

BOURNEMOUTH UNIVERSITY

**A grounded theory study exploring first year student nurses'  
learning in practice**

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**Doctor of Professional Practice**

**Dawn Angela Morley  
July 2015**

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## The abstract

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### **A grounded theory study exploring first year student nurses' learning in practice**

**Dawn Angela Morley**

This professional doctorate thesis consists of a primary research grounded theory study exploring how first year student nurses learn in practice on their first placement. The study is complemented by a mixed methodology practice development project (PDP) that examines the specific aspect of student placement support using online communication methods. The thesis is interwoven by six personal narratives explaining both the reflexivity and reflectivity at key decision points.

The aim of the primary research was to develop a theory of practice learning of first year students on their first clinical placement. An initial literature review identified a lack of recent research on how student nurses learn in practice settings. It revealed theories and research related to work based learning in other contexts that could be pertinent to student nurses' learning on their first placement.

Twenty one first year student nurses volunteered for the primary research study and were interviewed twice during their first placement (January – November 2013). Data collection and analysis used the constant comparative method and theoretical sampling of emerging categories.

Participant interviews illuminated the organic and inconsistent nature of students' practice learning. The theory which emerged from the data showed that first year student nurses were "*learning to be a professional*" from their first placement experience. Recognition and negotiation of practice learning in the highly politicised clinical setting was influenced by both the social context of the placement and the individual influence of the student.

The primary research recommended the need for a greater awareness of practice pedagogy and support systems for students' practice learning. The PDP found that online asynchronous groups could provide students with peer and academic support

and included the dissemination of the project findings with recommendations for further implementation identified.

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## Author's declaration

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The following articles were published prior to the submission of the doctorate.

Morley, D., 2014. Supporting student nurses in practice with online communication tools. *Nurse Education in Practice*, 14, 69 – 75

Morley, D., 2014. Keeping in touch while at work. *Nursing Standard*, May 14, 28, 37

Morley, D., Alexander, A., Hewitt, J., Pearce, T., Suter, E. and Taylor, C., 2015. Hit the ground running. *Nursing Standard*, 29 (22), 6.

Figure 4: Categories of innovativeness was taken from:

Rogers, E. M., 2003. *Diffusion of Innovations*. Fifth edition. New York: Free Press.

## 1 Introduction to the professional doctorate thesis

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*“The Professional Doctorate is a vehicle which draws together the state of the art in professional practice, with relevant academic theory and applied to the solution of work based problems; with a resulting change within the students’ own workplace” (Fulton, Kuit, Sanders and Smith 2012, p. 132).*

For the purposes of my own professional doctorate my thesis consists of two parts. The first is a primary research grounded theory study that explores the practice learning experiences of first year student nurses. The grounded theory generated explains student nurses’ practice learning on their first placement.

The second, my practice development project (PDP), draws on the particular focus of online student support on placement to implement a project applied to my own area of practice in nurse education.

While both parts of the thesis used a similar group of participants of first year student nurses undertaking their first clinical placement on their undergraduate nursing course, they were conducted at different points in time and with different samples of first year students. The primary research used qualitative methods to broadly explore this group’s practice learning while the PDP took a mixed method approach to focus on online methods to enhance both peer and academic support for participants on placement.

The PDP was completed a year prior to the primary research and informed some aspects of collecting data from this particular group of participants for the primary research. The initial literature review highlighted issues of student vulnerability and the need for enhanced placement support pertinent to both parts of the thesis.

Although the two parts are presented separately to aid clarity within the thesis their complementary relationship is commented on throughout and analysed in **Part III: Combined conclusions, limitations and recommendations.**

As a requirement of the professional doctorate my personal experiences and decisions that influenced the research are considered in six narratives at key decision points

within the thesis to enhance both the reflexivity and reflectivity of the research. The narratives are derived from a personal reflective diary that I kept during the course of the doctorate.

### 1.1 Part I: The primary research

A career path in clinical nursing, followed by nurse education, has piqued my long term curiosity in how student nurses learn in the chaotic context of the clinical placement environment. **Narrative one** explains the influence of my own professional journey, and, with media coverage that questions whether nurses were now “*too posh to wash*” (Oleson 2004, Scott 2004), whether student nurses are effectively learning their profession in the practice setting.

An initial overview of literature related to student nurses’ practice learning was conducted. The first phase of the **initial literature review** indicated a lack of current research on the specific pedagogy and epistemology of student nurses’ practice learning and in particular that of first year student nurses. Four areas were highlighted from the first phase where there were gaps in knowledge:

- I. The effect of balancing workforce demands with student learning on placement
- I. The pedagogy of practice learning; how and what do students learn on placement
- II. The effect of mentoring on practice learning
- III. The effect of student individuality, and the context of the placement, on practice learning

These were further investigated in more detail in the second phase of the initial literature review that encompassed a wider literature review of work based learning theory and literature.

The identified deficit in the initial literature review inspired the design for the primary research. From my own professional experience, and the initial literature review conducted, the issue of how student nurses learn in practice was particularly pertinent to first year student nurses’ practice learning on their first placement. These students, even if they have worked previously in a clinical setting, are new to being a student in

practice and are most likely to experience what Jarvis (2012) calls a *disjuncture*, where learners recognise the gap between what they know and what they need to know. For this reason participants new to practice learning may bring a fresh perspective to the factors that influence practice learning as well as a greater awareness of the influence of the context of learning that a more seasoned student may have become accustomed to. The research was also timely to discover whether educational changes in the preparation of nursing students have altered students' practice learning.

The initial literature review highlighted a multiplicity of issues related to practice learning both from within and outside the nursing profession. The review uncovered, in particular, issues related to work based learning that were not widely considered within nursing. The **rationale for the primary research as a result of the initial literature review** provides an overview of the main issues that needed further investigation that informed my research.

In **narrative two** a research need was identified to develop a theory of practice learning that was "student led" and emulated from the experience of student nurses themselves. It was felt that this was best informed by a qualitative methodology and, in particular, that of a socio constructivist grounded theory method (Charmaz 2006). My decisions that led to choosing a grounded theory methodology and using NVivo 10 qualitative data analysis software are explained.

The philosophical underpinnings of the qualitative research and the research strategies for this grounded theory study are presented in the **methodology** which addresses the validation of findings, the data collection procedures and ethical issues. Twenty one first year student nurses were recruited to the study and the subsequent **data collection and analysis** followed the constant comparative method and theoretical sampling compatible with the grounded theory methodology. My personal reflections on the research process are presented in **narrative three**. From the **research findings** four major concepts emerged:

- I. Integrating into practice learning
- II. Learning to be a registered nurse
- III. Managing learning on placement

- IV. Optimising practice learning that includes: comparative learning, observational learning, empathic and experiential/ all domain learning

The **discussion of research findings** engaged in a dialogue between the four concepts of my research with existing literature pertinent to my study. **Narrative four** is my commentary on what I see as key influences and milestones in the research process including notable people, publications and presentations.

## 1.2 Part II: The practice development project

The area for investigation for the practice development project (PDP) focused on the particular issue of student support while student nurses were learning on placement.

**Narrative five** discusses the reasoning behind the choice of my practice development project and the context of its implementation.

The **introduction to the PDP** examined whether students on placement could draw on their established university support networks from peers and academics while they were learning “at a distance”. Unlike the primary research, the PDP did not explore first year student nurses practice learning as a whole but focused on the possibilities of continuing and capitalising on the communication routes, established through academic and peer networks during the first term at university, to the student nurses’ first practice learning experiences that followed.

The literature review conducted for the PDP identified that the inconsistency of support structures to enhance student nurses’ practice learning had the potential to be met through online social and collaborative communication. **Scoping the practice development project and identifying factors that may influence the project from previous studies** presented the current use of Web 2.0 technology within higher education with its particular facility for social learning and support. Pempek, Yermolayeva and Calvert (2009) found Facebook enhanced individual and peer networks from pre-established networks while Ossiansson (2010) found Facebook improved social networks and support. Potential barriers, such as breaching confidentiality, were discussed related to courses within health and social care.

**Phase one: conducting the PDP** examined the use of specific online communication tools on placement (email groups, wikis and Facebook) between students, their peers and an academic. A mixed method approach was taken to monitor how often first year student nurses (n=52) participated in their allocated communication tool on their first placement. The dominant communication themes, as well as issues regarding accessibility and engagement, were identified through analysis of the online communication, my reflective diary and the student evaluations.



**Phase two: dissemination of the PDP findings** discussed the effectiveness of the dissemination of the project findings internally to staff and externally to the wider professional community. Further recommendations to support the use of asynchronous, online communication on placement were included.

### **1.3 Part III: Combined conclusions, limitations and recommendations**

An overview is presented on the **conclusion** and limitations of both the primary research and PDP. A theory of "*learning to be a professional*" is put forward to explain the research findings. Future areas of development are suggested for both the primary research and PDP with recommendations related to the four concepts generated in the research findings. **Narrative six** discusses the impact of the doctorate on my knowledge and development as a researcher and an academic.

## 2 Narrative one: finding the doctorate

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*In all affairs it's a healthy thing to now and then to hang a  
question mark on the things you have long taken for granted~*  
**Bertrand Russell**

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### 2.1 Finding the aim of the primary research

*In the first year of my doctorate studies the privilege to formulate my own research question proved a double edged sword. I wrestled with different ideas on the area of research to investigate that would maintain my interest and have potentially useful findings. Through a deconstruction of my own background, experiences and my prior knowledge of student nurses' practice learning I followed the example of other researchers, such as Glaser and Strauss' personal experience of death, and was drawn to a subject area with which I had a strong affinity. I realised that my own challenging experiences as a student nurse, learnt on placement over thirty years previously, had sparked an interest in practice learning that had remained a continuing professional interest throughout my career.*

*As I began my doctorate studies I was also faced with an early decision on the type of doctorate to pursue. I was drawn to a professional doctorate that offered the opportunity to integrate a project into my professional practice and was supported by an additional group tutorial every month. I liked the idea of studying with an end application in mind and having peer support on the doctorate journey.*

### 2.2 Acknowledging the joint influence of my own experience, and the historical context, to the choice of my research study

*As an educationalist each doctorate idea I considered primarily related to some aspect of teaching and learning. As I began the doctorate programme I was developing an interest in elearning and a specific focus emerged for me on the first year student experience. In an attempt to introduce better student networks, and enhance*

*participative collaborative skills in first year students within a new nursing curriculum, I introduced the use of an online tool, wikis, within an academic unit of study (Morley 2012).*

*It was working towards implementing this curriculum change that started to shape my interest in the potential of student learning as part of a collaborative community. As I read more broadly on the use of online, collaborative learning I started to realise how practice learning presented another context where students also benefitted from a collaborative or social learning approach. Learning, as part of a group, seemed to be highly significant to the development of student identity and this started to challenge my accepted ideas of learning in practice. Up to this point I had viewed the student nurse as undertaking an individual journey accumulating skills and experience under the supervision of more experienced staff.*

*Previous work had highlighted to me alternative forms of student support and issues that may impact learning in practice. In the late 1980s I had investigated a new form of clinical support for student nurses called “mentorship” which, at that time, had only been introduced in the USA (Darling 1984). I was inspired that student nurses could be looked after by a designated member of staff to support their learning in placement; a situation that had been far from my own fragmented experience as a student nurse.*

*For my master’s dissertation, twenty years later, I researched whether student nurses’ demographic profiles and previous experience was recognised and built upon during their initial six months of study as a student nurse (Morley 2002). I was curious as to whether nursing students, who were being recruited from a wider demographic pool, brought additional skills and experience to their student nurse role. It seemed that during my own periods of academic study I had returned, almost subconsciously, to the conundrum of student nurses’ practice learning in order to examine alternative models and directions in which to improve student nurses’ placement experiences.*

*As I conducted an initial literature review for the doctorate it became apparent that the challenge of practice learning had been an ongoing issue in nurse education for decades culminating in the nurse education reforms known as Project 2000. During my*

*time as a student teacher I had worked at a pilot site for Project 2000. I saw at first hand the changes that were adopted as the nursing profession spearheaded a national decision to move nurse education out of hospital based schools of nursing into higher education (UKCC 1986). Although nurse education had had a presence in higher education since the 1960s the scale and purpose of the educational reforms were highly significant to student nurse preparation.*

*Like many nurses at the time, who had experienced some of the negative aspects of practice learning under the pre Project 2000 system, I embraced the renewed focus on nurse education that the reforms brought. Student nurses had been granted supernumerary status, that was to remove them from the rigors of being included as part of the workforce, and the reconfiguration of time studying theory and practice seemed to give student nurses a real possibility of becoming learners rather than workers within their clinical placements. Supervision and practice assessment was put under the authority of a designated “mentor”, a registered nurse with additional responsibility for the students’ practice learning, that I had only studied about previously.*

*Issues of practice credibility for those student nurses, now studying in higher education on reduced placement hours, arose almost immediately (Carlisle, Luker, Davies, Stilwell and Wilson 1999). However, the greatest change in the restructuring of nurse education, were the consequences for the development of the clinical workforce. Nurse clinical teachers who had previously supported student nurses’ practice learning were phased out and, as students were removed from workforce numbers, direct care provision was transferred to the growing occupation of health care assistants. The previously clear division of labour that students contributed to was replaced by “an occupational minefield with untrained, trained and novitiate members of staff jockeying for position within the hierarchy” (Wakefield 2000, p.577). Untrained staff, once employed for housekeeping duties, became the backbone of care provision and students were delegated to the role of guests who often had to use the health care assistant as a reference point for information and help (Wakefield 2000). As I returned to practice as a bank staff nurse I saw at first hand the additional learning challenges*

*student nurses now faced working and learning with a different skill mix of staff on placement.*

*Both for me, and the wider nursing profession, it is clear that the debate on the quality and the process of nurse education remains as strong as ever. Nurses continue to dispute what defines their role; whether essential care should be given to non trained staff (Oleson 2004, Scott 2004) or whether the recommendations of the poor standards of care highlighted by the Francis enquiry (NMC 2013) re asserts a stronger need for nurse education to address the caring aspects of nursing such as dignity and compassion.*

*In response to reports on poor nursing care the RCN commissioned Lord Willis (Willis Commission 2012) to examine what excellence in nurse education may look like. Although no major shortcomings were identified in graduate nurse education the report's recommendations highlighted underlying areas for further evaluation and development.*

*“the quality of many practice learning experiences urgently need improvement. Learning to care in real life settings lies at the heart of patient centred education and learning to be a nurse” (Willis Commission 2012, p.5)*

*The greater integration of theory and practice, the importance of dedicated time for mentorship of students and the stronger emphasis of an enquiry led philosophy in practice continued to be identified as areas of concern.*

*I believe my research is timely to discover, from student nurses themselves, the reality of how they are learning in practice against the increasingly wider political agenda and change influencing their professional preparation.*

## Part I : The Primary Research

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### 3 Initial literature review

---

#### 3.1 Conducting an initial literature review for a grounded theory study

In an effort to identify existing literature pertinent to beginning the research (Suddaby 2006) I orientated myself to the subject of practice learning prior to the data collection and analysis occurring.

I therefore diverged from the early recommendations of Glaser and Strauss' (Charmaz 2006; Elliott and Jordan 2010) grounded theory approach who wrote that the literature review should be delayed until the write up stage when previous extant literature could be used in the final stages of the constant comparative method. Although Strauss later altered his position on this stance (Corbin and Strauss 2008) the extent to when the literature review should be incorporated into a grounded theory study remains an area of debate (McGhee, Marland and Atkinson 2007; Elliott and Jordan 2010). My initial literature review followed the advice of Suddaby (2006) and Lempert (2007) by defining the existing parameters of the research without explicitly defining the research.

An initial literature review was therefore conducted, prior to data collection and analysis, to give an understanding of the parameters and general issues related to the research area (Suddaby 2006; Lempert 2007). The review provided a frame for the research. A critical appreciation of existing literature allowed me to contextualise my own prospective findings against the possibility of extending prior studies and filling existing gaps in knowledge (Creswell 2009).

#### 3.2 First phase of the initial literature review

My initial review of the nursing literature examined broadly how student nurses learn in practice. The nursing educational reforms of Project 2000 were taken as the defining marker for modernised nurse education and predominantly the nurse research studies examined were published after its implementation. The exception to this was the seminal work by Melia (1984, 1987).

Melia's research, although conducted in the 1980s, was significant in identifying some fundamental characteristics of student nurses' practice learning. Melia's robust grounded theory study interviewed 40 student nurses on their occupational socialisation. The study served as a valuable benchmark of student nurses' practice learning experiences prior to the Project 2000 educational reforms.

A systematic approach to the literature review was undertaken. It involved both recommendations made to me by experts but primarily used a data base called my SEARCH; a discovery service provided by EBSCO that provides access to most of the key databases available at Bournemouth University. My SEARCH includes Academic Search Complete, Education Research complete, ERIC but does not include Scopus and Web of Science. For this reason the same combination of word searches put through my SEARCH were additionally used in the Scopus and Web of Science databases to ensure the literature search had been conducted in the databases particularly pertinent to my research.

The word search was chosen by using key words, and search terms close to key words related to practice learning in nursing.

nurs* student*	socialisation
	clinical learn*
	situat* learn*
	practice learn*
	work* learn*
first year nurs* student*	socialisation
	clinical learn*
	situat* learn*
	practice learn*
	work* learn*

**Table 1: Broad search terms for the first phase of the initial literature review**

The literature review was restricted to those studies that had been conducted following the Project 2000 educational reforms and were peer reviewed. I also excluded studies that did not involve student nurses following an adult nursing course and were not related to a more general appreciation of practice learning. Any studies included from outside of the UK had to demonstrate a close affiliation with the



experience of student nurses studying in the UK and were limited to those published in English.

References were stored through use of EndNote web; a bibliographic management product on the internet. Critical appraisal skills programme's (CASP) ten criteria for assessing research evidence (Public Health Resource 2006) were used as a framework to judge the quality of the references and their inclusion in the initial literature review for the research.

### **3.3 Second phase of the initial literature review**

The first phase of the initial literature review indicated a lack of current research on the specific pedagogy and epistemology of student nurses' practice learning and in particular that of first year student nurses. Four areas were highlighted from the first phase where there were gaps in knowledge and these were further investigated in more detail in the second phase of the initial literature review.

- I. The effect of balancing workforce demands with student learning on placement
- II. The pedagogy of practice learning; how and what do students learn on placement
- III. The effect of mentoring on practice learning
- IV. The effect of student individuality, and the context of the placement, on practice learning

From reading three edited text books Higgs et al (2012), Cook et al (2012) and Malloch et al (2012) the work of philosophers, academics and theorists who had influenced the study of practice learning, and predominantly from outside of nursing, were identified. In particular I further scrutinised the work of Aristotle (trans 2009), Polanyi (1962, 1966), Argyris and Schon (1974), Schon (1983, 1987) Lave and Wenger (1991), Wenger (1998, 2012), Eraut (2000, 2004, 2007), Billett (2004, 2007, 2008, 2011, 2012) and Ellstrom (2001,2011) for their pertinence to the four gaps in the first phase of the initial literature review already identified. It was also appropriate to include the seminal text of Benner (1984, 2001) an American nursing theorist known for her work on how a nurse novice progresses to becoming an expert.

A literature map, as advocated by Creswell (2009), provided a visual summary to direct a review of the most relevant literature. Important concepts and prior research were identified from this process in order to frame my own study.

Professional/ Occupational socialisation in nursing (Melia, Holland 1999, Gray and Smith 1999, Cope, Cuthbertson and Stoddart 2000, Mackintosh 2006)					
The effect of balancing workforce demands with student learning on placement	The pedagogy of practice learning; how and what do students learn on placement		The effect of mentoring on practice learning		The effect of student individuality, and the context of the placement, on practice learning
<b>Effects of work dominating learning</b> (Melia 1984,1987; Bradbury-Jones et al 2011a, 2011b)	<b>Pedagogy in a practice environment</b> <i>Fragmentation of the whole</i> (Melia 1984,1987, Grealish and Ranse 2009) <i>Challenge/support</i> (Eraut 2000, 2004, Chesser - Smyth 2005, Bradbury-Jones et al 2011, Grealish and Ranse 2009; Wenger 2012) <i>Structuring the learning process</i> (Eraut 2004, Lave and Wenger 1991, Gherardi et al 1998, Spouse 2001, Carlson et al 2011, Eraut 2000, 2004, 2007) <i>Language barriers</i> Melia; Wenger 1996, 1998; Gherardi et al 1998) <i>Feedback and assessment</i> (Klein 1998; Eraut 2007; Bray and Nettleton 2007)	<b>Learning professional expertise</b> (Benner, Carr and Kemmis 1986, Kemmis 2012, Aristotle trans 2009, Polanyi 1962)	<b>Being positively mentored in practice</b> (Vgotsky 1962; Lave and Wenger 1991; Spouse 1998, 2001; Price 2008, Carlson et al 2010; Chesser-Smyth 2005, Myall et al 2007, Gray and Smith 2000)	<b>Motivation to learn</b> <i>Emotional connection</i> (Grealish and Ranse 2009)	<b>Learning as a participating member of a practice community</b> (Melia 1984,1987; Cope et al 2000; Brown and Duguid 1991, Wenger 1998, Gherardi et al 1998, Fuller et al 2003, Fuller et al 2005, Smith and Gray 2001)

<b>Theory-practice gap</b> (Melia 1984,1987, Argyris and Schon 1974, Smith 2012, Gallagher 2004, Mackintosh 2006)	<b>Observing tacit knowledge</b> Polanyi 1962, 1966; Gobbi 2012, Eraut 2000, Benner 1984, Schon 1983,1987 Spouse 2001, Altmann 2007, Gobet and Chassy 2008		<b>Not being mentored/ negatively mentored in practice</b> Spouse 2001, Gray and Smith 2000, Melia 1984,1987, Myall et al 2007, Roberts 2006, Evans and Kelly 2004, Thrysoe et al 2010) <i>Identifying alternative support</i> Eraut 2007; Lave and Wenger 1991		<b>Dedicated Education Units</b> (Grealish and Ranse 2009; Dapremont and Lee 2013, Grealish et al 2010, Moscato et al 2007)
<b>Students challenging the status quo/ poor practice</b> (Melia 1984,1987, Becker et al 1961, Bradbury – Jones et al 2011, Levett-Jones and Lathlean 2009, Grealish and Ranse 2009, Eraut 2000, Roberts 2006, Trede and McEwen 2012, Pearcey and Draper 2008, Ellstrom 2011)	<b>Learning professional expertise from experts</b> Polanyi 1962, Benner 1984	<b>Making practice learning explicit</b> Schon 1983, Eraut 2004, Benner 1984, Klein 1998, Kinsella 2009,2010			<b>Effect of students' individuality on their community learning</b> (Davis 2006, Thrysoe et al 2010, Morris 2012, Billett 2004, 2011, Brennan and McSherry 2007, Chesser-Smyth 2005, Ellstrom 2011, Bourdieu 1977, Wenger 1998) <i>From previous experience</i> Kinsella 2007; Eraut 2000; Kolb 1984

**Table 2: Literature map of first year student nurses' practice learning**

Following the completion of the initial literature review ongoing reading continued throughout the research process but, following the **data collection and analysis** phase of my primary research, a further review of the literature was undertaken (Charmaz 2006). The extant literature was reviewed for the particular categories that had emerged from my own research findings. The **discussion of research findings** chapter brought together my own research findings with relevant theory identified in both the initial literature review and the literature review that took place after concept formation had begun.

For ease of presentation the initial literature review is written into two sections. The first considers the historical context of practice nurse education in the UK and the particular issues related to student nurses' learning in practice that existed until 2000. The second section discusses a broader scope of literature around the four identified themes related to practice learning that seem particular pertinent to current practice nurse education.

### 3.4 An initial literature review of practice nurse education in the UK before and immediately following the Project 2000 educational reforms

This review encompasses the historical context of how student nurses learn in practice focusing on the defining marker of the Project 2000 educational reforms.

Predominantly the nurse research studies included were published after the implementation of Project 2000 with the exception of the seminal work by Melia (1984, 1987).

Author	Research topic	Methodology	Data collection	Student nurse participants
Melia 1984,1987	Occupational socialisation of student nurses	Grounded theory	Informal interviews	40 (unknown stage in education)
Holland 1999	Socialisation and learning to become a nurse	Ethnography	Not clear	Diploma in adult nursing students of 4 groups of volunteers (unknown stage of education)
Gray and Smith 1999	Professional socialisation of Dip in Higher Education nursing students: effects of supernumerary status and mentorship on students in placement	Longitudinal grounded theory	Interviews and written accounts	10 students interviewed five times and kept diaries, 7 students provided written accounts only. After 18 months diaries were not being kept so reduction in participant numbers
Gray and Smith 2000	Identifying the qualities of an effective mentor	As above	As above	As above
Cope, Cuthbertson and Stoddart 2000	How student nurses learnt on placement	A qualitative study using thematic analysis for themes associated with cognitive apprenticeship and situated learning	Interviews	19 third year students studying a Project 2000 course and 11 newly qualified students who had studied a traditional nursing course

**Table 3: Literature related to student nurses' learning in practice in the UK until 2000**

Engagement in real life practice has long been acknowledged as the most effective way to learn a trade or profession (Hager 2011, Billett 2012) and practice learning is consistently highlighted by placement students for its impact on both their professional and personal development (Trede and McEwen 2012). Nursing, in particular, has a long historical tradition of practice learning that forms an essential foundation for the education of its students.

The process of learning “on the job”, in real life settings and away from the more controlled learning environment of the academic institution, is complicated by the number of ways that are used in the literature to describe this type of learning. *Work based learning, situated learning, practice based learning* and *work integrated learning* are some examples. For the purposes of this research *practice learning* was the term adopted as the one most frequently used and understood by student nurses.

Up to the 1990s nurse education was predominantly based in schools of nursing in close geographical proximity to the clinical areas that provided the practice based element of their courses. The training of student nurses was directed towards a well recognised practice based qualification. However, the attainment of higher education qualifications was prioritised in an attempt to address the future of the profession as well as overturn decades of lack of recognition as a profession (UKCC 1986). Since the 1920s subsequent reports had commented on the dual role student nurses had to fulfil within their preparation for registration whereby being part of the workforce was prioritised above that of their learning. Concerns were expressed as early as the Wood Committee in 1947 (Ministry of Health 1947), and followed up in the Briggs Report in 1972 (HMSO 1972), of the value of separating the nursing student from their overriding workforce commitment. The Robbins Report of 1963 (HMSO 1963) argued that higher education had much to offer vocational courses by fostering a broader educational perspective (Gibbs and Rush 1987).

The reports reflected that nurse education, as part of the workforce, had been caught in a compromise between contributing to the health service and the education of its own students. It was felt that nurse education did not reflect the changing face of health provision or the type of practitioners needed to provide it (RCN 1985; UKCC

1986). Although the supporting documents encompassed widespread educational reform the mainstay of the educational proposals, Project 2000, was to produce a nurse, *“a knowledgeable doer”*, who used advanced analytical skills in care (UKCC 1986).

The many pedagogical advantages nurse education held of being able to give their students immediate access to real life practice learning were voiced (Bradshaw 2001) but there was an overriding drive to move nurse education into institutions of higher education (Meerabeau 2001). Following the Project 2000 reforms (UKCC 1986) the balance between the learning of theory and the learning of practice became a contentious issue (Carlisle et al 1999, O’Connor 2007). The UKCC (1999) attempted to address this by strengthening qualifying students’ fitness for practice by advocating an outcome based competency approach to practice learning assessment. This pedagogical approach appeared counter intuitive to producing critical professionals, *“some consider it bureaucratic, restrictive and reductionist, incompatible with the achievement of academic excellence or the development of higher order intellectual skills (such as analysis and synthesis) and abilities (such as ingenuity and creativity)”* (UKCC 1999, p.35).

The quality of practice learning became an increasing cause for concern. Eraut, Alderton, Boylan and Wraight (1995 in Bradshaw 2001) found student nurses were unable to practice credibly without core skills and lacked training on learning from experience. This was later illuminated in Eraut’s (2007, p. 419) research of newly qualified nurses in one hospital setting which found that *“some of the best and worst learning environments ...observed were in the same departments of the same hospitals”*.

Despite the recognition that practice learning may be organised differently across different professions, Melia (1984, 1987), questioned whether nurse education held a more unique place in the context of practice learning. She argued that student nurses, due to the lack of consistency of working with the masters of their profession and the transient nature of shorter placements, did not conform to a traditional model of apprenticeship.

The student nurses in Melia's study (1984, 1987) were rostered as part of the workforce numbers and their learning was dominated by workforce demands rather than their needs as learners. Melia reviewed the implications of this practice structure as profound for *"nursing as an occupation, by its organisation and compromise solution to the training of its recruits, supports a transient approach to nursing work itself and so implicitly supports a lack of commitment to nursing as an occupation"* (Melia 1984 p.132).

Melia's study (1984, 1987) highlighted the effects of the imbalance between the students' role as a learner and their role as a worker. The hierarchical structure in which students worked and learnt created a powerful socialisation to the practice setting where students compromised the professional version of nursing that they had learnt in the school of nursing to the overriding routinised care of service requirements. Students, in a highly disempowered position on placement, prioritised *"fitting in"* with established practice where the demands of permanent staff took priority over those of the patient. Significantly students learnt within a clinical culture where their contribution as part of the workforce was accepted and prioritised over their needs as a learner and they were quite often fearful to challenge questionable practice.

As part of the workforce students were *"used as an extra pair of hands"* and seen by the usefulness of which year of the course they had attained rather than their individuality as learners. The diversity of ongoing short placements during their training made students transient, mobile workers who were *"just passing through"*.

As students arrived at registration, at the end of their three year course, they did not feel sufficiently prepared to fulfil a staff nurse role. Their training has been one that was built from *"dealing with fragments rather than wholes"* (Melia 1984 p.146) for Melia noted that the work students were delegated to was far removed from the initial professional decision making, *"an invisible process"* (Melia 1984 p.147), made by the nurse in charge. Students therefore saw a fragmented view of their professional role *"deskilling of nursing care and its implementation by means of tasks and routines"* (Melia 1984 p.138) for they were part of a system where professional knowledge was



expedient to manageable bureaucratic tasks. No investment was put into students' long term development, their *anticipatory socialisation*, by either students or staff. Their lack of exposure to working consistently with trained staff gave them a poor preparation for their future professional role.

Research studies, conducted immediately after the Project 2000 reforms (Holland 1999 and Gray and Smith 1999) aimed to explore any change the move to higher education had brought to the student learning experience through ethnography (Holland 1999) and longitudinal grounded theory (Gray and Smith 1999). Although both were appropriate methodologies to discover changing influences to student learning it is more likely that Holland (1999) and Gray and Smith (1999), due to the recent nature of the educational changes, continued to research the established patterns of occupational socialisation highlighted by Melia (1984, 1987). Student interviews conducted by Cope, Cuthbertson and Stoddart (2000) found no discernible difference between the situated learning experienced by students on traditional courses as opposed to Project 2000 courses. Arguably the time frame was too short after the implementation of Project 2000 for embedded change to occur.

Although Brown, Collins and Duguid (1989) argue that socialisation is the very effective and implicit learning that occurs in most social situations *socialisation*, as reviewed by Holland (1999), has an inbuilt passivity whereby the student nurse learnt the established cultural norms of their future profession. Despite the underlying self regulatory frameworks of Project 2000 that introduced the twin pillars of *autonomy* and *accountability* into the new codes of professional conduct (Bradshaw 2001) students' conformity to prevailing practice continued to be an identified issue by Holland (1999) and Gray and Smith (1999). Student nurses' continuing socialisation was portrayed in the literature as one that involved difficulty and sometimes trauma for the learner and where their development needs were not sufficiently met (Melia 1984, 1987; Holland 1999; Gray and Smith 2000).

Holland (1999) found that the difficult duality of being a learner and a worker (Melia 1984, 1987) was further complicated for students after the Project 2000 reforms. Students not only continued to implicitly fulfil both roles on placement but now often

undertook another role as paid health care assistants outside their nursing courses. The potential further erosion of the students' developing professional role is only speculated upon by Holland (1999) and the influence of students' individual experience is worthy of further investigation (Morley 2002).

Students remained at the lower end of the professional decision making hierarchy and continued to receive a fragmented version of the work of their future professional roles (Holland 1999; Gray and Smith 1999; Cope et al 2000). The third year students interviewed by Gray and Smith (1999) recognised a division between the care work associated with the health care assistant and the duties of the qualified nurse and gravitated towards higher status work associated with the latter. Although older studies had demonstrated the considerable influence of the ward sister on students' practice learning (Fretwell 1982; Ogier 1982) the influence of the mentor was now recognised as the lynchpin of the educational reforms (Gray and Smith 1999).

Although Cope et al (2000) did not address the power issues that impacted on placement learning highlighted by Melia (1984, 1987) the ethos of the placement, as well as the individual influence of the mentor, proved significant to practice learning. Cope et al (2000) found that the initial acceptance on placement was viewed as important. This was eased when students demonstrated early competence and the placement itself made effort to include the student. Students highlighted examples of their academic knowledge making sense in the context of practice and reported on a variety of learning strategies that mentors adopted to support students' practice learning. Notably the authors commented that mentors' strategies were probably delivered implicitly but this could not be supported as only students were interviewed.

### **3.5 An initial literature review of the issues and influences related to current practice nurse education in the UK**

This review focuses on four areas that were found to be lacking in nurse literature:

- I. The effect of balancing workforce demands with student learning on placement
- II. The pedagogy of practice learning; how and what do students learn on placement
- III. The effect of mentoring on practice learning
- IV. The effect of student individuality, and the context of the placement, on practice learning

Their relevance to first year student nurse practice learning is considered by an enquiry of a greater breadth of literature and theory on practice learning.

### 3.5.1 The effect of balancing workforce demands with student learning on placement

The practice learning of student nurses has been historically overshadowed by their dual requirement to be both student and worker on placement (Melia 1984, 1987). Older UK nursing research highlighted the difficulties of applying theory to the practice environment (Melia 1984, 1987), for students to gain a holistic appreciation of the qualified nurses' role without it being fragmented into manageable tasks (Melia 1984, 1987; Gray and Smith 1999; Holland 1999; Cope et al 2000), and feeling confident enough to question routinised practice (Melia 1984, 1987; Gray and Smith 1999). The question arises as to whether student nurses' current practice learning remains disproportionately difficult due to the particular constraints of their practice learning.

The ability to critique existing practice is seen as an essential skill of a critical professional (Trede and McEwen 2012) and mirrors the ideals of the Project 2000 nurse education reforms (UKCC 1986). Eraut (2000), in his discussion of non formal learning and tacit knowledge in professional work, argued that a professional must retain awareness that their learning could be based on socialisation to their particular professional traditions. Without this awareness, and the ability to accommodate the generation of new knowledge, there is a risk of stagnation and socialisation to one particular way of thinking that can impede the absorption and sharing of new skills (Roberts 2006).

Melia (1984, 1987) and Becker, Geer, Hughes and Strauss (1961) highlighted the acquiescence of students, both nursing and medical, in the controlled environment of hospital practice with its dominant values. Melia (1984, 1987) found that student nurses' practice placement encouraged students to prioritise a *workload approach* to practice. Students would dismiss the *professional approach* they had been taught as part of their training and prioritised *fitting in* to the established culture of the placement defined by the permanent staff.

A gap was therefore evident between the knowledge student nurses were taught in theory and what occurred in its practical application. Argyris and Schon (1974) and

Smith (2012) argued that there was a difference between practitioners' intentions in practice; what they term *espoused theories* which reflect a practitioners' ideal course of action, and the reality of what was actually actioned; *theories in use*.

The theory- practice gap is a recognised concept in nurse education and one that Gallagher (2004) argued is treated with a certain degree of complacency. In nurse education the dissonance between the theory and practice of nursing is complex and reflects a deeper "*juxtaposition between different and opposing sets of values within nursing*" (Mackintosh 2006, p.955) where any emotional investment in a professional view of nursing is eroded to a system of physical, routinised work. Melia's research (1984, 1987) had identified a similar issue of student nurses trying to accommodate the service and educational sides; "*two versions of nursing, each with its own rationality and its structural constraints*" (Melia 1984 p.138). The increased "uncoupling" of university based education and practice since the project 2000 changes had led to emotional conflicts where the nurse teacher's role in clinical practice, and the value of caring in the academic curriculum had been devalued (Smith and Allen 2010). This has further accentuated the theory-practice split already identified and Allan, Smith and O'Driscoll (2011, p. 847) found that students continued "*to learn in a disintegrated learning context where opposing values of learning exist*".

Bradbury-Jones, Sambrook and Irvine (2011a, 2011b) conducted a phenomenological, longitudinal study of 13 first year student nurses' lived experience of empowerment in clinical practice. Despite the embedding of nursing courses within higher education in the intervening decades, issues related to the disempowerment of students (Melia 1984,1987) were also highlighted by Bradbury-Jones et al (2011a, 2011b). Like the students of Melia's study there was dissatisfaction at being *used as a pair of hands* and students cited incidents where they were not valued either as individuals or as part of the practice team.

The ability of students to exercise "*voice*", and question established practice, was considered by Bradbury-Jones et al (2011b p. 631) as "*not a real option*". Nevertheless, although some students *fitted in* (like Melia 1984, 1987), through fear of reprisals from permanent staff, students' ability to question poor practice increased during the

nursing programme. Mackintosh's (2006) longitudinal study undertook a thematic analysis of 16 student nurses' socialisation and evidence also emerged of final year students beginning to question the influence of political and power structures on their nursing care.

Significant for the participants in my own research Pearcey and Draper (2008) in a small phenomenological study of 12 first year student nurses, four weeks into their clinical practice, found that students did have the ability to critique the care work they observed against their own values of nursing. Grealish and Ranse (2009), in their analysis of 49 first year student narratives in Australia, also found early professional ownership for good practice and, when students felt that their views of nursing did not align to that in practice, it presented a deep learning opportunity for them. Further research is required as to whether this awareness is transferred into student nurses' learning as an early professional responsibility to initiate change. Although evidence of change exists there remains a lack of clarity about how this may occur and, in particular with first year students where the student is less likely to be socialised into a particular response to learning in the clinical environment.

Students began to learn the nuances of "*negotiating voice*" particularly if they worked in a supportive environment (Bradbury-Jones et al 2011b). Allan, Smith and O'Driscoll (2011) found that third year students' ability to negotiate the politics of placement; a powerful para curriculum, was an essential feature of successful practice learning. Levett-Jones and Lathlean (2009) found that the degree of conformity of 18 third year students in an Anglo- Australian mixed method study varied according to their sense of "*belongingness*" on placement. In those situations where *belongingness* was not met (Levett-Jones and Lathlean 2008) students were more likely to be subsumed into the workforce in their attempt to *fit in*. With their self imposed invisibility student nurses' learning needs were compromised. They did not have the confidence to develop critical thinking beyond asking rudimentary questions in an atmosphere where they were fearful of making mistakes.

The placement ethos, and the particular support of the mentor (Levett-Jones and Lathlean 2009; Bradbury-Jones 2011a, 2011b) emerged as critical factors in students'

adherence to their personal and taught values of nursing. Ellstrom (2011) made the distinction between an *enabling* and *constraining* learning environment whereby the structures in practice impact on how easily a student can move between *adaptive* (skills acquisition) and *developmental* (professional critique) learning. A constraining working environment could prioritise adaptive learning, or be detrimental to the development of both, with students displaying the attributes of acquiescence. Although the prioritisation of adaptive or developmental learning may naturally and appropriately occur during their learning, students need encouragement to be able to question what and how they are being taught. Current nursing research does not explicitly address practice learning structure and strategies that allow this to happen.

Most notably, Bradbury-Jones et al (2011a, 2011b) failed to discuss the effect of students' own personality and previous experience on their assertiveness skills. Although Spouse (2001) and Levett –Jones and Lathlean (2008) had collected demographic details on their study participants they were not analysed for their impact on their study findings. An analysis of 190 critical incidents of disempowerment in clinical practice from 66 students (Bradbury-Jones, Sambrook and Irvine 2007) found that students were disempowered when their previous learning was unused. Students having previous care experience could affect students' ability to “[be] understood, encouraged to learn and having responsibility” (Bradbury-Jones 2007 et al p.345).

**Summary: the effect of balancing workforce demands with student learning on placement**

The ability to critique, and action alternative approaches to professional practice, is a recognised foundation to becoming a critical professional. Historically student nurses have showed acquiescence in practice; conforming to the dominant, skills based approach to work (Melia 1984, 1987; Bradbury-Jones et al 2011a, 2011b). Students still contend with the recognised gap between the theory and the practice of nursing and the continuation of students being used to address workforce demands. Research demonstrated students are more likely to question poor practice as they mature through their course and are supported by a mentor or the wider practice community (Levett-Jones and Lathlean 2009). First year students were discerning enough to recognise poor practice that does not align with their personal or professional views of nursing (Pearcey and Draper 2008; Grealish and Ranse 2009).

There is a lack of research on the effect of students' individual characteristics and personal experience to their ability to question practice. It is unknown the extent that first year students speak out against unprofessional practice as part of their learning and the prevailing context of the placement that encourages this to occur.



### 3.5.2 The pedagogy of practice learning; how and what do students learn on placement

Older nursing literature from the UK indicated the difficulties of students being able to build their skills base from novice learners to professionals that appreciate the whole of practice (Melia 1984, 1987; Gray and Smith 1999; Holland 1999; Cope et al 2000). Pre-registration nursing courses aim to prepare their graduates to practice competently *“the skills and ability to practise safely and effectively without the need for direct supervision”* (UKCC, 1999) but following the looseness of Project 2000 guidelines (Bradshaw 2001) there is a lack of clarity of how and what student nurses are learning on placement to prepare them for their future professional roles.

There is a recognition of a multiplicity of factors that can contribute to learning professional expertise in nursing; a building of skills into an appreciation of the whole of professional performance (Melia 1984, 1987, Grealish and Ranse 2009), a strong knowledge base (UKCC 1986) and the demonstration of the skills of a critical professional that appropriately challenges accepted practice to the benefit of patient care (Grealish and Ranse 2009). What is unclear, however, is if the aims of successful pedagogy in practice are being achieved against the more negative aspects of practice nurse learning particularly for first year student nurses.

In the review of research of first year student nurses Andrew, McGuiness, Reid and Corcoran (2009) and Grealish and Ranse (2009), in preparation for their own respective action research and narrative studies, acknowledged a dearth of research on learning in practice for student nurses. As detailed in **Table 4: Literature related to first year student nurses’ learning in practice after 2000**, European research predominantly continued to focus on student nurses’ *socialisation* to their first clinical placement (Pearcey and Draper 2008, Chesser-Smyth 2005, Andrew, McGuiness, Reid and Corcoran 2009) instead of their specific practice learning. The exception was the study of more specialised phenomena that occurred in placement such as student empowerment (Bradbury-Jones et al 2011a, 2011b). The impact of the characteristics of participants taken from first year studies (Chesser-Smyth 2005, Pearcey and Draper

2008), such as gender and experience, were also not clearly shown within their research findings.

Drawing on narratives written by first year student nurses in Australia, Grealish and Ranse (2009) provided rich data on significant learning processes that the students identified. Three triggers were presented; participation in small tasks leading to a broader appreciation of the nursing work, students' experience of a personal or emotional connection with their work that made them more likely to seek alternatives and students who were discerning enough to reject or adopt the practice of nurses around them. A learning situation, where a student was simultaneously challenged and supported, was particularly significant to them.

By allowing students to identify their own learning in the research no prior assumptions were made on the reality of their learning experience. Grealish and Ranse's (2009) narrative methodology however restricted the possibility of questioning students further on what they had already identified or assisting students to identify areas of learning obscured to them due to their inexperience of practice learning.

Author	Research topic	Methodology	Data collection	First year student nurse participants
Chesser – Smyth 2005 (Ireland)	Experience on first placement	Phenomenology	Interviews	Purposeful sampling of 10 student nurses. 9 female/ 1 male. Mix of age and experience.
Pearcey and Draper 2008 (UK)	Exploration of clinical nursing environment	Longitudinal; first phase of three. Grounded theory	Interviews	Purposeful sampling of 12 adult nursing students from 2 cohorts. Mixed diploma and degree. 11 female/ 1 male. No prior experience of hospital nursing. All completed 4 weeks on hospital placement but some on 2 placements
Andrew, McGuinness, Reid and Corcoran 2009 (UK)	Preparation for the first clinical placement	Action research	Questionnaire and wider focus groups	418 students completed questionnaire at the end of placement.

Grealish and Ranse 2009 (Australia)	Exploration of first year student nurses' clinical learning	Narrative enquiry	Semi structured written narrative	Sample of 80 student nurses, 62 submitted narrative with 49 remaining after exclusions.
Bradbury-Jones, Sambrook and Irvine 2011a (UK)	Empowerment of students in practice	Longitudinal Phenomenology	Interviews	Purposeful sampling of 13 first year students who had experienced one placement.

**Table 4: Literature related to first year student nurses' learning in practice after 2000**

### **i. Defining and learning professional expertise**

Understanding what defines *professional expertise* is fundamental to understanding how student nurses develop their *professional identity* through learning in practice. This can be informed from both inside and outside of the nursing literature.

Aristotle (trans 2009) argued for the existence of different types of knowledge dependent on their eventual purpose. He believed that craft knowledge was balanced by both the *praxis*, reasoning influential to reflexive and informed action and *phronesis*, a moral responsibility for action (Carr and Kemmis 1986). Kemmis (2012) believed that both *praxis* and *phronesis* were still highly applicable to the practice development of well rounded, modern day professionals to take them beyond a purely technical preparation for their roles. Both can be seen as highly influential to student nurses' practice learning. A recognition of *praxis* formed the underlying foundation of the Project 2000 educational reforms (UKCC 1986) and Benner's influential (1984) phenomenological nursing study argued that the incorporation of an ethical component into practice learning gave nurse practice a moral guidance which further directed professional performance towards being an expert (Gobet and Chassy 2008).

Aristotle, and much later the philosopher Polanyi (1962), attempted to define what could be viewed as professional expertise. It was possible to observe the practice knowledge or expertise of master craftsman but both philosophers found practice knowledge perturbing for it was distinct from academic knowledge but difficult to quantify:

*“An art that cannot be specified in detail cannot be transmitted by prescription, since no prescription for it exists” (Polanyi 1962, p. 53).*

Polanyi (1962) described human knowledge, manifested in action with intention, as *tacit knowledge* and this could be so implicit in practice that the master himself had difficulty breaking down his expertise into component parts. Gobbi (2012), in her discussion of the tacit, intuition and reflection/ knowing in action of nursing, argued that the focus of the action Polanyi described is situated in a wider professional awareness that had the potential to generate new ideas. The sense that practice learning went beyond a formalised defined knowledge base was also recognised by Schon (1983, 1987); his desire for an *epistemology of practice* included more than a *technical rationality* of knowledge (Kinsella 2009, 2010) and like, Polanyi, had an indefinable quality. In *The Reflective Practitioner* Schon (1983, p.46) wrestled with the dichotomy that *“if [it] is neither theory nor technique, and [is] still a kind of knowledge, how [is it] to be described? [It] must remain a mysterious, residual category”*.

Most significantly for Polanyi (1966) the tacit dimension was the main vehicle for the continuation of professional knowledge and, like Aristotle, Polanyi believed personal knowing was further driven by commitment and responsibility akin to *phronesis* (Gobbi 2012). Polanyi saw tacit knowledge as distinct from academic knowledge and one that could not be formally taught but *“communicated by example, not by precept”* (Polanyi 1962, p. 54). This unquestioned learning, which submits to the authority of the master, would not necessarily be viewed as the type aspired to by the nursing profession. The literature review has already identified the difficulties of student nurses *fitting in* to the established culture of the placement defined by the permanent staff (Melia 1984, 1987).

Eraut (2000), in a theoretical analysis of seven empirical investigations of professional education, attempted to define a typology of non formal learning that encompassed a clearer positioning of the complexity of tacit knowledge. For Eraut (2000) non formal learning could be presented on a continuum whereby students learnt in an implicit way, as part of their work in practice, moving to a more deliberative or explicit

approach. The repetition of several implicit episodes of learning could in fact contribute to a foundation of students' tacit knowledge for future action.

Benner's (1984) study endeavoured to span the recognised differences between the interdependent *knowing how*; the practice of nursing, and the *knowing that*; of nursing theory, by recognising, like Eraut (2000, 2004), that the building of professional expertise was a complex activity that drew on many facets, such as tacit knowledge, in the process. Benner (1984, 2001), informed by the work of Dreyfus and Dreyfus (1977 in Benner 2001), found that a nurse moved between five stages of competence as they developed from novice to expert. The expert had an increasing awareness of the complexity and situated aspects of their decision making which was observed through the advanced proficiency and holistic appreciation of their practice; aspects already commented on by Aristotle, Polanyi and Eraut. The expert drew fluidly on concrete experiences from the past while novices continued to use conscious problem solving techniques.

*"As long as the beginner pilot, language learner, chess player, or driver is following the rules, his performance is halting, rigid and mediocre. But with the mastery of this activity comes the transformation of the skill ... the performer is no longer aware of features and rules and his/ her performance becomes fluid and flexible and highly proficient" (Dreyfus and Dreyfus 1977 in Benner 2001, p.33-34).*

Although Benner is criticised for the lack of explanation of how a nurse progresses through the different developmental stages (Altmann 2007), and the implication that increased professional expertise is drawn predominantly from implicit, previous knowledge (Eraut 2000), her work supported Eraut (2000) in recognising that the practice learning process could be both implicit and explicit. Although Polanyi described the acquisition of tacit knowledge as an integral part of working with an expert, the literature review emphasised the risk of learning being obscured by work processes where learning is not made explicit enough for students to recognise and action (Benner 1984; Eraut 2000, 2004).

Benner's insights into the possibility of making nurses' practice learning more proactive have been influential to the debate on how practice learning is taught. Significantly Benner (1984) believed that the skilled pattern recognition of experts

could be taught, rather than being incidental, and the learning emphasis should be placed on the whole of practice and not the isolation of the component skills. Melia (1984, 1987) identified this risk when student nurses were kept at a routinised skill based level of learning that weakened their development for their future role as qualified nurses.

Cognitive psychologist, Klein (1998) in his research of the work of occupations who have to react quickly under stress, believed that what is often seen as intuition in professional decision making was actually a recognition of patterns, or the absence of patterns. Klein (1998) believed individuals developed an enhanced situational awareness to pick up cues through *recognition prime decision making* and made decisions so unconsciously that they themselves were unaware of it. There are similarities here with Benner (1984) who believed that nurses develop “sets” “a predisposition to act in certain ways in particular situations” (Benner 1984, p.7) that when continually tested become a bed of professional experience that nurses remembered as paradigm cases that can be compared by like for like examples over time.

Klein (1998) helpfully demystified the more philosophical discussion of Polanyi’s *tacit knowledge* and identified structure and strategies for learning expertise so that implicit learning was deliberately identified and used for future learning. Experts “engage in deliberate practice, so that each opportunity for practice has a goal and evaluation criteria, they compile an extensive experience bank, they obtain feedback that is accurate, diagnostic and reasonable timely, they enrich their experiences by reviewing prior experiences to derive new insights and lessons from mistakes” (Klein 1998, p.104). Schon’s (1983) *reflection in action* also provided a possible mechanism for student nurses to elicit learning from their practice whereby a professional incorporates intended *real time* reflection into their practice as an embodiment of their professional expertise. Although criticised for the separation of the act of reflection from action Schon introduced coaching, rather than teaching mechanisms, that explicitly built on previous knowledge and the development of a critical appreciation of practice (Gobbi 2012). What was unclear from the review of nursing literature was whether important implicit learning was recognised in the practice context and what strategies were used

to ensure the more hidden aspects of practice learning were not lost to the student nurse.

Schon (1983) argued that the complexity of professional decision making also needed to accommodate for the unplanned circumstances of practice. Often situations arose in practice where professional conformity to recognised theory did not allow solutions to *“messes incapable of technical solution”* (Schon 1983, p. 42). He graphically described the choice as the safe high ground of familiar practice against the swampy lowlands where practitioners *“deliberately involve themselves in messy but crucially important problems and, when asked to describe their methods of inquiry, they speak of experience, trial and error, intuition, and muddling through”* (Schon 1983, p.43). Spouse (2001, p.513), in a longitudinal study examining the case studies of eight pre registration nurses, believed that newcomers had difficulty *“recognising patterns and relationships within incidents and situations especially when faced with novel situations”* as skills based training in a highly encultured environment could deskill nurses when tacit responses were required in the realities of complex, real world practice.

Attempts to structure the potential fluidity of practice learning can also be constraining. Brown and Duguid (1991) found that organisational structures meant to assist practice could also form barriers to practice and learning. Particular documentation in the form of technical manuals, and training within organisations, did not allow solutions to the complexity of the realities of practice so alternative, less conventional solutions, recognised by Schon (1983), needed to be found.

Student nurses’ practice learning is assessed by measuring observable competencies (UKCC 1999) yet their practice learning is also created by socially situated opportunities where students negotiate their emerging professional identities in the reality of the practice setting (Melia 1984, 1987; Wenger 1998; Trede and McEwen 2012; Bradbury-Jones et al 2011a, 2011b). Like the technicians in Orr’s study (Brown and Duguid 1991) this highlights the risk that the present documentation of assessment in practice learning could actually constrain student nurses’ practice learning in missing the more implicit aspects of learning in practice. The

documentation emphasises the achievement of individually achieved practice skills rather than the whole of practice through collaborative working.

Bray and Nettleton's (2007) mixed method research study examined the role of assessment and the issue of documentation by nurse mentors. Mentors felt that the assessment documentation that they had to complete reflected only a small part of the assessment process and other aspects of professional performance, such as the application of professional attributes to practice, were not considered sufficiently. In their turn the nurse mentors interviewed also highlighted the deficiencies of the use of the assessment documentation. The time given to completing the documentation was often inadequate and rushed with a clear divorcing of assessment from the students' ongoing progress in practice.

## **ii. Pedagogy in a practice setting**

The practice context therefore brings together a complexity and blurring of many types of knowledge acquisition and skills that can, and often, complement each other in an organic way. As Brown and Duguid (1991, p.47) graphically illustrated *"Like a magpie to the nest, learning is built out of the materials to hand and in relation to the structuring resources of local conditions"*. An essential component of students' learning in practice is whether this learning is both accessible and recognisable to students so it can be used usefully for their development.

Eraut (2000) makes the case for professional education that has enhanced evidence based practice at its core but one that recognises that propositional knowledge is limited by the situation of the learning and can be complemented by tacit and personal knowledge. The component parts of this learning process, for example, skills acquisition, are more easily isolated and learnt and it is the attainment of the integrated whole (crucial to gaining effective professional status) that was often undermined (Eraut 2004). Drawing on several research studies on workplace learning, one being on nurses in their first year of qualification, Eraut (2004) found that this higher level connection was at greater risk in a fast and reactive health care environment where an emphasis will necessarily be placed on the acquisition of



*“implicit monitoring and short, reactive reflections”* (Eraut 2004, p.261). The reliance of tacit knowledge in this context could be one that becomes rapidly outdated as the nurse falls to more routinised practice (Eraut 2004).

The small number of first year students in Chesser-Smyth’s (2005) phenomenological research found that the acquisition of new knowledge and skills were incremental to an increase in students’ confidence and self esteem. Adding to new knowledge proved empowering (Bradbury-Jones, Sambrook and Irvine 2011a) and students learnt best through an appropriate mix of challenge and support (Grealish and Ranse 2009).

Eraut (2000) found a significant triangular relationship existed between challenge, support and confidence of students. The consequence of one of the points of the triangle being missed was a loss in student confidence and the motivation to learn. Based on several research studies that examined workplace learning Eraut (2004) found that novices’ work needed to be challenging enough for their level of expertise without it becoming daunting or students developed ineffective coping mechanisms. Appropriate allocation of work and supervision was crucial to promoting students’ confidence so they could gain exposure to learning opportunities while simultaneously being supported through the negative aspects of learning in real life settings. Older UK nursing studies already considered have highlighted the risk of student nurses being subsumed into the work force at a level where student nurses’ work at a task orientated level discouraged from questioning the status quo (Melia 1984, 1987).

The structuring of practice learning was influential to students’ progress (Eraut 2004). Allocation to activities removed from practice rather than peripheral to it eroded the potential for situated learning to occur (Lave and Wenger 1991). Gherardi, Nicolini and Odella (1998) introduced the concept of *situated curriculum* in an ethnographic study of Italian construction site managers. Patterns of learning were naturally aligned to work opportunities providing an organic but logical sequence to development that were neither linear nor progressive. Construction site apprentices often underwent two phases; the first called the *way in* where they observed practice and the second, *practice*, where they started to take on responsibility for simple tasks. Initial heavier mentoring and vetting was replaced by lighter supervision as the novice gained greater

legitimacy. This legitimacy could begin with encouraging novices' immediate contribution to smaller tasks within practice and as this contribution increased so did the surety of their position.

*"By performing the tasks set out in the situated curriculum the novice learns not only the specific skills of the profession or occupation, but also the local criteria of accountability, the specific set of values sustained by the community, and the local pattern of power relationships and how to deal with them" (Gherardi et al 1998, p.293).*

In contrast an ethnographic study of four student nurses, as they managed their roles on a ward, found that traditional learning in practice was being eroded by health care assistants who were encroaching on the personal care work that students saw as their own (Wakefield 2000). Unlike the novices in Gherardi et al's (1998) research, there was a lack of agreement and confusion as to the student nurses' role.

*"Students found it difficult to gain access to the professional knowledge of their colleagues and to engage with their new environment in an educational manner" (Spouse 2001, pp 519-520).*

Of 418 first year students who participated in a questionnaire at the end of their first placement (Andrew, McGuinness, Reid and Corcoran 2009) only 41% reported an understanding of their role from the outset of the placement rising to 84% by the second week. The data around students' understanding of the key tools of practice learning; the collection of evidence to achieve their practice learning outcomes and the role of the mentor, proved contradictory. The first year student nurses' clinical skills training prior to placement were also not aligned closely enough to the realities of practice once students had arrived on placement (Chesser-Smyth 2005). Concerns were voiced by students if links between theory learnt at university and its application to practice were weakened by a lack of cross university practice support (Andrew et al 2009).

The nursing literature highlighted three particular areas related to practice pedagogy that had the potential to undermine student nurses' learning in practice. Induction, the

use of exclusive professional language and assessment were all found to have an effect.

Careful induction to a placement setting, where a mentor could establish the student nurses' current knowledge and gain early mutual trust, was identified as an important start to the learning process (Spouse 2001). Both Chessier-Smyth (2005) and Andrew et al (2009) identified an initial period at the beginning of placement of two to three weeks where students were vulnerable and orientating themselves to the setting. 48 % of the 161 student nurse questionnaires returned to Myall, Levett-Jones and Lathlean (2008) found that students had not always received an induction to their placement.

The use of language and professional terms pertinent to the practice setting were also significant to student nurses' understanding and ability to engage in the practice setting (Melia 1987). Student nurses' lack of understanding of nursing acronyms at nurse handover (Melia 1987), is typical of what Wenger (1998, p.113) identifies as a barrier to acceptance; *"a repertoire for which outsiders miss shared references"*. Gherardi et al (1998 p. 283) found that the interplay of linguistics and social interaction was crucial to newcomers becoming active constructors of meaning in practice rather than *"social dopes"*.

Receiving timely feedback from an expert enabled the practice learning process (Klein 1998) and Eraut's (2007) longitudinal study of newly qualified nurses highlighted the need for both short term feedback from immediate tasks and long term strategic feedback on overall performance. Predominantly where short term feedback existed long term strategic feedback was missing which weakened motivation and commitment of nursing staff. When feedback was based on less objective assessment, that required strategies such as reflection and discussion between learner and supervisor, the time and skill required by mentors was necessarily more (Ellstrom 2001) requiring a greater investment in mentor preparation (Bray and Nettleton 2007).

A notable omission from Grealish and Ranse's (2009) findings was the lack of commentary on how student nurses' practice learning was assessed. Gray and Smith's (2000) three year longitudinal grounded theory study of 17 student nurses found that,

although good mentors incorporated feedback, students complained of a lack of constructive criticism. Mentors themselves highlighted the particular difficulty of assessment as they found that the extensive assessment documentation had added negatively to their workload (Myall et al 2008).

Bray and Nettleton's (2007) mentors did not differentiate between assessment of students' performance on placement and ongoing feedback on their progress. The researchers did, however, make the point that assessment had been incorporated later in the development of the mentor's role (NMC 2005) and 110 nursing mentor responses to their questionnaires found that assessment was the most difficult aspect of a mentor's role to fulfil as it could cause conflict with the supporting aspects of the mentor's role. From the literature review it is unclear the quality of feedback first year students receive, when this occurs and by whom.

**Summary: the pedagogy of practice learning; how and what do students learn on placement**

The underlying foundation of practice learning for professional practice is the development of professional expertise. This development is defined in a multiplicity of ways within the literature review; critical reasoning (UKCC 1986), the incorporation of an ethical responsibility (Aristotle trans 2009; Polanyi 1966; Benner 1984) and a seamless fluidity and “wholeness” of practice borne of experience (Aristotle trans 2009; Polanyi 1966). Constraints to this process are identified that do not allow professionals to react appropriately to unplanned circumstances in their practice (Brown and Duguid 1991; Schon 1983).

Although practice learning is viewed as a complex process making the implicit nature of practice learning explicit to students is seen as a crucial element of professional learning (Benner 1984; Eraut 2000, 2004; Klein 1998). Particular conditions to support student nurse learning are identified; strengthening confidence through a mixture of challenge and support to their learning (Grealish and Ranse 2009), an induction period (Spouse 2001; Chessier-Smyth 2005; Myall et al 2008; Andrew et al 2009), the familiarity of professional language (Melia 1984, 1987) and constructive feedback (Bray and Nettleton 2007). There appears to be confusion and lack of agreement on the student nurses’ role and the structuring and sequencing of student nurses’ practice learning (Chessier-Smyth 2005; Andrew et al 2009).

Further research is required as to how professional expertise is learnt by first year student nurse learners new to practice and the process that enables this to happen. The literature review highlighted potential barriers to practice learning. It is unknown their influence on first years’ practice learning and how they may be negotiated to allow learning to take place.

### 3.5.3 The effect of mentoring on practice learning

The initial literature review demonstrated the historical difficulties of practice placements preparing student nurses to be critical professionals appropriate to their future professional status. Mentors are viewed as the lynchpin in this process (Gray and Smith 1999) but the specific learning identified and strategies employed by mentors appeared diverse and implicit to mentor practice (Cope et al 2000).

The review points to the principle that a novice, working closely with an expert, is more likely to have their learning strengthened and enabled. The Russian psychologist, Vygotsky (1962), theorised that cognitive development arose from social situations. Developing beyond individual potential was dependent on the *zone of proximal development* where additional guidance took a learner to a more advanced level. This suggests a traditional form of master-apprenticeship relationship but also extends to learning in a wider community (Wenger 1998), distributed apprenticeship between several colleagues (Eraut 2007) as well as one that includes clients (Eraut 2004) and peers.

For the student nurse designated support in their practice learning comes from a qualified member of nursing staff called a *mentor*. This recognition became a mandatory requirement of the changes to practice learning following Project 2000 (NMC 2004). Recognising how the role and practices of the mentor influences student learning in practice is a key facet of this research. Many research studies recognised the mentor as pivotal to students' successful engagement in practice (Gray and Smith 2000, Myall, Levett-Jones and Lathlean 2008, O'Driscoll, Allan and Smith 2010). Helping students to adjust to the realities of practice (Gray and Smith 2000, Myall et al 2008), challenging their theoretical knowledge in a new context to enhance critical thinking (Spouse 2001) and acting as influential role models (Gray and Smith 2000) can be encapsulated in a single learning encounter between student and mentor. The quality of the mentor relationship also effected explicit support of learning, such as feedback, as well as influencing the motivation, self efficacy and confidence of the student (Spouse 2001).

For first year student nurses the relationship with their mentor could be particularly significant yet students experienced different and varying quality of clinical leadership and mentorship (Chesser-Smyth 2005). Confidence, feelings of safety and empowerment (Bradbury-Jones et al 2011a) could result from a positive learning experience although mentors could also display behaviour akin to bullying (Bradbury-Jones et al 2011a).

Thyrsoe, Hounsgaard, Bonderup Dohn and Wagner (2010)'s Danish phenomenological research interviewed and observed ten student nurses in their last clinical placement interacting with multi disciplinary staff. Aggressive behaviour, humiliation and being spoken about behind their backs were some of the characteristics that marked the environment where student nurses were sent to learn the practice of their future profession (Thyrsoe et al 2010). Poor mentors overprotected students leaving them predominantly to observe, delegate unwanted work and gave insufficient feedback (Gray and Smith 2000). Further research is required to see whether this type of oppression is more likely to impact first year students' practice learning.

Although the student nurse participants in Gray and Smith's (2000) study were able to articulate the optimum characteristics of mentors, and the serendipitous nature of finding a "*good mentor*", the research lacked detail on how these characteristics impacted on students' practice learning strategies. The significance of role modelling by mentors came across strongly in the literature (Gray and Smith 2000, Myall et al 2008, Davis 2006) but there remained a lack of specific data on what this encompassed and how students learnt from mentors they viewed as professional experts.

The concept of *situated learning* is central to the apprenticeship model of Lave and Wenger (1991) and illuminates the issue of how student nurses learn in practice from the experts of their profession. Situated learning starts with the position that all learning is "*situated*"; "*that it takes place in a certain situation, a certain learning space, which both determines the learning possibilities and marks the learning process and the nature of the learning that takes place*" (Illeris 2007, p.96). Traditionally the acquisition of knowledge was seen as a transfer between two sources whereby the complexities of the context of the learning were not seen as relevant (Brown and

Duguid 1991). Knowledge was acquired by internal acquisition and the wider social or environmental effects of the learning process, for example the effects of others on learning or the students' own background, were not considered as pertinent (Illeris 2007).

Situated learning was therefore a radical departure away from established educational views. Central to an understanding of work based or situated learning is the premise that an individual is moulded by the community of expertise that surrounds them. They learn their trade or professional skills by working within a community and, through this particular socialisation, develop a strong professional identity. Learning is not necessarily hierarchical so departs again from the established behaviourist approach that an academic expert has to be the source of teaching.

*“The principle that development of experience comes about through interaction means that education is essentially a social process. This quality is realised in the degree in which individuals form a community group ... when education is based upon experience and educative experience is seen to be a social process, the situation changes radically. The teacher loses the position of external boss or dictator but takes on that of leader of group activities” (Dewey 1938, p. 58-59).*

The frustrations of the overemphasis on institutional learning or traditional learning theories spilled out in the seminal work of Lave and Wenger (1991) who proposed a more overt paradigm shift whereby the social context provided the actual medium for learning (Hughes, Jewson and Unwin 2007). Lave and Wenger's (1991) ethnographic study examined a breadth of different apprenticeship relationships; Yucatec midwives, Vai and Gola tailors, naval quartermasters, meat cutters and non drinking alcoholics. They identified a theory of *legitimate peripheral participation* to describe the learners' journey from the outer reaches of a community of practice to one at the centre when the learner achieved their full working status and identity. Crucial to the apprentice's journey was the social context of their learning. Instead of their learning being viewed in isolation learners' progress was determined by their social interaction, and application of their accumulating practice skills, with members of their own work communities. Lave and Wenger (1991) believed that in the most favourable learning circumstances newcomers, on the periphery of a community of practice, have “an



*observational lookout post*” by which they could “*gradually assemble a general idea of what constitutes the practice of the community*” (Lave and Wenger 1991, p. 95). By not having full membership the learner had some degree of immunity to make mistakes that would otherwise be seen as incompetence.

In agreement with many of the practice learning theorists already considered Lave and Wenger’s theory viewed practice learning as a “whole” of participation in practice, rather than the accumulation of specific practice skills. Lave and Wenger (1991) also crucially argued that situated learning encompassed both novices and old timers as, through this powerful negotiated learning process, both were capable of change.

With its emphasis on an overarching culture of professional development Spouse (1998) saw many parallels for legitimate peripheral participation in the development of the student nurse. She viewed the mentor as an essential sponsor to a student as a newcomer to a community that fostered the self worth and professional identity identified by Wenger (1998).

When effective mentor support was missing Spouse (2001) painted a picture of dependent students unsure, not confident as to what to do and subsequently constantly seeking permission. Displaying characteristics of helplessness and dependence led students to be labelled by permanent staff as not meeting the criteria of the clinical setting (Allan, Smith and O’Driscoll 2011) and, as Wenger (1998) saw it, marginalised into ever being accepted into the community. The case studies in Spouse’s (2001) research spoke of students hiding away or displaying an over dependency on single members of staff to gain permission for activity. The student nurses had difficulty accessing learning from the unplanned and more complex situations of care, highlighted by Schon (1983), without the mentor to guide them.

*“If [the student] had been left to wander around the ward talking to patients, or had been given mundane activities that had kept her busy and out of the mentor’s way, she would have missed out on learning the artistry and the science of caring ...that her mentor could teach her” (Spouse 2001, p.23).*

Tensions were shown to be inherent in a model, such as *legitimate peripheral participation*, where the student had to be gradually accepted within their work

community and were often students' learning was restricted. From their peripheral position students could be empowered to move to a central position in the community or, by the prevention of their participation, put in a disempowering position that prevented them participating more fully (Lave and Wenger 1991). The butchers in Lave and Wenger's (1991) study restricted the work experience of their apprentices and therefore the trajectory of their professional knowledge.

*"If training is designed so that learners cannot observe the activity of practitioners learning is inevitably impoverished" (Brown and Duguid 1991, p50).*

In nursing, student nurses were taken away from learning opportunities to meet workforce demands (Melia 1984, 1987; Bradbury-Jones et al 2007). Despite their supernumerary status student nurses complained that during periods of staff shortage that they were used *as a pair of hands* and were often made to feel that they were an *"inconvenience"*, *"burden"* or *"imposition"* (Gray and Smith 2000). Allan, Smith and O'Driscoll (2011), in an ethnographic study in four institutions of higher education, found that students' supernumerary status sat uncomfortably with clinical staff and the implication of what this meant for student learning differed across the research sites.

Those research studies that used students as participants for their research indicated a short fall between what students believed would be helpful to their practice learning and the experience they received (Evans and Kelly 2004, Bradbury-Jones, Sambrook and Irvine 2007). When mentors displayed characteristics that were the antithesis of those characteristics conducive to learning, for example, being intimidating and having unrealistic expectations, students reduced their working time with their mentors and therefore their potential learning experience (Gray and Smith 2000).

Although studies demonstrated student nurses' acquiescence in the face of clinical hierarchies (Melia 1984, 1987; Bradbury-Jones et al 2007) there was also early evidence of students attempting to manage these power structures (Gray and Smith 2000; Allan, Smith and O'Driscoll 2011)

*“Students learn despite the structures rather than because of them” Allan, Smith and O’Driscoll (2011, p. 852)*

Student nurses, in the early stages of their programme, began to manage the constraints of their mentor’s role and realised that the mentor’s dual, and sometimes conflicting role, as a mentor and a clinical manager led students to more proactively manage their mentor. Students also reported incorporating other staff into their learning to increase the range and opportunity of their practice learning experiences. Students who showed attributes of self direction and, who were able to capitalise on learning opportunities outside of an exclusive learning relationship with their mentor, were seen as more likely to have successful mentoring relationships (O’Driscoll, Allan and Smith 2010)

Myall et al (2008) supported Melia’s (1984, 1987) findings and identified that the amount of time student nurses spent with their mentor was critical. Out of 161 student participants 24% reported working less than three out of five shifts with their mentor with 96% of this number stating that they would have like more contact time. In reality 40% of student time should be directly supervised by a mentor (NMC 2008).

O’Driscoll, Allan and Smith (2010) in a mixed method study across four English higher education institutions found that nursing leadership roles in practice learning were diminishing with the demise of the link tutor and the former role of the ward leader. Mentors were seen as providing the opportunity to maximise learning but their lack of exposure to student nurses puts into question the quality and consistency of support that students receive on placement.

Although mentors were aware of the significance of their role in the provision of clinical skills, and linking theory to practice for their students, they also admitted that increased clinical workload affected the support and learning experience they provided (Gray and Smith 2000, Myall et al 2008). Eraut (2007) found that busy trained nursing staff, in their first post qualification year, reduced their cognitive reasoning to honed skills of routine and prioritisation in order to cope with their workload. It could therefore be these skills, rather than higher order deliberative learning, that would be role modelled to students.

Wenger's *community of practice* theory (1998), to be discussed in the next section, stressed the importance of a learning ethos that embraced all members of the community for socio cultural learning to be effective. Each community of practice was found to be unique to its particular occupation and how novices worked and could be supervised within it (Gherardi et al 1998, Fuller and Unwin 2003, Fuller, Hodgkinson, Hodgkinson and Unwin 2005).

Fuller and Unwin (2003), in their investigation of case studies of modern apprenticeships in the UK, however questioned the place of Lave and Wenger's theory of *legitimate peripheral participation* when apprenticeships were organised in conjunction with more formalised institutional learning. Fuller et al (2005) felt that the Lave and Wenger model provided an informative framework for apprenticeships but did not adequately address the political context of learning. Roberts (2006, p. 627) agreed with this criticism that Lave and Wenger's (1991) research failed to recognise that the negotiation of meaning may "*in reality be plagued by misunderstandings and disagreements*". This is a factor that the initial literature review has already identified as highly influential to student nurse practice learning and therefore brings into question whether a social learning model for student nurses in practice in the UK is possible against the identified and considerable barriers and context of clinical practice.

Eraut (2007) identified a clinical learning culture for the trained nurses in his study where *helpful others*, other than designated mentors and including patients themselves, contributed significantly to the learning in the workplace. This, in conjunction with student nurse dissatisfaction with their accessibility to mentors, highlights the continued feasibility of having a sole named supporter for student nurses on placement. The initial literature review identified the lack of detail on how much support student nurses received from other practice based staff and whether this was significant to their ongoing professional development.

### **Summary: the effect of mentoring on practice learning**

Lave and Wenger's (1991) theory of *legitimate peripheral participation* highlighted the importance of the social context of working with others to the development of a full working status and identity. It was found that *legitimate peripheral participation* could be both strengthened, or become a barrier to learning, through the relationship of the *old timer* with the *newcomer* (Fuller et al 2005; Roberts 2006). Melia (1984, 1987) identified student nurse acquiescence and it is therefore debatable whether first year student nurses, in particular, are able to negotiate the collaborative workplace activity that influences their practice learning (Billett 2004).

Post Project 2000 student nurses have a designated *mentor*, a qualified nurse, to support their practice learning. This role is viewed as pivotal to all aspects of students' professional development in practice (Gray and Smith 2000, Myall et al 2008) and has recognised positive and negative effects on student nurse learning (Spouse 2001, Bradbury-Jones et al 2011a). Present research lacks detail on the effect of mentorship on students' practice learning strategies especially for first year students. Further research is required on the pivotal role of the mentor to first year student nurses' learning and professional development.

### 3.5.4 The effect of student individuality, and the context of the placement, on practice learning

Melia (1984, 1987) found that, like medical students (Becker et al 1961), student nurses' socialisation occurred through a reliance on social interaction with co workers. Nurse education has what Hager (2011, p. 23) described as *strong contextuality* whereby the situation of the learning has a high impact on both the learning processes and the quality of the learning. The initial literature review found that the increasingly diverse profile of student nurses, and the particular context of the practice learning, has not been sufficiently examined for their impact on the social and collaborative learning processes that influence student nurses' practice learning.

Both assessment documentation in practice, and theories such as Benner's, failed to adequately recognise both the influence of individual learning styles and the many barriers to learning identified in nursing research, such as the influence of hierarchy and power (Melia 1984, 1987; Bradbury-Jones et al 2011a, 2011b). Schon also recognised the chaotic nature of professional practice familiar to nurses but his theories, like Benner (1984), did not explicitly explore the socio cultural and organisational dilemmas that may impact the learning process and Schon is criticised for the focus on the individual learner in the learning process (Hager 2011). Confusion exists within the existing literature on the impact of the context of the learning (the clinical placement) against the individual characteristics and experience of the student.

Through Wenger's collaborative work (Lave and Wenger 1991) a participative approach to practice learning emerged to challenge the established acquisition model of academic learning where emphasis is placed on the learning within a group rather than as an individual (Cairns 2011). Wenger's (1998) ethnographic research of medical claims processors working collaboratively as part of a unique group identified a theory of *communities of practice*. This was broader than the sole support of a single mentor or supervisor in practice but emphasised the sharing of practice in a like minded professional group which advanced group members' learning and professional identity. For Wenger (1998) participation did not simply mean taking part in the practice of a

community but it involved a deeper socialisation into the community whereby participation of members had the potential to shape present and future practice.

Although Levett- Jones and Lathlean's (2008) mixed method research into third year student nurses' *belongingness* in practice made no reference to Wenger's community of practice theory their research also highlighted the importance of the social context of learning on the development of professional knowledge. Student nurses' sense of *belongingness* to a placement, through a collective and welcoming ethos towards the student, encouraged a heightened self esteem and confidence that had impact on students' motivation and self direction in the clinical setting. Students worried less about *fitting in* and, in an environment where learning was valued, they were likely to be more questioning and pursue their learning needs.

Sharing practice allowed the opportunity for a particular culture to continue within the next generation and Wenger (1998) visualised learning as a journey where development rested not only in the present but also with future goals and aspirations. Learner engagement was all about the doing and testing of identity in the area of practice and involved the accumulation of a personal repertoire of experience. Working with more experienced colleagues was significant for "*they are living testimonies to what is possible, expected, desirable*" (Wenger 1998, p.156). The more experienced colleague embodied the history and ethos of the community of practice and could have a significant effect on the professional socialisation and identity formation of the newcomer. The sharing of past practice experiences of a more expert colleague with the student nurse was significant and, although Smith and Gray's pilot ethnomethodological study with seven student nurses failed to differentiate between student year groups, the importance of role models for students' appreciation of "*emotional labour and the job of nursing*" (Smith and Gray 2001, p. 233) was apparent.

In Brown and Duguid's (1991) description of organisational learning the *war stories* of experienced workers were significant to new learning. The impact of collaborative learning was demonstrated in the improvisation of the Xerox service technicians in Orr's (1990 in Brown and Duguid 1991) ethnographic research. Instead of solving a

complex technical problem individually solutions were arrived at through a process of co construction by storytelling over many hours between a technician and an expert.

*“A communal interpretation of hitherto uninterpretable data and individual experience... they both increased their own understanding and added to their community’s collective knowledge” (Brown and Duguid 1991, p.44).*

Although powerful social influences to student nurses’ practice learning were identified (Smith and Gray 2001, Spouse 2001):

*“Learning to be successful in clinical settings required effective social interactions between student and mentor and these must facilitate language development through sense making and by students being encouraged to integrate professional theoretical material with practical experiences” (Spouse 2001, p.516).*

it is unknown whether student nurses have the type of exposure to seasoned experts, as in the case of Orr’s technicians, that allows their learning to move from one of being socialised to their future profession (the enculturation identified by Melia 1984, 1987; Bradbury-Jones et al 2011a, 2011b) to one that genuinely extends their development into a new, co constructed knowledge of practice. Gray and Smith (2000) found that link tutors, using a combination of storytelling from their previous experience with a reflective learning approach, established important interpersonal relationships with students that students felt furthered their practice learning but it is unknown what level of knowledge was attained.

By working together in practice, checking and negotiating the meaning of what they are doing together, Wenger identified (1998) individuals in a *community of practice* undertook *mutual engagement* with each other and practice theory arose collaboratively. *Joint enterprise* resulted when this process was successful. It created local ownership and response and fostered “*regulations of mutual accountability that become an integral part of practice*” (Wenger 1998, p.78). The *shared repertoire* of the community of practice created elements of commonality, such as key documentation and professional language, which become the tools with which to negotiate and renegotiate practice. The three aspects of *mutual engagement*, *joint enterprise* and *shared repertoire* were inextricably linked.



In practice nursing Dedicated Education Units (DEUs), originating from work at Flinders University, South Australia, in the late 1990s (Ranse and Grealish 2007, Moscato, Miller, Logsdon, Weinberg and Chorpenning 2007, Grealish and Ranse 2009, Grealish, Bail and Ranse 2010), provided a positive example of collaborative practice learning for student nurses. As the name suggests clinical areas chosen to become DEUs had a greater dual focus on the educational needs of their student nurses as well as the clinical needs of their patients. This is the criteria that differentiate a DEU from other student clinical placements and significantly DEUs recognise the importance of collaborative, social learning theory informed by Wenger's (1998) *community of practice* theory. Grealish and Ranse (2009, p.172) believed that "*the community of practice theory is a useful framework for understanding the unplanned learning that occurs in the clinical workplace*" and highlighted the implicit aspects of practice learning that went unrecognised.

Grealish and Ranse (2009) made no explicit reference to the detail of Wenger's theory however DEUs invested in strengthening existing communities of practice in the form of placement areas, by firstly redefining their purpose as dual learning and working environments but also strengthening the social learning structure and support that enabled student participation. Although DEU research emulated from Australia, where student nurses had a decreased number of practice hours, the dilemma of having fewer qualified nurses to supervise practice in elderly care units was addressed by a greater commitment to student nurses' learning made by all placement staff (Grealish, Bail and Ranse 2010).

Grealish et al's focus groups of staff in the DEUs indicated the commitment included not only to students' time on placement, but also to their future learning trajectories identified by Lave and Wenger (1991) and Wenger (1998). Grealish and Ranse (2009) criticised preceptorship (the equivalent of mentorship in the UK) as promoting clinical supervision at the level of individual student activity and missing the important collaborative learning that occurred in student nurses' clinical placements. The study highlighted the possibilities of student learning being better informed by social learning theory where placements drew on the strengths of collaborative learning

rather than the support of a designated mentor. The research did not, however, sufficiently detail the learning strategies and the quality of learning that resulted.

Significantly DEUs strengthened practice staffs' confidence to support students' learning by strong practice- academic partnerships whereby designated academics mentored the practitioners who were supporting the students (Grealish, Bail and Ranse 2010). In the case of Moscato et al (2007, p.31), who had adapted the DEU model to student nurses' practice learning in the USA, this academic-practice "*partnered commitment to student learning*" was at the centre of considerable investment to improve the quality of practice education and nurse recruitment. It was felt that the DEU provided student nurses with a system that allowed flexibility to their learning needs; the number of rostered staff available to support students during their induction period on placement was, for example, altered to accommodate student need.

Although Lave and Wenger (1991) and Wenger (1998) did not necessarily advocate a greater investment in educational resource to support communities of practice DEUs, by doing so, enhanced the importance of student learning; most notably through increasing social learning to integrate higher levels of academic and clinical staff to support the process. Student evaluations found DEUs welcoming and a place where they gained a realistic view of nursing and the importance of cooperative working. Student nurses who struggled in practice were also identified early and interventions put in place. As part of their DEU research Moscato et al (2007) however highlighted the lack of present evidence that evaluated any increase in critical thinking of the student that may result from the DEU model.

Researchers, outside the DEU structure and the UK, also recognised the applicability of Wenger's social learning theory to their students on placement. From the USA Davis (2006), taking a case study approach of five occupational therapy students from a larger survey study, investigated whether student participants were more likely to develop a professional identity in communities of practice that displayed particular traits. Students felt their professional identity was enhanced if they could sustain the pursuit of *joint enterprise* and *shared expertise*. Danish phenomenological research by

Thrysoe et al (2010, p.363) found that participation was significant to professional identity formation as *“getting to know one another resulted in using their energy to learn, rather than fit in”*. Both studies found students were more participative in an enabling environment with a permissive consultative style of supervision.

Davis (2006) and Thrysoe et al (2010) therefore supported Wenger’s theory that students’ participation was directly influenced by the social and cultural context of their learning. Significantly their findings also identified a link to students’ individual cognitive learning abilities that Wenger ignored. Social engagement in a *community of practice* affected a student’s continuing cognitive ability to cope and learn on placement and if these abilities were compromised a cycle of non participation perpetuated.

Morris (2012), in recent participant observation and informal interviews of UK medical students’ attachments to their clinical firms, highlighted that the individual dimension in the relationship between the medical student and their community of practice learning was significant and worthy of further investigation. The personal ability and motivation of the individual student to seek out learning opportunities was as significant to the learning process as the *community of practice’s* ability to successfully foster and support it. This was congruent with the criticisms from Billett (2011) who cautioned against a socio constructivist learning approach that did not recognise an individual students’ previous cognitive experience or their usual methods of learning in a given setting.

Kolb (1984) and Wenger (1998) omitted to emphasise the significance of past identity and established knowledge of participants on their professional identity in the present and future. In contrast Billett’s (2004, 2008, 2011) body of writing raised an awareness of its importance and concluded *“learning through work is proposed as a duality comprising a relational interdependence between personal and social contributions”* (Billett 2011, p. 61). Students’ engagement in the social context of practice learning is influenced by how and what they have learnt in the past and, in practice learning, the relationship between social and individual influences are not static but altered and changed according both to the evolving conditions and the individual response (Billett

2008, 2011). What Billett (2011) terms *workplace affordances*, such as the effect of the mentor on learning (Gray and Smith 2000, Spouse 2001, Myall et al 2008) or student nurses' previous care experience working as health care assistants (Holland 1999), can significantly alter this balance.

Brennan and McSherry (2007) conducted focus groups on 14 mixed year student nurses who held a minimum of 6 months previous practice experience working as health care assistants. By using a process of thematic analysis Brennan and McSherry (2007) found that students' confidence in their ability to perform practical nursing tasks was an advantage to their new role as a student nurse. As a consequence they were highly valued by permanent staff and their peer students. Chesser-Smyth (2005) found that for first year student nurses, in particular, previous care experience gave higher confidence levels and lower levels of stress.

Brennan and McSherry (2007) found that, particularly during the first year of the nursing programme, the student nurse slipped back into the *comfort zone* or *shelter* of working as a health care assistant if they felt unsafe or unsure on a new placement. This personal fluidity was valued by the students but they felt frustrated when this process was enforced and they were used intentionally as health care assistants. The risk of this occurring sometimes meant students downplayed their previous experience so they were more likely to be assigned to new tasks, such as assisting with the drug round.

Pierre Bourdieu (1977) argued that an individual's *habitus* (Schon identified this as *frames*) was the enduring phenomena that processed and organised new experiences across different circumstances under given lines, usually unconsciously. In contrast Lave and Wenger (1991) and Wenger (1998) did not address the influence of past experience and students' evolving habitus (Hodkinson and Hodkinson 2003) but believed that through working in a community of practice, change was brought about through the social process itself.

In the case of Brennan and McSherry's (2007) research, first year students used their previous experience deliberately as a significant social tool. Both Bourdieu and Wenger

agreed that the quicker a student could appreciate the rules of the field (Bourdieu) or the legitimacy of the community (Wenger), their educational process would be smoother and ultimately more successful. The engagement of students with common structural conditions of learning could be substantially different due to the many subjective factors that made up their readiness to learn (Ellstrom 2011) and the balance of the social context of a students' learning, against their individual characteristics, is key to further investigation for first year student nurses learning in practice.

**Summary: The effect of student individuality, and the context of the placement, on practice learning**

The social context of the placement, and working collaboratively with colleagues, is significant to first year student nurses' practice learning. Wenger's *communities of practice* (1998) theory supports this type of powerful social learning which is influential to advancing community knowledge and the individual identity of its members. Although Lave and Wenger (1991) have been criticised for not adequately addressing the political influences to learning that may arise in practice, examples exist of the principles of the community of practice model being successfully used in clinical learning (Davis 2006, Ranse and Grealish 2007, Moscato, Miller, Logsdon, Weinberg and Chorpenning 2007, Levett-Jones and Lathlean 2008, Grealish and Ranse 2009, Grealish, Bail and Ranse 2010, Thyrsoe et al 2010).

Caution is, however, offered (Billett 2004, 2008, 2011) to a social learning approach that fails to account for the influence of the individual learner. This has an increased significance to student nurse practice learning where increasing number of students nurses have previous experience of working in a clinical setting that may influence their acceptance and progression on placement. More research is required as to the extent of collaborative learning against individual effort and how it is manifested in first year student nurses' practice learning on their first placement especially for those students with previous experience.

## 4 Rationale for the primary research as a result of the initial literature review

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### i. A lack of research on practice learning related to first year student nurses' experiences

It was recognised that the context and structure of practice learning, emulating from other work based professions, could be different to that experienced by student nurses. However, these studies raised issues central to work based learning that were not sufficiently reflected in nursing studies. Nursing research presented issues on, for example, the *belongingness* of student nurses on placement (Levett- Jones and Lathlean 2008), but failed to consider the wider issues and implications of *social learning* theory presented outside of the nursing literature (Lave and Wenger 1991; Gherardi et al 1998; Brown and Duguid 1991; Wenger 1998). Within nursing there seemed a deficit in centrally engaging in the major issues of work based learning, widely debated within other professions, which could impact student nurses' practice learning on their first placement.

In agreement with Andrew et al (2009) and Grealish and Ranse (2009) the paucity of recent UK nursing research as "to how student nurses learn in practice" was apparent particularly for first year student nurses. The issues identified in the initial literature review could have a particularly detrimental effect on student nurses at the beginning of their practice learning but what this effect is under researched.

The most detailed research remains that conducted by Melia (1984, 1987) on a previous system of nurse training before the instigation of the Project 2000 educational reforms. Since Melia's research, nurse education has moved into institutions of higher education and has undergone structural changes in the support, documentation and staff skill mix that student nurses would now meet on placement. Despite the now supernumerary status of student nurses on practice placement more recent empirical data from a study investigating who leads student nurse learning in clinical areas (Smith and Allan 2010) identified issues related to the leadership of practice learning and the increased "uncoupling" of practice and education. The

distancing of practice learning from both nurse academics and nurse managers may be suggestive of the value now placed on student practice learning in the post project 2000 era.

As well as the identifiable influences to practice learning that require further investigation the literature review for this research predominantly drew on studies that had a phenomenological or ethnographic methodology. It was felt that Melia's use of a grounded theory methodology had begun to explore the more hidden areas of practice learning and that the continued use of grounded theory was appropriate to discovering both the implicit and explicit aspects of practice learning experienced by first year student nurses themselves.

## **ii. A lack of clarity on the effect of the interdependence of the individual student and the practice context on their practice learning**

One of the areas that appeared applicable to student nurses, and insufficiently researched in extant literature, was the interdependence of students' social learning with other staff, against their own individual learning styles, motivation and experience. Although the relationship between the student and the mentor was viewed as key to practice learning (Gray and Smith 2000, Myall et al 2008, O'Driscoll, Allan and Smith 2010) further research is required to demonstrate how this relationship can be managed to successfully influence student nurses' practice learning. It was also unknown the influence of other co workers on student development.

The acquiescence demonstrated by student nurses (Melia 1984, 1987; Bradbury- Jones et al 2011a, 2011b, O'Driscoll, Allan and Smith 2010) is a particular example of the interdependence of the social and the individual as students' knowledge and ethos jars against the political landscape of the clinical placement. From the literature review theorists such as Lave and Wenger (1991) and Wenger (1998) have been criticised for not giving enough credence to the political realities of practice that may act as a barrier to learning (Fuller et al 2005, Roberts 2006). This could be a major influence to student nurses' practice learning, particularly to first year students, and is worthy of

further investigation. Research in the UK presents a negative picture of whether students have the skills and confidence to question nursing care (Bradbury- Jones et al 2011a, 2011b) although Grealish and Ranse (2009) found that first year students, supported within the DEU model of practice in Australia, could reject poor practice and identify an alternative. Research is overdue to discover whether it is possible for first year student nurses in the UK to access the moral responsibility of professional practice described by Aristotle, Polanyi and Benner and what circumstances allow this to occur.

### **iii. A lack of research on how practice learning builds student nurses' professional expertise from the first year of their course**

The building of professional expertise in practice is debated robustly within nursing and other professions. Alternative viewpoints are presented from the development of a cumulative skills based framework (Benner 1984) to the promotion of professional identity through acceptance into the social context by working with others (Lave and Wenger 1991, Wenger 1998). Particular issues, such as how tacit knowledge is learnt and a base of professional experience built is not readily identified or understood in the practice learning of first year student nurses.

### **iv. A lack of research on teaching and learning strategies that are successfully used in student nurses' practice learning**

The initial literature review highlights the risk of implicit aspects of practice learning being lost to learners without strategies to make the importance of this learning apparent (Benner 1984; Eraut 2000, 2004). Specific issues of induction (Spouse 2001; Chesser-Smyth 2005; Andrew et al 2009), assessment (Gray and Smith 2000; Bray and Nettleton 2007) and the acquiring of a professional identity through, for example, the appropriate use of professional language (Melia 1984, 1987) are highlighted in nursing research but are not sufficiently explored in order to enable change in student nurses' practice learning. Overall, not enough robust research exists in the UK on how the many fragmented aspects of student nurses' practice learning are joined into the development of a "whole" of professional practice (Melia 1984, 1987; Benner 1984).



These gaps have informed my own research as to how first year students learn in practice during their first placement.

## 5 Narrative two: choosing the methodology

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***The greatest challenge to any thinker is stating the problem in a way that will allow a solution ~ Bertrand Russell***

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*The second narrative presents the decision making I undertook to choose a methodology for my primary research. The reflective diary I had written during the doctorate process catalogues the length of time it took me to make a firm decision on my methodology and data collection method. As ably demonstrated in Cresswell (2007) a research question can be addressed by a variety of methodology and it is a knowledge of the essential nuances of all of them that eventually gives the confidence to make the final choice.*

*In September 2010 I had the opportunity to chair sessions at the Qualitative Research Conference at Bournemouth University. I had undertaken a grounded theory study for my master's dissertation and was surprised to discover the greater breadth of qualitative approaches that existed. Clowns and performing artists wandered the corridors and qualitative methodology took on a whole new dimension.*

*In November 2010, at supervision, it was agreed that the focus of the doctorate would initially examine the methodology. I already had ideas on the potential study participants being first year student nurses. I considered whether focus groups would present a socio constructivist method to illicit a group perspective of how students learnt in practice.*

*I began to examine the wider philosophical underpinnings of qualitative research and, in doing so, stepped out of the detail of the methodology into an appreciation of a world view of qualitative research. For the first time, I was reading at a more challenging doctorate level. My reading formed the initial draft of the methodology section which, I was surprised to discover, would be developed and refined as the doctorate continued. The methodology chapter gave me my first insight into the depth of reading that was required for doctorate study and an appreciation of how the development of my writing would reflect my progress on my journey.*

## 5.1 Challenging my decisions about my methodological approach

*As my **Initial literature review** began to uncover the lack of nursing research that informed student nurses' practice learning I became more confident that grounded theory could be the qualitative methodology to choose. However, I also wondered whether my increasing knowledge of practice learning had compromised using a grounded theory approach and whether it was possible to extract a phenomena, or observe students in practice, to address the same research question as to how first year student nurses learn on their first placement.*

*I started to examine alternatives and find experts within my own faculty who could inform my decision. Ethnographers encouraged me to "think outside the box" and suggested building a students' Facebook community using digital ethnography for data collection. From a narrative expert I inherited relevant books and noticed a similar choice of methodology had been used examining first year student nurse learning in Australia (Ranse and Grealish 2007). I contemplated the use of social media to harness the students' perspectives.*

*As I reached supervision, exactly a year after first examining the methodology, I discussed the possibilities of hermeneutic phenomenology and it was agreed that I would investigate this further with Professors Kate Galvin and Les Todres recognised for their international reputation in the field.*

## 5.2 Confirming the methodology

*My meeting with Les and Kate made my methodology conundrum a much clearer and more straight forward decision to make. They reassured me that the initial literature review needed to be advanced in order to know the scope of the research otherwise "the wheel continues to be reinvented". Although they suggested I returned to Cresswell (2007) their summary of the alternative methods were succinct and clear; narrative analysis focuses on identity, ethnography examines the culture of learning and this may involve participant observation, grounded theory questions what is the embodied knowledge or the process of practice learning and phenomenology has to have a bounded, well delineated phenomenon. They recommended Professor Immy*

*Holloway as a source of support if I decided to continue with a grounded theory approach.*

*By the time of my supervision in January 2012 I was more confident of my ideas on my methodology and data collection. I was now convinced that a grounded theory approach was practical, possibly based on the work of a more recent grounded theorist, Kathy Charmaz. I wished to develop a theory of student nurses' practice learning based on the incomplete nature of this field of work. The detail of the data collection was discussed which at this point was to include a weekly blog for the first year student nurses clinical placement followed by an unstructured one to one interview. To ease data collection and assist the grounded theory approach the student participants would be taken from the three first year cohorts to enter their first placement from January to July 2013. I went away tasked with confirming Charmaz's grounded theory method as well as research questions, selection process for participants and ethical submission process. It felt like progress was being made after the doldrums of methodological indecision.*

*Following this key supervision I returned to reading about the development of grounded theory and its origins against the backdrop of the changing ethos of qualitative research (Bryant and Charmaz 2007). Kathy Charmaz (Charmaz 2006) was part of a second generation of grounded theorists and her movement to an approach that recognised the co construction of theory, through both participants and researcher, had resonance for me and my research aims. Charmaz's book (2006) was a revelation as it clearly clarified the stages of grounded theory and I began to look forward to data collection.*

*The data collection chapter (Charmaz 2006) made me think critically about the proposed idea of asking student participants to complete a blog. Having started the practice development project I realised student participants did not necessarily have the maturity to write in depth reflections of their practice learning and, without this, I would have no data from which to build a theory. I considered using a reflective cycle to help students structure and expand their thoughts, coupled with weekly facilitation through a telephone conversation. At supervision it was reasoned that this could*

*unduly affect the findings. From my previous experience of supporting Open University students through telephone tutorials I knew how effective this medium could be for communicating. Ultimately I decided telephone tutorials would be the most effective solution as they allowed me to be more actively structure the interview for novice participants who were not used to speaking about their practice learning.*

*By May 2012 I had gained a deeper layer of knowledge on grounded theory and was able to critique my approach. I noticed that for the first draft of the methodology chapter I had insufficiently explained theoretical sampling; one of the key criteria for a grounded theory study. By supervision in June I had written an ethical approval form, interview schedule, participant information sheet, risk form and consent form in preparation for application for ethics. A wide ranging review took place of all the documentation with specific areas highlighted for improvement to strengthen the direction and overall clarity of the materials.*

### **5.3 Attending Professor Holloway's grounded theory workshop, June 2012**

*With the encouragement of my professional doctorate peer group I emailed Professor Immy Holloway for grounded theory assistance. She forwarded me articles which she felt would be helpful to my research and from this point onwards she remained a valued expert of my methodology.*

*Immy's suggested articles, coupled with her enthusiasm and expertise, was very helpful and I was excited that the university was allowing me to attend a free two day workshop Immy was leading with one of my colleagues. As a workshop designed for grounded theory researchers with some prior knowledge, rather than as an introduction, it was beneficial to my knowledge before I began data collection and analysis.*

*The two day grounded theory workshop was superb. It gave me confidence in my knowledge of grounded theory but challenged me by introducing terms and questions that I was unfamiliar with, such as the term "member checking".*

*During the workshop I practiced certain elements of a grounded theory approach. Having to write memos on a speech by Emily Pankhurst captured the underlying themes of diplomacy and empathy not apparent in the transcript itself. Whilst interviewing another workshop participant it was also interesting to experience how quickly it was possible to stray from the interview question. I had to work quickly to pick up relevant cues and not lose others; I could feel the coding emerging but it required focused concentration.*

*I also participated in valuable discussion on how my research would integrate with the established work of other researchers once my primary research findings were complete. Immy explained that I would develop dialogue with established theory towards the end of the study as my theory had primacy above others. I found it was also important to include myself though the use of “I” (up to this point I had used “the researcher”) and my work should demonstrate both reflexivity and reflectivity. Immy cautioned about not taking personal ownership for the study; “anything else is not qualitative enough”. The role of the participant could also be strengthened by using verbs to describe emerging categories, as demonstrated in Melia (1984, 1987).*

*At the workshop I was challenged on my data collection tools and the frequency of my proposed interviews. From this I suggested to my supervisors that the participant interviews should be reduced to two (one mid placement by telephone and one end of placement face to face). Students could also be encouraged to use a reflective diary to capture ongoing thoughts that could be used as discussion points during the interviews. I was reminded to follow up how my proposed interviews would be recorded and the NVivo data analysis training that could be used as a tool to organise the data analysis.*

#### **5.4 Choosing NVivo 10 for qualitative data analysis**

*After some initial problems establishing the internal training for NVivo 10 software for qualitative data analysis the swell of pressure from fellow doctorate students enabled it to go ahead in January 2013. For me this was perfect timing as I had finished my practice pilot interviews and I was on the cusp of beginning data collection with the first cohort of participants.*

*The two day workshop was run by helpful and expert Irish NVivo trainer, Ben. With a limited time frame I needed to make a quick decision on the advantages of using NVivo and whether it was a good fit with the grounded theory methodology. As I started to make these links during the training I was impressed by Ben's level of knowledge on grounded theory and his suggestions for adapting NVivo to this particular methodology. His support was guaranteed past the workshops into the research period which was an appealing feature of using unfamiliar software.*

*Having gained some experience of coding from one of the pilot interviews I had conducted I warmed to the story of how NVivo began (Bazeley 2007). As Lynn Richards, a sociologist, began coding a large neighbourhood research project on the floor of her lounge she watched horrified as one of her written codes was eaten by her two year old son. Tom, her husband and an IT programmer, immediately saw the potential for a more sophisticated online coding process that sorted the same data; and so, NVivo was born (Bazeley 2007).*

*Not only did NVivo make the stages of coding less cumbersome, as it was all retained safely and with portability on the computer, but its particular strength lay in the added transparency to the coding process (Bringer, Johnston and Brackenbridge 2004). Through NVivo it was possible to represent the grounded theory through the stages of coding and thus added to the ability of judging the validity of the research. A further NVivo function allowed interrogation of the characteristics of participants against their interview responses which I thought would be an interesting addition to the research.*

*From a personal perspective I wanted to develop a new skill related to qualitative research that enhanced my expertise and I was sceptical of academics disapproval of it. NVivo did not seem to contaminate the quality of qualitative research but made it easier to manage and present afterwards.*

## 6 Methodology

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### 6.1 The research aim

To explore the practice learning experiences of first year student nurses and to generate a grounded theory to explain their practice learning on their first placement.

*“Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories “grounded” in the data themselves” (Charmaz 2006, p.2)*

### 6.2 The philosophical assumptions of my qualitative research

The philosophical assumptions, or “world view”, of qualitative research informed and shaped the collection, analysis and writing of the study.

*“good research requires making these assumptions, paradigms and frameworks explicit in the writing of a study” (Creswell 2007, p.15)*

The research’s philosophical assumptions of ontology (nature of reality), epistemology (relationship between the researcher and that being researched), axiology (role of values), rhetoric (language of research) and methodological assumptions (process of the research) (Creswell 2007) led to the chosen qualitative approach of grounded theory for this research. This choice of the interpretative paradigm influenced the study from *“the questions the researcher asks”* to *“the interpretations he or she brings to them”* (Denzin and Lincoln 2005, p. 22).

Undertaking qualitative research placed me as an observer in a specific world where my interpretations were the voices of my research participants represented through the research findings (Denzin and Lincoln 2005). The ontological position of my research embraced the idea that there are multiple realities for student nurses and that these are shaped under the influence of others and the students’ own backgrounds and history. The qualitative data were presented by taking the actual comments of students recorded in both telephone and face to face interviews.



The epistemological position of the qualitative study is defined as the relationship between the researcher and that being researched (Creswell 2007) or more broadly the overarching *“theory of knowledge embedded in the theoretical perspective and thereby in the methodology”* (Crotty 1998, p.3).

According to Creswell’s (2007) definition the intention to conduct the face to face student nurse interviews at university, in a familiar place where students have previously studied, takes place in a naturalistic setting which is a key part of qualitative enquiry. Most significantly the epistemological stance makes the essential difference in how the research is conducted and presented (Crotty 1998).

Peter Berger and Thomas Luckmann (1967), the originators of social constructivism, challenged the dominance of macro approaches to explain society and emphasised the effect of the individual’s construction of reality on the sociology of knowledge. They argued that subjective experiences could be objectified into intersubjective constructions through the sharing of signs, symbols and language. This production of accepted knowledge was stabilised into a social order that became central to the creation of institutions. The habitualisation of society was thus developed from institutional logic or bodies of knowledge that were passed to the next generation. Individuals created roles for themselves within institutions with physical artefacts and linguistic symbols that further legitimised the institution to the next generation so socialisation and acceptance occurred (Alvesson and Skoldberg 2009).

Crotty (1998, p. 58) differentiated between constructivism as an epistemological position focusing on *“the mean making activity of the individual mind”* and constructionism, *“the collective generation (and transmission) of meaning”*. Both hold equal weight with this particular research study and the type of grounded theory method chosen (Charmaz 2006).

The participating students constructed their practice learning in the context of interactions with others. The students’ individual voice of their experience, collected through telephone interviews and a face to face interview with the researcher was key to the research. However, the influence of strong professional socialisation and the

culture of “*being a student nurse*” also influenced and mediated their responses. Crotty (1998) argued for a balance between the two whereby individual interpretation was not lost to cultural conformity and subjective interpretation was not necessarily perceived as the truth away from the context in which that truth is generated. The student’s subjective meanings are influenced and negotiated by peers and colleagues as well as historical and cultural influences. In this research student nurses’ learning was manifested as a result of the social context in which the learning occurred and an emphasis on the historical, personal and cultural setting was significant (Creswell 2007) as student nurse’s practice learning is influenced by the extent of socialisation to their professional roles and the significance of previous experience.

The research looked for subjective meanings and, unlike a positivist approach to research, the research findings were neither definitive nor objective (Crotty 1998) and constructed in different ways by different first year student nurses. I accepted that the data from student nurses was constructed from their own individual and group experience rather than being viewed as an objective reality (Charmaz 2006). The validity of the qualitative findings was therefore not associated with proving objectivity but whether findings were robust enough to act upon their implications (Guba and Lincoln 2005). This interpretation extended to me as the researcher where data was interpreted by my own cultural, personal and historical context (Creswell 2007). My position was therefore less about bias and more positively positioned as a possible influence on the interpretation through my own background and experience. The ethical implications of this are discussed later in the subsection, **ethical issues**.

Guba and Lincoln (2005) highlighted, in their opinion, the increased importance attached to axiology as a pillar of the qualitative paradigm where there has been recent emphasis on embedding ethical and spiritual dimensions within qualitative research. From an axiological point of view I will “*position[ed myself]*” in the study (Creswell 2007, p.18) so bias and influences were transparent and actively declared. Taking a social constructivist approach to grounded theory (Charmaz 2006) was seen as an integral process to my life experience. I interpreted the emerging data with the participating students themselves (Creswell 2007) not underestimating my interpretative standpoint to “*clarify the taken for granted assumptions and blind spots*

*in [my] own social culture, research community and language*” (Alvesson and Skoldberg 2009, p.9). I was therefore part of the construction process for I brought to the data collection and analysis a personal perspective that sensitised the data to a particular focus (Charmaz 2005). Here the emphasis was on having an acute awareness of this orientation so new data was not missed in the familiarity of the research territory (Suddaby 2006).

### **6.3 Qualitative research strategy**

A grounded theory methodology was compatible with the area to be researched. The initial literature review exposed the lack of a theory of practice learning as applied to first year student nursing. Morse (2003, p. 841) likened this situation to a *“skeletal framework”* where many of the characteristics of the research had been identified but further research was required to *“flesh out” “the conditions, circumstances, variations, and interrelationships of the characteristics that surround the structure, to build theory”*.

Glaser and Strauss’ approach in their 1967 foundational text on grounded theory encouraged a move away from the deductive traditional research of the day as well as the identification of a basic social process (Cutcliffe 2005). Research inductively generated allowed for the possibility of fresh modes of inquiry away from established thinking (Suddaby 2006; Charmaz 2006; Bryant and Charmaz 2007) and this ethos seemed particularly applicable to my research study.

Previously the grounded theory method has been significant in its contribution to nursing as an academic and research discipline (Cutcliffe 2005). Melia’s (1987) work on student nurses’ socialisation in the early 1980s argued for the potential of the grounded theory approach for the study of these participants. Although Melia felt she fell short of interpreting Glaser and Strauss’ work into practice she found the use of students’ own words generated the beginnings of clear conceptual categories for her study.

A more recent study by Licqurish and Seibold (2011) examined the competency development of midwifery students in practice. By taking a more recent interpretation of grounded theory by Clarke (2005 as in Licqurish and Seibold 2011) the article detailed the applicability of this research method to examine the multi faceted nature of clinical learning in practice.

As the grounded theory method has evolved from the original 1967 writings of Glaser and Strauss its ethos has been firstly diversified by the authors themselves and then the second generation of grounded theorists in the form of their doctorate students, most notably for this research, the work of Charmaz (Bryant and Charmaz 2007).

The grounded theory method has therefore become looser in its interpretation with the risk that grounded theory as a commonly understood method has different meanings to different researchers (Cutcliffe 2005; Suddaby 2006; Bryant and Charmaz 2007). As a new researcher I was primarily guided through this process through the work of Charmaz (2006) in order to present a robust method that used both the grounded theory method (the process of the research) but ensured that a theory, grounded in the data, emerged from the process (Bryant and Charmaz 2007).

Charmaz, (2005, p.509) advocated a move away from the promotion of former positivist methods of grounded theory process to a constructivist grounded theory that *“emphasises the studied phenomenon rather than the methods of studying it”*. She believed that analysis and interpretation was the result of the social construction of reality rather than reporting it objectively and recommended the reclamation of the traditions of the Chicago school where greater intimacy with the context of study, whether social, economic or political, led to a greater focus on meaning and processes.

Erkut (2000) and Gobbi (2012) argued that to ask study participants to elucidate on tacit knowledge (identified as an integral part of learning expertise) was a difficult process and better achieved with an interactive approach to data collection. The use of semi structured interviews in a grounded theory method allowed participant statements to be teased out and further clarified by myself in the course of the interview. In its turn this approach created the need for increased validation within the

study through greater interviewer reflexivity and the checking of participant response in a final group validation meeting for member checking.

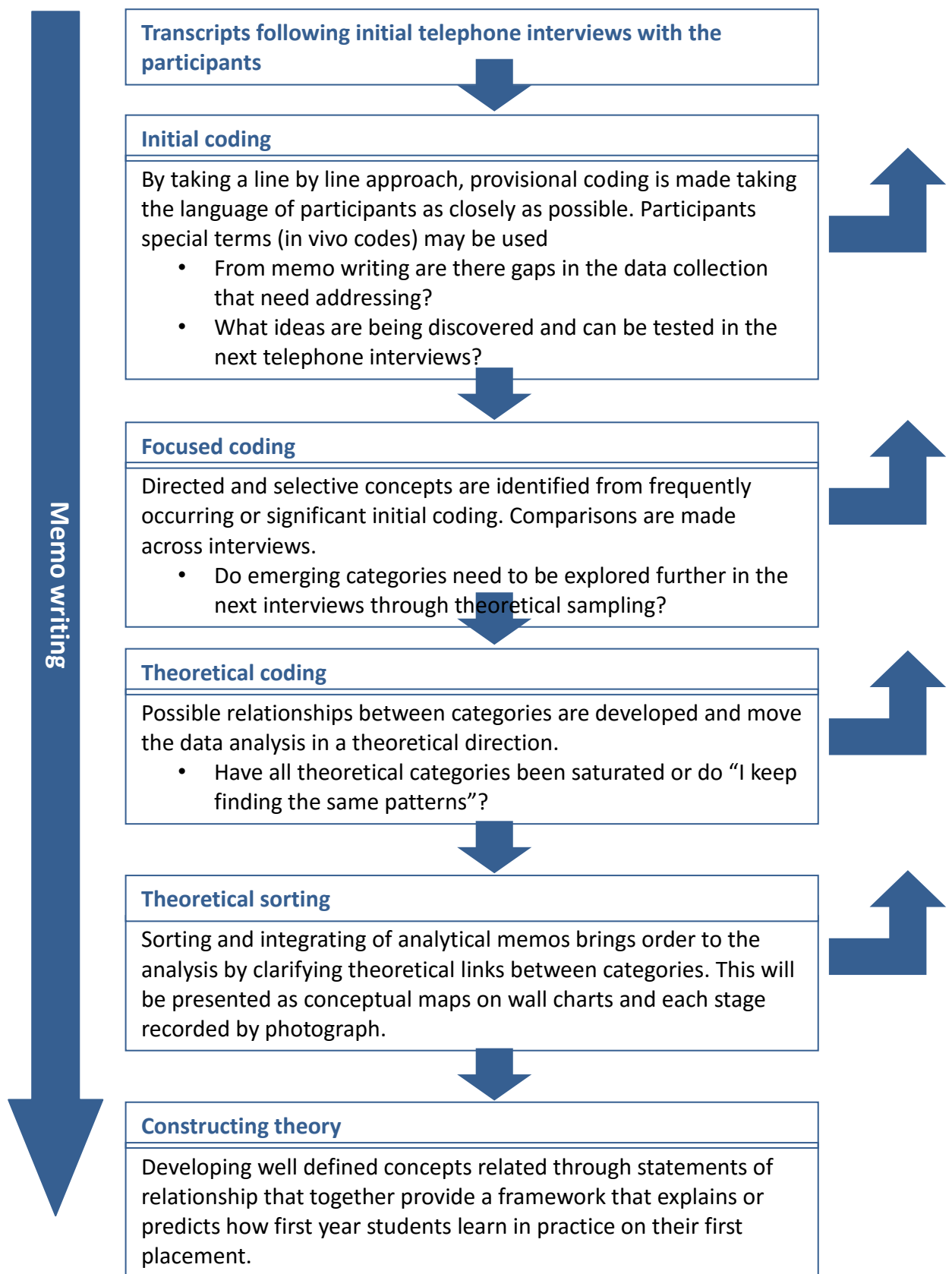
As grounded theory uses multiple stages of data collection and analysis to generate and refine categories, which are then constantly compared as the study progresses, as a methodology it will “*maximise the similarities and differences of information*” (Creswell 2009, p.13) encouraging greater and richer student nurse response. “*The intricate details about phenomena such as feelings, thought processes and emotions that are difficult to extract or learn about through more conventional research methods*” (Strauss and Corbin 1998, p.11) are encouraged to emerge.

The defining characteristics of grounded theory, *the constant comparative method* of complementary data collection and analysis and *theoretical sampling* to prioritise the focus of emerging data (Suddaby 2006) seemed an appropriate method to engage the participants of this research study. All of the participants were new to the experience of being a student nurse on clinical placement and the grounded theory method allowed them to develop and build on their opinions of their practice learning as the placement progressed. With this approach a richer perspective on the reality of the students’ experience, which refocused on their more significant perspectives as the data collection and analysis progressed, could emerge to generate a robust theory.

The constant comparative method of data collection and analysis took what Creswell (2007, p. 64) evocatively termed a “zig zag” approach; an interaction between the two, whereby data is collected, analysed, further collected, and further analysed so a systematic and inductive process resulted to generate theory. Unusually “*data collection and analysis proceed simultaneously*” (Bryant and Charmaz 2007, p.1) informing a circular process whereby one informed the progress of the other and both become more focused and specific as the research progressed (**Figure 1: Grounded theory data collection and analysis; constant comparative methods (after Charmaz 2006))**)

During the *constant comparative method* the sampling technique to elicit data from participants changed as the research progressed to ensure *theoretical sampling* was

achieved. This involved moving beyond recruiting first year students for the research but searching for first year students with the particular experience of the concepts that were emerging from the data (Drauker et al 2007).



**Figure 1: Grounded theory data collection and analysis; constant comparative methods (after Charmaz 2006)**



In an effort to identify existing literature pertinent to beginning the research (Suddaby 2006) I orientated myself to the subject of practice learning prior to the data collection and analysis occurring. Like Marland (McGhee, Marland and Atkinson 2007) the appropriateness of a grounded theory approach was only demonstrated after an **initial literature review** had been undertaken. The **initial literature review** highlighted the need for the generation of a practice learning theory for student nurses by clarifying the discrepancies and lack of extant theory that already existed in this particular area of work based learning.

A balance has therefore been sought between enough insight, gained both through the **initial literature review** and from my prior knowledge from professional experience, to recognise the emergence of relevant themes pertinent to the research without forcing new data into known categories from others' research. In order to protect inductive validity (Elliott and Jordan 2010) emphasis was placed on observing for new data rather than the subconscious testing of known theory (Suddaby 2006).

#### **6.4 Strategies for validating findings**

Davies and Dodd (2002) and Koro-Ljungberg (2008) identified the difficulties of using the same criteria of validity to judge both quantitative and qualitative research studies. The complexity of qualitative research that may represent a multiplicity of realities (as in the case of my own research with the potential of a difference in opinions between the participants) cannot be simply judged as representative of a certain reality (Koro-Ljungberg 2008). The criteria associated with quantitative enquiry, that of reliability, generalisability and the finding of an objective truth, are not applicable to qualitative research. My research did not adhere to the positivist traditions of research (Whittemore et al 2001).

However, research requires a process that is robust, open to academic scrutiny and where the findings can be confidently acted upon (Guba and Lincoln 2005). In an effort to assess the accuracy of the research findings a variety of approaches to validate the findings were used.

In Charmaz's opinion, grounded theorists should offer "*plausible accounts*" of "*particular worlds, views and actions*" (Charmaz 2006, p.132). She used the four criteria of credibility, originality, resonance and usefulness to generate criteria that she believed was pertinent to a grounded theory study and these are largely indicative of a thorough and robust application of the constructivist grounded method approach.

Whittemore et al (2001) in their academic review of attempts to apply standards of validity to qualitative research presented a contemporary synthesis of validity criteria which were usefully applied to this research study. Their pyramid of techniques is divided into the overarching primary criteria followed by secondary criteria that add additional standards of quality.

#### **6.4.1 Primary criteria:**

##### **i. Credibility and authenticity**

The research aimed to generate concepts and theory which accurately represented student nurses' view of their practice learning whilst on placement. The thesis provided a transparent and detailed account of data collection and the reflexive context that influenced it so participants could judge the accuracy of the findings (Hall et al 2001).

Following their interviews the students' own transcripts were checked for accuracy by the students themselves so "*they have a chance to shape the themes or abstractions that emerge from the process*" (Creswell 2007, p.39) and thus minimised power differences.

In addition the presentation of the analysis of data to participants once the interview process was complete was an opportunity for gaps to be identified in the saturation of categories that had emerged from the data (Cutcliffe and McKenna 2002). The researcher's judgement as to whether categories need no further additions was identified as problematic as there is always the chance that the next interview could present new and previously unexplored phenomena pertinent to the study (Cutcliffe and McKenna 2002) However, using the research's socio constructivist approach, it

was appropriate that saturation was decided to the satisfaction of both myself and participants as equitable generators of meaning of the practice learning of student nurses marked by *“collaboration and reflexive elaboration”* (Tracy 2011 p. 844)

Hall et al (2001) highlighted the difficulties of asking participants to truly validate research findings due to the difficulties of them understanding the grounded theory methodological approach and the breadth of influencing data, such as memo writing. As recommended by Creswell (2007) I brought all the participants together into focus groups to look at preliminary findings to formalise whether categories had been saturated and whether areas of category development were still evident.

By following the defined criteria of a grounded theory methodology; that of the constant comparative method until category saturation occurred it was intended to present a high quality and robust research process that was open to critique. The saturation of the research categories were affirmed by a process of member checking; *“the solicitation of respondent feedback”* (Green, Creswell, Shop and Clark 2007, p. 486) at the final group validation meetings for the participants.

Despite the developing theory being an aggregate of many perspectives of a student nurses’ learning on placement each student was able to recognise an aspect of their own experience within the research findings through dialogue with myself (Cutcliffe and McKenna 2002). Guba and Lincoln (2005 p. 207) believed that direct quoting from participants has the best *“chance to be represented in any texts and to have their stories treated fairly and with balance”*. Multi vocality strengthened the validity of the research as the social constructivist approach was built upon the structuring of objectivity through multiple subjective stances.

## **ii. Criticality and integrity**

Ensuring adherence to the constant comparative method and theoretical sampling, coupled with my reflexivity, ensured data was critically appraised during the research process. As data was inductively generated analysis proceeded in tandem to deductively check emerging categories by retesting of their validity claims through further theoretical sampling.

The use of existing literature was incorporated into the generation of theory to add credibility to the data that had been produced (Cutcliffe and McKenna 2002).

As an employee of the university, where the research was to be conducted, the duality of my roles as researcher and lecturer was an ethical issue. Although students may feel more confident participating in research with a known member of academic staff (Eide and Kahn 2008; Bradbury-Jones and Alcock 2010) avoiding coercion in gaining consent and ongoing participation in the research was paramount. The application for university ethical approval ensured a greater transparency had been put in place in all procedures related to the research.

I needed to be open and transparent to the influence of my own theoretical sensitivity where my previous professional experience allowed me *“to see the research situation in new ways and exploit the potential of the data for developing theory”* (Hall and Callery 2001, p. 268). This heightened awareness enabled me to more easily pick up cues and prompts from my participants (Corbin and Strauss 2008) distinguishing between the norms and the more unusual (Morse 2003). Hall and Callery (2001) found that a nursing background enabled an understanding of language and context with nursing participants during interviews and concurred with my own previous experience (Morley 2002).

Reflexivity is now seen as an essential component of qualitative research (Doyle 2012) and is required throughout the research, from the initial student interviews right the way through to the generation of theory, so the researcher has a heightened sense of how their own self and their own interpretations that have influenced the study (Guba and Lincoln 2005). Holloway and Biley (2011) argued for a balance to be maintained where the influence of the *“self”* of the researcher is evident within the research process but does not overshadow the research process it is meant to inform. They differentiated between *reflectivity* where the researcher looked critically at their work and *reflexivity* where the researcher examined their position within the research.

In grounded theory robust memo writing was important to this process for it allowed me to analyse codes to a deeper level and *“provides a space to become actively*

*engaged in ...materials, to develop ...ideas and to fine tune ... subsequent data gathering*" (Charmaz 2006, p. 72) Through the memo writing process the "I" was more likely to be open to the possibilities of serendipitous potential of the grounded theory method (Bryant and Charmaz 2007) to "thinking outside the box" and taking a reflexive, as well as a robust approach, to the data analysis. My own heightened awareness of my own influence on the research, coupled with theoretical sensitivity for the subject, made me aware of the importance of checking interpretations that were being made and carefully logged through memo writing. **Appendix 1: Memo linked to code "Addressing student nurses' learning needs" as a result of first interview with participant 11** demonstrates how my reflectivity of an initial code influences the direction of the emerging theory.

As well as the ongoing memos written as part of the data collection process a reflective diary was maintained during my research and relevant parts were incorporated in the narrative chapters within the thesis.

#### **6.4.2 Secondary criteria:**

##### **i. Explicitness, thoroughness and congruence**

*"Accounting for methodological decisions, interpretations, and investigator biases in an important adjunct to research findings"* (Whittemore et al 2001, p.531). Throughout the research process I endeavoured to make these factors explicit and transparent within the study through careful following of process so they were presented to participants for review and finally validated the saturation of categories at the participant validation events. Methodological and philosophical connections across the scope of the research were also made evident.

##### **ii. Vividness and creativity**

Through the use of NVivo 10 software analysis, and the use of tables and figures within the thesis, there was an alternative vivid and dynamic representation of the student nurses practice learning on their first placement.

##### **iii. Sensitivity**

Particularly pertinent to my research, that followed the socio constructivism of Charmaz (2006), Hall and Callery (2001) argued for a greater examination of the researcher- participant relationship as the vehicle for the co construction of data. The Charmaz tradition required an open and transparent mutuality between myself and participants that acknowledged my influence within the study (Charmaz 2006). McGhee, Marland and Atkinson (2007) argued that this transparency goes beyond me actively declaring my pertinent background and interests that may influence the study. Through the seeking of ethical approval, and the facilitation of students through the research process, I developed a reflexivity and sensitivity to the participants' needs. The intended ethos was to create a mutuality of participation whereby students felt comfortable and empowered to take part whether this was through the medium of telephone or face to face interviews.

## **6.5 Data collection procedures**

The quest for rich data is an essential feature of a grounded theory approach for without the essential building blocks of data grounded theories would not emerge from the research (Charmaz 2006). The challenge rested in promoting a data collection procedure that allowed the first year student nurse a genuine and authentic voice and enough reflexivity for me to interpret and analyse the data that resulted.

### **6.5.1 Access to the research setting**

Although much is written about the political risks of a researcher conducting research within their own setting (Creswell 2007) the research aim generated a positive response and ownership from my academic peers.

The data collection took the form of telephone and face to face interviews that were purposefully planned not to occur in the clinical setting. The interview used access to the participants' home setting for telephone interviews and the university for face to face interviews. It was hoped that this choice of location for interviews would encourage participating students to speak freely about their learning experiences

without feeling they remained under the confines of the placement setting during interview.

### 6.5.2 Sampling and access to research participants

Creswell (2007) initially advocated *purposeful sampling* in order to access students for the research who will present the greatest chance of rich data at interview. The ideal informant is “one who is articulate, reflective and willing to share with the interviewer” (Morse 1991 as in Coyne 1997 p. 623). In reality each first year students’ clinical experience was circumstantial and to encourage a wide spectrum of data for initial coding I searched for a maximum variation in sampling to allow for an early, wide spectrum of possibilities of category formation.

I visited three seminar groups of approximately 30 first year adult nursing students one month prior to their first placement experience to explain the study (**Appendix 2: Participant Information Sheet for research participants**) and gain consent (**Appendix 3: Consent form for research participants**) from prospective participants. The first placement experience occurred on three different occasions during the first year of the programme and it was hoped to recruit a minimum of six volunteer students from the first cohort. Ideally I hoped to recruit students from a diversity of care and educational backgrounds in order to broaden the possibility of rich data pertinent to the students’ practice learning (Morley 2002; Ruth-Sahd 2011; Licqurish and Seibold 2011). Eraut (2000) hypothesised that a participant with greater prior knowledge may well be able to articulate their experiences more fully.

It was planned to interview each of the participants twice during the course of their first placement; once by telephone mid placement and finally, face to face, when the placement was complete.

Following an initial phase of data collection and analysis I anticipated following the theoretical sampling technique indicative of the grounded theory method once theoretical coding has been reached (Charmaz 2006). Becker (1993) and Coyne (1997) found that this was an area that grounded theory studies have difficulty addressing yet it is essential to the testing of the inductive emerging categories from initial data. As I

collected and analysed data from interviews the next student nurse interview was used to test the categories that had emerged. Theoretical sampling was met by looking for students with a particular practice experience pertinent to the emerging categories.

## **6.6 Augmenting the quality of interview response**

During the course of the practice development project it was found that first year student nurses did not explore their learning experiences easily by communicating online. Although the use of telephone interviews were a different medium it was predicted that, without the guidance and scaffolding from a more experienced professional, participants may miss the ability to relate individual clinical experiences to their overall practice learning. This was also reinforced by Eraut (2004) who explained the difficulty of research participants being able to describe the more implicit nature of practice learning when it is not easily recognisable to even themselves.

In order to achieve the necessary connection between data collection and analysis for grounded theory to become a reality (Suddaby 2006) rich and meaningful data collection was an imperative. With this research study the data collection procedure was designed to assist these new research participants in reflecting deeper and longer on their practice learning experiences and to elicit the students' interpretations, challenges and assumptions made of their practice learning.

The mid placement telephone interviews of approximately 30 minutes in duration, at the students' convenience, assisted students to articulate their learning experiences without these experiences being missed or forgotten. The telephone interviews built on the initial face to face contact with participants at university. This medium has been found to be not only convenient but minimised the interviewer effect and tendencies for participants to articulate desired responses (Carr and Worth 2001). Interviewing puts *"more direct control over the construction of data than most other methods"* (Charmaz 2006, p. 28) and gave me the twin elements of control and flexibility (Charmaz 2006) to probe the students' perceptions of their clinical learning.



Participants were also encouraged to write down their learning experiences in a notebook during placement as an aide memoire for both the telephone and face to face interviews. It was hoped that by maintaining a written record participants would not only notice their learning more explicitly, but would be encouraged to reflect on those experiences which would be helpful to the generation of richer data collection.

## **6.7 The recording of data collection and analysis**

Telephone interviews were managed through “BT meet me” whereby participants were able to dial into a free call service that could be recorded. On completion the recorded interview was accessed in a digital format. Face to face interviews were recorded through a digital recorder whose USB stick was plugged into the computer to access the digital record of the interview.

The recorded interviews were transcribed and NVivo 10 software used in the analysis of qualitative data as it emerged.

## **6.8 Ethical issues**

The Belmont Report (US Department of Health and Human Services 1979) described three ethical principles that were given due consideration in my research that uses human participants. These include respect for persons where participants are treated respectfully and honestly with informed consent, non maleficence to promote no harm of participants when conducting the research and justice whereby costs and procedures are administered fairly.

### **6.8.1 Informed consent**

Due to their different status within the same academic institution power differences could exist between me and student participants both with the students’ willingness to participate in the study and the dynamics of the interviews (Charmaz 2006).

Tracy (2011, p.841) saw sincerity as an essential base to a study where *“research is marked by honesty and transparency about the researcher’s biases, goals and foibles”*.

It was hoped that a clear explanation of the research would help to equalize power differences that may exist between the participants and myself as a lecturer in their academic institution and encourage full and open participation by the student (Guba and Lincoln 2005). Bradbury-Jones and Alcock (2010) discussed their experience of how student nurses are recruited to studies, *"I'll do it if it helps"*, and stressed the importance of student nurse participants really understanding the purpose of the study and their contribution to knowledge for the future.

The nature of the researcher-participant role can be a complex one and, particularly in the case of qualitative research, the role from the outset may be one that has to be revisited and negotiated as the research unfolds. Walkington and Jenkins (2008) and Bradbury-Jones et al (2011c) actively promoted possibilities for students to be engaged in undergraduate research as part of their educational process. These enhancements of potential knowledge and process sit against other serendipitous possibilities of meeting students' concerns of placement through the therapeutic nature of qualitative interviewing (Eide and Kahn 2008).

The recruitment to my research was therefore explained by the participant's information sheet (**Appendix 2: Participant information sheet for research participants**) that clarified the participants' role and level of participation, as well as possible risks, benefits and support mechanisms during the duration of the study (Greaney et al 2012). Guba and Lincoln (2005) highlighted that issues related to control, encompassing choice in for example type of questions through to data collection pertinent only to qualitative studies, was addressed through explicit attempts to encourage participants' genuine participation. Care needed to be taken to avoid *"Catholic questions being addressed to a Methodist audience"* (Guba and Lincoln 2005, p. 202) where the meaning and expression of questions in one context would mean little to participants in another. Bradbury-Jones et al (2011a)'s period of debrief at the end of each interview where students asked ongoing questions about the research process they were collaborating in was adopted for my study.

Equally, potential issues may arise as a result of students disclosing their placement experiences at interview that may require a separate interview with their personal

tutor. This type of situation required a clear demarcation between my role as the researcher and the separate support mechanisms already in place to assist students with clinical issues on placement. Bradbury-Jones and Alcock (2010) recommended initiatives, such as the signing of consent forms under the title of nurse researcher, to highlight the differences between academic roles.

It was emphasised to students that they could refuse or withdraw from the research at any stage without consequences. An important part of the research process was demonstrating respect to participants at the time of the recruitment to the research study and afterwards as they decided to continue or even withdraw from the study (Greaney et al 2012). Separate support mechanisms, as well as the research supervision team, were made clear to student participants in order to protect their ongoing emotional needs during the research.

### **6.8.2 Confidentiality, anonymity and sharing of information**

Students were given two opportunities for face to face questions about the research before signing their consent (**Appendix 3: Consent form for research participants**) so participants had time to explore any potential issues that may influence them consenting to the study (Greaney et al 2012).

Although students' identity was not anonymised during communication on placement for the purposes of the publication and presentation of findings students' names were replaced with the use of pseudonyms. Students' voluntary consent to research participation included an understanding that copyright ownership rested with the university and a clear policy on copyright infringement was established from the outset (JISC 2011b).

Data were anonymised and stored securely on my personal computer which was password protected and backed up regularly onto Dropbox. Hard copies of material were immediately shredded and destroyed after use apart from one hardcopy of my thesis chapters which was kept securely at home. No access was given to other individuals (Boddy, Neumann, Jennings, Morrow, Alderson, Rees and Gibson 2014).

### **6.8.3 Protection of participants**

According to the principle of beneficence it is important that the well being of participating students is assured and from the principles of maleficence that they should come to no harm (Greaney et al 2012). Participants were under no known physical, psychological, financial or social risk as part of the research (Greaney et al 2012). Telephone interviews were conducted at minimal time and effort to the participant with the researcher ensuring no cost was incurred by telephone interviews being conducted on a landline telephone. Face to face meetings were conducted on university premises during university hours.

## 7 Data collection and analysis

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### 7.1 Recruitment of participants

Study participants were initially recruited through purposeful sampling, *“with participants sought who are in or going through the particular stage”* (Morse 2007 p.237 in Bryant and Charmaz 2007) and had to meet the criteria of being first year student nurses entering their first practice placement. The first year students were divided into three cohorts entering first placement at different times and student volunteers for the research consisted of 11 participants (cohort one), 8 participants (cohort two) and 2 participants (cohort three). The initial large number of cohort one volunteers allowed four extra students to be used for pilot interviews. The overall number of participants in the primary research was therefore 21 first year student nurses.

In anticipation of recruiting the same number of students from each cohort some of cohort one was not initially used for the study. When participant numbers proved low from cohort three the previous first cohort students were included to verify emerging concepts during the period of theoretical sampling.

Having completed participant profiles in NVivo for cohort one (**Appendix 4: Participant profiles**) I found that only one participant was under 21. As a result I emailed cohort two to request volunteers who are under 21 to spread the range of profile and ensure the purposeful sampling was more robust. Subsequently three extra volunteers under 21 were included within the study.

As the research progressed and moved into theoretical coding I followed theoretical sampling whereby I interviewed students who felt they had contributions to make to the emerging categories.

## 7.2 Pilot Interviews: January 2013

Morse (2003) argued that using a grounded theory method makes a pilot study inappropriate. The importance of saturating emerging categories of data cannot be accomplished sufficiently in a pilot study so findings may be misrepresentative of what could be discovered in the main research. It was felt, however, that undertaking the process of pilot interviews would hone my interviewing skills prior to the research starting properly.

Acknowledgement is given to the importance of not forcing prior notions or ideas on the data but to establish a rapport with the student being interviewed so that they feel comfortable to open up their opinions and experience to discussion (Charmaz 2006). My role within the interviews was to facilitate students to fully articulate their experience of learning on their first clinical placement. Despite debate as to whether prior knowledge of the research setting is advantageous to the researcher (Morse 2003; Suddaby 2006; McGhee et al 2007) I found having knowledge of the course gave me the ability to ask specific questions related to practice learning.

Telephone interviews allowed me to write ongoing memos without disturbing the integrity of the interview although, without physical presence, interruptions either by me or the participants were commonplace. The BT conferencing “meet me” system efficiently recorded interviews onto digital files that I could access online following each interview. The students found it straight forward to access the system via a free phone number and apparently were undeterred when being recorded.

Data collection and analysis undertook the following grounded theory process:

1. Initial	Interview transcripts analysed for initial codes using NVivo 10. Memo writing during analysis. Stored on NVivo 10.
2. Focused	Initial codes grouped into emerging focused codes through use of NVivo 10. Further interview transcripts analysed for focused codes using NVivo 10. Memo writing during analysis. Stored on NVivo 10 clearly demonstrating links building initial coding into focused coding through use of parent/ child nodes
3. Theoretical	Focused codes transferred to post-it notes and sorted into four major categories on flip chart paper:

	Integrating into practice learning, learning to be a registered nurse, managing learning in practice, optimising practice learning. Flip charts typed onto four A4 sheets and saved as a word document. Further interview transcripts analysed for four major categories (theoretical codes) using NVivo 10. Memo writing during analysis. Stored on NVivo 10.
4. Theoretical sorting	Memos from each stage of the coding (stored on NVivo 10) incorporated into theoretical codes and saved onto a word document. Further interview transcripts analysed for theoretical saturation using NVivo 10. Memo writing during analysis. Stored on NVivo 10. Each of the four major categories written up using sub headings that have emerged from the memo writing to ease organisation and presentation of study findings.
5. Participant group validation	Student participants were invited to a working lunch where the four major categories were presented as statements of the study findings. The students had the opportunity to validate the findings and comment further on their learning experiences on placement. Students' comments were incorporated into study findings.
6. Constructing theory	A theory of practice learning was constructed during the study around categories identified in the theoretical codes.

**Table 5: Stages of grounded theory coding**

### **7.3 Initial coding and analysis: January- February 2013**

First telephone interviews were conducted with cohort one when participants were half way through their first placement; approximately three weeks after beginning. I became increasingly familiar with the dynamics of the interview process and my genuine interest in students' practice learning stories was significant to the dynamics of the interview so the conversation became more open and expansive.

With the decision to pursue an initial literature review on student nurses' practice learning prior to data collection I was mindful of the risk of compromising the inductive validity of data collection and analysis. I built on Charmaz's recommendation for the use of "*in vivo codes*" where participants' use of professional or specialist terminology remained throughout the research as representative of the authentic voice of those participating in the study e.g. "*grab and go*". Elliott and Jordan (2010) believed that the

use of participants' own language during the early stages of analysis can assist the robustness of genuine concepts emerging from codes drawn from data collection.

The time constraints of being able to interview, transcribe content and use the constant comparative method to hone questions before the next interview were accommodated by rearranging initial interviews over a longer time frame.

*"The underlying attitude of staying open to possibilities in the data – so as to be able to identify and respond to new ideas emerging from the iterative process of data collection and analysis and revise concepts accordingly – is a more subtle, yet equally important aspect of constant comparative analysis" (Elliott and Jordan 2010, p.36).*

NVivo 10 software consisted of levels of nodes to measure and analyse data and, with the help of NVivo support, these were renamed into the different levels of coding compatible with the grounded theory method. It provided a visible structure of coding to follow which allowed ways of demonstrating the relationships between the different levels of coding as the data emerged. With each level of coding NVivo required me to carefully name and define each new code adding to the consistency of accurately coding data. **Appendix 5: Example interview transcript and focused coding with participant 11** provides an example of this process.

Although I had not yet reached the official theoretical sampling phase of the grounded theory method I naturally started to follow leads that participants had given me into the next interview whilst endeavouring to maintain the breadth of the interview appropriate to initial coding. I had a second opportunity to question cohort one students face to face for their end of placement interviews and revisit emerging categories as a further opportunity to pick up cues from their first interview. **Appendix 6.1: Table of initial coding** provides an overview of this phase of the coding.

#### **7.4 Focused coding and analysis: February- March 2013**

I re-evaluated the initial codes against the original scripts to ensure the nuances of the student learning had not been missed. The initial codes were grouped into emerging focused codes and, further to a telephone tutorial with NVivo support, I created



focused codes that clearly linked to the initial coding that had gone before with linked memos to explain the rationale (**Appendix 6.2: Focused coding with aggregate initial codes**). New codes emerged at the focused coding level and some focused codes merged to provide greater clarity on the emerging data.

Six students initially participated in a second face to face interview at the end of their placement. Interviews were held in a private tutorial room on days that coincided with participants attending university and were recorded by digital recorder. Students checked their transcripts from their first interview to validate what they had said and it served to orientate them and make them relaxed for the second interview. Participants were made aware that the nature of questions would be more specific and interviews were managed more tightly. Participants were asked to bring their reflective diaries to the interview (three students did this) as well as asking participants for specific examples during the interview.

As students identified new areas the interview guide was altered between interviews to reflect the evolving focus of the questions (**Appendix 7.1: Development of interview guide for focused code questions**). This provided the beginnings of theoretical sampling within the study where *“interview questions were refocused to gain specific information regarding an emerging concept”* (Draucker et al 2007).

## **7.5 Theoretical coding and analysis: March- May 2013**

Theoretical coding presents a step change in grounded theory; it starts *“to tell an analytic story that has coherence”* (Charmaz 2006, p.63). By analysing potential relationships between the study’s substantive codes new and larger categories were created that were presented from a theoretical point of view removed from the personal stories of particular participants. Charmaz (2006) warned that the robustness of the data collection and analysis must be ensured so that the theoretical codes truly reflect the substantive codes from which they have emerged.

Substantive coding	Theoretical coding
By purposeful sampling	By theoretical sampling
Coding initial and focused codes	Coding theoretical codes enhanced by theoretical sorting and diagramming leading to saturation and development of theory

**Table 6: The coding process in grounded theory**

Theoretical coding also involved an overt move to theoretical sampling (Drauker et al 2007) whereby I stopped asking participants more generally about their practice learning experiences but re focused the interview questions on the emerging codes from the data. This was achieved by sending a list of practice learning experiences I was looking for to students not interviewed in cohort two and three. The interview guide was again changed and developed between participants in order to pursue emerging themes through theoretical sampling (**Appendix 7.2: Development of interview guide for theoretical code questions**) with the use of solely end of placement interviews where I felt participants could better comment on the whole of their placement experience.

Taking the analysis of the codes from a descriptive to a conceptual level was key to the grounded theory method (Suddaby 2006; Elliott and Jordon 2010) and post-it notes for each main point within the summary of the focused code were written and grouped (across the codes but numbered so traceable back to the original code) onto flip chart sheets (**Figure 2: Theoretical coding in action; poster of “integrating into practice learning”**). Dey (2007) found that evidence and connections between categories was strengthened using a representational technique and this was the reasoning for not using NVivo for this stage of coding.

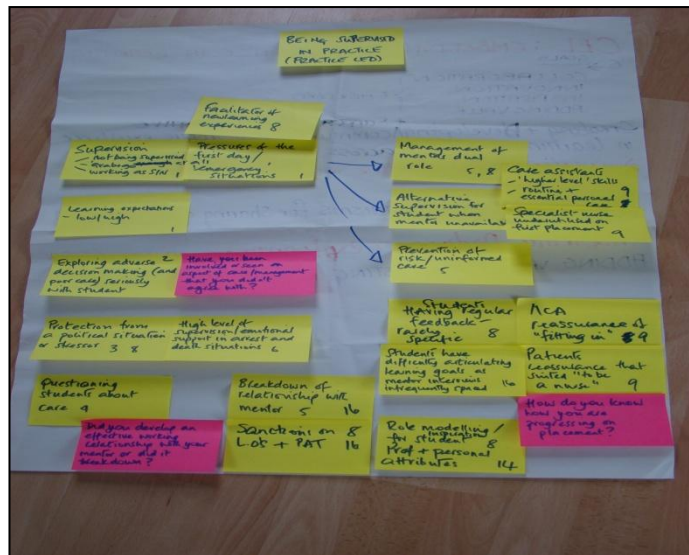


Figure 2: Theoretical coding in action; poster of “integrating into practice learning”.

Development of focused coding into theoretical coding			
Focused Codes	Emerging Concept diagrammed onto flipchart	Theoretical Codes	Future participant questions
Learning to learn in practice	Finding useful work is important. It creates acceptance on placement and is a confidence builder	"Fitting into the work/ placement" became "Integrating into practice learning"  Link to "Managing Learning on placement"	What do you think are the priorities (for learning) when you first arrive on placement?
"Grab and go"	Routine usually identified first before learning can occur		
Supporters of placement learning	Enabling ability to work with the mentor  Peer support significant		Who do you think are the most significant people to work with/ learn from on placement? What do you think of a team approach to mentoring using staff of different grades and different experience? How did you find the support mechanisms for placement?
Learning to learn in practice	Learning to engage in practice		What do you think is/ would be useful prep for placement?
Learning to learn in practice	Reassurance is important to settling in. Comes from patients, HCAs and mentors.		Do you have any protection as a student nurse?
Analysing care	Students have need of support and supervision; cardiac arrests and death are always well supported		
Barriers to learning and Adverse Politics	Students start to have judgement to distance themselves from adverse politics		Are there particular stressors?

**Table 7: Poster of "Integrating into practice learning" represented as a table**

The labelled flipcharts were beneficial to the initial sorting and many post-it notes crossed boundaries of flipchart. This demonstrated the increased level of sophistication which was required to code the nuances of interviews to a theoretical level.

I interviewed the remaining volunteers of cohort one, *“ask earlier participants further questions or inquire about experiences that [have] not been covered before”* (Charmaz 2006, p. 103), to pursue the emerging questions deductively from the theoretical codes. A male student highlighted the importance of role modelling by male staff nurses for male student nurses and I discussed this point with the other male students via email. All the time I was seeking exceptions to my categories within the student interviews to ascertain whether saturation of the categories was close *“when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of ... core theoretical categories”* (Charmaz 2006, p. 113). The memoing process continued to be important to directing fresh data immediately to a higher level of conceptual analysis (Dey 2007) and continued to reflect my own reflexivity (McGhee et al 2007).

I returned to the initial interviews of the cohort one to recode and memo at the theoretical coding level (**Appendix 6.3: Theoretical coding**). This proved valuable for the analysis as returning to initial data recycled the interview to a higher level of conceptual analysis.

## **7.6 Theoretical Sorting: July-August 2013**

Through the process of integrating memos into the four main categories theoretical sorting assisted in both identifying more explicitly the theoretical links between categories as well as strengthening the depth of the analysis.

Two students from cohort three proved excellent sources for deductive data analysis and subsequently “filled the gaps” on pursuit of data on co mentoring and alternative induction processes to placement.

## 7.7 Participant validation meetings: 24 October and 8 November 2013

The purpose of the group validation meetings was *member checking* of the study findings and primarily a mechanism for taking the study findings back to the study participants for verification and validation (Charmaz 2006). I would only have confidence in my findings, “*that they have achieved saturation, that their theory has no gaps, that they know*” (Cutcliffe and McKenna 2002, p. 615) through validation with participants of category saturation, where no further evidence is presented on the categories that emerged.

It was an opportunity for students to identify omissions in the study, “*the black swan phenomenon*”, and a necessary judgement had to be made by me as to whether categories needed no further additions (Cutcliffe and McKenna 2002). True to the research’s socio constructivist approach it was appropriate that saturation was decided to the satisfaction of both researcher and participant as equitable generators of meaning of the practice learning of student nurses. Hall and Callery (2001) highlighted the difficulties of asking participants to truly validate research findings due to the difficulties of understanding of the grounded theory methodological approach and the breadth of influencing data. However, in Charmaz’s words, the grounded theory should “*make sense to (the) participants or people who share their circumstances*” and “*offer interpretations that people can use in their everyday worlds*” (Charmaz 2006, p. 183). Despite the developing theory being an aggregate of many perspectives of a student nurses’ learning on placement, each student was able to recognise an aspect of their own experience within the research findings (Cutcliffe and McKenna 2002) at the group validation events. Before validation students had a final opportunity to check their own transcripts.

Glaser and Strauss (1967, p.235) advocated that research is “*plausible*” and relevant for practitioners that are to use it. The validation meetings were the first opportunity for participants to discuss findings together and the common nature of the participants’ experiences, coupled with the grounded theory ability to depersonalise data to theoretical concepts, and that member checking was within the ethical principles of the study (Goldbatt, Karnieli – Miller and Neumann 2011).

The main study findings were written into some simple statements and different participants read these out to the group. This set a relaxed tone that encouraged discussion. The two validation events attracted ten of the participants that proved a workable number and the group were representative of the diversity of first year student who had participated in the study. The discussions were recorded, transcribed and afterwards analysed for both reaffirmation and saturation of categories.

## **7.8 Constructing theory**

Charmaz's advice on "*free writing*", as well as sorting and diagramming initial findings, strengthened the join up between the four themes and the evolving theory in its entirety. I questioned "*to what extent the studied experience is embedded in larger and often hidden positions, networks, situations and relationships*" (Charmaz 2006, p. 130). Maintaining an acute instinct for "looking for a learning experience" extended the experience beyond the description that the students presented; what Urquhart (2003 in Charmaz 2006, p. 139) talked of as "*scaling up*" the study to explain the process of theory generation.

## 8 Narrative three: undertaking the research process

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*I never guess. It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts ~ Sir Arthur Conan Doyle*

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### 8.1 Trying out the interview process

*My pilot interviews were a valuable practice of the interview process. Participants had a tendency to speak in generalities so it was important to focus on particular examples and break the learning experience down for the student to comment upon. I could see the difficulties of asking students to talk about tacit knowledge that Eraut (2000) discussed. It was very helpful having knowledge of the course otherwise I would have been unable to ask specific questions related to university learning.*

*As I began to learn the multi tasking needed to conduct telephone interviews of thinking, asking, listening and writing the interview process became smoother and felt more successful. I found the later face to face interviews more difficult to facilitate as I had to include appropriate body language and I broke the flow of the conversation to consult the interview guide. The BT meet me telephone recording system was straight forward for both myself and participants to manage.*

*I continually needed to dig deeper past the factors that might inhibit the interview process, such as the students' naive experiences of being a learner in practice, as every interview counted. I was excited to discover early ideas that I had previously not considered; students' previous experience of care work had enabled them to gain an ability to implicitly analyse their present work in practice. I also tried transcribing an interview for the first time. I would agree with purists when they say you get to know the interview. Transcribing is a very time consuming process.*



## 8.2 Ensuring the right type of sampling and managing the interview process

*One of the defining features of grounded theory methodology is the two tier sampling process that occurs in the data collection process; that of purposeful sampling followed by theoretical sampling.*

*Although both were clearly explained in Charmaz (2006) the practicalities of gaining the right type of sampling at the right time had impact on the progress of my research as well as the ability to access rich interview data of real quality. I realised to maintain the momentum of the research it was important to have realistic time frames between interviews so the constant comparative method could be accomplished thoroughly and suitable participants were ready to fill the interview slots.*

*Once theoretical coding was underway, and I requested the learning experiences I wanted participants to comment upon, some participants dropped away from the study or requested that they weren't interviewed any further as they simply felt "they didn't have anything further to add". For me this demonstrated the lack of coercion students felt in participating in the research as they exercised their right to withdraw from the research as detailed on the consent form. Some of these participants I would have liked to have continued interviewing but I kept my counsel in order to uphold the ethical principles of the research.*

*The pursuit of sampling, both purposeful and theoretical, required a high level of courtesy towards the participants so they were aware of when they were required in the interviewing process. Not all of participants for the first cohort were required for initial coding but some were used to pilot the interview process while others were interviewed for validation of data from later coding. I was mindful that first year students did not need to be feel rejected from the study but the reasoning for their movement to an earlier or later stage of the research needed to be carefully explained. This seemed very much part of the "living ethics" of the study; demonstrating care and courtesy to the participants past just the signing of the consent form.*

*Likewise, having attended a presentation by Helen Walkington (Walkington and Jenkins 2008) on the inclusion of undergraduate students in research, it became important to*

*me to explain the stage of the research to participants for their overall education. I thought a brief explanation of the broader research context of the study was important rather than just going straight into the interview.*

*Gaining trust with participants was another pivotal aspect of the study and appeared in different forms from the openness of students at interview to their confidence in withdrawing from the research. As I interviewed certain participants I realised that the quality and honesty of the interviews made a significant difference to the richness of the data. I felt privileged to be party to these students' reflections and felt the responsibility to represent their voices within the research.*

*I noticed that when students were distressed about an incident that had happened in practice, or where a situation had treated them unfairly, participants talked about this experience at length without me interjecting or having to ask questions. It does seem that the interview become a cathartic experience and was not a neutral exercise for the participants (Eide and Kahn 2008; Bradbury-Jones and Alcock 2010; Bradbury-Jones et al 2011c). On these occasions I actively listened to the issues, which were rich in data, and I did not feel either the research or my role as a researcher was compromised as a result. At the group validation meetings I asked participants about the influence of the research on their learning but this was not part of the research itself.*

*I was careful to avoid any form of coercion where students felt that they had to participate in the study due my position as a member of academic staff in the same institution to which they were studying. Caution is generally advised against the researcher having multiple roles within the research setting (Eide and Kahn 2008; Bradbury-Jones and Alcock 2010).*

*In my own research I found students were more enthusiastic to participate in the research if I had directly taught them. This could account for the higher levels of participation in cohorts one and two in the study. The third cohort of participants proved elusive to interview and I reflected whether the lack of previous face to face connection with me had reduced their ownership for participation. With a few exceptions students generally seemed at ease being interviewed and subsequently the*

*resulting data was rich. Students also seemed confident enough to withdraw from the research when they felt they had no further experience to offer for potential second interviews.*

*My greater knowledge of two out of the three cohorts of participants gave me an interesting perspective that I wouldn't have had unless I had taught the students previously. I reflected on those participants who I had taught in a ten week module before my data collection had begun. I realised that I had predicted which students, who had eventually volunteered to participate in the study, would be open interviewees with a high degree of accuracy. These students demonstrated some "spark" in class; they were either highly socialable or engaging or demonstrated strength of feeling for the subject matter. At a later stage when I examined those students who had questioned a clinical decision or the way they were treated themselves in practice it was the same participants who, by virtue of their personality, rather than age, gender or previous experience that had made a stand. Instead of becoming unpopular these participants seem to have been instrumental in forming significant bonds with permanent staff and patients.*

*Measures to keep my role as an academic and my role as a researcher separate was managed by small actions such as only discussing the research at events pertinent to the study and signing documentation "as the researcher". The division between myself as a researcher and as a member of academic staff was challenged when one participant decided to leave the course and wanted to discuss the circumstances of this process during an interview. This sudden crossover to a therapeutic need on behalf of the participant was not so easily contained, which Bulpitt and Martin (2010) had previously experienced, and it felt unfamiliar directing the student back to the university support systems.*

*As later discussed in a professional doctorate group tutorial each of my fellow doctorate students had chosen a form of data collection that replicated their usual professional role and the research interviews, discussing with students their welfare and their learning, was a familiar place for me to be. As I knew the students in an ongoing academic capacity, with mutuality between us, I found I was able to maintain*

*a professional distance while simultaneously asking them searching questions about their learning and associated welfare. With this came the advantage of knowing the territory but I was mindful that I needed to be sharp to both my own reflexivity and reflectivity as the research progressed. Emphasis is on “not to avoid pre conceptions, but to ensure that they are well grounded in arguments and evidence, and always subject to further investigation, revision and refutation” (Dey 2007, p. 176). The fact that I did not anticipate many of the findings of my research could be one objective measure that my theoretical sensitivity did not cloud my judgement for the inclusion of new categories.*

*Following my use of online communication for my practice development project the telephone interviews did demonstrate to me the value of the spoken word in being able to gauge students’ learning and progress in their placement learning. My interview questions alerted students to the many hidden aspects of their practice learning and I reflected that I was not only a researcher but also a facilitator of their learning on placement for I “call[ed] to attention” (Eraut 2004, p. 251) the practice learning which would have gone unnoticed. Although I did not anticipate taking this role it became an inevitable consequence of asking students specific questions about their learning. The diaries that I had asked participants to complete during their first placement as a reminder of their learning were used occasionally for telephone interviews but not at all for the end of placement interview.*

*Like any other researcher I also messed up! The recording system on BT meet me involved stopping a short distance into the interview to dial in again to be recorded. Almost inevitably I realised I had forgotten to do this at the end of one rich interview and the next half an hour was a frenzy of writing down points before I forgot them. A couple of students were also particularly difficult to interview. They offered monosyllabic responses and did not give examples or thoughts on their learning. Whether the students felt nervous or inhibited I wasn’t sure but I also wondered whether their lack of examples came from their lack of learning on placement where they had not challenged themselves or been challenged by placement staff.*

*Keeping a researcher's distance also proved difficult on a number of occasions. Some students' stories were so compelling and funny that it was difficult to keep a straight face in order to come up with the next question. I haven't read this as an issue in research text books but for me it did reflect how very enjoyable the whole interviewing process had been.*

### **8.3 Using the constant comparative method to pursue relevant data**

*As data collection progressed I veered between a dogged determination to pursue the emerging categories against feelings of uncertainty as to whether I was correctly following the grounded theory methodology. Charmaz's (2006) "Constructing Grounded Theory" proved invaluable as a map through the different stages of coding adding clarity to the process and made me more certain of my direction. My really interesting insight into grounded theory is that the research could have been interpreted in different directions and it is the analysis, interpretation and then qualifying this "back in the field" that brings the truth of the process to the research. This has to be one of the most interesting processes I have been involved in as the sense of properly knowing alters and shifts as the research progressed.*

*Early into the process of coding I had a key discussion with a colleague who is also a grounded theorist. We discussed the risk about defining categories too broadly in the initial coding of the research. This was significant for me as I had been using codes such as "mentor" and "care assistants" and I had somehow missed coding the detail of the learning as opposed to these concrete constructs of the particular jobs. I returned to my two initial interviews and recoded these highlighting particular differences in the ways the participants had been taught by different mentors. These codes immediately become more sensitive to subtle differences underlying for me the importance of this early ground work in the coding process.*

*As well as enjoying the systematic nature of the grounded theory methodology I also found that it allowed a useful degree of flexibility. I discounted the idea of using axial coding or a data matrix for "axial coding matrix may force data into preconceived frameworks" (Charmaz 2006, p. 115) which I was trying to avoid. By taking the*

*Charmaz tradition of the refocus on the socio constructivist approach to grounded theory I felt this was best served by encouraging a richer and more abstract conversation with the participants at the level of theoretical coding.*

*I enjoyed the initial and focused coding of the research. The move from initial to focused coding proved time consuming, challenging work and although grounded theory is a systematic process it is not an exact science. It was satisfying to see a thread running through the data and on closer inspection find it emerges as a new, significant category. I, however, struggled with the practicalities of how to move to theoretical coding and how this related to the data I was already generating. It was covered poorly in the completed theses I accessed and it was only after I reading Holton (2007) and returning to Charmaz (2006) several times during this period did I start to feel confident of this stage of grounded theory.*

*In Charmaz (2006) I read a study by Hood who started interviewing women returning to work and then realised from emerging analysis that in fact she was looking at a category about marital negotiation. Her theoretical sampling thus took her to interviewing husbands as well as wives. I realised that if my categories started to emerge strongly on the way mentors manage their dual role of work and learning then perhaps I too would have to pursue theoretical sampling by interviewing mentors as well as students. As it turned out this was not necessary but it felt satisfying to have some understanding of the process.*

*As I analysed the theoretical codes I moved the post-it notes around the flipcharts and it proved a responsibility working out the main categories for the study as this was for me the most overt time where I was defining the direction of the study. For the first time the themes had join up and I could see them in their entirety which meant I was heading in the direction of the theory.*

*In order to test the theoretical coding I pursued the codes that had emerged through theoretical sampling of both new and previous participants. I was careful to note the evolving questions and data and spent time thinking and writing memos to ensure my own reflexivity was included within the research. Discussion of my findings at this stage*

*of coding was very useful; either at supervision or at home. The articulation helped me to broaden my thoughts around the major categories and the flow of creativity around them. As I went through the process of theoretical sorting for the first code “integration into practice learning” I designed a power point presentation for colleagues in the nurse education research group. It was exciting sharing my findings with a peer group who shared my enthusiasm and their contributions again added to my thought processes around the emerging categories. The data collection needed to be constantly interrogated to chase potential categories to their full potential; do students experience adverse events in practice where they observe or are involved in conflict situations? Yes. However, taking this further ... do students observe the trained nurse role modelling how to address the situation? Not often. How do students feel about this? What do they learn? Are alternatives obvious to them?*

*Completing the memo sorting for theoretical sorting was a really interesting process as by doing this it become more evident the importance of aspects of the four core categories, where material feels rich and full i.e. saturated and where aspects of analysis of the categories can be pursued by further questions. I gained a real sense of coming to the completion of the interviews which was very fulfilling.*

#### **8.4 Using NVivo 10 qualitative data analysis software**

*During the course of the data collection and analysis Ben, the NVivo trainer, who I had originally met on the introductory NVivo two day workshop, was instrumental in me becoming a confident user of NVivo and selecting the functions of NVivo most suitable for my research. I had many telephone tutorials with Ben and he remained accessible and helpful throughout the course of the research. In retrospect I used NVivo quite simply to computerise most of the coding process and to represent a clear audit trail of my decisions.*

*Holton (2007) dismissed the use of software analysis tools with grounded theory. In my reading I only came across an “all or nothing” approach to its use and I found that NVivo can be used to the extent that the researcher requires. For theoretical coding and sorting I returned to a traditional pen and paper approach which I found more*



*beneficial to this stage of the coding. NVivo was used both before and after this stage. A fellow doctorate student, who was using NVivo at the same time, took a very different approach incorporating written documentation as evidence.*

*One of the many advantages of NVivo is that it is a constant reminder of maintaining a high level of quality and transparency within the coding process. Each code has to be accurately described and the memos that linked to each code made me question more deeply the emerging categories. With NVivo there were no shortcuts to the coding as it promoted a stringent process.*

*On some occasions the initial coding fragmented the code away from the context of what was being said which was important to capture particularly when looking at social learning theory for practice learning. The thick description pertinent to qualitative studies (Tracy 2011) became obscured in the breakdown of interviews into initial coding and this loss of context was resolved by the use of annotations and accompanying memoing. Although I was initially unsure of the value of annotating transcripts, as well as coding and memoing, annotations added the nuance to a particular word or phrase that could become missed in the larger coding. Wherever the part of the transcript is used the annotation remained as a reminder of the context or previous thought that I had.*

*At the training workshop Ben had described the possibility of matching participants' characteristics to their interview responses. With Ben's assistance I created a new classification called "profiles" to encapsulate both participants' demographic details but also their previous educational and work experience (**Appendix 4: Participant profiles**). Although the complicated process of interrogating the profile data against the codes didn't reveal any hidden influences it alerted me to finding a good breadth of students across the profiles at the stage of purposeful sampling.*

*In the final stages of using NVivo Ben demonstrated the range of tables that could be produced of the coding and, as an example, the trail from initial to focused coding. I spent some time deciding what parts of the data collection and analysis needed to be visually represented. With the patient assistance of both Ben, and my husband, I was*



*excited to see the results in both table and flowchart form (Appendix 8: Levels of coding to form the first category “Integrating into practice learning”).*

### **8.5 Participant group validation meetings: October and November 2013**

*At the first validation meeting on 24<sup>th</sup> October 2013 I was interested to ask participants how they had felt participating in the study and their responses mirrored the positive findings of Bradbury-Jones et al (2011b). One student who had been away from university for a longer period of time felt that a phone call had been a reassuring connection; other students felt the study had made them reflect on their learning more and identify issues that they had missed. On a larger scale one student felt that it was “quite nice to be part of something that takes the consideration of the student nurse” (8, validation event 1).*

*The second validation group on 8<sup>th</sup> November 2013 had an impromptu discussion that a poor practice experience was pivotal to student attrition in their seminar group. They felt some sort of academic intervention with students during their placement would allow students to reflect deeper and more proactively on transferring their experience to the second placement. It was felt that complaining about practice was problematic. The follow up by the university could place the student in an awkward position if they were still on placement and the recommendation about talking to the matron in the first instance was too difficult for most first year students to negotiate.*

*There was some questioning of the length of the placement. Students felt there was a stagnation of the skills they could learn on a long placement and if the placement was a bad learning experience then it would be better if it was for a shorter period of time.*

*A further point was raised of how, in one placement, registered nurses were unhappy to participate in care work for two hours per week. I hadn’t realised that the division between what was viewed as health care assistant and registered nursing work was quite so engrained although it had been part of my research findings. The validating participants were generally shocked by this story and I reflected whether the “too posh to wash” culture seems to emulate from the registered nurse rather than the students*

*as they aren't socialised enough, as yet, into this culture. It seemed a topical area for post doctorate research.*

*Having felt that participants had been very generous in the time they had given to my research I offered the students at the validation events the opportunity to write a short, joint publication for the Nursing Standard. I felt they not only had something to say but it would benefit them professionally to have a publication as a student. Generally there was a lot of excitement around this idea and eventually the article, student advice for working with mentors and health care assistants, was written between myself and five of the participants and submitted the following February (**Appendix 9: Morley, Alexander, Hewitt, Pearce, Suter, and Taylor 2015**)*

## **8.6 Identifying theory and integrating and critiquing the existing theory**

*Although Charmaz's work (2006) allowed for the generation of grounded theory to remain at the level of a small number of interrelated concepts Professor Holloway challenged me to keep looking for an overarching theory that joined my final four concepts together. She suggested that a smaller phrase or idea that was repeated within the interviews might provide the inspiration. On further scrutiny I noticed that students often referred to "unprofessional" behaviour or made damning judgements as to whether they believed other members of staff had been professional or unprofessional. Although originally obscured I found that the theory of "learning to be a professional" joined the previously separate concepts together into a whole that I could construct into a diagram to explain my findings in an accessible manner.*

*Returning to the literature review as part of the **discussion of research findings**; this time led by the research findings of my study, gave me a clearer understanding of what was relevant to remain within the thesis. This identified development need added focus and precision to the findings but it was gruelling work with many drafts and discussion of the writing and structure. My supervisors pushed me to declare my own findings and to be judicial in what was included from other studies. In order to manage the last phase of the data analysis I streamlined every other aspect of my activity that was possible and found with surprise, even at this late stage in the doctorate, that writing*

*notes on paper, instead of the computer, really helped my depth of analysis and reflexivity.*

*I attended an interesting faculty seminar, “Work integrated learning and maximising student learning”, in December 2013 led by a visiting speaker from the University of Sydney. It was clear to me (now midst literature review) where concepts central to my research had not been included, such as the use of tacit knowledge and the notion of feedback. For the first time I began to feel more of an expert on my own research area which gave me a greater permission to critique other research studies related to practice learning.*

## 9 Research findings

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Student nurses' practice learning is an essential and recognised component to achieving nurse registration for dual professional and academic qualifications. The student nurses interviewed for this research discussed eloquently the significance of their first placement to their professional development.

*"I didn't realise how much the nurse actually does so that was quite good to see. Learning at university is nothing like actually doing it. You learn so much and you will see things that you might never see again" (10, end of placement interview).*

As the study progressed it emerged that students' richest learning experiences were often obscured by the formal assessment and supervision processes put in place on their placement practice. Often students' highest impact learning was accidental, implicit and not formally archived or assessed. Sometimes students' most significant learning was so much part of working in the practice learning environment itself that it was difficult for it to be recognised as learning as it had the potential to be lost from both student memory and subsequently their development. I sometimes felt if not for the serendipitous timing of the research interview, which encouraged students to articulate their placement experiences, some awe inspiring learning would have remained hidden to the learners themselves.

Arriving on first placement allowed the student nurse to test their expectation of becoming a nurse. The journey to this point is signposted with significant markers; gaining the right qualifications to apply, the success of the application process, the collection of the first nurse uniform, and the academic and practice skills preparation for practice. There is a heightened expectation as students walk through the door of their first placement as there has been a continual reinforcement about the significance of practice. As data collection and analysis progressed four main themes emerged from the constant comparative method. **Integrating into practice learning** presented students' initial experience of induction into placement learning. As students settled into this unique learning environment they began the experience of learning to be a registered nurse. The success of this goal was only achieved by

crucially **managing learning on placement**. Ultimately the students' ability to integrate into practice, the incidents they were exposed to in the process of **learning to be a registered nurse** and the subtleties they used to manage their learning led to **optimising practice learning** by being able to exploit a variety of different domains of learning pertinent to the students' professional development.

## 9.1 Concept one: Integrating into practice learning

Having a successful orientation period into the unfamiliar setting of placement set the mood and tone of subsequent practice learning. Students had to learn to manage their learning in a real life setting that could be fast paced with unfamiliar staff, routines and language. Student nurses' integration into practice learning had impact on how quickly and successfully students managed their learning. The sooner students were able to adapt to learning in practice the barriers of their learning journey were reduced and small successes were significant in reinforcing their professional practice and the development of the beginnings of a confident professional identity. Predominantly through a process of trial and error the first placement allowed students to discover how they could successfully work and learn in practice.

*"Actually for the amount of time you're on placement it's a good thing to get the support of the team and get the people to like you but actually it's a better thing to be considered a little bit annoying but to push for good learning experiences" (3, end of placement interview).*

Induction into the practice learning for first placement varied widely in its level of organisation and structure. Students predominantly spoke of facing an unstructured start to their first placement with any formality to the process dependent on the organisational skills and motivation of their mentor. First year students, even within the same placement, had a diverse and variable experience.

### 9.1.1 Using prior experience

Some participants had considerable prior work experience as health care assistants before starting their nursing course while others were completely new to patient care (**Appendix 4: Participant profiles**)

Previous care experience was seen by students as giving important acclimatisation to care work; these students had already learnt how to speak to patients and *"knew what they were getting into"* (17, end of placement interview). For those without prior experience the practice learning context *"was a shock, I think it was a proper shock"* (13, end of placement interview) where there was a risk that *"quite a few people freak*

*out at their first placement and then leave because they don't know what it's all about" (17, end of placement interview).*

There was a lack of curiosity by permanent staff about students' particular previous experience and how the placement opportunity could build on this to either the benefit of the students' learning or the functionality of placement. Despite being taught clinical skills during the semester prior to placement students struggled with bridging what they have learnt in a simulated practice setting with the reality of real life experience.

*"...like the lecturer washed a mannequin and it literally took about two minutes ...that was right at the beginning so by the time we got on placement you kind of think I don't really remember what I'm doing" (15, mid placement interview).*

Prior care experience gave student nurses a level of confidence in practical care work from the outset. This, however, could prove a limitation instead of an asset as students recognised that prior experience sometimes curtailed their learning role as a student nurse. In times of staff shortage, or with a limited skill mix of staff students with practical experience could be expected to perform a health care assistant role. One student found himself working independently on personal care on his first morning shift which he found an unsettling start to placement.

A further dynamic of prior care experience was student nurses' heightened level of credibility as seen by health care assistants on placement. Students were often judged on their ability to "do the work" and students noticed a positive change in the attitude of health care assistants once students revealed their prior practice and their ability to be useful. A particular healthcare assistant culture was identified by many of the participants.

*"I did over hear a healthcare assistant say I don't know why they take on student nurses that don't have any care experience, it makes things harder for everybody else ... they said they've had some really bad students that just couldn't do anything so you kind of think, 'oh God'" (10, end of placement interview).*

Finding a useful role to do, as opposed to meeting formal designated learning outcomes, was an overriding focus for students in the initial weeks of placement. This

is reinforced by permanent staff's attitude and supervision of the student where, without the required permission and opportunity to be a learner, the student nurse reverted to fulfilling workforce demands on placement.

### **9.1.2 Undergoing induction and the initial welcome**

Students were particularly vulnerable at the beginning of the placement and appreciated a placement environment which was friendly, welcoming and inclusive.

A positive environment was led from the top and permeated through every aspect of practice from student support to the egalitarian nature of all grades of staff giving patients their meals or staff taking breaks together. This could be reinforced by everyone on placement and a community approach to student support, with a strong learning ethos, was felt positively by students.

*"They all helped me out and they were all showing me things and everyone was really keen to show me, show me what they were doing and I really enjoyed it" (13, end of placement interview).*

By contrast working with adverse politics on placement and difficult personalities had an effect on students' learning. Students' experiences could be marred by unpredictable staff or inadvertent power struggles with health care assistants overtly asserting their more established position on placement over the student.

*"'You may be a student nurse' she said 'but without the help of the auxiliaries you're gonna get nowhere'...and I was like 'whoa, I've just been put firmly in my place'" (8, mid placement interview).*

Students' stress levels were high on their first day.

*"There's people kind of everywhere and there's so much there. Like the nurses obviously we started off on like the little tour and I was like 'Oh God, how am I meant to remember where all this stuff is?'" (16, mid placement interview).*

Being physically orientated to the placement helped students gain a greater sense of control.



Predominantly students began their placement at the beginning of a normal shift pattern when permanent staff were at their busiest coping with the routine of the work. The geographical orientation to the placement was therefore delayed until a quieter period meaning a student had to work without any sense of orientation to the setting for several hours. There was only one participant example of a less stressful start to placement where the opportunity to meet both mentors and patients in an unhurried manner avoided panic and feelings of an inability to cope.

*so it was only a few hours just to meet everyone and go through the paperwork, sort out the off duty and that was good because it was just for the initial kind of meeting for us to do just a normal day shift, that was quite nice. (1, end of placement interview)*

Students being unfamiliar with the language of handover, a meeting used by nurses to update the status of the patients' care to the next shift of staff, accentuated an already stressful situation. The first handover seemed to be a particular source of stress on the first shift.

*"I'm looking at it thinking, 'Oh I really don't understand any of this, how am I going to cope?' Already starting to panic and that was like just the start of my shift!" (7, mid placement interview).*

It served to emphasise to students their lack of knowledge and unfamiliarity with the setting and this, in conjunction with meeting the ward team for the first time, increased their vulnerability. Students felt more emphasis could be placed on preparation before the placement in order to reduce stressors such as the unfamiliarity with medical terminology and suggested tools such as learning packs that explained staff roles and learning opportunities.

Students also gained a greater reassurance at the beginning of placement from working consistently with a named, credible practitioner. They felt lost and unsure what to do without this close supervision and if a students' mentor was vague or disorganised this proved a disempowering start to the relationship.

Initially students' priorities in the practice learning setting involved finding their place in the routine of placement. At the mid placement interviews I conducted participants

rarely focused on their formalised learning outcomes at this stage of placement unless it was facilitated by their mentor. Participants spoke of a strong desire to feel useful on placement and not to have a purely observational role. They searched out useful work to do by looking for independent jobs from sorting cutlery to taking patient observations. Gaining approval for this work gave students a sense of contribution and belonging within the placement team.

Learning the routine of placement was usually picked up from working with health care assistants and observing the roles and parameters of staff on placement. For this reason some students believed that experienced health care assistants would be suitable for students to work alongside at the beginning of placement.

### **9.1.3 Starting the learning process**

The more structured the induction was for students on placement the less unsettling it seemed to be. Some students, and their mentors, recognised student vulnerability and through taking early control diminished the stress of the new placement situation. Sometimes, however, the role that students took during their orientation period had the risk of becoming habitual with students continuing to prioritise their work commitments against a more focused learning role. This was a frustration for some students and was characterised by working as a health care assistant where students' learning almost disappeared against their work commitments on placement.

Students recognised the value of working with experienced health care assistants and also the necessity of students participating in the routine of the placement that was usually managed by health care assistants *"they run the ward to be honest ... a bit weird really"* (7, validation event 2). Relationships with health care assistants were pivotal to being accepted on placement, *"if you are in with the HCA, you are in with everyone"* (15, validation event 2). The expression *"being used as a carer"* was frequently used at the second group validation meeting. This occurred particularly when mentors did not take a significant lead in prioritising their students' learning and when students, in an effort to find useful work, gravitated to a health care assistant role. When this stagnation in their learning opportunities becomes apparent students

needed to be assertive negotiators in regaining a sense of control over their learning otherwise they became increasingly embittered and negative about their placement.

*“I think by the fourth week I just decided actually I’m not learning anything new here. There’s a real capacity for me to learn on this ward so I kind of started to put myself out there a bit more” (3, end of placement interview).*

As students began to focus their efforts on working with mentors to achieve some of the designated learning outcomes of their placement students had few opportunities to reflect on their more informal learning. The first formal interview between mentor and student was often rushed and primarily focused on signing off the learning outcomes in the students’ practice portfolio as opposed to a broader opportunity to discuss the students’ learning needs. Although night duty often gave students extensive learning time with their mentor, students experienced the difficulties of feeling exhausted afterwards and never completely divorced their learning from the workforce demands.

#### **9.1.4 Being supported at the beginning of placement**

Early reassurance was important to the student nurses I interviewed; they were vulnerable to criticism and valued emotional support provided from outside placement. Contact with university occurred only during moments of crisis and pastoral support predominantly came from their peer student groups who they lived with or had regular face to face or Facebook contact. Together students shared stories and experiences coming to terms with their new role of being a student nurse and gaining reassurance from other group members.

*I did put on there (Facebook) that I was very very very tearful and is it just me or is anyone else feeling like it? And one of the other girls she was like “oh my God all I’ve done is cry and I dread going on my placement” and so we’ve started supporting each other (8, end of placement interview)*

### Summary for “Integrating into practice learning”

Participants experienced settling into placement at variable rates. Previous care experience could give students early confidence and credibility in the clinical setting but this experience could also be directed to students *working as a health care assistant* to fulfil workforce needs. Generally participants and permanent staff did not initially prioritise students’ needs as a learner on placement and for some students they were frustrated when this continued for the whole placement. Opportunities to discuss students’ practice learning at the first formal interview with their mentor were rarely capitalised upon.

A warm and positive ethos to students on placement enhanced participants’ induction although students were also unsettled by confrontations with other staff. A physical orientation to placement at an appropriate time, explanation and support at handover including related terminology, consistent supervision by a named, credible practitioner and finding an early useful role to perform further assisted the settling in period.

Peer support was found to be particularly important to students’ emotional well being on placement and to develop collaborative meaning from their experiences. The **practice development project** drew on this particular aspect of the research findings to create an additional peer-academic student support system to strengthen the deficit already highlighted.

## 9.2 Concept two: Learning to be a registered nurse

As some students become dissatisfied at the lack of opportunity for learning progression.

*I'm just left with the care assistants washing and some of the care assistants can do the blood sugar monitoring machine and I asked if I can have a go and I'm not allowed 'cos I'm not trained and it feels like some of the things I can't do so I can't be left on my own sometimes unless it's like just basic washing. It feels like, I want to learn more ... something more (9, end of placement interview)*

It became apparent that participants' ambitions were driven by a desire to be a registered nurse. Many student nurses saw this simply as being able to assist with procedures they associated with the registered nurse role, such as drug rounds and dressings. As students progressed further into their placements their perceptions of the registered nurse role became more complex than the accumulation of measurable skills.

Participants spoke of learning their future professional role through a close working relationship with trained staff, particularly the mentor. Through this, students had the opportunity to not only observe the realities of the registered nurse role but often had the challenge of adopting the role themselves albeit in a smaller or more controlled way.

### 9.2.1 Adopting a registered nurse role

Students described registered nurses they admired for they encapsulated many of the qualities that were important to the student about being a nurse.

*she's just really, really brilliant. She's really thorough, she's enthusiastic, she's a good mentor, y'know it's never nothing's ever too much (19, end of placement interview)*

Students particularly commented on registered nurses' advanced communication skills.

*"She seemed to know how to put people at ease" (8, mid placement interview),*

*"he comes down to their level. He's quiet, he's really professional but he really empathises with them" (12, end of placement interview).*

Many students expressed surprise at the scope of a registered nurses' work and commented on different aspects of the role that the student had been unaware of before placement.

*"I didn't realise how much responsibility they did have and because obviously the doctors are only on the ward just like for so long" (12, end of placement interview).*

Initially students saw registered nurses as fulfilling particular procedures unique to their role. As the students' exposure to working with registered nurses grew the subtleties and nuances of the role became clearer to them. The understanding of the reality of the registered role nurse put into perspective to students the longitudinal development ahead of them which often served to have a motivational effect.

Students found that *"there was such a split" (20, validation event 1)* between health care assistant and registered nurse work. One student told a story of how registered nurses were asked to do two hours of personal care per month by their manager which registered nurses adamantly refused to do. The role that the registered nurse was prepared to do was dependent on the placement. Some placements had a clear demarcation with registered nurses leaving care jobs to health care assistants, while others had ward managers taking part in all areas of care. The second participant validation meeting fiercely debated whether this was right or not and whether registered nurses should undertake personal care remains a topical and contentious issue.

The mentors' impact as a professional role model for the student was strengthened if the student could personally identify with the attributes of their mentor, such as their age and gender. The connections between student and their qualified counterparts

were then easier to make and for the male student nurses, who identified themselves as a minority group, the role modelling of male registered nurses took on a greater significance.

Students felt the benefit of working at a registered nurse level as soon as confidence allowed. Students sometimes suffered under the low expectations of permanent staff as to what a first placement student should be able to do with the result that the student was constrained to personal care. This, in turn, led students to have negative feelings about their progress.

Predominantly working with their mentor gave students a sharp insight into the entirety of the registered nurse role from hands on care to attendance at meetings. Giving students appropriate responsibility for patients was highly motivating particularly if the mentor was present for guidance. Students were keen to take opportunities synonymous with the registered nurse role and these included handover, dispensing medications on the drug round and working with other members of the multi disciplinary team.

*“I really love in depth knowledge and detail on subjects which I think nurses are able to provide but HCA’s obviously aren’t trained to provide them but things like drugs rounds and in depth knowledge about diseases and things like that and how to care for wounds that was the kind of thing I really wanted to learn but because I wasn’t working with the nurses I wasn’t able to” (3, end of placement interview)*

The very randomness of practice learning presented students with powerful learning opportunities through the nature of being in the right place at the right time. Two students were actively involved in cardiac resuscitation and, due to the support on placement for them by registered nurses, the students not only effectively participated but gained a high degree of self esteem and insight.

*“So actually I felt quite a bit of a confidence boost. I guess because I proved to myself that actually I can be left alone with a patient and I will be OK sort of thing. Obviously she was still there, and other staff were as well, but I was doing the majority of the care for that patient” (5, end of placement interview).*

When emergency or unplanned situations occurred in practice very junior students were able to extend beyond their experience to adopt more senior roles. With suitable support this could be a very positive learning experience and gave students a realistic taste of their future role that they have just met successfully.

### 9.2.2 Being professional

As I interviewed students I noticed they quite often labelled behaviour by permanent staff they did not agree with as “unprofessional”.

Students spoke of deliberately avoiding participation in staff factions and disputes on placement. Students seemed to have drawn an early professional line as to when being part of the team could become corrosive and negative and, by having support of peers, helped students to speak out against unprofessional behaviour.

*There was an incidence I was concerned about a certain healthcare assistant, she's very heavy-handed with really frail patients and a couple of times it really upset me and I was like I can't say anything because she's been there longer than I have so I mentioned it to the other students, another student on another ward and she said I've had exactly the same, maybe we should go together and report it, what we've seen so we did and we reported it, I don't know what's happened but they said they'd keep an eye on her (10, end of placement interview)*

Students were regularly faced with real life learning scenarios to test their professional reactions and the sense of frustration when students were unable to do this was palpable.

*“I really felt incredibly out of my depth because I wanted to say, ‘well actually you should have used a slide sheet’ but I was overwhelmed, I didn't know what to say” (8, mid placement interview).*

Participants had, even at this early stage in their careers, adopted an acute awareness of their professional responsibility to confront poor nursing practice and decision making. They were aware that this was one the responsibilities of a registered nurse, *“that's the sort of thing I would say if further down the line” (8, mid placement interview).*



Some students who complained about an aspect of practice found trained staff preferred to ignore potentially delicate issues. Procedures completed inaccurately by medical staff were sometimes redone by registered nurses. Some issues raised by students were unresolved as registered nurses were unable to role model to students how to manage confrontation proactively. Avoidance was most likely to occur when it came to addressing the poor practice of staff known to have difficult personalities.

Two students assertively engaged two members of permanent staff who they felt had treated them inappropriately. One participant demonstrated to practice staff how to effectively communicate to a health care assistant who he had found difficult to work with.

*“[The HCA] can be quite a formidable character and people do tend to flit around her but actually [the mentor] said as long as you haven’t insulted her in any way, as long as you weren’t actually rude to her then that’s fair enough” (3, end of placement interview)*

In unusual situations assertive students were able to circumnavigate their way through the accepted, more docile, patterns of student behaviour. This proved to be unusual on first placement and surprised those members of permanent staff they confronted. Although good practice for their professional development it was also a reflection of underlying political and cultural difficulties in the practice learning context that had been insufficiently addressed by those trained staff who were supervising them.

### **9.2.3 Becoming an effective leader and manager**

By the time of my mid placement interviews participants had already assimilated that the practice learning environment was a political one managed primarily by the registered nurse.

Although students were able to articulate management difficulties these experiences were informally absorbed by the student at best. Quite often students discussed these sorts of issues at tutorial on return to university but they were rarely archived or used formally for learning.

The registered nurses were instrumental in creating a harmonious, collegiate work environment. As well as being knowledgeable the mentor has a strong coordinating role on placement where they spoke to relatives and were seen as the first authoritative contact point for care issues. Students spoke of registered nurses having an important intervening role between the patient and powerful professional groups, such as medical staff. It was seen as a registered nurses' responsibility to challenge decisions that were not in the best interests of patients.

*"The nurse sort of stood up to [the doctors on call] and was very firm ... she sort of really stood her ground that at the end of the day probably saved this lady's life so it was actually quite good to watch because she really was fighting for her patient" (5, end of placement interview).*

Students witnessed examples where assertive management by registered nurses resulted in positive outcomes for their patients. They also witnessed that delays in registered nurses taking a lead on managing care decisions could cause professional stagnation and patient harm.

*"I spoke a lot to my mentor and I kept saying surely if someone falls you should do another assessment. This is what we're taught, to assess everything, look at the risk, well clearly no one's doing this or oh it's done monthly, and I was like well surely if someone falls don't you just get the occupational therapist to come out and do another review or don't you do another review and everything just seemed to take so long and she was like well we can't jump too fast" (14, end of placement interview)*

#### **9.2.4 Understanding the professional journey**

As the students' mentor has already completed the same professional journey that the student was just about to embark upon they are in a strong position to act as a guide.

*"She said yes but this will come with time, you're not going to know this straightaway, you know give it a few years and it will become like second nature" (13, end of placement interview).*

They have lived through similar circumstances and can genuinely empathise with the students' situation giving important reassurance.

*“He’s like you’re only a first year, you’ve got two years to learn, don’t stress yourself out that kind of thing, just take it all within your stride” (17, end of placement interview).*

This type of individual coaching accompanied practical suggestions where placement mentors gave students advice on small organisational tips, such as medication administration, to speed up the work.

The mentor from their unique position could create learning opportunities for students that they know will be beneficial to the students’ professional development. A student centred mentor recognised the value of students gaining a breadth of experience and making the most of every learning opportunity.

**Summary points for “Learning to be a registered nurse”**

As students progressed on placement they were often motivated by the nuances and complexities of the registered nurse role although the role itself varied greatly between placements.

As early as their first placement participants could identify unprofessional behaviour and began to have the judgement to either distance themselves or confront adverse circumstances.

### 9.3 Concept three: Managing learning on placement

In the clinical setting students learn in a predominantly unstructured learning environment. As the first placement progressed students learnt that the reality of the work was not always conducive to their learning and had to start coming to terms with the dissonance between reality and what they had been taught at university.

Learning opportunities could occur randomly as a shift progressed. Some students' learning proved to be of better quality than their peers and students could isolate different aspects of the management of their learning that were key to successful practice learning.

*"I'm just constantly looking out for that opportunity and when it arises to just badger people about it, ask them and keep asking and if they say no you can't do it, then you can't do it, but make the opportunities for yourself" (3, end of placement interview).*

Once what worked was understood some students were able to capitalise on their knowledge. This proved dependent on students not only having the ability to negotiate their learning but a sufficient infrastructure or ethos of positive learning existing on placement.

#### 9.3.1 Being a student nurse

Despite their established position in clinical placements there is a lack of clarity on the role of a first year student nurse on their first placement experience; *"some of them weren't sure if that was a nurses' role or more of a healthcare role that they were doing" (13, end of placement interview)*. This underlying lack of confidence and initiative about managing the practice learning meant that some placements were reticent at giving students more than basic tasks to do. Students searched for clarity on the way their learning was managed particularly if there was an indecision which was paralysing their progression.

When students needed clear information about their practice learning communication between placement and university could prove convoluted. Those students who contacted university passed through a number of channels to gain a response with

which they were satisfied. The responsiveness of the students' university personal tutor proved key to this process. A need for course information, relating specifically to practice learning, could not be accessed by student or mentor in an immediate form which escalated the nature of the seriousness of small questions from placement.

Without a mentor who acts as a protector for the student nurses' interests, and a facilitator of their learning, the student was at risk of being buffeted by the adversities of practice. Students realised that they were protected from the grimmer aspects of clinical work and were afforded political protection by their mentor or by virtue of their student nurse role. This sometimes involved seeking solidarity with other students if the student did not have enough confidence to complain about an aspect of clinical practice on their own. Alternatively students spoke of distancing themselves from the politics of permanent staff particularly when it is seen as demeaning cattiness or unprofessional.

*"There's a couple of HCA's and one mentor, they're the only problem and they're in a group. They're like at school when you get the catty gang, it's like that, so I don't really bother with them ... I just I can't be dealing with it, I'm not there to be a sixteen year old schoolgirl again" ( 4, end of placement interview)*

Students displayed a strong desire to find a useful role on placement. This could be divorced from their designated learning as a student but promoted their professional and personal skills of self worth and a sense of independence. Taking an explicit learning role, such as asking questions and observing practice, seemed to make students feel uncomfortable; *"I'm not someone who likes to just stand and observe" (1, end of placement interview)* and *"I don't want to be one of those people who have to keep asking stuff." (15, mid placement interview).*

Despite these being key skills to their advancement as learners, students needed active encouragement and permission to use these skills in a purposeful manner. Not having these learning skills scaffolded for them meant students saw the observation of care work negatively as a period of inactivity as opposed to active reflection on practice. They were embarrassed at bothering permanent staff with questions and subsequently

their lack of developing a critical approach to their practice could prove detrimental to the quality of their care.

*“She was like ‘OK, why are you wearing a yellow apron? Like what’s infectious about that?’ ‘I don’t actually know’ and she was like, ‘don’t you think you should know?’, and I was like, ‘yes, probably a good point.’ Nothing was infectious about her so I didn’t really need to wear one but it was just one of those things that actually I should have questioned, ‘why I am doing this?’” (15, end of placement interview).*

For students the richest learning experiences occurred when students were not only challenged beyond their first year role but when these experiences were highly facilitated by registered nurses. Emergency situations, such as a cardiac arrest of a patient, allowed students immediate access to the vast potential of a real life learning situation. Without exception student participants were not only supported emotionally but the clinical incident was broken down afterwards by trained nurses involved and evolved into discussion points for learning. Students, as a result, felt more confident of their future role if the same emergency situation occurred again.

*Then [the mentor} says do you know what to do or when to call the crash bell, or what to do, and I was ... but I don’t really know what’s after that and she was just like OK well you do this, this and this ...so she kind of made me feel better about it because I’d be more prepared about it and although an emergency situation didn’t happen, she kind of warned me about them and what to do (15, end of placement interview)*

Multiple students on placement could be a source of help to other students, but placements seemed to be unaware of the advantages of shared or group learning. On placement it was sometimes easier to ask peers as *“mentors will look at students as if they are thick” (7, validation event 2)*. Students were sent home because trained staff did not know how to manage their learning effectively. Likewise when placements were stretched to support multiple students on practice (up to five in some cases) the students were still supervised and managed separately by individual mentors rather than a socio constructionist or group approach taken to their learning.

With respect to both learning, and the setting up of a learning experience, the first year student was unable to effectively negotiate their learning role solo. The

relationship with their mentor was crucial to being both challenged and nurtured in their practice learning in equal measure. Students do not have the learning or professional experience to appropriately challenge their learning in situations outside of their experience without a senior colleagues' coaching.

### 9.3.2 Working and learning with a mentor

Although some students had preconceptions about their relationship with their mentor; *"she didn't treat me as if I was a burden or anything" (1, end of placement interview)* most students viewed the mentor as the primary gatekeeper to their learning experiences.

For students finding time with their mentor became a constant management issue primarily due to the dual responsibility the mentor had for both the students' learning and the management of the clinical area. It was accepted by students that clinical issues were prioritised so many student/ mentor partnerships developed strategies to work around this duality.

*"Her role as a mentor is obviously really important to her but it's sort of secondary when it comes to the patients; they have to come first" (19, mid placement interview).*

Students followed their mentors onto night duty shifts which gave them a valued opportunity for increased one to one time. This change of shift pattern allowed students the time with their mentor to discuss in greater detail care issues and address learning outcomes in their practice portfolios. Students gained a high sense of achievement and stimulation during these encounters and they proved a rare opportunity where students' learning was prioritised on placement.

*I did two nights with my mentor so there was a quiet period around like 1am til 4 am and so we went through what the goals were , how we'd like achieve them and kind of what I'm kind of looking at getting the goals from the main initial interview (15, end of placement interview)*

During day shifts the availability of the mentor became more organic and opportunistic. Students most satisfied with their practice learning intensively



shadowed their mentor through the majority of their work day with the student “dropping away” from their shadowing role when an alternative need arose. This could emulate from the mentor requiring personal or professional space to perform their role or when an alternative learning opportunity has been created for the student that augmented their learning better.

*“Initially I’d obviously stay with her but then if another opportunity came up she was pretty fine to let me go; she often set up learning opportunities. We’d go off with other team members and she was fine with that and I just joined her back on, but on quite a few of the days I was with her the whole of the time which was good” (5, end of placement interview).*

This “*ebb and flow*” model of mentorship, where students and mentors managed time together and time apart, required a mutually understood approach by both mentor and student and effective communication between the two. Some students became so attuned to this style of mentorship that they developed a sixth sense of when to give their mentor space away from their supervisory responsibilities. Alternatively the mentor explicitly directed the student to a different activity when they became busy. This was seen as acceptable by student and mentor and was clearly managed. This could also be accompanied by a clear arrangement as to when the supervisory relationship would resume at a given time or during a given activity.

The *ebb and flow* approach used the benefits of the fluidity of the student role to accommodate any clinical demand on the mentors’ time but there were also implicit gains for the development of students’ professionalism with this type of mentorship. Students had the opportunity to experience the registered nurse role in its entirety and became party to the professional judgements that their mentors made and the readjustments to their workload. Importantly students were required to communicate with their mentor frequently in an ongoing discussion of work priorities and care decisions. This created a rich and dynamic learning environment that was constructed through an effective professional relationship between student and mentor.

With the *ebb and flow* model of mentorship an additional positive was that the students’ need to be useful was addressed as the mentor continually directed the student to tasks either with them or away from them.

In contrast to the *ebb and flow* model of mentorship supervision also occurred in alternative ways. One student eloquently described "*grab and go*" situations where students were quickly summoned to see a particular procedure, such as a wound dressing or an injection, which was thought to be of benefit to their learning. These learning situations, like many within the practice setting, were unplanned and relied on the learner being available and ready to take the learning opportunity offered.

*"I would have been too scared to do it, but because she was like 'you can do it, I'll do it, I'll show you, I'm not going to let you go wrong or anything and then I want you to do it and see if you can do it, is that alright?'"... (11, end of placement interview).*

Students were given the confidence to "give the procedure a go" and could feel a sense of achievement afterwards.

*"I felt quite pleased actually because it's one of those procedures which makes you feel like an actual nurse" (4, mid placement interview).*

During the final placement interview of the same student her initial confidence had been replaced by an uncertainty about her skill level to complete the same procedure. If students were hurried into completing a new competence without having the opportunity to be assessed, or building on their initial experience, their learning retention and potential development was weakened.

The most popular mentors challenged students' depth of learning and had an approachable learning style.

*"She goes into kind of why a little bit more rather than just this is what you do ...so she's really good, she kind of explains how it affects them and why we do it" (16, mid placement interview).*

Despite the difference in the level of experience between the student and their mentor students preferred an egalitarian approach with the mentor adopting an open coaching style.

*"She explains it in a way that I understand because she was taught it at university...she's kind of more sympathetic towards me because where it's my first placement she knows how it feels...she says it in a way like now when we did the ...*

*we have to do it in a certain way because ...and she asks questions every like couple of sentences like do you understand, would you like me to go in depth a little bit more. I think I prefer the newly qualified staff nurse because I am with my mentor ... I find that where she's been in the profession for so many years she's very used to everything. I think she expects me to watch it and pick it up immediately" (4, mid placement interview).*

These mentors saw the importance of quizzing students through *grab and go* opportunities so students felt they have not only achieved the procedure but also had a critical knowledge of the underlying rationale.

*"Every time I go to do something he specifically knows that I've done it before rather than explaining it to me he'll get me to explain it to him to make sure I've taken it in" (17, end of placement interview).*

Mentors extending one off *grab and go* opportunities into an ongoing part of the student development, with critical analysis of tasks and a realistic view of the students' learning as incremental, meant that students entered an encouraging partnership in their learning. This learning required mentors to go "*beyond the procedure*" challenging students to reach a higher level of learning and becoming increasingly proactive as a learner.

Mentors' desire and ability to mentor students was variable and the mentorship relationship was strengthened by both the student and mentor being equally committed to the opportunity of practice learning. It is difficult for one to completely compensate for the other.

*"If the student isn't interested then it kind of a burden because you're trying to teach them something and they don't want to know, so it's kind of half and half" (2, end of placement interview).*

The enthusiasm of the mentor, and the impression that they are enjoying having the student with them, is highly significant and impacts on the students' motivation to learn.

*"You have a mentor who isn't interested in what you're doing then I think I personally would feel like I can't be bothered" (10, end of placement interview).*

Students sometimes found themselves under supervised and performing care above their level of expertise which left them stressed and unhappy. In these situations the incident had commonly not been discussed with the mentor.

*“They [the health care assistants] didn’t really know I didn’t have any care experience and they said just go and wash a man and I was like I don’t really know how to do this because I’d never really been taught... I was a little bit uncomfortable and I did what I could... I was a little bit shaken up by that and I was a bit upset because I thought I didn’t really give him very good care” (5, mid placement interview).*

The mentor was not always available and students discussed situations where this was not clearly managed. Students were sometimes asked to step in to escort patients when staffing levels were low and it was unclear how the procedure they had witnessed impacted on the patient.

The line between work and learning also became blurred when students undertook personal care for patients. Students, with little or no previous care experience, were happy to accept this as part of their essential learning and practice. For those students with extensive care experience they felt this experience had already been attained and become frustrated particularly when they saw they were being used due to staff shortages.

Some students, frustrated by the lack of mentor exposure and facilitation, attempted to manage their own learning with limited success. One student’s lack of knowledge on the political processes of organising alternative learning experiences resulted in him feeling let down and being used as a scapegoat when the situation escalated.

*“I was taking the blame for something which shouldn’t have ever happened if my mentor and my associate mentor had been a bit more on the ball” (3, end of placement interview).*

In contrast one student/ mentor relationship completely broke down with emotional stress for the student and the worry of how to manage their return to the setting for the second placement. In the absence of a viable mentor the student gravitated to

alternative members of staff, a senior health care assistant and an alternative trained member of staff, who could support and supervise her to a higher level of learning.

I did not come across any examples of planned co mentoring of students until the final interviews when I spoke to student nurses who had completed their first placement experience in operating department theatres. They had a positive response to the idea of co mentoring as the student has already experienced this successfully *"working with different people from different professions and different grades to give you more of an insight"* (21, end of placement interview).

Other students saw the advantages of a variety of supervisors taken from different clinical professions and included health care assistants. It was identified by students that in the absence of the mentor the senior care assistant sometimes filled the mentor's place, *"they're easier to access"* (19, mid placement interview), particularly in residential and nursing home settings where students were asked to work with senior care staff who have attained the necessary National Vocational Qualification (NVQ). Although health care assistants were unable to sign off competencies in the students' practice portfolio they were able to replicate a coaching style and were significant in providing ongoing informal feedback and reassurance on performance to students. Students were delighted when they received positive feedback from health care assistants as their opinion was valued almost as a thermometer of the students' acceptability on placement by those delivering the care.

Students recognised the difference in learning between different grades of staff.

*"Like with healthcare after the drug rounds in the morning to do washes ... which is quite fun like it was a wholly different like learning level and I worked with like a lot of nurses as well. It was a lot more medical... a lot more in depth and the actual biological side of the patient rather than patient care"* (5, end of placement interview).

However, attributes to inspire students was not the exclusive domain of the registered nurses and students learnt a great deal by working closely with experienced health care assistants *"she genuinely feels for some people, and I know that should be like a*

*basic thing, but like I have worked with some HCA's already that you can tell just don't care" (15, mid placement interview).*

There appeared to be scope for development in supporting health care assistants to take more ownership for students' learning that may counter the student nurse - health care assistant divide that some students experienced. The perpetuation of hierarchy began almost immediately because this is what the student learnt on placement, and from their own previous experience, in the world of health care work. The health care assistant culture viewed the student as too inexperienced to be of any practical help and the student, who at the beginning was keen to learn about personal care, tried to escape as early as possible to what they saw as higher level nursing skills. There was a lack of understanding of the ability to learn positively from each other and they were distracted by the power differences between the two roles which would then be perpetuated within the clinical setting.

### **9.3.3 Assessing progress**

Students gauged their progress on placement through a variety of means that involved trained staff; predominantly their mentor, health care assistants and patients. Informally all members of the health care team, including the patient, played a significant part in commenting on the student's performance and thus bolstering their self esteem and confidence. The mentor commented on outcomes and nursing performance, the health care assistant on their perception of how the students had settled into placement (this was seen as significant by students as they had difficulties fathoming relationships with this group easily) and the patients themselves who commented generally on the students' suitability for their profession. This tripartite approach provided a useful counterbalance if the feedback was overtly negative from one area.

Small pleasantries, such as being thanked at the end of a shift by any member of staff or patient, were significant feedback for the student on their contribution to the placement day.

Positive feedback from patients was important. It lacked specifics but unconditionally confirmed to the student that "they would make a good nurse", *'oh, you'll be wonderful'* (15, mid placement interview), adding to the students' confidence and general well being on placement.

Specific feedback by colleagues on clinical performance was significant to development so students were aware of their mistakes and started to identify easier or quicker ways of approaching practical tasks. Dependent on the learning culture unique to each placement, feedback could be offered by all grades of staff. This was important as students rarely worked solely with their mentors and benefitted from immediate and constructive feedback.

*"I made quite a few, not serious mistakes ...a few things which they [the health care assistants] saw me doing and took me aside and said actually there's a much better way of doing this, or actually that's not the way we do things on this ward"* (3, end of placement interview).

Although feedback on particular procedures added to the students' competence it was the mentor who had the potential to question at a deeper level and make an assessment of the students' knowledge and understanding of patient care. Sometimes mentors gave full and lengthy care explanations without checking what learning students had assimilated and students discovered they preferred a coaching style of continuous feedback where they are questioned about their practice. Three students identified a real need for ongoing feedback and suggested that this should be weekly as they had been unclear as to their progress.

Officially students' clinical learning was formally assessed by their mentor against identified learning outcomes in a students' practice portfolio. Three interviews, spaced throughout the placement, were designed to give the mentor and student a formal opportunity to review the students' progress.

As the placement progressed students encountered problems accessing the formal methods of assessment. The three review interviews intended between mentor and student could be reduced in number (due to students returning to the same placement for a second time) or were used intermittently during placement.

Students spoke of a lack of clear strategy about the use of the practice portfolio and feedback. The lack of time mentors had for supervision, against their clinical management responsibilities, was particularly challenged by the students' assessment process that needed the mentors' dedicated time.

Students became stressed when their practice portfolio outcomes were not approached in a timely manner;

*"When we did it was very sporadic and it was kind of a rush in the last week to get things done" (3, end of placement interview)*

*"we did it quite near the end though so we didn't have a lot of time to fill it in. It was quite stressful because it was when my mentor was leaving as well, so we literally had a case of like a few shifts to do it all" (5, end of placement interview).*

Compounded by the fact that students were unfamiliar with filling out their practice portfolio they found that guidance from mentors was uncertain or inconsistent. Grading, and the specific role of the student and mentor, was approached in different ways.

Despite the fluidity of unplanned learning opportunity on placement students identified difficulties accommodating the planned and structured elements of placement learning. The practice portfolio was rarely part of the students' real learning but became a measurement tool that trained staff might fill in individually and retrospectively after the care was completed. This approach did not encourage the identified best practice of encouraging professional discussion and debate between student and mentor that had been found to work effectively with the *ebb and flow* approach to mentorship. Effective learning was enhanced by a mutually understood partnership approach between student and mentor.

*"I would kind of go through the book .... and then mark the things that I thought I had done and then she would say oh well tomorrow this is this, and we can use that to get that one signed off " (2, end of placement interview)*



#### 9.3.4 Being supported during placement

Students continued to use their peer seminar group from university for ongoing emotional support during placement. This was particularly valuable for those students who shared accommodation for they have the opportunity to informally gather for mutually supportive discussion on common experiences and frustrations.

Group face to face meetings or the use of Facebook, provided an additional, less intimate safety net of support for those students who found immediate access to peers more challenging.

*“We’ve got a Facebook group and I did put on there that I was very, very, very tearful and is it just me or is anyone else feeling like it? And one of the other girls she was like ‘Oh my God, all I’ve done is cry and I dread going on my placement’ and so we’ve started supporting each other” (8, mid placement interview).*

### Summary points for “Managing learning on placement”

There is a lack of clarity on the parameters of the student nurses’ role on placement which created uncertainty for their learning.

First year students preferred to be both nurtured and challenged in their practice learning and learnt best when their experience was facilitated with an egalitarian coaching style. Mentors were accepted as the primary gatekeepers for students’ learning but had to manage this role against their responsibilities as a clinical manager.

A successful model of mentorship accommodates the *ebb and flow* of clinical work and promotes students’ organisational and analytical skills in a professional context. Students have *grab and go* opportunities to try out new clinical procedures under supervision but the opportunity for deeper learning is sometimes not capitalised upon.

Students were demotivated by lack of learning opportunities with their mentor and could see the potential of co mentorship with other staff.

Students found immediate and constructive feedback, delivered by all grades of staff and patients, helpful to their development but more infrequent than they would wish. The formal assessment of students’ clinical learning, through their practice portfolio, emphasised the students’ attainment of skills but was rarely used as a learning tool to aid their professional development.

Students continued to access peer support during placement either face to face or through Facebook.

## **9.4 Concept four: Optimising practice learning**

As students explained the nature of their learning on placements four distinct domains of learning emerged; comparative, observational, empathic and experiential. All the domains were strengthened by facilitation by the mentor which encouraged the students to challenge their learning at a deeper level.

Occasionally in practice all four domains came together, in a rarer all domain learning event, which had the most impact on the students' personal and professional development.

### **9.4.1 Comparative learning**

Students made comparisons on placement either with previous experiences or between similar situations that occurred in practice. By means of comparison between two reference points students analysed their present practice instead of accepting uncritically what they saw. This learning was particularly apparent when students saw a dissonance between their academic learning and practice or articulated insights into what they had compared from real life practice situations.

Although students inherently used this type of learning it became more overt once they had articulated the comparisons. Students with a richer life experience were often able to use their wider world view beneficially and this in turn enhanced their confidence for it gave them an expert perspective despite being first year student nurses on their first placement.

A broad range of experience in placement allowed comparative learning to be made more easily and provided rich learning material. Working nights allowed students to compare day based activity with night based activity. Comparisons of mentor style allowed students to begin to critique management styles and the role model that they would prefer to follow.

Working with co mentors, and nurse specialists away from the placement context, gave students the opportunity to make comparisons between different styles and experience of registered nurse beneficial to their professional development.

### 9.4.2 Observational learning

During interviews I questioned students whether they had witnessed inspirational care on placement and examples arose out of acute observations participants had made in practice.

Observational learning was powerful if students had an opportunity to articulate what they had witnessed and I found students had a strong ability to break down clinical incidents into the component parts that had had such an impact on their learning.

*“She was probably a lot louder than I was speaking and she got a lot closer and touched the patient which of course, if you do know someone, you don’t want to be going and stroking their face to tell them that you’re there... I didn’t feel I had the knowledge, or I didn’t even feel I’d done that, I was just watching how she would get them to wake up or take their medication” (14, mid placement interview).*

Students highlighted the expertise of mentors who displayed a different approach to one students had previously contemplated or witnessed.

*“I learnt that sometimes if you are confident and you portray that confidence to the person that you’re dealing with you kind of give them this confidence to get up and be strong and prove to themselves that they can do things that they thought that they couldn’t. I mean this gentleman was like, ‘there’s no way I’m going to be able to get up. I fall over all the time and I can’t get up’ and she said, ‘but you can’ and she showed him where to put his knees and where to put her hand and then elbow and he absolutely surprised himself... it was really inspiring” (8, mid placement interview).*

Students’ observation of exceptional practice was truly inspirational for their immediate learning and future professional practice.

*“I’ve dealt with death in the community but there was just something about it that made me think, ‘wow, I wish I could do that’, like deliver it how she delivered it yet such horrible news but the way she did it was amazing and it kind of just makes you stop and think ‘oh I’d like to be like that one day’...” (17, end of placement interview).*

By watching registered nurses, students subconsciously absorbed the elements of practice that they had not been aware of performing. In essence students were

capable of isolating elements of tacit knowledge but usually were not questioned about these nuances of practice learning.

### **9.4.3 Empathic learning**

Students' spoke of deep awareness and empathy related to practice events where patients and relatives were particularly vulnerable. First year students, whether because of their own vulnerability on their first placement, the amount of time they spent making real connections with patients, or the observations they were able to see in practice situations as newcomers, seemed to make them acutely sensitive to the vulnerabilities of others around them.

In some instances this galvanised students into speaking out for patients or on professional issues. When matters were prolonged or unresolved students' own emotional resilience was tested which proved pertinent to their professional development.

### **9.4.4 Experiential learning and/or all domain learning**

Students' active participation in a practice learning context provided strong reinforcement of their learning. In certain experiential learning situations students used other domains of learning (comparative, observational and empathic) which reinforced their learning still further.

#### **i. Participating in a routine procedure**

Participating in a routine procedure, such as a drug round, demonstrates how experiential combined with observational learning can be greatly enhanced by facilitation. Students' mentors, as well as testing students on their knowledge of drugs and their administration, gave students tips on reading a drug chart quickly and the location of different groups of drugs within the drug trolley.

Procedures, such as injections and dressings, were synonymous with registered nurse work and carried a higher level of prestige than personal care that was often associated with health care assistants.

## **ii. Participating in an emergency or an experience of death**

Participating in a cardiac arrest situation, or an experience of a patients' death, was a dramatic experiential learning situation that students remembered well.

*"... it was sort of exhilarating but actually reflecting on it with my mentor I think it all sort of came up and it was a bit like scary. She sort of pulled me aside and said, 'How do you think that went?' which was good because I wasn't going to really talk about it but it was good that she brought it up" (5, end of placement interview).*

These experiences were highly significant as they combined different forms of learning; experiential, observational and empathic. It was also facilitated as the mentor would debrief the student afterwards on all aspects of their learning i.e. what they felt, what they saw, what they can do next time. In these circumstances student support seemed to be high and very much appreciated by the student.

Being an active participant in a cardiac arrest situation was stressful as these stretched students beyond their level of competence. Students also gained a realistic view of the stress of an emergency situation. These particular exceptional clinical circumstances were almost viewed as "rites of passage" by the student, placement staff and their families. When students reflected back on the incidence they used it as a benchmark to measure their emotional resilience at the time and in a broader sense their suitability for their chosen profession.

*"my adrenalin was so high and it sounds really bad but I really loved it, I felt like I was part of something and I helped" (10, end of placement interview).*

## **iii. Taking the patient journey or following the patient footprint**

By taking an approach of following the patient through their experience, known as the patient journey, the students' learning experience was brought together by the patient themselves in an all domain learning situation. One student learnt simultaneously in all domains; she felt empathy for a patient's wait but also observed at first hand the management effect on staff of a delay in surgery. By following two patients with similar conditions through their journey she was also able to compare services and effects.

With this type of learning approach the students' learning was seamless and the student experienced the care received by the patient. By having a longer time frame with the patient the student had the opportunity to see *"the bigger picture obviously about the impact it was having"* (4, end of placement interview).

In contrast some students followed the patient footprint rather than the patient themselves through the patient journey. This involved visiting the component parts or the services that the patient would use but the learning was less impactful as the learning was not applied directly to a patients' situation.

**Summary points for "Optimising practice learning"**

**Comparative learning:** students enhanced their critical analysis by comparing their own previous knowledge or action with one in present practice, or by comparing two similar incidents in practice.

**Observational learning:** students, through observation of care practices, could breakdown colleague's tacit, or more expert knowledge, into learning steps for their own practice.

**Empathic Learning:** students' empathy often motivated them to seek a better level of care for their patients.

**Experiential learning and all domain learning:** students' identified domains of learning were more likely to be combined through direct participation in a planned or unplanned nursing incident.

## 10 Discussion of research findings

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In keeping with grounded theory methodology, following the initial literature review to identify gaps in current nursing research, I carried out an ongoing dialogue with my own research findings and the extant literature. This dialogue was based on the categories arising from my analysis and the discussion integrates the literature with my own findings. It will lead to an emerging theory of how first year student nurses learn on their first placement.

From my interviews with first year students on their first placement it emerged that each student nurse undertook an individual journey quite different from their peers. The first placement was a crucial milestone for all the participants for it gave them their first opportunity to learn in the practice setting. The impact of the first placement is akin to the liminal space investigated by Allan, Magnusson, Horton, Evans, Ball, Curtis and Johnson (2015, p.79) in their ethnographic research on newly qualified nurses. Students also “enter transitional phases from one social state to another” which “allows for rites, uncertainty and new knowledge”.

The success of this process, as seen through the perspective of the students, incorporated not only the attainment of the designated learning outcomes but also how students managed themselves within the highly contextualised environment (Hager 2011) of placement. It was found that some students were included in instances of care that were highly impactful to their ongoing professional development while others remained frustrated at the lack of opportunity for the practice learning they aspired to. The cumulative experience of participants from the primary research illuminated current issues and structures that influence learning in practice and contributed to an emerging theory of how first year student nurses learn on their first placement experience. The theory has been constructed from the interpretation of the participants and that of me as the researcher, as suggested by Charmaz (2006).



## 10.1 Orientation to the practice setting

The work of Lave and Wenger (1991) and Wenger (1998) both present the importance of new comers' early socialisation into their occupational group. First year student nurses need *mutual engagement*, identified by Wenger (1998) as one of the criteria of a *community of practice*, where both the novice, and the social context in which they work and learn, begin an interdependent relationship that builds individuals' professional identity. This can occur in the initial orientation period of the placement; as a *way in* (Gherardi et al 1998), and this first step of engagement is essential to a student nurse's participation and learning on clinical placement. The three aspects of a *community of practice* (Wenger 1998); *mutual engagement*, *joint enterprise* and *shared repertoire* are inextricably linked for the student nurse. Without initial engagement a student nurse cannot participate in a community, will not be able to contribute to the *joint enterprise* of the community and will subsequently not learn the professional tools of the job, the *shared repertoire* of practice, such as the development of a common professional language.

From the participants interviewed it became apparent that first year students underwent a variable period of time "settling in" to the placement. Some students identified a two stage process; that of an orientation phase and the rest of the placement where more focused practice and development may occur. Students were particularly vulnerable during the orientation phase when little allowance was made for their increased stress and lack of knowledge. Spouse (2001) and highlighted the induction phase as important and, for first years in particular, early acceptance and inclusion reduced student anxiety (Chesser-Smyth 2005, Andrew et al 2009).

My research found particular factors related to students' induction that affected their initial ability to engage in placement. Research findings also highlighted the students' role on placement and early processes of learning that could affect the second phase of the placement where students' practice learning became more active.

Being physically orientated to the setting was often delayed when participants started at the beginning of an early shift as permanent staff had other pressing duties. This

initial disorientation was frequently coupled by students joining placement staff at the nurse handover. As participants listened to patient information and change from the previous shift they felt they were placed in a highly stressful situation. Participants were not only faced with unfamiliar clinical staff but were unable to make sense of the language used at the meeting due to its pace and use of acronyms. Without a planned induction it was found that some students immediately encountered barriers to their placement learning where *mutual engagement* was prevented by disorientation and acute feelings of being unsafe and unsupported. The barrier of lacking professional language to engage in practice was particularly highlighted by Wenger (1998).

Significant to the orientation period, and the promotion of students' early confidence, were students' allocation to another member of staff as a "*referral point*" in the unfamiliar setting. Participants were often unofficially "looked after" by health care assistants during this induction period and felt that the health care assistants' in depth knowledge of the placement often made them appropriate supervisors during orientation. Being looked after and orientated to the placement setting, particularly the familiarity of equipment and the structure of a shift, could be successfully executed by a health care assistant more experienced in the workings of the placement structure and routine than the student.

An early desire of students was to establish a constructive role for themselves and avoid *placement drift*, where students felt directionless and lost on placement. This was solved by working quickly and consistently with a colleague for, with guided direction, students could build their confidence and start to feel they were making a contribution. The lack of an initial *referral point* for their learning was a significant barrier to what Levett- Jones and Lathlean (2008) would term student nurses' *belongingness* in practice where a positive and supportive ethos on placement had impact on students' motivation and self direction in the clinical setting.

Whether first year student nurses (Grealish and Ranse 2009), or Italian construction workers (Gherardi et al 1998), establishing an element of independence by being able to perform certain tasks was important to this early professional confidence and contributing to *joint enterprise* within a community of practice (Wenger 1998). Many

participants spoke with frustration that they could have been better prepared to take an earlier, more useful role, on placement. This was echoed in the work of Chesser–Smyth (2005) whose first year student nurses found that clinical skills training could have been more relevant to their role on first placement.

Unfortunately the desire to *fit in* (Melia 1984, 1987) proved to be a short term expedient for some participants. Some students blended so well into placement that they assumed a dominant working role, as opposed to a learning role, in practice and were accepted for their contribution to tasks “*working as a health care assistant*”. This could be a particular phenomenon of first placements where my participants found that expectations of student nurses’ contributions could be low and the quality of students’ learning was less likely to be challenged.

Initially *working as a health care assistant* proved a confidence building exercise for some students during induction. However this could become a source of frustration if students had previous care experience or felt their learning needs were ignored and they were unable to extricate themselves from the work they began to associate with the health care assistant role. Once a learning imbalance was established students had to be both assertive and determined to redress this and it became increasingly difficult to achieve this as the placement continued.

First year student nurses with previous care experience, like those in the research of Chesser- Smyth (2005) and Allan et al (2008) were seen to be at an advantage for they often displayed an underlying confidence that they could make a contribution to practice. There is a recent debate in student nurse preparation as to whether student nurses should only be accepted on nursing degree courses if they have completed a minimum of three month’s experience of care work (Woodward 2013). My first year participants, irrespective of whether they had experienced care work prior to their nursing course, believed it to be an advantage.

My study found that health care assistants put value on students’ usefulness and measured student nurses’ initial worth by their previous experience and their ability to do the work. A similar judgement was made by health care assistants as students

reached qualification (Allan et al 2015). For students and newly qualified staff it caused additional stress as the health care assistants' attitude had to be managed.

Qualified staff, although often using student nurses' previous experience to reduce workforce pressures, recognised that students had a legitimate role as a learner. Students sometimes regretted declaring their care experience if they felt they were then used inappropriately for health care assistant work. This abuse of students' experience was also found by Melia (1987), Allan et al (2008), Bradbury-Jones et al (2011a) and underlies the fundamental flaw of student nurse practice education that still prioritises student use for workforce demands (Melia et al 2006 as cited in Allan et al 2008), such as students escorting patients to other departments without understanding the reason for the patients' appointment.

Participants, without previous experience, were accepted by health care assistants if they proved early on in placement that they were willing to contribute to the work. The encouragement of the student to behave as a learner was therefore eroded if students worked predominantly with health care assistants who valued the ability of students to contribute to the collective work rather than their personal learning. The more astute students recognised that this was an important element of acceptance or *fitting in* (Melia 1984, 1987), where students took a compromise position to gain membership rather than learning for their profession in its own right (Becker et al, 1961). Cope et al's (2000) thematic analysis of informal interviews with 19 Project 2000 and 11 traditionally trained student nurses found that knowledge of the environment coupled with the building of "*confidence on one's capability within the context itself*" (Cope et al 2000, p. 854) led to acceptance by permanent staff as students proved their worth. This does not seem to have changed over the years.

Students' work, however, rarely reflected their role as learners (Allan, Smith, Lorentzon and O'Driscoll 2008) and research participants spoke of being engaged in tidying placement areas rather than taking opportunities to increase their learning through consultation of patients' medical notes, care plans or drug charts. The learning outcomes found in students' practice portfolios were not immediately prioritised until later on in the placement. An overt learning role for student nurses was generally

secondary to participating in care work particularly at the beginning of the first placement.

## **10.2 Beginning to learn as a professional on placement**

My research findings revealed that there could be a risk to student nurses' practice learning if student nurses were *working as health care assistants* past the orientation phase of their placement. By not encouraging students to actively graduate to a learning role on placement, and presenting barriers to prevent this happening, the context of the placement could start to erode the professional preparation of student nurses for their future roles as staff nurses. Similar issues were identified by Melia (1984, 1987) thirty years previously when she uncovered the inadequacy of student nurse preparation for their staff nurse role. More recently Johnson, Magnusson, Allan, Evan, Ball, Horton, Curtis and Westwood (2015) found that newly qualified nurses were inadequately prepared for essential skills in the delegation and supervision of health care assistants to the potential detriment of patient care. Students working predominantly with health care assistants allowed students access to personal care but not the management of care that students associated with qualified nurse work.

Melia (1984, 1987) also noted that the work students were delegated was far removed from the initial professional decisions made by the nurse in charge. In an effort to cope with workforce demands the nurse in charge either by-passed their professional knowledge base or broke it down into achievable skills and tasks that could be completed by students and auxiliaries. Students were not party to this professional decision making process until they were qualified nurses themselves and this led Melia to conclude that students received a fragmented view of their professional role until late in their professional development. This late awareness of a more holistic appreciation of the qualified nurse role, and the professional decision making process, was also found by Gray and Smith (1999) and Mackintosh (2006). Gray and Smith (1999) found student nurses emphasised psychomotor skills and developed a wider awareness much later in their courses when they tried to switch to an independent

role. Mackintosh (2006) found students questioned routinised practice and presented alternatives 6-9 months before the end of their course.

My research found that this holistic awareness of the staff nurse role could occur on the first placement. By the end of the placement students, with or without previous care experience, aspired to the staff nurse role and to the skills and work that students associated with this role. The appropriateness of student nurses having expert knowledge of direct patient care, especially in the wake of the Francis enquiry recommendations (NMC 2013), is not disputed but the nature of how this direct patient care experience is gained, and when students should begin to prepare for their broader management role, was made evident as a result of the research.

My own research supported Spouse's work (2001) who stated that there remains confusion between mentors of first placement students of the scope and parameters of the student nurses' role. The participants in my research, like those in the study by Gray and Smith (1999) and Melia (1984, 1987), found that the student role on their first placement was sometimes interchangeable with that of the health care assistant as they were both providers of direct patient care.

Brennan and McSherry (2007) found student nurses with previous health care assistant experience dipped in and out of their former role in order to promote feelings of security in an unfamiliar setting. Students preferred to do this voluntarily and felt frustrated if this was imposed by other staff. This was also recognised within my own research where students sometimes expressed the feeling they were doing the placement "a favour" when undertaking the care work associated with being health care assistants. Although most participants genuinely enjoyed their contact time with patients there was an underlying judgement about how their time was best used. Despite their initial gratitude at being looked after by health care assistants as they acclimatised to the placement routine, students uniformly resisted *working as health care assistants* and sought experiences that they thought were a more appropriate match to their future role as registered nurses. In Allan et al's (2008) research students went so far as to reject "hands on care" that they did not view as part of their learning.

Melia (1987, p63) had also found that student nurses had “*difficulty shaking off the previous dependence on the auxiliary*”.

Without appropriate mentor supervision aspects of student nurse activity were “demoted” in the students’ eyes and relegated to a task rather than a learning opportunity. If students are not helped to engage with direct patient care as a learning experience, as opposed to a work task, some student nurses missed the value of it and drew oversimplified lines of demarcation between the health care assistant’s role with that of the registered nurse. Direct patient care quickly became synonymous with the low status work of unqualified staff, and these early professional led judgements have the implication of perpetuating the registered nurses’ socialisation away from direct patient care. As early as their first placement student nurses put value on activities identified with the registered nurse role and if registered nurses did not engage in direct patient care it seems that students’ early socialisation to valuing particular nursing tasks (and avoiding engagement in direct patient care) will become strongly encultured in practice learning. Some students spoke of the vehemence that some registered nurses held against a hands- on role in direct personal care. Mackintosh (2006) suggested that student nurses may, as the result of working with health care assistants, view direct care as the domain solely for this occupational group. Increasingly qualified nurses have delegated direct care to health care assistants so they undertake distal nursing often working in parallel to the health care assistants rather than as a fully integrated team member (Johnson et al 2015). In this way qualified nurses’ role model to students the acceptability of not performing hands on care as well as reducing the opportunity for students to see direct patient care delivered by qualified staff (Allan et al 2008).

### **10.3 Student nurses’ realities of learning on placement**

The practice learning explored with study participants proved as organic and opportunistic as identified in other work based studies (Brown and Duguid 1991) with the quality of the experience highly dependent on the intrinsic influence of the student and the extrinsic influence of the placement. In comparison with the wide scale

changes in students' academic learning as a result of Project 2000, significant change related to the practice context has lagged behind. Although student nurses are supernumerary to the placement workforce it was found study participants predominantly learnt in an environment that existed in previous nurse training models prior to Project 2000. Students attended placement for a 37.5 hour week working the same shifts as permanent staff and were encouraged to mirror the shifts of their mentors both for day and night duty. Like Allan et al (2008) my research found a wide variety in the level of qualified nurse supervision for students in practice.

My research, and Allan, Smith and O'Driscoll (2011), demonstrated the significance of the context of the placement environment to students' practice learning and students' ability to manage it. Some students described the thrill of being included as part of the placement team and others the effect of being dismissed and ignored by permanent staff. Wenger's *community of practice* theory (1998), that emphasised learning as a process of active social participation leading to the development of a professional identity, had resonance with my own findings. Novices learnt best in a dynamic and collaborative environment where there was a collective and supported ethos for student learning. Levett-Jones and Lathlean (2008) and Bradbury-Jones et al (2011a, 2011b) found that this type of *enabling* environment, identified by Ellstrom (2011), had a critical impact on students "having permission" to pursue meta cognitive skills such critical thinking. With the participants from my own study, students allocated to a supportive placement felt their development and learning accelerate.

Undermining students dramatically affected their performance and confidence. Allan et al (2008) found students resented being made to feel stupid and incidences that amounted to horizontal bullying made a vital difference to how much the student felt part of the placement team. American nursing research (Longo 2007, Thomas and Burk 2009) investigated student nurses experiencing *horizontal violence*, "*an act of subtle or overt aggression perpetuated by one colleague toward another colleague*" (Longo 2007, p. 177). Out of a sample of 47 senior students 53% claim to have been "put down" by a registered nurse (Longo 2007); a finding that is also supported by the narratives drawn from 221 junior students in Thomas and Burk's (2009) study.



Hoel, Giga and Davidson's (2007) research, from focus groups of student nurses in the UK, found students were less likely to term their insensitive handling as abuse particularly when they had mixed experiences between different placements. For the student, placement stress arose as the result of a lack of recognition of their role through inappropriate work allocation or their fear of making mistakes due to lack of guidance. My first year participants were found to be particularly vulnerable to this as their coping mechanisms had not been tested in the context of practice learning. Students who questioned the manner in which they were treated appeared to be deeply unsettled by the experience even if their input had contributed to a resolution of a problem.

The priority given to students' worker role on placement also meant they were more likely to become inadvertently involved in power struggles with health care assistants. By not having a strongly designated learning role the students' and health care assistants' work overlapped in the area of direct patient care (Wakefield 2000) and tensions arose as health care assistants sometimes asserted their greater experience of the placement over the student.

Different to Wenger's (1998) theory is the significant role of the individual agency of the student participants that has been identified within my research. Personal attributes, such as confidence and previous experience, gave participants the courage to challenge established practice. The political and power dimensions of practice that can distort the ability of novices to perform in a *community of practice* are acknowledged but underplayed by Wenger as barriers to learning (Roberts 2006). The ability to manage these barriers were in themselves an important part of students' practice learning in the highly politicised environment of the placement (Allan, Smith and O'Driscoll (2011). *Negotiating voice* (Bradbury-Jones et al 2011b) encompassed students being able to be an advocate for themselves, and their practice learning, as well as their patients.

My research findings therefore supported the work of Billett (2007) who argued the case for not losing the individuality of the student within the social learning process. My participants varied in age, gender and their previous experience of learning and

care work bringing a particular set of individual and personal experiences to their first placement. Through the use of NVivo software 10 to support my analysis of the data I was able to interrogate the data against the participants' characteristics but found no immediate pattern to their responses. What was noticeable to me, as a previous teacher of some of the students, was that those participants who had spoken out in class, demonstrating an early questioning approach and critical awareness, had continued to use the same traits in practice to challenge unprofessional practice. Benner (1984) made the valid point that it is the element of the individual that makes the transaction of the learning impactful and, from my research, the significance appeared to lay in the personality of the student rather than the number of their years of previous care experience.

The research findings agreed with Billett (2007) that the individual and the social are relational and participants' responses were variable from sometimes being fearful of questioning staff (the dominance of the social setting) to assertively addressing negative behaviour of permanent staff face to face (the dominance of the individual). Although students were sometimes assertive enough to question unprofessional practice the registered nurse, equally relational to the social setting, was often not assertive enough to follow them through and therefore failed to role model a solution. Conflict situations were generally recognised as a work issue and rarely an opportunity from which the student might learn successful conflict management.

My research therefore found that the politics of the environment, where the personality of the student was most likely to negatively engage with the learning setting, was influential to the periods of stagnation and acceleration in practice learning that participants described. The management of the political context of the placement, either by students or others, was key to a students' smooth passage. The number of unresolved incidents that students discussed underlined the lack of assertiveness training that first year students undertook prior to their first placement. Adam and Taylor (2014) evaluated a second year module of 30 student nurses where students felt disempowered and frustrated at not challenging other professionals' practice. The need for a greater level of assertiveness training was recommended by the students themselves and O'Driscoll, Allan and Smith (2010) highlighted the

potential difficulties for the less assertive student to be able to negotiate their learning agenda.

Despite occasional tensions between health care assistants and students direct patient care was often performed together. The very significant role undertaken by health care assistants in student nurses' practice learning has already been identified by Hasson et al (2013a, 2013b). In my research encounters between student nurses and health care assistants highlighted both antagonism and positive support where useful skills were learnt. The health care assistants in Hasson et al's research (2013a, 2013b) believed they could contribute to student nurses' learning on aspects of direct patient care at the beginning of their practice education. Teaching occurred organically as the need arose and learning was diverse enough to incorporate technical skills traditionally taught by the registered nurse. The health care assistants' supporting role could be powerful manifesting itself as a parental relationship whereby the health care assistant invested a great deal of time and support in the students' development. This was represented in the experience of the first year student nurses I also interviewed.

First year students' reports of being able to productively share their knowledge with established health care assistants, within my study and that of Rudd (2013) reflected the ethos of Wenger's (1998) *community of practice* theory where shared endeavour enhanced the learning ethos and productivity of the placement. In reality Hasson et al (2013a) cautioned against what might be health care assistants' limited awareness of students' learning and a knowledge base that is drawn from routinised practice. However, participants spent a significant amount of time with health care assistants but this practice learning was unofficial and not incorporated into the overall structures and processes of recognised practice learning. ). O'Driscoll, Allan and Smith (2010, p. 216) found that qualified nurses in the role of clinical nurse specialists were underutilised as a learning resource for student nurses yet recognised support by health care assistants was "undervalued and under researched".

In my research, health care assistants were generally used as a "stop gap" for student nurse supervision. The lack of clarity of the student nurses' role in practice has been compounded by the unforeseen consequences of the Project 2000 educational

reforms. As student nurses were removed from workforce numbers they were replaced by health care assistants who now provide the majority of direct patient care. Since the implementation of Project 2000 health care assistants have become the largest occupational group that student nurses will meet on placement and the roles they take can be very similar.

In the face of workforce pressures registered nurses have not only conceded their role in direct patient care to health care assistants (O'Driscoll, Allan and Smith 2010) but also some supervision of junior students. During the time of Melia's (1984, 1987) research junior students were often supervised by senior student nurses approaching qualification and who had most recently experienced the same challenges of practice learning experienced by the novice. The mutuality of the benefit of this type of peer learning is highlighted in more recent nursing research (Aston and Molassiotis 2003, Sprengel and Job 2004) and provided an explicit and visible professional journey for junior students akin to the *legitimate peripheral participation* described by Lave and Wenger (1991).

Although many study participants respected the health care assistants to whom they were assigned, participants could not aspire to the health care assistant status (many students had already worked or were working at this level). This led to a conflicted learning situation where students saw alternative supervision by mentors as a superior experience. O'Driscoll, Allan and Smith (2010) surmised that working with health care assistants undertaking personal care was sometimes the only way to have supervision at this care level as mentors predominantly undertook technical tasks. While working with a health care assistant participants learnt many important aspects of care work but failed to be exposed to the whole of professional practice described by theorists such as Aristotle, Polanyi, Eraut and Benner.

Feedback on student performance, from both health care assistants and patients, was however valued by participants despite both groups' unofficial involvement in their practice learning. A more universal, socio constructivist feedback system for students which encompassed more than just their mentor was found to be useful. Although rarely containing the nuances of registered nurses' feedback Webster, Goodhand,

Haith and Unwin (2012), in their evaluation of a patient volunteer programme for student nurses in a simulation setting, found that patients had much to offer in giving feedback on students' performance. The importance of this was already recognised by the NMC (2004) and Robichaud, East, Beard and Morra (2012, p.256) who believed that *"patient feedback is a key method of understanding satisfaction"* making students aware of the level of their own performance. As in Robichaud et al (2012) the closeness that some participants built with patients enhanced the students' advocacy skills and, for those participants who followed the patient on their care journey through different departments, increased students' awareness of the reality of their patients' needs. Patients were also a very useful source of support. They made participants feel they were really connecting with them and gave them wider and less conditional feedback; *"you will make an excellent nurse"*.

A notable omission in student support structures from Lave and Wenger's (1991) work was the effect of peers on the learning of newcomers to a *community of practice*. Participants' peers were particularly important to students' emotional wellbeing on placement although support was more likely to occur when students met outside of placement either face to face or communicated online via Facebook. As students openly discussed placement issues and problems with peers who were often experiencing the same issues, students came close to the collaborative sense making described by Xerox technicians (Brown and Duguid 1991). My **practice development project** focused on a specific project to build upon this strong peer support by enhancing collaborative placement support through the use of online communication tools.

In my own study participants sometimes updated health care assistants and, for those students who questioned aspects of unprofessional behaviour they had witnessed, they caused permanent staff to sometimes challenge their own accepted practice. Staff nurses acknowledged this process with student nurses in a Dedicated Education Unit where they felt their own knowledge was enhanced by the students they supervised (Grealish, Bail and Ranse 2010). This in particular shows the power of effective collaborative learning when inexperience challenges accepted cultural norms on placement leading to *"the process of remaking and possibly transforming culturally*

*derived practices*” (Billett 2007, p. 59). Wenger (1998) argued that the contribution of novices to the overall ethos of a *community of practice* can be significant to the generation of new knowledge and collaborative ways of working. If student nurses’ questioning is encouraged and valued positively, as part of the learning process and their professional development, their contribution to a more open pedagogy of practice could be significant.

#### **10.4 Learning to be a registered nurse**

As participants endeavoured to avoid *working as a health care assistant* they gravitated towards registered nurses in an effort to learn the skills they felt were more appropriate for their practice learning. Some participants enjoyed valuable learning with clinical nurse specialists but the mentor, in particular, was the legitimate authority on their individual student’s learning and students recognised that their mentor was the most influential nurse to their practice learning on placement. In agreement with Spouse (2001), Price (2008) and Carlson et al (2010) the success of the mentorship role impacted on the success of practice learning and, *legitimate peripheral participation* (Lave and Wenger 1991), recognised as the longitudinal learning journey the novice took to achieve professional identity. Many students became adept at managing their learning to capitalise on their mentor’s time and spent long periods of night duty, beyond the course requirements, in order to work with their mentor.

Participants’ personal connections, and similarities to their mentor, made their professional ambitions stronger and this was particularly important for both male and mature participants who viewed themselves as a minority within the student population. Male students, who worked with male registered nurses, found it gave them insight into what may be possible for them as male nurses in the future. The closer the students’ ability to identify with their mentor the more likely it was for mentors to fulfil a *paradigmatic trajectory* (Wenger 1998) whereby the mentors’ strong association with practice; whether through their identity or past stories of their

experience, had the potential for “*the most influential factor shaping the learning of newcomers*” (Wenger 1998, p. 156).

From my own research it was found that alongside Lave and Wenger’s (1991) more philosophical approach to social learning, student nurses’ professional identity formation was also guided by the achievement of very specific practical skills or competencies. Eraut (2004) recognised that the measurement of these skills was easier against the subtleties of social learning which was not formally assessed and contributed almost invisibly to participants’ bank of experience.

Working with their mentor on placement developed participants’ understanding of the reality of the registered nurse role. Participants interviewed mid way through placement spoke of the particular skills of the registered nurse. By the end of placement participants recognised and were surprised by the scale and complexity of their mentor’s wider professional role. The recognised difficulties of bringing all the disparate parts of professional practice into a whole (Eraut 2004) were embodied in the practice of one person who the student could work closely with.

Barriers to working with mentors, that reduced students’ exposure, were met with increasing frustration by the student nurse as the placement continued. Participants found that some mentors were uncertain of the stage of students’ learning and therefore the scope of the students’ role on placement. They demonstrated lack of knowledge as to what the student was allowed to do and support was based on mentors’ sometimes entrenched view of the role of a student on their first placement. The research from the DEUs (Ranse and Grealish 2007, Moscato et al 2007, Grealish and Ranse 2009, Grealish, Bail and Ranse 2010, Dapremont and Lee 2013) has, in particular, highlighted the importance of communication and effective information exchange between placement and the academic institution to enhance the knowledge of the clinical staff. The dangers of the “uncoupling” of education and practice were recognised in the UK by O’Driscoll, Allan and Smith (2010) who called for greater mutual links and strategies between practice and education.

Wenger's work (1998) emphasised the building of a professional identity, both on placement but also in the future, was dependent on this deeper socialisation to practice through more experienced "*old timers*". The subtleties and complexities of the registered nurse role were viewed at close proximity on placement, and participants learnt from and were often truly inspired to emulate their mentor. Participants observed examples such as a registered nurse role modelling how to appropriately challenge medical staff they were working with. The ability to confront the traditional power differences that exist between these staff members were effective skills for a future nurse manager to see. By watching a successful resolution as it unfolded, students learnt how these situations may be best approached so that neither professional lost face in the interaction.

Students needed encouragement to question their practice and did not want to bother busy staff. Quite often participants saw no advantage in observing practice as they viewed observation as a period of inactivity. Already students were encultured into the activity driven philosophy of work instead of learning; students did not naturally use observation for their practice learning unless it was scaffolded for them and risked the more implicit or hidden learning being lost to them. Allan, Smith and O'Driscoll (2011, p. 852) found that "*participation as observers is not valued*" by all grades of clinical staff.

However, when questioned, students were genuinely amazed when they saw examples of professional expertise akin to the tacit knowledge or the *connoisseurship* of professional practice identified by Polanyi (1962). Instances of communication skills by registered nurses were particularly noted by students as examples of excellence that they could only aspire to. Although existing literature identifies the difficulties of tacit knowledge being recognised by expert nurses (Benner 1984) there were examples of mentors trying to coach students with professional tips and shortcuts to make their work easier. Likewise participants at the validation meetings for the study found that identifying expert practice was in fact not a difficult task when students were receptive to new ways of learning and working.



In practice learning more junior students are at risk of only experiencing fragments of their future professional role. By observing the work of an expert in action participants enjoyed the rare opportunity for a more holistic view on practice learning where their learning was brought together in one event. Benner (1984) believed that one of the essential differences between a novice and expert nurse is that the former will view clinical incidents as a compilation of different parts rather than a whole. The join up of all the disparate parts of practice learning could be embodied in the practice of the expert but significantly this could not be learnt if students did not have consistent quality time with their mentor.

As my research was not a longitudinal study it was difficult to evaluate the impact of Benner's (1984) work on the building of professional expertise in first year students and whether this contributed to them being proficient practitioners in the *messiness of practice* (Schon 1987). Although students were able to recognise tacit knowledge in others it would seem unlikely that on the first placement students were practising expertly. Gray and Smith (1999) found student nurses only recognised their growing powers of intuition in the second year of their nursing course. Assimilation of professional skills did occur for participants from the observation of experts in practice but it is unknown whether students had genuine opportunities to question their mentor's practice for its underlying rationale.

Argyris and Schon (1974) described the mechanism of resolving practice issues within the given variables of a setting as *single loop learning*. Schon (1983) argued that situations arose in practice where professional conformity to recognised theory was inappropriate and he looked for a professional education that was adaptable enough to react to both the planned as well as the unplanned variations in practice. By reflecting on problems innovatively the gulf between theory and practice is bridged by what Argyris and Schon (1974) described as *double loop learning* where the variables of the work setting are critically scrutinised. Argyris and Schon's work therefore challenges whether appropriate pedagogy, such as reflection, could enable students to more easily challenge accepted practice.

My research indicated that observing the tacit dimension of practice was an impactful and identifiable method of learning for student nurses in the pressurised health care environment. Observation and imitation of an expert is essential to this process (Harteis, Morgenthaler, Kugler, Ittner, Roth and Graf 2012) but it is noteworthy that the expert does not necessarily need to be a registered nurse but could be drawn from other professions or specialist nurses who at present were only used occasionally in participants' learning. The challenge exists as to the lack of structure and scaffolding that supports the **observational learning** process for without this students' attention may not be drawn to the implicit learning around them. Benner (1984) and Eraut (2000, 2004) highlighted the risks of learning not being made explicit enough for students to recognise.

Of particular note for nursing students, where they are taught early clinical skills training and may also have worked previously as health care assistants, is whether tacit knowledge was strengthened by prior knowledge (Kinsella 2007). Schon (1987) would agree that it was but being taught proficiency in particular skills was not enough to fully negotiate the unplanned and chaotic nature of practice. Eraut (2000), in his review of the effect of previous experience on tacit knowledge, argued that an accumulation of past experience was held in the long term memory to form a future tacit base for action. According to Kolb (1984) personal events were transferred from the episodic to semantic memory and laid the foundations for the construction of future knowledge structures which were then personal to the individual.

#### **10.4.1 Demonstrating advocacy skills and awareness of unprofessional practice**

As well as observing inspirational practice they could aspire to, many study participants demonstrated strong advocacy skills for their patients and an acute sense of professional awareness of what they saw as inappropriate or unprofessional behaviour in the clinical setting. Current nursing research alluded to an increase in students' ability to recognise poor practice (Pearcey and Draper 2008; Grealish and Ranse 2009) but not as powerfully as demonstrated through the first year participants in my research.

The students in my research struggled to find examples of direct application of their university teaching to practice, the *theory- practice gap* common to work based professions (Evans 2012). However the sometimes challenging circumstances of their placement made students apply other aspects of their learning. Some students were quick to question “unprofessional” practice and commented on this in relation to both management and direct patient care. Part of this demonstrated students’ advocacy for their patients and Grealish and Ranse (2009) also found that first year students were more likely to seek alternatives when they experienced an emotional connection with their work.

Participants gave examples of discussion of poor practice with their peers on placement and through a collective confidence were more prepared to *negotiate voice* (Bradbury-Jones et al 2011a). Students’ strength of feelings for a patient, relatives or care situation through their **empathic learning** could motivate them to be a stronger advocate for their patients and give them confidence to challenge care despite their inexperience of the placement setting. This **empathic learning** seemed highly significant to their development as change agents in practice. Allan (2010) believed that the increasing uncoupling of nurse education and practice put the important learning of emotional care at risk. The move to a competency led, evidence based curriculum reduced the opportunity for students to learn how to manage emotions, and therefore the identified **empathic learning** of this research, in the context of the clinical setting. Some participants in my study were fortunate enough to witness qualified nurses using their own emotional reactions to effectively advocate for their patients.

Both Freshwater and Stickley (2004) and Gray (2009) expressed concerns about the devaluing of the emotional labour of nursing in the context of the smooth running of the nurse-patient care relationship. What is not uncovered in these previous studies is the use of emotional labour to elicit change akin to Aristotle’s ancient *phronesis* (the moral responsibility of the professional) (Carr and Kemmis 1986). The determination of some students to address issues they disagreed with in practice was very much in keeping with both *phronesis* and more recent initiatives, such as the 6Cs (NMC 2012) and the recommendations of the Francis Enquiry (NMC 2013). A new “*duty of candour*”

encourages all staff in the health and social sector to speak out against poor quality care including student nurses (Gow 2013; NMC 2015). The participants' responses began to mark a significant change from the more subservient student nurse culture described by Melia (1984, 1987), Gray and Smith (1999), Bradbury-Jones et al (2007), Levett- Jones and Lathlean (2008), and Bradbury-Jones et al (2011a) where student nurses compromised speaking out against poor practice in order to *fit in*.

Any differences that existed between the philosophies of academia and practice were most pronounced from research participants' adherence to what Argyris and Schon (1974) would describe as their *espoused theories*. As students highlighted poor practice or refused to be drawn into "unprofessional" placement cliques (the "*healthy emotional distance*" described by Hoel et al 2007) conflict in the placement setting was sometimes airbrushed out by trained staff.

Some registered nurses adhered to *theories in use* (Argyris and Schon 1974) where they complied with paths of least resistance and preferred to avoid addressing issues when there was the possibility of difficulty or confrontation. From the examples of registered nurses' acquiescence that student nurses discussed, role modelling management solutions to students was erratic with the consequence that students could be socialised into an approach that failed to promote their own criticality and people management skills. Allan et al (2008) provided examples where students were not questioned by qualified staff about their learning which was then reduced to a technical level of competence. Brown and Duguid (1991) warned against the possibility of such enculturation where a situated learning that promotes a strong professional identity may also encourage the replication of poor practice by not being open to change.

Evans, Guile, Harris and Allan (2010) argued that the theory- practice gap occurred as the result of an ineffective transfer of knowledge between academia and practice. Their research highlighted the significance of the *re contextualisation* of knowledge whereby change occurred between the original source of knowledge to where it can be more easily applied in practice. In the case of my research, student nurses are encouraged at university to speak out against unprofessional practice but the means to

achieve this, the *re contextualisation* of this knowledge at the level of the workplace and the learner, had not been transformed enough to allow students' academic knowledge to be put to greater effect. Allan and Smith (2010) identified that this recontextualisation of knowledge was difficult for both students and their mentors to action.

These pedagogic issues open up the question as to what registered nurses see as learning for the students and subsequently the mentors' role within it. Project 2000 recognised the need to create students as future change agents for healthcare (UKCC 1986) that bypassed the previous *fitting in* culture identified by Becker et al (1961) and Melia (1984 and 1987). My research found that students, as early as the first placement, were able to identify quality issues in care, question the status quo and recognise occupational socialisation that challenged their own espoused theories. Pearcey and Draper (2008) and Grealish and Ranse (2009) supported this awareness.

#### **10.4.2 Adopting a registered nurse's role**

As well as observing the more routine aspects of registered nurses' work, some students, through workforce pressures or the development of an emergency situation, were supported through a short phase of "*being a registered nurse*" that was particularly impactful to their professional confidence and development. Low, or limited expectation of first year students' learning on placement, kept students' learning at a mundane level and *working as a health care assistant* which was neither challenging nor motivational to them.

Wenger (2012) supported the view that occasionally transferring students to the top of the professional hill they were climbing can give them a tantalising taste of the full professional identity to come. For Benner (1984) taking the student from being a detached observer to an involved performer is one of the changes that a novice nurse undergoes as they move towards being an expert and it seems, that by appropriate support, even a student nurse on their first placement can feel what this is like. The reaction of the first year participants in my study, who had engaged in a higher level of participation in cardiac arrest situations in **experiential or all domain learning**,

indicated what a significant and positive learning event it had been for them. It highlighted the importance of student support identified by Eraut (2004) that can take students' learning beyond what would be assumed for their level where students are equally challenged and supported. Student nurses learnt better through participation in challenging care situations and their learning was impactful on not only their skills development but the students' confidence in assuming future management roles.

### **10.5 Managing practice learning with the mentor**

The mentors' role is important in channelling the student towards constructive learning activity but my research identified that additional higher level facilitative skills were required of the mentor to make students aware of the hidden learning on placement and provide feedback on their performance. Learning on placement can be obscured to the first year student nurses as work and learning are so closely integrated that it is difficult to separate the two. The "*act of attention*" (Eraut 2004, p. 251) is often a natural part of coaching a learner in a practice learning context where hidden and implicit learning needs to be raised to a conscious level in order to be recognised as learning by the student.

My research highlighted the risk of student nurses remaining at a lower level of understanding and knowledge of their practice learning due to their inability to access a coach or tool to interrogate their own learning. The difficulties of trying to enhance first placement students' critical analysis was predominantly achieved by questioning and scaffolding by mentors although there was found to be great inconsistencies between the students' experiences of this process. If participants worked unsupervised, or were *working as health care assistants*, their opportunity to be critical of their practice was reduced. Such barriers to student engagement on placement could be addressed by Wenger (1998)'s suggestions of the use of *imagination* and *alignment*; the first encourages the reality of the context to transcend potential difficulties by addressing other possible scenarios whilst the latter encourages participants to put their perspectives into a broader context. From the student nurses' point of view imagination would allow a critique of practice and a

reflection of possible care, free of the restraints of practice. Alignment would allow them *“to connect their local efforts to broader styles and discourses in ways that allow learners to invest their energy in them”* (Wenger 1998, p186) so practices in placements become more significant once aligned to, for example, Nursing and Midwifery Council or government policy. By having pedagogical strategies such as these the students’ ability to be critical of care could be enhanced.

The interviews showed that participants were able to naturally enhance their learning by **comparative learning**; the comparison of their present practice with an alternative. Students’ previous care experience was helpful in presenting this alternative experience. Clinical situations where students compared two incidents, for example, different styles of mentoring allowed them to critique and review different approaches.

Klein (1998) advocated a broad diversity of experience for an expert to build a bank of examples on which to draw. A greater awareness by mentors that a diversity and range of experience on placement allowed students to make critical comparisons might also encourage mentors to consciously arrange student time with other professionals. This was a learning experience that some participants had been encouraged to take and one that students had enjoyed working one to one with an expert nurse practitioner.

**Comparative learning** opportunities, whether planned or unplanned, remained in the student memory and with greater impact if they are verbalised or written down. Wenger (1998) believed learning in practice was the result of two processes; the interaction of *participation* and *reification*; the later documents participation in a written form to *“transform tacit knowledge into explicit knowledge or vice versa; we can formalise a learning process; we can share our thoughts; we can make our emotions more conscious”* (Wenger 1998, p. 68). Benner (1984) would concur that the lack of documentation of the construction of nursing knowledge and experience meant that the theory of nurses’ practice learning was under analysed.

Without encouragement first year participants did not naturally adopt a proactive learning style on placement. When clinical experiences were scaffolded, students’

were highly engaged and they spoke of their confidence in their learning and future performance. The absence of the mentor (Johnson et al 2015), or the right sort of knowledge and teaching skills to facilitate students, compromised students' practice learning. Participants did not use learning tools, such as Kolb's (1984) *cycle of experiential learning* or Schon's (1983) concept of *reflection*, to access a deeper learning process so the effectiveness of mentors to encourage these skills was crucial.

#### **10.5.1 Managing student nurse learning against challenging work force pressures**

Although participants were supernumerary their mentors were part of the placement management team so learning could also be compromised through workforce pressures when the mentor had to manage their dual responsibilities as a mentor and a clinical lead. Mentors either prioritised clinical work or attempted to build "work around" solutions so students could be supported at the same time. An example was when students followed their mentor onto night duty in order to capitalise on a quieter period of work time where they could both focus on the student learning.

During day duty some mentor- student relationships, identified as particularly successful by some participants, evolved into an organic and reflexive model of practice learning where the proximity of the student to the mentor "*ebbed and flowed*" dependent on a continual balancing of work and learning commitments. Significantly students were party to the clinical decision made by their mentor with a reduction in the fragmented end tasks of the decision making process that Melia's (1984, 1987) students received. The *ebb and flow* model therefore addressed two issues of Melia's study; greater exposure to expert decision making and a bridging of the theory - practice gulf through constant coaching and observation of how registered nurses manage and work. The model also reflected a *learning intimacy* between mentor and student that Allan, Smith and O'Driscoll (2011) identified as "*sponsorship*".

*"Sponsorship means students are taken under a more experienced nurse's wing and granted access to learning through participating in nursing"* Allan, Smith and O'Driscoll (2011, p. 853)



If the mentor became clinically busy, the students learnt to read the situation so they rechanneled themselves or were redirected onto other more independent activity. The success of the model was dependent on effective communication and short goal setting between mentor and student where time was effectively used until the mentor and student next communicated. This avoided *placement drift* on behalf of the student and gave them purpose to their learning whilst also teaching them to respond proactively and professionally to the changing placement environment.

The *ebb and flow* model reflected a looser type of apprenticeship where students benefitted from the advantages of working closely with an expert but one that also accommodated the fluidity of work pressures that occur in healthcare. This would meet Benner's (1984) approval for it allows for a structure but not for an inflexible one that has the potential to dampen the growth of expertise. This model implicitly prepares students for their future role rather than keeping them at the deskilled level of Melia's (1984, 1987) student nurses that could extend even up to the point of qualification.

The *ebb and flow* model also demonstrates mentors' commitment to their teaching role and how they negotiated supervising students' learning as best they could within the constraints of practice. Myall et al (2008) found that mentors felt constrained in their own practice by the ever present nature of students with them which would be addressed with the *ebb and flow* model.

Other mentors tried to create a series of one off learning opportunities for their students; what one participant described as the *grab and go* model where students were given the opportunity to learn an available skill but mentors did not necessarily realise the significance of feedback, the longitudinal development of skills and questioning students' critical awareness. Carlson et al's (2010) Swedish study of how student nurses are taught in practice found short questions to check students' knowledge were favoured over the more reflective questioning that could strengthen students' critical reasoning skills.

*Legitimate peripheral participation* (Lave and Wenger 1991) needs some structuring of student learning to occur. Without this there is a loss in the development of professional identity and the fostering of early confidence and self worth that affects students' learning trajectory. Eraut (2011 in Malloch et al 2011) believed that the application of formal knowledge to the practice setting presented a major challenge that did not occur naturally or effectively without time and support. The skills of the *critical professional*, as described by Trede and McEwen (2012), required a committed investment by those involved in student learning.

### **10.5.2 Gaining feedback and assessment of practice learning**

The lack of opportunity for the participant to learn from the mentor was also compounded by a lack of recognition of the more formalised review points of the placement learning experience. Mentor-student interviews were often rushed and deteriorated into a tick box exercise of students' outcomes rather than an exploration of the students' learning needs. Some mentors, who seemed to be able to combine the activity of their clinical commitments with mentoring of the student, were reluctant to ring fence some stand alone learning time for student interviews.

The amount of previous care experience that some students had prior to their first placement was underutilised in respect to the students' own learning. Although Benner (1984) viewed the use of past experience as a criterion of being an expert, the opportunity to discuss students' development at their first interview with their mentor was generally not capitalised upon. A student demonstrating early tacit knowledge was viewed solely as having a useful ability to "get the job done" rather than a foundation of professional expertise to be built upon. Students lost the opportunity for a realistic assessment of their learning needs by their mentor as they began their first placement.

My research highlighted a particular development need for formalised review and assessment as a benchmark of students being genuinely treated as learners. Although the *ebb and flow* model demonstrated the benefits of short term feedback for ongoing tasks my research concurred with Eraut's (2007) study of newly qualified nurses who lacked long term strategic feedback on overall performance. The mentors in Bray and

Nettleton's (2007) research recognised that what they assessed was only a small representation of what students' learnt.

The luxury of an unhurried professional conversation between mentor and student on the student's progress is essential to their review (particularly when feedback is usually delivered against a hurried and busy learning environment) to discuss and bring together all aspects of their practice learning and negotiate a realistic learning plan. Taking longer with a student would also be an opportunity for the collaborative, sense making of practice experiences noted in Orr's study of Xerox technicians (Brown and Duguid 1991) and Spouse's (2001) case studies of student nurses. The *grab and go* method of mentor support gave students exposure to learning but it missed critical assessment and feedback components to the learning experience.

Wenger (1998) advocated a *community of practice* as a mutual learning process where a newcomer could provide fresh eyes on established practice. The formal interviews are a valuable opportunity for mentors to recognise students' contribution to a quality measure of the placement not only as a learning environment but also as a care provider. Participants were clear on the aspects of practice learning that had not been successful for them and asking them about the learning process could become a quality indicator of the practice learning that the placement is providing.

## 11 Narrative four: developing as a researcher

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*There's a fine line between fishing and just standing on the shore  
like an idiot~ Steven Wright*

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### 11.1 Developing expertise in qualitative research

*A qualitative researcher is "being able to tell a good story and focus on meaning over measurement" (Holloway and Biley 2011). The process of achieving this is, however, not straight forward but I found the difficulties and indecisions in the doctorate journey gave me a greater level of confidence as a researcher by the end of the study.*

*In the later stages of the doctorate I began to identify omissions in my own research when I returned to the methodology after writing other sections of the thesis. Debate around grounded theory came more easily but it was not until 2014, when I began to supervise a qualitative dissertation for a master's degree student that I began to build my confidence.*

*Although my professional doctorate was predominantly untaught the formal processes that I had to undertake through the university provided significant staging posts in the development of my knowledge. My knowledge of the variety and scale of qualitative research methodology was limited at the beginning of my doctorate. For my masters dissertation I thought I had used a grounded theory methodology but, later, I could identify that I had completed a thematic analysis which missed some of the defining features of grounded theory.*

*My initial review (RD6) of my primary research proposed a very structured study that eventually became the basis for my practice development project. Reflecting back on the documentation I can be critical that the timescales for the completion of the doctorate were naively short and the grounded theory methodology was a poor fit in studying the specific phenomena I proposed.*

*As I prepared to formally transfer from the MPhil route to the doctorate in March 2013 I had completed the initial draft of my methodology chapter and had just began my*

*participant interviews. I was lucky enough to have Professors Scammell and Holloway as internal examiners at my transfer who complimented me on the progress of my grounded theory methodology but provided clear direction on areas for improvement.*

*By the time I had arrived at transfer I had also completed ethical approval (RG2) through the university ethics committee twice; once for my practice development project and once for the primary research. Although I knew that my choice of the university ethics committee contained the whole process to a month by the use of online submission it seemed a much more daunting process than it eventually turned out to be. My supervisors were encouraging helping me assemble the correct forms. The submission went through smoothly and the feedback from the university governance committee helpful.*

*The committee advised me to be more transparent about my dual role as participants' educator and researcher so issues of coercion and vulnerability were clearly addressed. I was encouraged to assure students on the participant information sheet that "there are no consequences to you declining to take part" and to clarify who would attend the group validation meetings. Most importantly my own reflexivity on the impact of data findings was emphasised to me "it may be worth exploring your own views on how students learn in practice and how this is reflected on and does not influence the findings. You will have had this experience yourself at some time and will also have a pre-set view because of your already established educational experience". As I continued through the structured stages of the grounded theory process this was an important development point for me to step back from the research to analyse my own influences on the study.*

*The less formalised assistance I received through the doctorate was equally significant to my development as a qualitative researcher. Although I sometimes felt glued to Charmaz (2006) in trying to clarify the grounded theory process my occasional communication with Immy, supervisions and Ben's ongoing NVivo tutorials through the coding process gave me confidence to pursue my questions. Ultimately I felt I had undergone a thorough process in the promotion of my knowledge and expertise in grounded theory. The "ebb and flow" model of mentorship that emerged from the study was named by myself but*

*arose from the rich descriptions from the student interviews and therefore followed the socio constructivist nature of Charmaz's (2006) approach.*

## **11.2 Using technology as part of the doctorate**

*I am an enthusiastic user of technology as long as I see the added value that it brings to the task I am engaged with. During the research process I used both EndNote web, to organise my references, and NVivo 10 software, to aid the analysis of my grounded theory data.*

*The tools were assisted by some excellent initial training and the ability to access help for questions and issues as they occurred. Both motivated me to use the tools so I slowly built an expertise as the doctorate progressed. The tools added so much value to the referencing and coding processes respectively that I remained genuinely surprised when I heard other doctorate students had established their own procedures. The doctorate journey is a very long one and I became convinced that the judicious development of technology could substantially ease and stream line the doctorate processes.*

## **11.3 Meeting experts in the field of work based learning**

*As well as my "at a distance" association with Professor Immy Holloway I had the pleasure of meeting two experts in the field of practice learning; social learning theorist, Etienne Wenger, and Professor Karen Evans from the Institute of Education, London.*

*In November 2012 I discovered that Etienne Wenger was running a workshop at the Institute of Education, University of London. As the theorist most influential to my research, and one who lives in California, this was a defining doctorate moment especially before data collection began. Wenger's research does not have a particular focus in the area of health care education so it was of particular interest for me that his workshop was entitled, "Social learning theory and healthcare education".*

*On November 22<sup>nd</sup> 2012, I attended the workshop that had a full and multi disciplinary audience of like minded practice based learning enthusiasts. Etienne Wenger is Swiss and an engaging story teller of his background and influences on his theory. A conversation with a friend who is a wine connoisseur led him to realise, for instance, that communities of expertise can be closed to outsiders due to their use of acronyms and specialist language.*

*A wide ranging discussion ensued with the audience as we addressed certain questions related to our own professional experience of communities of practice. I liked the idea of giving students the opportunity to experience full membership of a community, albeit briefly, acting as “tourists” within a community of practice as opposed to full members. Their experience is real, rather than as the result of shadowing an expert, and supervisors have to weigh up the risks to allow students to be “on top of the hill”.*

*It was debated whether students moving placements too quickly left their accountability to their community of practice weakened or whether it brought fresh eyes to practice. A medical student explained that he felt no sense of growing a professional identity due to his lack of recognition and consolidation.*

*Wenger explained that an “invitation into identity” is as a result of a successful shadowing situation. Ideally supervision is based on a mutual inbound trajectory whereby the old timer is in a more powerful position to secure an opening into a community of practice. Power comes with experience but this can be both silencing as well as enabling of learning.*

*Overall the workshop combined an almost philosophical position on practice learning with the practicalities of achieving it and I went away re energised. As I left I asked Etienne Wenger to sign the copies of my books I had used so thoroughly and when he genuinely questioned me about my thoughts on his theory I had an insight into the humility and generosity of a true academic.*

*During 2014 I was asked to nominate an outside academic for the first in a series of workshops related to a new area of my work; the Centre of Excellence in Learning. The work of Professor Karen Evans had become familiar to me through my doctorate*

*reading and the contentious issue of the “theory-practice” gap that seemed to be an accepted feature of vocational courses had been counteracted by an examination of the re contextualisation of knowledge (Evans, Guile, Harris and Allan 2010).*

*Karen agreed to lead a workshop at Bournemouth University and again it took my previous reading to a different level to hear the work of an expert at first hand. For me the issues of practice learning I was encountering within nursing took on an extra resonance as Karen discussed the application of her model to other learners, such as aircraft technicians. The importance of course design in the enhancement of practice learning was powerfully made and it was satisfying seeing the engagement of colleagues in issues that had become important to me.*

#### **11.4 Developing expertise in practice learning**

*Feeling passionate about practice learning, and having the weight of evidence to support a different view or approach to it, are two different things and as I have begun to present and publish my primary research findings I feel I have started to gain more credibility around the subject. Interestingly I feel I am representing the views of the students who gave their time to the study so this adds a particular responsibility to each presentation.*

*To date my presentations and publications have centred around the practice development project that was completed first. I have, however, submitted a short joint publication with five of the participating students and spoken about my research findings at two internal staff seminars and a keynote presentation for two mentor conferences at Bournemouth University.*

*Preparing for two presentations on the doctorate left me open to critique by peers that on one hand was confidence boosting but on the other hand quite exposing of the theory of practice learning that had evolved. The first presentation to faculty colleagues used the existing literature to position whether practice learning at university was really exploiting what is already known. There was a lot of interest from colleagues about how the findings could be implemented and I further followed up with*



*the nursing second year lead looking at how observation of tacit/ expert knowledge, conflict management and working as a registered nurse could be used as activities for new student recall days from practice.*

*The larger keynote presentation at the university's mentor conference was organised to a different style for the different audience of placement mentors. It was much more an evaluation of student engagement and the organisation of my thoughts for the presentation again impacted on the consolidation of the theory. Most notably it encouraged a debate within the audience about the nature of student nurses' preparation for registration. On this occasion Charmaz's view (2006, p.128) that "a theory can alter your viewpoint and change your consciousness. Through it, you can see the world from a different vantage point and create new meanings of it" initiated strong debate.*

## Part II: The Practice Development Project

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## 12 Narrative five: choosing the practice development project and the dissemination of the findings

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***First, have a definite, clear practical ideal; a goal, an objective.***

***Second, have the necessary means to achieve your ends; wisdom, money, materials, and methods. Third, adjust all your means to that end. ~ Aristotle***

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*In 2008 I completed a teaching module through the Open University “Innovations in elearning” and became particularly interested in the educational use of Web 2.0 tools, such as blogs and wikis. These encouraged collaborative online student interaction as part of their learning. I evaluated the application of wikis within a unit of academic study for first year student nurses in 2009 and highlighted the potential of Web 2.0 tools to form a collaborative online space for students to work together on common learning activities irrespective of time and location. Data collected indicated that 91% of first year student nurses from three seminar groups (n=69) also used online social networking sites such as Facebook (Morley 2012).*

*Following my increasing interest in placement support for student nurses I investigated whether the students’ experience of wikis in the curriculum, and Facebook socially, could be harnessed to provide communication support for first year student nurses on their first placement. It seemed appropriate to consider mediums of communication that student nurses were not only familiar with but were comfortable enough to use to express their opinions and anxieties. Facebook aims to promote a group identity, and form peer networks predominantly from pre-established relationships (Pempek, Yermolayeva and Calvert 2009), and this sat comfortably with potential participants of the project who knew each other from their first term at university and were trying to establish a student nurse identity on placement.*

*During their first clinical placement student nurses’ additional support from university could be drawn from university practice educators and personal tutors. This was generally sought when problems occurred and students accessed their university support systems less during their first placement compared with their first term at*

university. The overall picture indicated that first year students were reliant on the day to day management of their clinical learning through their mentor and it was only when difficulties arose that students contacted a second party. I began to question whether students would benefit from a project that facilitated their access to their established peer groups and an academic through online communication tools while they were on their first placement. Research on student nurse attrition in the UK found that 30% of nursing students were more likely to drop out in their first year compared with other years of the nursing programme (DOH 2006) and that “the accessibility of peer group support in both the clinical and academic environment fosters greater levels of student resilience” (Crombie, Brindley, Harris, Marks-Maran and Morris Thompson 2013, p. 1286).

In November 2011 I became a student on a new initiative at Bournemouth University, “The Education Excellence Programme”, and I had the opportunity to progress the practice development project earlier than anticipated. At an initial coaching session I was required to choose the project I would be completing for the course so I revisited my ideas on extending support for first year students into their first clinical practice by using e support.

My course sponsor was encouraging of the idea and we discussed using whole seminar groups for the project. My sponsor suggested using the personal tutors as points of contacts but I felt it would be simpler and more illuminating for me to be the point of contact for three first year groups. I was confident in the use of the online communication tools for the project and had completed an e moderator’s course in the past which I thought would be pertinent experience to the project. I selected a first, second and third first year nursing group going into practice.

Both personal tutors from the two initial groups were happy for me to access their groups to explain and gain participants’ consent for the project. One of the personal tutors questioned whether the project required ethics approval as it was being used as part of my doctorate and, on investigation, this turned out to be the case. In completing the university ethics application process for the first time I realised I had lost the opportunity to use the first student group who were going into practice. The

*application made me thoroughly consider the ethical principles of the project and this gave me confidence when having to complete the ethics application process again for the primary research.*

*Despite this I was began to feel engulfed by the different strands I needed to pursue for the doctorate; the ethics (RG2) application was not as straight forward as the guidelines suggested and the time scales for ethical approval kept altering. Happily approval for the project came through a week before the second group of students went on placement and the practice development project could proceed using the two remaining student seminar groups.*

*During June 2012 I had my second coaching session for the Education Excellence Programme where it was useful to objectively review the project. I felt very fortunate that I had been able to access the additional support and resources of the course to assist me with this specific part of the doctorate. I had been losing my way with it and the focused impetus meant that the practice development project, if not the dissemination of findings, was complete.*

### **12.1 11 July 2012: Final event for Education Excellence Programme (poster presentations)**

*The projects achieved by the end of the course were disseminated through poster presentations at a highly motivating educational event. I had the first opportunity to showcase my small project which attracted further discussions with non users of Facebook who began to be converted to the educational potential. Being able to see the influence of the project findings galvanised me into reflecting how the project findings could be disseminated for maximum impact both inside and outside the university. I decided on the use of a model of change that I already knew had been applied to the introduction of new technologies; “Rogers’ diffusion of innovation” (Rogers 2003) to provide structure and academic credibility to the process.*

## 13 Background to the practice development project

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### 13.1 Identification of the area of investigation for the practice development project (PDP)

The area for investigation for the practice development project (PDP) focused on extending the communication routes of first year student nurses, established through academic and peer networks during the first term at university, to their first practice placement.

The PDP examined the use of specific communications tools on placement with which the student nurses were already familiar; email groups, wikis and Facebook. A mixed method approach was taken to obtain quantitative results from two seminar groups of first year student nurses (n=52) on their first placement followed by qualitative comments to help explain the results in more depth. The PDP also included the effectiveness of the dissemination of the project findings internally to staff and externally to the wider professional community.

The PDP used particular language related to elearning which is detailed as follows:

Elearning terms	Features
Elearning	Learning facilitated and supported through the use of information and communications technology
Facebook	A social networking website that allows individuals to set up an online profile, add other users as friends and exchange messages. Users can post personal information, upload photographs, describe their interests, and link to other profiles and pages. The choice to create a profile in a network means that those connected to that network can view that profile. Users can search for friends by name, location, email and institution
Netiquette	The correct or acceptable way of using the Internet
Web 2.0 Tools (And Web 1.0 Tools)	The second stage of development of the Internet, characterised especially by the change from static web pages (Web 1.0) to

	dynamic or user-generated content e.g. wikis, blogs and the growth of social networking e.g. Facebook
Wiki	An editable tool for working with others that has a trackable history of changes (Wikipedia is the most popular example). Its strength is that can be used to share multimedia resource

*Adapted from JISC websites and Oxford Online Dictionary accessed 08/12/14*

**Table 8: elearning definitions used in the PDP**

### **13.2 Scoping the practice development project and identifying factors that may influence the project from previous studies**

A systematic approach to the literature review was undertaken using a data base called my SEARCH; a discovery service provided by EBSCO that provides access to most of the key databases available at Bournemouth University. My SEARCH includes Academic Search Complete, Education Research complete, ERIC but does not include Scopus and Web of Science. For this reason the same combination of word searches put through My SEARCH were additionally used in the Scopus and Web of Science databases to ensure the literature search had been conducted in the databases particularly pertinent to my research.

The word search was chosen by using key words, and search terms close to key words.

higher education	Facebook
social capital	
higher education	wikis
social capital	
higher education	Web 2.0
social capital	

**Table 9: Broad search terms for the PDP**

The literature review was restricted to those studies that were peer reviewed and published in English after 1994 (the year when wikis were invented). I took particular interest in research that had been conducted at universities in the UK and had involved health care courses in order to isolate those studies most pertinent to the sample in the project.

References were stored through use of EndNote web; a bibliographic management product on the internet. Critical appraisal skills programme's (CASP) ten criteria for assessing research evidence (Public Health Resource 2006) were used as a framework to judge the quality of the references and their inclusion in the initial literature review for the research.

### **13.3 Establishing the pattern of using interactive e technologies (Web 2.0) within higher education**

The potential of Web 2.0 development within higher education in the UK remains in its infancy although academic institutions are well served by infrastructure, such as broadband width, to support Web 2.0 technologies (JISC 2009). The situation reflected a high degree of individual effort and "bottom up" enthusiasm to support innovative technologies but the overall picture was patchy with no centralised blueprint on systematic development (JISC 2009). There remains a dissonance between the expected impact of e technology (Oblinger 2004) and the reality of what had been achieved.

A two year study of first year students across five UK universities found significant variations in their use of new technologies including Facebook (Jones, Ramanau, Cross and Healing 2010). Most Web 2.0 technologies, which required students to interact with online materials such as wikis and blogs, attracted minimal use if driven by the students themselves with the clear exception being the use of social networking sites such as Facebook (Judd and Kennedy 2010).

The impact of this trend could be seen further by the migration of students away from institutional email towards social networking tools (Judd and Kennedy 2010). Judd (2010) found in a study of undergraduate biomedical students use of webmail and social networking between 2005 and 2009 that the use of email declined and social networking sites had gained similar use. By 2009 students were more likely to be involved in social networking sites alone than combining this medium with email.



Whether students feel comfortable using social networking tools in an educational context to communicate with academics is debated (Baran 2010, Junco 2012). The application of wikis at Bournemouth University found first year nurse students appeared more concerned with the purpose and quality of the educational use of Web 2.0 tools (Morley 2012).

Dabbagh and Kitsantas (2012), in an American study, found that institutional learning management systems did not effectively address learner control and personalisation. They did not provide students with enough opportunity to manage their own learning or the all important connection to their peers. If these findings are also pertinent to UK students the PDP aims and objectives of trialling both internal and external Web 2.0 tools may give insight into student preferences of different online communication formats.

#### **13.4 Realising the impact of “*Learning 2.0*” on practice learning**

My primary research highlighted the importance of student nurses developing the ability to be challenging of their practice learning and the significance of establishing an appropriate professional identity to support this process. Both were aspects of first year student nurses’ practice learning on their first placement.

During the design phase of the PDP the accessibility of online Web 2.0 tools, “*anytime, anywhere*” (JISC 2010) appeared to have great potential to support students’ learning at a distance on placement away from their usual support networks already established at university.

*“Web 2.0 technologies collapse social divisions created by time, space and culture, thereby creating new opportunities for networking and collaboration” (Staines and Lauchs 2013, p. 792).*

As highlighted in the primary research, significant to the development of first year students’ sense of professional identity and judgement, is the ability to discuss and be supported in the real life practice issues they experience. Web 2.0 is notable for its capacity to support changes in the social values of students’ learning groups and has

spawned “*Learning 2.0*” (Grover and Stewart 2010) which builds on the traditional social constructivism view of education. As far back as the 1930s American educationalist John Dewey (1938) argued that learning was not solely about the individual learning in isolation but increasingly about the individual’s learning being influenced as part of their group or the environment that surrounds them.

Tools, such as wikis, have the ability to support the co construction of knowledge through collaborative effort (Fountain 2005, Mejias 2006) and the potential “*connectivism*” of the internet allows groups to experience the even greater potential of the generation of knowledge as part of a networked group (Grover and Stewart 2010). An almost limitless opportunity to extend the group learning context beyond the bounds of previous educational parameters has the potential to develop and has resonance in Wenger’s (1988) strategy of *imagination* and *alignment* already discussed.

This collaborative effort was particularly notable in social networking sites, such as Facebook, where the influence of social networking also encouraged social capital (Ossiansson 2010, DeAndrea, Ellison, La Rose, Steinfield and Fiore 2012) or the “*social resources that people accrue through their relationships with others*” (DeAndrea et al 2012, p. 16). Facebook has been found to be influential in promoting socialisation to the college setting (DeAndrea et al 2012, Junco 2012) and, by learning through peers, students experience an increased connection and affiliation to their academic institution. A reduction in the uncertainty of a new college environment by online interaction, focusing on positive and realistic expectations, assisted student transition (DeAndrea et al 2012) and provided them with a valuable formative experience to start their academic careers. As Ossiansson (2010, p. 124) found, whilst working with masters students on Facebook, that it promoted “*a feeling of being valued, committed, seen, important and part of a group*”.

*Belongingness* in a clinical setting is a concept found to be influential to student nurses’ practice learning (Levett –Jones and Lathlean 2008). Levett-Jones, Lathlean, Maguire and McMillan (2007) concluded that the third year students in their study were dependent on a sense of belonging to their practice setting in order to

experience positive clinical learning. *Belongingness* in a clinical setting is synonymous with student nurses' feeling a direct personal involvement in a system or environment and characteristics of being valued and socialised to the group. This has many parallels with feelings generated by online groups and social networking sites (Ossiansson 2010, DeAndrea et al 2012) that have been identified as a source of social capital and motivation.

My primary research, whilst acknowledging the significance of mentor support to students' clinical learning, questioned the practicalities of the mentorship model being the sole source of support on placement. Findings indicated that mentor support for first year student nurses was variable and it was the students' own peer groups that often formed the basis for ongoing pastoral support and informal professional discussion about placement. This support was engaged in face to face communication when convenient but also already involved Facebook for those students communicating at a distance.

Successful clinical learning could, therefore, be possibly augmented by using the established peer and academic Web 2.0 support groups that participating first year students have already engaged with during their first university term. From the literature review completed Web 2.0 tools, and most notably the use of Facebook, not only promoted accessible communication at a distance but also has the potential to create support networks and enhanced group identity and confidence as a result.

### **13.5 Acknowledging potential barriers to using Web 2.0 tools in the practice development project**

Although academics recognise the potential of using online communication tools, already popular and established with students, barriers exist in translating this awareness into educational practice. Brown (2012) in her study of academic perceptions of Web 2.0 found that although Web 1.0 was well established in academia the interactive affordances of Web 2.0 seemed to be ignored despite academics desire for student led courses and participation. Roblyer, McDaniel, Webb, Herman and Witty

(2010) found that academics in the USA were more likely to use traditional technologies such as emails.

Facilitating pedagogy that highlights academics own lack of expertise is potentially problematic and requires a bravery and “letting go” by academics in their interactions with students. Likewise the use of informal or colloquial language on Web 2.0 tools may bring into question the academic rigor of students pooling their experiences online (Wheeler, Yeomans and Wheeler 2008, Morley 2012).

Some academics are sensitive to the amount of disclosure of themselves that might be revealed through the use of social networking sites with students. Mazer, Murphy and Simonds (2007) found that self disclosure was already used as a pedagogical tool in teaching to spike students’ interests and even to clarify material by providing real life examples. They recommended that Facebook disclosure must be consistent with the teaching style in the classroom. Generally it seemed more important to student motivation to have immediacy of academic interaction (Mazer et al 2007) and that the academic was aware of how the tool worked and was positive about its implementation (Ossiansson 2010, Morley 2012).

Additional and more complex issues of engaging in Web 2.0 tools exist for students undertaking health and social care courses. Breaches of confidentiality are identified in nursing, medical and pharmacist literature where students, communicating about work related matters in an unprofessional way, have compromised their professional and client relationships (Cain, Scott and Akers 2009, MacDonald, Sohn and Ellis 2010, NMC 2011).

Cain et al (2009) recognised that the blurring of the private and public domains within students’ lives, through the use of social networking sites such as Facebook, led pharmacy students to compromise what would previously have been distinct and separate social and professional identities. Although 90% of 299 pharmacy students stated that caution was paramount with Facebook profiles, a third admitted that they had posted information that they would not like accessed by academic staff, future employers or patients. Privacy settings on Facebook were not necessarily used and this

concurred with a study of 220 graduate doctors where one quarter did not use the privacy options (MacDonald et al 2010).

Cain et al (2009) and MacDonald et al (2010) highlighted the imperative of academics providing the future health care professionals in their courses with an awareness of issues pertinent to the evolution of professionalism in the digital age. Cain et al (2009) moved beyond isolated netiquette training for students (Morley 2012) and introduced the better rounded construct of *e professionalism* with the first year pharmacy students in their study.

It was recommended that academics must accept a professional and academic responsibility if deciding to implement Web 2.0 tools within their courses (Cain et al 2009; MacDonald et al 2010). Being present in a facilitative capacity to support safe online interaction which promotes trustworthiness, authenticity and credibility of information and the safeguarding of private and confidential information was important (Grover and Stewart 2010). With the blurring between the social and professional worlds (Ossiansson 2010) an awareness of *e professionalism* is essential for all students. This was considered as a recommendation of the practice development project.

## 14 Phase one: conducting the practice development project

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### 14.1 Aims and objectives

The mixed method project proposed to extend the communication support for first year student nurses in their first clinical placement by the use of additional forms of online communication (a wiki, a Facebook group, an email group and traditional methods of communicating with academic staff via individual email and /or telephone). The first three communication tools allowed the additional facility of peer as well as academic support.

A mixed method approach was chosen to collect quantitative and qualitative data concurrently during and on evaluation of the project. The quantitative data monitored the number of students who posted and responded on their communication tool. The qualitative data examined the themes that emerged from students' communication and issues that may have affected student's access and engagement with their communication tool. The project was further triangulated by the weekly reflective diary I kept of my own impressions of the project which then incorporated the perspective of an academic and e moderator of the communication groups. At the end of the project students were requested to complete a final evaluation questionnaire consisting of open and closed questions about their experience.

### 14.2 Quantitative aims

- I. To identify how often individual participating first year students posted a new subject area onto their allocated communication tool during their first clinical placement
- II. To identify how often individual participating first year students responded to a post from another member of their elearning group during their first clinical placement

### 14.3 Qualitative aims

- I. To discover the communication issues and themes that emerged from eight student elearning groups during their first clinical placement

- II. To identify factors that influenced individual first year students' access and engagement in different online communication tools during their first clinical placement
- III. To describe pertinent issues relating to the implementation of the project.

For the purposes of the project a "post" (P) was defined as a new subject area introduced onto the communication tool and a "response" (R) was a reply to the post. It was possible for students to introduce a new "post" as part of their "response" to another student and in those circumstances this was recorded as both a post (P) and a response (R).

The project gained ethical approval from the School of Health and Social Care Research Governance Review at Bournemouth University.

#### **14.4 Sample and methods**

A convenience sampling of two first year seminar groups (A and B), of approximately 30 and 22 student nurse participants respectively, were selected for the project sample due to the dates that they were entering their first clinical placement. Two groups were selected out of six first year seminar groups. The resultant data taken from two seminar groups was better representative of a first year cohort and not based on the idiosyncrasies of one group.

The sample was representative of different age groups and gender within the programme but these variables were not isolated for this particular study. Factors thought to effect student engagement such as age, gender (Broady, Chan and Caputi 2010) and the earlier distinction of the population being either digital natives or digital immigrants has become less relevant (Prensky 2009).

In a first meeting with participants an explanation of the project was presented both verbally and via a participant information sheet (**Appendix 10: Participant information sheet for the practice development project participants**).

It was explained to students that the study comprised of two phases:

- I. Monitoring of their use of an online tool to communicate with peers and myself while undertaking their first clinical placement
- II. The completion of a post placement questionnaire to ascertain their use of and attitude to online communication while on clinical placement

Any inequalities in power relationships which may compromise informed consent were recognised by emphasising to students that they could refuse or withdrawal from the project at any stage. Equally students were free to participate in the communication tools they had been allocated to as and when they wished during the course of the project.

Participants attended a second meeting to ask face to face questions about the project before they were asked to sign their consent to allow their participation (**Appendix 11: Consent form for the practice development project participants**). Students were assured that although students' identity could not be anonymised during communication on placement for the purposes of the publication and presentation of findings students' identity would remain confidential.

During their first academic term at university each student seminar group had been divided into four elearning groups for the purpose of using wikis in two academic units. Student participants for the project, in each of the seminar groups, were placed into the same former student elearning groups that had been used for previous academic collaborative group work online. By using the established membership of the four elearning groups for both A and B the students were allocated to one of the alternative communication tools whilst on their first clinical placement.

In conjunction with this seminar group A had been taught by myself previously and it was hoped that this previous weekly contact would promote the students' confidence in using online communication tools with a member of university staff they were familiar with. I had not taught seminar group B and had met them solely during Fresher's week three months previously. It was recognised that my personal connection with group A could influence their frequency of use of their communication tools.



Communication tools were allocated randomly between the four elearning groups of both group A and B for it was known all students had had previous experience of wikis and the students also used Facebook. It was made clear to participants that technical issues arising from the use of the communication tools could either be fielded through the 24 hour IT services helpline or me. All students were given the option to continue with personal communication to other university support systems and their personal tutor via email if this was preferable or more appropriate for them. The students' use of alternative methods of communication outside the project was hoped to be measured through the post placement questionnaires once the project had been completed.

The choice of how students used their communication tool, the frequency and the issues raised were at the discretion of the group but had to comply with the netiquette training that students had received at the beginning of the academic year.

The outcomes of students' previous netiquette training were reemphasised as well as clarifying the established "immediate take down procedure" for removing inappropriate content. This procedure, agreed with students prior to the start of the project, allowed me to immediately remove inappropriate content such as the identification of patients, clinical settings and staff.

It was ensured that the elearning groups using Facebook as a communication tool had individually adjusted their privacy settings at group level to the "secret" setting to enable a closed and confidential group for their communication that could only be viewed by named group members (JISC 2011a). Likewise the continued use of the established wikis through the university's Blackboard website ensured a closed communication group to its members.

#### **14.5 Data collection**

Quantitative data was collected on a weekly basis from each of the eight elearning groups for the five week period of placement. The number of posts and responses of each individual student to the communication tool each week were measured as well

as the type of issues being raised. Once the communication tools have gone “live” in placement I planned only to respond to posts and questions from students and not to initiate posts myself. This was to ensure posts were student led and reflected student interests and concerns whilst on placement. Mazzolini and Maddison (2003) found that frequent postings by instructors diminished the number of student responses and the length of the discussion.

Further data was gathered through a self administered questionnaire, completed by the participant students after placement, to evaluate aspects of the process of using online communication as a support mechanism. My reflective diary, written during the project, also documented issues resulting from the implementation of the project.

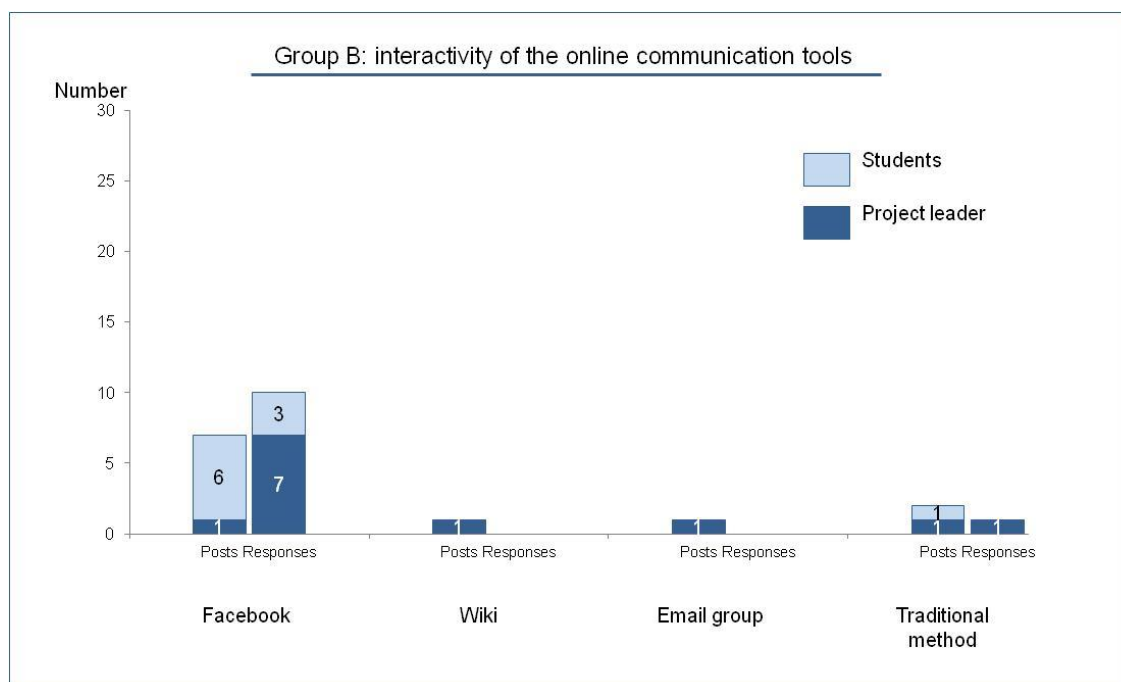
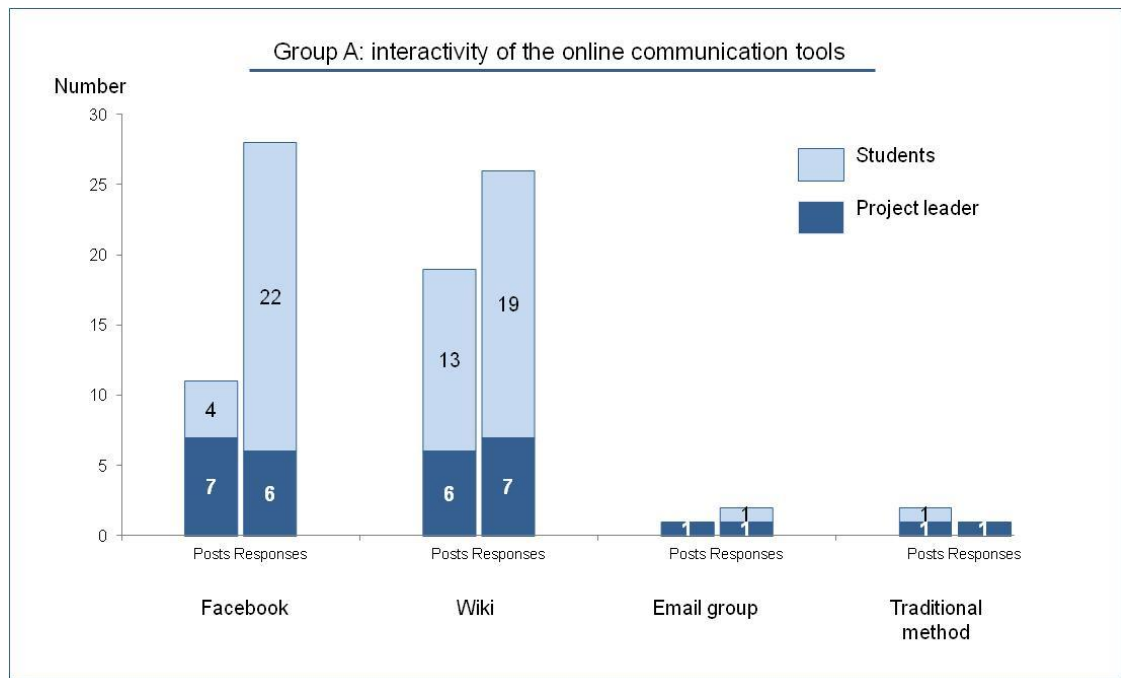
It is acknowledged that the lack of face to face contact, the previous exposure of students to me as their seminar leader and the former group dynamics of the elearning groups may have had an effect on participation in the project (Morley 2012). The ability to measure the numbers of students who have accessed their communication tools but left no post or response are not possible to compare across the communication tools being used.

## **14.6 Results**

### **14.6.1 From weekly access to students’ communication tools**

Students’ individual access to the project during their first placement varied significantly (**Figure 3: Posts and responses on the communication tools used for the practice development project**). Overall Group A used both the facilities of Facebook and the wiki more than Group B but out of all the mediums Facebook was the one preferred by students in both groups. The groups allocated to either a Facebook or a wiki group used their ability to communicate with peers as well as myself.

Significantly the traditional methods of contacting academic staff directly through telephone and/ or email had very low access.



**Figure 3: Posts and responses on the communication tools used for the practice development project**

Of the highest participating groups (Facebook groups A and B and wiki group A) discrepancies existed in the number of participating students and the length of time participation occurred during placement.

Student group	Communication tool	No. of participants	Duration of use of tool (weeks)
A	Wiki	4 out of 7	5
A	Facebook	4 out of 4	4
B	Facebook	3 out of 6	2

**Table 10: Students' access to online communication tools**

The content of students' posts and responses remained random throughout the project and varied between specific questions on educational issues to dialogue relating to students' feelings on placement.

*Student: Hi, don't see any chat yet? After 5 days on placement have to say it was not a good experience and not looking forward to this week. I'm basically working as a HCA (health care assistant) and it's worse than working in a nursing home. Cannot see any improvement in the near future. This is going to be a long month.*

*Dawn: Hi XXXX. Sorry the placement isn't working out as you hoped. Remember its early days ... and there are quite a few things you can do to improve things. A couple of questions first... what are you doing that you don't think is within your role? Have you had your initial interview with your mentor yet? ☺*

*Student: Hi Dawn. Today was much better as it was more relaxed being a public holiday. Haven't had my initial interview and my mentor's away for the next week. She's nice btw (by the way) so that is not the problem. I'm seen as a HCA and a very much needed pair of hands. It's ok, just not what I was expecting*

*Dawn: Hi there. Yes, it's interesting how the type of day can make a difference! Have a chat with the person in charge as two weeks without an initial interview is quite a long stretch without identifying which learning outcomes you are beginning to focus on in your PAT (practice assessment tool). You should have a second mentor if the first is unavailable. Unless you have a focus to your practice learning then the easiest thing to do will be to put you working as a HCA. By the way, I don't think there is anything wrong with this at this particular stage but you really need someone to question you about the care you are doing and why ... keep in touch ☺*

#### **14.6.2 From students' evaluative questionnaire**

The responses for the face to face questionnaire (Group A (n=11)) were amalgamated with the same questionnaire completed online (Group B (n=1)). The low numbers did

not allow credible patterns in behaviour or preference for tools to be analysed but qualitative comments brought insight into individual students' perspectives.

#### **Facebook group feedback (n=3)**

Students were *"used to using Facebook"* and it was *"easily accessed at any time of day"*. Students found it helpful as a support tool *"I knew someone was there if I needed help"* and appreciated *"the opportunity to interact with my peers easily about issues on placement"*. Students' comments appreciated an academic presence.

#### **Email group feedback (n=7)**

Some students found the email group difficult to access while for others it was *"private, quick and easy"*. Two comments expressed a preference for Facebook *"email seems very formal when I had issues I contacted via text or Facebook"*. Students' comments appreciated an academic presence.

#### **Wiki group feedback (n=3)**

*"It was interesting to see what people were up to and how they were getting on"* although the initial blank page and other group members not participating were demotivating. Students' comments appreciated an academic presence.

#### **14.6.3 From my reflective diary**

*"Group A (a group I had just finished teaching) were warm and positive to the idea of the project. Group B seemed jaded and tired and had already taken the idea of setting up a group Facebook account from a previous meeting I had had with them in Fresher's week."*

*I set up a Facebook account easily with the sole purpose of using this to communicate educationally and linked it to my university email account. It had the bare bones of name, date of birth and photo which was the amount of information that I was comfortable to share with the students."*

*I noticed that by allowing students to become my friends on Facebook they had to give me access to their full Facebook profile which must have been quite brave and could affect them wanting to take part. One student from group A felt strongly about not being in a Facebook group and group B, who had a seminar group on Facebook, did not want me using this for educational purposes. The wiki groups were easy to continue in the academic units where they were originally placed while the email group, that had to be formed through IT, seemed to face numerous problems before it became "live". About four students contacted me to see if they could become my friend on Facebook although they were members of other communication groups.*

*The Facebook account of Group A attracted student interaction almost immediately. I received email alerts so I was not continually checking whether there have been posts; it is very immediate and efficient compared with the other tools.*

*I found the wiki format allows a page for each week of the placement which makes it clear to manage and allowed me to summarise the student comments. I tried to set up an RSS feed to the wikis so I was alerted to posts but this seems to have been unsuccessful.*

*Due to the previous work with online communication I did not feel uncomfortable or phased that students were communicating in a colloquial style. Facebook went down a storm in the early weeks of placement with students posting encouraging messages to each other. I was careful to monitor the type of questions being asked to see whether to leave them for another student to respond to or whether it would be more appropriate from me. Quite often I would queue in another post on the back of a response in order to keep a conversation going with the student; in this way tools that were being used were self perpetuating and became quite a fluid medium.*

*I tried to move students into longer and deeper reflections on care issues as the weeks progressed. With wiki group A this achieved limited success but generally students only seemed comfortable with short fire, information seeking posts unless giving more emotional reassurance to peers. Attempts to structure students' responses by asking them to focus on a learning outcome were equally unsuccessful.*

*Barely any response from the email mediums and I was struck with how much contact students had missed out on. The wiki group for Group B has not been accessed so a very unsuccessful medium compared with Group A. The enthusiasm for the project has also been mirrored in the response rates to the questionnaires from Group A and B."*

## **14.7 Discussion**

The posts and responses of first year student nurses who took part in the project indicated a preference for the use of wikis, but in particular the social networking site Facebook, as a communication tool with peers and an academic while on placement. The number of participating students numbered 11 out of a sample of 52 so it is recognised that although the communication tools may have been useful for participants the overall take up for the project was low. Accessibility to these communication tools were predominantly in the beginning weeks of the first placement.

Participants used Facebook and the group A wiki for two main communication purposes; either specific or immediate questions related to an aspect of practice learning or as a place to leave reassuring comments for peers. Selwyn (2009) found a similar division on Facebook communication between administrative type information and, in his case, reflections on learning. The example of online dialogue between myself and a student included in the results demonstrated how an immediate question had the potential to be a catalyst for a higher level discussion on identity and socialisation on placement.

The affordances of Facebook presented a high quality interface that students were familiar with using and allowed them to connect with both peers and an academic with ease. This continuing and immediate social connection was welcomed.

*"It was helpful to see how everybody was getting on and sharing ideas" (project participant)*

Some students, not included in the Facebook groups, attempted to join the Facebook groups or expressed a preference for communication via this method. Participation in

an established seminar Facebook group was one reason given for non participation in the group B wiki but it is unknown how often students accessed and engaged in the alternative Facebook group.

As the project leader I found managing and structuring student comments more difficult on Facebook pages than the wiki. Gray, Annabell and Kennedy (2010) analysing the use of Facebook by medical students found, like this project, that some aspects of the layout and functionality of Facebook were not naturally conducive to educational activity. Overall Facebook seemed particularly appropriate to informal group work and this potential for placement support was expressed by participating students and in my own reflective diary.

*“Do it again, but maybe do it from start of the year to make people more aware”  
(project participant)*

My original aims to react only to student posts became more fluid as the project progressed as I realised the value of connecting to students’ posts through the promotion of informal conversations. Attempts to align students’ posts more explicitly to educational goals; for example, by suggesting students reflected on their nursing experiences at a deeper level, were not met particularly proactively. Mazman and Usluel (2010) found that *“usefulness”* was the most important determining factor to Facebook usage and student nurses in this project used Facebook for quick and transactional communication.

Due to the email alert system via Facebook I spent minimal time servicing the Facebook pages and equally required no technical help or assistance in setting up and maintaining my Facebook account. This ease of maintenance, with the ability to access Facebook via my iphone, made this extended student support easy to respond to and access. This correlated with Ossiansson (2010) who noted the time efficiencies and the potential to build egalitarian relationships between academic and student.



Facebook	<p>Student participants are members of Facebook and are familiar with access and usage. Access can be made through varying mediums including smart phones. The interface is of a high quality and technical help is usually not required when opening an account. Personal alert systems can be set up to advise on new input on Facebook pages. Facebook affords students the opportunity to communicate with peers at a distance with the potential for academic support.</p> <p>The layout of Facebook pages is set and cannot be changed to suit the learning task. Student participants must be aware of netiquette dangers inherent in Facebook use and the importance of its management.</p>
Wiki	<p>Student participants have previously worked on wikis and are familiar with access and usage. Access is through the university Blackboard intranet site and can be problematic. The interface is basic and wikis have to be set up for students via university support systems. Wikis afford students the opportunity to communicate with peers at a distance with the potential for academic support.</p> <p>The layout of wikis is conducive to the creation of collaborative documents and discussion. Students must be aware of netiquette and the membership of the wiki group.</p>
Email group	<p>Student participants rarely work in email groups although email is familiar to them. Access proved an issue and university support systems were required to set up email groups. Email can be seen as an old fashioned medium by students with which to communicate with peers.</p>

**Table 11: Comparative use of online communication tools**

## 15 Phase two: dissemination of the practice development project findings

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### 15.1 The challenges of disseminating the findings

In preparation for the project the challenges of embedding e learning within higher education (JISC 2009) and nurse education in particular (Petit dit Dariel, Wharrad and Windle 2013) had already been highlighted. Although the project had circumnavigated many barriers associated with elearning; lack of motivation by the instructor, poor product interface and lack of user accessibility and familiarity (Morley 2012) the findings of the project highlighted particular idiosyncrasies outside the existing literature.

Although student nurses already used Facebook widely to communicate with peers there remained an underlying suspicion of social networking within the academic staff especially in light of the high profile cases of nurses being removed from their professional register for breaches of confidentiality online (NMC 2011). The spectre of convincing academic staff of the safety of social networking in a professional context hung heavily around the project and I realised that this would need to be explicitly addressed if dissemination of the project was to be successful.

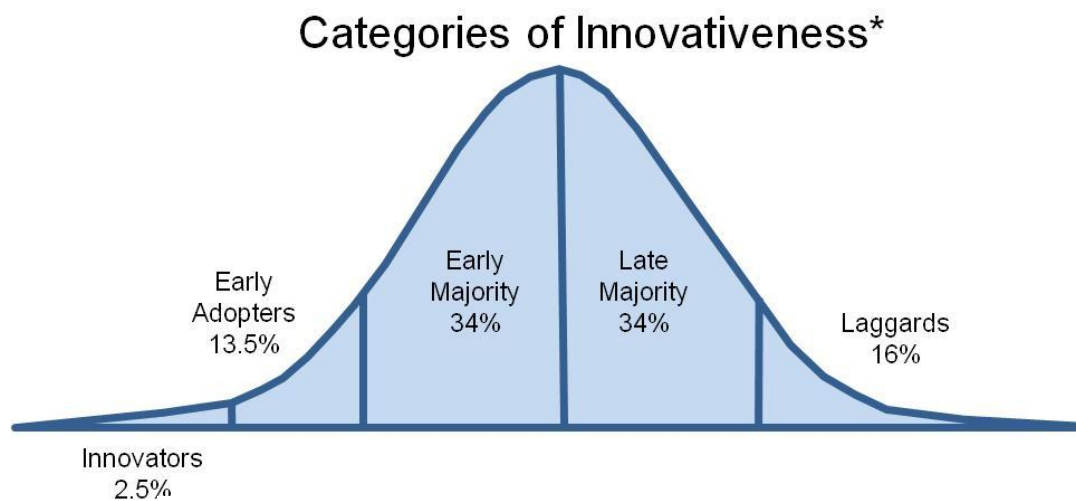
The project recommended that academics accept a professional and academic responsibility if deciding to implement Web 2.0 tools within their courses. To ensure success academics should be present in a facilitative capacity to support safe online interaction which promotes trustworthiness, authenticity and credibility of information and the safeguarding of that which is private and confidential (Grover and Stewart 2010). With the blurring between social and professional content (Ossiannsson 2010) an awareness of *e professionalism* is essential for all students.

Further to the completion of the PDP the second phase of the project disseminated the project findings both internal and external to the university and the development of an online training tool, *e.Smart*. *E Smart* built on the principles of netiquette training that students were already familiar with. It also aimed to explicitly address the importance

of students being aware of the potential and risks of communicating online in preparation for a professional role.

## 15.2 Using Rogers' diffusion of innovation model

In light of my previous experience of using elearning tools (Morley 2012), and with the literature review conducted for the project, I predicted that any embedding of the project findings could be complex. I sought a model of dissemination to inform the process. I believed that the innovation would be more successfully adopted through the identification of key people within the institution who would promote change. Rogers' diffusion of innovation model (Rogers 2003) identified these particular groups of people and Rogers found that, over time, adopter distribution could be represented by a bell shaped frequency curve.



\*From E.M. Rogers, *Diffusion of Innovativeness*, 4<sup>th</sup> Edition (New York: The Free Press. 1995)

**Figure 4: Categories of innovativeness from Rogers (2003)**

Rogers (2003) identified those groups of early adopters and the early majority as particularly significant to the diffusion process. Early adopters are social leaders, or *connectors* (Gladwell 2000), under whose influence the innovation could rapidly increase. Gladwell (2000) referred to this as *the tipping point* within Rogers' bell shaped curve. Early adopters' strong interpersonal ties within an organisation can influence those more resistant or apathetic to change and with their commendation of the innovation others, less convinced, will copy its uptake.

Moore (1991) further informed Rogers' theory by the identification of a *chasm theory* where he recommended that the diffusion process should be informed by an awareness of how the different groups are motivated to change. This is particularly true of the transition of change between early adopters and the early majority; the former are prepared to take risk and the latter take a more evolutionary approach that lacks the desire to negotiate potential barriers and elements of indecision related to the change process (Elgort 2005).

### 15.3 Internal dissemination of the project findings

During September 2012 I began the internal dissemination of the project findings by organising two one and half an hour workshops for faculty staff. I was conscious that an open invitation to all staff would gain the interest of early adopters (those interested in the use of innovative pedagogy and alternative support methods) and the early majority (those who saw a specific use of Facebook within their work roles). In order to ease any difficulty of using Facebook for non users the sessions were accompanied by a learning technologist who was available to help staff set up a Facebook account with the correct privacy settings.

### 15.4 Facilitating staff faculty workshops including their evaluation

Academic Staff	Student Support	Administrative Staff
11	6	3

**Table 12: Attendance at faculty workshops (September 2012)**

The workshops were attended by a mix of staff from across the faculty. Participants completed a questionnaire to establish their knowledge of the use of social media with health and social care students before I presented my project (**Appendix 12: Pre-questionnaire for the faculty workshops**). The workshop concluded with an evaluation questionnaire and the opportunity to set up a Facebook account with a learning technologist (**Appendix 13: Evaluation form for the faculty workshops**). Participants were happy for me to contact them six months after the workshop to evaluate any outcomes as a result of the dissemination of the project.

Thanks it was an interesting review of your project  
Excellent and informative. Potential uses identified plus experiences to be a guide for reflective practice as part of a new curriculum “practice unit”.

This is something I am interested in and will possibly see xxxx about getting a Facebook set up. I would be quite interested in students having access to this type of Facebook when on placement. I think it would help students to engage with the university.

I can see possibilities from my work role perspective. Have previously requested blog/ wiki teaching from BU. Thank you.

Ideal tools as a personal tutor for contacting students especially in rural communities. Currently use Skype. Would like to look at using Facebook (FB) pages too.

Interesting and useful. Motivated me to pursue exploration of this resource further. Thank you.

Excellent project. Very proactive. Enforced discussion of these topics have led me to push forward with these ideas.

Never used Facebook or twitter, so students would probably know more about usage than me.

We can think about using it to improve communication with students during placement.

Would be interested in setting up a Facebook page and supporting students with special learning in placement

I think this would be really useful for students on placement. I may use for staff groups/ teams as a discussion base/ raise concerns or may use Yammer. Useful for new students arriving at university. Possibly localities based.

Really really helpful and informative

**Table 13: Evaluation of the faculty workshops (September 2012)**

### **15.5 Dissemination from the workshops**

I followed up participants who had attended the workshops in February 2013. None of the academics and administrative staff had used Facebook in student support although one had begun to use it socially. Most cited time factors and additional work commitments as preventing them from taking their initial enthusiasm further.

A group of support staff had used Facebook to engage first year students in a new peer to peer support initiative at university. Another support staff colleague requested me to run a session for second year students peer supporting first year students. I

followed up the first group in a recorded focus group to ask them about their experiences.

Although the support staff (all recently graduated students from the university) had visited another university to view a similar project they did not initially adopt social media communication despite its success elsewhere. They had trialled communicating with students by text which had limited success particularly when students, inundated by texts, requested withdrawing from the text messaging system.

Following permission of the project sponsor Facebook pages were eventually set up to advertise social events. This coincided with a change of ethos in the project where it went from a more subtle project, supporting widening participation students, to one that focused more openly on first year students settling into university.

*“We’re getting a slightly bigger group of people but also that is making our events more successful and stuff like that so it’s generating awareness so the project changed alongside with the Facebook page changing as well which was quite interesting” (Project Officer)*

Project Officers also believed there was *“a generational misunderstanding of Facebook and Twitter”* where it was seen as a threat to privacy and finding employment across the “risk adverse” university generally. The visibility of the project was key to its success and, after project officers agreed that the use of social media was important to this aspect, they approached the use of Facebook with greater commitment carefully analysing their style and approach.

## **15.6 Conclusion of internal dissemination**

Six months following the dissemination workshops for my project official use of social media to support students remained low. The acceptability and use of tools, such as Facebook, began to be discussed within the health and social care faculty but the fear remained that students could compromise themselves on social media sites and risk discontinuation of their training and future employability. Facebook had created an ideological dilemma where it could enhance communication for students’ learning on placement yet could also expose students and their patients to harm.

Rogers' diffusion of innovation model was useful to capture those who would be most influential to adoption within the faculty. However, without the inclusion of managers and the appropriate policy to secure change, found also by Elgort (2005), the decision to use Facebook remained very much at the individual level.

Working with colleagues in occupational therapy and learning technology a high quality online training package, *eSmart*, was designed with the intention to promote students' awareness of the risks and positives of using social media in a more professional context. The online training could be completed independently and was embedded into a first year nursing and a first year occupational therapy unit as a pilot project. Students' use of *eSmart* was assessed by them writing a 200 word reflection on how they felt the training package had influenced their personal and professional awareness of communication online.

A group of 11 third year adult nursing students, who volunteered to review *e. Smart*, reacted positively to the intentions of the programme;

*"eSmart is a very useful training package because it is detailed, informative and most aspects of training were addressed" (third year student).*

Students were surprised at the extent of potential abuse on the internet and the length of time their digital footprint remained current. Their awareness of netiquette was increased; *"I will change how I type in group work conversations and mass messaging through a blog"* (third year student) and their awareness of maintaining confidentiality *"it enabled me to realise the importance of thinking before you post online, and to be aware of who may be able to see what you post"* (third year student).

*"I feel this package shows in basic terms all relevant information which I think would be important to complete at the start of your year one in nursing. This would ensure all students are aware of what is expected of them throughout their training and for their future career"* (third year student).

It is hoped that the use and expansion of *eSmart* within health and social care courses will create greater confidence in the use of social media between staff and students

and alert students to different and safer ways of using social media. Further publicity of *eSmart*, and the construction of clear practical guidelines on how to use Web 2.0 tools to support students on placement, was identified as the “next steps” in the dissemination of the project. It is believed that both enthusiastic early adopters, trained to a higher level of e communication expertise through access to an e moderator’s course, and management support are both required to move the PDP into future phases of implementation.

### **15.7 External dissemination**

In September 2013 I presented for 30 minutes at the Networking in Health Education (NET) conference at Cambridge: *Supporting student nurses in practice with online communication tools*. The presentation was well received and I found a further Facebook initiative was being presented through a student led poster from a different university at the conference.

I also increased the scope of the project through two publications in 2014. The usage report via ScienceDirect for the article published in the peer reviewed *Nurse Education in Practice* found that it had been downloaded or viewed 389 times since publication (measured through to 31 March 2014).



### Part III: Combined conclusions, limitations and recommendations

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## 16 Conclusion of the primary research and practice development project

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The aim of my primary research study was to explore the practice learning of first year student nurses on their first placement. I believe the research aim to present a theory which represents how first year student nurses learn in practice on their first placement has been generated. The ultimate judgement of this rests with the reader and in particular with those in the nursing profession who recognise something of their own experience in what they read. By providing a transparent and detailed account of data collection and analysis, and the reflexive context that has influenced it demonstrated through my narratives, it is hoped a judgement can be made on the accuracy of the findings (Hall and Callery 2001). The defining aspects of the grounded theory method; the constant comparative method and theoretical sampling are carefully presented in the **data collection and analysis** chapter and the **appendices**. The use of NVivo 10 software analysis tool allowed a presentation of a clear visual audit trail through the stages of coding to concept formation. I believe the study findings reached the standards of validity for qualitative research as defined by Whittemore et al (2001) and practically can be taken forward to prepare practice placements and students better for the complexity of practice learning that occurs.

The research findings highlighted areas of learning particularly pertinent to student nurses' practice learning at the beginning of their professional journey. It provided additional insight into some of the now accepted changes of the Project 2000 educational reforms that impact students' practice learning; most notably the supernumerary status of nursing students on placement and the role of the mentor in supporting student nurses' practice learning. It also explored under researched areas in nurse education that are commonly debated in other professions, such as the challenges of recognising the more implicit, hidden dimensions of learning in practice. A new model of mentorship, the *ebb and flow* model, was identified as well as informal sources of support, such as patients and health care assistants, that impacted practice education.

The research findings also indicated the importance of peer support to first year student nurse learning in practice. Working with peers on placement was found to be

both supportive and empowering. Outside of placement, students, particularly for those that shared accommodation, spent time 'offloading' to each other after a placement shift and generally making sense of their practice learning. The research indicated the need for a more recognised way for first year student nurses on placement to share their learning experiences with each other, to deepen the understanding of their role and even resolve issues. In the absence of face to face access to peers and academics, online communication presented an alternative medium to achieve this.

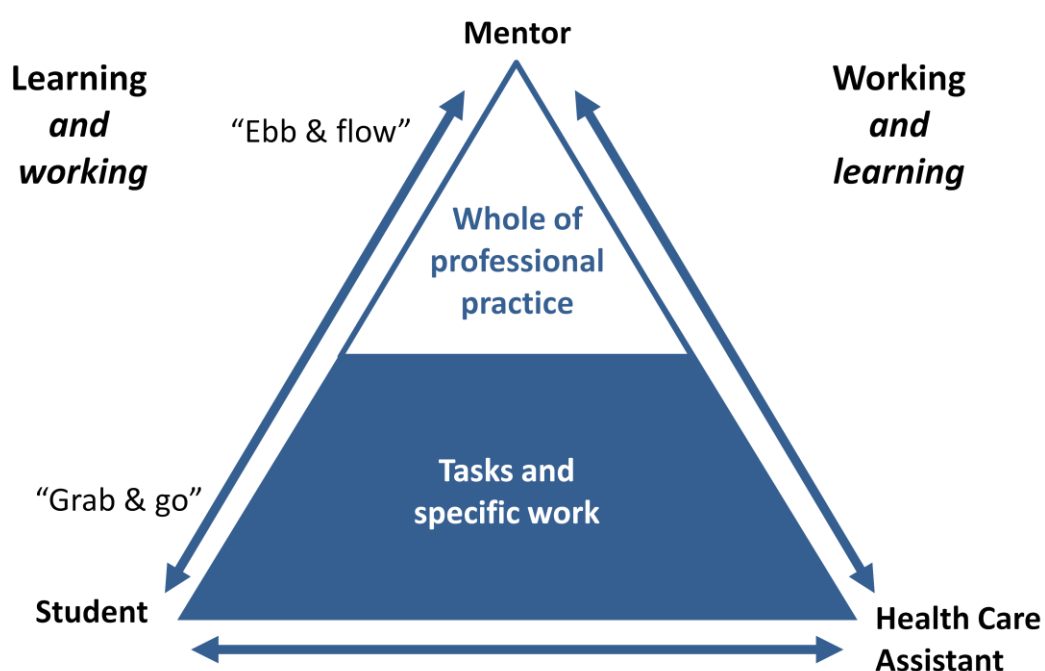
The practice development project (PDP) focused on augmenting the academic and peer support available to first year student nurses on their first placement. The potential of alternative online support systems were identified and the dissemination of the findings to a wider audience highlighted barriers and solutions to the implementation of Web 2.0 and social media.

### **16.1 The contribution to knowledge**

The research found that first year student nurses did not possess the skill and experience required to negotiate their practice learning without help. First year student nurses need guidance in their practice learning on their first placement and require both experts, most notably a well informed mentor and the placement team, to support them if they are to be successful.

Participant interviews suggested that the first placement experience is significant to student nurses' practice education for it gives students early skills and confidence and acts as a reassuring marker that they have made the right choice in their future profession. Participant interviews revealed that placement gave students the opportunity to view their learning trajectory, and the possibility of their future professional selves, if they engage with the registered nurses on their placement; particularly their mentors. The specific longitudinal effect of the relatively short time period of the first placement is currently overlooked and the first year placement takes on significance as the first staging post in the formation of a professional identity that, if compromised, can have an effect on student nurses' practice learning.

The theory which emerged from the data showed that first year students were *“learning to be a professional”* from their first placement experience. If first year student nurses were able to work closely with a professional expert, usually their mentor, they were more likely to gain an appreciation of the many facets that make up the whole of professional practice through their close involvement in the day to day work of a registered nurse. This includes the complex and political nuances of a registered nurse’s work that are often implicit within their role.



**Figure 5: Theory of practice learning *“learning to be a professional”***

**Figure 5: Theory of practice learning *“learning to be a professional”*** provides an overview of the theory. First year students are placed on the side of the diagram where the learning role dominates but work in partnership with health care assistants (who have a dominant working role) and the mentor (who bridges both learning and working). If the student spends the majority of their time with the health care assistant they work and learn at a *“tasks and specific work”* level and are at the farthest point away from the professional decision making of the mentor. If the student learns and works consistently and closely with the mentor, using a collaborative *ebb and flow* model, they are more likely to be party to the whole of professional practice rather than the fragmented or *grab and go* parts of a qualified nurses’ role. By following the

*ebb and flow* model of mentorship students are at the epicentre of professional decision making rather than on the periphery. The introduction of this approach could have a significant effect on the quality of practice learning particularly if consistently maintained throughout each placement experience that follows.

The research provided an “*intimate familiarity*” (Charmaz 2006, p. 182) of the practice learning of the first year student nurses. What has emerged is a breadth of new categories and theory that have been overlooked or passed by in other research. The *ebb and flow* model to mentorship, for example, exists in student nurses’ practice learning but now has been made explicit and therefore recognisable and usable as a simple model of mentorship support. The *ebb and flow* model unites the previously exclusive areas of learning context and student together so the student critically and positively learns the context of their work whilst being coached by a professional expert. Most importantly the model accommodates both the learning needs and the workforce requirements of the placement. Students’ learning is continually renegotiated between themselves and their mentor in response to the evolving learning opportunities and the mentor’s availability against their management commitments. Likewise areas that have been taken for granted in student nurse practice learning, such as health care assistant supervision, have also been revealed more fully in the context of the study.

“*Learning to be a professional*” involved students being able to re contextualise this rich source of professional work as *practice learning*. This became easier if students managed to achieve a recognised learning role on placement and students were challenged to view the more hidden and implicit learning in which they participated as incidences of *practice learning* rather than work. The research findings however showed that the ability to achieve this was variable due to factors that evolved both from the practice context and the student themselves.

By the end of the first placement some students had begun *learning to be a professional* in so much as they worked closely with their mentor and felt they had been equally challenged and supported through their practice learning. Other students felt that they had *worked as a healthcare assistant* and effectively had undertaken the

same occupational socialisation experienced by student nurses before the Project 2000 educational reforms.

The achievement of being a recognised learner on placement proved challenging against the political pressures to comply with workforce demands and the traditional socialisation of placement. The success of a student's practice learning was highly dependent on the management of the politics of the placement environment. If the political nature of the placement was managed successfully a student was more likely to learn professional knowledge and skills on placement appropriate to their future role as registered nurses. If students were subsumed by workforce demands they continued to be socialised to routinised practice where being critical and challenging of practice was unusual.

The interdependent nature of the social learning on placement, and the particular characteristics of individual students, was found to be influential factors to students' practice learning. These factors, however, remained relatively hidden in the formal assessment and documentation of student nurses' practice education. Not enough recognition was given to the resource potential of the placement or the student themselves to differentiate and improve the student practice learning experience. The *"therapeutic opportunity"* (Bradbury-Jones et al 2011c p. 109) presented by the research interview process itself fulfilled a need for participants to discuss their practice learning and in itself demonstrated the importance of students having greater access to academic support while on placement.

The practice development project presented innovative and alternative ways that students might be prepared and supported in practice through online communication. The findings identified mechanisms to increase academics' and peers' engagement with students in practice. Online asynchronous groups provided first year students with the opportunity for mutual support and the opportunity to ask ongoing questions about their practice learning to an academic. From the PDP it was found that Facebook proved a useful tool in promoting social capital and networking with those students, who due to other commitments or geographical circumstances were unable to meet with peers face to face.

At the time of the project the literature review of the use of Web 2.0 in higher education, and in particular health care courses, was more limited. Despite the high use of Facebook socially within student groups research in nurse education had not kept pace. There was a general professional assumption that the risk of using Facebook in higher education far outweighed the advantages and both the project, and the dissemination of the findings, went some way to question this assumption. The staff workshops that followed the project were a rich source of discussion about this issue

## **16.2 Future areas for development**

By using a socio constructivist grounded theory (Charmaz 2006) for the study the data drew upon the diverse experience of the student nurses who participated within my research as well as my own reflexivity as the researcher. The constructivist tradition, in particular, encouraged the studied experience of students' practice learning to be illuminated by the wider and hidden influences of hierarchical differences and the organisation of the nurses' work. Like Melia (1987) I felt the grounded theory methodology worked well for both the research question being investigated and also for the inexperienced practice learners who were part of the study. It was felt that the choice of methodology would be appropriate to study other accepted work practices and roles, such as the mentor, within the practice setting.

By conducting *member checking* through two group validation events I was not only satisfied that eventual saturation of categories had occurred but the group validation meetings in particular demonstrated the value of the research process to participants. I was pleased that some of the participants took the opportunity to further the co constructive nature of the methodology by writing collaboratively with me for their first publication (Morley, Alexander, Hewitt, Pearce, Suter, and Taylor 2015). With increased ethical scrutiny within health and social care research the potential was revealed for involvement of students in future research with academics. This could be an empowering and powerful way to teach the principles of primary research.

Most significant to the future development of research findings is the recognition that the first placement is an opportunity to start the development of student nurses'

professional identity in the real life context of a healthcare setting. The characteristics of the practice learning environment is one that is predominantly uncontrolled where the most impactful learning opportunities can arise unplanned and unexpectedly for the nursing student. Structures, such as formal student- mentor interviews, which could provide meaning to the chaos of this type of learning are however underutilised. Important opportunities for discussion, and review of students' learning, are identified by students as areas that need improvement in their placement experience.

Students' mentors were seen as highly significant to the success of participants' practice learning in my research. As well as the more recognised mentorship roles, such as supporter and assessor, it was found that registered nurses ability to role model professional practice at all levels of their work had impact on what students viewed as the registered nurses' role. Mentors displaying a lack of time, or expertise of mentorship, presented barriers to students achieving a higher level of critical awareness or professional preparation for their practice. By not being questioned, or given feedback on their practice, students were more likely to pick up the predominant routinised practice present on placement. A more sophisticated mentor training is therefore required that extends mentors' knowledge to a greater awareness of the pedagogy of practice. This includes having the motivation to invest in the student as a learner and having the appropriate skills to support students as they begin their professional journey on their first placement. Some barriers to learning that students' experience, such as the lack of awareness of the importance of an induction phase to the placement, could be addressed with forethought and planning.

The collaborative nature of the learning long identified in student nurses' practice education was informed best through social learning theories and brings into question how the placement ethos and wider support structures can benefit student development without adding to the considerable pressures of the clinical work. My research highlighted more successful models of mentorship of student nurses, such as the *ebb and flow* model, that increased students' exposure to their mentors' professional expertise whilst accommodating the demands of the placement work. Additional student learning resource, such as structured time working with health care



assistants and nurse practitioners, were highlighted as areas that could be formally and creatively developed to the benefit of students' practice learning.

Overall, the experience of students interviewed for my study highlighted instances of best practice that took a student from the traditional occupational socialisation model to *becoming a professional* who could critique and question not only patient care but also the management of the placement setting. This much needed change of educational ethos to critical enquiry and partnership learning is more compatible with becoming an adult learner (Knowles, Holton and Swanson 2005) and the *knowledgeable doer* identified in the Project 2000 educational reforms.

The research also concluded that a greater investment is required between university and practice as the main strategic partners in practice education. The reduction of the theory-practice gap could occur with a greater exchange of staff and communication to support students on placement and the pedagogy of practice. Course assessments, for example, could be used as a tool for students to apply their theoretical learning to practice in identified areas related to patient autonomy and ethical care.

The PDP identified barriers to the implementation of online communication with students on placement. Future development could address issues, such as the breaching of patient confidentiality, through open discussion at staff workshops and the implementation of formalised netiquette training, such as *e.Smart*, into first year student induction units. The management of these barriers has the potential to emphasise both to students and academics their joint responsibility for active management of online communication as well as their ongoing responsibilities for patient confidentiality and professionalism. While the use of social networking sites in health and social care education is viewed as a dangerous or subversive activity students are denied the benefits of a high quality and accessible tool, such as Facebook, that encourages collaborative support and learning. There is an increased risk that institutions who ignore that Facebook is a fundamental part of students' communication will fail to accept responsibility for the sound development of *e.professionalism* as part of the curriculum. By dismissing the management of social media within pre-registration nursing courses academics put students at a greater risk

for they will remain unaware of the increased dangers of communicating online with their move into a professional role.

Despite recommendations by the NMC (2011) students already discuss their courses, their clinical placements and provide support for fellow peers through their social networking sites. The project recommended that development could harness rather than exclude students from the potential of Web 2.0 mediums and foster feelings of belongingness online to complement support on placement. The project highlighted the potential for Facebook usage at particular stress points in an academic programme (Facebook was used predominantly at the start of placement) and peer support, with the increased maturity and awareness of students' own learning needs, could be extended so the Facebook group becomes independently student led.

Overall the primary research and PDP findings strengthen the call for a new *epistemology of practice* for student nurses' practice learning. Against the busy and complex practice learning setting, any solutions to the many challenges of practice learning must add clarity rather than confusion to the student nurses' role. Student nurses need to be embedded in professional practice with every opportunity to learn against the richness of real life practice that frames their learning experiences.

### **16.3 Limitations of the primary research and practice development project**

My initial literature review proved challenging as I tried to balance the two schools of thought on the place of the initial literature review in a grounded theory study (McGhee et al 2007; Elliot and Jordan 2010). Having made the decision to establish the parameters of the extant literature available I found that the literature related to practice learning within nursing was limited. I therefore undertook a secondary phase of a wider search of literature related to work based learning. The quantity of literature made it difficult to isolate literature search terms to make the review meaningful. I therefore focused on the main protagonists within the area of practice learning to establish the overall areas for debate. Although this criteria was very helpful to the **discussion of the research findings**, for example the debate on the development of professional expertise, the initial literature review took time to

complete and the second phase did not follow a conventional literature search for broader terms.

My initial instinct to use participant focus groups to generate data, instead of individual interviews, may have generated an earlier collaborative focus to data collection. However, the rich one to one interviews mid placement were managed more easily by interviewing students individually on the phone and allowed me to focus on their individual ideas that emerged. However, as Glaser and Strauss (1967, p. 40) cautioned *“the published word is not the final one, but only a pause in the never ending process of generating theory”* and it is recognised that the theory generated remains within the confines of myself and my participants’ particular experience.

Students’ lack of use of their reflective diaries to record their practice learning did mean that the direction of my interview questions prompted their memories of events rather than their own written reflections. Often I wondered what mentors, as the silent partner in the learning relationship, would make of the participants’ perspectives. Further research with mentors could further triangulate the research findings as well as the investigation of the longitudinal development of the students who had a positive first placement experience.

Students’ rich source of prior experience appeared to have an effect on their participation within the study or their particular experience of learning on placement. Previous occupational experience, or the experience of a similar illness to their patients, gave students “a voice” that led them to be more empathetic or more assertive. Although students who had previously worked as health care assistants might conceal this experience they possessed insider knowledge of the politics and practicalities of care work. All the participants interviewed believed those with prior care experience had an advantage for their first placement. A wider follow up study using quantitative methods could differentiate these variables more clearly.

Although the small number of participants within the practice development project (11 from a sample of 52) meant that the findings could not be generalised to a wider population the mixed method approach to the project appeared appropriate to gain

both quantitative and qualitative data. The project was strengthened by participants' former experience of more unusual Web 2.0 tools such as wikis, e communication in online groups and issues surrounding netiquette. This particular experience was however exclusive to these first year student nurses due to their particular academic learning in their first term at Bournemouth University.

Some communication tools were only accessed and engaged in by myself and this could have been off putting to students to participate. I would recommend that future explanation to participants included an expectation that students should leave an initial post in an effort to encourage their online confidence. It is recognised that the existing dynamics of participant groups, their previous exposure to me and their preferred methods of communication could have affected their accessibility and use of their allocated communication tool. My hopes that participants' communication would reflect on their practice learning at a deeper level were not met within this project. It is recommended that further projects to analyse students' use of Web 2.0 tools has a greater emphasis on students monitoring their use of all communication with their peers and personal tutor outside of the project so effective comparisons can be made.

The dissemination of the project findings were limited by the lack of positive policy and management of online communication tools within the faculty where individual enthusiasm was not enough to instigate real change.

#### **16.4 Recommendations as a result of the primary research and practice development project.**

The recommendations are based on the four themes that emerged from the primary research findings:

##### **i. Integrating into practice learning**

Promote a designated induction period for first year students (recommended time period of two weeks) that include the following elements:

- An initial interview between student and mentor to include discussion of previous care

experience, the clinical skills learnt at university and future learning opportunities

- Physical orientation to the placement before patient care begins
- Previous exposure to common terms and patient conditions/ investigations that students may meet at their first handover e.g. a handout that students receive prior to placement
- Student allocation to named staff as *referral points* during induction as well as the allocated mentor. Named staff could be experienced health care assistants if suitably supervised by the mentor
- Promotion of an ethos on placement by all permanent staff that equally challenges and supports students
- Contact with peers and academic support through a face to face meeting, group tutorial or via telephone or online communication at the end of the induction period
- Refresher *e Smart* training to remind students of *e professionalism* whilst working on placement

## **ii. Learning to be a registered nurse**

- Following the completion of the induction period students have an increased exposure to working and learning with their mentor or alternative qualified staff
- Students' engage in briefing and debriefing of learning with the mentor during a shift. Emphasis is placed on the critique of care and the consideration of alternatives
- Clarity is established on the lines of reporting if students have concerns regarding their personal treatment or patient care on placement
- Students present and discuss ethical and professional dilemmas encountered in "real life" practice as part of one to one discussion, tutorials or for academic assessment
- Academic- practice networks established that ensure mentors are up to date with students' learning at university and both partners have points of contact to discuss student progress

## **iii. Managing learning on placement**

- Student and mentor to be aware of possible learning strategies that can be used on placement to make both implicit and explicit learning accessible to students e.g. *the ebb and flow model*
- Student and mentor to have clarity on what is prohibited to the student on their first placement
- Student and mentor to be able to access academic-practice networks for frequently

asked questions or more confidential discussion regarding practice learning issues e.g. appropriateness of student learning

- Engagement in student group learning on placement when opportunities arise
- Students to have an allocated supervisor for their practice learning on every shift
- Promotion of an ethos on placement by all permanent staff and patients that provides constructive feedback to students
- Formal assessment of students by their mentor at three designated and timely review points during the placement. Although the practice portfolio forms the basis of the discussion students are encouraged to reflect broadly on their placement experience
- A review between the student, mentor and university support once during placement
- Maintenance of ongoing peer and academic support networks e.g. use of Facebook highlighting the importance of privacy settings and confidentiality when using Facebook groups related to practice

#### **iv. Optimising practice learning**

- Encouragement of students to work with alternative qualified staff to access different knowledge, styles and approaches to clinical work.
- Encouragement of students to follow the *patient journey* or the *patient footprint* to have a clearer appreciation of care from the patients' point of view
- Students to be expected to demonstrate a critical awareness of the component parts and differences in care they have observed through one to one discussion, at tutorial or for course assessment.

## 17 Narrative six: the impact of the doctorate

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*Make it thy business to know thyself, which is the most difficult  
lesson in the world ~ Miguel de Cervantes*

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### 17.1 Broadening and deepening my knowledge base

*The ultimate aim of my doctorate research was the creation of new knowledge. By the end of my doctorate research I could feel the significance of the doctorate journey on my own development. My reflective diary catalogues the many “light bulb” moments and difficulties that I experienced. According to Charmaz (2006, p. 105) “feeling confused and uncertain – but learning to tolerate the ambiguity – shows your growth as a researcher.”*

*At the beginning I discovered the work of other academics and theorists who informed and expanded my own knowledge of work based learning. It was fascinating to discover that my own hunches that had sparked my study were shared by the likes of Aristotle, Polanyi and Schon. My literature review was supercharged by areas of discovery that I recognised and had resonance with. Tacit knowledge, for example, was completely recognisable to me from my years working in practice.*

*Meeting academics who informed my study, in particular Etienne Wenger, was fascinating to hear their updated views. The workshop I attended was equally informed by Wenger and the participating audience and a true constructionist development of knowledge was palpable in the room. This had a significant effect on the value I then placed on the co construction of knowledge from collaborative working. In turn this has informed my teaching and my interaction with students.*

*As data findings began to emerge from my own research I was taken by surprise that a systematic research process could produce new knowledge. I had been working in the field of practice learning for thirty years yet my own research gave me fresh perspective in an area that I thought I knew well. The doctorate process really proved*

*to me the importance of research particularly in areas of familiarity. This awareness fuelled my desire to disseminate my findings to other academics and practice staff that, like myself, may lack knowledge on some of the subtleties of student nurses' practice learning.*

*Although I had used Web 2.0 tools previously for students' learning (Morley 2012) the implementation of the practice development project developed this knowledge further. Instead of being surprised at what I discovered I built on my previous experience and it was satisfying feeling a tangible deepening of this knowledge and expertise.*

## **17.2 Writing and presenting as an academic**

*As I began my doctorate I became aware of the importance of disseminating my research findings to a broader audience through presentation and publication. Both were areas that I had not developed previously but I realised that achieving this contributed significantly to my evolving identity from teacher to academic.*

*Before either my primary research or practice development project were ready for the scrutiny of an outside audience I submitted a publication on a learning project I had facilitated (Morley 2012). This gave me early exposure and experience of the publication process and built my resilience to later attempts at publication with my own research findings.*

*My lack of an extensive publication portfolio hindered my attempts to gain a senior lecturer position and aiming for a publication stream became a reflex around my work. I eventually developed a collaborative publication relationship with the editor of a student interest column in the Nursing Standard. This led to a series of quick publications for a student audience compared with other publications for more prestigious peer reviewed journals. One of the Nursing Standard articles was co-written by a group of volunteer students from my primary research interviews (Morley et al, 2015). I felt that the mentorship "to get writing" that I had missed in my early career was addressed with my own students.*



*Starting to present at conferences and special interest groups proved interesting. I was surprised by the aggressive questioning of some members of the audience and was equally elated when my work was received with warmth and interest. I felt my own maturity in this process when I presented my first keynote address on my primary research findings. I edged towards a more controversial and hard hitting style to maximise impact and managed the result through a particularly challenging “Q and A” session that followed.*

### **17.3 Supporting and supervising others with their learning**

*Being a student myself has made me question how best to achieve student motivation and engagement through the supervisory relationship. This has been supported by my primary research findings that emphasise the importance of creating professional relationships where greater equality between academic and student that enhances the possibility of learning on both sides. Through my role as a personal tutor to undergraduate nursing students, as well as my decision to begin co supervision of students at masters level, I have become more reflective of this role trying to promote skills and attitudes that may assist students with life post study in the world of work or lifelong learning.*

### **17.4 Pacing and prioritising study against other aspects of my life**

*Undertaking a six year study mixed with the challenges of full time work and a lively family life can be a heady cocktail. Strangely I believe the doctorate has helped me with this significant transition time giving me a calming and exclusive place that I can call my own. The reflective approach that brought real meaning to my doctorate findings has also allowed me to pace my research with a levelling approach that sometimes prioritised the next stage of the research and sometimes realised my outside life was just more pressing and important.*

*My research has accompanied me on every trip and holiday since 2009 with a constancy tolerated by my family genuinely interested in my progress. This particular*

*way of managing such a large scale enterprise meant that particular chapters are associated with fond memories of sofas and coffee shops from around the world.*

### **17.5 Creating a rich future**

*As I reach completion of my professional doctorate the pedagogic basis for my research has fuelled my interest in a continuing research and teaching profile in the area of higher education. The day of submission of my thesis will now be my final day at Bournemouth University as I leave to take up a lecturer's post in higher education at the University of Surrey. Without the doctorate this exciting transition would not have been possible.*

*I am mindful that my expertise in grounded theory will only grow with more opportunities to use this methodology and I would very much like to apply it to other studies within education. I found grounded theory particularly applicable to the study of the work of novice professionals "learning on the job" and feel post doctorate research could be extended to my future work developing the teaching careers of early career academics at university.*

*In the near future I would like to take the opportunity to re interview some of the first year student nurses of my study using a narrative method. It would be interesting to ascertain the views of the same students approaching registration, and the end of their programmes of study, on the longitudinal effects of their practice learning experiences. The voice of the mentor was not represented within my research and this could be a valuable addition to the original research findings.*

*Although the practice development project established the possibilities of using Web 2.0 and social media for student support institutions of higher education as yet fail to link the possibility that the use of these tools, in curriculum design and pedagogy, may enhance a more independent and proactive approach to students' learning. Until structures are in place, such as e.Smart, that indicate that universities are serious about innovative technologies and take responsibility for their use, it is unlikely that wide scale projects and evaluation will occur. In the meantime I will continue to support their*

*use within my own courses and be an advocate for learning 2.0 in the post graduate certificate in education practice on which I am now teaching.*

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### 1. Memo linked to code *“Addressing student nurses’ learning needs”* as a result of first interview with participant 11

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Participant 11, like other students in cohort one during their first interview, comments on their first day experience. It is a defining moment on the placement for them for quite often they are stressed and left unsupervised or uncomfortable. In 11’s case she goes as far to question her choice of profession.

Participant 11 highlights the needs well: *“I needed that communication to be set and somebody to be there”*.

For most of these students traumatised on their first day they comment on needing supervision (*participant 6, interview 2*).

Participant 11: *“So I was just left a little bit alone which was like the worst thing that could probably happen”*

Feeling lost/ useless/ a spare part where directed activity (later on in the placement) starts to direct them to a useful role. This needs to be from day one and certainly this is what is happening with participant 12, interview 1.

Like participant 9, interview 1 and participant 5, interview 2, participant 11 is washing patients unsupervised, which gives the student poor quality learning, which is very stressful and increases their vulnerability. In their turn the patients are being cared for by a complete novice whose lack of experience puts the patient at risk.

Participant 11: *“So I was a little bit uncomfortable and I did what I could I mean I washed like the top half of him and his legs and stuff and I didn’t feel comfortable with the other certain areas if you know what I mean”*

D: *“Yeh”*

Participant 11: *"So I informed them of that, and they were like that's alright um 'cos I was a little bit shaken up by that because I thought I wasn't, I came home and I was a bit upset 'cos I thought I didn't really give him very good care"*

D: *"Yeh"*

Participant 11: *"which was disappointing and I just felt like I didn't really do a very good job"*

Participant 11 talks particularly of first year needs and I think (in light of the study) this should be a code.

## 2. Participant Information Sheet for research participants

---

You are being invited to take part in a research study. Before you decide if you wish to participate it is important for you to understand why the research is being done and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. If you have further questions please contact Dawn Morley at [dmorley@bournemouth.ac.uk](mailto:dmorley@bournemouth.ac.uk) or your academic adviser. Take time to decide whether you wish to take part.

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

The purpose of the study is to explore how first year students learn during their first practice placement.

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

You have been chosen as you are just about to begin your first practice placement and I am interested to talk to you about your learning experiences. I believe that your contribution will be valuable to the research.

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

It is your choice whether you wish to participate in the research. You have the right to withdrawal from participating in the study at any time. I can assure you that there will be no consequences to non participation or withdrawal from the study.

### **What do I have to do?**

I will be coming to speak to you again next week to answer further questions and to ask you to sign a consent form if you decide to participate.

During this meeting I will explain that during your first placement I would like to phone you mid placement to talk to you for approximately 40 minutes about your experiences on placement. Our conversations do not require any preparation but I will be giving you a notebook to jot down your thoughts about your placement experience as it progresses. This may help you to structure your thoughts if you chose to use it.

Following placement I would like to speak to you again when you return to university. After the individual interviews are completed I will be asking you to check the accuracy of what we discussed at interview.

Finally I will also be asking you to join the other participants at the end of the study in a focus group. This allows participants to check the overall findings of the study and gives them a final opportunity to add any further thoughts on their practice learning.

### **What are the possible disadvantages?**

Each interview will take 40 minutes of your time but these can be arranged to your convenience.

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

Student participants often find it helpful discussing their experiences and find it interesting to be part of a research study.

The results of the study will contribute to a better understanding of placement learning,

**Will I be identified in the study?**

After you have finished your first placement your contributions will be coded rather than being identified with your own name. Although your comments and participation may be used in presentations and publications your identity will remain anonymous and findings will be checked with you and other participants in the first instance.

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

The results will be used to inform future support of student nurses in practice and be disseminated both internally and externally to Bournemouth University.

**Who has reviewed the study?**

The study has been reviewed by the School of Health and Social Care Research Governance Review Group.

**Who do I speak with if I have a complaint about the study?**

Dr Ian Donaldson, Lead for Adult Nursing, who can be contacted at [idonaldson@bournemouth.ac.uk](mailto:idonaldson@bournemouth.ac.uk)

*Thank you for taking part in the study,*

*Dawn Morley*

### 3. Consent form for research participants

---

Organisation: **Bournemouth University**

Title of Study: ***“Developing a theory of practice learning for student nurses in practice”***

**Aim of Study:**

The central question of the research is how do first year student nurses learn in practice on their first practice placement. During two interviews student nurses will be asked to discuss their learning on their first practice placement in order to identify common issues to assist the understanding of practice learning.

**Researcher’ Position:** Lecturer in Adult Nursing

**Researcher’s Name:** Dawn Morley

**Contact Details:** [dmorley@bournemouth.ac.uk](mailto:dmorley@bournemouth.ac.uk)

**Consent:** Please **tick against** the following statements to mark consent.

- I have read and understood the participant information sheet
- I give consent to participate in two 40 minute interviews (the first is a telephone interview and the second is face to face at university) with Dawn Morley during my first practice placement
- I understand that extracts from my placement notebook and interviews may be used in presentations (both internal and external to the university) and publications
- All extracts from the research given in presentations and publications will remain anonymous and I will not be identified
- I am not required to participate if I chose not to and have the option to withdraw at any time from the research without prejudice
- The procedure and intended use of the placement notebook and interview transcripts have been explained to me by Dawn Morley



- I understand that I will not be identified in the presentation and publications from the research and any information given will be anonymous

**Signature of Participant..... Date.....**

**Signature of Researcher..... Date.....**

## 4. Participant profiles

Participant Ref number*	Student cohort	Date of interview	Age of participant (years)	Gender of participant	Last in full time study	Prior care practice experience
1	1	15/01/2013	25+	Female	5 years and above	Yes
2	1	22/01/2013	25+	Female	5 years and above	Yes
3	1	22/01/2013 27/02/2013	21 to 24	Male	under 5 years ago	No
4	1	23/01/2013 07/03/2013	25+	Female	5 years and above	No
5	1	28/01/2013 01/03/2013	21 to 24	Female	under 5 years ago	No
6	1	23/01/2013 19/02/2013	25+	Male	5 years and above	Yes
7	1	29/01/2013 19/02/2013	Under 21	Female	under 5 years ago	Yes
8	2	09/03/2013	25+	Female	5 years and above	Yes
9	2	11/03/2013	25+	Female	5 years and above	Yes
10	2	14/03/2013	21 to 24	Female	under 5 years ago	Yes
11	2	18/03/2013 26/04/2013	Under 21	Female	under 5 years ago	No
12	2	19/03/2013	25+	Female	5 years and above	Yes
13	1	19/04/2013	25+	Female	5 years and above	Yes
14	1	23/04/2013	Under 21	Female	under 5 years ago	Yes
15	2	01/05/2013	21 to 24	Female	under 5 years ago	Yes
16	1	04/05/2013	Under 21	Male	under 5 years ago	Yes
17	1	11/05/2013	21 to 24	Female	5 years and above	Yes
18	2	21/05/2013	Under 21	Female	under 5 years ago	Yes
19	3	11/07/2013	21 to 24	Female	under 5 years ago	Yes
20**	3	18/07/2013	Under 21	Female	under 5 years ago	Yes
21	2	09/07/2013	25+	Female	5 years and above	Yes

\*Assigned to participant to assure anonymity

\*\* Only participant from non-white background

Key:

Type of coding	Number of participants interviewed
Initial coding	7 interviews
Focused coding	11 interviews
Theoretical coding	9 interviews

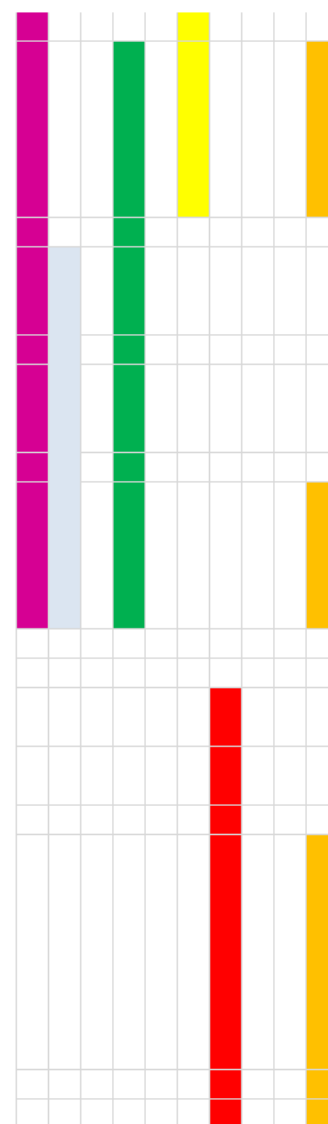
## 5. Example interview transcript and focused coding with participant 11, cohort 2, interview 1

**Transcription of Dawn to Participant 11**  
**Dawn Morley**

Transcription key:  
(words) = inaccurate transcription, not clear what they say.  
(...) = inaudible speech with recording time  
= overlapping speech

[illegible]

D: Yeh
P11: It was definitely thrown in at the deep end and the morning was just a bit of a whirlwind 'cos my mentor sort of went off and did her thing and she goes just hang around with the care assistants for now and I'll get back to you and so they didn't really know I didn't have any care experience and they just go go and wash a man and I was like I don't really know how to do this 'cos I'd never really been taught you only get taught like the real basics and that sort of stuff
D: Yeh
P11: so I was a little bit uncomfortable and I did what I could I mean I washed like the top half of him and his legs and stuff and I didn't feel comfortable with the other certain areas if you know what I mean
D: Yeh
P11: So I informed them of that, and they were like that's alright um 'cos I was a little bit shaken up by that because I thought I wasn't, I came home and I was a bit upset 'cos I thought I didn't really give him very good care
D: Yeh
P11: which was disappointing and I just felt like I didn't really do a very good job. But in the afternoon I sort of stood up and said to my mentor I'm not happy with this, can I just hang around with you or in your bay which is like a female bay which I found a lot nicer and a lot chattier and stuff like that so I eventually got better at it, and I was more calm, but yeh it did get better.
D: Well it sounds er, it sounds like a very hard start.
P11: Yeh
D: and er so y'know how, how has it got better? How have you found your confidence?
P11: I think er mainly with the patients. There's a couple of women on there who are just, they're really chatty and really friendly
D: Yeh
P11: and I just sort of well not really sort of stuck round them a bit and I was I found it really nice to talk to them and they would just comment on my care and it would bring my confidence up and then throughout like the shift I got more close to my mentor so I was able to, it wasn't so awkward and stuff and I could I could ask questions and that sort of thing and I became I sort of learnt things really quickly and then once I had a job I could do, I know I could do I just take observations and I'll just be fine as long as I'm busy I could do the jobs and I'll be alright and y'know my confidence showed through that really.
D: so was it a case of of kind of finding a useful role ...4.50 to do?
P11: Yeh definitely



## 6. Tables of coding

### 6.1. Table of initial coding

Initial codes	Initial code definitions	Number of interviews	Number of times code cited
Analysing care	Questioning or having an opinion about the care being seen on placement	9	42
Assessing learning	When any other member of staff gives an opinion to the student on their performance	7	11
Being a care assistant	Commenting on what care assistants do and are	9	38
Being a scapegoat	When students are blamed or are found fault with due to other placement pressures	4	8
Being a student	Defining areas of being a student	9	22
Being busy	Comments about the pace of work	4	4
Being looked after	When students feel looked after by staff, patients and student peers on placement	8	22
Being supervised	The extent to which the student was supervised on placement	5	9
Being <i>thrown in the deep end</i>	Students are faced with care situations that feel beyond their experience	2	3
Building your confidence	Doing nursing tasks that build confidence	6	13
Confronting	Addressing issues relating to staff or care	3	19
Contacting other student nurses	Contacting members of the students own group or other student nurses outside the placement	8	19
Dealing with emergencies	Experience of unplanned care in an emergency situation	5	8
Dissonance of learning	Any practice that counteracts that taught at university or students' personal belief system	4	10
Doing dressings	Doing wound care	3	5
Doing drug rounds	Doing drug rounds	7	12
Doing night duty	Working on night duty	2	8
Doing paperwork	Learning about the diversity of documentation	5	16
Expecting To <i>pick it up immediately</i>	Learning expectations picked up by the student from someone else	2	2
Explaining the care	when other members of staff explain the care to students	7	20
Feeling despondent	Feeling despondent about situation on placement	2	6
Feeling like a nurse	Undertaking care that makes you feel you are achieving what it takes to be a nurse	2	2
Feeling lost	Not knowing what to do or feeling inadequate	4	8
Feeling nervous	Students feelings when involved in unfamiliar activity	1	2
Feeling overwhelmed	Feeling overwhelmed on placement	4	7
<i>feeling part of the family almost</i>	A personal connection beyond working as part of the team	2	3
Feeling scared	Feeling scared on placement	7	7
Feeling stressed	Noting when colleagues are becoming stressed	1	2
First interview	Experiences of the first placement interview	5	6

Gaining trust of patients and relatives	When patients and/ or relatives show trust	4	4
<i>grab and go</i>	When students work intensively in a one to one coaching session with a trained member of staff	4	5
Handover	When one shift of nurses give an update on care to the oncoming shift of nurses	5	9
Having help	having active help when in difficulty from another member of staff	1	2
Having interesting experiences	Any references to interesting work learning	2	2
Inspiring care	When students see practice that gains their admiration and respect	7	17
Inspiring role models	When students see the practice of individuals that gains their admiration or respect	7	15
Learning environment	Students comments on how learning is managed on the placement	5	7
Learning from peers	What students learn from working with their peer group	1	1
Learning how to learn	Students working out the best ways to learn in practice	4	18
Maintaining your dignity	When students maintain their dignity in adverse circumstances	4	6
Mentor	References to designated member of staff responsible for students learning	8	37
Negotiating learning	Negotiating learning around barriers and parameters	1	2
Orientation	What students experienced going into the placement	8	22
<i>own way of doing things</i>	Expected routine care of the particular placement	3	4
PAT tool	The use of the practice assessment tool in formal assessment of students' performance	2	2
Patients feelings	References to how patients feel	6	7
Personal care	When patients have hands on practical care	5	7
Policies	Formal rules and regulations that apply to practice	3	3
Prep before practice	Reference to any prep before practice including a prior visit	1	2
Previous experience	References to previous experience	10	19
Progression in learning	Future plans for student learning	6	11
Pursuing learning	Proactive management by the students of their own learning	6	18
Researching about patients	Finding out more information about patients such as their conditions	2	3
Seeing conflict	Witnessing a conflict situation as an observer without becoming involved	6	9
Seeing what trained nurses do	Observing the registered nurse role	7	14
Shifts	References to working on shifts	5	10
Sickness	Occurrences and how placements manage sickness	1	1
Specific learning	What students identify they have learnt	6	20
Staff who have <i>become jaded</i>	What students observe of colleagues who have been working in placements for a long period	2	2
Staffing	References to staffing	8	15

Supporters of placement learning	Sources of support for students	1	1
Taking breaks	Comments on when breaks are taken and what happens during them	8	15
Taking charge	When student has made major decision in clinical situation when they are with others	3	6
Teaching styles	Different teaching styles experienced by students	3	18
University learning	What can be applied from academic learning	6	15
Watching care	Reference to observing or watching	9	28
What staff nurses used to do in other roles	Staff nurses talking about their career trajectories	1	6
Work atmosphere	General statements about the placement which impacts on student	6	27
Working as a member of staff	Taking the role of a worker on placement	4	7
Working elsewhere	When students are on placement and working somewhere else too	2	5
Working with other health care professionals (HCP)	Working with other HCP	6	8
Working with other students nurses	Working with other student nurses	4	12
Working with patients	Working with patients	9	28

## 6.2 Focused coding with aggregate initial codes

Focused coding	Number of interviews	Number of times code cited
Learning to learn in practice	11	74
Learning how to learn	4	18
Pursuing learning	6	18
University learning	6	15
Dissonance of learning	4	10
Researching about patients	2	3
Expecting To <i>pick it up immediately</i>	2	2
Negotiating learning	1	2
Prep before practice	1	2
Having interesting experiences	2	2
Addressing student nurses learning needs	14	55
Being looked after	8	22
Building your confidence	6	13
Progression in learning	6	11
Being supervised	5	9
Learning environment	5	7
Being <i>thrown in the deep end</i>	2	3
Expecting To <i>pick it up immediately</i>	2	2
Feeling nervous	1	2
Learning from peers	1	1
Barriers to learning	16	49
Orientation	8	22
Confronting	3	19
Teaching styles	3	18
Staffing	8	15
Dissonance of learning	4	10
Seeing conflict	6	9
Being a scapegoat	4	8
Feeling lost	4	8
Feeling overwhelmed	4	7
Feeling scared	7	7
Feeling despondent	2	6
<i>own way of doing things</i>	3	4
Expecting To <i>pick it up immediately</i>	2	2
Feeling nervous	1	2
Feeling stressed	1	2
Sickness	1	1
Learning from others	12	36
Working with patients	9	28
Working with other HCP	6	8
Learning from mentors	12	34
Mentor	8	37
Teaching styles	3	18
Analysing care	10	30
Analysing care	9	42



Working with patients	9	28
Explaining the care	7	20
Previous experience	10	19
Assessing learning	7	11
Dissonance of learning	4	10
Dealing with emergencies	5	8
Patients feelings	6	7
Working elsewhere	2	5
Using formal structures of learning	9	21
Assessing learning	7	11
First interview	5	6
PAT tool	2	2
Learning the attitude of the work setting	9	19
Work atmosphere	6	27
Being looked after	8	22
Taking breaks	8	15
Being a scapegoat	4	8
Working as a member of staff	4	7
<i>feeling part of the family almost</i>	2	3
Having help	1	2
Working out how the role of the student nurse fits within the placement team	12	17
Being a care assistant	9	38
Being a student	9	22
Confronting	3	19
Seeing what trained nurses do	7	14
Seeing conflict	6	9
Being a scapegoat	4	8
Professional trajectories	9	16
Mentor	8	37
Inspiring role models	7	15
What staff nurses used to do in other roles	1	6
Adverse politics	8	14
Confronting	3	19
Seeing conflict	6	9
Being a scapegoat	4	8
Grab and go	7	13
Explaining the care	7	20
Assessing learning	7	11
<i>grab and go</i>	4	5
Being <i>thrown in the deep end</i>	2	3
Supporters of placement learning	9	13
Contacting other student nurses	8	19
Supporters of placement learning	0	0
Learning the routine	7	11
Working with patients	9	28
Doing paperwork	5	16
Staffing	8	15
Taking breaks	8	15
Doing drug rounds	7	12

Shifts	5	10
Seeing conflict	6	9
Doing night duty	2	8
Personal care	5	7
Doing dressings	3	5
Being busy	4	4
<i>own way of doing things</i>	3	4
Policies	3	3
Feeling stressed	1	2
Having interesting experiences	2	2
Sickness	1	1
Dealing with stressful learning situations	8	9
Orientation	8	22
Confronting	3	19
Dealing with emergencies	5	8
Feeling lost	4	8
Taking charge	3	6
Adverse decision making	4	9
Confronting	3	19
Seeing conflict	6	9
Being a scapegoat	4	8
Observing care	3	5
Mentor	8	37
Inspiring care	7	17
Inspiring role models	7	15
Learning off placement	3	5
Having interesting experiences	2	2

### 6.3 Theoretical coding

Theoretical coding	Number of interviews	Number of times code cited
Managing learning on placement	17	124
Learning how to be a registered nurse	15	64
Integration into practice learning	18	58
Optimising practice learning	17	57

## 7. Development of interview questions to pursue theoretical sampling

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### 7.1 Development of interview guide for focused coding questions

Student:

Date:

Cohort number and interview number:

#### **Demographic and work profile**

**Gender:** Male/ Female

**Age:** under 21, 21 – 24, 25 and over

**Prior formal care experience:** yes/no

**Has been out of full time HE for 5 years or over (2008):** yes/ no

#### **Learning how to learn in practice**

How applicable was your university learning or prior experience to practice?

Did you experience any differences and if so what did you do about it?

Did you do any independent prep or study about your placement?

How much of the learning was organised for you and how much did you organise yourself?

How much of your learning as been on placement/ away from placement? (removed 07/03/13)

Did your group tutorial post placement contribute to your placement learning in any way? (added 07/03/13)

Can you think of any ways that your practice learning experience could be improved? (added 07/03/13)

#### **Working out how the role of the student nurse fits within the placement team**

Can you describe the student nurse role?

Are there any advantages/ disadvantages with this role? (removed 25/02/13)

Did you experience any difficulties with this role? (removed 25/02/13)

How does this role fit with the rest of the placement staff?

#### **Dealing with stressful learning situations**

Have you experienced an emergency situation/ conflict situation?

Where you felt stressed or emotional afterwards (added 25/02/13)

What learning did you have from this situation?

#### **Grab and Go (removed 18/03/13)**

Can you describe a situation where you worked intensively with a trained member of staff and felt it was significant to your learning?

#### **Learning the routine of care (removed 18/03/13)**

Think of a situation where a care assistant demonstrated to you some aspect of care that is routine e.g. personal care. How did you learn?

Thinks of a situation where a trained nurse demonstrated to you some aspect of care that is routine e.g. drug round/ dressing. How did you learn?

Focus on drug round example (added 25/02/13)

*Highlighting the possibility here of the differences in learning with a care assistant and a trained member of staff*

Did you have an incident on placement where you questioned the care you were doing?  
(added 07/03/13)

Have you worked recently with a trained member of staff? (added 18/03/13)

Was this a one off more intensive session or were you with them for a length of time (added 18/03/13)

What did you learn? (added 18/03/13)

### **Learning from others**

Have you learnt anything significant working with patients/ other HCP?

Care Assistants (added 18/03/13)

*Learning with patients has been significant in reaching higher order learning such as analysis.*

Who have you learnt from the most? (added 25/02/13)

### **Learning the routine of work**

How have you learnt the placement routine?

### **Learning the attitude of the work setting**

Did the ward atmosphere affect your learning?

### **Analysing care** (removed 18/03/13)

Have you any examples of care elsewhere or university teaching that gave you a comparison to what you were doing in practice?

Have you compared the care of two members of staff?

### **Analysing care with intervention**

Have you ever been asked to explain any aspect of care and why you chose what you did?

Can you think of an incident where the procedure was explained to you before it started?

(removed 18/03/13)

### **Addressing student nurses learning needs**

How did you know how you were doing during the placement?

How did the PAT tool/ interviews influence this process?

Can you describe the learning you experienced with your mentor? (added 07/03/13)

What did you feel were the expectations of you as a learner?

Who was the most significant influence on your learning and why?

Did you experience any barriers or difficulties that affected your learning? (added 07/03/13)

### **Professional trajectories**

Have you had any thoughts about what you would like to do in the future? (removed 25/02/13)

### **Observing care**

Can you think of an incident where you were only observing care and it had an impact on your learning (either positive or negative)?

### **Supporters of placement learning**

Who would you say was significant to your support on placement outside the placement setting?

## 7.2 Development of interview guide for theoretical coding questions

Student:

Date:

Cohort number and interview number:

How did you feel at the level of learning you had achieved by the end of the first placement?

Did you feel you had any control or choice over your learning?

Did previous knowledge/ attitude/experience have any influence for you on placement and was this taken account of?

Specifically what prior care experience did you have and what influence do you think it had on your learning? (added 17/05/13)

Did staff know about your prior experience and did it have any influence on their attitude? (added 17/05/13)

Should students have previous care experience? (added 22/ 04/13)

Does this disadvantage in any way? (added 25/04/13)

What was discussed at your first interview and when did it occur? (added 29/04/13)

How was your first interview with your mentor managed? (added 02/05/13)

Some students say they started at a particular busy time of the day on placement and nobody had much time. What was your experience? What would you suggest? (added 11/06/13)

How many students were on placement with you and how was this managed? (added 29/04/13)

Do you feel you have been working effectively with staff members?

Particularly care assistants? (added 02/05/13)

Did you observe any differences in management style between the trained staff that you worked with? (added 02/05/13)

Can you comment on the way the staff worked together? Were there tensions or was it harmonious? Were disputes resolved? (added 25/04/13)

What was the level of supervision like on placement and did you always feel comfortable with the care that you did?

How would you feel about one of your joint mentors in practice being a health care assistant? (added 17/05/13)

How were the initial shifts managed? (added 22/04/13)

How did you and your mentor manage your time together?

Did you ever make care decisions together? (added 22/04/13)

Did your mentor ever provide tips or strategies for managing your learning or future role?  
(added 22/04/13)

How responsible is a staff nurse's job? (added 02/05/13)

Were you questioned, or asked to explain your practice, to another member of staff so they knew your level of understanding?

Did you see any inspiring practice or management from a trained member of staff?

How did you gain a sense that you were settling into placement and how you were doing?

How was the PAT used in your learning? (added 22/04/13)

Were you ever in a situation where you, or another member of staff, disagreed with a care decision?

Did you ever see your mentor manage this situation? (added 22/04/13)

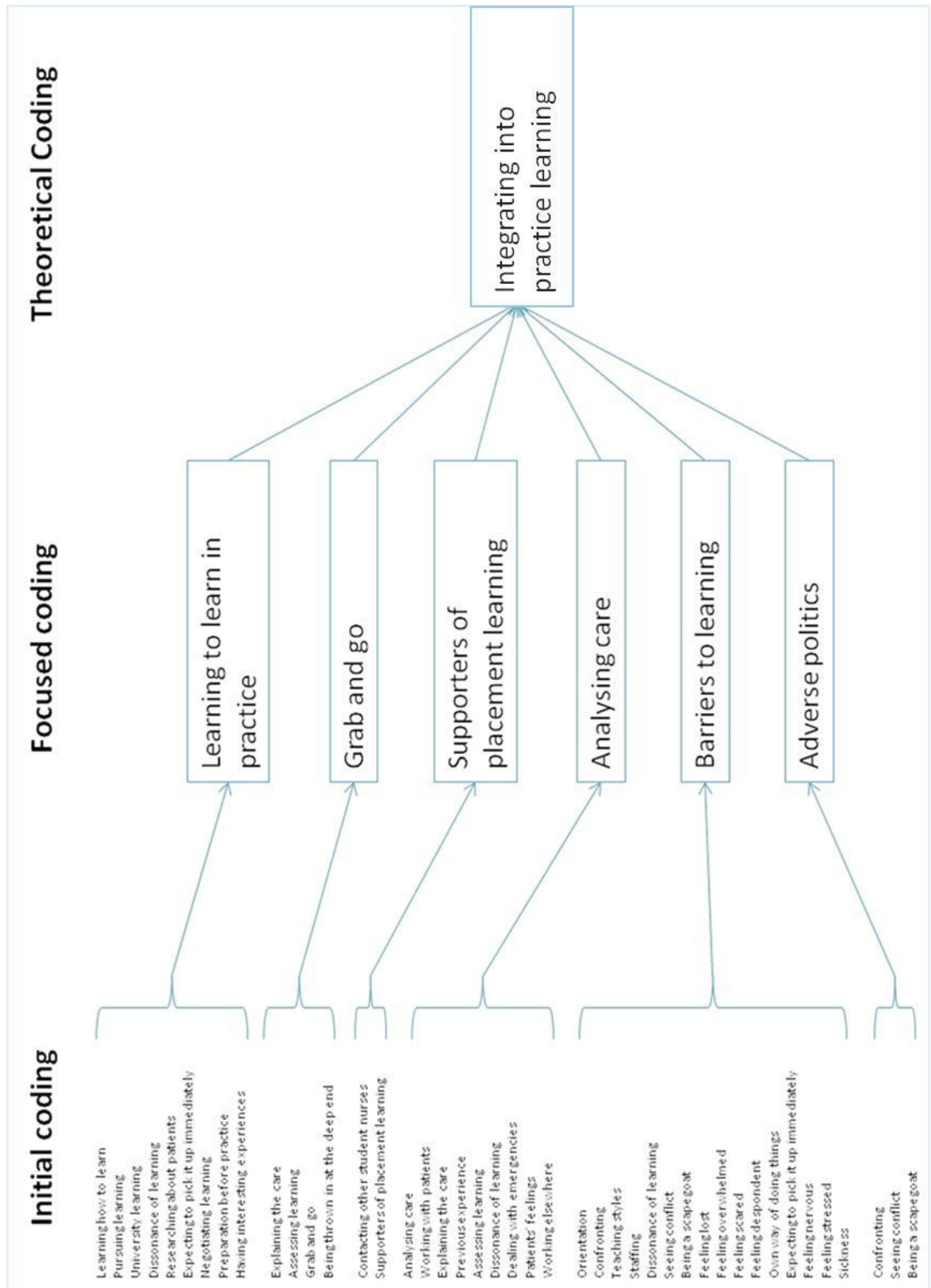
Have there been any occasions on placement where you have reflected on your emotional reaction or feelings to a particular incident?

Have you any further thoughts about learning in practice on the course? (added 22/04/13)

Have you any further thoughts on preparation for the first practice placement? (added 25/04/13)

***Some accommodation made on questions to male students and effect of their gender on their learning 17/05/13***

## 8. Levels of coding to form first category “*Integrating into practice learning*”





9. Morley, D., Alexander, A., Hewitt, J., Pearce, T., Suter, E. and Taylor, C., 2015. Hit the ground running. *Nursing Standard*, 29 (22), 6

## CAREERS STUDENT LIFE



From left: Elinor Suter, Joanne Hewitt, Amanda Alexander, Teresa Pearce and Clare Taylor

# Hit the ground running

**Five nursing students give their top tips on how to make the most of practice placements. Dawn Morley reports**

As part of a doctoral study, 24 first-year nursing students on their first placement were asked their views on how they learn best in practice. They identified the significant roles of trained staff, usually their mentor and healthcare assistants (HCAs), in their placement learning.

Five of the students volunteered to share the pointers they came up with so other students will know what to expect and how to maximise the learning potential of the placement:

**See what team members do**  
Spending time with different staff members will help you understand the placement team. Everyone teaches differently and this can be valuable. Officially request a day working with different members of staff so you can focus on what you are learning.

Some staff prefer students to observe while others encourage them to practise a technique themselves.

Although your mentor will assess how you are progressing officially, HCAs have vast experience and knowledge of

essential care and procedures that you can draw on, often from other jobs and other countries.

If students are keen to learn, then staff are usually keen to be supportive.

**Build your confidence**  
Doing your homework before arriving on placement is a good way to identify any common conditions or terminologies.

If you have no previous experience of care, the first few days of orientation to the placement may seem strange and overwhelming, so do not be afraid of asking questions. Handovers can seem particularly challenging, with acronyms being used at great speed.

Until you find your feet, make sure you know who you are working with so you have another member of staff to refer to the whole time.

Be keen, ask questions and work out the care routine so that you can make even small contributions. Take notes and, in a quiet moment at the end of the day, ask yourself: 'What have I learned?'

**Build your knowledge base**  
As a student, learning is the priority while on placement. Every

activity is a learning opportunity, from practising a procedure to observing how experienced nurses make complex decisions.

Ask questions and request feedback from staff you are working with. Do not be worried to ask about the rationale for care. As you settle into a placement, it is particularly important to reserve time with your mentor to discuss your learning outcomes and how these will be achieved.

**Stand firm on important learning matters**  
Placement staff sometimes seem to resent students because of their protected role or lack of expertise. Do not worry. Try to build a good rapport with all staff, keeping your views and actions professional.

If you feel your learning experience is being marred by an individual's attitude, it is important to initiate an open discussion with the nurse in charge or a member of university academic staff.

Be assertive in clarifying who you are working for on each shift – it is important for the quality of your learning that you know who is supervising you.

If you need more practise with a particular procedure, ask and keep on asking. It is too late to regret or complain when you are back at university and the placement is over **NS**

Dawn Morley is a lecturer and Amanda Alexander, Joanne Hewitt, Teresa Pearce, Elinor Suter and Clare Taylor are third-year nursing students at Bournemouth University

### RESOURCES

Helping students get the best from their practice placements. An RCN toolkit  
[tinyurl.com/RCNplacement](http://tinyurl.com/RCNplacement)  
learning  
Student life online  
[rcnpublishing.com/page/ns/students/student-life](http://rcnpublishing.com/page/ns/students/student-life)



## 10. Participant information sheet for the practice development project participants

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You are being invited to take part in a practice development project. Before you decide if you wish to participate it is important for you to understand why the project is being done and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. If you have further questions please contact Dawn Morley at [dmorley@bournemouth.ac.uk](mailto:dmorley@bournemouth.ac.uk) or your academic adviser XXXX. Take time to decide whether you wish to take part.

### **What is the purpose of the project?**

The purpose of the project is to provide you and your elearning (wiki) group with an opportunity to communicate online with each other and a member of academic staff, Dawn Morley, while undertaking your first clinical placement.

Although your mentor in practice is there to assist and support your learning you may wish to ask further questions or comment on your experience to members of your elearning group and Dawn. This may help you to settle into the placement further and you may find it interesting to compare your nursing experiences with other members of your elearning group. The subjects raised for discussion in your elearning group will be of your choice and Dawn will be checking your communication tool at least once a week in order to respond. It is completely up to you to use the technology –you do not have to if you do not wish to and you will not be penalised in any way if you do not use it.

You would usually contact your academic adviser, XXXX, for issues related to placement but during this first placement Dawn Morley will be there to provide any support you require. This does not prevent you communicating with Dawn or your academic adviser in confidence if you prefer or accessing other support systems such as friends, family and other university support systems you will be aware of eg. AskBU, the Library, Study Skills Support, ALN or PALS.

During your time on placement your current elearning (wiki) group will be randomly allocated one of the following communication tools of extended support. Each tool allows you the opportunity to communicate with your elearning group and Dawn but in slightly different ways.

1. Continued use of your group wiki to be accessed through the sociology unit
2. Use of a private Facebook group for you and your current elearning group
3. Use of an email group for you and your current elearning group
4. Access to your university support through email in the first instance ([dmorley@bournemouth.ac.uk](mailto:dmorley@bournemouth.ac.uk)) and to members of your elearning group.

The project will be running for the 5 to 6 week period that you will be on clinical placement for the first time. During this time you will be able to communicate any issues relating to practice using your communication tool following specified netiquette guidelines.

**Why have I been chosen?**

Two first year groups have been chosen to participate in the project to see what type of support first year student nurses use during their first clinical placement. The first experience of clinical practice is an important one and this is why the project is trying to find out how best to support you during this time.

**Do I have to take part?**

It is your choice whether you wish to participate in the project. Likewise you are under no obligation to use the communication tools you have been allocated to once you are on placement. You have the right to withdrawal from participating in the project at any time. You do not have to use the technology at all if you do not wish to.

Students who have decided not to participate in the project will be supported through the existing university support systems for student nurses. Your academic adviser XXXX will be your primary contact point for support.

**What do I have to do?**

Dawn will be coming to speak to you again next week to answer further questions and to ask you to sign a consent form if you decide to participate. During this meeting Dawn will be allocating the communication tool to your group and explaining how they will work during the project.

**What are the possible disadvantages?**

As you only have to use your communication tool when you wish it is difficult to identify disadvantages at this stage in the project. Dawn will be asking you to fill out a questionnaire when you return to university when you will be able to evaluate the communication tool you have been using.

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

During your first clinical placement the project will give you the opportunity to discuss and ask pertinent questions online related to your clinical experience with the help of peers and a member of university staff. We hope this will be helpful to you on placement and by the end of the project you may well also have a better appreciation of how research projects are conducted.

**Will I be identified in the project?**

After you have finished using the communication tool on placement your contributions will be coded rather than being identified with your own name. Although your comments and participation may be used in presentations and publications your identity will remain anonymous and findings will be checked with you and your seminar group in the first instance. After the project has finished the communication tools will be deleted.

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

The results will be used to inform future support of student nurses in practice and be disseminated both internally and externally to Bournemouth University.

**Who has reviewed the project?**

The project has been reviewed by the School of Health and Social Care Research Governance Review Group.

**Who do I speak with if I have a complaint about the project?**

Professor Elizabeth Rosser, Associate Dean for Nursing, who can be contacted at [erosser@bournemouth.ac.uk](mailto:erosser@bournemouth.ac.uk)

*Thank you for taking part in the project,*

*Dawn Morley 09/02/12*

## 11. Consent form for the practice development project participants

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**Organisation:** Bournemouth University

**Title of Study:** Extended communication support of first year pre registration student nurses during their first clinical placement

**Aim of Study:** To measure the frequency and type of contact two first year student nurse groups make with peer and university support systems during their first clinical placement of 5 to 6 weeks duration.

**Researcher' Position:** Lecturer in Adult Nursing

**Researcher's Name:** Dawn Morley

**Contact Details:** dmorley@bournemouth.ac.uk

### **Consent:**

I.....give consent to participate in online communication within a named and closed group from 20 February – 26 March 2012 or 27 May – 25 June 2012.

I understand that extracts from the online communication may be used in presentations (both internal and external to the university) and publications. The online extracts will not be shared by anybody other than the researcher.

All extracts from the online communication given in presentations and publications will remain anonymous and I will not be identified.

I am not required to participate if I chose not to and have the option to withdraw at any time from the study without prejudice

The researcher will retain the online communication tools until the completion of the study in September 2012 after which they will be deleted.

The procedure and intended use of the online communication have been explained to me by

.....

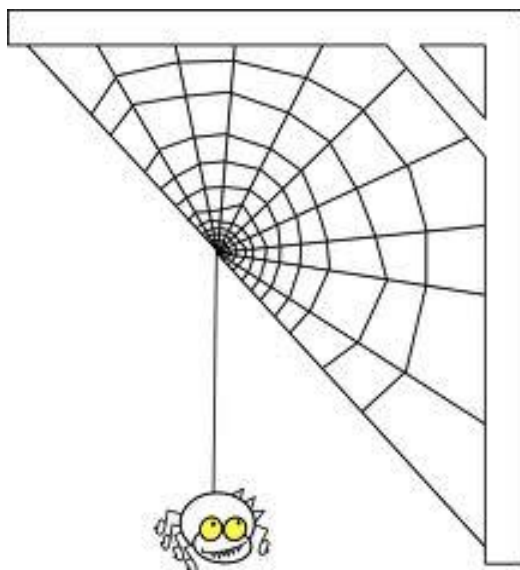
I understand that I will not be identified in the presentation and publications from the study and any information given will be anonymous

**Signature of Participant.....Date.....**

**Signature of Researcher.....Date.....**

## 12. Pre-questionnaire for the faculty workshops

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### ***“Know your web” questionnaire!***

1. If students were using the following online tools how would you describe the way they were communicating?

- Wiki
- Facebook

2. Who is most likely to lead technological innovation in higher education?

- Students; “the net generation” or “digital natives”
- National response from e.g. Higher Education Academy
- Enthusiastic individuals

3. How are students most likely to communicate when choice is available?

- Email
- Twitter
- Facebook

4. Why may university academics be reluctant to use technologies such as Facebook?

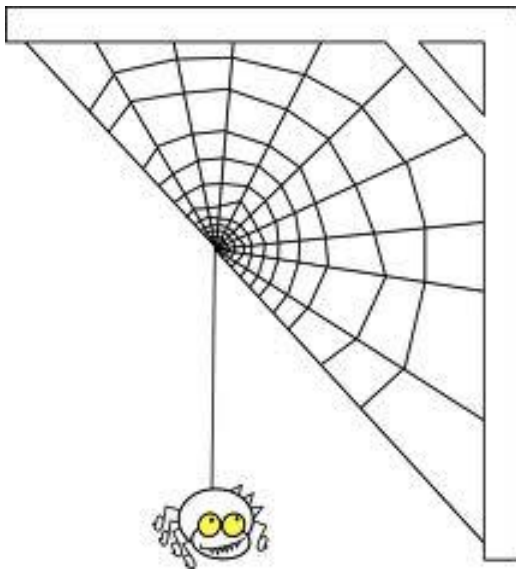
- No personal experience of the tool being used
- Fear of “giving up control”
- Fear of personal disclosure online
- Potential breach of confidentiality by students
- Lack of academic credibility
- Don’t see the value

5. What are students concerns about using technologies in higher education?

- Their postings may compromise their future professional and academic careers
- Don’t want university staff accessing their social online spaces
- The interface and connectivity of tools are of an inferior quality
- Unaware of how to use tools

### 13. Evaluation form for the faculty workshops

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#### ***Evaluation of the workshop***

1. I am aware of current trends in students' use of online tools:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2. I understand how online tools may benefit student learning and pastoral support:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3. I understand some of the barriers students may experience using online tools:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

4. I understand some of the barriers university staff may experience using online tools:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

5. I understand how to set up a Facebook account:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

6. Please write any comments on the workshop or your thoughts on the potential use of online tools at BU: