finding her feet
Caring student
Empathic
With the patient
Story unit 14
Staff not so important
Gaining confidence
Said 'no'
Story unit 15
Bizarre
Annoyed
Alone
Not fitting in
Anxious
Not comfortable
Powerless
Confused
Overwhelmed
Critical voice
Vulnerable
Intimidated
Surprised
Unwanted
Confidence growing
Active
Independent
With the patients
Story unit 16

Surprised
Wanted
Did her best
Appreciated
Story unit 19
Story unit 17
Surprised
Confused
Story unit 18
Confused
Surprised
Vulnerable
Key
Story unit number
Negative tory unit positions
Positive story unit positions
Base line
Story unit below the baseline - negative student position

Interview 2. Timeline to show Amy's story unit positions

Partly supported (by other students)
Story unit 1
Nervous
Unsure
Concerned
Nothing to do
Isolated
Excluded

Story unit 2
Confused
Unwanted
Not needed
Alone
Had not met mentor
Did not know them

Deputy manager from next ward helped her
Story unit 3
Not included
Confused
Unsure
Not fitting in

Grateful
Gained
Confidence
Story unit 4

Included
Made to feel like a member of staff
Wanted
Gaining confidence
Surprised
Story unit 5
Anxious
Out of her depth
Nervous

The nurse was helpful
Story unit 6
Disappointed
Frustrated
Confused

Story unit 7
Disapproved
Critical voice developing

Story unit 8
Not needed
Isolated
Excluded
Bored
Critical voice developing

The bank nurse was helpful
Story unit 9
Isolated
Not needed
Not wanted
Critical voice
Excluded

With mentor
Story unit 10
Had to work it out for herself

Chance to learn
Growing in confidence
Story unit 11

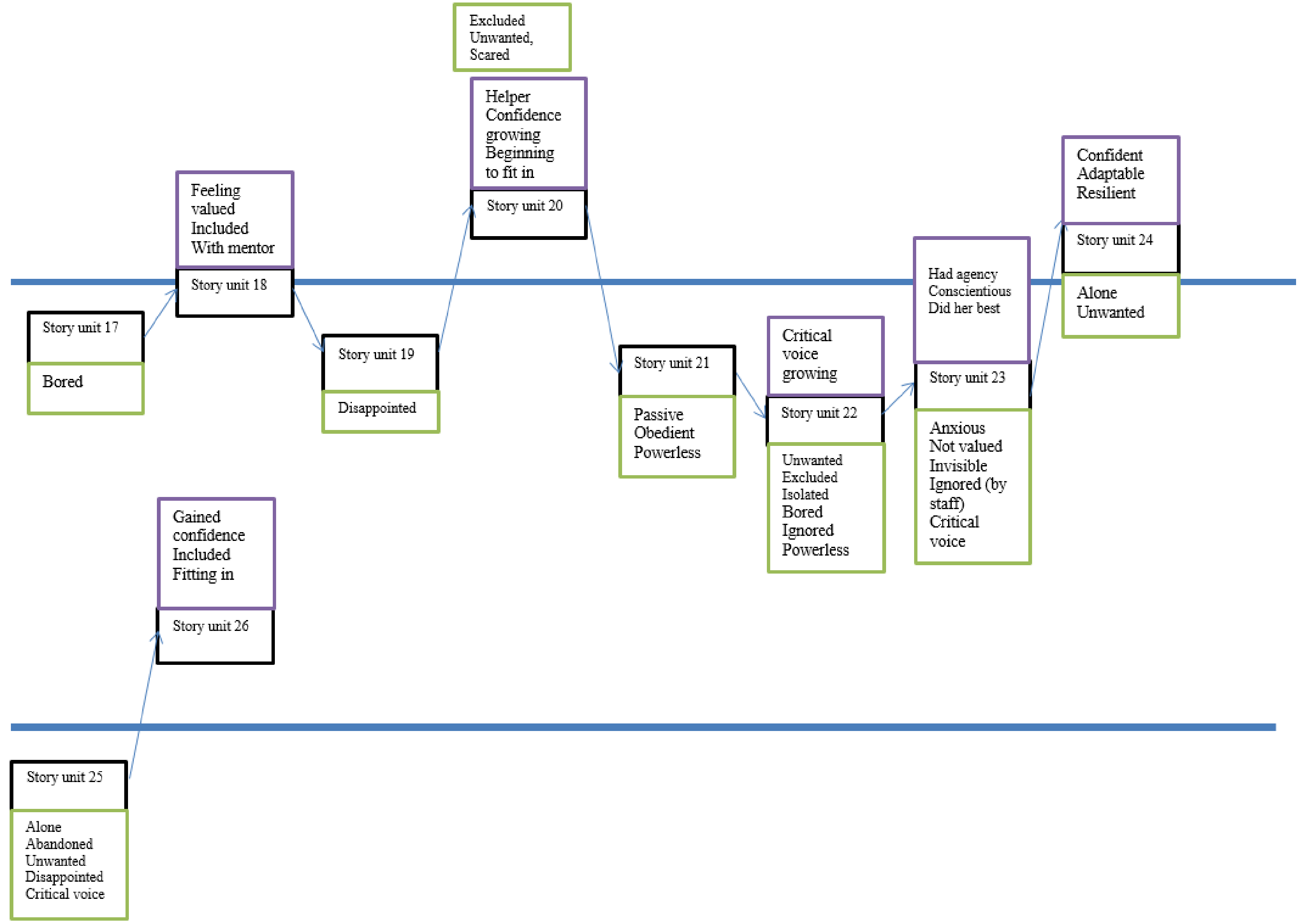
Story unit 12

Confident
Story unit 13

Finding her feet
Fitting in
Some want her
Story unit 14

More confident
Supported
Included
Story unit 15.

Active
Has a voice
Agency
Story unit 16


Story unit 17
Bored
Feeling valued Included With mentor
Story unit 18
Story unit 19
Disappointed
Excluded Unwanted, Scared
Helper Confidence growing Beginning to fit in
Story unit 20
Story unit 21
Passive Obedient Powerless
Critical voice growing
Story unit 22
Unwanted Excluded Isolated Bored Ignored Powerless
Had agency Conscientious Did her best
Story unit 23
Anxious Not valued Invisible Ignored (by staff) Critical voice
Confident Adaptable Resilient
Story unit 24
Alone Unwanted
Gained confidence Included Fitting in
Story unit 26
Story unit 25
Alone Abandoned Unwanted Disappointed Critical voice

Key

Story unit number

Negative story unit base line

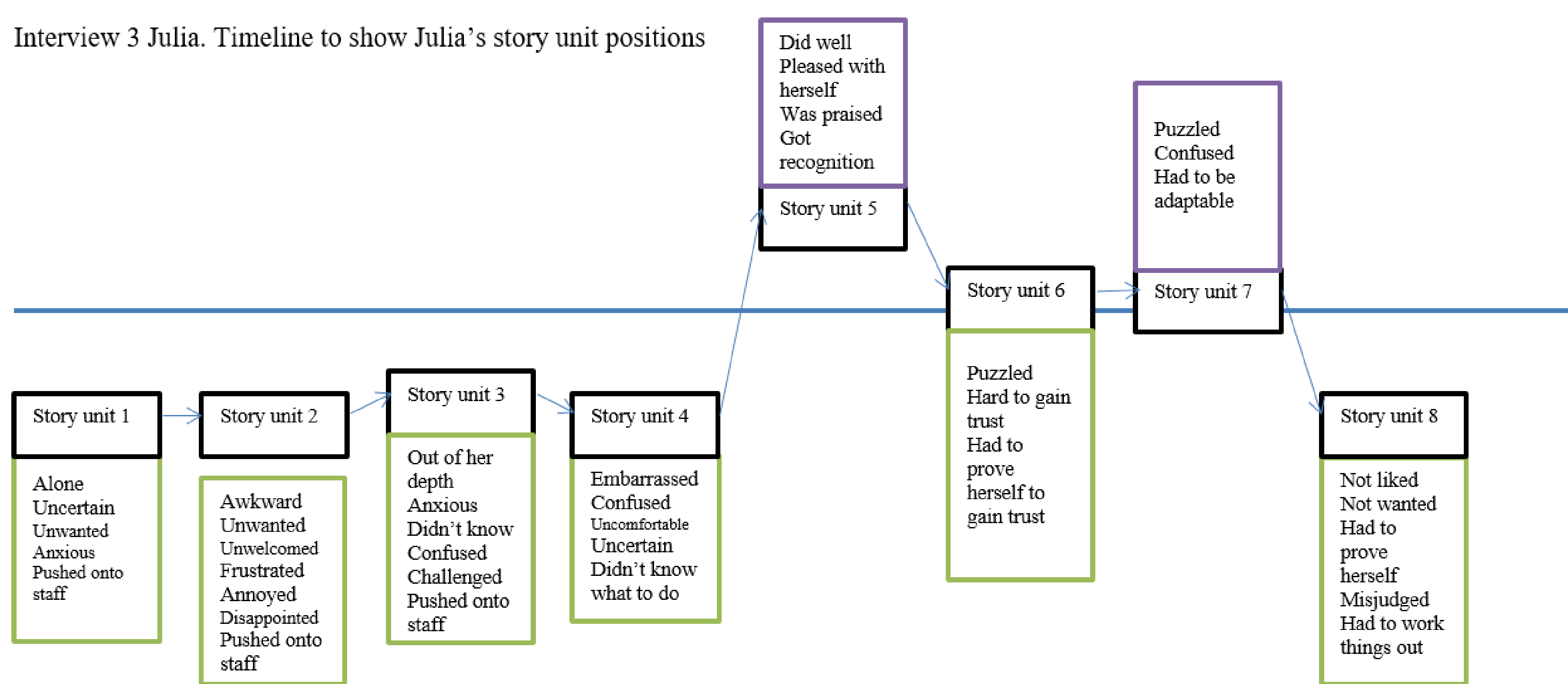
Positive story unit baseline

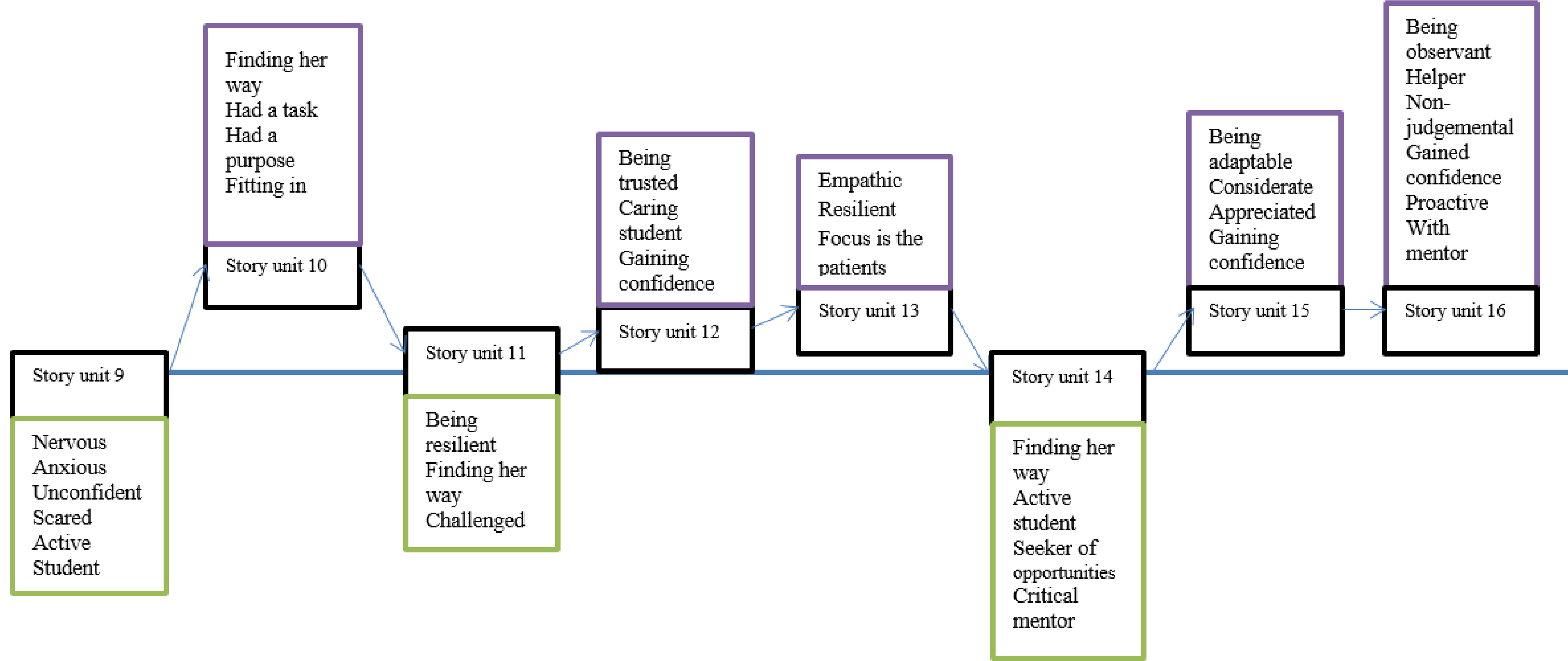
Base line

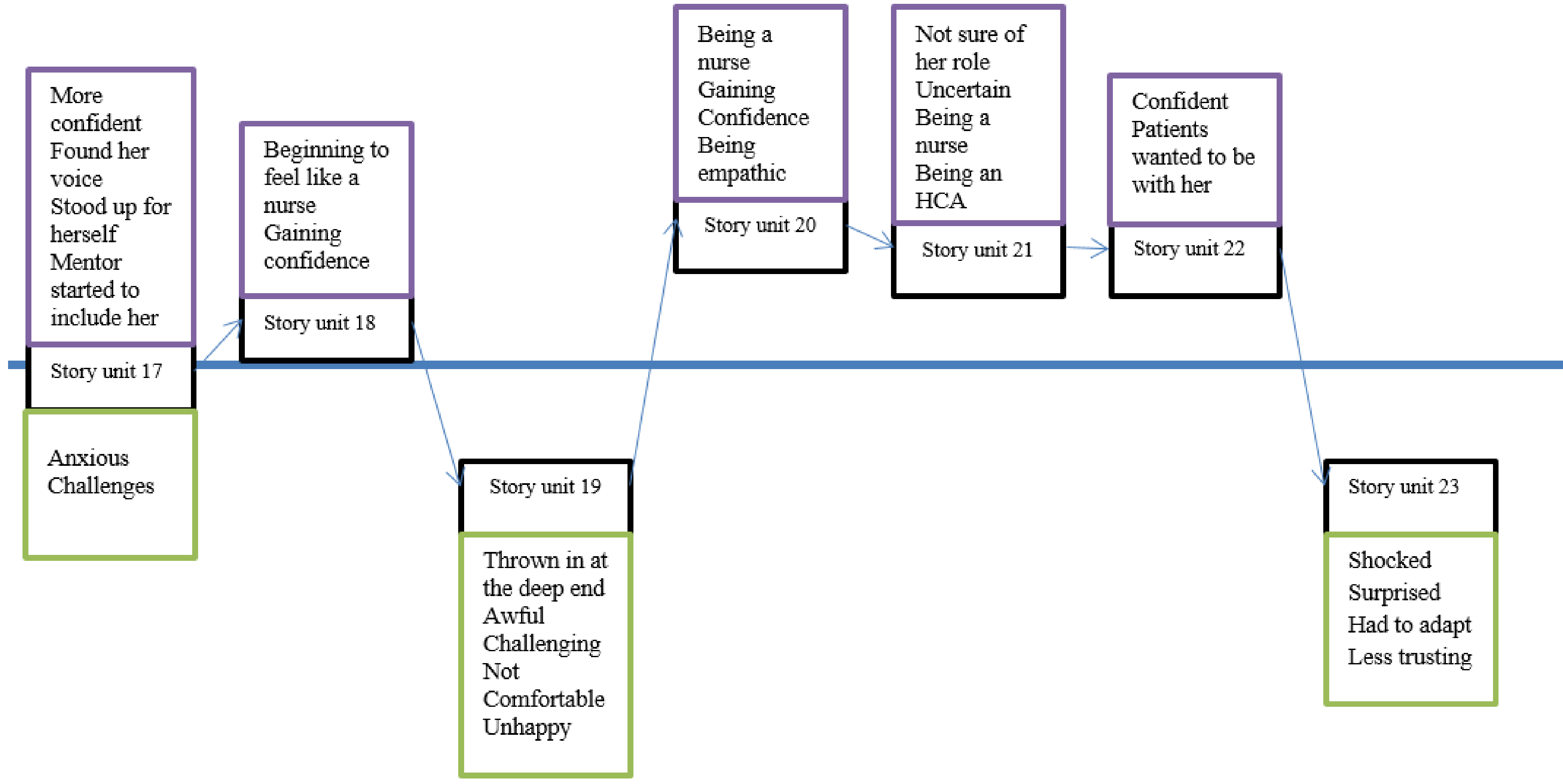
Story unit below the base line – negative student positions

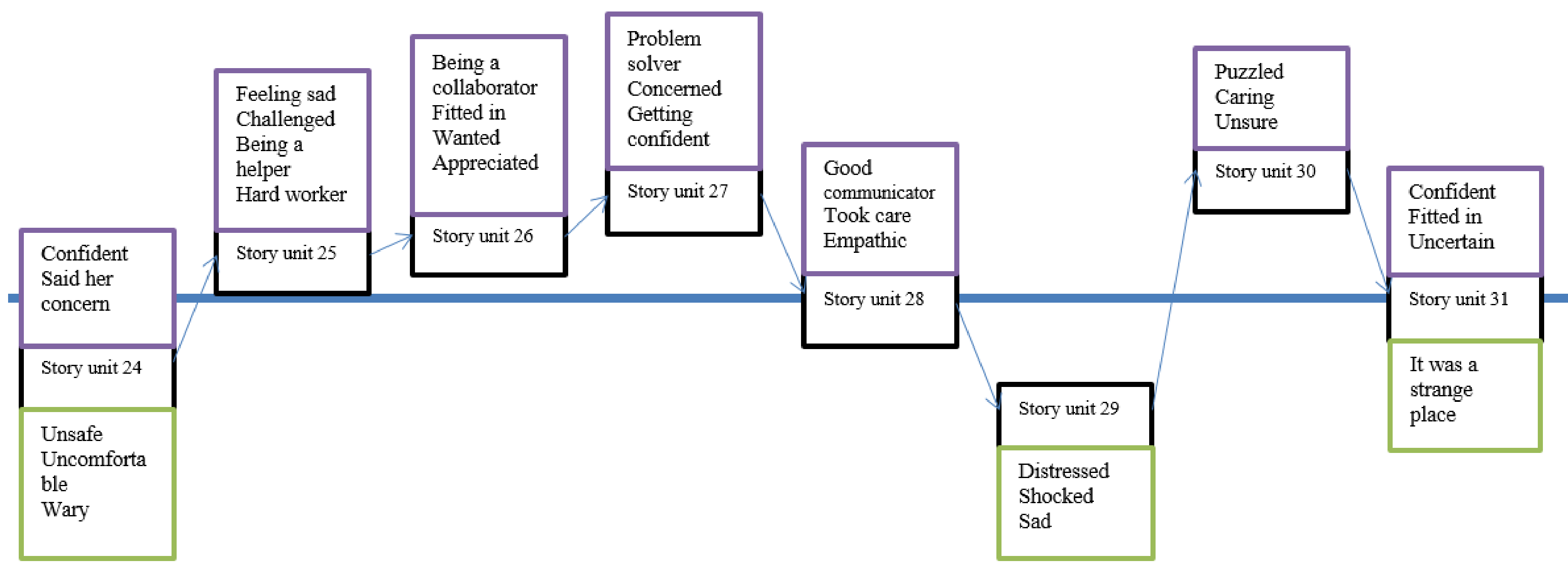
Story unit above the base line – positive student positions

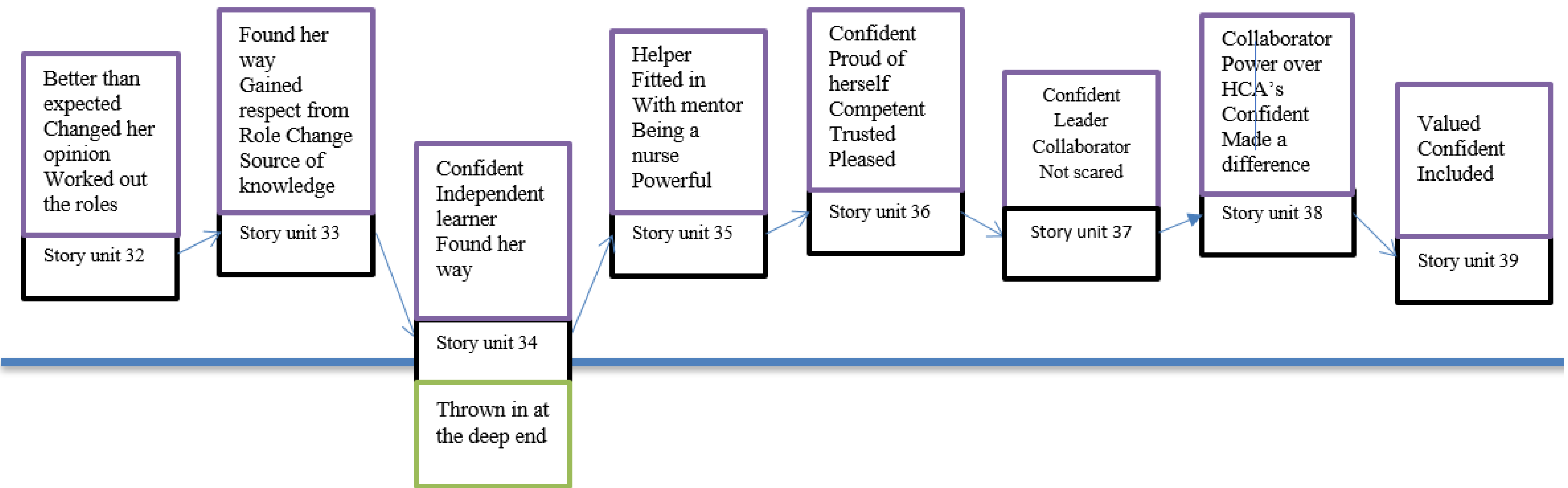
Interview 3 Julia. Timeline to show Julia's story unit positions



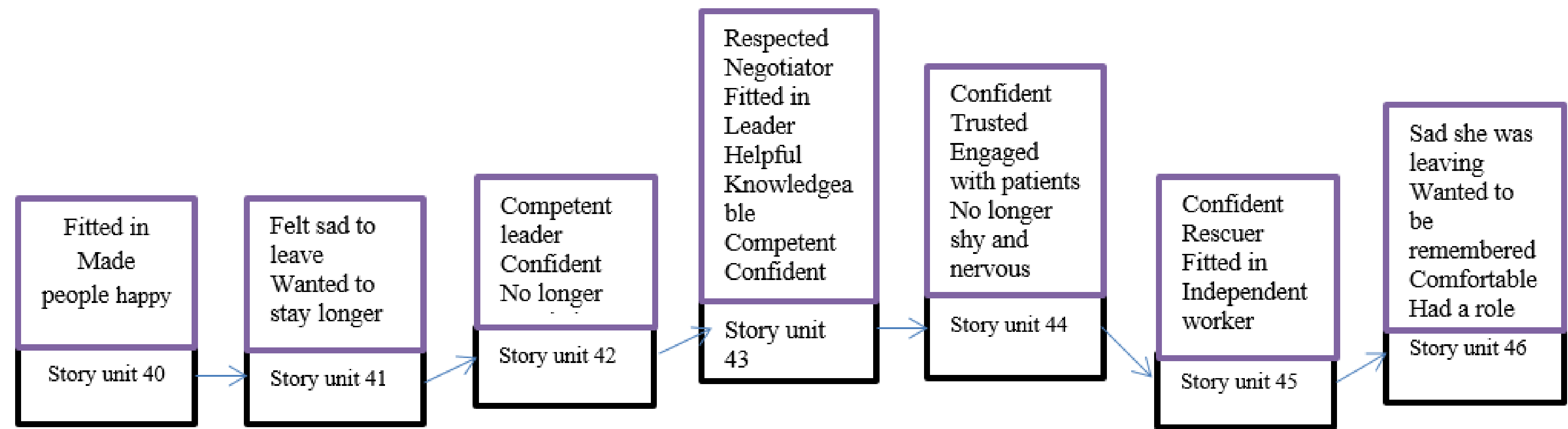

Story unit 9
Nervous
Anxious
Unconfident
Scared
Active
Student
Finding her way
Had a task
Had a purpose
Fitting in
Story unit 10
Story unit 11
Being resilient
Finding her way
Challenged
Being trusted
Caring student
Gaining confidence
Story unit 12
Empathic
Resilient
Focus is the patients
Story unit 13
Story unit 14
Finding her way
Active student
Seeker of opportunities
Critical mentor
Being adaptable
Considerate
Appreciated
Gaining confidence
Story unit 15
Being observant
Helper
Non-judgemental
Gained confidence
Proactive
With mentor
Story unit 16


More confident
Found her voice
Stood up for herself
Mentor started to include her
Story unit 17
Anxious
Challenges
Beginning to feel like a nurse
Gaining confidence
Story unit 18
Story unit 19
Thrown in at the deep end
Awful
Challenging
Not Comfortable
Unhappy
Being a nurse
Gaining Confidence
Being empathic
Story unit 20
Not sure of her role
Uncertain
Being a nurse
Being an HCA
Story unit 21
Confident
Patients wanted to be with her
Story unit 22
Story unit 23
Shocked
Surprised
Had to adapt
Less trusting


Confident
Said her
concern
Story unit 24
Unsafe
Uncomforta
ble
Wary
Feeling sad
Challenged
Being a
helper
Hard worker
Story unit 25
Being a
collaborator
Fitted in
Wanted
Appreciated
Story unit 26
Problem
solver
Concerned
Getting
confident
Story unit 27
Good
communicator
Took care
Empathic
Story unit 28
Story unit 29
Distressed
Shocked
Sad
Puzzled
Caring
Unsure
Story unit 30
Confident
Fitted in
Uncertain
Story unit 31
It was a
strange
place



Better than expected
Changed her opinion
Worked out the roles
Story unit 32
Found her way
Gained respect from
Role Change
Source of knowledge
Story unit 33
Confident
Independent learner
Found her way
Story unit 34
Thrown in at the deep end
Helper
Fitted in
With mentor
Being a nurse
Powerful
Story unit 35
Confident
Proud of herself
Competent
Trusted
Pleased
Story unit 36
Confident
Leader
Collaborator
Not scared
Story unit 37
Collaborator
Power over HCA's
Confident
Made a difference
Story unit 38
Valued
Confident
Included
Story unit 39



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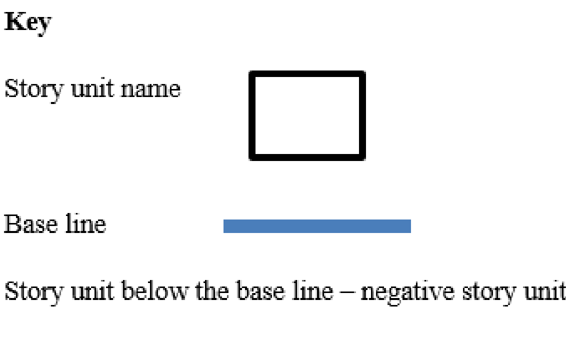


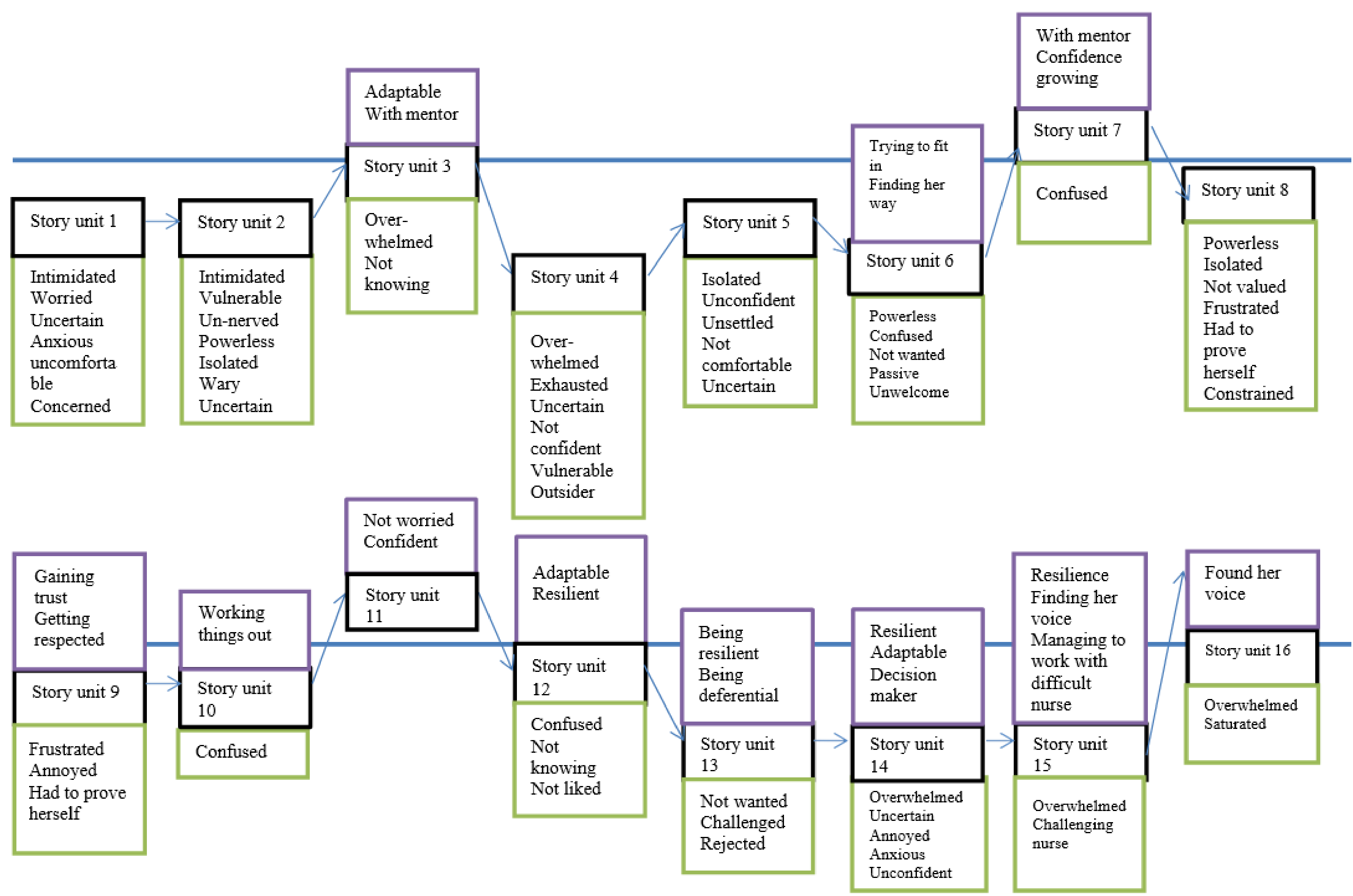
Story unit name

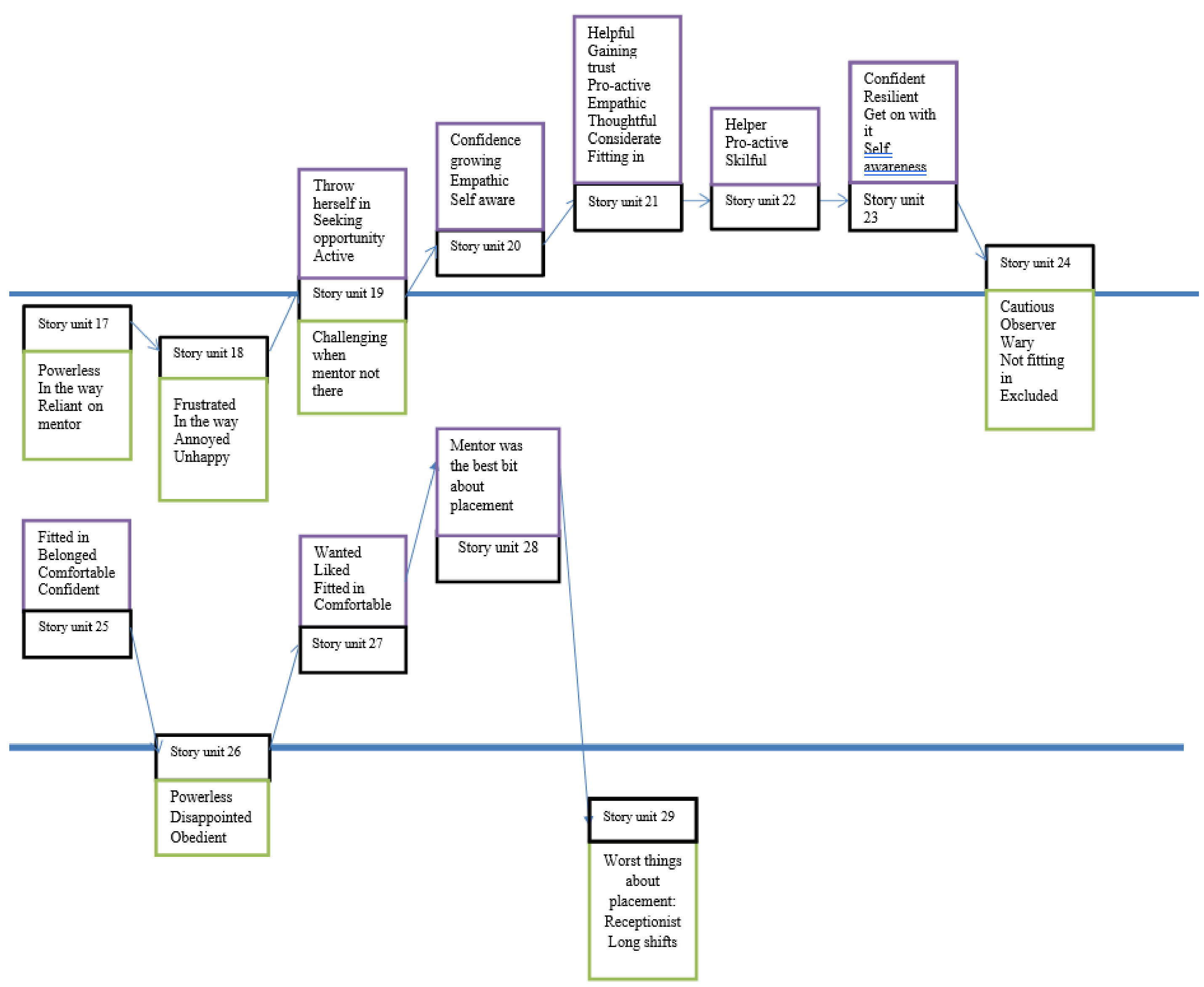
Base line

Story unit below the base line – negative story unit

Story unit above the base line – positive story unit

Interview 4 Debbie. Timeline to show Debbie's story unit positions




Story unit 17
Powerless
In the way
Reliant on
mentor
Story unit 18
Frustrated
In the way
Annoyed
Unhappy
Throw
herself in
Seeking
opportunity
Active
Story unit 19
Challenging
when
mentor not
there
Confidence
growing
Empathic
Self aware
Story unit 20
Helpful
Gaining
trust
Pro-active
Empathic
Thoughtful
Considerate
Fitting in
Story unit 21
Helper
Pro-active
Skilful
Story unit 22
Confident
Resilient
Get on with
it
Self
awareness
Story unit
23
Story unit 24
Cautious
Observer
Wary
Not fitting
in
Excluded
Fitted in
Belonged
Comfortable
Confident
Story unit 25
Story unit 26
Powerless
Disappointed
Obedient
Wanted
Liked
Fitted in
Comfortable
Story unit 27
Mentor was
the best bit
about
placement
Story unit 28
Story unit 29
Worst things
about
placement:
Receptionist
Long shifts

Key

Story unit name

Negative story unit positions

Positive story unit positions

Base line

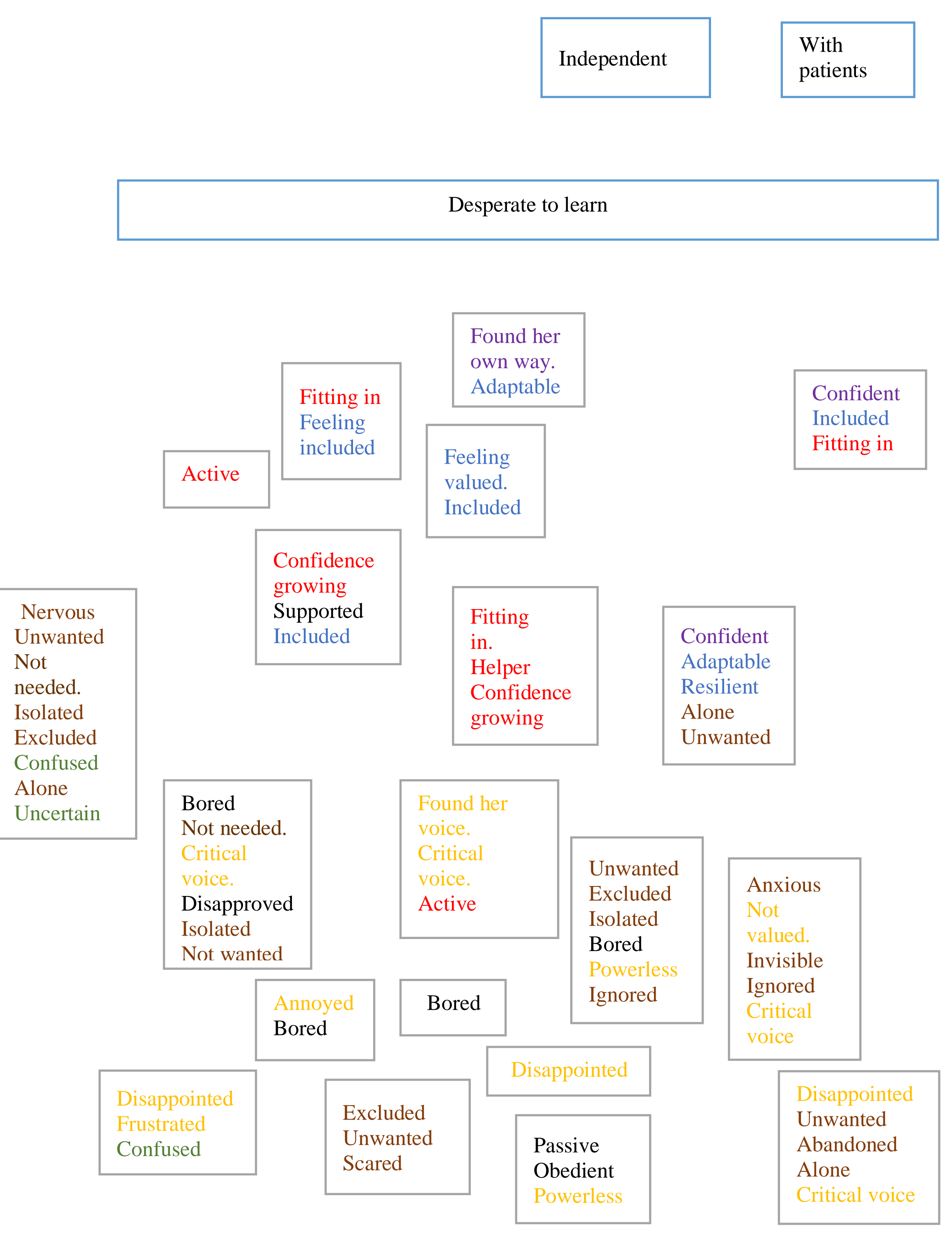
Story unit below the base line – negative student positions

Story unit above the base line – positive student positions

Appendix 23 Colour coded timeline to show each students' movement of positions during their placement

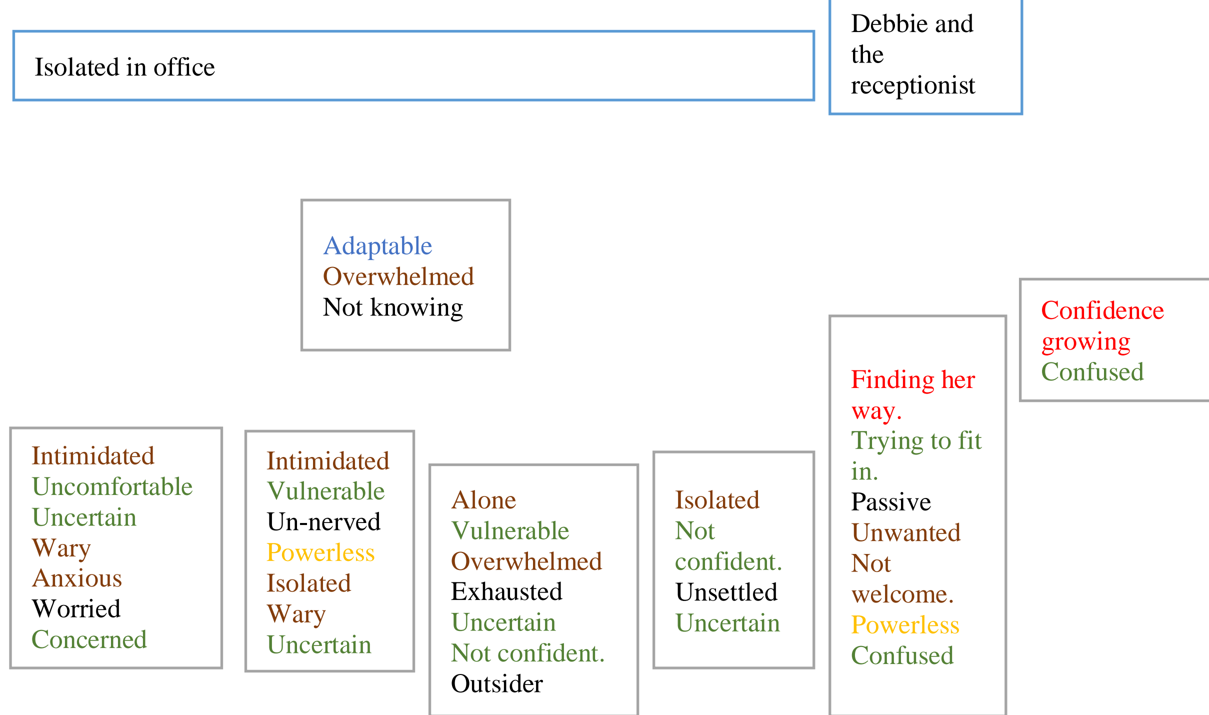
Lorna's colour coded timeline to show her movement of positions throughout her placement

Amy's colour coded timeline to show her movement of positions throughout her placement

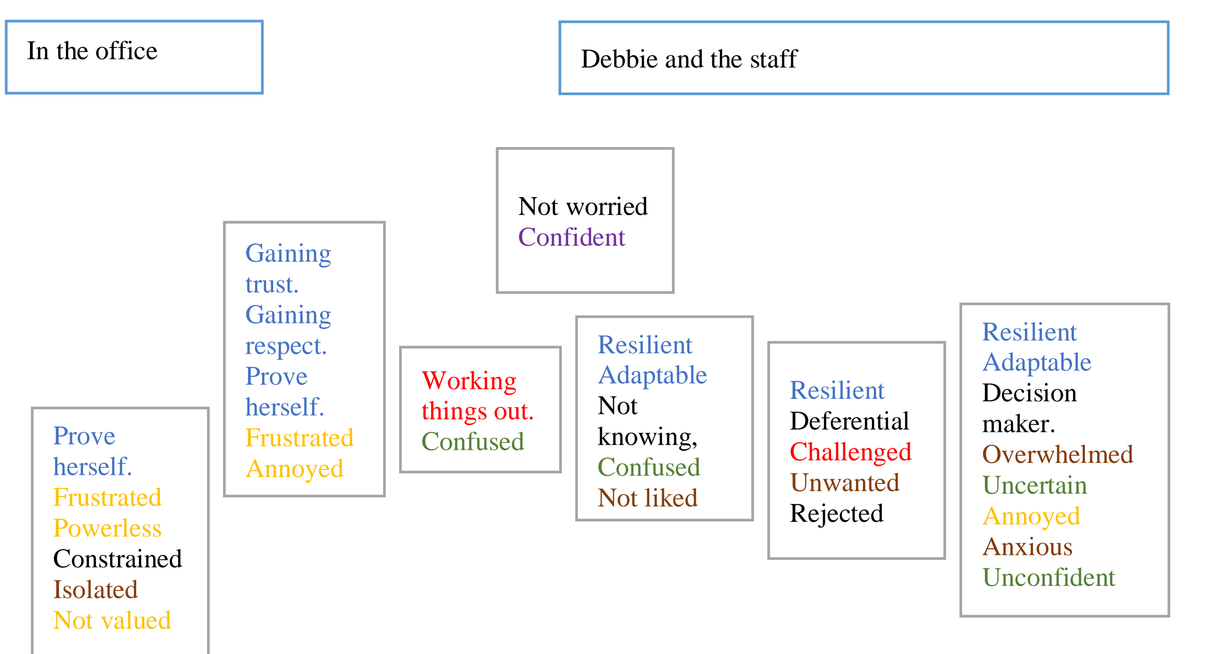


Debbie's colour coded timeline to show her movement of positions throughout her placement

Section 1.



Section 2



Section 3.

The turning point

Debbie and the staff

With the patients and mentor

Self awareness.
Confident
Resilient
Get on with it

Belonging
Comfortable
Fitting in.
Confident

Fitted in.
Comfortable
Wanted
Liked

Thoughtful
Considerate
Empathic
Gaining trust.
Helpful
Fitting in.
Pro-active
Skilful

Confidence growing.
Empathic
Self aware

Find her voice.
Resilience
Overwhelmed
Challenged

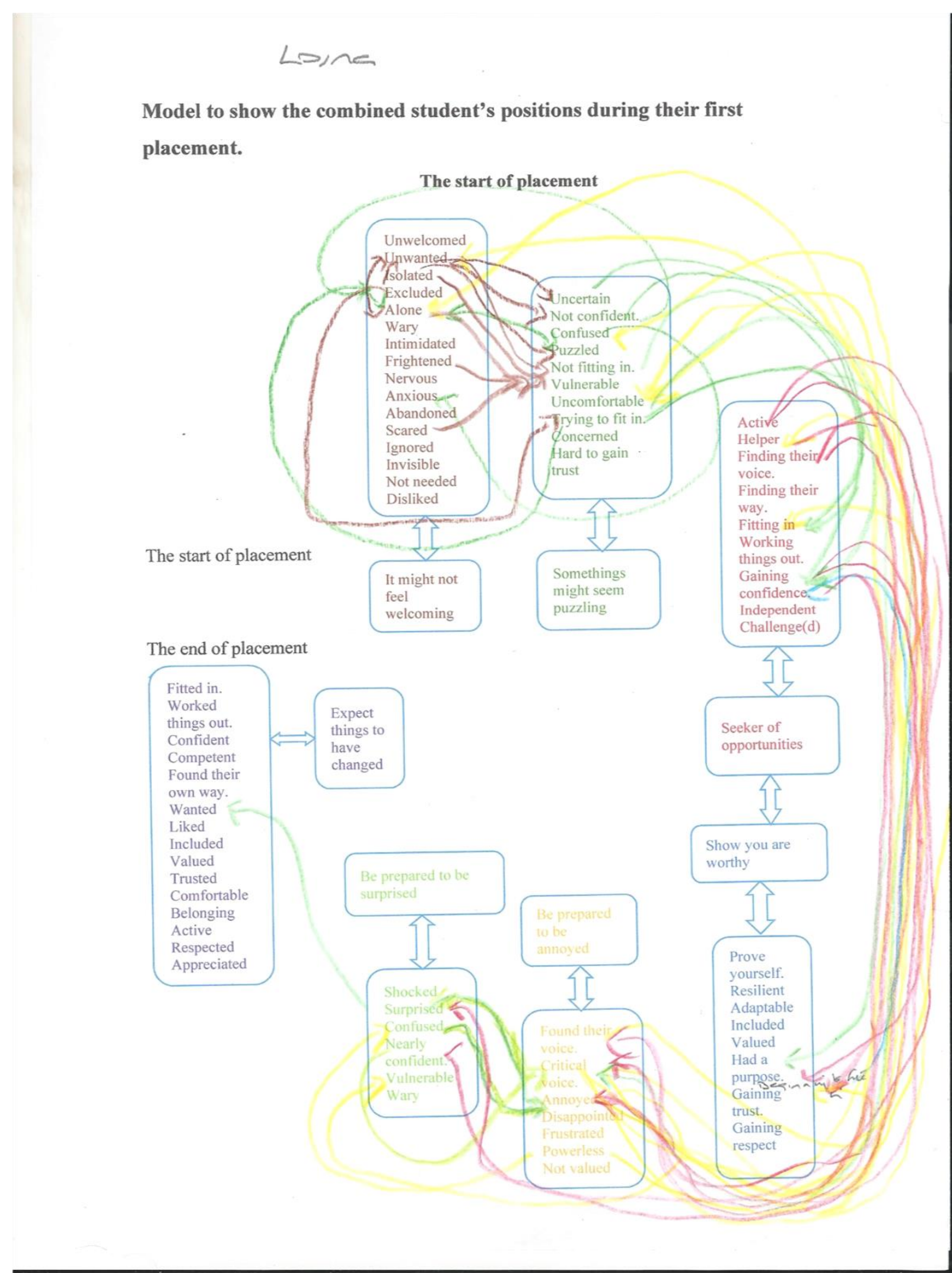
Finding her way.
In the way.
Powerless
Frustrated
Annoyed
Unhappy

Seeking opportunity.
Active
Challenging

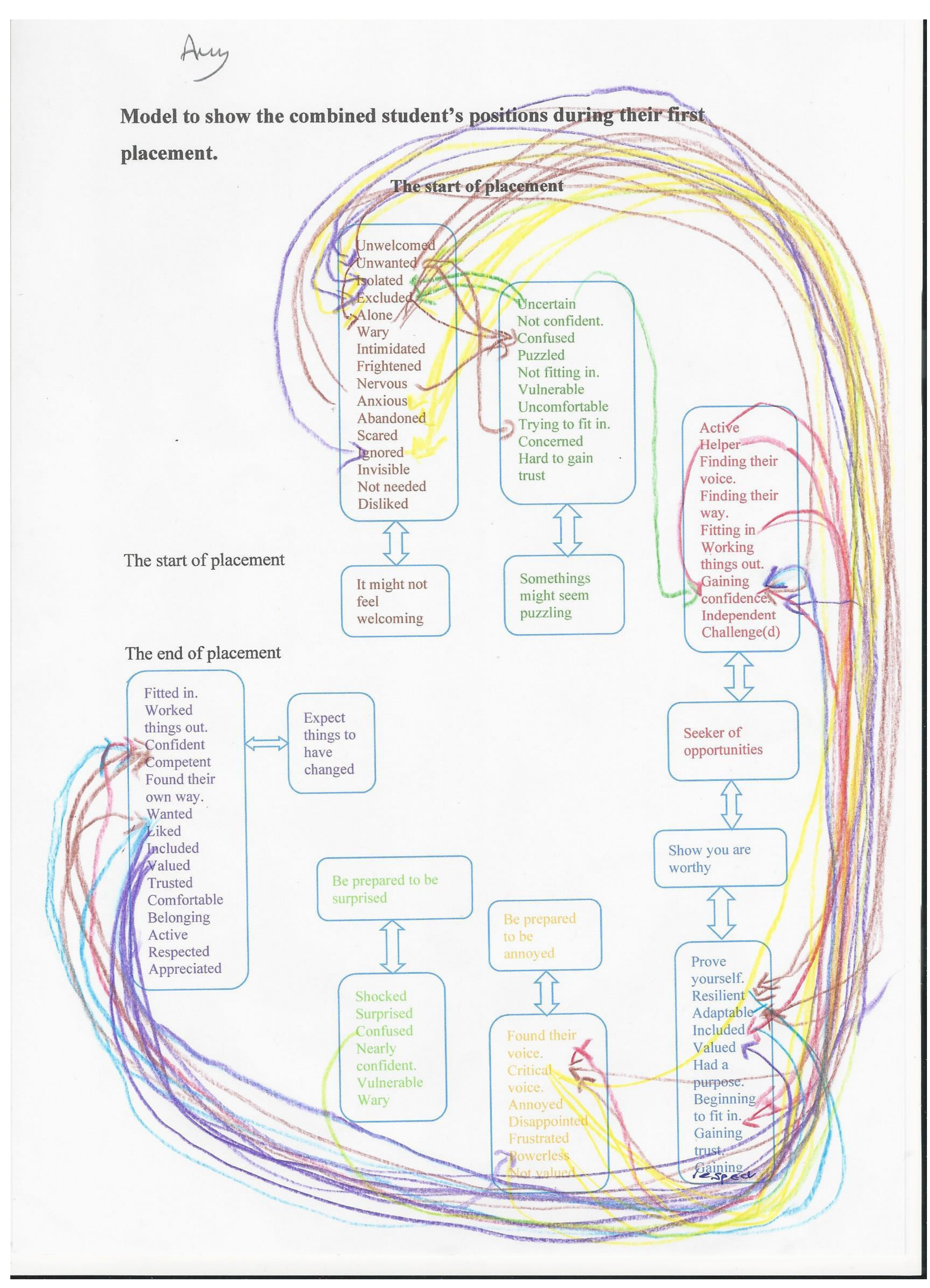
Cautious
Observer
Wary
Not fitting in.
Excluded

Powerless
Disappointed
Obedient

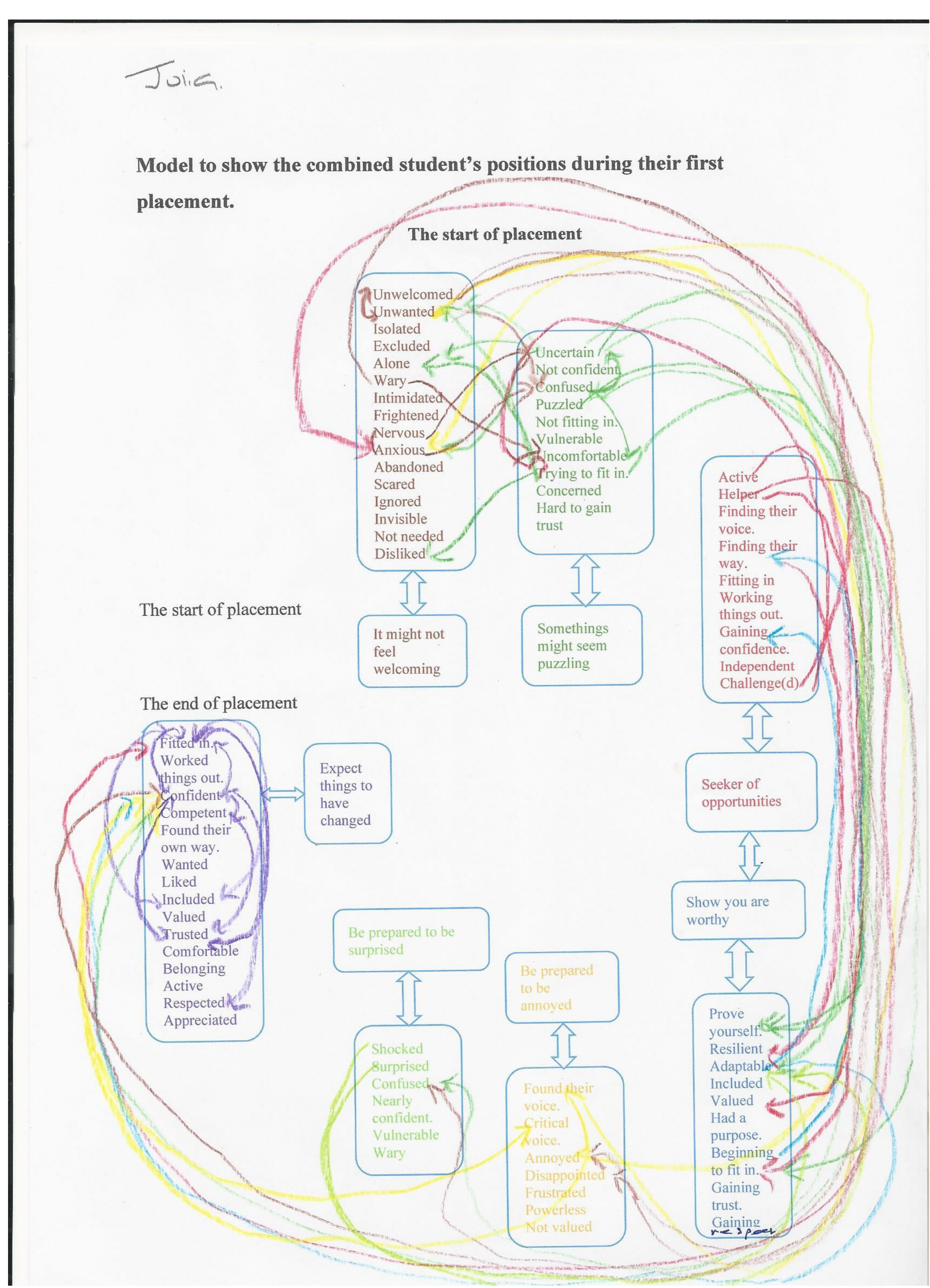
Appendix 24 Using the forwards-backwards model to capture the movement of Lorna, Amy and Julia's positions.



Using the generic model to illustrate how Amy's positions seemed to move forwards and backwards during her placement



Using the generic model to illustrate how Julia's positions seemed to have moved forwards and backwards during her placement


Julia.
Model to show the combined student's positions during their first placement.
The start of placement
Unwelcomed
Unwanted
Isolated
Excluded
Alone
Wary
Intimidated
Frightened
Nervous
Anxious
Abandoned
Scared
Ignored
Invisible
Not needed
Disliked
Uncertain
Not confident
Confused
Puzzled
Not fitting in.
Vulnerable
Uncomfortable
Trying to fit in.
Concerned
Hard to gain trust
The start of placement
It might not feel welcoming
Somethings might seem puzzling
Active
Helper
Finding their voice.
Finding their way.
Fitting in
Working things out.
Gaining confidence.
Independent
Challenge(d)
The end of placement
Fitted in.
Worked things out.
Confident
Competent
Found their own way.
Wanted
Liked
Included
Valued
Trusted
Comfortable
Belonging
Active
Respected
Appreciated
Expect things to have changed
Seeker of opportunities
Show you are worthy
Be prepared to be surprised
Be prepared to be annoyed
Shocked
Surprised
Confused
Nearly confident.
Vulnerable
Wary
Found their voice.
Critical voice.
Annoyed
Disappointed
Frustrated
Powerless
Not valued
Prove yourself.
Resilient
Adaptable
Included
Valued
Had a purpose.
Beginning to fit in.
Gaining trust.
Gaining respect