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A PHENOMENOLOGICAL STUDY EXPLORING THE USE OF DIRECTED STUDY TIME IN AN UNDERGRADUATE ADULT NURSING CURRICULUM

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Abstract

The main aim of this study was to explore student nurses and lecturers' perceptions of directed study time (DST) within an undergraduate nursing curriculum. Previous research pertaining to the phenomenon has predominantly focused on how students approached learning, and the pedagogical preferences of lecturers and students. A wealth of quantitative literature demonstrates attempts to measure students' preparation for self-directed learning (SDL). Whilst a substantial amount of research has identified that students are unprepared to study independently and direct their own learning; no research has explored the underlying reasons behind this, nor has any research explored the perceptions of DST within undergraduate nursing curricula. A hermeneutic phenomenological approach was used to understand and interpret the participants' perceptions of DST. The research was undertaken in two phases. In Phase One three focus group interviews were undertaken with student nurses on an undergraduate adult branch nursing course at an English university. In Phase Two, individual semi-structured interviews were carried out with nurse academics from the same university. Template Analysis was used to analyse the data and to determine key themes.

Significant findings revealed that both groups perceived DST to be owned by student nurses, who controlled DST. The identities of the groups was not reflective of their roles and resulted in a lack of belonging to the university; this led to limited levels of engagement by both parties with academic activities. Many student nurses did not engage with SDL during DST and the majority of lecturers did not value academia. The culture was influenced by the *'hidden curriculum'* within which nurse lecturers lacked authority and relied on traditional pedagogical methods to regain a sense of control. The participants also described how some students' mentors did not value academia and did not always recognise the importance of linking theory to practice. The implications of this research study emphasise the need for a multi-faceted approach to promote the value and importance of academia within the nursing profession.

Acknowledgements

Glossary of Abbreviations

CoP   Communities of Practice

DH   Department of Health

DoE   Department of Education

DST   Directed Study Time

ENB   English National Board for Nursing Midwifery and Health Visiting

HE   Higher Education

MaD   Making a Difference

MoH   Ministry of Health

NHS   National Health Service

NMC   Nursing and Midwifery Council

PBL   Problem Based Learning

RCN   Royal College of Nursing

RN   Registered Nurse

SDL   Self-directed learning

UKCC   United Kingdom Central Council for Nursing, Midwifery and Health Visiting

WHO   World Health Organisation

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Chapter One

Introduction

In this chapter I discuss my professional background and the factors which led to my initial interest to undertake the study. The context for the study will be presented; highlighting the importance of investigating the subject through a brief exploration of current knowledge in this area. The research aims will be outlined and finally an overview of the contents of the thesis will be presented.

A hermeneutic phenomenological method was used for the study therefore; I considered it necessary to briefly introduce myself to the reader. Vivilaki and Johnson (2008) discuss how this enables the reader to gain an insight into the researcher's background and for them to understand how the researcher reached an interpretation, even though the reader may not necessarily share the same interpretation.

1.1   Background to the study and interest in the phenomenon

At the age of seventeen, having studied for my A levels, I enrolled on a nurse training course at a School of Nursing within a local hospital. Having completed an apprenticeship style of training I qualified as a registered nurse (RN) aged twenty one and worked predominantly within a medical speciality. I later gained a position as a nursing sister on an acute medical ward within a large National Health Service (NHS) trust. Within this post, I had responsibility for promoting the clinical learning environment; this included supporting student nurses and colleagues with teaching and learning activities on the ward. My interest in nurse education developed further and I subsequently left clinical practice to work as a practice based educator for pre-registration nursing students. This role involved supporting pre-registration nursing students and mentors in practice settings and working with academics from partnering universities to develop pre-registration nursing curricula. I left the position to become a Clinical Placement Development Manager for the Strategic Health Authority where I worked with in partnership with colleagues in the private and voluntary sectors to develop learning environments for student nurses in clinical practice. I later completed an

MSc in Health Professional Education and successfully gained a position of senior lecturer in nursing at the University of Huddersfield, where I currently work.

Through my experience in both my previous and current roles, I have had the opportunity to teach many pre-registration nursing students from different universities and I have been interested to listen to their experiences of nursing education. It was one conversation that I had with a third year student nurse when I was employed as a practice based educator which sparked my initial interest in the phenomenon of directed study time (DST). When I asked the student to describe his experience of the course he acknowledged that whilst he was aware that he had embarked on a full time course he was shocked at the amount of non-taught time. Although he discussed how he wanted to use this time to study, he acknowledged that he did not know what to study or where to start studying. He described the lack of direction he had received in relation to using DST successfully and referred to the course as a *'DIY course'*.

Following subsequent conversations with other nursing students whom I taught, it became apparent that many regarded the non-taught time, often referred to as DST, within the curriculum to be *'their time'* to partake in other activities, some of which were not related to the course. As I gained more experience in teaching, I found that many of my colleagues had fixed ideas in relation to how student nurses used DST. There appeared to be a general assumption amongst many nurse lecturers that student nurses as adult learners, would and should be capable of studying independently within DST. I considered that this assumption stemmed from humanistic learning theories, and in particular Knowles' (1970) theory of andragogy. Knowles distinguished adult learning from child learning and proposed that adults should be self-directed, a theory which will be discussed later in the thesis. Some lecturers provided learning activities in an attempt to structure DST, thereby making it more *'directed'*, but others did not. The approaches to DST amongst nurse lecturers, in terms of how it was used; or should be used were inconsistent. I became concerned in relation to the mixed messages that student nurses received from nurse lecturers. Different terms were being used when referring to DST for example *'study time'*; *'independent learning'*; *'self-directed study'* and on occasions DST was labelled *'free time'* on the student timetable.

DST was often timetabled on a Friday which could be interpreted as a '*day off*' or a '*long weekend*' for students. Such experiences generated my interest in DST and my curiosity to explore the phenomenon of DST; as experienced by student nurses and nurse lecturers.

1.2   Nurse education in England: from apprentice to undergraduate

1.2.1   Traditional 'training'

Before considering individuals perceptions of directed study time as a phenomenon in the current context, it is necessary to consider the significant changes which have occurred within nurse education in England.

Historically nurse education was referred to as '*training*', nursing courses were based on apprenticeship systems delivered in hospital training schools; predominantly influenced by Nightingale (Williamson et al, 2010). Nurse training was based in hospitals in England throughout the 1900s up until the introduction of the first nursing degree course in 1969 at the University of Manchester (Crotty, 1993). During the early to mid-1970s nursing degree courses became available throughout various universities in England and neighbouring countries including King's College London, Nottingham, Edinburgh and Ulster. Whilst the degree courses ran alongside the original hospital based training schemes, the majority of student nurses in England continued to '*train*' to become a Registered Nurse (RN) within hospital schools of nursing. Throughout this period of '*training*', student nurses were employed and subsequently paid by the hospitals in which they trained. Student nurses spent the majority of the course time in clinical practice and for the remainder of the time they were required to attend schools of nursing to learn theory.

The apprenticeship framework for nurse training was based on a behaviourist paradigm. As employees of the health sector, student nurses worked within clinical practice, where learning was haphazard and was significantly influenced by the ward sister (Pembrey, 1980; Ogier, 1982). Teaching rarely occurred in practice and student nurses often worked alone, with other students or with healthcare assistants (Melia, 1984; Jacka and Lewin, 1987). The focus for student nurses was on the completion of tasks as part of the '*routine*'; '*getting*

through the work' and *'mucking in'* (Melia, 1987, pg.45-46). Learning in practice was task orientated and students gained experience in practice as opposed to learning from their experience (Elcock et al, 2007). Within schools of nursing small teams of nurse teachers used didactic, teacher centred pedagogies to teach nursing curricula to small groups of student nurses. The teaching was based on a medical model, focusing on disease and clinical procedures; learning was controlled by teachers and students were considered to be passive (Slevin, 1992).

Whilst the apprenticeship model served as the main form of nurse training throughout most of the 1900s it was not flawless and throughout the 1900s its failings became increasingly apparent. Problems with the nurse training model were identified at the beginning of the twentieth century by Bedford-Fenwick (1857-1947) who recommended that nurse education should move to degree level and be placed within higher education (HE):

> lastly, will not Colleges of Nursing be connected with universities which will give a degree in nursing to those who satisfactorily pass through the prescribed curriculum, and so place the coping stone on the fair edifice of nursing education. (Cited in Hector, 1973, p.8)

Additional documents published throughout the 1900s supported Bedford-Fenwick's proposals. In 1926 a policy document produced by the Labour party recommended that nurse training schools should be separated from hospitals; and student nurses (otherwise known as probationers at the time) should have full student status and be entitled to adequate study time (Abel-Smith, 1979). In 1939 a committee was formed and supported by the Government to address issues concerning the position of student nurses (Ministry of Health [MoH], 1939); however no recommendations were officially produced due to the outbreak of the Second World War.

A report published by the Wood Committee on the recruitment and Training of Nurses (MoH, 1947) highlighted the problem of attrition of students during nurse training. The report condemned the behaviours and attitudes of staff within the health sector for the cause of attrition, although no action was taken and the problem of attrition remained

apparent. The attrition of nursing students from traditional training schemes continued to be problematic during the 1960s when it was reported to be as high as fifty per cent per annum (Revans, 1964) and remained significantly high for subsequent years (McKenna et al, 2006). Throughout the 1960s, increased career choices for women meant that more women considered studying towards a university degree; O'Connell (1963) contended that nurse education should move away from hospitals and into universities to attract more women into nursing and improve attrition.

The Platt Report (Royal College of Nursing [RCN], 1964) recommended the move of nurse training into higher education. The Briggs Report which followed (Committee on Nursing, 1972) contested traditional methods of training and recommended full student status. On a global scale, the World Health Organisation ([WHO], 1976) promoted university education for RNs on the basis that it equipped individuals with a deeper and broader education. Despite repeated calls to review nurse training, and move towards a degree based university education, the traditional apprenticeship model remained unchanged; student nurses continued to train within hospitals and gain a certificate at the end of training. The health sector was concerned that the change of student nurses' status from employee to '*student*' would be a significant loss to the workforce, creating a financial burden (Brooks and Rafferty, 2010). In addition, universities considered that nursing had little to offer due to its vocational focus (Gibbs and Rush, 1987).

Finally, between 1985 and 1986 reports published by the RCN (1985) and the regulatory bodies (The English National Board for Nursing Midwifery and Health Visiting [ENB], 1985) and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC], 1986) marked a significant turning point for nurse education within England. No longer would student nurses be '*trained*' in hospitals as employees but would be educated within HE as university students and be placed within clinical practice areas as student nurses with supernumerary status. The Judge report (RCN, 1985) identified dissatisfaction in both the nursing profession and nursing education. The report described how student nurses were overworked in clinical practice as a '*pair of hands'*, and how learning took second place to '*the drumbeat of service'* (RCN, 1985:8-9, para. 1.6). The report recommended that all nurse

education should move into HE and that all student nurses should be supernumerary with a full '*student*' status in clinical practice. The ENB (1985) also advocated for student nurses' supernumerary status; recommending that both student nurses and RNs should be educated in universities. The ENB (1985) emphasised the need for effective links between service and health providers and recommended that student nurses continued to be placed in hospital and community settings throughout their three year education programme.

The proposals to move nurse education into universities were met with resistance. Despite the fact that 100 years had elapsed since Bedford-Fenwick's proposals to move nurse training out of the health sector into HE; critics argued that a more theoretical approach to nurse education would be at the cost of practice based learning (Bradshaw, 2001). Moore (1988) the then Minister for Health expressed concerns regarding the increased amount of time nursing students would spend in a classroom compared to the time spent in practice. Such opposition fuelled debate throughout the late 1980s; and opinion was split on the proposals to progress nurse education into universities in line with other health professionals. Delamothe (1988) defended the proposals to move nurse education into HE based on the premise that most RNs viewed nursing as a career. Whilst Mackay (1989) and Nessling (1989) argued that a university education was unnecessary because RNs' motivations were purely vocational.

Regardless of such opposition, the professional bodies for nursing led the transformation of nurse education away from the traditional hierarchical hospital based schools of nursing into HE; with the introduction of the Project 2000 curricula in 1989 (UKCC, 1986). The move was an attempt to improve the status of nursing; making it more attractive to individuals seeking a career and reduce attrition rates (McKenna et al, 2006). In addition, the degree courses which had been established since the 1960s and 1970s in some universities were considered as good examples to follow (McKenna et al, 2006).

When nurse training eventually moved into universities throughout England during the late 1980s and became nurse education, it was agreed that a diploma qualification would suffice as a minimal educational requirement for RNs; therefore nursing courses were provided at

both diploma and degree level. The fact that nurse education did not change to an all graduate profession at that time was a missed opportunity to raise the minimum academic level for RNs. Had nurse education moved to an all graduate profession at the time of the move into HE, RNs would have been positioned alongside other healthcare professions in England. It would have also placed nursing in line with RNs in other countries such as Australia where nursing has been an all graduate profession for thirty years.

1.2.2   Impact of the move of nurse education into Universities

The move of nurse education into HE and the new '*supernumerary*' status of students had a significant impact on nurse education in England during the late 1980s. Nurse teachers became university lecturers; employed within HE as opposed to the health sector and nursing students became university students instead of National Health Service (NHS) employees. The changed status of nurse teachers and student nurses ultimately impacted on the delivery of nursing courses as there was a shift of ownership of nursing courses away from the NHS to the universities and a move away from training to education

Whilst the professional bodies for nursing continued to regulate nursing curricula, nurse education was required to fit in to the culture and practice of universities. Nurse '*lecturers*' were required to adapt the ways in which they worked to fit in with the university requirements and to meet the needs of university students. The new '*student*' status impacted on the approaches to teaching and learning and how theoretical time was used within nursing curricula. Within the context of the university, nurse lecturers were expected to deliver nursing curricula which met university standards and fitted within the university regulations. This impacted on approaches to teaching and learning as the pedagogies used were influenced by the universities. The learning and teaching approach adopted by Universities in the 1980s was based on a humanistic approach. Barnett (1990) discussed how universities at that time promoted adult learning in an attempt to reinvent themselves. The move of nurse education into universities resulted in a shift of control away from the NHS to HE and a move from teacher centred pedagogies towards student centred pedagogies. In chapter two, I discuss how shifting pedagogies have influenced nurse education.

The practical implications of the move into HE meant that within allocated theory time student nurses were not required to attend the university full time, unlike in the previous apprenticeship model where students were expected to spend a week in the School of Nursing learning concepts and theory. Instead they were allocated periods of non-taught time which was time to direct their own learning. During the timetabled theory time in which students were required to attend university, lecturers were expected to use a variety of pedagogies to promote student centred learning. Nurse '*lecturers*' were required to adapt their approaches to teaching and learning; and were expected to enable students to take responsibility for their learning as adult learners. The concept of the adult learner will be discussed further in chapter two.

The move into HE meant a change to the role of the student nurse as they became full time students with supernumerary status. As such they were expected to direct themselves in their learning as opposed to being directed by others as they had in the past through traditional *'training'* courses. The need for student nurses to direct their learning was emphasised by the UKCC (1986) who considered that the supernumerary status of students was for them to:

> become increasingly self-directed as the educational programme progresses and explore areas of skill and knowledge on an individual basis. (UKCC, 1986, p. 55)

Following the introduction of the Project 2000 curricula and the move into HE, critics claimed that there was too much emphasis on theory at the expense of clinical skills and students lacked confidence in performing clinical skills (While et al, 1995; Macleod-Clark et al, 1996). Lauder et al. (2008) argued that such claims were unsubstantiated; as such the UKCC commissioned Sir Leonard Peach to investigate this claim and review all pre-registration nursing provision. The subsequent Fitness for Practice report (UKCC, 1999) set out recommendations for action; and subsequent national documents published throughout the 1990s initiated further changes to nursing curricula. The Dearing Report (Department of Education [DoE], 1998); Making a Difference (Department of Health [DH], 1999a) and Saving Lives: Our Healthier Nation (DH, 1999b) all called for changes to nurse education.

Following the recommendations from these reports the '*Making a Difference*' (MaD) curricula (DH, 1999a) was adopted by Schools of Nursing throughout all universities in England in the year 2000, the curricula was delivered at both degree and diploma level. Whilst this curricula continues to run at the time of writing, from September 2013 the course will be delivered at degree level only. The MaD curriculum places more emphasis on practice; and attempts to demonstrate how nurse education is responsive to the needs of the NHS. Student nurses studying the MaD curricula spend fifty per cent of the course hours in practice and fifty per cent in theory, clearly identifying the equal importance of practice and academia.

Alongside the introduction of the MaD curricula, steps were taken by the DH to address problems with the deficit in the number of health care professionals. The DH (1999a) implemented a widening participation agenda which aimed to encourage individuals from diverse backgrounds to undertake nursing as a career. Various incentives such as cadet schemes were developed to cater for students with less academic qualifications to provide routes into professional health care (Watson et al, 2005). Other schemes, including access to health courses (provided in technical colleges at the time of writing), and foundation degrees (delivered in universities at the time of writing) were introduced to enable mature students with lower academic qualifications entry into professional healthcare courses within HE in England. Such incentives to increase the number of university students and healthcare professionals have resulted in an increased diversity of students with a range of learning needs (Bloomfield et al, 2013).

1.2.3   Introduction of the all graduate profession

Almost ten years after nurse education moved into universities, the NMC (2008a) supported by the Labour Government; recommended the move to an all graduate nursing profession. The NMC stipulated that a bachelor's degree qualification would become the minimum requirement of a RN. By September 2013 only degree level pre-registration nursing courses will be offered for students in England, which has been the situation in Scotland, Wales and Ireland for several years.

The proposals to move to an all graduate profession were met with resistance from both the nursing profession and the general public who argued that raising the academic level for nurses would be at a cost to the fundamental delivery of care (Shields et al, 2011). This argument replicated earlier opposition to academic progression within nurse education throughout the twentieth century, as I discussed on pages 6-8. Cameron (2009a) the then leader of the Conservative party stipulated his objections to degree educated nurses in a speech to the RCN:

> there is the danger that all-degree training might put some people off. The teenager who has got a handful of reasonable GCSEs and just wants to care for people. The busy mum who hears the word degree pictures the typical graduate and thinks – that is not for me. We need to make sure the doors to nursing are open to all. Cameron (2009a)

On 2nd February 2010, Lansley, the then Secretary for Health stated: *"A degree should be an aspiration for nurses, rather than an entry requirement"* (Evans, 2010, p.24). The stance of the now Coalition Government regarding the standard academic level for RNs remains unclear. The persistent obstruction to academic progression in nurse education within England has been described as the '*dumbing down'* of the nursing profession (Watson, 2006). For several years, Nurses in England have been considered to have lagged behind all the other health professions in terms of the minimum academic qualification for RNs (Watson, 2006; Shields et al, 2011). Watson stated:

> there is a tacit assumption that an educated nurse will not be a caring nurse, far less a competent nurse. (Watson, 2000, p.1041)

Watson (2000) emphasised how this was purely an assumption as there was no evidence to support the claim. Nevertheless, the expression '*too posh to wash'* has been frequently cited by the media to reflect public opposition to raising the level of academia for RNs (Watson, 2006) and continues to be. However, as Watson identified in 2000, there remains no available empirical evidence that demonstrates how a graduate RN is less caring or less competent than a diplomat RN. Indeed the research demonstrates the opposite; graduate RNs who have studied nursing degree programmes at university have been found to receive

a good education and produced excellent standards of both academic and clinical work (McKenna et al, 2006). Evidence also demonstrates that the retention of degree level nurses who have studied nursing at a university is improved compared with those RNs who trained through hospital based apprenticeship schemes (Montague and Herbert, 1982; Howard and Brooking, 1987). There is a wealth of evidence which supports the need for nurses to be educated to degree level (Aiken et al, 2003; Duffield et al, 2007; Klein, 2007; Rafferty et al, 2007; Kendal-Gallagher et al, 2011, Willis, 2012).

1.3   Political influences on nurse education

At the time of writing this study both the DH and NMC have expressed high expectations of RNs. Described by the DH as a *'dynamic profession'* (DH, 2006); RNs are expected to become responsive and entrepreneurial as they shape nursing roles and initiate change (DH, 2006). The DH (1999a, 2000) and NMC (2010) require RNs to be equipped with skills such as problem solving and critical thinking; enabling them to practice autonomously and independently.

The DH (2008) also emphasised the need for RNs to be independent learners, responsible for lifelong learning throughout their nursing career. For several years it has been acknowledged that lifelong learning is no longer desirable but essential to maintain professional competency (Gopee, 2000). It is questioned whether pre-registration nurse education supports student nurses to develop the necessary skills to be autonomous learners (Dalley et al, 2008).

Willis (2012) was appointed by the RCN to carry out an independent inquiry into nurse education following accusations that nurse education was to blame for poor standards of patient care. The commission declared no shortcomings in nurse education and failed to find any evidence to support the claim that graduate nurses had a negative impact on patient care. Instead Willis (2012) reported that graduate nurses improved standards of care and provided a significant contribution to the workforce, the report emphasised the need for an all graduate profession to lead nursing and develop standards of care. A further recommendation was that RNs should engage with continuous professional development

with the support of key stakeholders including universities, employers, regulatory bodies and Royal colleges. This report which was published during the longevity of this thesis, emphasises the importance of a degree profession and the need for professional development for RNs, which further supports exploration of the use of DST and how DST time is perceived by lecturers and students.

Throughout the period of this research study, another substantive report (Francis, 2013) was published following an independent enquiry into significant failings in care at the Mid Staffordshire NHS Foundation Trust. The report supports the recommendations from Willis (2012) to move towards a graduate profession. It calls for a re-focus on the theory and practice of nurse education, recommending that national standards are implemented and nursing and academic bodies work towards placing nursing alongside other health professions.

The expectations of RNs in terms of their autonomy towards practice and learning make it difficult to comprehend why there has been, and continues to be, such opposition to develop academia and the move to an all graduate profession. Whilst the debate continues, the current situation is that nurse education is entering into an all graduate profession and the RN is expected to be autonomous within their role. This level of autonomy expected from RNs relates to their approach in clinical practice and learning.

The current structure of the pre-registration nursing programme is based upon the Nursing and Midwifery Council guidelines (NMC, 2010); student nurses must successfully complete a total of 2,300 hours in theory and 2,300 hours in practice to qualify as a RN. Nursing curricula, alongside other university courses are based on a modularised structure, with each module comprising of a set number of hours. The taught component of a module normally consists of a fixed number or hours taught time and the remaining hours regarded as non-taught time, self-directed study or directed study (Mallaber and Turner, 2006). However, the structure of the required theory hours within each module varies depending on the institution and is open to interpretation by the institution and individual academic staff.

1.4 Need for the study

At the time of writing this thesis it is almost thirty years since all pre-registration nurse education moved into universities throughout England, however the debate concerning the move to an all degree profession continues. As discussed on page 9, a degree is currently a standard requirement for all RNs who qualify from 2015 (NMC, 2008a).

I discussed on page 8 that the introduction of the supernumerary status for student nurses in the late 1980s was to enable them to become more self-directed. The move into HE was also expected to promote self-directed learners (Darbyshire, 1993). However, the ability of student nurses to be autonomous and self-directed in their learning within the specific hours allocated to directed study time has been questioned (Timmins, 2008).

My professional experience prompted me to question how successfully Knowles' (1970) theory of andragogy has been embedded into nurse education and to explore the phenomenon of students and lecturers perceptions of directed study time. Inconsistent approaches to the use of DST from lecturers could potentially confuse students in relation to how they are expected to use this time effectively. If there is no specific work allocated for students to complete during DST, what should they be studying? How much effort should they be expected to put into producing work within DST if the work is not formally assessed? I considered what was already known about this non-taught time within curricula, which led me to explore whether any research had been undertaken in relation to DST within nursing or indeed any other university courses.

1.5 The structure of the thesis

Chapter one provides a background to the study, and identifies the need for the study. The structure of the thesis is presented containing a brief overview of each chapter.

Chapter two explores and discusses current literature on directed study and is organised into sections based on the themes within the literature, namely *'the concept of learning'*; *'pedagogies within nurse education'* and *'student engagement with SDL'*. Following the literature review, the aims of the study are identified and presented to address the gap.

Chapter three discusses the philosophical underpinnings of the study and the overall approach to the research with a rationale.

Chapter four outlines the ethical issues related to the study and the different methods used to collect the data from three focus group interviews (first, second and third year nursing students) and individual interviews with nurse lecturers. Additionally a discussion of the sampling strategy used; how I accessed the participants and the method used to analyse the data is presented.

Chapter five presents the findings from the data obtained through the student nurse focus group interviews.

Chapter six exhibits the findings from the data of the individual interviews with the nurse lecturers.

Chapter seven provides an overview of the overall findings and integration of the discussion.

Chapter eight contains a summary of what is already known about directed study; and how the significant findings from the study are considered to be new knowledge. The limitations and recommendations for future research are presented with a final summary of the thesis.

For the remainder of the thesis, the term directed study time (DST) will be used to refer to non-taught time which is officially regarded as module hours but does not necessitate students to be on campus.

This chapter has provided an introduction to the study including the background and interest in the phenomenon; the move from nurse training to education and the associated political influences. The need for the research was identified, followed by the aims of the study and the structure of the thesis. In the next chapter I explore the literature pertaining to perceptions of DST as a phenomenon.

Chapter Two

Directed Study Time (DST): What is known?

Chapter one presented the background to the study, which included an overview of the political influences on nurse education. This chapter presents a critical account of the literature; demonstrating current knowledge in relation to the phenomenon of directed study time (DST). Finally, the gap in knowledge is identified and the research aims are presented to the reader.

At the outset of the research, an initial review of the literature relating to DST was undertaken. As new theoretical perspectives emerged throughout the longevity of the study I revisited the literature in an attempt to demonstrate my engagement with the literature as recommended by Rugg and Petrie (2004).

2.1   Search strategy and review process

A systematic approach was used to undertake the initial review of the literature, this involved both electronic and manual searches to gain a full understanding of the phenomenon. Primary sources of empirical literature relating to the aims of the research question were identified alongside '*grey*' literature including discussion papers; policies and unpublished documents.

2.1.1   Database Searches

A range of electronic databases were used within the University of Huddersfield's database catalogue Metalib (latterly replaced by Summon), as displayed in table 1. Additional literature was accessed via the internet as listed in table 2.

Table 1: Electronic databases accessed within Metalib and Summon

Cumulative Index to Nursing and Allied Health (CINAHL)
Science Direct
Blackwell Synergy
Electronic Journals Service (EJS)
Educational Resource Information (ERIC)
Scopus
Taylor & Francis
Routledge Wiley
Wiley

Table 2: Resources accessed via the internet

Department of Health (DH)
Nursing and Midwifery Council (NMC)
Royal College of Nursing (RCN)
The University of Huddersfield Library Catalogue
The University of Huddersfield Electronic Library (Ebrary)
The University of Huddersfield Repository
Google Scholar

2.1.2. Key words

During the initial search, and in subsequent searches, key words (which attempted to address the phenomenon of the study) were used with Boolean operators to maximise the search results. The key words uses are displayed in table 3.

Table 3: Key words

- Directed study
- Self-directed learning
- Student nurses
- Lifelong learning
- Adult learning
- Learning styles
- Andragogy
- Pedagogy
- Critical thinking
- Time management
- Curriculum hours
- Learning
- Education
- Social class
- Motivation
- Homework
- Autonomy
- Gender
- Time
- Autonomy
- Culture
- Learning styles
- Problem based learning
- Pre- registration nurses
- Undergraduate nurses

2.1.2   Inclusion and exclusion criteria

The inclusion and exclusion criteria which were used to locate literature from the databases are displayed in Table 4.

Table 4: Inclusion and exclusion criteria

Inclusion Criteria:
• Peer reviewed primary research directly related to the topic.
• Peer reviewed discussion papers directly related to the topic.
• Unpublished doctoral thesis' directly related to the topic.
• Editorial papers directly related to the topic.
• English language only.
• No time limit.
Exclusion Criteria
• Primary research not directly related to the topic
• Discussion papers not directly related to the topic.
• Unpublished doctoral thesis' not directly related to the topic.
• Editorial papers not directly related to the topic.
• Not English language.

Articles published prior to 1998 were not available through the university library and were obtained on request via the university inter library loans service at a small charge.   All subject disciplines were included in the search because I wanted to locate available research on the phenomenon within other disciplines.

Greenhalgh and Peacock (2005) argued that electronic searches through computerised databases are limited and recommended '*snowball sampling'*; whereby the sampling strategy develops as the study progresses. Consequently, further literature relating to the research aims were obtained through manual searches of journals and books held in the university library. I noted patterns in journals containing articles pertinent to the research and scrutinised those journals for further literature, this included manually searching the contents pages of such journals. Having identified key articles or texts, reference lists were searched to highlight further relevant sources of literature. As the study progressed, key

authors were identified who had published extensively on issues pertaining to the research question; and further searches of literature published by those individuals were initiated. Figure 1 outlines the number of papers located and demonstrates how the original number of papers was reduced.

Figure 1: Summary of the search strategy

| Total number of references identified |
| N =4261 |

⬇

| References rejected due to |
| title/keywords and/or abstract |
| N = 4193 |

⬇

| Number of texts examined |
| N = 68 |

⬇

| Number of rejected papers |
| N =52 |

⬇

| Number of papers included in the final |
| review |
| N = 16 |
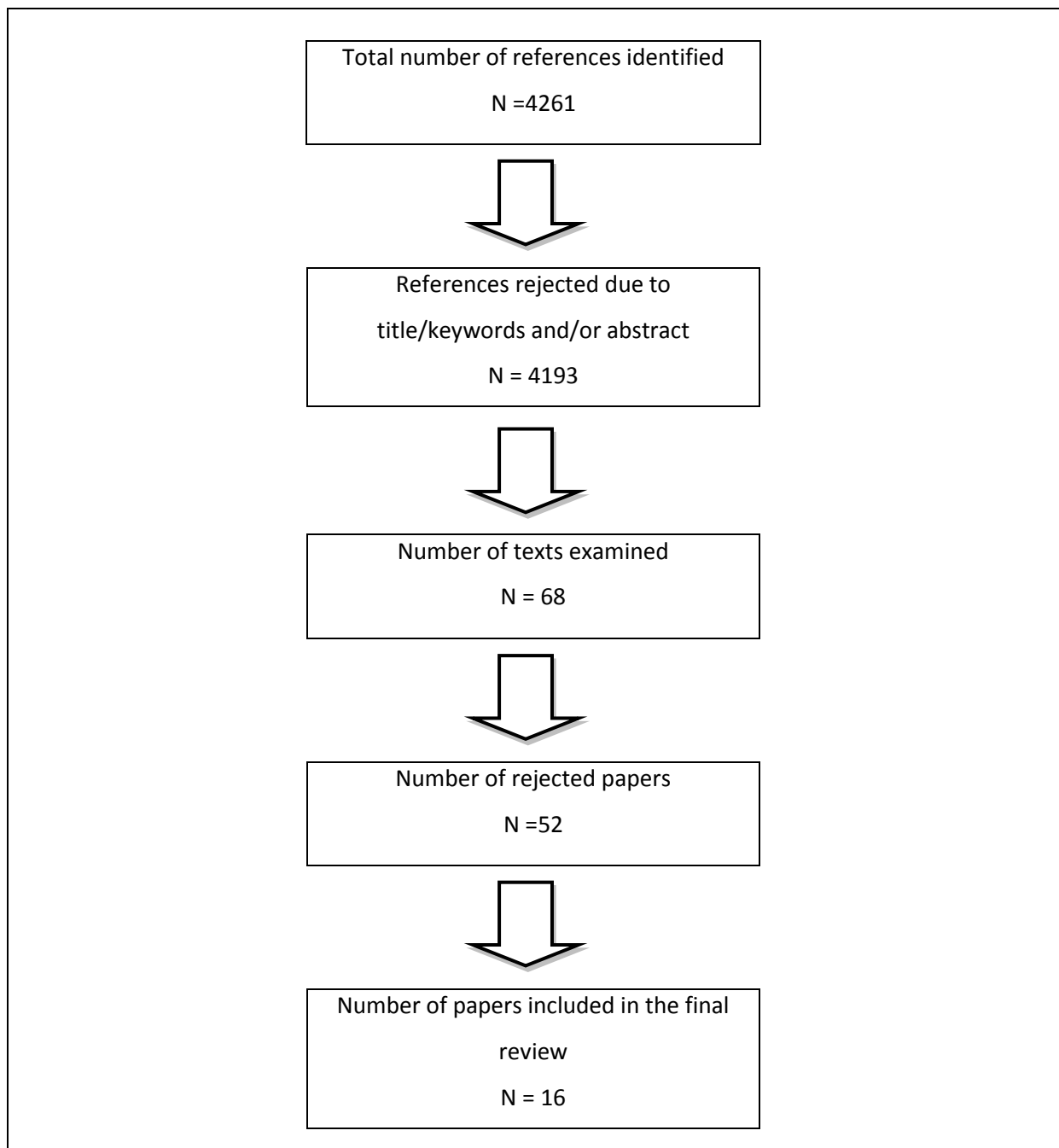
In total sixteen papers were included in the final review, twelve were quantitative, three were qualitative and one used a mixed method approach. Having narrowed the search down to sixteen papers, I read each paper several times to familiarise myself with the content. I then summarised and critically appraised the papers in turn with the use of the Critical Appraisal Skills Programme (CASP) which provided structure to enable me to effectively critique the literature. A metasummary approach was used to review the literature, through which particular themes were identified. Developed by Sandelowski et al. (2007) this approach enables the researcher to gather findings from qualitative studies in a quantitative manner. Using this method, the literature was reviewed for trends in terms of subject matter and chronological patterns. This process resulted in the identification of six key themes were developed from the literature, these were: learning theories; learner/teacher preferences; student preparation for SDL; the use of DST; motivation towards learning and learning styles. The following section provides a brief overview of each of the themes.

Since the 1920s a range of theories have been developed in an attempt to explain the ways in which learning occurs (Pavlov, 1927; Watson, 1930; Thorndike, 1931; Piaget, 1962; Skinner, 1968). In the mid-1970s there was a move towards humanistic approaches to learning and the concept of self-direct learning (SDL) gained increased popularity through Knowles', American publications on the theory of andragogy (Knowles, 1979, 1980, 1984). Such publications resulted in a plethora of discussion papers throughout the 1980s and 1990s debating the application of andragogical principles within educational settings from authors within America (Hartree, 1984; Candy, 1991) and in the UK (Darbyshire, 1993; Nolan and Nolan, 1997a; Nolan and Nolan, 1997b).

Further quantitative research studies published in the UK attempted to measure learner and/or teacher preferences for learning strategies used within classroom settings (namely in nurse training) (Sweeney, 1986; Harvey and Vaughan, 1990; Burnard and Morrison, 1992). Subsequent qualitative research, also in the UK explored the views of teachers and students on self-directed learning (SDL) (Lunyk-Child et al, 2001; Hewitt-Taylor, 2001; Hewitt-Taylor and Gould, 2002).

Since the 1990s, a wealth of empirical research, predominantly in the form of quantitative research has been published to determine students' preparation for SDL. The self-directed learning readiness scale (SDLRS), developed by Guglielmino (1977) in America, has been applied to student nurses within Australian contexts (Fisher et al, 2001; Smedley, 2007). At the time of writing this thesis, it is apparent that the SDLRS continues to be regarded as a valid tool (Fisher and King, 2010) with the latest evidence demonstrating its application to student nurses in an Italian study (Cadorin et al, 2012).

In terms of the use of DST within curriculum, two papers were located which consider the used of DST in higher education in Pakistan (Deepwell and Malik, 2008), and one pertaining specifically to nursing students within Ireland (Timmins, 2008) One empirical study (Snelling et al, 2010) explored the use of DST within one module on a nursing curriculum.

In terms of motivation towards learning, one empirical study was located which investigated the motivation of student nurses towards learning through the use of a Motivation Strategy for Learning Questionnaire (MSLQ) (Salamonson et al, 2009); once again this was in an Australian context. A further two papers were located which explored students' motivation towards their studies (Nilsson and Stomberg, 2008; Bengtsson and Ohlsson, 2010), both of which were undertaken in Sweden.

More recently, a range of quantitative studies have been published, predominantly in Australia, in which researchers have attempted to measure student nurses' learning styles and approaches to learning through the use of self-assessment tools. Examples include Honey and Mumford's learning style questionnaire (LSQ) (Fleming et al, 2011); the visual, aural, read–write and kinaesthetic (VARK) questionnaire (Meehan-Andrews, 2009; James et al, 2011; Koch et al, 2011); Kolb's Learning Style Inventory (LSI) (D'Amore et al, 2012).

Having reviewed the literature it was apparent that the literature pertaining to the phenomenon was extremely varied, and it was difficult to determine how to separate the literature into themes as some of the literature related to more than one theme. Furthermore, whilst initial themes were developed at the beginning of the study to reflect the aims of the research, as the study progressed new publications presenting recent

findings resulted in revisions to the original themes. When reviewing the content of the literature in its entirety, I considered that before exploring students' experiences of SDL it was important to reveal how learning occurs. Consequently learning theories and the tools used to determine individual learning styles were amalgamated to form the first theme entitled "*the concept of learning*". Secondly, the literature published throughout the 1980s and 1990s related to learner preferences towards teaching and learning strategies within nurse training and education and the preparation of learners for SDL. This led me to consider issues surrounding control of learning within the context of the classroom, therefore the second theme of '*pedagogies within nurse education*' was developed. Finally more recent publications were located concerning student nurses' motivation towards academic study which led to the final third theme entitled '*student engagement with self-directed learning (SDL)*'

2.2   The concept of learning

This section discusses some of the literature on the concept of learning, in particular adult learning. It includes an exploration of learning theories and considered the use of learning styles and models to distinguish how individuals learn. This section concludes with a critical review of the pedagogical approaches to teaching and learning within higher education.

Whilst various definitions of learning exist, the underpinning principle is how learning results in change (Hilgard and Bower, 1966). Learning was succinctly defined learning as: "*the act or process by which behavioural change, knowledge, skills and attitudes are acquired*" (Boyd et al, 1980, pp.100-101). Freire (2000) distinguished three stages within learning: task related activities; activities related to personal relationships and what he termed '*conscientization*'. This term implies the transformation of the awareness of reality; the development of an interest for change and an assessment of the resources for or against the change which leads to action. According to Freire (2000), learning can only be referred to as such when it results in action.

2.2.1 Learning theories

Various learning theories have been developed in an attempt to provide a rationale for effective learning, which are broadly categorised as behaviourist, cognitivist, social learning and humanistic learning theories. Behaviourist theories developed in the early twentieth century mainly through the work of Pavlov (1927); Watson (1930); Thorndike (1931) and Skinner (1968) attempted to explain how learning occurred by investigating the behaviour of individuals and how they adapted their behaviour in order to survive.   Within behaviourist theories, significant importance is placed on change in behaviour without consideration of the individual's thoughts and emotions (Cohen, 1999).   Commonly recognised as stimulus response (SR) theories, behaviourist theories regard learning as the product of the stimulus and the response (Bastable, 2008). Different behaviourist theories exist, but the focus is on respondent conditioning (Pavlov, 1927); and operant conditioning responses (Skinner, 1968).

The stimulus for learning is selected and controlled (often by the teacher) and the individual's responses are reinforced. Learning occurs through the association between the intended response and the reinforcement (in terms of rewards and punishments). Desired responses are rewarded whilst others are discouraged (Rogers and Horrocks, 2010).   In behaviourist models the mind is regarded as a memory bank to store knowledge (Grunwald and Corsbie-Massay, 2006) gained through repetition.   Behaviourists believe that the repetition of desired responses and outcomes promote learning (Cohen, 1999).

Such approaches are teacher centred; the teacher is responsible for the transmission of knowledge (Freire, 2000; Ewashen and Lane, 2007) whilst the learner is considered to be passive (Roblyer, 2003).   Behaviourist theories focus on intelligence, developing new understandings as well as learning attitudes and skills (Rogers and Horrocks, 2010). Within education and in healthcare, behaviourist theories are commonly used in combination with cognitive theories (Bush, 2006).

Cognitive learning theories consist of many different perspectives such as the gestalt theory; information processing; human development; social cognition theory and social

constructivism. Similar to behaviourist theories, cognitive theories emphasise content and stimulus, but instead focus on the active engagement of the learner and the psychological processes related to learning enabling the learner to synthesise information. Within cognitive learning theory, learning is achieved through the individual's cognition including the individual's thoughts, perceptions, memory and processing skills to structure information (Bastable, 2008). Cognitive learning theorists suggest that the individual directs learning; they perceive and interpret information based on their existing knowledge to form new insights and understanding (Bandura, 2001; Hunt et al, 2004). Unlike behaviourists, cognitivists believe that reward is not necessary for learning. Instead, the goals and expectations of the learner are important and motivate the learner to take action (Bastable, 2008).

Piaget (1962) is the most widely recognised cognitive theorist, renowned for his work on investigating the intelligence of children. Piaget's (1962) observations of children's perceptions and thought processes have contributed to understanding the abilities of individuals to reason, conceptualise, communicate and act. He identified four stages of cognitive development: sensorimotor; preoperational; concrete operations and formal operations. Piaget (1962) described how the stages were observed throughout childhood and through to adolescence. He discussed how children adapt to their environment by absorbing information and interacting with others. Piaget (1962) described how children make their experiences fit with existing knowledge (assimilation) or amend their perceptions based on new knowledge (accommodation).

Whilst Piaget (1962) stressed the importance of perception based on his observations of children, Vygotsky (1986) emphasised the significance of language, adult guidance and social interaction in learning. Unlike Piaget who promoted discovery learning, Vygotsky recommended that teachers should provide clear structured instructions for learners to follow.

Critics of cognitive learning theory argued that some of the principles relating to information processing did not consider the social context for learning and the social factors influencing

learning (Palinscar, 1998). Social constructivists argued that individuals develop their own perception of reality, influenced by the social and cultural context in which they find themselves. Effective learning was considered to be through social interaction and negotiation (Shapiro, 2002); significant factors such as culture and social experiences were each considered to influence learning (Marshall, 1998). Critics also contested that cognitive theory neglected learners' emotions, by failing to recognise how emotions impacted on an individual's ability to learn. It was argued that "*cold cognitive models cannot adequately capture conceptual change; there is a need to cover effects as well*" (Eccles and Wigfield, 2002, p.127).

Consequently different perspectives emerged which considered how emotions influenced cognition including how emotions and stress may affect individuals' ability to memorise information (Greene et al. 2001). Whilst Goleman (1995) discussed emotional intelligence and how individuals manage their emotions, the emotions of others and how social judgement influences moral behaviour. A further factor that was considered important in the learning process was self-regulation, which includes the monitoring of emotions, cognitive processes and environment (Eccles and Wigfield, 2002).

Other cognitive approaches to learning, emphasised the value of experience within learning, such theories became recognised as experiential learning theories (ELTs). ELTs consider that actions, based on experience are central to the process of learning. Key proponents of ELT include Dewey (1938; Piaget 1962) and Kolb (1984) who each developed their own perspectives on how experiential learning occurred. Dewey (1938) considered how the environment was significant for experiential learning; he defined '*experience*' as a '*transaction*' that occurred between an individual and their environment. The environment was described as:

> whatever conditions interact with personal needs, desires, purposes, and capacities to create the experience which is had. (Dewey, 1938, p.43)

Dewey's (1938) focus on experiential learning was supported by Kolb (1984) who later developed a model which provided a structured approach to support experiential learning,

known as the '*learning cycle*' representing a four-staged cycle of learning. The first stage is described as '*concrete experience*'; serving the basis for the second stage of '*observation and reflection*'. The observations and reflections are integrated into concepts, forming the third stage known as '*abstract conceptualisation*'. This guides the final stage '*active experimentation*'; within this stage new experiences and meaning are created (Loo, 2004).

Social learning is another perspective, developed by Bandura (1977; 2001) which considers the personal characteristic of the learner, behaviour patterns and the environment. This theory has characteristics of both behaviourist theories and cognitive theories. The original theory proposed that learners did not need experience in order to learn something; instead, learning is achieved by copying the behaviour of others through imitation. In this way, learning occurs through social interaction, and significant others are considered role models.

Humanistic learning theories later developed as a reaction to behaviourist and cognitive theories. Such theories were developed in an attempt to move away from empirical science, to reflect the world of complexity, instability and uncertainty. Humanistic theory is often aligned to the work of Knowles (1970) and the theory of andragogy which is based on the assumption that all adult learners have a desire to learn (Bastable, 2008). The central focus is on the learner whom with their own perceptions and needs ultimately directs their own learning (Snowman and Biehler, 2006). Whilst the concept of SDL had existed since the nineteenth century, it was Knowles' popular theory of andragogy that promoted SDL within adult education (Candy, 1991). The move towards humanistic approaches to learning and SDL will be further discussed later in this chapter.

2.2.2 Learning styles

The process of learning and how individuals learn is complex; the ways in which an individual acquires information or what is considered their best way to learn is commonly referred to as their '*learning style*' (Felder and Brent, 2005). Biggs (2003) distinguished two schools of thought in relation to how individuals approach their learning. He asserted that some authors considered learning approaches as the preferred style that students could

apply to any situation; whilst others discussed how approaches to learning were dependent on the context. Biggs (2003) believed that in reality student learning occurred through both approaches, whereby student learning was dependent on their learning style and the context of learning.

Since the 1960s, various tools or models have been developed to determine the distinctive ways in which individuals learn through their learning style (Kinchin et al, 2008). The available literature pertaining to learning styles and the tools to measure learning styles is exhaustive. Stokes and Urquhart (2011) argued that the terminology relating to learning styles creates further confusion and can be overwhelming. A systematic review of learning style tools revealed up to seventy-one models to determine learning styles which were grouped into '*families*' of tools (Coffield et al, 2004).

The most widely recognised tools, evidenced through the literature include the Myers-Briggs Type Indicator (Myers, 1962); Multiple Intelligences (Gardner, 1993); Kolb's Learning Style Inventory (LSI) (Kolb, 1984); the Study Process Questionnaire (Biggs, 1987); the visual, aural, read–write and kinaesthetic (VARK) questionnaire (Fleming 1995) and the LSQ (Honey and Mumford, 2000).

Honey and Mumford's (2000) LSQ enables individuals to determine how they learn so that they can develop their learning styles, and ultimately become a more effective learner. The LSQ categorises the individual's learning style as either activist; reflector; theorist or pragmatist. In recent years, the LSQ has been used to determine the learning styles of student nurses (Rasool and Rawaf, 2007, 2008; Fleming et al, 2011), each of these studies revealed that student nurses have reflector dominance. This demonstrates that they prefer to consider issues in detail, making observations and forming evaluations based on available information before initiating action(s). Fleming et al. (2011) described how reflectors prefer to repeat situations at a reduced pace so that they have time to consider all factors before acting, which could indicate that nursing students prefer order and structure.

The VARK questionnaire is another learning style tool, VARK is an acronym for the four sensory modalities which individual's use to process information. V notes visual preference; A relates to aural preference; R denotes read/write preference and K denotes kinaesthetic preference. VARK has gained increasing popularity in terms of its use with nursing students, particularly in an Australian context (Meehan-Andrews, 2009; Koch et al, 2011; James et al, 2011). The findings from each of the above studies demonstrated that nursing students use a combination of all four learning styles; however, in each study the kinaesthetic score was higher than the other modes. Alkhasawneh et al. (2008) also supported these findings in a study of nursing students in Saudi Arabia. The fact that student nurses prefer kinaesthetic learning demonstrates that they learn best by doing things involving their senses; indicating a preference for learning through '*doing*'.

McLeod et al. (1995) emphasised the importance of identifying students' learning styles so that they could be matched with teaching methods to promote effective learning. However, more recent evidence reveals the complexities associated with learning styles; Bloomer and Hodkinson (2000) and Bloomfield et al. (2013) acknowledged that learning styles formed only a portion of the students' attitudes towards their learning and studies, and should be used cautiously. Fleming et al. (2011) described a lack of consensus within the literature pertaining to the concept of learning styles and models of learning. Walsh (2007) suggested that this lack of clarity prevented the application of research findings in educational settings. Whilst researchers continue to explore students' learning styles, Scott claimed that tools to determine learning styles shared no commonalities, and were consequently of little value, she stated:

> learning styles is to attempt to shoehorn an eclectic mix of theories, models and notions into one category in which they patently do not fit. (Scott, 2010, p. 6)

Fleming et al. (2011) recommended the use of a '*multi modal*' approach, whereby lecturers use different teaching and learning methods to accommodate different learning styles in an attempt to promote effective learning.   This recommendation further questions the effectiveness of determining students' individual learning styles if such an approach is used.

2.2.3 Pedagogical trends

I discussed on pages 26-27 how Biggs (2003) considered the context of learning to be significant for individuals to learn effectively. Within adult education, the context of learning is influenced by the strategies used to promote student learning, commonly referred to as '*pedagogies*'. Pedagogy includes:

> considerations about the nature of knowledge; what is taught; how it is taught, what is learning; and how students and teachers learn. (Horsfall et al. 2012, p.930)

Various pedagogies, based on learning theories have been used within higher education to promote effective learning. Behaviourist approaches based on behaviourist theories became popular within adult education throughout the 1940s and 1950s following the Second World War and industrialisation (Braungart and Braungart, 2008). Factual, positivist forms of knowledge formed the basis for behaviourist theories, which emphasised content and information (Greer et al, 2010). Within the behaviourist paradigm, the focus is on training and competencies to achieve outcomes. Roblyer (2003) and Tomei (2005) maintained that behaviourist methods were effective in relation to learning scientific based knowledge, and the development of psychomotor skills.

Despite the perceived benefits of behaviourist approaches, critics have argued how such methods are susceptible to content overload. Teachers attempt to provide students with as much information as possible; with little regard for the students' needs (Kantor, 2010). Roblyer (2003) also emphasised how such approaches restrict the level of student engagement with problem solving activities.

Such criticisms resulted in the shift away from behaviourist pedagogies in adult education during the 1970s and 1980s to student centred, humanistic pedagogies. Significant proponents of student centred learning included Knowles (1970); Boydell (1976); Mezirow (1981); Candy (1991) and Grow (1991). Knowles' (1970) theory of andragogy was considered most significant throughout the movement. Knowles developed the theory of andragogy in an attempt to distinguish student centred methods of learning from traditional behaviourist methods. He described andragogy as an instructional teaching method most

appropriate for teaching adults; and pedagogy as a teaching method most appropriate for teaching children (Knowles, 1970). Whilst Davenport and Davenport (1985) argued that andragogy was not considered to originate from Knowles; his writings were (and continue to be) recognised as central to the promotion of andragogy.

Following in the footsteps of Knowles (1970), Boydell (1976) believed that learning should be student-centred. He maintained that education consisted of three concepts, which emphasised a focus on facilitation as opposed to teaching. (1) '*Self-directed learning'*, was one concept demonstrating an increased responsibility for determining what should be learned and how, based on individual needs. (2) '*Student-centred learning'* emphasised the importance of holistic learning; the democratisation of the teacher-learner relationship and the notion for personal growth through an interactive process. (3) '*Andragogy'* unites the two previous concepts emphasising the differences between andragogy and pedagogy.

Similar to Knowles' (1970) theory of andragogy, Mezirow's theory (1981) of perspective transformation also distinguished how adult learning differed from that of children. The move towards humanistic approaches to learning was further promoted by Rogers within his popular publication of *Freedom to Learn* (Rogers, 1983). In support of Knowles' (1970) philosophy, Rogers (1983) regarded individuals to be self-directed learners as he stated:

> we live in a world of kaleidoscopic change, if we want people who can function well in that world we can only have them if we are willing to allow them to become self-starting, self-initiating, self-directing learners. (Rogers, 1983 p134)

Despite the increased popularity of Knowles' work evidenced by the theorists who followed, critics vehemently claimed that the concept of andragogy was ambiguous and could not be applied to practice (Cross, 1981; Rachal, 1983; Hartree, 1984; Brookfield, 1986, Darbyshire, 1993). Knowles' (1970) assumption that learner characteristics of children differed from adults resulted in significant problems. Darbyshire (1993) criticised Knowles' theory for the lack of an evidence base, and accused him of devaluing a child's experience. He argued that Knowles negatively portrayed children as lacking interest and motivation to learn. Darbyshire (1993) asserted that in reality children demonstrated levels of initiative and problem solving abilities through project work within school.

Hartree (1984) and Brookfield (1986) accused Knowles of assuming that all adults were self-directed; disputing that some did not want to be self-directed or hold the skills for self-directed learning. Rachal (1983) and Darbyshire (1993) also argued that there were different degrees of voluntarism; or willingness to learn, and how it was not '*all or nothing*'. In contrast, Darbyshire (1993) recommended that self-direction in learning should be measured in levels or degrees to the extent which an individual is self-directed, not by their adult or child status.

In response to some of the problems identified with Knowles' (1970) original theory of andragogy, his subsequent writings revealed variations from his initial theory (Knowles, 1980; 1984; 1985; 1990). Knowles adapted his original theory by acknowledging that with any learner, in some learning contexts andragogical practices are appropriate and in others, pedagogical principles are preferential. He proposed that both models were effective for both adults and children depending on the context. Subsequently, Knowles (1980) recommended that educators needed to be proficient in both andragogical and pedagogical methods of teaching so that they could adapt to a particular situation. Although Knowles' later writings discussed the appropriateness of both methods, critics continued to highlight his preference to andragogy as opposed to pedagogy and failings to place equal value on the two methods (Thompson, 1989).

2.2.4   Self-Directed Learning (SDL)

The work of Knowles emphasised the importance of the learners' ability to self-direct their learning; significant proponents of SDL included Houle (1961) and Tough (1979). Whilst the notion of SDL became popular due to the move towards humanistic pedagogies in the 1980s, Candy (1991) discussed how SDL had actually existed in the nineteenth century:

> even those who enjoy to the greatest extent the advantages of what is called regular education must be their own instructors as to the greater portion of what they acquire, if they are ever to advance beyond the elements of learning. What they learn at schools and colleges is comparatively of small value, unless their own after reading and study improve those advantages. (Craik (1830) cited by Candy (1991, p.5)

Candy (1991) described how throughout the Roman era, the teacher's role was insignificant; instead, it was the learner's role to undertake self-education. Multiple definitions of SDL exist and have been regarded as ambiguous and open to interpretation (D'A Slevin and Lavery, 1991). Most definitions of SDL stem from Knowles' (1970) theory of andragogy (Nolan and Nolan, 1997a) and as Knowles' (1975) definition is the most frequently cited throughout the literature, it was used as a working definition of SDL throughout the study. Knowles defined SDL as a process whereby:

> individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying learning strategies, and evaluation of learning outcomes. (Knowles, 1975, p.18)

2.3   Pedagogies within nurse education

This section discusses the influence of pedagogical trends and how the move to student centred learning has influenced nurse education. It provides a critical review of the literature that has explored the preferred pedagogies as experienced by lecturers and students, namely nursing students.

As discussed in chapter 1, the apprenticeship style of nurse training, which dominated nurse education up until the late 1980s, consisted of approximately one sixth of the course time in theory and the remaining time in practice (Bradshaw, 2001). As apprentices, student nurses formed a significant part of the workforce; nurse education was reliant on rote learning, and teacher centred methods of teaching (Hurst, 1985; Burnard, 1989; Sweeney, 1990 and D'A Slevin and Lavery, 1991). Such approaches dominated nurse education, which traditionally focused on curriculum content and outcomes (Ironside, 2001; Romyn, 2001; Handwerker, 2012).

Akinsanya (1987) argued how such teacher centred approaches lacked flexibility and regarded students as submissive recipients of learning as opposed to active partakers. Critics disputed that nurse training did not prepare student nurses with the necessary skills of independent learning (Sweeney, 1986, 1990; O'Kell, 1988; Richardson, 1988; D'A Slevin and Lavery, 1991). Further criticisms were made in relation to the abilities of newly

registered nurses, who, although expected to be autonomous professionals equipped with problem solving abilities; were considered to experience a *'culture shock'*, soon after becoming registered, having been *'spoon fed'* throughout their training (Hurst, 1985; Sweeney, 1986, 1990).

In chapter one, I discussed how nurse education moved into universities in England during the mid to late 1980s. Considering the level of criticism, combined with the problem of attrition; the move into universities was opportune to revise the educational approaches used (Levett-Jones, 2005). The new location of nurse education within universities combined with the introduction of a new curriculum (Project 2000) (UKCC, 1986), required nurse lecturers to develop and deliver nursing curricula. The revised *'university'* based curriculum was required to meet university standards and regulations. The teaching hours within modules comprised of a specific number of taught time and non-taught time and a range of teaching and learning strategies were employed. This was a stark contrast from student nurses being taught face to face Monday to Friday, between the hours "*nine to five*" in traditional Schools of Nursing. Instead, students were allocated learning time in which they were expected to determine their learning needs and self-direct their learning.

Influenced by theorists such as Knowles (1975); Boydell (1976) and Mezirow (1981), nurse education shifted away from behaviourist approaches, towards humanistic approaches. Nurse lecturers welcomed the move at the time and believed that the proposed changes would serve as solutions to the previous problems within nurse education (Nolan and Nolan, 1997a). Conventional student centred strategies to teaching and learning were developed and gained popularity within nurse education. Problem based learning (PBL) is one such strategy that gained in popularity since the later 1980s and continues to be recognised as an effective teaching strategy promoting effective problem solving skills and critical thinking (Crawford, 2011).

In addition to moving from teacher centred, behaviourist methods of education towards humanistic, student centred methods; the move into universities meant that nursing curricula was required to meet the academic standards of universities. The academic level

of work produced by student nurses was no longer within the control of individual schools of nursing, but was determined by the universities.

2.3.1 Opposition to andragogy

The principles of andragogy increased in popularity throughout the 1970s and 1980s and were readily adopted within nurse education; however, critics questioned the rationale behind this and searched for explanations and evidence to demonstrate the effectiveness of andragogical approaches. Jarvis contested that andragogy was used to develop the status of adult education, he argued:

> the formation of andragogy was the first major attempt in the West to construct a comprehensive theory of adult education. (Jarvis, 1987, p.5)

Whilst Davenport and Davenport contested:

> He [Knowles] seized on a catchy term, made it a household word in adult education circles, and brought both andragogy and adult education to the attention of many disciplines involved in staff development and continuing education. (Davenport and Davenport 1985, p.5)

The distinction between Knowles' (1970) theory of andragogy and pedagogy was regarded as being unrelated to the development of educational theory and was used by academics in an attempt to raise the profile of adult education (Elias, 1979 and Hartree, 1984). Hartree (1984) argued that lecturers' acceptance of andragogy was not based on the educational needs of students but to suit the needs of lecturers. She stated:

> The popular appeal of this theory is perhaps in part attributable to the fact that it makes the kinds of points that adult educators tend to support instinctively for emotional reasons; his work, in other words, says what his audience wants to hear. (Hartree, 1984, p. 203)

Hartree's (1984) argument coincides with Barnett's (1990) assertions regarding the functions of universities. Barnett (1990) maintained that during the late 1980s and early 1990s, '*super complex curricula*' were developed within universities; reflecting the strive for

increased academic status. Which, according to Barnett (1990) resulted in the promotion of academic hierarchy and increased levels of pretentiousness throughout higher education. Barnett's point supports earlier assertions by Elias (1979) and Hartree (1984) that the introduction of andragogy within adult learning was to meet academic purposes.

2.4   Control over learning

Throughout the literature, the attitudes of student nurses and nurse lecturers towards learning and who should control learning, is demonstrated through publications pertaining to their preferences towards learning and the strategies used.

As discussed on pages 29-33, humanistic, student centred approaches to learning, based on Knowles' (1970) theory of andragogy were predominant in adult education throughout the 1970s to the 1990s. The notion that andragogical principles were introduced without full consideration prompted further research. A plethora of literature (Grow, 1991; Burnard and Morrison, 1992; Nolan and Nolan, 1997a; Nolan and Nolan 1997b; Turunen et al, 1997; Lunyk-Child et al, 2001; Hewitt-Taylor, 2001; Hewitt-Taylor and Gould, 2002) explored both student nurses' and nurse lecturers' preferences towards different pedagogies to determine who should control and direct learning.

Grow (1991), reflecting on his teaching experience in America, from the 1960s to the 1990s, observed significant changes which had occurred in students' attitudes and behaviour towards learning in the classroom. Grow (1991) described how adult students in the 1960s were willing and independent. However, after taking a gap from teaching, and returning fifteen years later, Grow (1991) reported how in the 1990s students responded differently from the 1960s. Instead of adult students being independent learners (as assumed by Knowles), students were passive towards learning and dependent upon being taught. Grow (1991) argued that adult learners were no longer willing to take responsibility for their learning and some actually became defiant.

Recognising the varying degree of students' abilities to respond to teaching that necessitates them to be self-directed, Grow (1991) developed the Staged Self-Directed

Learning (SSDL) model. Inspired by the four leadership styles within situational leadership, the model incorporated individual learner differences along a continuum. Grow (1991) proposed that the model enabled teachers, within educational institutions to equip students to become more self-directed towards learning. Working within the model, the function of the teacher was to respond to the learner's stage of self-direction and equip them to progress towards higher stages identified within the model (Grow, 1991).

Each level of Grow's (1991) SSDL model contains guidelines for teachers with stage one standing in complete contrast to the humanistic, student-centred teaching theories advocated by Knowles (1970). Fox (1983) criticised this stage of the model, referring to it as the "*transfer*" of teaching where teachers pour knowledge into students. Pratt (1988) later argued that temporary pedagogical, dependent relationships of students with teachers were harmless. Grow (1991) suggested that the dependency level outlined in stage one could only be viewed as negative when used with students who are at a higher level, when such situations could create student dependency on the teacher.

A quantitative survey by Burnard and Morrison (1992), sought to determine student nurses' and nurse lecturers' preferred teaching strategies following the introduction of the Project 2000 curriculum. Data was obtained from a convenience sample of forty-seven nurse lecturers and one hundred and ten nursing students from fourteen universities throughout the United Kingdom (UK).

Two questionnaires were used (one for the lecturers and one for the students), based on Heron's (1977) dimensions of facilitator styles. A series of statements relating to aspects of teaching and learning, were included in the form of a Likert scale. Following analysis of the data with Statistical Package for Social Sciences (SPSS), the findings revealed significant differences in the expectations of students compared to lecturers. Whilst the lecturers preferred student-centred approaches to teaching, the students preferred teacher-centred approaches. Students expected more prescription and direction from lecturers and considered it the lecturer's responsibility to structure the learning experience.

Due to the quantitative nature of Burnard and Morrison's (1992) study, no explanation was provided in terms of the factors influencing the results. It is unclear as to whether the students were near the start, middle or towards the end of their course. This has implications on the results as students' preferences and expectations may change as they progress further into a course. SPSS was used to analyse the statistical data, although no P values were presented in the paper, which could reflect limitations to the validity and overall quality of the findings.

Burnard and Morrison (1992) warned how the use of a student centred approach to learning can be interpreted as a "*do it yourself*" approach. This statement echoed the comment made by a student to me, which led to my initial inspiration to undertake this study, as discussed in chapter one. Whilst Burnard and Morrison (1992), pre-empted such a response to student centred learning within nurse education, my experience ten years later meant that for some students this had become a reality.

Further quantitative research (Nolan and Nolan, 1997a) was undertaken in Wales; which compared the expectations of Project 2000 students upon entry to the programme and six months later through a self-directing model of learning. A tool based on Boydell's Degree of Learner-Centredness Scale (Boydell, 1976; 1982) was developed as a Likert scale, containing statements pertaining to students' expectations of themselves and their lecturers. Data was collected from forty-five students at the commencement of the course and forty-one students six months into the course, the majority of participants (ninety-three per cent) were female. The data was analysed with the use of SPSS, and the findings revealed no significant differences between the students' gender, prior experience or qualifications, which demonstrated commonalities in what all students expected. Students valued an open climate, one in which their welfare was regarded as important; they also valued an environment in which there was a sense of teamwork and cooperation. The evidence suggested that students preferred a flexible and open approach to teaching. Nolan and Nolan (1997a) discussed how this required lecturers to alter their behaviours towards students and demonstrate their imperfections. This implied the need to change the relationship between lecturers and students. It recommended that nurse lecturers treat

students as colleagues instead of students, promoting equality in the relationship, which supported a self-directed model of learning. However, in relation to control, some students, (those at the beginning of the programme) preferred the lecturer to take control. This supports Burnard and Morrison's (1992) findings that some adults prefer a tutor-centred approach. However, it contradicts Knowles' (1970) theory of andragogy by suggesting that not all adult learners want to be in control and self-direct their learning.

One limitation of Nolan and Nolan's (1997a) study was that it focused upon students within the first six months of a three year programme. It could be questioned whether the same group of students held the same views as they progressed further on the course. Knowles' later theory of andragogy (1975) suggested that within the preliminary stages of a course, some direction and control from the lecturer is essential. Similar to Burnard and Morrison (1992), Nolan and Nolan's (1997a) study was quantitative and therefore did not explore why students held such views. In addition, the study was undertaken on one university site in Wales with a small sample size, limiting the transferability of findings. Further research (Turunen et al, 1997) in Finland highlighted continued discontent within the nursing faculty with the approach of implementing SDL into nursing curricula. This Finnish study compared groups of nursing students against social work students in relation to their initial orientation to their studies. Similar to Burnard and Morrison (1992) and Nolan and Nolan, (1997a) a quantitative method was used. Questionnaires were completed by a total of sixty-eight nursing students and seventy-one social work students from two nursing and two social work colleges in Finland.

Turunen et al. (1997) revealed that nursing students were less willing to participate in planning their studies, and were more teacher directed than the social work students were. This leads one to question whether it is the lack of preparation of nursing students for self-direction in their learning or whether they have different expectations than social work students. Once again, the quantitative nature of this study does not provide reasons for such learner preferences. One possible explanation for the preference for teacher centred methods could be due to the students' previous educational experiences, in which they have become accustomed to behaviourist approaches. A further explanation could be due

to their exposure to the hierarchical culture within nursing; although the sample consisted of students at the start of their course therefore this would be unlikely.

I question whether the findings of Turunen et al's (1997) study could be applied to student nurses in this country due to the cultural differences. The limited sample size also restricts the generalizability of the findings. In addition, the study was limited to quantitative data and the sample only included students in the early stages of the first year of each course. Nevertheless, the findings do support previous studies carried out in the UK (Townsend, 1990; Burnard and Morrison, 1992; MacLeod, 1995; Nolan and Nolan, 1997a) which demonstrated that nursing students preferred teacher led strategies in which there was structure, order and direction.

Nolan and Nolan (1997a) and Turunen et al. (1997) considered whether the lack of self-direction amongst nursing students was due to the teaching methods used by lecturers that encourage student dependency. Maghindu (1990) and Swain (1991) argued that lecturers who are familiar with didactic approaches to teaching avoid student centred methods because they are not sure how to effectively implement them and consider it a threat to their control. However, the idea that lecturers promote lecturer centred approaches contradicts Burnard and Morrison's (1992) findings as they demonstrated how nurse lecturers preferred student centred methods.

A qualitative study undertaken by Lunyk-Child et al. (2001) explored student nurses' and lecturers' perceptions of self-directed learning (SDL). Data was collected from forty-seven lecturers and seventeen students from a four-year undergraduate nursing course. Five focus groups were held, each with approximately nine nurse academics. Three further focus groups were held with four second year students, seven third year students and six fourth year students. First year students were not included as it was felt that they had limited experience of SDL. Overall Lunyk-Child et al. (2001) found that the students experienced positive outcomes from SDL, although some students reflecting back to their first year described how they did not know where to start. Students highlighted the lack of credit for time spent on studying, they appreciated reassurance and feedback from lecturers in

relation to how they used directed study. Whilst this demonstrates student nurses' preferences towards behaviourist approaches to learning; as students developed the skills for SDL, they began to feel positive, and gained a sense of control and increased level of confidence towards SDL. One significant finding from Lunyk-Child et al.'s study was that students experienced a lack of consistency among lecturers in their approach to SDL and how it should be used. Lunyk-Child et al.'s (2001) study was undertaken at a university in which groups of students had worked within self-directed groups and used student centred approaches to learning such as problem based learning (PBL) for in excess of twenty years, therefore the findings may not be mirrored in other groups of students who are more familiar with teacher led learning methods.

Further qualitative research undertaken within the UK has explored the use of SDL in post-registration nurse education. Hewitt-Taylor's (2001) study aimed to investigate both lecturers and RNs understanding of the term SDL and their views concerning the value of SDL in paediatric intensive care nurse education. A series of semi structured individual interviews were undertaken with lecturers and RNs studying towards a paediatric intensive care nursing course. Hewitt-Taylor (2001) demonstrated a lack of understanding of the concept of SDL, amongst both lecturers and RNs. Such ambiguity surrounding SDL may explain the lack of consistency in relation to how it was used. SDL was considered by both groups as a teaching and learning method, although it was only valued by RNs when it was used with teacher led methods; indicating behaviourist preferences amongst RNs. Both groups believed that the students had more responsibility for learning in SDL than in traditional teaching methods.

It is evident that much of the published research on SDL within nurse education calls for a need to explore the preparation of students and teachers in relation to SDL. Whilst the following section discusses how researchers have attempted to measure the preparation of learners for SDL with measurement tools, within quantitative studies; there is limited qualitative research that has determined students' attitudes, views or experiences of SDL. Whilst O'Shea (2003) identified the benefits of SDL including increased choice; autonomy;

confidence; motivation and the development of skills for lifelong learning, she recommended a review of the conditions in which these were likely to be achieved.

2.5   Engagement with Self-Directed Learning (SDL)

This section discusses the different factors that influence students' engagement with SDL. The concept of motivation and the factors which determine students' motivation for learning and SDL is considered. The identity of students is discussed, in terms of self-identity and social identity and how this affects their behaviour towards learning and SDL. The section ends with an exploration of the literature pertaining to the preparation of students for SDL.

There is a wealth of literature demonstrating the value of student engagement with learning in higher education. Tross et al. (2000) described how student engagement resulted in greater levels of achievement, evidenced through higher grades. Whilst Pascarella and Terezini (2005) maintained that engagement developed students' cognitive development. Other benefits of student engagement are that it improves students' critical thinking skills (Gellin, 2003); and improves their levels of satisfaction (Kuh et al, 2007).

2.5.1   Approaches to learning

Researchers have explored different ways in which students approach learning which affects the level of success in learning. Ramsden discussed how learning does not occur in isolation but involves interactions. He suggested:

> the way in which anyone goes about learning is a relation between the person and the material being learnt. Ramsden (2003, p.41)

Martin et al. (2012) acknowledged how approaches to learning consider how students learn '*at particular times and in relation to particular tasks*' (p.561). To capture the relationship between different aspects of learning, Biggs et al. (2001) proposed the 3P model of student learning. The model outlined learning as a complex interactive process, involving multiple factors including prior knowledge, experience, understandings, context, teaching methods and assessments to which he described as *presage.* The interaction of such factors was

described as *process* and learning outcomes were labelled *product*. Biggs et al. (2001) considered that the most important aspect of learning was how students approached their learning. As discussed on pages 26-27, Biggs (2003) considered that learning is not transmitted by direct instruction; but instead develops by the students' learning activities, thus emphasising the context of learning.

International research into students' approaches to learning distinguishes two approaches to learning: the deep approach and the surface approach (de Lange and Mavondon, 2007). Biggs distinguished between the two approaches:

> a student who adopts a deep approach is interested in the academic task and derives enjoyment from carrying it out; searches for the meaning inherent in the task; personalises the task, making it more meaningful to own experience and the real world. (Biggs, 1987, p.15)

In contrast, Biggs considered that a student who used surface approaches to learning:

> sees the task as a demand to be met, a necessary imposition if some other goal is to be reached (a qualification for instance); sees the aspects or parts of the task as discrete and unrelated either to each other or to other tasks; is worried about the time a task is taking. (Biggs, 1987, p.15)

Students who adopt a deep approach apply deeper meaning to the subject and read widely on relevant issues. Those who adopt a surface approach are reliant on rote learning and learn to complete the tasks required to pass. Martin et al. (2012) described two pre-requisites to achievements within humanities; firstly that students could undertake deep learning instead of surface learning; secondly that they can complete an assignment.

2.5.2   Motivation and SDL

The most significant criticism of student centred learning is that not all adults will be motivated to be self-directed learners (Hartree, 1984). The need for students to be motivated towards learning is particularly significant among nursing students who, similar to

other healthcare students, are required to engage with learning throughout their careers (DH, 2010).

Vallarand et al. (1992) described motivation as being one of the most important factors in education. Leagans (1971) argued that motivation for learning stems from an individual's '*need*', and that each individual makes an effort to learn to fulfil that need to gain a sense of satisfaction. Maslow (1968) is recognised as a popular advocate of the '*needs*' philosophy. Having developed a '*hierarchy of needs*', he argued that individuals are driven through four different levels of need ranging from basic needs to more advanced needs; ultimately reaching the highest need of self-actualisation. As individuals partly fulfil each need they begin to attempt to fulfil the next need. Despite the popularity of Maslow's (1968) hierarchy of needs, Baumeister and Leary (1995) argue that his theory was not accompanied with any supporting empirical evidence. In fact Maslow has since acknowledged that whilst his theory related to existing facts, it was mainly developed from experience. He stated that his theory should:

> stand or fall, not so much on facts currently available or evidence presented, as upon researches yet to be done. (Maslow, 2000, p. 253)

Rogers and Horrocks (2010) discussed how motivation is dependent on either intrinsic or extrinsic factors. Intrinsic factors relate to pressures from within, they may include decisions made by an individual that result in an '*inner compulsion*', they can relate to the enjoyment of learning for its own sake or obtaining positive feedback. Intrinsically motivated students have a desire to succeed, to perform and to learn. In contrast, extrinsic factors relate to external influences for example punishments and rewards, assessments or the influence of other individuals within an organisation. Extrinsically motivated students perform by seeking achievement for example through achieving a desired grade or avoiding punishment (for example from parents) (Ryan and Deci, 2000). External factors may then become internalised and result in a compulsion to engage with learning. Prenzel et al. (2001) argued against the distinction between extrinsic and intrinsic factors asserting that that the motivation of individuals was more of a continuum between the factors as opposed to either one.

The specific literature pertaining to the motivation of student nurses was limited, two studies discussed the motivation of student nurses to pursue nursing as a career (McLaughlin et al, 2009; Jirwe and Rudman, 2012). Whereas others explored the motivation of nursing students to learn or undertake SDL (Regan, 2003; Nilsson and Stomberg, 2008; Bengtsson and Ohlsson, 2010). Regan (2003) used a mixed methods approach to explore the factors that motivate student nurses to engage with SDL. This English study comprised of two phases; the first phase consisted of focus group interviews performed with twelve students and eight tutors. The second phase consisted of a quantitative questionnaire that was completed by ninety-seven students and eighteen lecturers. The findings revealed that all student nurses considered that a good lecture motivated them to direct their own learning. Almost all students in the focus group (apart from one) did not consider group work to be a motivational factor and this view resulted in strong opposition from others within the focus group. Tutors who were '*less strict'* for example by allowing students to leave the classroom early were considered demotivating. This evidence demonstrates how students relied on behaviourist approaches of learning, expecting lecturers to instruct and control learning. Regan's (2003) findings also demonstrated how the lecturer's behaviour within a classroom environment significantly influenced the motivation of students towards SDL outside the classroom. Regan (2003) recommended that lecturers needed to identify links between activities within the classroom and within SDL. She also recommended that clear guidance was needed from nurse lecturers in relation to how students could direct their learning; calling for lecturers to reach a consensus on this.

A longitudinal quantitative study undertaken in Sweden (Nilsson and Stomberg, 2008) on three hundred and fifteen student nurses aimed to explore the differences between students' motivation levels throughout the course. The findings revealed that the levels remained relatively constant from the first year to the final year. However, the levels of motivation for learning did increase in one semester in which there was an increased emphasis on clinical skills. This finding confirms how student nurses are more motivated to learn practical skills as opposed to learning theory. This supports other studies that demonstrate how student nurses prefer kinaesthetic modes of learning, as discussed on page 28 (Meehan-Andrews, 2009; Koch et al, 2011; James et al, 2011).

A further Swedish study by Bengtsson and Ohlsson (2010) used a qualitative approach to explore the motivations of student nurses and medical students towards their learning. Data was obtained through a series of five focus group interviews, (three groups with nursing students and two groups with medical students). The most significant finding from this study was that both groups of students considered the most important factor for learning was their own motivation. Both groups also considered the role of the lecturer as pivotal in terms of motivating students to learn, which supports Regan (2003). The main distinction between the two groups was that the nursing students focused on their assessments and the lack of time to complete them; whilst the medical students regarded learning as more of a long-term activity. This demonstrates that nursing students used surface approaches to learning, based on external motivating influences. In contrast, the medical students used deep approaches to learning, driven by internal motivating factors. Research demonstrates how students who use deep approaches to learning reflect a higher level of engagement with the task; have a greater understanding of its purpose and achieve higher success in academic studies (Entwistle and Ramsden, 1983; Swanberg and Martinson, 2010).

2.5.3   Identity and learning

The factors that influence students' motivation to learn often stem from their identity, in relation to their self-identity, and through interactions with others by their social identity.

Bliuc et al. described how:

> the way in which students perceive themselves in the context of learning, the way and the degree to which they identify with the social category university student is intrinsically linked to the way they learn in a specific setting. (Bliuc et al, 2011, p.560)

Whilst Jenkins discussed identity as '*a matter of knowing who's who'*, he defined identity as:

> our understanding of who we are and who other people are and reciprocally other people understanding of themselves and others. (Jenkins, 2004, p.7)

Enwistle (2009) described how the previous experiences of students in terms of their family and their education significantly influence the way in which they approach learning. The social and cultural attitudes of students which are formed early in life, continue to develop as they adapt to higher education. Social identity describes the aspects of an individual's self-image that derives from social groups, which he or she considers they belong; combined with the emotional value related to the group membership (Tajfel, 1981; Tajfel and Turner, 1979). Central to the theory of social identity is that it produces social behaviour and the formation of attitudes (Turner, 1984).

Whilst there is a wealth of literature pertaining to how social identity results in the collective behaviour of groups (Bliuc et al, 2011), less has been published in terms of how social identity influences individual behaviour. The available literature relates to an individual's self-esteem and stress (Haslam and Reicher, 2006; Hoyle and Crawford, 1994); psychological well-being (Bizumic et al, 2009) and levels of burnout (McCarthy et al, 1990). Bliuc et al. (2011) explored the relationships between students' social identity, approaches to learning and academic achievement in a university context. This quantitative study included one hundred and eighty three students in the third year of an undergraduate psychology course in Romania. The data collection process consisted of a revised version of the SPQ (Study Process Questionnaire by Biggs et. al, 2001) which contained two scales: surface and deep approaches scale. The students' level of social identification was measured with items from a scale by Doosje et al. (1995), through the form of a Likert scale. The findings demonstrated that deep approaches to learning were associated with academic achievement whilst surface approaches related to poor achievement. Students who were orientated towards understanding the content and made connections and going beyond the assessment requirements were more successful in their outcomes. Students who used surface approaches performed less well which demonstrated how approaches to learning significantly impacts students' academic success.

In terms of social identity, Bliuc et al. (2011) found that students' social identity was linked to deep approaches to learning, which resulted in positive academic achievement. Bliuc et

al. (2011) asserted that student social identity indirectly affects academic achievement as it promotes deep approaches to learning, resulting in positive outcomes.

2.5.4   Measuring learner preparation for SDL

There is a plethora of literature that has considered how an individual's ability to self-direct their learning can be measured, indicating how ability can influence engagement with SDL. The ability of individuals to undertake self-directed study is frequently referred to throughout the literature as learner readiness, defined by Wiley as:

> the degree the individual possesses the attitudes, abilities and personality characteristics necessary for self-directed learning. (Wiley, 1983, p.182)

Guglielmino (1989) and Candy (1991) contested that Wiley's (1983) definition was founded upon various assumptions. One assumption being that all adults are self-directed and that the competencies needed for SDL could be developed. Another being that the individual's ability to learn in one situation could be generalised to other situations. Subsequent writings by Fisher et al. (2001) supported Guglielmino (1989) and Candy (1991) argued that an individual's readiness for SDL is unique to the individual.   Fisher et al. (2001) acknowledged that a person might transfer skills needed for self-direction, but that they needed to have a level of knowledge within the subject area.

According to Robotham (1995), the first stage in developing a learner's ability to self-direct is to determine the level of self-direction that a person can demonstrate. Grow's (1991) SSDL model, discussed on pages 35-36 distinguished how students' abilities for SDL could be placed on a continuum, whereby the teacher adapted their approach according to the students' abilities to self-direct their learning. Since the late 1970s several models and measurement tools have been developed to determine individuals' abilities to undertake self-directed learning (Guglielmino, 1977, Fisher et al, 2001) whilst other researchers have used such tools to determine an individual's preparation for SDL (O'Kell, 1988; Grow, 1991; McCauley and McClelland, 2004; Smedley, 2007). The most widely recognised tool is the Self-Directed Learning Readiness Scale (SDLRS), developed by Guglielmino (1977). Since its

development, the SDLRS has been translated into several languages, and it is internationally recognised as being a valid tool (Long, 1991; Guglielmino and Klatt, 1993; Harvey and Harvey, 1995 McCune, 1988). Guglielmino and Klatt (1993) reported how the SDLRS had been used with more than 40, 000 adults in over 150 research projects which included in excess of fifty masters' theses and doctoral dissertations, demonstrating the popularity of the tool.

Despite the popularity of Guglielmino's (1977) SDLRS, concerns regarding the validity and cost of the tool (Field, 1989; Candy, 1991), led to recommendations for it to be discontinued. Subsequent concerns regarding the tool's reliability were also raised by Long and Agyckum (1983; 1984) and Straka (1995) in relation to its use within different class and racial populations. Guglielmino (1989) firmly disputed such concerns and attempted to reinforce the scales validity. Since its development Guglielmino's (1977) SDLRS has been adapted and used internationally by various researchers on different groups of students (Fisher et al., 2001; McCauley and McClelland, 2004; Smedley, 2007) demonstrating its value. Fisher et al. (2001) having identified some problems with the original SDLRS, modified it to use within an Australian undergraduate nursing context. The content and context validity of the SDLRS was assessed in a two staged study. A Delphi technique was used to determine whether the items reflected learner readiness. Each panel member was asked to rate the items using a Likert scale. In the second stage a questionnaire was administered to two hundred and one nursing students, studying towards a Bachelor of Nursing at the University of Sydney, Australia. Following the study several items were removed from the SDLRS as they were considered unnecessary, whilst other items were reworded to promote clarity, Following analysis of the results, Fisher et al. (2001) concluded that the revised SDLRS was homogenous and valid and suggested that the tool could be used by nurse educators to identify students' individual learning needs so that they could develop teaching strategies.

Building on the work by Fisher et al. (2001), McCauley and McClelland (2004) used the SDLRS alongside other methods to investigate both undergraduate and postgraduate Physics students' preparedness for SDL at the University of Limerick, Ireland. The two

studies included fifty-three undergraduate students and fifty-one postgraduate students. In both studies, the samples were predominantly male, with a ratio of two thirds male to one-third female aged between nineteen to twenty-one years old. Both qualitative and quantitative approaches were used, including four methods of data collection, which consisted of a SDLRS questionnaire; discussions, and observations of students; a research diary (reflective journal) and a series of structured interviews. Throughout the group discussions, students were asked to think about their previous learning experiences and discuss their preferred learning styles. McCauley and McClelland (2004) described how whilst many students revealed that they liked to receive information in order to pass their exams, they acknowledged that they quickly forgot such information. The students described how '*real learning*' occurred after class and they discussed how studying alone or in groups enabled them to memorise information more effectively.

McCauley and McClelland (2004) also found that the majority of undergraduate students were either average or below average on their ability to be self-directed. In contrast, the postgraduate students scored significantly higher in terms of their readiness for SDL, McCauley and McClelland suggest that this could be due to postgraduate students having an increased maturity, the nature of their work and/or changes in their expectations. Interestingly, their findings also revealed that there was no difference between the SDL readiness of first year students compared with those of fourth year students studying on an undergraduate programme. Another significant finding by McCauley and McClelland (2004) was that there were no significant differences between the age and gender of the students in relation to their readiness for SDL. McCauley and McClelland (2004) concluded that undergraduate physics students were not well prepared to direct their own learning, regardless of the stage in which they were at on the course. This led them to question the teaching techniques used within university and to consider whether students take time after lectures to synthesise the information that they have passively received in classroom settings. McCauley and McClelland (2004) suggested that prior learning experiences from secondary level education might be responsible for levels of dependency exhibited by students. They also claimed that universities reinforced passive learning habits and

dependent learning, recommending that further research and interventions are needed to break such habits and to move away from passive dependent learners.

Further research by Smedley (2007) also explored students' self-directed learner readiness. This quantitative study was undertaken on a sample of undergraduate nurses in Sydney, Australia. One aim of Smedley's (2007) research was to assess the validity and reliability of the self-directed readiness scale developed by Fisher et al. (2001) when applied to a different student group. In addition, Smedley (2007) sought to explore the readiness for self-directed learning of groups and sub-groups with students at the early stages of the undergraduate nursing course. A further aim was to consider the implications for curriculum development and approaches to teaching, namely in relation to SDL methods and their suitability. Smedley (2007) distributed Fisher et al's. (2001) SDLRS to ninety-three first year undergraduate nursing students in one college. Sixty-seven questionnaires were completed and the data was analysed using the Statistical Program for Social Sciences (SPSS). Having compared the findings of the study to those of Fisher et al. (2001) the results proved to be similar, demonstrating that the SDLRS had reliability and internal consistency (Smedley, 2007). Fisher and King (2010) re-examined the tool and further confirmed the validity of the tool. Smedley's (2007) findings echoed those of Fisher et al.'s (2001), in that the students scored least in the self-management subscale, and more on the desire for learning sub scale with the highest score on the self-control. Both Fisher et al (2001) and Smedley (2007) identified how the students' limited ability to self-manage their learning was a significant factor in reducing their readiness for SDL.

Smedley (2007) collected further data in the study that revealed the gender, age, number of dependent children and qualifications of the participants. The findings revealed that there was no significant difference between the subscales of male and females, which supports previous findings by McCauley and McClelland (2004). The analysis of the scores did not reveal a difference with those students who had dependent children, although Smedley (2007) acknowledged that the sample size of those with dependents was too small to enable comparisons to be made. The ages of the participants were between eighteen years of age to over fifty years of age. In contrast to McCauley and McClelland's (2004) findings,

the mature students were more prepared for SDL than the younger students suggesting that age could be significant in relation to an individual's ability to be self-directed. Smedley (2007) suggested that this difference could be due to the life experiences of mature students. However, this finding stands in contrast to McCauley and McClelland's (2004) study on undergraduate physics students which clearly demonstrated that there was no significant relationship between the age of the student and their SDL readiness. However the age range in McCauley and McClelland's (2004) study was narrow with the eldest student being twenty one years old, compared to fifty one years old in Smedley's (2007) study, which may account for this. Smedley (2007) also found that the educational institution or the amount of students on the course did not influence students' abilities to be self-directed; this supports findings of Fisher et al. (2001).

One limitation of Smedley's (2007) study was that it concentrated on first year undergraduate nursing students; the results may have differed with the inclusion of senior students. Smedley (2007) proposed how postgraduate students would have been expected to develop their skills of self-direction through both life experience and work experience, as was previously discovered by McCauley and McClelland (2004). Smedley (2007) acknowledged that although the questionnaires indicated the students' perceptions of how they acted or approached aspects of learning, they did not assess the students' *'actual'* readiness for SDL. One difficulty in generalising the findings of Smedley's (2007) study is that similar to Fisher et al's. (2001) study, it was undertaken within one state of Australia, the findings could differ when compared to other states within Australia or indeed another country. In addition, Smedley's (2007) study was undertaken at her place of work. Although it is assumed that the questionnaires were annonymised, it could be questioned whether the researcher knew the participants, which could potentially influence the results.

The use of the SDLRS within the context of both physics students (McCauley and McClelland, 2004) and nursing students (Smedley, 2007) has demonstrated that both undergraduate student groups were not able to manage themselves in terms of their directed learning. These findings have significant implications for nurse education, considering that on average

fifty per cent of theory time within the undergraduate nursing curriculum is set aside for directed study.

2.5.5   The use of time and SDL

Only two papers were located which related to the use of time and SDL (Timmins, 2008 and Snelling et al, 2010). Timmins (2008, p.303) acknowledged that nurse educators had been "*optimistic*" about Knowles' (1980) theory of adult learning and that in reality the theory was "*aspirational*". She discussed how on a practical level placing "SDL" on a student's timetable could lead students to waste time. She called for physical conditions to manage SDL within nursing curricula and described how student nurses needed more direction to engage with SDL in DST.

Snelling et al. (2010) undertook a research study in the UK to explore how student nurses used DST within one module of a nursing curriculum. Twenty six student nurses recorded their study activity hours in a log. Snelling et al. (2010) found that whilst two hundred hours of module time was allocated to directed study, the mean time spent on studying was one hundred and twenty eight. Snelling et al. (2010) noted that in excess of fifty per cent of the participants had part time jobs during the duration of the module. Snelling et al.'s (2010) study was limited due to the small number of participants. Having considered the NMC requirements of 2,300 hours of theory, they acknowledged that there is a difference between the amount of time allocated to directed study within a module and the amount of time students spend studying. Considering this problem they called for further research to be undertaken to explore the study patterns of student nurses in directed study time.

2.6   Summary of literature and identified gap

As outlined at the beginning of this chapter, I set out to determine current knowledge pertaining to the phenomenon of perceptions of directed study time. Having undertaken an extensive literature search, I can confirm that there is a lack of empirical evidence which relates to the phenomenon. The published literature specifically relates to learning

theories; perspectives of self-directed learning; the preparation of learners to study independently; student and teacher preferences and students' levels of motivation to learn.

There is an abundance of literature pertaining to the ways in which students approach learning; their level of preparation for SDL and the preferred teaching and learning methods of students. From the literature (Fisher et al, 2001; McCauley and McClelland, 2004; Smedley, 2007) it is evident that there is a problem in relation to undergraduate students not being either prepared or able to direct their own learning or to self-manage their learning. It is also questioned whether the traditional behaviourist pedagogies used throughout universities, with an over reliance on lectures actually promote passive learning habits in students (McCauley and McClelland, 2004) as opposed to promoting independent learners.

The evidence suggests that nursing students are not successful at learning independently (Fisher et al, 2001; Williams, 2004; Smedley, 2007) and many have difficulty in applying the contents of their theory to practice (Charnley, 1999; Jervis and Tilki, 2011). However, there is limited empirical research that has explored the factors influencing the usage of DST or how students approach SDL within DST.

Since this study commenced, the need for further research on the phenomenon of perceptions of directed study time has been acknowledged by Timmins (2008) and Snelling et al. (2010). Timmins' (2008) discussion paper considered how directed study time is used within undergraduate nursing curricula and whether or not student nurses are adequately prepared for self-directed learning. An empirical study by Snelling et al. (2010) did explore the use of time within one module of an undergraduate nursing curriculum. However, Snelling et al. (2010) only explored how student nurses used DST from students completing a diary. The study did not investigate the participants' experiences of DST and as it was limited to student nurses; it did not explore the experiences of lecturers in relation to DST. Timmins (2008) and Snelling et al. (2010) called for further research into the practical aspects of DST.

The lack of evidence on the perceptions of directed study time within nursing curricula highlighted a gap in knowledge which confirmed the need for the study, this gap in knowledge led me to develop the aims of the study.

2.7   Aims of the study:

Based on the gap in the literature, this study aims to explore the perceptions of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims are:

1. To explore how DST is used by student nurses and nurse lecturers.
2. To discover the factors which influence student nurses' experiences of SDL within DST.
3. To establish if the student nurse/lecturer relationship shapes their perceptions of DST and SDL.

2.8   Chapter Summary

This chapter has provided an overview of the literature pertaining to directed study time and self-directed learning within education. The process of reviewing the literature has revealed a gap in the literature pertaining to the perceptions of directed study time in nurse education which formed the aims of the study. In chapter three, I discuss my philosophical position and provide an overview of the methodological approach and the methods used for the study.

Chapter Three

Methodological approach

In chapter two I explored the literature pertaining to the phenomenon, this being individuals' perceptions of directed study time (DST) and identified a gap in the knowledge which formed the aims of the study. In this chapter I position the research within a hermeneutic phenomenological approach and discuss the philosophical stance supporting the methodology. The chapter begins with an overview of my philosophical position, I discuss how this has influenced the chosen methodology and methods to address the aims of the research. Towards the end of the chapter, I consider my role as the researcher and discuss the process of reflexivity.

3.1   Philosophical Position

In order to address the aims of the study it is necessary to explain the theoretical position of the research and the underpinning framework used to explore what can be known about the phenomenon and how it can be known. Mason (2002) identified how the theoretical position provides a context for the research and informs the methodology. I believe that the discovery of knowledge is achieved through experience as it is lived; therefore to develop my knowledge and understanding of DST, I considered it necessary to explore the lived experience of the participants. Becker (1992, p.10-11) emphasised the value of experience in the search for knowledge.

> experience is a valid and fruitful source of knowledge. Any person's knowledge is based upon what a person experiences, whether it be first-hand experience or vicarious, second hand experience. Experience is the source of all knowing and the basis of behaviour. Experience, what we are aware of at any point in time, is the foundation of knowledge of ourselves, other people, and the world in general. Without human experience, there would be no human world. (Becker, 1992, p.10-11)

Whilst experience underpins my theoretical perspective, the knowledge created from this research will be the participant's interpretation of their experience of the phenomenon

followed by my interpretation of their accounts. Van Manen (1990) maintained how multiple versions of reality exist, with the possibility of various interpretations. The focus on interpretation contrasts an objectivist approach or view of the world. Historically within scientific research, the focus was on objectivity using quantitative methods. Such methods have been criticised for the lack of application to the social world as it is experienced in everyday life, which led to qualitative research methods, concerned with the:

> Interpretation of phenomena in terms of the meanings these have for the people experiencing them. (Langdridge, 2007, p. 2)

When searching for knowledge it is important to consider how the researcher's beliefs about the world influence their approach when searching for new knowledge and the creation of new knowledge. As Willig affirmed "it is impossible not to make assumptions about the world" (Willig, 2008, p.13)

Cresswell (2007) maintained how such assumptions must be clearly acknowledged because they form the starting point for the research design. My initial interest in the subject of directed study time (DST) and how it was used resulted from my assumptions regarding the world and reality. I assumed that many student nurses did not self-direct their learning within DST; instead their behaviours were influenced by external factors such as domestic and child care responsibilities. I also believed that student nurses did not fully engage with SDL in DST because they lacked direction. It was my assumption that student nurses carried with them learned behaviours from school education which had resulted in behaviourist methods of learning. In addition, I assumed that lecturers used varying approaches to DST; influenced by their values and previous experience that ultimately influenced student nurses' approach to SDL and the use of DST. All of these assumptions indicate how underlying structures influence individuals' behaviours and attitudes towards DST thereby demonstrating my position as a realist.

To summarise my philosophical position, it is my belief that lived experience develops understanding and creates new knowledge of phenomena and that individuals hold

different interpretations of the phenomena. The researcher interprets the participant's understanding of their experience based on their assumptions regarding the world.

3.2   A Phenomenological Approach

Having considered that knowledge is developed through experience that is influenced by structures, a phenomenological approach was considered most suitable for the research. This approach would enable me to explore the experiences as lived by the participants and to fully explore the structures which formed their experience. Described as both a research philosophy and method (Denzin and Lincoln, 2000; Lopez and Willis, 2004; Dowling, 2007), phenomenology is based within a humanistic paradigm and is referred to as the study of the lived experience or the life world (van Manen, 1997). According to Kvale:

> Phenomenology is interested in elucidating both that which appears and the manner in which it appears. It studies the subjects' perspectives of their world; attempts to describe in detail the content and structure of the subjects' consciousness, to grasp the qualitative diversity of their experiences and to explicate their essential meanings. (Kvale, 1996, pp.53)

The core focus of phenomenology is to attempt to understand meanings of human experience as lived (Polkinghorne, 1983). Langdridge (2007) described how phenomenology provides a rich description of people's experience, enabling the researcher to understand such experience to develop new knowledge. Considering that the foundation of phenomenology is based on exploring individuals' experiences; gaining a rich description of lecturers' and students' experiences would mean that I could understand their experience of the phenomenon. It would enable me to discover new knowledge whilst addressing the aims of the research. In the following sections I discuss the different approaches to phenomenology and explain the phenomenological approach used for the study with a supporting rationale.

3.3   Descriptive Phenomenology

Husserl (1859-1938), a German philosopher and mathematician, is regarded as the founding father of phenomenology (Polkinghorne, 1983; Cohen, 1987; Scruton, 1995; Rapport, 2005).

Concentrating on the subject-object divide, Husserl argued that the person and the world were linked, which he described as "conscious knowing" (Rapport, 2005). Husserl believed that knowledge was a result of our human existence and experience within the world (Langdridge, 2007). This view is in contrast to Cartesian thought which suggested that the mind and body were distinct substances (MacDonald, 2001). Husserl's aim was:

> to reform philosophy, and to establish a rigorously scientific philosophy, which could provide a firm basis for all other sciences. (Misiak and Sexton, 1973, p. 6)

In an attempt to meet this aim, Husserl developed the phenomenological method; whilst he did not invent the method, he developed and refined it and later became renowned for the phenomenological approach (Spinelli, 2005). For Husserl the tenet of phenomenological inquiry was that experience should be inspected as it occurs, in its own terms. Phenomenology was considered by Husserl to be "the careful examination of human experience" (Smith et al, 2009, p. 12).

A central concept in phenomenology for Husserl was intentionality; whilst this is recognised as a technical term, it relates to our 'consciousness' or 'awareness'. Intentionality is described as the:

> relationship between the process occurring in consciousness and the object of attention for that process. (Spinelli, 2005, p.13)

Husserl contended that the way in which we react with the world is demonstrated through our consciousness; when we are conscious, we are conscious of some 'thing', and our consciousness is directed by objects or 'things'. The emphasis on consciousness means that phenomenologists are primarily concerned with our interaction with the world and how things appear to us, as reflected in the term phenomenon, originating from the Greek "phaenesthai", meaning to "flare up"; "to show itself", "to appear" (Moustakas, 1994). Husserl wanted to discover a means by which a person might get to know their experience of a phenomenon to an extent where they could identify the 'essential' features of the experience. Husserl discussed how intentionality was determined by the relationship

between the noema and noesis; noema, meaning the object or what is experienced, and noesis meaning the way in which it is experienced by the subject. The noema is the starting point for most phenomenologists, it calls for the subject to describe their experience of the phenomena, or "return to the things themselves". The noesis relates to understanding the way in which the phenomenon is experienced, and requires the subject to reflect on their experience and what it means (Spinelli, 2005). For Husserl phenomenology involved stepping outside our daily experience, our 'natural attitude' to examine the experience; this means that we adopt a 'phenomenological attitude' (Smith et al, 2009). Husserl (1927, para. 2), cited in Smith et al. (2009, p.12) referred to this as a 'gaze on our psychic life', he believed that we needed to turn our gaze from external objects and focus inwardly towards our understanding of the objects.

3.3.1 Epoché

Experience was considered by Husserl to be the source of knowledge (Racher and Robinson, 2003); and the aim of phenomenology is the accurate and unbiased study of things as they appear, based on human consciousness and experience (Valle et al, 1989). Husserl (1970), cited in Laverty et al. (2003, p.22) asserted that the "life world" is revealed through consciousness of our experience without resorting to interpretation. The lived experience for Husserl involved the instant, pre-reflective consciousness of life (Dilthey, 1985). In order to achieve the 'phenomenological attitude' Husserl contended that we need to withhold subjective viewpoints to enable the phenomena to emerge. In an attempt to achieve this Husserl developed epoché, otherwise known as 'bracketing' (Racher and Robinson, 2003). To 'return to the things themselves', Husserl recommended that researchers suspend or "bracket" their consciousness of what they believe or know about the subject under investigation (Spinelli, 2005). This involves a neutral approach by the researcher as they endeavour to suspend their beliefs, assumptions, attitudes and biases towards the matter under investigation (Langdridge, 2007). Husserl (1931), cited in Langdridge (2007, p.17) emphasised that through the process of epoché, individuals could recover the originality of their experience and go "back to the things themselves". Husserl intended:

a fresh approach to concretely experienced phenomena, as free as possible from conceptual presuppositions and an attempt to describe them as faithfully as possible. (Speigelberg, 1975, p.10)

Husserl used the term "natural" to signify what is naïve or original before any critical or theoretical reflection (van Manen, 1990). Epoché later became (and remains) a contentious issue amongst phenomenologists, due to the researcher's engagement with the social world (Spinelli, 2005; Langdridge, 2007). Critics of epoché or the 'bracketing' of our previous experiences and attitudes fuelled further developments in phenomenology.

A further phenomenological process, continuing from epoché, is the process of reduction which consists of three components: description, horizontalisation, and verification (Langdridge, 2007). Having bracketed off assumptions of the phenomenon, researchers are urged to simply describe the experience rather than attempt to make sense of it or hypothesise (Spinelli, 2005). The process of description requires the researcher to remain focused on their initial impressions so that the experience is described in terms of our consciousness and not interpreted.

The next stage of horizontalisation requires the researcher to treat each experience described by the participant as equally significant and therefore avoid placing any hierarchies of importance or significance to the aspects described. By treating the contents of accounts of experience as equal, it is suggested that the researcher is better positioned to reduce the level of prejudgement (Langdridge, 2007). Spinelli (2005) likens horizontalisation to piecing together a large jigsaw, without any previous knowledge of the image which the jigsaw represents. As such, the researcher cannot say which aspect of the experience is more important than another, therefore each piece of the participant's account should be treated with equal importance.

The final stage of the reduction process, 'verification', requires the researcher to revisit the text and begin to formulate hypotheses pertaining to hierarchies and meanings. Following examination of the phenomenon through this approach, a final description of the experience can be provided (Langdridge, 2007).

Following epoché and reduction, 'imaginative variation' or 'imaginative free variation' can be used to further explain the meaning of the experience. This requires the researcher to imagine alternatives to the participant's experience. The change to the participant's experience, through 'imaginative variation' is expected to reveal the essence of their experience, enabling different perspectives of the experience to be revealed (Langdridge, 2007). Husserl believed that the principles of epoché, reduction and imaginative variation assist the researcher to identify the 'essences' or understanding of the phenomenon to "go back to the things themselves".

3.4   Existential Phenomenology

Further developments within phenomenology resulted in the move towards existentialism, led by Heidegger (1889-1976). Having studied phenomenological philosophy under the guidance of Husserl, much of Heidegger's work was considered a direct response to Husserl (Speigelberg, 1960). Although Heidegger was Husserl's student, he developed a new approach to phenomenology, focusing upon modes of being which challenged Husserl's beliefs regarding subject-object relationships (Rapport, 2005).

Heidegger contended that Husserl's approach to phenomenology was too abstract; he questioned how knowledge could exist without interpretation and without being part of a 'lived world' (Spinelli, 2005). Heidegger argued that as human beings we could not live in isolation; removed from our social context, culture or the time in which we live (Geanellos, 1998; Draucker, 1999; Orbanic, 1999; Campbell, 2001). For Heidegger the context was considered fundamentally significant, and he used the term 'life world' to convey the idea that individuals' realities are consistently affected by the world in which they live (Flood, 2010). Whilst Husserl concentrated on issues of essence or "that which makes things what they are" (Misiak and Sexton, 1973, p. 72). Existential phenomenologists focus on human existence which is considered to precede the essence "man does not possess existence…he is existence" (Misiak and Sexton, 1973, p. 72).

For Heidegger, experience remained the focus but unlike Husserl, Heidegger argued that it was not possible to separate our understanding of the world and the phenomenon which

exists (Langdridge, 2007). Husserl contended that our existence in the world and our interactions with the world could not or should not be separated from our thoughts (Smythe et al, 2008). In this sense, Heidegger regarded all humans as interpretive and as such were inevitably able to discover importance and meaning in their lives (Draucker, 1999). Consequently for Heidegger, the process of epoché promoted by Husserl was unachievable. Langdridge (2007) described how Heidegger's position steered phenomenology towards an interpretive or hermeneutic approach to understanding, and he openly explained how his approach differed to Husserl's within his book, 'Being and Time' (Heidegger, 1927/1962).

3.4.1 'Dasein'

The most significant theme developed by Heidegger was 'dasein' (the situated meaning of a human in the world); instead of focusing on people or phenomena, the focus should be on the exploration of the lived experience or 'dasein' (Thompson, 1990). The hermeneutic phenomenologist will concentrate on describing the meanings of 'dasein' and how such meanings affect the decisions they make, as opposed to searching for descriptions of the perceived world through the participants (Flood, 2010). Heidegger emphasised the importance of considering both the cultural and historical context of existence, not simply by describing but by interpreting using language (Langdridge, 2007).

3.4.2 Temporality

A further significant factor for Heidegger was the notion of temporality, or our experience of time. Becker (1992) described how the concept of time can be portrayed in a linear fashion, as our experiences within time relate to our present, past and future experience. This linear view of time was considered important as Heidegger (1927/1962), cited in Langdridge (2007, p.30) believed that our previous experiences and our perceptions of our future effect our current perception of a phenomenon. The measurement of time through the time on a clock differs from an individual's experience of time, therefore student nurses perceptions of time can vary depending on the nature of their experience of time and how it is perceived. For example during a lecture which students consider stimulating or interesting,

the students may perceive time to pass quickly; whereas the opposite can occur if attending a lecture which they consider uninteresting.

3.4.3   Facticity

Another concept which Heidegger considered important was facticity, which relates to the fact that individuals are limited to some of the choices they make due to being 'thrown' into a world which places restrictions on them. Such restrictions include psychological, physical, social factors and the individual's background. However, for Heidegger such factors do not determine our 'dasein' or our 'being in the world'.

Further existentialists including Marcel (1889-1973), Sartre (1905-1980), and Merleau-Ponty (1905-1980) followed and developed Heidegger's work on attempts to understand existence. Sartre (1956), cited in Langdridge (2007, p.34) discussed the emptiness of consciousness, and claimed that freedom is not something we have, but as individuals we are free to make choices within the confines of our facticity. Only through our bodies can we interact with the world around us, according to Sartre we are condemned to be free (Langdridge, 2007). Merleau-Ponty (1962) further developed the work of Husserl and Heidegger and supported the notion of 'being-in-the-world', and similar to Heidegger advocated the interpretative approach. In contrast to Sartre, Merleau-Ponty (1962) cited in Langdridge (2007, p.37) did not believe that we are condemned to be free; instead he considered freedom to be a result of the way in which we act with others in the world. Merleau-Ponty is popular for his focus on embodiment; through which he outlined how individuals are regarded as body-subject, having consciousness embedded in the body from which we cannot escape. Although we can have similar experiences to other individuals, our experiences will not be the same because the individual's experience relates to their embodied situation in the world (Smith et al, 2009).

3.5   Hermeneutic Phenomenology

Whilst Heidegger is recognised as the leading figure in the move towards hermeneutic phenomenology, Gadamer (1900-2002) and Ricoeur (1913-2005) are also recognised for

their significant contributions. Gadamer emphasised the nature of understanding based on historical and cultural influences (Langdridge, 2007). In support of Heidegger, Gadamer (1975/1996) maintained that understanding is central to human existence; understanding of the world can be achieved through language. Conversation was considered by Gadamer to be the mechanism at the core of understanding; which promotes a shared understanding to reveal the 'things themselves'. What is revealed through conversation develops through a shared understanding; that is, the researcher accepting the experiences of others, whilst acknowledging their own experiences and position (Langdridge, 2007).

3.5.1 Fusion of Horizons

Gadamer (1975/1996) also considered it impossible to bracket our judgements in relation to a phenomenon and consequently asserted that epoché was unachievable, instead emphasising the need for researchers to understand themselves before attempting to understand others. This involves the researcher developing an understanding of their own pre-judgements, determined by their culture and history, Rapport (2005) recommended that researchers make sense of the phenomena through their own perspective or horizon. In terms of the research process, for Gadamer (1975/1996), the meanings expressed by the participants can be blended with the horizon of the researcher, a process which he referred to as a 'fusion of horizons'. The fusion of horizons continues in a circular process, which Gadamer (1975/1996) described as the hermeneutic circle, whereby the interpretations of the researcher are fused with the interpretations of the subject in a cyclical, iterative process. Smith et al. (2009) described how the researcher moves back and forth in the data at different levels to interpret new meanings as opposed to completing the process in a staged approach.

> With no beginning or end, top nor bottom, interpretation is revealed as a process of circular movement – a continuum. (Rapport, 2005, p.130)

In support of Gadamer (1975/1996), Ricoeur (1976) acknowledged the significance of being-in-the-world or embodiment, and incorporated some of Gadamer's principles into his approach to hermeneutic phenomenology. This included the significance of language to

uncover meaning and the fusion of horizon. Ricoeur (1976) had a deeper focus on language and conversation as he placed greater emphasis on the nature of discourse and discussed how discourse differed from language. Discourse was viewed by Ricoeur (1976) as speech which was spoken and constructed by humans, whereas language simply consisted of signs which contributed to discourse. For Ricoeur (1976) breaking down language through the interpretation of text did not fully reveal meaning, instead meaning could be revealed through discourse. Ricoeur (1976) developed a hermeneutic of suspicion, which requires the researcher to analyse the text to uncover hidden meanings within language (Langdridge, 2007). According to Ricoeur, meaning could only be understood through the analysis of metaphor and narrative and his later work moved away from hermeneutics towards narrative and the use of stories to uncover meaning (Langdridge, 2007).

3.6   Descriptive vs. Hermeneutic Phenomenology

When attempting to describe lived experience, van Manen (1990) provides two distinct descriptions. Firstly, he describes the life world as it is experienced, and secondly, the life world as it is conveyed via expression, such as language which can be interpreted. These descriptions are essentially the differences between descriptive and hermeneutic phenomenology. According to Rapport (2005), descriptive phenomenologists assert that description is essential to consider the variety of phenomena.   Giorgi (1992, p. 123) maintained that "*meaning can be teased out and described as it presents itself*" whereas hermeneutic phenomenologists argue that an individual's experience cannot be described by others without a degree of interpretation. The experience cannot be detached from the world of the researcher who describes the experience second hand and therefore cannot achieve epoché.

Rapport (2005) outlined the differences in terms of the position of the researcher within each approach: (1) the descriptivist attempts to elucidate meaning as it directly appears in consciousness, whilst the interpretivist engages in clarification of meaning to produce hypotheses or theoretical models; (2) the descriptivist sees the researcher as the main judge of validity, whilst the interpretivist looks to external judges to validate findings; (3) the descriptivist proposes that all interpretation can be described, whilst the interpretivist

would argue that interpretation is the only goal of research, as by nature human beings are interpretive.

Interpretive approaches to phenomenology have resulted in substantive criticism from descriptivist phenomenologists for example Giorgi (1992), who argued that multiple interpretations of a phenomenon can threaten findings and result in a level of uncertainty regarding the knowledge gained. Whilst in defence of interpretative approaches, Paley (1997) questioned how a description of a phenomenon could serve as a description of an individual experience whilst revealing commonalities of that experience.   Concerns regarding nurses' misuse of phenomenology have been raised by several scholars including Paley (1997, 1998), Thomas (2005), Porter (2008), Ortiz (2009) and Bradbury-Jones (2012). Paley (1997) described how many nurse researchers misunderstand Husserl's descriptive phenomenology; whilst Paley (1998) and Ortiz (2009) discuss how they fail to interprete Heidegger.   Earle (2010) highlighted the blurred boundaries of phenomenology and Bradbury-Jones (2012, p.224) described such misinterpretations of phenomenology as a '*phenomenological grapevine'* as researchers may misinterpret phenomenology if they rely on secondary texts. For this study I did not access the original writings of Husserl of Heidegger, which were written in German and French. Whilst I acknowledge that I could have accessed the translations of such texts, I would still be relying on interpretations of the original publications as meaning can be lost in the translation process. In addition, the translations are considered to be difficult to understand, which as Porter (2008) acknowledged is not a good use of researchers' time. Whilst Bradbury Jones (2012) argued that Husserl and Heidegger's primary sources are essential reading for researchers, I considered that such texts relate solely to the philosophical underpinnings of phenomenology and do not discuss the application of phenomenology in a practical sense for research purposes. Instead, other texts such as Langdridge (2007), Smith et al. (2009) and Spinelli (2005) which are centred on the significant work of Husserl and Heidegger were used as they provide valuable insights into the application of the phenomenological principles for researchers.

3.7 Hermeneutic (Interpretative) Phenomenology

In relation to this research, I believed that I could not fully explore the experiences of the participants without an appreciation of the social and historical contexts that influenced their experience. I needed to explore the experiences of the participants based on their past, present and future to gain a full understanding of their experience of the phenomenon. Additionally, as Heidegger maintained I considered it impossible to eradicate from my mind my professional experience and knowledge base that resulted in the impetus to investigate the phenomenon in the first instance. As such I believed that the process of epoché was unachievable. Consequently a hermeneutic phenomenological approach was used throughout the study, in the tradition of Heidegger and Gadamer. In an attempt to transfer the principles of hermeneutic phenomenology into methods, I used van Manen's (1990) methodological themes which are discussed in the following section.

3.7.1 A hermeneutic approach to the research and the data collection process

The hermeneutic phenomenological approach is 'to turn back to the things themselves', emphasising openness and flexibility to the object and the way it reveals itself to the world (Armour et al, 2009). There is not one fixed and exclusive method for hermeneutic phenomenology (van Manen, 1990; Koch, 1995; Armour et al, 2009); instead, there are recommendations for consideration when using a hermeneutic approach (Rapport, 2005). Within this study, van Manen's (1990) six-themed framework was used for the data collection, in an attempt to get to 'know' the life-world of the participant. The section below presents the themes within van Manen's (1990) framework, followed by an explanation of the application to this research:

1. Turning to a phenomenon which seriously interests us and commits us to the world.

Van Manen considered this as the researcher's focus on the phenomenon under investigation:

phenomenological research does not start or proceed in a disembodied fashion. It is always a project of someone: a real person, who, in the context of particular individual, social and

historical life circumstances, sets out to make sense of a certain aspect of human existence. (van Manen, 1990, p. 31)

2. Investigating experience as we live it rather than as we conceptualise it.

3. Reflecting on the essential themes which characterise the phenomenon.

4. Describing the phenomenon through the art of writing and rewriting.

5. Maintaining a strong and orientated relation to the phenomenon.

6. Balancing the research context by considering parts and whole.

(van Manen, 1990, pp. 30-31)

Van Manen (1990) advises the researcher to 'turn to a phenomenon of interest'; my interest was the phenomenon of directed study time (DST). I wanted to explore how DST was experienced by student nurses and nurse lecturers, and how it supported self-directed learning (SDL). As discussed in chapter one, my interest in the phenomenon stemmed from my experience (both past and current) and my own interpretation of this experience. My interest in the phenomenon was the impetus for the research.

In an attempt to 'investigate experience as we live it' as outlined by van Manen (1990), I considered it necessary to obtain the descriptions of individuals' experiences of DST, to obtain their perspectives through their 'lived experiences'. Conversation is considered a mechanism which is central to our understanding (Gadamer, 1975/1996); therefore interviews were chosen as the preferred method of data collection for the research. I sought to gain an account of student nurses' and nurse lecturers' experiences and perspectives of DST; therefore the data was collected in two separate phases. Phase one consisted of three focus group interviews, with first, second and third year student nurses. Phase two consisted of nine individual semi-structured individual interviews with nurse lecturers, a further discussion of the focus groups and semi structured individual interviews is provided in chapter four.

Van Manen (1990) advises: 'reflecting on the themes', this process was applicable to both the data collection and subsequent analysis, which are discussed further in chapter four. During the interviews my experiences of the phenomenon influenced my interactions with the participants. In terms of the analysis, the contents of conversations were regularly

revisited in a cyclical process, through the hermeneutic circle as discussed on page 64. The 'the art of writing and rewriting' relates to how language is interpreted through a consideration and presentation of the participant's experience.   Following the data collection process, interviews were transcribed verbatim and analysed. Throughout the stages of analysis the process of writing and rewriting was repeated in a circular fashion. I prepared written drafts of my interpretations of the participants' accounts of their experiences which I submitted to my supervisors. Having received subsequent written and verbal feedback from my supervisors I began 'rewriting' by producing further drafts of the analysis.

The need to 'maintain a strong relation to the phenomenon' related to my commitment and regard for the research. I considered it important to maintain a clear focus on the aims of the study and the initial interest for the research to drive the study forward. Throughout the data collection I frequently referred back to my original aims of the study. Regular entries into my research diary throughout the process of data collection also enabled me to reflect on the content of the interviews in relation to the aims of the study. Throughout each interview additional probes were used corresponding with the aims of the study. Prompts from my supervisors during supervision sessions also helped me to remain focused on the aims of the study and my supervisors advised when I needed to refocus.

A further aspect of van Manen's (1990) approach which refers to 'balancing the research parts and whole' was considered important in terms of meeting the overall aim of the research. Similar to a jigsaw puzzle, although the parts in isolation were of limited significance, I considered the piecing together to meet the overall aim. I believed that the interview process would enable me to gather different perspectives of the phenomenon to contribute to the whole phenomenon. The experiences raised by one participant were individual to them although could be applied to others. As the interviews progressed, new themes emerged which I was able to explore with the remaining participants. One example of this was in the interviews with the nurse lecturers, during the seventh interview, the lecturer made reference to the debate around raising the academic level for nursing. This experience encouraged me to include this point as a probe during subsequent interviews. In

this way as the interviews progressed, the conversations evolved leading me to ask questions which were not originally incorporated into the interview guide. Therefore the individual contributions from participants impacted on the overall study.

3.7.2   A hermeneutic approach to data analysis

Various approaches have been developed and used within descriptive phenomenological research to guide researchers from the initial stages of the research process through to data analysis (Colaizzi, 1978 and Giorgi, 1985). Within such approaches, the researcher is required to maintain the context of epoché, by 'bracketing' their preconceptions about the phenomenon under investigation (Langdridge, 2007). In chapter one I discussed how my professional experience created the incentive to pursue this study. As such I could not suspend or bracket my preconceptions to achieve epoché throughout the data collection or analysis; therefore a descriptive approach was not an option.

Instead I believed that an interpretative phenomenological approach to the data collection and analysis would be more suitable because such approaches do not necessitate the principles of epoché. Unlike descriptive phenomenological methods of analysis which focus on epoché to reveal the 'essences' of a phenomenon; interpretative approaches concentrate on the researcher's interpretation and the meaning of experience. Such approaches include; interpretive phenomenological analysis (IPA), hermeneutic (interpretive) phenomenology and phenomenological template analysis (TA).

Whilst the title 'Interpretative phenomenological analysis [IPA]' indicates a focus on analysis, this approach encompasses both the method of data collection and analysis. Developed by Smith (1996) as an alternative to descriptive phenomenological approaches arguably more as a 'third way' between discourse analysis and cognitive social psychology, the focus of IPA is how individuals perceive their experience and what it means to them. Within IPA, researchers have a general idea of the research question which they want to explore and the aim is to explore the participant's opinions of the subject. The role of the researcher is emphasised through the interpretation of analysis of the participant's understanding. Smith and Osbourne (2003) refer to the use of a double hermeneutic within

IPA, whereby the researcher interprets the participant's interpretation of the experience. The double hermeneutic within IPA is based on the tradition of Gadamer's (1975/1996) hermeneutic circle as discussed on page 64. Studies which use IPA are inductive and centred on the data as opposed to existing theory or knowledge (Langdridge, 2007). Smith described IPA as:

> an attempt to unravel the meanings contained in accounts through a process of interpretative engagement with the texts and transcripts. (Smith, 1997, p. 189)

Smith (1997) described how such engagement of the researcher with the transcripts is achieved through a staged process. The researcher identifies themes and develops clusters, within each participant's case and across a collection of cases. Whilst IPA does provide a structured systematic approach to data analysis, Willig (2001) argued that IPA could not be distinguished from thematic analysis.

Hermeneutic phenomenology refers to a group or 'family of methods' (Langdridge, 2007, p. 108); based on the work of Husserl, Heidegger and Gadamer. Van Manen's (1990) method, discussed on pages 67-70 is the most widely known. Similar to IPA, hermeneutic phenomenology concentrates on understanding the meaning of experience through interpretation of the data. Having applied van Manen's six themed approach to collect the data for the study, I searched for a structured guide to enable me to thoroughly analyse the data and interpret the participants' experiences. Template analysis (TA), developed by King (1998), and Crabtree and Miller (1999) provides such a methodical approach for the researcher to analyse the data whilst retaining a degree of flexibility. Similar to IPA, TA is based on the thematic analysis of experience; the main difference being that within TA a coding frame or template is used to structure the analysis process. Another difference with TA in comparison with IPA is the option for the researcher to use 'a priori' themes. Before beginning the data analysis, the researcher identifies a number of priori themes, based on the phenomenon under investigation. These themes are subsequently revised and developed throughout the data analysis process. Within TA individual accounts are analysed in greater depth before integrating separate cases; thereby reducing the length of time to undertake the analysis if analysing large amounts of data (King, 2012).

One advantage of TA is that whilst it provides some structure for the researcher to analyse the data, it is also flexible and complements various epistemological positions (King 2012). Such advantages of TA have resulted in its increased popularity within a range of research areas, predominantly in business and management (Kenny and Briner, 2010), closely followed by health (Howard et al, 2008). TA has also been used in other settings including education (Au, 2007), clinical psychology (Stratton et al, 2006) and sports science (Nash and Sproule, 2009). A recent literature review revealed in excess of two hundred such studies which used TA (King, 2012).

Having used an interpretative phenomenological approach in the tradition of van Manen (1990) to guide the methods and obtain the data, I chose TA to undertake the data analysis. Several researchers have successfully used TA within hermeneutic phenomenology (King et al, 2002; Rodriguez, 2009; Rogers, 2010; Hardy, 2012) and there were multiple reasons why I chose this approach. I believed that the structured approach of TA would enable me to manage the data effectively through the identification of hierarchies and the structured approach would increase the rigour of the study. As previously discussed, within TA the researcher has the opportunity to identify and note the 'a priori' themes ahead of analysing the data; a process which I believed supported the hermeneutic phenomenological approach. The identification of 'a priori' themes before beginning the data analysis enabled me to acknowledge my previous experience, knowledge and assumptions pertaining to the phenomenon. In this way I was able to acknowledge my position as recommended by interpretative phenomenologists including Heidegger, Gadamer and van Manen. It is important to note that especially in the context of a phenomenological analysis, a priori themes are always tentative and their value considered critically throughout the analysis; they are a starting point, not a rigid prescription.

The fact that TA requires the researcher to develop and redevelop a template through repeated readings and analysis of the textual data enables the researcher to work within a hermeneutic fashion. As the template develops and the researcher re- visits the data, they can begin to interpret the participants' interpretations of the phenomenon under investigation. This circular motion of data analysis supports hermeneutic phenomenological

approaches as it supports Gadamer's (1975/1996) 'fusion of horizons', otherwise known as the 'hermeneutic circle' as discussed on page 64.

3.8   Reflexivity

Spencer et al. (2003) described the process of reflexivity as the researcher demonstrating their awareness of the value which they place on the research; acknowledging how their beliefs, presumptions and presence could influence the findings. Instead of attempting to transcend my own opinions and values about directed study time and how it was used within the nursing curriculum (as asserted by the transcendental phenomenologists such as Husserl) I believed that as a researcher I could not totally 'bracket off' my assumptions, or judgements regarding the phenomenon under investigation (in support of the existential phenomenologists such as Heidegger). The research was considered dependent on the context, and my professional experiences, both past and present (see chapter one). Therefore I considered it necessary to reflect on my experiences throughout the period of the research study.   Gadamer (1975/1996) suggested that researchers record such reflections in a diary. At significant stages throughout the duration of the study I made diary entries; the diary became increasingly useful during the stages of data collection and analysis.   Diary entries were completed soon after each interview as advocated by Langdridge (2007) to capture my thoughts, opinions and interpretations instead of relying on memory. The process of reflexivity and my attempts to promote reflexivity throughout the research are further discussed in chapter eight.

3.9   Chapter Summary

In this chapter I discussed my ontological and epistemological assumptions; I explained my position as a realist. I also discussed my epistemological assumptions as interpretivist; based on my interpretation of the individuals' experiences of the phenomenon. Phenomenology was chosen as the preferred methodology because it attempts to capture the experience of individuals as lived.   Having considered descriptive and interpretive phenomenology; I believed that descriptive phenomenology could not be used on the basis that epoché was unrealistic and unachievable. The hermeneutic approaches used to both

capture and analyse the individuals' experiences were introduced and my role, as a researcher was discussed in terms of the process of reflexivity. In the next chapter I describe the practical methods used to gather the data and analyse the data to address the aims of the study.

Chapter Four

Methods

This chapter presents an account of the methods that were used to collect the data within each of the two phases of the study. I discuss the ethical issues pertaining to the study and the process of gaining ethical approval; whilst exploring the access and recruitment of participants. The two methods of data collection are described, followed by an explanation of the analysis process. At the end of the chapter I discuss my attempts to establish the validity of the study.

Phase one consisted of three focus group interviews with first, second and third year student nurses that were undertaken from February to April 2011. Phase Two involved a series of nine individual semi structured interviews with nurse academics (seven nurse lecturers and two senior academics) which were carried out from April to May 2011.

4.1   Ethical Considerations

When undertaking empirical research it is necessary to consider the ethical issues and address how they will be managed throughout the duration of the study. The ethical considerations for this study were based on the Code of Professional Conduct (NMC, 2008b). The main principles which were considered included: informed consent; protection of participants, confidentiality and anonymity and researcher safety.

4.1.1   Ethical approval

I originally intended to collect the data from a sample of participants within the University of Huddersfield where I work. Having prepared and submitted an application to the University School Research and Ethics Panel (see Appendix 1), the panel accepted the application on principle but recommended that I undertake the data collection at another university where I would not know the participants. Whilst this came as a surprise and resulted in frustration due to the time delay, I understood that my relationship with the participants within my work area could potentially impact on the data collection process

and the results. I subsequently revised the application and applied to an ethics committee at another university in a different part of the country. The application was accepted and the study was approved (see Appendix 2).

4.1.2   Seeking Informed Consent

I sought informed consent from each of the participants who had volunteered to take part in the study (see Appendices 3 and 4). All potential participants received written information about the study that I provided in person (see Appendices 3 and 4). The written information was also emailed to some potential participants who I could not access in person. Completed consent forms were returned to me in pre-paid envelopes prior to the interviews. At the start of each interview, the participants were reminded that they were not under any obligation to participate in the study and that it was their right to withdraw from the study if they so wished. The information sheet provided for the student nurses outlined that their decision to participate in the study would not affect their position as a student. Permission was sought from each participant for the interviews to be audio recorded with the use of an MP3 recorder. All participants consented to their interview being audio recorded and this was evidenced through the written consent forms.

4.1.3   Protection of participants

All researchers are required to protect participants from potential physical or psychological harm throughout the process of the research. Several steps were taken to prevent such harm to the participants and none of the interviews appeared to cause distress to any of the participants. Following each focus group interview, I reminded the student nurses that if they needed to further discuss or clarify any course related issues that they should take them back to the course leader. The participants were also reminded that they could access the support services within the university if necessary, where they could access counselling. I provided each of the participants with my work phone number and email address which were included on the information sheet and advised them to contact me if they had any further questions about the research following the interviews.

4.1.4   Ensuring Confidentiality and Anonymity

In order to protect the participants' identities, all the participants' names were removed from the interview transcripts and replaced with pseudonyms. The name of the university was removed from the transcripts and it is not included in the thesis. All of the participants were assured that their names would not be included in the study. They were also advised that all recordings would be stored by the researcher on a computer which was password protected. The participants were informed that whilst their words may be used within further publications following completion of the study, their identity would not be revealed.

4.1.5   Researcher Safety

It is important to consider any potential risks of the research to the researcher throughout the process to reduce the risk of physical and psychological harm. Having considered this, I took several steps to reduce such risks. In relation to the data collection process, the focus group interviews were carried out in classrooms and the individual interviews were carried out in staff offices within the university. I gained permission to use the university car park as a '*visitor*' and security were aware of my planned visits. On each visit to the university, I ensured that my main supervisor was aware of my location and I carried a mobile phone with me in case of emergency. A member of my supervisory team also accompanied me for two of the focus groups. My main supervisor was aware of my location for all of the remaining interviews and focus groups.

The data collection process did not cause any harm to the participants, although I found one individual interview to be challenging. This was due to the length of the interview and the manner of the participant, which could be described as aggressive. During the interview, the participant shared personal information with me concerning their physical health which I found difficult to respond to. The interview left me feeling emotionally drained and I found it challenging to detach myself from the participant's account of their experience. Soon after the interview, I had the opportunity to debrief with my supervisors and discussed the interview at length, this enabled me to distance myself from the participant's experience and contextualise their account. Whilst I was aware that I could access further support from the university counselling service, I considered it unnecessary.

4.2   Negotiating access to the field

Having gained ethical approval to carry out the study, I sent a letter to the Head of School to ascertain whether the nursing department would be willing to support the study (see Appendix 2).   Within the letter, I introduced myself; and outlined the purpose of the research. I later received a response outlining that they would be willing to participate and advised that I liaise with the course leader to plan the practical arrangements for the data collection. Having sent a further letter to the course leader, I later received a phone call from her and she suggested that in order to recruit nurse lecturers to the study I could attend a team meeting. To recruit students I was advised to contact the relevant head of year for each student cohort. I subsequently attended a team meeting in which I was given the opportunity to introduce myself to the lecturers and discuss the purpose of the research. I provided written information about the study which included my contact details, as discussed on page 76. I had provisionally drawn up a schedule of potential interview dates and times and some of the lecturers who attended the meeting volunteered to sign that they would participate. I informed the lecturers that I would contact them by email to confirm the arrangements.   It was also agreed at the meeting that I would contact each head of year to arrange to meet with students to repeat the process.

Following the meeting, I set up arrangements with each head of year to meet the three student cohorts (one per year). On meeting the students I introduced myself and explained the purpose of the research, I provided each student with an information sheet, as discussed on page 76. This provided the opportunity to answer any questions about the research. Some students expressed an interest in participating and I suggested that they contact me by email if they wished to participate in the study and to finalise the arrangements.

4.3 Phase One: Focus group interviews with Student Nurses

4.3.1 Sampling Strategy

Purposive sampling was used, as recommended within phenomenological methods because it selects individuals who will have knowledge of the phenomena under investigation (Clifford, 1997). All undergraduate adult branch nursing students studying at the university were invited to participate; this included a sample of first, second and third year nursing students to explore the experiences of students at different stages on the course. The data collection was carried out in March and April 2011 to ensure that the first year students who commenced in September 2010 were six months into the first year of the course so that they had an understanding of DST.

4.3.2 Recruitment to Phase One

Each participant was sent an information sheet and consent form (see Appendices 3 and 4) which they were asked to complete and return. They were then contacted by email to confirm the date and time of the focus group interview. Three focus group interviews were undertaken, one with each year of students; this commenced with third year students, followed by second year students and finally first year students. The sequence of the focus groups was not deliberate, but was dictated by the 'theory' weeks, which were weeks when each student group was timetabled to be in the university and not timetabled to be in clinical practice. The number of students in each focus group ranged from seven to thirteen, the breakdown of the sample for Phase One of the study is displayed in Table 5 below.

Table 5: Breakdown of the sample in Phase One

Year of students	Number of participants
First Year	8
Second Year	13
Third Year	7
Total	28

Prior to each focus group, demographic details of the group members were recorded on a pre-focus group questionnaire (see Appendix 3). The purpose of this was to explore whether there were any relationships between their demographic details and their experience of the phenomenon. The information which was collected included the student's age range; gender; ethnic origin; dependents; part time employment and length of time since studying (before commencing the course). This information is displayed in Table 6.

Table 6: Demographic details of the sample in Phase One

(Numbers in brackets represent the number of participants)

	Age Range	Gender	Ethnic Origin	Dependents	Employment	Previous study
First Year	Age 17-24: (4) Age 25-34: (4)	Female: (8)	White British: (7) Black African: (1)	Dependents: (1) No dependents: (7)	Part time job: (2) Did not work: (6)	Enrolled from school/college: (5) Gap in studies: (3)
Second Year	Age 17-24: (6) Age 25-34: (2) Age 35+: (5)	Female: (13)	White British: (9) South American: (1) Afro Caribbean: (1) British Asian: (1) Indian: (1)	Dependents: (5) No dependents: (8)	Part time job: (8) Did not work: (5)	Enrolled from school/college: (8) Gap in studies: (5)
Third Year	Age 17-24: (1) Age 25-34: (3) Age 35+: (3)	Female: (6) Male:(1)	White British:(3) Black British: (1) Black African: (3)	Dependents: (4) No dependents:(3)	Part time job: (4) Did not work: (3)	Enrolled from school/college: (3) Gap in studies:(4)

4.3.3 Focus Group Interviews

Focus group interviews were used within Phase One of the research to explore student nurses' experiences of directed study time. The underlying feature of a focus group is the interaction of the group. Kitzinger defined a focus group as:

> a research encounter which aims to generate discussion on a particular topic or range of topics, with the emphasis being on interaction between participants Kitzinger (1994, p.103)

The group interaction within focus groups is considered to result in a high level of face validity (Krueger, 1994) because what the participants discuss within the focus group session can be confirmed, supported or challenged within the same session (Webb and Kevern, 2001). Whilst an individual semi-structured interview compliments a phenomenological approach because it enables the research to explore the participants' lived experiences, I considered that there would be limitations to such a method due to my position. Although I was unfamiliar to the students as I was employed at a different university to where they studied, I considered that my position as a senior nurse lecturer may prevent them from openly discussing their experiences through a one to one interview. Instead, I believed that a focus group interview would promote the active involvement of the participants as focus groups are considered to empower the participants (Kitzinger, 2005). Consequently I believed that focus groups would be the most suitable method as they would enable me to fully explore the students' experiences of the phenomena.

Historically there has been much opposition to the use of focus groups within phenomenological research, it is argued that the focus group setting does not enable the researcher to fully explore the 'essences' of phenomena (Webb and Kevern, 2001; Webb, 2003; Smith, 2004; Dowling, 2007). Phenomenological studies have traditionally used individual interviews to explore the lived experiences of participants, however Bradbury et al. (2009) argued that focus are compatible with phenomenology. They maintained that the combination has been used widely, but many researchers have failed to justify the use of focus groups or provide a rationale for their choice of method. I can justify my decision to use this combination based on my position as a researcher as discussed above and my belief

that the group interaction of the focus group would empower students to openly discuss their experiences within a supportive environment, so that "the phenomenon being researched comes alive within the group" (Halling et al., 1994, pp. 112).

A further advantage of the use of a focus group is that it enables the participants to share their experiences with each other and voice their own interpretation of the phenomena as it unfolds (Sorrell and Redmond, 1995). In addition, the focus group allows time for participants to reflect on their experiences whilst other participants speak (Jasper, 1996). Spiegelberg (1975) and Halling et al. (1994) maintained that the group method does not exclude individuals' accounts but incorporates them. The need to maintain the parts and the whole of the experience during the focus group and throughout the stages of analysis is an important aspect to consider when using focus groups within phenomenology, as emphasised by Tomkins and Eatough (2010). My attempts to maintain the individual experience as well as the group experience will be discussed later in this chapter and in the following chapter.

The guide for the focus group interview was developed, based on the available literature relating to the subject of investigation and the main aim of the study (see Appendix 3). Dilorio et al. (1994) outlined how the interview guide is intended to direct group discussion and to stimulate conversation about the research subject in addition to ensuring that all the desired information is sought. Considering the limited amount of literature available in relation to the use of directed study time, it was necessary to fully explore any unexpected issues which could arise from the interviews; therefore I incorporated probes into the guide to promote further exploration of the participants' experiences. Whilst I had developed a guide for the focus group, the semi-structured approach which was used, enabled flexibility and allowed me to explore the students' experiences of DST in depth.

Each of the three focus group interviews was conducted at the university in which the student nurses were studying. The interviews were held during the students' lunch breaks to avoid disrupting the timetabled theory time. I provided lunch for each group and the focus group interviews commenced shortly after. Having arrived early I organised the seats

to ensure that the students could have eye contact with each other and with me. King and Horrocks (2010) recommended that that the researcher must be aware of how the seating arrangements might '*feel*' for the participants. For two of the three focus groups, I was accompanied by one of my supervisors. I introduced them to the group and they positioned themselves at a distance from the group in the background and made some field notes.

At the start of each focus group interview I introduced myself; thanked the participants for volunteering to participate in the research and reminded them of the purpose of the study. I asked the students to say their name the first time they spoke so that I could identify their voice on the audio recording. The purpose of this was to enable me to identify what each student said so that I could gain a full understanding of the experiences of individual participants as well as the group. I reminded them that their names would each be replaced with pseudonyms and that their identities would not be revealed.

The focus group interview guide consisted of four main areas:

1. To explore what directed study meant to the participants, based on their experiences.
2. To discuss how the participants used directed study time
3. To explore how well students felt that they were supported with directed study
4. To consider whether there were any external factors which influenced their approach to directed study time

The guide for the third year student focus groups also asked them to consider whether they used DST any differently than in the first year. Throughout the focus group interviews, probes were used to encourage the participants to discuss the issues in detail. The main criticism of focus groups is that one member can dominate the group or some quieter members may be reluctant to share their views with others in the group (Kitzinger 1995, Barbour 2007). I was aware of this and therefore throughout each focus group interview I made efforts to encourage the quieter members to contribute by intentionally inviting them to speak. I explored any issues which were unclear with the use of probes to clarify and unpick some of the responses. I informed the participants when the interview was nearing

the end and asked if they had any other comments to add. I then thanked the group members for attending in their lunch breaks.

The focus group interviews were between forty three and fifty three minutes in duration. Each focus group interview was audio recorded with an MP3 recorder and later transcribed verbatim. Participants' names were changed to pseudonyms before and during the transcribing process. References made by participants to other individuals or to the university were removed and replaced with pseudonyms.

4.4   Phase Two: Interviews with Nurse Lecturers

4.4.1   Sampling Strategy

As with Phase One of the study, purposive sampling was used to collect data from participants who had in-depth knowledge and experience of the phenomenon of directed study time. The inclusion criteria were that the lecturers taught on the undergraduate nursing course and that they had a minimum of twelve months experience of working at the said university. The rationale for this was so that they had a good understanding of how directed study worked both within the university and in the particular nursing course. As described on page 78, having discussed the study with the Head of School and the course leader, I was invited to attend a team meeting with nurse lecturers at the university where I intended to collect the data. This enabled me to present the research study by providing verbal and written information to the lecturers present and invite them to participate in the study (see Appendix 4). As detailed on the information sheet, lecturers were advised to contact me via email if they wished to participate.

4.4.2   Recruitment to Phase Two

I sent an information sheet and consent form to each participant and asked them to complete and return (see Appendix 4) I then contacted each participant by email to confirm the date and time of the interview. In total, nine individual, semi-structured interviews were undertaken. All of the interviews were conducted in the participants' offices in the

university where they worked. A breakdown of the sample for Phase Two is displayed in Table 7.

Table 7: Breakdown of the sample in Phase Two

Interviewee	*Position*	*Length of Interview*
Helen	Lecturer	28 mins
Tom	Lecturer	86 mins
Sarah	Lecturer	61 mins
Grace	Lecturer	38 mins
Sheila	Lecturer	39 mins
Janice	Lecturer	51 mins
Joanne	Lecturer	57 mins
Jane	Senior Academic	49 mins
John	Head of Department	23 mins

4.4.3   Semi-structured Interviews

Semi-structured interviews were used during Phase Two of the research to explore the lecturers' experiences of DST. Semi-structured interviews enable the researcher to listen to the participant discuss an aspect of their experience (Willig, 2008). They are regarded as flexible for both the researcher and the participant (Smith, 1995). The researcher can adapt the wording and order of questions based on the participant's responses and there are no limits to what the participant can discuss (Smith, 1995).

As the interview was semi-structured I developed a number of open ended questions and included some probes (see Appendix 4 for the full interview guide). Each interview had five main parts which were developed based on the aims of the study:

1. To explore how DST was interpreted by the participants based on their experiences.
2. To explore how the participants considered student nurses used DST.

3. To explore whether the participants thought there were any differences in the way student nurses at different stages of the course approached SDL and DST.

4. To explore any external influences which impact on the way in which DST was used.

5. To explore whether the participants considered that students were supported with DST.

Before undertaking the interviews I had the opportunity to pilot the interview guide with a work colleague who was a senior nurse lecturer but was not involved with the study; the interview was recorded with an MP3 recorder. Following the interview I asked my colleague to comment on the questions. I found that the interview was shorter than I had expected (13 minutes) but I considered that this was due to my nerves and the participant also appeared quite nervous. I sensed that I was nervous due to the fact that I knew the participant; I was also preoccupied with making sure that I adhered to the guide and asked the questions exactly as they appeared on the guide. After listening to the interview I acknowledged that some of the responses were short and succinct. I considered that if I had felt more confident and used probes, the participant may have elaborated. Having read further on interview facilitation methods (King and Horrocks, 2010), I realised that I needed to approach the interviews for the main study with more confidence, and include the use of probes. I subsequently developed the interview guide to include several probes for each question. I also acknowledged that I did not need to rigidly adhere to the interview guide and that I needed to regard it purely as a guide, instead of something which was set in stone.

For the main study, all of the interviews were carried out at the university where the participants worked. The duration of the interviews lasted between 23 and 86 minutes. Each interview was audio recorded with an MP3 recorder (following each participant's consent) and transcribed verbatim. All names were replaced with pseudonyms on the interview transcripts to protect their anonymity. The participants were reassured that they would not be identifiable in the thesis or in subsequent research publications or conference presentations

At the start of each interview, I explained the purpose of the research and assured the participant of anonymity and confidentiality. I then invited the participant to tell me about themselves and their background, for example how long they had worked in education and what their clinical background was. This process served two purposes, firstly I considered it necessary to familiarise myself with them and help to "*break the ice*". Secondly, I believed that it would assist me in understanding their experience of DST, based on their background.

I discussed on page 85 that one advantage of semi-structured interviews is that they enable the participant to raise unexpected discussion points which can be further explored. Such flexibility became apparent throughout the interview process. Whilst I had prepared an interview guide for each of the interviews, the participants began to discuss other relevant issues which I had not considered. The more interviews I carried out, the more I developed the probes in subsequent interviews.

In some of the interviews I was conscious that participants were asking questions in their responses, I sensed they were asking for my opinion. I was aware that I needed to refrain from sharing my views on the discussion points as this might compromise my position and influence the participants' accounts. Towards the end of each interview I advised the participant that the interview was coming to an end and asked if there was anything else they would like to add. At the end of each interview I thanked them for their time.

4.5   Analysis

4.5.1   Template Analysis

Template analysis was chosen as the preferred method to analyse the findings from both the focus group interviews and the individual interviews. This method of data analysis was selected as it was considered to provide structure to the analysis process whilst maintaining a flexible approach which would complement the overall approach to the study. It also meant that I could present the results of the study in both text and diagrammatic form. I considered this beneficial because it would enable me to identify how integrative themes

underpinned other themes and where they overlapped. The detailed rationale for the use of template analysis within an interpretative phenomenological approach was discussed in chapter three.

4.5.2   Development of the template

As previously discussed in chapter three, when using template analysis a number of '*a priori*' themes may be developed before the coding process begins. Having read the transcripts, four '*a priori*' themes were developed based on the research question, the literature review and the interview guide. The themes are outlined in Table 8.

Table 8: A priori themes for data analysis

A priori theme	Description
1.External Influences	Includes Work, Family.
2.Support	Includes direction from academics with learning.
3.Control	Includes student control of their time/learning; academic control.
4.Motivation	Includes feeding back on their work to academics. Assessment.

Within template analysis, it is recommended that a subset of the data is coded before beginning to develop the initial template (King, 2012). A decision was made, for logistical purposes to code the third year focus group as this was the first focus group I had facilitated and therefore the first group to be transcribed. Before beginning any coding, I listened to the audio recording of the focus group whilst reading the transcript to familiarise myself with the data and check through for any errors on the transcription. I then coded the transcript line by line, marking in the right hand margin the relevant codes which were of significance in relation to the aims of the research. Whilst working through the transcript I ensured that the list of a priori themes was next to me for ease of referral. I was conscious at this point not to rely on the '*a priori*' themes and aware that some themes could be

amended and some rejected as the analysis progressed. I completed the preliminary coding process for the remainder of the third year focus group transcript and made a decision to select the first year focus group to code. This was decided because I felt that any significant differences between the student groups' experiences would be more likely between first and third year students as opposed to second and third years. Following preliminary coding, I began to develop the codes into clusters (the coding and clusters from the third year student nurse focus group interview can be found in Appendix 5). Based on the '*a priori*' themes and the groups of clusters from the coding, an initial template was developed, as outlined in Table 9.

Table 9: The Initial Template

Theme 1: Who am I?
1.1 Searching for self
1.2 Student Identity
1.3 Professional Identity
1.4 The role of women
1.5 In the home
1.6   As carers
1.7   Mothers
1.8   Wives
1.9 'Run away from home'
Theme 2: Perception of directed study time
2.1. Control of time
2.1.1. Ownership of time
2.1.2. Protecting time
2.2. Control of environment
2.2.1. Control of physical space
2.2.2. Escapism
2.2.3. Control of psychological space
2.3. Control of self
2.3.1. Lack of self-discipline
2.3.2. Avoidance of study
2.3.3. Feeling overwhelmed
2.3.4. Becoming an independent learner
2.3.5. Time for growth and maturity
Theme 3: Attitudes towards studying
3.1 Apathy
3.2 Don't like it
3.3 Too much effort
3.4 Anxious about getting it wrong
Theme 4: Motives for study
4.1 Surveillance
4.2 Peer pressure
4.3 Assessment
4.4 The desire to learn and understand
4.5 Recognition of the value of learning
4.6 Identify links to practice
4.7 Confidence in ability to study independently
4.8 To gain confidence in practice
Theme 5: Two different worlds
5.1 The 'doing' culture of practice
5.2 Influence of mentors in practice
5.3 Perceptions of lecturers
5.4 Changing hats

Having met with my supervisor to discuss the initial template and how it could be further developed with the rest of the data, I read through the remaining transcript from the second year focus group and amended the template accordingly. It became apparent at this point that the themes from this transcript could easily be applied to the themes within the template. As the template began to grow some themes were amended or moved and as the analysis progressed the template was amended accordingly. At each point during the development of the template I met up with my supervisor to discuss how the template was evolving and on each occasion the meetings were audio recorded for the purpose of the audit trail. It was agreed that the template could potentially be applied to all of the data from the focus groups and from the individual interviews. However, if a substantially different set of themes emerged from the staff interviews than was identified in the student focus groups, a separate template would be developed to represent the perspectives of the lecturers.

I then began to analyse the data from each individual interview transcript by reading the transcript line by line, whilst making notes in the right hand margin. After repeating this process for interviews one to three, I revisited the template and amended it accordingly. The same process was followed for interviews four to six and seven to nine. The template changed several times as new themes emerged and original themes developed. Once this was completed I met again with my supervisor, and it was agreed that I revisit each of the transcripts again from both the focus groups and the interviews to begin to index the evidence to support each theme. I found this activity to be quite frustrating because although I thought this evidence was at my fingertips, and I was able to verbally explain each theme, it took a considerable length of time to provide the exact points of the text which related to each theme. Whilst this process was labour intensive it once again increased my familiarity with all of the data and the template began to appear much more defined as some aspects of the themes were removed which were not considered relevant and some were merged, making the template more manageable. Table 10 illustrates the process of developing the template and Table 11 outlines the changes that were made from the initial template to the final template.

Table 10: The stages involved with developing the template

1. Identified *'a priori'* themes.

⬇

2. Coded 3rd year and 1st year focus groups.

⬇

3. Clustered codes from 3rd year and 1st year focus group interviews.

⬇

4. Identified themes and developed the initial template.

⬇

5. Analysed 2nd year focus group interview. Reviewed and revised the template.

⬇

6. Analysed individual interviews 1-3. Reviewed and revised the template.

⬇

7. Analysed individual interviews 4-6. Reviewed and revised the template.

⬇

8. Analysis of individual interviews 7-9. Reviewed and revised the template.

⬇

9. Analysed all the data from all the focus groups and each individual interviews.

⬇

10. Developed the final template.

Table 11: Summary of changes made from the initial template to the final template

Initial Theme	Modification and explanation
Theme 1: "*Who am I?*"	This theme was renamed "*Identity*" and became an integrative theme as it became apparent that the identity of students and lecturers underpinned each of the other themes.
Theme 2: "*Perceptions of Directed Study Time*"	This theme was divided into two due to its size. The revised themes were entitled: "*Control*" and "*Managing Self*". "*Managing Self*" then became an integrative theme as it appeared to cut through each of the other themes within the template.
Theme 3: *"Attitudes towards studying"*	The contents of this theme were merged with the theme *"Managing Self"* as they related to behaviour and conduct.
Theme 4: "*Motives for Study*"	Much of the content from this theme related to the value of learning and the role of the RN, therefore a new theme was developed entitled "*Growth and Development*".
Theme 5: "*Two different worlds*"	The title of this theme was changed to "*Two Worlds in Conflict*" to emphasise the way in which conflict emerged between clinical practice and university. Some of the content of this theme for example "Changing Hats" was moved to "*Identity*" as it was better suited to this theme.
One further theme was also developed entitled "*The Parent/Child relationship*" as the data from the individual interviews placed a bigger emphasis on this area.	

The final template included four themes and two integrative themes. The four themes consisted of c*ontrol*; *two worlds in conflict*; *the parent/child relationship* and *growth and development*. The two integrative themes included *identity* and *managing self*, as shown in Table 12.

Table 12: The Final Template

1. Control	2.Two worlds in conflict	3. The parent/child relationship	4.Growth and development
1.1 Time	2.1 Culture	3.1 Support vs. mothering	4.1 Becoming an adult learner
1.1.1 My time	2.1.1 Doing vs. learning	3.2 Not letting go	4.1.1 Dependency
1.1.2 Structuring time	2.1.2 Role models	3.3 Defiant children	4.1.2 Stunted growth
1.1.3 Protected meal times	2.1.3 Respect	3.4 Rewards and punishment	4.1.3 The value of learning
1.2 Environment	2.2 Socialisation	3.5 Emotional labour	4.1.4 Learning to learn
1.2.1Running away from home	2.2.1 Changing behaviours		4.2 Becoming a nurse
1.2.2 Power dynamics in class	2.2.2 Peer pressure		4.2.1 The role of the RN
1.2.3 A climate for learning			4.2.2 The graduate nurse
			4.2.3 Becoming a professional

Integrative Themes:

5. Identity	6. Managing Self
5.1 Mixed identities	6.1 Out of control
5.2 Changing hats	6.2 Fooling self
5.3 Women's Roles	6.3 Self confidence

Although one template was developed for all of the data from the focus groups and the interviews, the findings will be presented in two chapters, each providing details of individual accounts and how they form part of the themes in an attempt to present the experiences of the participants as 'parts' and 'whole', to compliment the phenomenological approach, as discussed in chapter three. The student nurses' experiences of the phenomena will be presented in chapter five and the lecturers' experiences will be presented in chapter six.

4.6   Quality of the analysis

Yardley (2000) recommends a set of guidelines to judge the validity of qualitative research, proposing areas of concern for researchers. These include: sensitivity to context; commitment to the study and rigour; transparency and coherence.

The following demonstrates how I have applied Yardley's (2000) recommendations to my research. I have remained sensitive to the context of my own research by providing a critical review of research undertaken pertaining to the phenomenon of DST, this was regularly revisited throughout the duration of the study (see chapter two). Within chapter three I discussed the methodological approach used for my research therefore positioning the context of the research.

To demonstrate commitment and rigour, I have remained committed to my research for a period of five years; throughout which I have kept up to date with the literature pertaining to the phenomenon under investigation and kept abreast of developments associated with the methodology and methods. Regular meetings with my supervisors throughout the period of study have motivated me to remain committed towards the research and focused on meeting the aims. In addition, providing a "thick description" (Gertz, 1973) of the participants' experiences of DST (throughout chapters five, six and seven) alerted me to the complexity of the data and identify deeper meanings.

The detailed, structured approach employed to analyse the data using template analysis shows how codes were identified from the data and were used to form clusters, which developed into a template. This detailed process demonstrates coherence and transparency as it serves as valuable evidence for the purpose of an audit trail by enabling the reader to see how the data was interpreted. The use of a template allowed for further refinement of themes following subsequent analysis of the data and feedback from my supervisors to promote objectivity and rigour. The quality of the data analysis has also been enhanced through the process of reflexivity, as discussed in chapter three, which further demonstrates my commitment to the study and rigour. The supervisory process throughout the duration of the research meant that I obtained regular feedback at each stage of the research, this proved to be significant in terms of maintaining an objective view towards the study and the phenomena under investigation.

4.7   Chapter Summary

In this chapter I discussed the ethical issues pertaining to the study. This included the process of gaining ethical approval; informed consent; protection of the participants; confidentiality; anonymity and researcher safety. I then discussed how I negotiated access to the field and proceeded to discuss the two separate methods used in each phase of the data collection: focus group interviews for Phase One and semi-structured individual interviews for Phase Two. I described the process of data analysis through the use of template analysis to analyse the findings from both sets of data. A detailed outline of the development of the template was provided and I discussed how the findings were combined to produce one final template. Finally I outline the criteria used to establish the quality of the analysis. In the next chapter I present a thematic analysis of the student nurses' perceptions of DST based on the data from the focus group interviews.

Chapter Five

Thematic analysis of the student focus groups:

The student nurses' experiences of directed study time (DST)

This chapter provides a thematic analysis of the student nurses' perceptions of DST based on their experience. Five out of the six themes contained within the template will be discussed, including: "c*ontrol"; "two worlds in conflict""; growth and development" and "identity" and "managing self"*. The theme entitled "the p*arent/child relationship"* is not discussed within this chapter because it was only applicable to the findings identified from phase two of the study which will be discussed in the next chapter. The themes "*identity*" and "*managing self*" are both integrative themes which underpin all of the themes and will therefore be discussed towards the end of this chapter. An overview of each theme is provided, followed by a presentation of the main points, supported with extracts from students' quotes.

5.1   Control

This theme is divided into two sub themes of time and environment; illustrating how students attempted to control both time and the environment in directed study time (DST).

5.1.1 Time

My Time

The sense of ownership of DST was particularly significant throughout each focus group, most students described DST as *'their'* time which they owned, out of all of the themes this was the most pronounced. For Lucy and Amelia, DST was a day off:

> I'll have a day off, I normally have Fridays off on the timetable and so I don't tend to do anything that day I just do stuff what I want. (Lucy, first year student, lines 207-210)

> In my directed study time I think when we've got a full day I do count it as a full day off. (Amelia, third year student, line 33)

The time spent on caring for other family members in the home including children, grandchildren or partners consumed a significant proportion of DST for many students and took priority over everything else, as described by Rita:

> I have grown up children so I try to prioritise it [directed study time] for me, my time, the rest of the time is spent chasing after my grandchildren. I've got three children but my daughter is at university and she relies on either me or my husband to pick up the kids for her so we have to do that for her. (Rita, third year student, lines 50-53)

Although it may be expected that first year nursing students, as university students would use DST to engage with SDL, this did not occur. It was evident that students at all levels invested most of this time with domestic activities including cooking, cleaning and shopping. The focus on domestic chores was also apparent amongst students who did not have dependents as outlined by Helen:

> In the home environment there are a lot of distractions so because you're at home and you're not here when you have nothing to do at all you have time to do it but at home you always find something else needs to be done like washing. (Helen, first year student, lines 26-28)

The dilemma between the student role and the need to work to support their family income was highlighted by many, and was most apparent in the first and second year groups. Despite the fact that at the time of writing there is a global economic recession, shopping was a particularly common activity amongst second and third year groups. This may indicate that those students were in a stronger financial position than their colleagues in the first year as a greater proportion of them worked in part time jobs.

Students acknowledged that the nursing course was full time, which required them to complete thirty seven and a half hours per week in both practice and theory. However, some described how their part time jobs took priority over their course commitments leaving them with no time to study:

When I'm at uni I can sort of manage doing my part time job as well but when I go on to placement I'm doing thirty seven hours placement, twenty hours at work and like where you meant to fit in directed study? (Jessica, first year student, lines 153-155)

Structuring Time

Lecturers attempted to structure DST for student nurses by providing work books or online exercises; however some of the second year students demonstrated resentment towards lecturers for doing this, as articulated by Pam:

I'm quite good at structuring my time, I don't need anyone to structure it for me. (Pam, second year student, lines 313-314)

Such resentment towards lecturers who attempted to structure DST could be because the students were so used to controlling their DST. Students described how they valued the presence of others when studying in their DST, including colleagues and lecturers which indicated problems with studying independently. Such reluctance to engage with studying independently was more prevalent amongst the second and third year students. This finding is significant considering that senior students would normally be expected to have a higher level of autonomy towards learning having completed the first year of a university course. The reluctance to engage with studying within DST could be related to the fact that many second and third year students also worked in part time employment and had other demands on 'their' time. Yasmin and Jane each described their reluctance to study independently:

I find the ones online aren't well participated because there's just you there sitting down doing it. I think anything you have to do by yourself, people tend not to. (Yasmin, third year student, lines 188-191)

I normally go to Margaret's or Pam's house and we do it together. (Jane, second year student, line 18)

Protected Meal Times

Considering that students engaged in activities during DST which were unrelated to academic studies, it was ironic that many went to extreme measures to protect 'their' DST from others within the home. For Yasmin DST meant escaping from her roles within the home.

> It's like my protected meal time (group laugh) that's my protected study time really (group laugh) because I've got some time for me to use. Whether I study, go to the library, I know there's no one to call me mum or wife or sister, it's just me, my time and my mates". (Yasmin, third year student, lines 352-356)

5.1.2 Environment

Running away from home

In terms of controlling their physical environment within DST, students described how they would escape from the house. This included lying to their husbands and other family members about the timetable so that they would think they were being taught at the university when they were timetabled for DST. They emphasised the need to absolve themselves of the physical and psychological demands placed on them by family members within the home environment including their husbands and children. Interestingly, this was most prominent within the third year group and specifically related to Mary and Yasmin, both black African women, as they discussed:

> In my directed study I tend sometimes to run away from home (group laugh) because if you ring me at home I can't hear what you're saying because I have loads of background noises. I'd rather run away from home, I don't allow my husband to see my timetable. (Mary, third year student, lines 274-277)

> I don't allow my husband to see my timetable either (group laugh) because he'd give me something to do, so I need to protect that time, that's my study time. (Yasmin, third year student, lines 292-294)

Power dynamics in class

Whilst the activity of self-directed learning (SDL) was problematic, there was also a problem in relation to students feeding back on their work in the classroom setting, due to a lack of engagement with the process. Students from each group described the negative impact of this on other class members and discussed how lecturers approached this. It was apparent that the commitment of students to studying within DST was inconsistent, those who were committed to the process and recognised the value of studying were in the minority. Sally discussed her frustrations towards those students who had not engaged with the process because there was no penalty for this. Jessica described how students who had not completed their work were copying from their colleagues within the classroom.

> It does annoy me though sometimes when we go to lectures and you've completed the workbooks as you've been told to do and you get there and half of the class haven't done it. They haven't used the directed study days and the lecturers then just go through the work book for the benefit of those who haven't don't the workbook and it's a bit annoying really. You're sat there and you're thinking I've used my directed study days whilst they've been off doing whatever they have been doing, why am I bothering sitting at home all day doing my directed study for the work that has to be handed in for those who are just going to get the answers told them. (Sally, second year student, lines 236-242)

> Some lecturers go through the workbook with you and they'll walk round the class and if you've not done the workbook then you get a bit ashamed. Other lecturers just go through the answers and in their classes and you can just write in the answers, so it doesn't matter whether they've [other students] done the directed study or not, they [students] can still get the answers from it. (Jessica, first year student, lines 22-25)

I discussed on pages 98-100 how students had trouble in studying independently during DST. Problems were also highlighted when they were asked to complete work with other students in the form of a group activity, for example Problem Based Learning (PBL). Again, students described their embarrassment when feeding back on their work within a PBL session due to some students not completing their work. Although Jo acknowledged the potential value of PBL, in terms of sharing ideas, for many their experiences of it were negative. Sarah described how she experienced a lack of commitment from other group

members who did not complete work and Shelley discussed how she found it difficult to trust other students to complete the work.

> As a group when you do problem based learning you get to know other people's views and ideas what might not come into your head so I think in a way that's good that we learn from each other because something might come into your head and I might not think of it. So in that way it's good, but working as a team at times, like Sarah said it just doesn't seem to work out. (Jo, second year student, lines 393-396)

> When it comes to feeding back it makes you, it makes everybody look silly that it has not been done. You could have completed your fair share but because the other half of the group haven't completed it that makes you look bad and I don't think that's fair. Last time half of the group didn't turn up or didn't do the work and I just think it makes the people who have done the work look bad and that happens a lot with problem based learning. (Sarah, second year student, lines 382-387)

> It would be nice if you could trust your group in this situation to say like you go off and you do that and then come back but everyone knows that it's not always going to work like that. (Shelley, second year student, lines 402-403)

5.2 Two Worlds in Conflict

As you may recall, in chapter one I discussed how the MaD curriculum requires student nurses to spend fifty per cent of the course hours in theory and fifty per cent in practice. This equal weighting placed on theory and practice demonstrates the equal importance placed on the two when preparing students to become Registered Nurses (RNs). However, for many students the elements of theory and practice were considered different worlds and as such, functioned as two distinct entities.

5.2.1 Culture

The '*doing*' culture of clinical practice (as evidenced by the increased emphasis towards '*hands on'* work) affected how students regarded their mentors in practice. Whilst in clinical practice each student is allocated to a mentor, whose role is to support and assess their level of competency. It was apparent that mentors were influential role models who significantly influenced students' attitudes and behaviours. The opportunities to apply

theory to practice situations for student nurses were limited due to the '*doing*' culture of clinical practice which was reinforced by mentors. Mentors were RNs who were regarded by students as competent '*doers*' and therefore held in high regard. Some mentors who were experienced RNs did not hold a degree qualification which led students to challenge the move to an all graduate profession. This attitude regarding the academic level of nurses resulted in students questioning the value of theory and its application to practice.

The separation of the practice culture from that of academia resulted in confusion amongst student nurses about their roles; whilst considering themselves to be '*student*' nurses and learners, in the university setting, they felt aggrieved that they were also expected to '*work*' as a nurse in order to '*learn*' how to be a nurse. Many described how they experienced a gap between theory and practice and were unable to recognise the way in which theory informed practice. This also influenced the value placed on learning the theoretical elements of the course.

5.2.2 Doing vs. learning

Whilst the practice element of the course was regarded as completing tasks; learning and gaining theoretical knowledge occurred during the theory time, however, the gap which students described was the absence of any overlap between '*doing*' and learning.

> There is such a gap between theory and practice, I can't think of the word, because it's like you're doing a full time job thirty seven and a half hours a week and you're having to do all your assignments within that time. They [lecturers] tell you not to do it while you're in theory because you have to base it on a patient. (Alice, second year student, lines 152-157)

Sarah also expressed the difficulties in the application of theory to practice due to the busy nature of clinical practice and the fact that students were required to complete thirty seven and a half hours per week on clinical placement.

> I didn't realise that we were going to be on placements doing thirty seven and a half hours a week and then having to do essays and everything else on top, when you're at university it seems a little more lax so to speak and when you're on placement it's

just so, so busy, I think it's very, very hard. (Sarah, second year student, lines 137-141)

Lucy described how she wanted theory time to be timetabled into placement weeks so that she could complete theoretical work relevant to her practice in an attempt to make links between theory and practice.

> They [lecturers] said we're not allowed to do our written work on placement time, but one day a week I would have thought would have been better if we had one day a week off. We were there [on placement] for three months. By a month and a half in, two months in it wasn't learning anymore I was just working there. I wasn't learning anything new and I wasn't doing anything different and it stopped being learning and started being just working, just doing the same thing over and over. I mean one day to do your work [theory] would have been nice, I don't think you'd have missed out on a whole lot. (Lucy, first year student, lines 334-340)

The equal weighting of course time spent in university and practice was to enable students to integrate theory into practice and to learn from their mentors. Louisa described how learning a new skill in clinical practice inspired her to read about the underpinning theory to apply the theory to practice. However, she discussed how she was not encouraged or supported by clinical staff to engage in this process to expand her theoretical knowledge.

> When we go on placement I was told that if you wanted to go to the library to read up on something you can do, but then it's like if you go to the library you miss out or if you ask the nurse to go to the library they don't really appreciate you going off the ward and studying. But I can't stand there watching something that I don't understand and when I want to go off and read about it there's no support there. (Louisa, first year student, lines 326-331)

Role models

Although nursing was the last of the health professions in England to move to an all graduate profession, a proportion of students did not recognise the value of raising the academic level. They questioned the need for RNs to understand a range of theoretical components in depth. Jessica described how many registered nurses in clinical practice, who acted as mentors, did not possess a degree, yet referred to them as '*good nurses*' who

were respected by the students.   Such disregard for the academic abilities of RNs demonstrated how students placed more emphasis on the '*doing*' aspect of the nurses' role; opposed to the skills of problem solving and higher level thinking, expected from graduates. Jessica and Helen, both first year students acknowledged a significant deficit in their mentors' levels of knowledge and competency. However, when the issue was raised within the focus group interview, the students promptly changed the content of the discussion, thereby indicating that they considered it unimportant.

> I think God you know do you really need to know all that? Sometimes I think it's a bit excessive when you think that some of your good nurses have done it through job training you know and you've got to learn all this. How would they do a degree now? There's no way they would be able to do a degree now you know nurses that are in their fifties, they wouldn't be able to do this. (Jessica, first year student, lines 469-474)

> When I asked my mentor for help she didn't have a clue what I was on about, even with drug calculations and it was a bit bad on her behalf. (Helen, first year student, lines 475-476)

5.2.3   Socialisation

Peer pressure

Peer pressure was considered to influence how students engaged with SDL during DST, those student who demonstrated enthusiasm for learning were considered unpopular by other students. The findings demonstrated how students were reluctant to engage with learning theory as it was unfashionable.

Louisa discussed:

> Sometimes it's good to read around the subject because then it gives you a better insight. I know I sound like a geek but I've been reading the Nursing Times since we started the course. (Louisa, first year student, lines 98-99)

5.3   Growth and Development

This theme relates to the growth and development of student nurses as both adult learners and the transition to becoming RNs. Student nurses demonstrated little evidence of self-direction in their learning and were dependent on lecturers, particularly at the beginning of the course. Many students expected to be taught full time within the university as opposed to self-direct their learning, demonstrating pedagogical approaches to learning. Students claimed that lecturers were unclear of what they expected students to be undertaking during DST.

The primary concern for students was not learning, but the *'need to pass'* the course, therefore learning was of minimal value unless it was directly related to summative assessment, demonstrating a consumerist approach to learning. The limited value that students placed on learning and the level of engagement with SDL was also discussed on pages 104-105. Some third year students discussed how they had developed throughout the course, in terms of organising and managing their DST. However, this appeared to be superficial as there was little discussion of their development in terms of their engagement with studying or how they developed as self-directed learners. No examples of work which they had successfully completed either independently or within a group during DST were volunteered from students.

Various factors were identified which could be considered to prevent the growth of students both as RNs and adult learners. The lack of engagement with SDL demonstrated by some students within classroom environments had a negative impact on the behaviours and development of other students in terms of learning; this was also discussed on pages 102-103.

In terms of students' professional development, it was interesting to note that whilst first year students acknowledged an awareness of the move within nurse education towards an all degree profession, this was not discussed by more senior students. Instead, the third year students discussed how their outlook on life had changed throughout the course and how they considered themselves less selfish, which could reflect a level of personal growth

as opposed to professional growth. It was expected that students towards the end of the course would have demonstrated a move towards an increased level of autonomy in their learning and acknowledged the application of theory to practice although disappointingly there was no evidence to support this.

Dependency

Students revealed how they expected to be taught in university on a full time basis. There was a general assumption that lecturers would direct their learning. Many of the younger students considered that their expectations and increased dependency on lecturers was influenced by their previous education. Kirsty and John both emphasised the time involved to develop the skills to learn independently when prior learning had been directed by others, which demonstrated how their expectations changed as they progressed on the course.

> I expected more time when we're at uni I expected to be in Monday to Friday all day. (Anna, second year student, lines 129-130)

> It's difficult when you've come like straight from school or college and they've [lecturers] been telling you; you need to do this, you need to do it by then and then we're going to give you answers. You come to Uni it's all self-directed you've got to do it all yourself and I think it's something you've got to get used to, to be able to do it. (Kirsty, first year student, lines 84-87)

> I'm used to A levels, being told what to do, not saying go on you do this then you tell us what you've learnt. Learning how to be an adult, learning how to learn as an adult and not expecting everything to be spoon fed to you. (John, third year student, lines 308-309, 312-313)

Although all nurse education is delivered in universities throughout England, pedagogical approaches to learning were demonstrated by students who described how they relied on lecturers to provide them with information, and expected lecturers to tell them what to do. The increased level of dependency on lecturers was evident through the behaviours demonstrated by some students. Many expressed a need to get their work checked and

were reluctant to engage in learning activities which required them to provide their opinions for fear of getting it wrong. Although it could be expected that such levels of dependency would reduce as the students progressed through the course, the level of dependency appeared to remain relatively static throughout the different levels of students. Students continued to invest time learning what lecturers wanted them to learn as opposed to identifying their own learning needs. This notion of wanting to be taught underpinned many discussions throughout the focus groups. The apprehension attached to completing work independently for fear of getting it wrong, was expressed by Chloe and Charlotte who sought reassurance from lecturers:

> The way I see it is, if I'm doing the work and I know it's going to get checked and I know I'm going to get the right answers it makes it better. But if I'm doing work and I know it's not going to get checked then I'll always be thinking well how am I going to know if it's right, is there any point if I don't know if I'm going to get the right answers? (Chloe, first year student, lines 78-80)

> I think it's useful when they [lecturers] do give feedback because you don't always know whether you've done it right until they've given you the answers so it's like reassurance that you do actually know what you've written. (Charlotte, second year student, lines 246-247).

> I like it when it's going to be feedback because it makes me do it. I like the booklets because I know I'm getting something out of it, I know that's what they want me to learn. (Chloe, first year student, lines 486-487)

Such behaviours indicated a lack of confidence by students in terms of their abilities to become self-directed adult learners. The fact that some students would not engage with SDL during DST, could be due to their limited confidence in learning. Helen demonstrated an increased level of dependency and lack of self-confidence in learning when she described how she avoided giving opinions; instead preferring to learn facts through which the answers would either be right or wrong.

> If it's black and white you can write this and this, whereas if it's opinionated you don't know if you're offending people or you don't know if what you're saying is

right or along the right lines as they [lecturers] want. (Helen, first year student, lines 418-419)

The value of learning

Although the concept of SDL and adult learning theories (as discussed in chapter two) emphasise the value of learning in terms of personal growth, it was apparent that the first and second year students regarded studying as a means to an end and were driven by assessment. The notion of student centred learning within universities aims to develop learners with the skills of autonomy to prepare them for lifelong learning. Nonetheless, it was evident that students simply wanted to pass the course, Alice and Chloe both revealed how rather than direct their own learning they were directed by what their lecturers wanted them to learn in order to pass the course. Students only valued learning that was directly related to summative work or workbooks which they were given to complete by lecturers.

> There's so much that we could go away and read ourselves you could spend the whole three years just reading other things but with the workbooks you know what you're supposed to be reading. You know what kind of thing they need you to know. (Alice, first year student, lines 92-94)

> I do like the workbooks, I think they're a good way of learning just because exactly what's in there is what they want us to learn and I know that's what I NEED. If I'm just self-directed I could be reading the wrong things that I don't necessarily NEED you know wasting my time whereas the workbooks they know what we need to know. (Chloe, first year student, lines 87-91)

Many students did not value the process of learning but considered learning to be the completion of tasks in the form of workbooks or summative assessments to pass the course. However, Louisa, a first year student demonstrated how her attitudes and behaviours towards learning contrasted those of her peers; she valued learning and independent study, and identified the links between theory and practice. This finding was significant, considering that she was a first year student, who may be expected to demonstrate more of a dependent approach to her learning. Furthermore, she was relatively young compared to

other group members, yet managed to display a mature outlook towards learning and understood the importance of actively engaging with SDL.

> I've been reading the Nursing Times since we started the course. I'll read the articles in there that we might not necessarily be doing in uni but it's interesting just to know it because once we're out there working as nurses similar things might crop up and like oh yeah I've read about that. So I've got a kind of understanding of what's going on and certain policies that are going on as well at the minute and changes. It's just interesting to show a bit more interest in the profession that you want to go into so you do know what you are talking about if people ask you questions or if you're faced with a situation on a ward. Even as a student nurse you're clued up on what's going on because you've been reading around, not just A and P or our workbooks but other things to do with nursing as well. (Louisa, first year student, lines 100-107)

Louisa distinguished herself from other students referring to herself as '*a geek*' for reading, highlighting how the student culture did not support scholarly activities such as reading, but in fact for many students the strength to be able to admit to any engagement within such learning activities was considered abnormal.

Whilst many students did not value learning, or engage with learning during DST, many acknowledged the limitations of learning through simply attending lectures, and discussed the need to consolidate their learning at a later point independently.

> With directed study you kind of think oh well I didn't really listen to that so I'll just re read what was said so I think if they got rid of directed study time and it was ALL uni all week ALL lectures I don't think you'd learn as much. (Lucy, first year student, lines 500-503)

The third year students discussed how time was needed throughout the course to develop and mature, in order to care for patients, they also acknowledged how they had matured in terms of their attitudes as a person and become less selfish. However, there was no discussion within this most senior student group in terms of how they were applying theory to practice or how they viewed the move within England to an all graduate profession, which was a topical issue at the time of the interviews.

I went from school to doing a B Tech and then came straight here. If the course was any shorter I'd be working as a qualified staff nurse at twenty. I think that's far too young to be looking after people and you're not mature enough. I think you need the three years to develop and be mature enough to look after the people and have that responsibility. (Amelia, third year student, lines 229-232)

The course itself just makes you grow up anyway because you see so much. Before I started this course it was all sort of like me; me; me, but going on to this you look at life differently. You see that people have got other ailments and then you've got the audacity to complain when you've got a cold or something and there's someone who's got a heart problem or whatever. The course itself just makes you grow up and see life differently. (Catherine, third year student, lines 239-244)

5.4   Identity

Students' identity and how this influenced their behaviour, perceptions and attitudes towards SDL and DST was significant and became an integrative theme underpinning each of the other themes. There was much confusion amongst the student groups in relation to their identity. Whilst identifying themselves as university students; they described how their professional identity distinguished them from other students and placed constraints on them. Students had trouble when adapting to their change of role as they moved back and forth between the confines of the university into the clinical environment, as discussed on pages 104-105 as student nurses changed their identities and roles depending on the context of the workplace.

The majority of participants in the focus groups were female, reflecting nursing as a female dominated profession. It was interesting to note how some roles which could be traditionally considered as women's roles significantly impacted on the use of DST. Most of which involved their roles as carers for family members or domestic roles within the home. This overlaps with the theme of "*control*" (see pages 98-100) as women tried to take control of DST to prioritise the needs of their family members, or attempted to avoid such roles by '*running away from home*' as discussed on page 101. The significance of what was considered women's roles within the home that consumed a huge proportion of their time also related to the theme of '*growth and development*' as presented on pages 107-112. The fact that women were juggling multiple roles and prioritised their domestic roles within the

home above their studying indicated that their growth and development as both a learner and becoming a RN was hindered.

Mixed Identities

Amelia and Kirsty described their resentment towards the professional regulations attached to the course which they considered prevented them from engaging with traditional student activities within the university. This could include missing out on social events with other students during a weekend when they are allocated to complete a shift in practice, or not having access to sports events due to the professional requirements of the course and mandatory attendance.   The way student nurses conduct themselves outside practice distinguishes them from traditional students as they are required to behave in accordance with the NMC guidelines (NMC, 2011).

> When I came in I lived in halls because like I was living with other students that are normal students so as a first year I thought I was a normal student (group laugh) and that I could hang around with other normal students, which I now know is not possible to do (laugh) at all (laugh) I'm not a normal student. (Amelia, third year student, lines 161-164)

> We would rather it be four years, some people I've talked to would rather have like Wednesday afternoons off to do sport teams because we don't get that whereas everybody else in Uni does. (Kirsty, first year student, lines 460-462)

There was also a sense of resentment of the time and effort required of student nurses to provide fundamental elements of care for patients in placement, such as bed bathing, managing nutritional needs and pressure area care. It was alarming to note that this was discussed by first year students, with limited exposure to clinical practice, whom may be expected to demonstrate more enthusiasm towards such activities in clinical practice. Kirsty outlined:

> Some people are doing Art degrees or fashion buying , all the people I live with are doing fashion buying, you just think you go to uni for one hour a week to learn how to buy jeans and you think it's difficult. But I have to wipe people's backsides for thirty seven and a half hours a week (laugh). (Kirsty, first year student, lines 150-152)

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For Pam, DST was regarded as their time off due to the effects of her labour in practice.

> There's no other university course that I know that you have to work thirty seven and a half hours a week for eleven weeks. There's no other university degree that does that so I think we do deserve those two and a half days directed study. (Pam, second year student, lines 491- 493)

Changing Hats

The difficulties experienced by students when attempting to undertake the practice element of the course whilst trying to develop their knowledge base was particularly apparent within the second and third year focus groups. Some had trouble when trying to study during the weeks allocated to a clinical placement period due to the physical demands of practice.

> It's getting into a routine as well because we get into a routine at uni and then we go on placement and you sort of get into that routine. Then we're back in uni and it takes a couple of weeks to get back into this routine and then we're back at placement again so consequently we find ourselves you know, what are we meant to be doing? (Chloe, second year student, lines 143-146)

> Doing shifts, doing lates and earlies and twilights in a week completely throws you. When you're trying to do your assignments because you're so tired from those shifts, when you come home you think I want a day relaxing today because I'm so tired you know you can't because you've got work to do. (Sally, second year student, lines 167-169)

Women's roles

The role of women was significant in relation to the identity of all female participants, many of whom discussed how they were expected to care for dependents at home including children, grandchildren or husbands. DST was spent on domestic activities which related to the home which included shopping, cooking and cleaning which they considered their responsibilities, which took priority over studying. Although '*Women's roles'* is part of an integrative theme *'Identity'* which cuts through each of the other themes, much of the discussion in this section specifically relates to the theme of Control, specifically *'My Time'* (pages 98-100), *'Protected Meal Times'* (page 101) and *'Running Away from home'* (page 101) in terms of how women in particular controlled their directed study time.

I can't sit down and do something [studying] if I know the kitchen's in a mess or the living room's a mess or someone's due round. I just can't sit down and do it's nice that it's flexible but it's easy not to do it. (Helen, first year student, lines 52-54)

As a parent I take this opportunity to cook (laugh) and to do some house jobs as well. (Yasmin, third year student, lines 20-21)

I may just go shopping or do housework. (Catherine, third year student, line 87)

I've got a little girl, so she takes up my evenings and I try to fit in my studying after seven o' clock when she's gone to bed but then by that time I'm tired anyway and I've got things to do, or the house is a mess or I want to relax. Your time is limited because it's such an intense course it's trying to fit it all in I suppose. (Alice, first year student, lines 115-117)

There was a sense that some women were torn between their identity as a mother and their identity as a student. This was experienced by Sarah, a second year student who was a single parent with two young children, Sarah reported how she had lied to her mother regarding the course timetable so that her mother would care for her children to allow her time to study within DST. Sarah described how this resulted in her feeling guilty when studying as she believed she should have been spending time with her children when there were '*free periods*' in the timetable. Sarah discussed:

If I'm not in university my mum doesn't have the children so I find it really hard at the moment because I feel like I'm fighting with her all the time to have them and I think she feels that I'm sat at home and I'm doing nothing when really I should be doing my work. I've had a few arguments with her lately because I've said I need you to have the children on a Wednesday and Thursday and I need to do my work then. I think she feels I'm sat at home and I'm doing nothing because I'm not at uni. Some days I've even started lying and saying that I'm in university and I'll leave at nine o' clock in the morning to go to [student's name] or to come to university so that she'll have my children. It makes me feel bad really that I'm off and I should be looking after my children. (Sarah, second year student, lines 72-79)

I just wish I'd done it when I was younger, before I had children. (Sarah, second year student, line 335)

Jo, another second year student confessed to the other group members that she had not completed her work due to her commitments at home, Jo discussed how her husband had suffered a stroke during her first year as a student and the difficulties she had experienced in trying to manage her studies during this time:

> To be honest (laugh) I'm really sorry to say this but I haven't completed my work books. I've just not had the time with kids and home and work I've just basically done my assignments and I've done some of my work books where I feel I need to do them where they relate to my assignments or something. I'm really sorry (laugh) but I don't copy the answers down as well but I just really struggled in my first year, I thought I was going to have a nervous breakdown, I really struggled. I could not manage my time I couldn't, I had too many commitments. (Jo, second year student, lines 248-253)

As detailed on page 112, most participants in the focus groups were female apart from one male in the third year group who did not have any dependents at home. Similar to the other participants, he regarded DST as *'his'* time but he did not spend DST on domestic chores. Instead he often used the time to work or socialise with friends and discussed how he would fit in studying around that.

> I feel that I've learnt how to incorporate a part time job, have fun in my social life and do work. I'll find that tomorrow I'll have a day off for directed study, I might not do any work tomorrow but instead I would do it on Thursday after Uni. So I'll make up my own directed study time I won't always go from what university times are given to me and I can rearrange my own timetable to fit round me. (John, third year student, lines 77-81)

5.5   Managing Self

This second integrative theme reflects the ways in which the students managed themselves in terms of their learning. Whilst students attempted to control the time and the environment during DST and attempted to protect that time from others as discussed on page 98-101, the findings revealed how students actually lacked control of their learning. Both first and second year students discussed how they experienced feeling overwhelmed by the level and amount of studying that they were expected to complete, and many did not

know where to start, this point relates to the notion of dependency, discussed within pages 108-109.

The students' experiences revealed how they were fooling themselves and others including their peers and lecturers in relation to their commitment to studying which resulted in a false sense of security. Such deceptive behaviours were also discussed on pages 101 and 114-116 when discussing how students deceived their family members to protect their time. The students' levels of confidence in their academic abilities influenced their level of engagement with SDL, and for many students the level of motivation to study was low.

Out of control

The sense of being out of control in terms of learning was apparent in different ways throughout the three groups. Whilst the first year group wanted more direction in terms of what to study and when to study, the second year students regarded the volume of academic work as excessive when combined with the completion of practice hours. There was a marked difference among the third year group. They discussed how they felt that they had gained a sense of control over managing their time and their learning, however they still emphasised how there was too much work to complete and a lack of time to complete the work.

> Sometimes it's overwhelming because there's that many different things you could be reading for because you've got to read around all the subjects that we're doing and reading for one subject would probably take up your whole week. Then you've got to worry about placement and being prepared for that and should you be reading things before you go on placement? Should you be reading things whilst you're on placement? You could just go completely mad with it, there's just so much to worry about, where do we even start? (Alice, first year student, lines 279-283)

Fooling self

As discussed previously on pages 101 and 114-116, students described how they had lied to others about the use of DST and there was a sense of fooling others. Surprisingly this included some first year students who could be expected to be more committed to their studies.

Other lecturers just go through the answers and in their classes can just write the answers in as they go in so it doesn't matter whether they've done the directed study or not, they can still get the answers from it. (Jessica, first year student, lines 24-26)

Many students described how they often fooled others in terms of how they used DST. However, one student who acknowledged the value of learning, described how by fooling others, students were fooling themselves as their lack of commitment to learning would affect their knowledge base.

> I think I've learnt from my school or college that if you don't put any effort in it's like missing out because you'd be sat in lesson and you're like I don't even know what's being spoken about here. Whereas if you do the work, even if you don't fully understand it you've done it and anything you're not sure on you can always ask to make sure it's correct. So personally I do make sure I do it because it's only me who's going to suffer if I don't, no one else is going to suffer from not doing it. (Louisa, first year student, lines 450-454)

> It's going to come and bite us all on the bum if we don't do it, because like the exams and stuff all this directed study with the A and P, if you're not doing it then when you come to the exam then you're just going to fail. (Chloe, first year student, lines 407-409)

Self confidence

Students across the three year groups demonstrated a limited confidence in their own abilities to study independently. They preferred to complete work which was factual and required them to provide right or wrong answers, which demonstrates surface approaches to learning. They felt reassured if they knew that their work was going to be checked by a lecturer, this point was also discussed under the issue of dependency within the theme of growth and development, on page 109.

> Not just because it's the fact that you're going to get told off but the way I see it if I'm doing the work and I know it's going to get checked, and I know I'm going to get the right answers it makes it better. But if I'm doing work and I know it's not going to get checked, then I'll always be thinking well how am I going to know if it's right you know is there any point? If I don't know if I'm going to get the right answers in the end? (Chloe, first year student, lines 78-81)

For A and P you just draw a big poster it's there and that is what it is, but with like nursing in contemporary society there's so many different answers that none of them are right and none of them are wrong. You've got to think of your opinions you've got to think of loads of different factors into things and you can't learn them all. There's no solid thing that you can write down whereas with anatomy and physiology it's like this is what it is, this is the answer and then you get the mark". (Kirsty, first year student, lines 421-425)

Motivation

Students described how they did not enjoy lectures and considered that they learnt more by studying independently, as explained by Lucy:

I don't think it would be helpful if they got rid of the directed study because in the lectures, three hour lectures all week you do tend to shut off. (Lucy, first year student, 497-498)

However throughout each of the three focus group interviews, students demonstrated apathy and a lack of motivation towards studying in DST. As Chloe stated:

It's just easier to not do it, (all laugh) it's easier to just to think oh well I'm not going to do that, I can just fill in the answers in the feedback session. (Chloe, first year student, lines 21-22)

Although Chloe and others were not motivated to complete work to feedback, for others the thought of having to feedback work in a group setting motivated them to complete the work. Alice described how she was motivated to study during DST when she was given structured work to complete and clear direction of what to complete and when it needed to be completed.

With the workbooks you know exactly what you need to do, you know what you need to read in order to answer the questions and do the diagrams but with the other directed study you're just kind of left to your own devices. So you might even though we know what we've done in the lectures so we know what we need to be reading over. I know it sounds probably kind of more effort than to just go and pick up the workbook and get told exactly what we need to look at. (Alice, first year student lines 65-69)

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Some students feared the repercussions of being disciplined by some of the lecturers if they did not complete the work. Others wanted to complete work to feedback so that their work would be "*checked*" by lecturers. As Jessica explained:

> Some other workbooks that are not A and P they don't get checked so probably some people don't do them, or you're not given specific times saying you're on directed study, you should be doing that now. So it just gets overlooked sometimes books will just get put in with the rest of your stuff and you just don't even think about it until someone says have you done your infection control book? (Jessica, first year student, lines 70-73)

Although many of the first year students discussed how they preferred to simply complete work which required them to recall factual information, which indicated a lack of self-direction and confidence; ironically they alluded to the fact that they were not being challenged. They anticipated that they would be more motivated towards their work in the second year as they expected the level of work to become more challenging. Kirsty stated:

> We're going to have more motivation in second year like because it's going to get harder so we're thinking right I've got knuckle down and do this now" (Caroline: so you don't think it's hard enough now?) I think it's difficult but I think it's not as hard as it could be. (Kirsty, first year student, lines 401-404)

Opinion was mixed amongst the second and third year students in relation to whether they were motivated to direct their own learning or by being directed by lecturers. Simone, a second year student reported that they appreciated how DST was less directed in year two. However, Yasmin a third year student maintained that they were more motivated to study during DST when they were directed by lecturers to complete work.

> For me it's more of a challenge that we're not directed but it's in a good way because now we've moved up to that next level. It's the way that you use it and you've got to plan your own study rather than being told what to do because you've moved up that level so it's what you should be doing anyway. (Simone, second year student, lines 89-92)

I think anything you have to do by yourself, people don't do, but when you're told you have go to get in a group and feedback, then you do it. (Yasmin, third year student, lines 190-191)

Students discussed how DST was not explained to them by the lecturers. Kirsty, a first year student, outlined how some lecturers explained DST as something that was needed to *make theory hours up*. This perceived disregard for DST that students portrayed of lecturers was also considered to significantly influence students' perceptions of DST and their attitudes towards SDL.

Some tutors said it's [directed study time] something that we need to do to make time up, they didn't word it like this but they said it was to make up the hours in theory and we would have to sign for it. Some tutors said to say that we'd been here to do directed study so they'd just leave something up that we could go and sign at any point, so you could just sign it and not do it and you'd still get counted for those hours. (Kirsty, first year student, lines 384-387)

The disregard some lecturers had for DST was also revealed throughout some of the interviews with the lecturers. Sarah described some of her colleagues as '*lazy*' and regarded DST as an excuse not to teach.

I think it's not just about the students, you've got colleagues who actually are quite lazy. It's like in any job some people actually would happily have the students do everything themselves and they use this adult learner tag as an excuse for actually not doing anything themselves. That's a bit judgemental but what I'm saying is that in order to do that you have to have the commitment of a teaching team. (Sarah, nurse lecturer, lines 407-411)

Further interviews with nurse lecturers demonstrated how their perceptions of DST and how it should be used varied considerably, this point will be further discussed in the following chapter.

5.6   Chapter Summary

The phenomenon of this research was individuals' perceptions of directed study time. The focus groups demonstrated how student nurses controlled the time and environment during DST, and therefore DST was perceived as '*their*' time. Despite attempts by students to protect DST, most students did not engage with SDL in DST. This negatively impacted the classroom environment as those who did engage experienced feelings of frustration towards those who did not and had not completed the work.

In addition to the problems students experienced in directing their own learning during DST, learning in groups such as PBL also proved to be problematic. Some students acknowledged the perceived benefits of PBL; however their experiences of it were negative. There was a lack of trust amongst the group members that colleagues would not complete work or would be absent from the feedback sessions.

At the time of writing, the nursing course has an equal weighting of theory and practice, however theory and practice were viewed as two separate entities and students failed to understand how to apply their learning from university to practice. They valued the '*doing'* culture of practice, and considered that to be a good nurse did not necessitate the need to study towards a degree qualification. Such opinions were formed through their experiences of working alongside mentors in practice. Although students acknowledged the limited competencies of mentors, many of whom did not hold a degree, they respected them as role models.

Whilst students could be expected to become more autonomous towards SDL throughout the course, the findings did not reflect this. Instead students demonstrated pedagogical approaches to learning and dependency on lecturers. The lack of autonomy demonstrated by the majority of students towards learning negatively impacted the socialisation of students in the classroom. Those students who did demonstrate positive attitudes towards SDL and autonomy were unpopular with other students and perceived as '*geeks'.* Consumerist attitudes towards learning were common and many simply wanted to '*pass the course'.* Summative assessments were the main concern and conforming to what lecturers

wanted them to do, disappointingly there was little evidence of the desire to learn. Such findings indicate that student nurses use surface approaches to learning, as discussed in chapter two.

The identity of students was problematic; they lacked identity and were confused about their role. When in university, they had a student identity and perceived themselves as learners; in practice they lost their student identity and adopted a professional identity. The need to conform to professional regulations constrained some students who resented other students who were on non-professional courses.

The majority of participants were women, many of whom experienced difficulties juggling multiple roles and prioritised domestic tasks above learning. Some experienced guilt for studying during DST when they should be caring for their children. The movement back and forth between university and clinical placements also added to role confusion. In the university they viewed themselves as students who were learning; however in practice they were '*doing*'. Most failed to recognise the value of theory and how theory applied to their experience, surprisingly even third year students did not acknowledge the relationship between the two. The fact that students considered theory and practice to be two separate entities resulted in resentment at having to study whilst care for patients in practice and '*work*' in practice; reflecting their confused identities as a student and worker.

Although students attempted to control DST, most were not in control of learning. This was evident through the lack of engagement with both independent learning and group activities. The findings revealed that some students lacked confidence in their abilities to learn effectively. Nevertheless, for many the lack of engagement with SDL during DST was due to the limited value placed on learning. It was clear that the students' perceptions of how DST should be used were influenced by the lecturers' perceptions. Students considered that inconsistent messages were received from lecturers in relation to how DST should be used, and it is questioned whether the lack of regard for DST originated from the lecturers. This point will be discussed further in the next chapter which presents a thematic analysis of the nurse lecturers' experiences of DST.

Chapter Six

Thematic analysis of the individual interviews:

The nurse lecturers' experiences of DST

This chapter provides a thematic analysis of nurse lecturers' perceptions of DST, based on their experiences. Each of the themes contained within the template including: "*control*"; "*two worlds in conflict*"; "*the parent/child relationship*"; "*growth and development*"; "*identity*" and "*managing self*" will be discussed and supported with verbatim quotes from the interview transcripts. As outlined in the previous chapter, "*identity*" and "*managing self*" were identified as integrative themes which underpinned each of the other themes.

6.1   Control

This theme includes the factors which lecturers considered to influence how DST was used. The lecturers' perspective on how DST was controlled and the environmental factors pertaining to DST is presented.

6.1.1   Time

My time

Although student nurses are required to complete thirty seven and a half hours per week to develop their knowledge base through reading and other learning activities. Joanne and Sarah described how students determined how DST was used which often included activities such as working, caring for children or taking holidays. This supported the students discussions within the focus groups, in which they described DST as '*their*' time, as outlined in chapter five. Joanne recognised that many students worked night shifts during DST to supplement their income, which had negative consequences on the students' levels of engagement with learning during DST and in the classroom.

> All of them tend to work, all of them. I don't know any of them that don't work, that don't have two or three jobs that are additional to this. I mean they can work all night and come to lectures and fall asleep which is sad because their learning should

be focused on here but I think that influences whether they engage in directed study. (Joanne, lines 186-189)

In addition to part time working, Joanne explained that many students had dependent children which influenced how DST was used. She described that whilst students paid for childcare when they were timetabled to be taught in the university, they would not pay for it during DST. Whilst this could reflect the economic climate which exists at the time the research was undertaken and at the time of writing, it also reflected the value students placed on DST.

> One student said to me I couldn't do the directed study because I couldn't afford childcare. Coming into university for a taught session was obviously seen as more important but the directed study wasn't because it didn't matter whether she did it or not, but to lose out by forty pounds childcare she couldn't justify it. (Joanne, lines 190-193)

Joanne discussed how students regarded DST as free time which they, the students, believed they earned and deserved. She described how students felt that they were entitled to "*time off*" due to the labour of their work during their clinical experience. The physical and emotional effects of the students' practice experience were considered by the lecturers to significantly impact the students' willingness to use DST appropriately.

> I think the difference between nursing students is that they do a lot of clinical practice and whilst they're in clinical practice having worked a full week they're still expected to do their assignments, they're still expected to revise for exams and they've worked a full week and I think the way they justify it is that I've worked more than thirty seven and a half hours this week so I can take that directed study off as annual leave. (Joanne, lines 85-89)

Structuring Time

Tom and Sarah each discussed how students became conditioned to controlling DST and that by the second year, students routinely used DST on activities outside the course. Sarah suggested that one reason for students controlling DST and regarding it as '*their*' time was due to the level of control students were given by lecturers at the start of the course. Although the students' timetable contained hours allocated to DST, because the time was unstructured, students began to structure the time and determined how it was used.

Sarah discussed:

> When they come in we give them this free time and I almost feel that by giving them this time they don't like it, when they haven't got it they see it as time off and they get used to that time and they work their lives to include it. (Sarah, lines 386-389)

> On the odd occasion when we ask them [students] to come in they don't respond very positively to it because they've got used to not having it. It's like anything if you're given an overdraft you use your overdraft. It's like they're given that time and therefore it's difficult for them to claw it back. But I think at the beginning of the course they come in actually expecting it to be a full time course. I think they know it's full time, they know it's going to be hard work and when they come in they start getting little bits of free time and they find ways of filling it. Then they're not able to take that time back for what it's actually designed for which is study, they've filled it with more pressing things. (Sarah, lines 389-397)

Tom and Sheila who taught predominantly second year student nurses explained how their attempts to structure DST were met with resentment from students. As a result they were reluctant to structure any learning activities for students within DST. Tom discussed how he would not be taken seriously by students; Sheila explained how attempts to do this were discontinued due to the lack of student engagement.

> Over the next two days I want you to do this, I never say that to students, I'd get laughed at, they'd [students] say on my days off?! (Tom, lines 710-711)

> Sometimes we've [lecturers] abandoned it, we don't actually do it because it's so disheartening when you're going back to class and half of your class isn't there because they haven't done the work that they were supposed to do in the week. (Sheila, lines 164-166)

Lecturers acknowledged that there were inconsistencies in the ways in which they expected students to use DST. This point was also raised by the students, and considered to affect their motivation to learn, as discussed in chapter five. Some lecturers described how they attempted to structure DST by providing work for students to complete and feedback at a later time; whereas others expected students to be more autonomous and direct their own

learning. Sheila acknowledged how such inconsistent approaches by lecturers impacted on student nurses' attitudes and behaviours towards SDL and the use of DST.

> We all do different types of directed study and we do it in different ways, it's not always consistent. You need a sound policy that actually says if you don't do it you haven't met these unit outcomes, it's classed as attendance, and you're timetabled to do it so I think we need perhaps some consistency. (Sheila, lines 139-143)

Although Tom and Sheila had negative experiences of attempts to structure DST for students and direct their learning, Sarah who taught mainly first year students believed that students should be given more work to do in DST. She explained how this was something lecturers were trying to achieve in the new nursing curriculum which was being written at the time of the interviews.

> We're trying to build more directed study into the third year and sort of escalating time, but in the current curriculum there doesn't seem to be any structured way of doing that. That's my experience anyway; they [students] just get time off. (Sarah, lines 41-43)

6.1.2   Environment

Power dynamics in class

The lecturers discussed the tension between students and lecturers who attempted to take control of the classroom environment. Opinion was mixed between the lecturers in relation to whether an integral part of their role was to discipline and control students who were not engaging with lectures in the classroom. Tom believed that lecturers needed to discipline students in the classroom to promote student engagement with learning. Tom discussed:

> The more mature students are exasperated by the behaviour of some children [students] and exasperated by the behaviour of some lecturers, not being able to shut them up because it's quite exhausting having to shut up some students during a class and it kind of takes away any sort of good vibe you may have caused yourself. It cuts a pit in your stomach, you have to discipline straight away. (Tom, lines 172-175)

> There are a few lecturers here that stand in the class and don't care if people aren't listening, they don't want to go through the hassle of disciplining them [students]. You hear students saying oh that lecturer's soft we can do what we want when we're

being taught by him. But they say I'm too soft but I think I'm too soft and too hard at times there's no middle ground with me I kind of switch from soft very quickly to get out of my class! (Tom, lines 340-345)

In contrast, Janice disputed that attempts by lecturers to discipline and treat students like children, actually promoted child-like behaviours within students which reduced the level of engagement in the classroom.

I don't have a problem with my students in the classroom and yet the ones [lecturers] who tend to parent them are the ones that have more trouble or seem to complain about the behaviour more so I don't. If they're [lecturers] treating them like grown-ups that's how they'll [students] respond. If you're in a group when somebody starts treating you like a child you'd be inclined to sit at the back and giggle wouldn't you? I would, so if someone talks to you like an adult you can't regress. (Janice, lines 93-101)

Janice had a mental health nursing background and considered that approaches she used to engage students within the classroom differed from her colleagues with adult nursing backgrounds. She discussed how lecturers from acute adult backgrounds demonstrated controlling behaviours towards students in the classroom, which she believed was a result of their clinical background where they controlled patients.

I think some of them [lecturers] just can't help it, there might be a difference because I'm mental health and probably a bit more trained to let people be autonomous rather than some of my colleagues who are all general trained and they've all been working in perhaps critical care or somewhere where people are very dependent. So their training is quite different, their expectations of their person, student or patient are different. But certainly with some, not all but with some erm there is this need to control and be in control of what's even what's going on in the lecture theatre. You know I hear that someone might start telling the students off (laugh) all I do is say you're either here or you're not if you're interfering with what's going on can you leave? if not can you shut up? (Janice, lines 83-90)

This questions whether an attempt by the lecturers to control students within the classroom context creates student dependency on lecturers. If lecturers believe that students are dependent on them within the classroom, how can they be expected to be autonomous outside the classroom environment?

Tom described how students attempted to demonstrate power within the classroom by the way in which they positioned themselves in groups, based on their cultural background or where they lived. He discussed how these groups often supported lecturers who attempted to control and discipline students within the classroom environment

> The front row, it's like a whole selection of black girls and they're all pretty much committed and they seem to want to get involved in the class and are always asking questions they are quite supportive. They sit at the front and they're a bit like my police dogs, they sort of like control them [other students]. They don't control the class but they are sort of aware of what's going on in the class and they say shut up he's talking. (Tom, lines 745-749)

The power demonstrated by different groups of students within the classroom environment set the tone throughout all the interviews. I considered the effectiveness of student learning in the classroom when there were such conflicts of power between the lecturer and the students, and amongst the students themselves, as different parties attempted to take control.

A climate for learning

Whilst problems were highlighted in relation to students' lack of engagement with independent learning in DST and learning in the classroom. Lecturers discussed how students did not work well in teams, this was discussed in the context of Problem Based Learning (PBL), and this finding was revealed in the student focus groups, as discussed in chapter five. Most of the lecturers who were interviewed had negative attitudes towards PBL and considered it ineffective as a teaching and learning strategy for students. Sarah thought that PBL was inappropriate for student nurses whom she believed were conditioned to behaviourist pedagogies and were unable to adapt to student led approaches. Sarah discussed:

> To me it's [PBL] a waste of time and so as a unit lead I don't use PBL at all because I teach in third year and they're not used to that way of learning and I don't like that way of learning. So may be my negativity is because I don't like it, I like to be involved more. (Sarah, lines 250-252)

Tom also described how inconsistent approaches to PBL amongst lecturers created further problems, as lecturers were unfamiliar with student centred learning and would attempt to control the group, as he discussed:

> Other lecturers set them up too rigidly saying I want you to do this, I want two slides on Power Points and I want you all to stand at the front. That's not problem based learning but some people [lecturers] don't understand it's the student who should be in charge of it. Both ways they think the teacher should be telling them what to do. Some lecturers think they should tell them exactly what's required, but some lecturers think let's just leave them to it and I'm in the middle I think. (Tom, lines 427-432)

Whilst PBL was considered unsuccessful by Tom and Sarah due to students' conditioning and the lack of preparation amongst lecturers; there was also evidence that Sarah feared a loss of control of the learning content within the classroom environment. She discussed that whilst she favoured a facilitative approach to teaching, she was reluctant to *'let go'*, demonstrating a need to control the content of learning within the classroom environment.

> I think there are a couple of factors, one I don't think enough of us [lecturers] know what PBL is or have been taught properly how to deliver PBL, because I don't really know how to deliver PBL in its purest sense. I don't think we've ever been taught how to do that, I think there's a fear factor involved in letting go actually I'm a bit fearful of that sort of loss of control and management of their learning. (Sarah, lines 268-272)

6.2 Two Worlds in Conflict

I discussed in chapter one how the current pre-registration nursing curricula are fifty per cent theory and fifty per cent practice, with equal weighting in terms of assessment and credits. This theme describes how lecturers considered students regard for the theoretical and practical elements of the course to be separate worlds which were in conflict. Lecturers described how the contrast between the culture of clinical practice and that of the university culture, influenced student nurses' attitudes and behaviours towards learning. They also discussed the difference between the ways in which students socialised with their colleagues in practice and in the university.

6.2.1 Culture

Doing vs. learning

In chapter five, I discussed how students' attitudes and opinions were shaped through their exposure to the culture of clinical practice and their mentors who were their role models. I also explored how the students placed greater value on the '*doing*' culture of clinical practice and had difficulty applying theory to practice as they viewed it as being solely related to the university. The distinction between activities associated with doing and learning were also supported by the lecturers who described how the powerful culture of clinical practice shaped students' attitudes and behaviours towards learning and the role of the RN. Despite lecturers' attempts to encourage students to identify the links between theory and practice, Sarah and Joanne both described how students perceived clinical practice as the "*real world of nursing*".

> They [students] see practice as the real world of nursing, that's what nursing is about. I think they value their practice more than they value their time in university because I think it's more governed, it's controlled. They have off duties, they're part of a team, and I think they see university as important but not as important as practice, they see university as a slightly easier option. (Sarah, lines 447-453)

> You'll hear a lot of them [students] say clinical practice is real nursing this is what I came into nursing to do, this theoretical work I don't understand the relevance. You can see that when you do things like being venepuncture, cannulations you don't have a problem, aseptic technique anything like that because it's focused on clinical practice. (Joanne, lines 105-108)

> I can see when I'm losing them and I have to bring it back to clinical practice, I have to give them some anecdotal evidence to see how it works and then they'll sit up and I'll get their attention. Once I go back onto the theory element I lose their attention again, they don't consider that to be essential at this stage in their careers as nurses whether they do once they graduate and they're qualified nurses I'm not quite sure. But as student nurses they want the nitty gritty they want to know how to feed patients, wash patients how to put a cannula in, how to change a catheter, what they consider to be nursing. All the rest, all the other theory elements they're not as important. (Joanne, lines 111-118)

Sarah also discussed how students did not understand the relevance of learning theory or how it applied to practice, as she discussed:

> I don't think they see the relevance of what they learn here to their work as a nurse you know they seem to think, why do we need to know this? what's the importance of this? (Sarah, lines 460-462)

According to Jane, students valued the time spent in practice where they were '*doing*' considerably more than the time spent learning within the university. The reasons for this varied. She discussed how the nursing culture prevented students from making links between theory and practice and applying their learning to clinical settings.

> You can't discount this nursing culture; nurses I think are by definition very pragmatic practical people they like to do more than think. I think that's something we'll be maintaining with them, I mean I blame Florence Nightingale personally she was evil. But that was her idea wasn't it? you know you do, you don't think, you do what you're told and you don't question. Although that has changed and we have a lot of very bright and questioning nurses, the culture is still a good fifty years behind once they get into clinical practice. It's very difficult for those nurses to then put into practice the academic and the intellectual skills that they learnt in college, because we don't value them to that degree. (Jane, lines 460-467)

The value that students placed on practice was also revealed by the students in the student focus groups detailed in chapter five. It was surprising to note how many of the lecturers, during their interviews, shared similar values to the students in terms of the way in which they valued practice more than theory. This was demonstrated by the way in which lecturers recognised themselves as RNs rather than academics. Most lecturers stated that they continued to practice during their time off in an attempt to raise their credibility with students. Joanne discussed how those lecturers who did not work in practice were considered to be out of touch by students and there was an expectation amongst the lecturers that as RNs they should all continue to practice within clinical areas to remain competent within their lecturing roles. Joanne stated:

> You'll hear comments from the students amongst themselves such as how can they [lecturers] teach that when they've never done it? I think they [students] think you've got to be clinically based and I think they hold the clinical staff in more high

esteem than they do the theoretical staff in the university. Simply because they're [lecturers who work in practice] doing it and they're keeping themselves up to date, they're keeping themselves competent, knowledgeable and skilful by interacting and doing. What the students say is we're [lecturers] textbook learners that we're learning it from a textbook and the lecturers are trying to regurgitate it to them and I do think there is a massive difference between us [lecturers] and clinical staff. (Joanne, lines 130-136)

Jane believed that student nurses' sole focus was to successfully achieve the professional qualification of RN and little importance was accredited to gaining a university qualification. To students, the role of the RN was a practical role which did not necessitate the need to learn theory or study to gain a degree qualification. This supported the student nurses' perceptions, presented in chapter five.

Jane and Sheila considered that students compared themselves to their mentors in practice, many of whom had undergone nurse training schemes based within hospital based schools, as opposed to universities. Consequently students did not recognise the value of theoretical work, or how it related to practice, which again reiterated the students' discussions in chapter five. Arguably this could explain why students resented lecturers' attempts to structure DST as it was considered by students to be additional unnecessary work. Jane explained:

> Nurses come into a nursing degree with a very fixed idea of where they want to be and what they want to do so they tend to be, you could say focused, you could say blinkered, focused is probably more positive. They tend to be more focused on what their end goal is and their end goal is more often than not the registration than a good degree. Whereas with other students it's all about the classification, whereas I think our students, they're not that fussed about classification they're more concerned about I must get my registration because that's what's important. (Jane, lines 403-408)

Role Models

All student nurses are allocated a mentor throughout their clinical practice experience, (there will be a different mentor for each clinical placement), the role of the mentor is to support students and assess their levels of competency (NMC, 2008a). Sheila and Jane

discussed how mentors were significant role models who influenced students' attitudes and behaviours towards both clinical practice and academic studies. Alarmingly, Sheila considered that some mentors did not acknowledge the value of theoretical work suggesting this had a negative impact on students' engagement with learning. Sheila explained:

> It may be that this disengagement comes from practice as well because mentors are busy people and don't necessarily have time to engage in additional work aside from mentoring and assessing students in practice. So I suppose that might be something to think about really, in my particular unit we've tried to involve practice and it's never been successful. The reasons for that again are probably workload, students will come back and say that mentors will say things like ooh we never had to do this when I was a student, its additional work for them as well. (Sheila, lines 69-75)

> We've all heard it, you know we've all heard reports about how nurses have spoken to patients and patient care and the general cry around the lecturers is but we're not teaching them this, where are they getting it from? The only place to look is the clinical experience and that's not to criticise my clinical colleagues it's just that I think because our students are so focused on the clinical that is the most powerful, that is where they get most of their role models from. (Jane, lines 413-417)

6.2.2 Socialisation

Respect

Tom and Helen discussed that whilst students held mentors and clinical colleagues in high regard, the level of respect students demonstrated towards lecturers and fellow students was of great concern. Tom discussed how the lack of respect students had for lecturers in class was problematic; he was concerned that students' behaviour differed depending on whether they were in practice or university. During the interview with Tom an incident occurred which he considered to be an example of disrespectful behaviour exhibited by a student. Before the interview commenced, with Tom's permission I had placed a large sign on his office door which read: "**INTERVIEW IN PROGRESS PLEASE DO NOT DISTURB**". However during the interview, a student ignored the sign and entered the office without knocking, Tom was clearly quite agitated by this and stated:

> They [students] wouldn't do it if a Sister was interviewing somebody on a ward, they wouldn't even bother knocking on the door. They would've taken their time at the door and made sure it was okay to come in. (Tom, lines 94-96)

Similarly Helen expressed concerns regarding respect to lecturers and described the ways in which she tried to promote a culture of respect:

> It's about adopting a sort of culture of respect, you know I treat you as an adult so I would expect you to behave like one and trying to adopt the culture of we are all here because we want to learn. I think we, as lecturers need to be role models really and sort of behaving in a way that's it's just implicitly expected that you will do that. I shouldn't have to be standing over you telling you to do it. I think it's about almost trying to promote a culture that you are sort of different if you don't do it. It's almost sort of saying of course you will do work in your own time, of course you will read in your own time, that's the norm and if you don't then you're sort of outside of what we would expect. I think it's less about shouting at them and saying you must do it, it's more about let's all be adults really. (Helen, lines 130-138)

Changing Behaviours

The contrast in student behaviour as they rotated between practice and the university was observed by Janice. She discussed how when students were in clinical practice they demonstrated responsible behaviours, although when they were in university they adopted child-like, dependent behaviours. This indicated how lecturers thought students regarded the university in a similar way to how they viewed their previous school education. It reflected how student nurses were dependent on others and took less responsibility for learning than they did within their role in practice. Janice stated:

> They [students] could live a long way off and we [lecturers] don't organise their transport or anything they sort it all out themselves. So in some respects they're perfectly capable of sorting out their own lives and getting to placements on time and doing very well. It just seems to be that when they come back in [university] they just seem to regress and relax and so perhaps in placement they are able to be adults, then they come in and it's time to have a giggle and a laugh. (Janice, lines 110-115)

Tom considered that the physical distance between the students' clinical placement and the university contributed to changes in their behaviour. He considered that students' attitudes

and behaviours towards learning would be improved if they were educated within hospital settings where they could clearly identify links between theory and practice.

> I think an ideal would be kind of having Schools of Nursing within a hospital base. I know it's sort of putting me out of a job but I think it's [the university] the last place they should be because when the School of Nursing was based on hospital grounds in my day. You still had the same sort of culture of respect for the lecturers; it wasn't that big step from hospital straight into university. There was an overlap, now there's no overlap, it's two separate places. They [students] can behave one way in one place and behave another way in another place. (Tom, lines 152-157)

Peer Pressure

For Helen and Joanne the attitudes and behaviours of students towards SDL and DST significantly influenced other students in the group. Although the students were studying towards a dual qualification, Helen discussed how students who engaged with learning activities outside the classroom were considered *"uncool"*. Students, who demonstrated enthusiasm towards learning within a group setting, were subject to negative responses from colleagues; which prevented those students from developing as learners. This point was also revealed by the students within the focus groups in chapter five. Helen explained:

> In some cohorts there's a culture of it's cool not to do the work. (Helen, line 142)

> I think there are certain groups who just see it as quite funny and trendy to be laid back and not be studious and that's very unfortunate. It puts the studious students in a position that in class they don't want to answer the questions because they feel embarrassed, because they are not part of the trendy group they're seen as being swots and too clever for their own good sort of thing. They're not in with the group if they've done the work which is very; very sad but it seems to be part of the culture. (Helen, lines 150-156)

Alarmingly, Joanne described how some students actually praised one another for their lack of engagement with learning activities during DST.

> Peer pressure is, as it always has been in every element of somebody's life, very; very influential. They [students] almost get awarded by coming in and saying I've done nothing, I've not prepared for this and they almost get awarded [by other students] by saying well I haven't done anything either. (Joanne, lines 333-338)

Helen maintained that nursing students were influenced by traditional students and wanted a typical student life. She described how students failed to recognise the professional requirements of the course and differentiate themselves from other university students. Helen identified this as symptomatic of nurse education being university based.

> I think certainly in some cohorts there's a culture of it's cool not to do the work, it's trendy to be very laid back and not bother and go out drinking, isn't that cool and trendy kind of thing. I think that's a problem with nursing being in a university because they [nursing students] want the university life. (Helen, lines 142-150)

This point was also highlighted by the students in chapter five as they compared themselves with traditional university students who spent time partaking in recreational activities such as sports activities during theory time. In chapter five I also discussed how students were considered unpopular by their colleagues for reading.

6.3   The Parent/Child Relationship

This theme relates to the complex relationship between lecturers and students which resembled a parent/child relationship. The diverse student population meant that lecturers went to extreme measures to meet students' learning needs. Concerns were raised that some lecturers demonstrated '*mothering*' behaviours towards students which promoted student dependency. Furthermore, although all the students were adults, they were described by lecturers as children, who demonstrated childlike, deviant behaviours which resulted in a need for lecturers to adopt a parental role. Lecturers described how behaviourist techniques of reward and punishment were routinely used in an attempt to promote student engagement with learning. I discussed on pages 127-129 how lecturers attempted to discipline and control students, in this section I describe how such attempts were considered to result in emotional labour for some lecturers.

Support vs. Mothering

Phrases such as '*feeding students'* or '*spoon feeding*' were often used by lecturers when discussing their interactions with students, emphasising a parent/child relationship. Helen discussed how '*feeding*' students did not promote autonomous learners:

You're trying to promote autonomy eventually aren't you? You're trying to get them [students] to be independent critical thinkers, you can't do that if you are constantly feeding them, you know the empty vessel approach. (Helen, lines 203-205)

Tom described the child-like behaviours demonstrated by students throughout the course:

The latest cohort just need to be spoon fed everything; they're the neediest bunch I know. (Tom, line 297)

She [student] became a bit needy as well, they [students] go in a mood with you. If you give them the advice they don't want then they go in a mood. (Tom, lines 330-332)

The fine balance between providing support and mothering students was evident. Janice and Grace each discussed how whilst student support was important, they refused to adopt a mothering role. This indicated that there was peer pressure amongst the lecturers to undertake this mothering role. Janice explained:

I am resisting the temptation to be more hands on, apart from telling them [students] to use their supervisor and showing them how to use their supervisors apart from that I'm just not going to get involved with being their mother. I refuse, it's up to them and I warn them that those who don't use their supervisors fail and that's what I do really, it's up to them. (Janice, lines 77-81)

I feel that there is a very good structure in place for students to see their personal tutors and I'm not their mother, I don't want to be their mother. You've got to balance it haven't you but you can't stop them doing it they're adults and I think you can advise them how they might manage their time better but you're not here to say you can't do that. (Grace, lines 138-146)

Janice also taught Psychology students and discussed how their approaches to learning differed to nursing students because they had more freedom and were not parented by lecturers. She described that because the psychology students were given freedom they

were motivated to learn independently or in groups and appreciated being able to use DST to complete project work. Janice explained:

> they're [psychology students] just a bit more proactive and they're allowed to use their imaginations and come up with their own ideas rather than being spoon fed all the time. The more you spoon feed the more you get resistance you know leave them alone and eventually they'll come knocking on your door saying ooh we're bored give us something to do. (Janice, lines 237-241)

The level of lecturers' availability to students was also considered to promote a parent/child relationship. Janice and Tom both believed that lecturers were '*too available*' and accessible for students. The '*open door*' policy within the nursing department was not considered to encourage students to engage in SDL. Janice discussed:

> They [lecturers] need to be available but they're too hands on, or some are but I'm not. You have to be there when they need you and that's okay but you can't be on tap, you can't be in their face they've got to come to you. So in that sense availability is good, they should be able to come to you and you're available that's good, but you mustn't be chasing them. I don't think that's what we should be doing and I don't think most people do really. It's only in that encounter in the lecture theatre that the relationship is sometimes difficult when people start parenting, that's what skews things a little. (Janice, lines 384-391)

Tom expressed dismay towards colleagues who went to extreme measures to support students and considered how it prevented students from directing their learning:

> It's quite a foreign concept this open door policy, people will break their backs trying to help students in this place. I know one lecturer what an idiot she is, she's had students to her house giving support to them. She's visited them at their own home, it's ridiculous. You've got to remember that they're just students and there should be a boundary, the support boundaries are a bit too close. I'm not saying it's a bad thing, I'm just saying it has a negative effect on the way students engage. (Tom, lines 583-590)

Jane considered that such accessibility of lecturers was specific to nursing; and reflected nurses' roles as carers, who wanted to nurture students. Jane stated:

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we don't seem to develop our own framework support to relate to that and I don't know whether that's just a health care nursey thing that we're very; very nurturing and caring. I don't think other students experiences elsewhere in the university would mirror that level of concern I mean you look at other departments, lecturers have got notes on their door that say I'm available for students between ten and twelve on a Wednesday. Not an open door policy like nursing departments all seem to have. (Jane, lines 190-195)

Jane described how lecturers chose to invest excessive amounts of time providing remedial support for students to the detriment of other important aspects of the academic role such as undertaking research or writing for publication. Jane explained:

tutors are always quickest to say I haven't got enough time, I'd do more writing, I'd do more research if I had more time. Spend six hours giving the same message to twelve students that can't be a good use of time, I think certainly the remedial side of that falls within the personal tutor remit anyway. But I would like to see something that's a bit more of a supportive framework for all students. (Jane, lines 180-184)

Not letting go

Although many lecturers were relatively new to teaching (less than ten years), they adopted traditional behaviourist approaches to teaching and learning, and demonstrated a reluctance to engage with humanistic teaching and learning strategies such as PBL. As previously discussed on pages 129-130, lecturers did not want to lose control over teaching. Many lecturers shared their anxieties at the thought of students taking responsibility for their learning; such emotions reflected a sense of parental responsibility. Helen discussed her anxieties when considering a curriculum based on a PBL framework. Helen stated:

I think for a lot of them [students] it would be fine but I think a lot of them would just end up drowning but then again if it's done properly it should work. I'm probably neither one way or the other, I think in an ideal world it would probably be a PBL curriculum from start to finish. But we're not in an ideal world and a lot of students that we have need an awful lot of support. A lot of them do need a bit more spoon feeding in first year and I would worry if it was all PBL maybe you do need to teach them a little bit more, but then again in PBL you would normally or you may have a lead lecture might you and then give them the problem sort of thing? I still may worry about a few of them struggling really. (Helen, lines 260-269)

I discussed on pages 127-128 how some lecturers actually withdrew from activities which required students to feedback due to the lack of engagement from students. There was a consensus amongst lecturers that students were not expected to feedback on their learning activities as they were *'adult learners'* as Sarah explained:

> Even when they're [students] given directed study there's no follow up really all the time, their work isn't always followed up so whether they do it or don't do it, to some extent is irrelevant. (Sarah, lines 24-26)

Sarah also discussed how students had requested the opportunity to feedback on their work, which highlighted how students sought acknowledgement and praise from lecturers when they completed work independently. This demonstrated a willingness from students to engage with SDL in DST, but it also indicated that students were only motivated to do so when they knew that they would receive some recognition from lecturers; reflecting the students' perceptions of lecturers as surrogate parents.

> I've had some students who have said we want you to ask us about the directed study. I think there's a feeling that if we give them something to do that we should be asking them to show us what they've done, they always want the reward or the acknowledgement and that doesn't always happen. So my experience of directed study tends to be that there are occasions where we get them to feedback work but that is not common. (Sarah, lines 28-32)

Defiant Children

Having taught within other subject disciplines Janice discussed how the lack of engagement with studying in DST was not apparent on other courses. Janice described how the compulsory attendance at lectures and mandatory monitoring of hours was met with resistance from students and often resulted in rebellious attitudes and behaviours. Janice believed the parent/child relationship between lecturers and students stemmed from the culture of nursing in which students are governed and expected to conform:

> I still think that erm the problem comes right from the top that and it's not an easy problem to respond to because of the nursing culture. If you insist on people having to be somewhere that becomes very childlike. The relationship then between the university staff and the student becomes parent child relationship rather than an

adult to adult relationship so you treat somebody like a child, they start behaving like a child and I think that's the problem we end up with. (Janice, lines 63-68)

The other students that I teach in social work or education seem to be much more used to doing directed study. If I ask them to go away and read something I'm surprised that they do because I'm not used to it, but they actually go and do it and then feedback what they've read. (Janice, lines 31-34)

If it was all about their own self responsibility whether they turn up for lectures or not I think you'd end up with a much more mature attitude towards the teaching. They [students] would have to take responsibility for it but nursing treats people like children so we're very much pedagogic rather than andragogical and that's the fault of the NMC. The NMC insists on eighty per cent attendance and that just sets the whole ethos of how they [students] respond to it. (Janice, lines 38-45)

Reward and punishment

I discussed on pages 127-129 how lecturers attempted to control the classroom environment through disciplining students who did not engage with learning. The need to punish students for their lack of engagement with learning also demonstrated the parenting behaviours of some lecturers. Janice maintained the importance of the need for lecturers to reward students and considered that lecturers were responsible for making learning enjoyable, which would promote student engagement with learning. Janice discussed:

it needs to be clear with clear goals it's very behavioural it's about rewards and punishments directed study can be purely punishing there needs to be a reward at the end of it. (Janice, lines 262-264)

Sheila considered that student nurses' engagement with learning actually reduced the further they progressed into the course due to the lack of punishment for not completing work during DST earlier in the course. Sheila explained:

sometimes what we've found is first years, simply because they're new and they don't know the ropes and they want to make sure they do what they should do, they kind of become less engaged in it as they go into the second and third year when they realise well actually nobody penalises me for not doing it. (Sheila, lines 130-134)

6.4 Growth and Development

Significant concerns were raised by lecturers in relation to students' academic and professional growth and their expectations contrasted those of the students. Lecturers expected students to become more independent towards their learning as they progressed throughout the course; however in reality they discussed how this was not the case. Lecturers described how students remained dependent on them to direct their learning regardless of the stage they were at on the course. The lecturers identified significant factors which influenced students' behaviour towards learning which were considered to stunt academic growth. Also discussed was how learning activities and academic study was generally not valued by the students, reflecting a consumerist approach to learning.

Students' growth and development towards becoming a RN was discussed, with lecturers describing how students considered the *'doing'* role of nurses as being far more important than '*learning*' about nursing. The move to an all graduate profession was a contentious issue between lecturers; furthermore some questioned the need for nurses to receive a university education.

6.4.1 Becoming an adult learner

Dependency

Helen who taught predominantly first year students discussed how the term '*directed study*' indicates that it is '*directed*'. She believed that lecturers should direct students towards their learning, particularly first year students who were considered to need direction as they were not aware of their learning needs.

Helen discussed:

> If you are giving students directed study you need to direct them to do something because my experience of students is that very often they don't know what they don't know so they never knew what it was you wanted them to do in the first place unless you tell them. (Helen, lines 17-19)

Helen considered that as students progressed throughout the course they would become more independent towards learning and require less direction from lecturers.

> We expect them to do more on their own as they go to years two and three whereas in year one we are a lot more, I don't know what the word is really, I wouldn't like to say we restrict them I just think we are a lot more maybe visible and a lot more directing than we would be say in the third year. So I think the amount of directed study they probably get in the first year is less or the way it works is different to in the third year. For example in the first year you'd give them a work book maybe to fill in and then in the very next session they may have to feed that back so you're very clear that they have done it and they know what they are meant to be doing and that they have got a very definite time to feed it back and I think there is a lot more of that in the first year than say in the third. (Helen, lines 51-59)

However, Sarah's view contrasted that of Helen, Sarah who taught mainly third year students discussed how in reality students did not become less dependent on lecturers as they progressed on the course. She described how students were not sufficiently prepared or capable of SDL and continued to need support and direction from lecturers. Her view challenged Knowles' (1980) theory of andragogy as she discussed how nursing students as adult learners were not able to direct their own learning and be self-directed learners. She argued that because of this DST was not used '*wisely*' by students. Sarah explained:

> They [students] come here and suddenly they're given all this freedom and I think they don't always know how to use that time very wisely. As we all know there's always personal pressures that seem more important so I don't always think the concept of the adult learner works, we say they're adult and that they should take responsibility but I don't know whether they are always ready for that and even some of the mature students who have been out of education for a long while. I think they are looking for a bit more supervision and a bit more support. (Sarah, lines 99-104)

One factor which was considered to increase students' dependency on lecturers was widening participation, as identified by Tom:

> two of the students who started this course have not been able to write a sentence I'm not anti-disability but too many of them have got disabilities. I've seen more sense in a box of scrabble than some stuff I've seen, it's ridiculous it's like somebody's sneezed words at a page. (Tom, lines 507-510)

Culture and school education were considered by Sheila to result in students being unable to self-direct their learning. She described how students' previous experiences of being '*spoon fed*' led them to expect to be provided with information as opposed to seeking out information and taking responsibility for their learning:

> I think it's a cultural thing in terms of students' previous engagement with education where they may have been spoon fed. I think sometimes there's no adjustment made to becoming an independent learner. (Sheila, lines 45-52)

Joanne also discussed how younger students who commenced the course from college were more dependent than mature students.

> The traditional eighteen year old students whether it's the type of education they're used to having gone through the O level/ A level system which I should imagine is a lot of chalk and talk, that's what they want. They traditionally come in to the university and they want to sit in a lecture theatre and they want us to regurgitate information and hopefully it sticks with them. (Joanne, lines 292-295)

Joanne discussed how younger students demonstrated passive behaviours towards learning within the university environment and in DST. She described how younger students did not engage in learning activities within the lecture hall or in group sessions and how mature students differed to younger students, by taking an active role towards their learning.

> They're [younger students] very reluctant to get up and move they're very reluctant to get up and engage. Whether it's their inexperience or naivety or their introversion because they're new into the course but they're less likely to want to engage in group work. The older students look forward to group work and expressing their comments and their experiences of life. Traditional eighteen year old students don't like that and when they're forced to do that they're very quiet and very shy and it's very difficult to get them in the team to engage in any kind of discussion and opinion they're very reluctant to do that. (Joanne, lines 295-306)

The expectation of students wanting to be taught full time and face to face, and the questioning of students being expected to complete work during DST was discussed by Joanne, she explained:

> In their [students] eyes they can't see the point and you will get that back from them those are the types of words they'll use on their evaluation sheets, like they prefer face to face sessions with you [lecturers]. They [students] say I can't see the point of doing this, we're gaining nothing it's not contributing to our award at the end of it why should we be bothered? it saves you time teaching us. Do you get a day off when you give us directed study? They'll say to your face what are you doing while we do this directed study? Humorously but you know the saying many true words said in jest and they'll come and actually say that to us. (Joanne, lines 166-174)

This implied a sense of resentment from students towards lecturers who attempted to structure DST. However, the findings from the focus group interviews with the students revealed that many students found lectures to be ineffective at meeting their learning needs and reported how they '*switched off*' during lectures, as discussed in chapter five.

During the interview with Joanne, she explained that comments from the students suggesting she was having a day off during DST made her feel as though she had to prove herself to students and justify how she spent her time:

> I usually take a diary into class with me and I'll hold my diary up and say this is what I'm doing when you're doing your directed study. I say remember that I've already done this, I've actually planned this and I know what the answers are to this and that's taken me time to do. So I've already done the work prior to giving it to you, I would never give you a piece of work that I hadn't prepared the answers for so when we do feedback I can steer you in the right direction. They [students] get quite a shock then because I think they think we go home and starting hoovering and start cleaning the house, if only you know while they're doing their directed study. (Joanne, lines 176-182)

Joanne's experience suggested that students did not understand the role of the lecturer, but regarded it as a pure teaching role which may be indicative of how students regarded their previous school/college teachers. Sarah discussed that some of her colleagues took a less directive approach to their teaching and promoted andragogy, not because they wanted to develop students as autonomous learners but so that they could use the time for scholarly activities. Sarah considered this problematic as she believed that students required support from the lecturers as they were not capable of independent learning, as discussed on pages 124-126.

I've seen colleagues joyous at the idea of weaning themselves away from students more and more. They actually like the idea and they [lecturers] tag on to this, well they don't need us do they they're adult learners, they can manage themselves. My experience is that's not actually what they [students] do very well. I think we think they do and we like to think they do, but actually they don't do it, so there's a real dilemma there. (Sarah, lines 420-424)

Stunted Growth

In the interviews a range of factors which stunted students' growth as learners were discussed. The main factor being the culture in which lecturers wanted to parent students; this was also discussed on pages 137-141. Janice described how nursing students were on a professional course and therefore needed to be prepared to cope with the complex demands of practice. However, she believed that students were '*molly coddled*' by lecturers, which prevented them from becoming independent learners.

I don't think a whole year of what I would call molly coddling is probably very helpful because you're teaching them the wrong things. I think if they [students]need to learn to be self-reliant from day one then they perhaps that's how it should be. A few weeks of guided initiation into university life would be okay but for a whole year I think they're just learning all the wrong lessons. They've got their personal tutors if there's a problem, they've got a timetable. I don't mind them taking a little while to adjust but then we do have to get on with it, university always used to be about growing up didn't it? (Janice, lines 52-59)

Janice discussed how the university culture was focused on pedagogical teaching in which students were not encouraged to value independent learning:

I think that's partly the culture that we operate here, I can't speak for other universities but certainly we operate. I think partly we teach too much so they [students] get used to being taught and they don't get used to being self-directed, they don't do enough project work for a start. I think part of it is the culture of the teaching here. I don't really think they [students] immediately think directed study is oh right we don't have to come in, we can go and do something else. They may have it in the back of their minds that oh I'd better read that but maybe they don't get round to it or it becomes low priority. (Janice, lines 16-23)

Another factor which lecturers believed prevented students developing as adult learners was peer pressure, and the student culture in which it was considered *'uncool to study'*, as previously discussed on pages 136-137 and in the student focus group interviews in chapter five.

The value of learning

The lecturers revealed how students valued clinical practice as discussed on pages 131-134, but placed minimal value on learning and developing their theoretical knowledge. Joanne, Tom and Sheila discussed how learning was only considered important by most students if it related to summative work and passing the course to become a RN. Joanne stated:

> I don't think they [students] engage enough unless its linked to an assessment. We do a PBL assessment in the third year and that is linked to a mark that's awarded to meet the criteria of being successful in the unit and that is very well attended. It's very well focused, everybody does the work, they all come back and feedback and they all get a well-deserved mark, the summative one. The formative one at the beginning, a practice run isn't [summative] and we've had recently a spate of students not engaging at all. Literally openly admitting that they've not engaged because they've been too busy doing their assessments for the mark to be awarded. (Joanne, lines 44-51)

Tom also described how when students completed work which was not summatively assessed, the standard was significantly reduced because they did not recognise the value in learning and preparing work that not directly related to a summative assessment.

> (Caroline: So why do you think that they're [students] not engaging and producing?)
> Tom: Because it's not assessed, I asked them why aren't you standing at the front giving the presentations like I saw at the end of the first year? They said oh well we weren't being assessed for it. (Tom, lines 404-407)

Sheila also discussed:

> they [students] simply don't value it, it's extra work and they've got enough to do. So there are a variety of reasons, but in my experience the most common reason is that students do not see the value in something they're not being assessed on. That will be the first thing they will ask you when you give them directed study is this part of the assessment? (Sheila, lines 253-257)

Sarah and Jane both agreed that students did not engage with reading outside the classroom which reflected the lack of value which students placed on learning and SDL. Lecturers discussed how many students preferred to be provided with information verbally from lecturers instead of reading themselves. The reluctance to read course related text was considered to have a significant impact on the students' development as learners.

> there are some students who I do think do read a lot and are genuinely interested in what they're learning but I think they're in the minority. The majority come here, they do what they have to do, they enjoy their practice but they don't really see that intrinsic value of just reading for the sake of it and learning for the sake of it for their own value. (Sarah, lines 127-131)

> I find it astonishing that students are so reluctant to read, I used to share an office with one person who was responsible for teaching students and the students would say things like can you recommend a paper I should read have you got it? (Jane, lines 88-90)

6.4.2   Becoming a RN

The role of the RN

Jane described how student nurses had unrealistic perceptions of the role of the RN which were influenced by the general public and the media. Jane explained:

> you look at the nurses that are portrayed in the media and a lot of our people [students] come rightly or wrongly because of what they've seen on the telly. We had somebody who had an exit interview and we said why are you leaving nursing training? And they said it's not like Holby City, well no because it's not real life. (Jane, lines 150-153)

Lecturers were concerned that students perceived the role of the RN to be simply to care for others and underestimated the complexities involved with the role. Such perceptions influenced the value students placed on clinical practice as they focused entirely on the 'doing' aspects of the role, as previously discussed on pages 131-134. The importance placed on the '*doing*' role by students was in many cases detrimental to students being able to understand and appreciate the value and necessity of learning theory and developing their theoretical knowledge base to effectively fulfil the role. Both Jane and Tom discussed

how their experience of interviewing applicants for the nursing course had led them to consider students' perceptions of nursing as a career choice. Jane discussed:

> we've been interviewing for the last two weeks and every single time we say to somebody so why do you want to be a nurse? Because they want to care, not because it's an intellectually fulfilling job or because there's lots of opportunities that they can do or even that I want to have a PhD one day, but because I want to care. Well you know lollipop Ladies care why don't you want to be a lollipop lady? (laugh). But everyone says I am really caring, I've looked after my grandmother when she was ill and I just want to weep. (Jane, lines 144-150)

> when you're interviewing nurses [potential nursing students] and they say all I want to do is care for people, I really love them, we [lecturers] start getting doubts with those, they're not suited. (Tom, lines 487-488)

Students' lack of recognition of the importance of application of theory to practice (as also discussed on pages 131-134) was highlighted by Sheila:

> there are some students who what (laugh) they want to be is a nurse and therefore practice is the place that they love the most and here isn't. There are some students who don't see the actual link between the fifty per cent theory and the fifty per cent practice. (Sheila, lines 235-237)

Jane concurred with Sarah describing how students' perceptions of nursing meant that many commenced the course without an appreciation of the intellectual capacity required of a RN.

> I don't think people [students] come expecting that level of intellectual activity, I don't think we prepare them adequately. I think sometimes there is an expectation that we give them the information. (Jane, lines 154-156)

The graduate nurse

In chapter one I discussed how nursing was the last of all the health professionals in England to move to an all degree profession. During the interview with John, the head of school, he discussed how his perceptions of the role of the RN influenced his view regarding the move

to an all graduate profession for nurses. Throughout the interview I was surprised to hear how he opposed the move and considered it unnecessary for RNs to be educated to degree level at the point of registration. John stated:

> (Caroline: do you think there's a need to be an all graduate profession?) personally no I don't see the need for it. I think that has got more to do with professionalism and status rather than the ability to do the job of a nurse. (Caroline: Okay, thank you, anything else that you want to add to that? So you're saying then that nurses don't necessarily need to be graduates? Yes (Caroline: Okay). The argument appears to be that if you have a graduate nurse they will be better able to provide leadership and work within a changing environment better than a diploma level nurse and I just don't think that that's true. I've seen so many excellent diploma level nurses who do every bit as good a job as a graduate nurse. (John, lines 81-91)

John considered it irrelevant that other health professionals were studying towards a degree qualification.

> I suppose maybe in the future what you would see is the graduate nurses rising up the ladder faster but that doesn't necessarily make them a better nurse, it makes them more career orientated perhaps. (Caroline: Okay, what are your views on other professions though being graduates so you've got nurses working alongside say physios, OTs that are all graduates?) I don't see there is any problem. (John, lines 93-98)

Joanne was also resistant towards the move to an all graduate profession; she expressed concerns that the entry requirements for nursing courses at universities were too high. As a result she believed that potential applicants who would be caring nurses would not meet the criteria. She considered that the raised entry requirements would attract candidates who would not be willing to undertake '*hands on care'* and would be *'too posh to wash'.* For Joanne, the move towards an all graduate profession would compromise standards of care as the graduate nurse would be removed from the bedside, leaving the "*hands on*" care to be delivered by health care assistants. Joanne explained:

> I think we've pushed it so far away that you know the saying too posh to wash comes to mind I think in the future we'll have these nurses that won't even know how to do a bed bath, won't how to give an enema, won't know to identify pressure sores because they're so far extreme from the bed side. (Joanne, lines 512-515)

It saddens me to think that as I'm gaining on the ageing profession of old age I'm thinking these people [graduate RNs] are going to be looking after me soon and I'm thinking will they be too posh to wash? will I be left with a second rate human being as a health care support worker? I'm not saying they [health care support workers] don't have a role, but they don't have a role in assessment, they don't have a role in identifying problems and they certainly don't have a role in producing good documentation to support evidence of care delivery.   (Joanne, lines 515-520)

Although it is now over twenty years since all nurse education moved into universities throughout England, lecturers had mixed views in relation to whether nurse education belonged in universities. John and Tom believed that it should return to hospital based schools of nursing within the NHS. John discussed:

I've heard that argument now more times over the last five years than I have ever before and my knowledge of nurse education looking backwards is that it goes in circles and we will find ourselves back in the hospitals at some point, I'm sure of it. (John, lines 78-80)

I think my view of the last place that student nurses should be taught is in university that's the last place they should be. (Tom, lines 148-150)

Tom considered that whilst nursing courses are delivered in universities, they attracted students with the wrong motives. He argued that nursing courses in universities attracted students whose motives were to be a *'university student'*, and receive a university education, as opposed to being a *'student nurse'*.
Tom explained:

I think that just being at university is the only drive for them to come and then someone says oh you're nice a person be a nurse and then they convince themselves that they want to be a nurse but I don't think they do. I think probably about thirty per cent of student nurses want to be a nurse. (Tom, lines 472-476)

In contrast to Tom, Jane believed that the university environment was essential to promote a culture whereby students would challenge one another on a professional level. Although she did acknowledge that student nurses were not as prepared as *'traditional'* university

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students to challenge one another or engage in critical discussion. Disappointingly, Jane suggested that this was reflective of the culture of nursing. Jane explained:

> universities have traditionally always been hot houses for debate and dissention, we don't see that coming from nursing departments, we don't have a tradition of debate. A lot of nurses don't understand that you can oppose somebody's point of view vehemently but still be their friend. (Jane, lines 311-314)

Jane also highlighted how student nurses lacked autonomy towards learning due to a lack of preparation by lecturers. She stated:

> we [lecturers] don't train nurses to think in an intellectual way, unlike our medical colleagues who are trained to think like that and are expected to undertake research projects and studies throughout their training. We don't encourage that in our staff at all we don't have an environment of debate. Listening to the students in the corridors when they are put into small groups and expected to work together there's always bitching because at least one person isn't pulling their weight but they'll still get the same mark as everybody else and we don't handle that sort of stuff very well, we just assume people can do it, but it's another intellectual skill that we're not teaching them. (Jane, lines 134-141)

6.5   Identity

This integrative theme underpins each of the other themes and reflects how the identity of the lecturers influenced their attitudes and behaviours towards teaching and learning and their approach to DST.

Mixed Identities

Throughout the interviews, lecturers referred to themselves as "*nurses*", "*lecturers*", "*teachers*" and "*parents*". The value that the lecturers and the students placed on clinical practice and the importance of being able to '*do the role of the nurse'* informed their identity and their attitudes towards nurse education. The value of clinical practice and the role of the RN were discussed previously on pages 131-134.

These interlinking and overlapping identities of lecturers affected their relationships with students in the classroom. The different behaviours exhibited by lecturers towards students

were extreme, ranging from supportive to controlling. This revealed how lecturers identified themselves as parents, as discussed on pages 137-140. The level of support provided by some lecturers was considered excessive and reflected a lack of professional identity.

In chapter five I discussed how the mixed identities of students impacted on their engagement with learning and the use of DST. As university students, student nurses had a student identity, but they also had a professional identity and were expected to comply with professional regulations. Joanne identified herself as a nurse and demonstrated how she valued the '*doing*' aspect of the nurses' role to be important, by continuing to work in clinical practice during her spare time.

> a lot of them [students] know that I work in clinical practice and that holds me in good stead when I actually perform clinical skills with them because they say things like how can a lecturer give us a teaching session on venepuncture and cannulations when they haven't done one for twenty years? And almost tongue in cheek I agree with them because you need to be clinically doing it to be maintaining expertise and knowledge so we all seem to practice in this university. (Joanne, lines 121-126)

> Those lecturers seem to hold more status with the students and especially if they see me in practice with a staff nurse's uniform. I can see how important I am to them when I come back into university; there is only a very small minority of us that don't practice. (Joanne, lines 127-130)

I discussed on page 138-139 that although Janice taught on the adult nursing curriculum she also had a mental health background and taught psychology and sociology undergraduate students. Janice considered that adult lecturers with adult nursing backgrounds attempted to control students by using behaviourist approaches, as discussed on page 128. This further demonstrates that lecturers identify themselves to be nurses and it could be considered whether their approach to students could be mirrored to their approach to patients under their care.

One example of how lecturers identified themselves as teachers was throughout the interview with Sarah where she frequently referred to herself as a "*teacher*". As university

lecturers, nurse lecturers are required to engage with academic activities including research and writing for publication. However, for Sarah this created a problem as it resulted in less time for her to spend "*teaching*" students in the classroom, she resented the fact that her time allocated to teaching students was limited. Sarah explained:

> I'd like to spend more time with the students really but I know that's never going to happen because there are too many other pressures on my time, I'm expected to do too many other things. If you're a university lecturer you hear what have you published this year? when are you writing? have you done any more research? what was the last project you were involved in? I think hold on a minute if I'm trying to be a good teacher and spend time with students who I see as my priority, actually I can't do all of those things so there has to be a balance. (Sarah, lines 424-430)

It was evident that student centred pedagogies such as PBL were considered by some lecturers to be both unfavourable and unsuccessful. This point was also raised by the students in the focus group interviews, as presented in chapter five. The reluctance of some lecturers to engage with such pedagogies and relinquish control in the classroom was indicative of their need to be teachers or parents to students. Sarah argued that although students were considered to be '*adult learners'*, in reality they lacked the skills for SDL and needed support, direction and required a presence from lecturers.

The level of support provided for students was as a contentious issue amongst the lecturers. Whilst Sarah believed that students needed more support and direction in their learning, Tom and Janice maintained that nurse lecturers went to extreme attempts to support students which they interpreted as mothering. Such parenting behaviours demonstrated by lecturers were considered to compromise their professional boundaries and promote an increased dependency amongst learners. Tom emphasised the need for lecturers to acknowledge their professional identity:

> I think when you build relationships you have to start remembering you're a lecturer and not their friend and that where I started off being, their friend and a lecturer at the same time. I found it difficult to go back to just being a lecturer. I'd been a teacher of doctors on A and E and then went from being a teacher of doctors where I used to work on a daily basis and have a laugh and a chat about stuff and teach stuff and then suddenly I became a nurse lecturer who has no sort of relationship with the students. (Tom, lines 686-693)

Changing Hats

Helen and Tom discussed how the students' mixed identities, were a result of nurse education being based in a university, nursing students wanted a *'student life'*, but were constrained by the professional requirements and NMC directives which some students failed to recognise. The identity of student nurses as university students within a student culture had implications in terms of their regard towards the course, as Helen and Tom each explained:

> I think that's a problem with nursing being in a university because they want the university life, they see their friends going out and they can't seem to grasp that you can't always do that when you're a nurse, you know there's the professional side as well. (Helen, lines 147-150)

> All this graduate degree, the graduate nurses isn't all positive and it's creating a culture of students who don't realise they're nurses, and nurses who don't realise they're students they don't know where they are. I think they haven't really got an identity because they're here at strange times, some are not here from September to May like most students are, they're popping in and out. They've got no consistency, you know no place within the university, most students are away for Easter but some of them will be here for Easter and some will be here in August so it's a bit of a strange one for them. (Tom, lines 142-148)

Tom commented on the lack of professional identity displayed by some students when in university recalling how students would attend lectures *'drunk'* as he discussed:

> some students come in you know off night shifts and you can tell, and some students come in drunk. (Tom, lines 70-71)

During the interview with Tom he drew a Venn diagram, containing three circles to represent the overlap between the different roles of students, including *'kid'*; *'student'* and *'ST/N'* [staff nurse], (see figure 1 below). Tom described how students needed to recognise their student status and acknowledge how their professional status should take priority as he explained:

> I want to draw it here on a piece paper I'll draw a Venn diagram (starts to sketch on paper). I'm just thinking a Venn diagram, so there are students, and student nurses and there are let's call it a kid, as in someone who wants to have fun. There's a

section in the middle where it all crosses over, and I want to encourage students to be students, at the same time you know go out and get drunk, go and have a laugh, go and get some disease like normal students do. But at the same time remember you're a student nurse and a nurse and need to be professional. Not putting naked photographs on my space [website]. So remember they're a nurse but remember they can still have fun, you know do the student things, go gigs, get drunk. I don't know whether kids thing comes in here but the student nurse, the bit in the middle should be just one bit. I don't know, I've been trying to figure out what should it look like. But you know remember that bit, that section in the middle should may be don't forget there's a library and directed study for them to be professional. (Tom, lines 75-88)

Figure 2: Venn Diagram
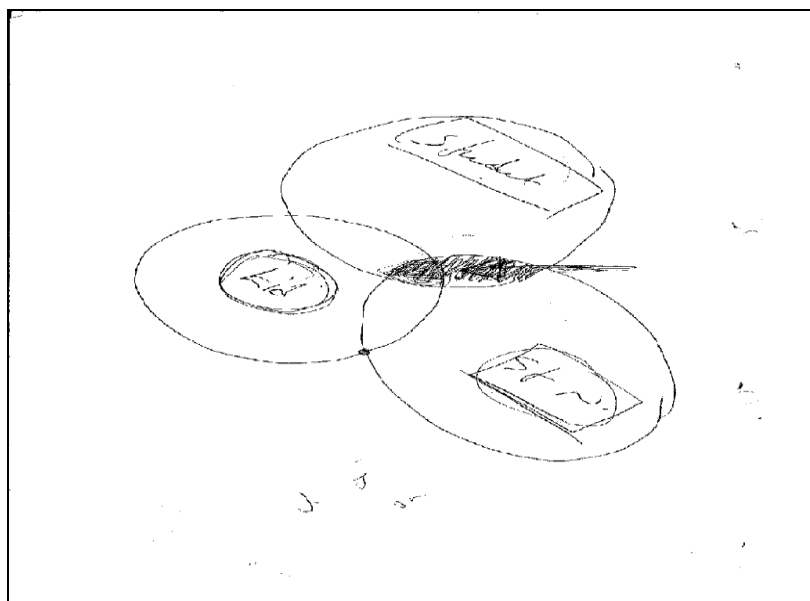
The lack of a group identity was discussed by Janice who stated that a lack of a group identity amongst student nurses distinguished them from traditional university students who had a defined group identity. Such students worked well within groups and were successful in completing work such as research projects. Janice explained:

they would pick a methodology to use, it could be like a drama or art or something and then they would take it turns in running their own groups, so in that sense that was project work. But they couldn't have done that without that group identity and cooperation first and that's not what's happening here as well as it could be. (Janice, lines 161-165)

Janice also discussed how the lack of group identity amongst student nurses was reflected through her experiences of facilitating PBL, where they were unwilling to work together to locate and share knowledge She explained how nursing students would blame each other when PBL work or project work was unsuccessful instead of exploring why. Janice was concerned that if the students could not work together in a classroom they would be unable to function as an effective member of the clinical team, again emphasising that students were unable to relate theory to the '*real world of nursing*'. The lack of team working skills among students was previously discussed in relation to PBL on page 129. Janice stated:

> but the way it would be handled there, certainly the way I would have handled it in mental health would be to look at that as a group problem, not end up with the scapegoating and all this stuff. Not how does that affect you? It should be asked why was that going on in the group and why are you bothered by it? So it would be more of a personal developmental experience rather than blame game. (Janice, lines 169-173)

Women's Roles

Helen and Grace considered the difficulties students experienced when attempting to manage educational, professional and personal demands placed on them. They described how the majority of students as females had different demands on their time and their student role often overlapped with traditional women's roles of wife, mother or carer. The lecturers identified how such roles conflicted with the student nurses '*student*' identity. The lecturers explained how many of the students were single parents or the main breadwinner in the household and needed prioritise their personal responsibilities over their student role. This point was also raised during the focus group interviews, presented in chapter five as some of the student nurses described how they would '*run away from home'* to escape from their roles and attempt to control their environment within DST. Helen stated:

> there are so many students that just can't juggle it and it's really sad you know that they can't manage the childcare and fit in with the course. (Helen, lines 177-178)

Grace outlined:

> you've got to be able to juggle and unless they've [students] got the skills of juggling then you know they're going to drop a few balls occasionally and you know

increasing dropping balls will set you behind and maybe you might not be actually able to pick them up at all. (Grace, lines 121-123)

6.6   Managing Self

This second integrative theme which underpinned each of the other themes relates to the lecturers' perspectives of students' abilities to manage themselves. The lecturers described how student nurses were not in control of their learning and did not have the skills to manage DST effectively, as discussed in chapter five and on pages 124-126. Attempts made by lecturers to engage students with learning in the classroom through disciplining were often unsuccessful. It often resulted in emotional labour amongst lecturers and resentment from students.   This demonstrated how lecturers were unable to effectively engage students with learning.

As outlined on pages 132-133, lecturers considered themselves to be nurses who were clinically credible, the majority continued to practice within clinical areas so that they would be seen to be good lecturers as opposed to '*text book lecturers'.*   In reality the largest proportion of the lecturers' time was spent lecturing within the university. The lecturers were fooling themselves by convincing themselves that working one shift a month in clinical practice would deem them competent. Such activities indicated a lack of self-confidence within their abilities to perform a lecturing role. In a similar vein, student nurses were considered to be fooling themselves in terms of their approaches to learning and commitment to study as highlighted in chapter five.   I discussed on page 153 that lecturers believed students lacked confidence in their abilities to study independently or to challenge their colleagues in a professional forum, the lack of confidence towards learning was also discussed within chapter five. Some lecturers discussed how they attempted to promote the level of confidence within students which, often resulted in an increased level of engagement of students with learning activities.

Out of control

Whilst students owned DST and controlled the ways in which they used this time, lecturers described how students were not in control of their learning. Approximately fifty per cent

of the course time within the theory weeks was allocated to DST, yet lecturers reported how students complained that they lacked the time to complete their studies. This issue was also raised by the students in the focus groups, as presented in chapter five. Although students considered DST to be their time, this indicated that they did not manage it effectively. The fact that students complained there was insufficient time to complete studies indicated a lack of control in terms of their level of autonomy or commitment to learning. Sarah discussed how students felt deprived of time:

> universally they all seem to feel quite harassed and busy and under pressure you very rarely hear a student who seems to be coping very easily and I think they all have different pressures. (Sarah, lines 357-358).

Throughout the interviews with the lecturers, it was apparent that they lacked control when managing student groups. Attempts to address behavioural issues in the classroom were unsuccessful and often resulted in emotional labour for lecturers, as discussed on pages 127-129.

Fooling Self

Joanne described how students were fooling themselves by making up excuses to lecturers for not completing their work during DST.

> I embarrass them [students] and they suddenly realise then that yeah we should have done it and then you get the apologies. I was working, I went to bed late, I went out, it was my grandma's funeral, you get all the excuses that come out that the reason why they haven't done it. I try and get them to understand is that it is important it isn't just a paper exercise everything we do in university is linked to a curriculum to make them this nurse at the end of it. (Joanne, lines 345-349)

Self Confidence

The lecturers discussed how both students and lecturers lacked confidence. Sarah described how lecturers needed to be more confident in order to effectively facilitate group work. She considered that lecturers used behaviourist approaches with students due to a lack of confidence in their abilities to effectively facilitate group work. Sarah explained:

I know in the past colleagues have actually asked students who haven't done the work to leave so they get punished. Soon after I started here a unit lead said to me if they haven't done the work you must ask them to leave the classroom and go to the library. I don't work like that fortunately, I'm not that kind of a teacher, but I followed her rules and I did what she asked me to do. I wouldn't do it today, I've got more confidence now, I would just manage it myself and those [students] who hadn't done the work it didn't matter that they'd not done the work because they actually joined in the discussion. Whilst some students might think that's unfair, they were still a pivotal part of that group dynamic and I actually made the point of saying I want you all to talk in the session, just say something start joining in the conversation. (Sarah, lines 151-160)

Sarah discussed how it was the role of the lecturer to develop students' confidence in learning, as she discussed:

I think the confidence thing you can very easily build on, but again I think it depends on you, me [lecturers]. I think that's something I can do quite well, whether other colleagues have the abilities to do that? not that they are not able but that's not something perhaps they do as well or that's not one of their skills. I'm less good at other things, so I think the confidence thing sometimes is a reason they don't speak out. But I think you can get over that quite quickly and I've had quite a lot of success in getting even the very quietest student just to say something. (Sarah, lines 199-205)

Grace considered that group sessions promoted students confidence as opposed to lectures which she regarded as intimidating for students. She stated:

small group work rather than large groups of students, I think it's very intimidating particularly for students who might be less confident than other students as here we are increasingly having bigger groups bigger cohorts there's a hundred in September 10. (Grace, lines 97-99)

It is questioned whether the over reliance on lectures resulted in a lack of confidence within students as Janice described how students lacked confidence in presentations.

a group presentation that's something else we don't do very well because they're scared of doing presentations. (Janice, lines 203-205)

Joanne and Jane also believed that student nurses continued to lack the confidence within their role as they approached qualification as RNs. Joanne discussed problems with students' abilities to delegate.

> I give them some anecdotal evidence because I used to be a ward sister on a surgical unit for ten years and had quite a lot of staff nurses that had problems. I'd given them [students]an anecdotal problem on how I dealt with it and you'll get no I haven't got the confidence to do that, I couldn't ask somebody to do something if I was busy and I'd have to do it myself. So they'd go to the point where they were so stretched that they were dangerous rather than ask somebody to assist them. (Joanne, lines 384-390)

Jane discussed how her experience of students who were RNs, studying towards post registration courses lacked confidence in themselves and their knowledge base. She described how RNs had difficulties engaging with debate and were more comfortable with teacher centred approaches to learning. Jane explained:

> they [RNs] don't always have something to bring I find. If you're teaching diabetes they'll have something to bring to the discussion but they rightly or wrongly have this perception that they know nothing about research. They're more open to a more formal lecture style which really isn't what I'm comfortable with than they are about any sort of debate because they just don't think they have any knowledge to bring. (Jane, lines 69-73)

6.7   Chapter Summary

The purpose of the interviews was to explore the phenomenon under investigation, which was perceptions of directed study time. In terms of perceptions of directed study time the lecturers believed that student nurses perceived DST to be their time which they controlled and determined how it was used. This point supported the findings from the students, as presented in chapter five. Many lecturers perceived DST to be problematic, this was evidenced by the way lecturers perceived a lack of student engagement with learning in different contexts including SDL, group learning and learning within the context of the classroom.

Whilst some lecturers considered that students were not able to direct their own learning, attempts made by lecturers to structure learning activities within DST were met with resentment. It was considered that as students progressed throughout the course they learned to fill DST with activities pertaining to their personal lives instead of course related activities. Instead of moving towards becoming self-directed learners as they progressed on the course, the level of student engagement with SDL actually reduced. Within the context of the classroom, lecturers tried to engage students by using behavioural techniques, however such approaches proved to be unsuccessful by resulting in the emotional labour of lecturers and childlike behaviours in students.

The findings revealed how lecturers attempted to relate theory to clinical practice within their teaching but students continued to see theory and practice as two separate entities, a finding which supports the experiences of the student nurses, as discussed in chapter five. Lecturers discussed how the behaviour of students was influenced by the context, when in clinical practice students adopted adult behaviours but demonstrated childlike behaviours in university. The lack of respect that students held for their lecturers was viewed as a stark contrast to the way in which they regarded their mentors in clinical practice, who were their role models. Some lecturers perceived this problem to be the result of nurse education being located within universities as opposed to traditional Schools of Nursing.

There was a significant emphasis on the powerful nature of peer pressure as lecturers discussed how students who demonstrated enthusiasm towards learning and SDL were regarded by other students as '*uncool*'. The student culture which existed meant that students who did not undertake the work and attended feedback sessions unprepared were praised by other students. Again this finding supports the experiences of the student nurses presented in chapter five.

Although lecturers acknowledged that students needed support, many considered that the level of support provided by their colleagues was excessive. Lecturers explained how colleagues '*mothered*' nursing students, and those lecturers who had taught other undergraduate students considered that this was significant to nurse lecturers. Such

parental behaviours exhibited by lecturers were considered to promote childlike behaviours within student groups.

The peer pressure within student groups combined with the mothering roles of lecturers was considered to stunt students' growth as learners. Lecturers portrayed students as dependent learners who were familiar with being taught. They discussed how students did not value learning unless it was related to summative assessments, which supports the findings from the focus group interviews in chapter five, in which student nurses revealed consumerist approaches to learning.

The ways in which lecturers viewed the role of the RN was considered to affect their regard for SDL and DST. Similar to the students, the lecturers valued the '*doing*' aspect of the RNs role and the Head of School even considered that as such RNs did not need to be educated to degree level. Despite the fact that all other health professions within England are now educated to degree level, he considered this unnecessary. Others supported this view and opposed the move to an all graduate profession as they feared it would remove caring nurses from the patient's bedside.

The lecturers were confused regarding their identities, as they considered themselves 'nurses' or 'teachers' as opposed to academics. The need to remain clinically competent contributed to their '*mixed identity*'. They also described how students struggled with their mixed identities as university students when they were in university and nursing students in practice where they '*worked*'. This point also supports the findings from the focus group interviews discussed in chapter five, which revealed how students struggled with the constant change of role as they rotated between theory and practice. Lecturers reported how student nurses did not use DST "*wisely*" but then complained that they did not have enough time to complete their assessments, demonstrating that students were not in control of managing DST effectively. The findings revealed how lecturers were fooling themselves by striving to remain clinically competent and students were fooling themselves regarding the use of DST.

Throughout the interviews it was evident that lecturers considered how they lacked confidence within some aspects of their role, mainly the facilitation of group work. Those lecturers often used behaviourist approaches to teaching and avoided student centred, humanistic pedagogies such as PBL. As a result PBL was unsuccessful due to lecturers' fear of such approaches and a reluctance to '*let go*' of their control over students. Lecturers described how student nurses also lacked confidence towards learning independently and in groups and the continued use of behaviourist pedagogies such as lectures were considered to contribute to the problem. The lack of confidence also transpired beyond qualification as some reported how RNs lacked confidence in their ability to contribute to group discussions.

In the previous chapter I presented a thematic analysis of the data from the group interviews relating to the student nurses' perceptions of DST. In this chapter I have discussed the thematic analysis of the individual interviews pertaining to the nurse lecturers' perceptions of DST. The following chapter presents the integration of the themes from all the participants' experiences, considered in relation to the aims of the research.

Chapter Seven

Integration of findings and discussion

The study aimed to explore student nurses and lecturers' perceptions of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims were:

1. To explore how DST is perceived by student nurses and nurse lecturers.

2. To discover the factors which influence student nurses' experiences of SDL within DST.

3. To establish if the student nurse/lecturer relationship shapes their perceptions of DST and SDL.

I discussed in chapter three how an interpretative phenomenological approach was employed to understand the participants' experiences of the phenomenon. The two methods used to obtain the data consisted of three focus group interviews with student nurses and nine individual semi structured interviews with nurse lecturers as discussed in chapter four. A thematic analysis of the participants' perceptions of DST was presented respectively in chapters five and six. This chapter provides an integration of the participants' experiences; which will be considered in relation to the aims of the research. This chapter is divided into four sections which include *identity; belonging; culture* and *empowerment*. Each section is separated into subsections exploring how the findings addressed the specific aims of the study.

7.1   Identity

As discussed within chapters five and six, both student nurses and nurse lecturers were confused about their identities. Although enrolled on a full time university course as '*university*' students, the nursing students spent fifty per cent of the course time within clinical practice where they had '*carer*' and '*worker*' identities as opposed to student identities. Many students were mature females and their identities within the home as

mothers, wives or grandmothers conflicted with their student identities. Similar confusion existed in relation to the lecturers' identities. Although employed as such, the ways in which they described their roles and the language they used, reflected how they lacked a clear sense of academic identity as they identified themselves as nurses, mothers and teachers. Within this section I argue how the lack of a clear student identity amongst student nurses, combined with a lack of academic identity amongst lecturers shaped both groups' attitudes and values towards academia; engagement with SDL and their relationships with each other. The lack of a clear identity to reflect the roles of both groups served as a barrier for students to become self-directed learners. Whilst all the student nurses were classed as adults, the fact that they were not self-directed towards their learning supports Darbyshire's (1993) view that Knowles' (1980) theory of andragogy was not fully embedded within nurse education.

Individuals' personal and social identities have been found to significantly influence their attitudes and behaviours (Kelly and Breinlinger, 1995; Simon et al, 2000; Sturmer and Simon, 2004). There is a plethora of evidence which describes how an individual's identity, in terms of how they see themselves and how others perceive them, influences their learning and vice versa (Jarvis, 2009; Tett, 2012). Jarvis (2009) described how learning is closely linked to identity because individuals' identities are formed through institutions including family, education and work. Jarvis discussed:

> fundamental to our understanding of learning is our understanding of the whole person in a social situation. (Jarvis, 2009, p.31)

As discussed in chapter two, identity is said to evolve and develop through interactions between individuals and the social world, it is not regarded as being fixed, but variable and multidimensional (Bauman, 1996; Wenger, 1998; Sfard and Prusak, 2005). As such, identity is created and recreated through interactions with the social world. Described as either individual or collective, identity is formed through our relationships and sense of belonging within groups in society (McAllister et al, 2009; Taylor, 2009). Mead (1934, p.158) discussed how individuals develop their identity on the acceptance of shared views or beliefs, values and expectations resulting from their interaction with others. Identity is situational in that it

specifically related to the context, to gain identity is to be located within the world (Berger and Luckmann, 1966, p.152). From Berger and Luckmann's work it is clear that the students' identities changed dependent on whether they were in clinical practice or in university, reverting between that of a student nurse and that of a university student. Indeed Howard (2000) and Tett (2012) highlighted how identity has become increasingly important due to the rate of social change, within which we are constantly required to relocate ourselves, yet in relation to the nurse lecturers in my study, when the lecturers changed their role from a RN to a lecturer and moved location in to universities they maintained their RN identity.

7.1.1 Caring behaviours

The findings from this study revealed how the caring behaviours demonstrated by nurse lecturers and student nurses formed their identities, which evolved from the need to care for others. It is important to note here that although student nurses and nurse lecturers referred to themselves as '*caring*', in reality this may not be entirely accurate. The data obtained from the participants served as the participants' accounts of their behaviours, attitudes, opinions and actions which may contrast with reality. Nevertheless, I discuss how the participants presented themselves to me, as the researcher throughout the interviews. As outlined in chapter five, many student nurses spent a significant proportion of DST engaged with caring roles in the home which included caring for children, grandchildren and/or partners. Such roles became blurred with their professional caring roles in clinical practice and ultimately prevented student nurses from developing a student identity.

At the time of writing, there is no available evidence which has specifically explored how caring roles of student nurses affects their student identity. However, there is extensive evidence which demonstrates that non-nursing students who have a clear student identity have been found to perform successfully and succeed in later life (Cameron, 1999b; Martin et al, 2012). Whilst evidence promotes the need for students to develop a clear sense of identity, the research undertaken by McInnis and James (1995) and Scanlon et al. (2007) demonstrated how reduced contact time with lecturers in classrooms resulted in traditional students sensing a loss of student identity. The fact that nursing students spend a significant proportion of their time away from campus within DST or in clinical practice

resonates with McInnis and James' and Scanlon's work. The division of time spent by student nurses between clinical practice and academia could further reduce their success at finding a student identity; which in turn has a negative impact on their level of engagement with learning and particularly SDL as they struggle to identify themselves as university students. The lack of student identity made it difficult for students to develop as adult learners, therefore Knowles' (1980) theory of andragogy became more of an ideal than a reality.

The identity of 'carers' was also demonstrated by lecturers in this study. Within chapter six I discussed how nurse lecturers adopted mothering roles towards students, as evidenced through their language. The ways in which they described their interactions with students included terms such as '*molly coddling*' and '*spoon feeding*' distinguished them from university lecturers who taught within other subject disciplines. Whilst some nurse lecturers described how they resisted the temptation to adopt such mothering behaviours, they were generally accepted by other lecturers to be the norm and it was apparent that other lecturers felt an obligation to assume this responsibility. Such mothering of students was considered to encourage pedagogical learning as opposed to andragogical, student centred learning. By mothering students, lecturers were increasing the dependency of students which contradicts Knowles' (1980) theory of adult learning and reduces the impetus for students to take responsibility for their own learning.

Burnard et al. (2007) and Timmins et al. (2011) emphasised the need for student nurses to be well supported by lecturers due to the high levels of stress associated with the academic and practical components of nursing courses, although their work did not discuss 'mothering' behaviours. Hauver-James (2012) did consider the mothering behaviours of teachers, although this was within school education. At the time of writing, there is no evidence which has considered how the caring roles of university lecturers can result in mothering identities; or how such identities impact on students' attitudes and behaviours towards learning or SDL. Therefore the 'mothering' identities of lecturers within higher education appears to be a new concept which has emerged from this study.

In addition to the lecturers' identities as students' mothers, the findings revealed how the caring behaviours of lecturers also pronounced their identities as nurses as they demonstrated nursing behaviours towards students. Although the nurse lecturers had worked within universities for a minimum of five years, the majority openly identified themselves as '*nurses*'. Their '*nurse*' identity significantly influenced their interactions with student nurses, whereby the lecturer-student relationship resembled a nurse-patient relationship. I considered that the nursing of patients which lecturers had experienced during their previous roles had transgressed into the classroom environment.

In chapter six, I discussed how the majority of lecturers continued to practice as RNs clinically during their time off. Whilst many lecturers explained how such activities were undertaken in an attempt to increase their credibility with student nurses; it was considered that the obligation to continue to work clinically combined with the *'nursing of students'* was an attempt by the nurse lecturers to reinforce their '*nurse*' identity and at times to make a connection with the students. Previous research has explored the challenges experienced by nurse lecturers following the transitions from clinical practice into academia which have resulted in feelings of loss and isolation (Evers, 2000). There has been an extensive debate surrounding whether or not nurse lecturers should be expected to continue to work within clinical practice to maintain clinical competence (Maslin-Prothero and Owen, 2001; Fisher, 2005; Barrett, 2007; Elliot and Wall, 2008; Ousey and Gallagher, 2010). Morgan (2012) suggested that instead nurse lecturers need to be credible and can demonstrate credibility by applying theory to practice. Luntley (2011) also highlighted the importance of the capacity to generate new ways of thinking. Ousey and Gallagher (2010, p.662) described how the '*soul searching*' of lecturers for clinical credibility was an '*unnecessary distraction*' and called for closure on the debate. Whilst the debate exists, there is no empirical evidence that demonstrates the need for nurse lecturers to work in clinical practice. In terms of the caring identities of nurse lecturers, at the time of writing this thesis no research could be found which has explored potential links between the inherent need to care for others and the inabilities of nurse lecturers to relinquish their clinical nursing identity.

The findings from this study could suggest that the nursing behaviours demonstrated by lecturers and the need to retain their nursing identity may be due to the altruistic tendencies of nurses. Mimura et al. (2009) and Haigh (2010) discovered that nursing students' primary motivation to select nursing as a career choice was due to altruism and the need to help others. According to Schütz (1998) and Mimura (2005) altruistic behaviours result from an individual's low self-esteem; Mimura (2005) proposed that in an attempt to improve their self-esteem, RNs craved gratitude from patients. In a later paper, Mimura et al. (2009) described how altruistically motivated nurses become frustrated when they do not receive gratification from patients. Whilst there is no available research which has explored potential links between altruism and the student-lecturer relationship; the evidence from my study could suggest that nurse lecturers continued to identify themselves as nurses (by continuing to work in clinical practice and demonstrating nursing behaviours towards students) in an attempt to fulfil their cravings for gratitude from both patients and students to develop their level of self-esteem.

The need for nurse lecturers to '*mother*', and '*nurse*' nursing students could be due to the fact that nursing has traditionally been, and continues to be a female dominated profession and females have historically been considered to be naturally caring (Culkin et al, 1987; Meadus, 2000; Stott, 2004). Whilst there has been an increase in the number of males entering the nursing profession, records demonstrate how nursing continues to be dominated by women with eighty nine per cent of nurses in the UK being female (NMC, 2008c). Although there is no evidence to suggest that males are not caring, the fact that nursing is a female dominated profession could explain why nurse lecturers take on parenting and nursing roles when supporting students. However, if we consider other healthcare professions, which are female dominated for example midwifery (NMC, 2008c) there is no evidence which suggests that midwifery lecturers '*mother*' midwifery students. Whilst the importance of student retention cannot be underestimated, particularly with the rising costs of education; my study revealed that extreme levels of caring demonstrated by nurse lecturers, recognised as the 'nursing' of students led to student dependency on lecturers in relation to their learning. Nevertheless we cannot deny that student support is essential, but this extreme level of care demonstrated by lecturers risks students becoming

disempowered learners. I discussed in chapter two how Darbyshire (1993) accused nurse education of adopting the principles of adult learning in the late 1980s, without full consideration. Whilst the findings from my study support Darbyshire's (1993) point, they also indicate that the '*nurse*' identity of nurse lecturers prevents student nurses from becoming autonomous learners, thus suggesting that nurse education remains ill prepared to fully adopt the humanistic learning principles advocated by Knowles (1980); Rogers (1983) and Candy (1991).

7.1.2 "Misted" Academic Identity

I use the term "*misted*" to describe how nurse lecturers identified themselves through a misted lens. The behaviours and attitudes of nurse lecturers demonstrated how they predominantly identified themselves as '*nurses*', but also identified themselves as '*teachers*' rather than academics. This was exemplified by the use of terminology such as "*classroom*"; they discussed how they "*taught*" students in *"classrooms"* and described the activities they carried out when in "*class*". These terms implied they viewed nursing students as pupils or school children as opposed to adult learners. The ways in which nurse lecturers identified themselves as '*teachers'* and perceived their job as a teaching job supports the previous findings of Findlow (2012) and Smith and Boyd (2012). Findlow's (2012) ethnographic study which explored the professional and academic identity of twenty one nurse lecturers within one pre 1992 English university, revealed how the identity of nurse lecturers was problematic. By gaining accounts of individuals' experiences of lecturing over a three year period, Findlow described how nurse lecturers did not consider themselves to be '*proper academics'*. Similarly Findlow noted that although nurse lecturers shared similar problems of other lecturers, they lacked confidence in their "*ability to hold their own*" (Findlow, 2012, p. 122) when in the company of lecturers from other academic disciplines. A lack of academic authority was also reported by Findlow who argued that nurse lecturers lacked authority due to their practice origins and were sensitive towards the non-degree status within nursing, which Watson (2006) suggested was due to nurse education remaining on the periphery of higher education.

The introduction of the Project 2000 curriculum (UKCC, 1986) and the move of nurse education into higher education throughout the late 1980s and early 1990s resulted in significant changes for both nurse education and the role of the nurse lecturer. Prior to the move, nurse education within England was predominantly based within hospital schools of nursing and nursing students followed an apprenticeship style of training; being taught by nurse tutors, as reported in chapter one. During the move nurse tutors, employed by the NHS were transferred into universities to take on the role of lecturer. The lecturers were still required to teach nursing students but were also expected to embrace the lecturer role and to extend their remit to encompass research and scholarly activity. The impact of the change of role for nurse tutors at the time cannot be underestimated, many of the nurse tutors successfully embraced the lecturer role but others found the transition difficult wanting to remain as a nurse tutor whose main aim was to teach and support students.

Considering that nurse education is now established within universities, the '*misted*' identity of lecturers that was identified during data analysis was alarming considering their experience within a lecturing position.   In addition, the majority began teaching in universities after nurse education had moved from hospital based training. Concerns regarding the knowledge, confidence and status of nurse lecturers have been previously highlighted as problematic (Murray, 2007; Boyd and Lawley, 2009; Hurst, 2010; Duffy, 2012). There is an array of literature to support the notion that the move from practice roles to lecturer roles creates challenges (Diekelmann, 2004; Lombardo, 2006; Hurst, 2010; Findlow, 2012).

The lack of clarity regarding the position of nurse lecturers could be further complicated by the professional body for nursing, the NMC. I question how nurse lecturers can be expected to gain a clear sense of identity when the NMC (2010) continue to label nurse lecturers as '*teacher*' and define the role of the '*teacher*' throughout their publications; no reference is made to the term '*lecturer*'. One example of this is the "*Standards to support learning and assessment in practice*" publication (NMC, 2010) which provides an overview of different roles relating to nurse education and describes the role of the '*nurse teacher'* and '*teacher*'.

7.1.3 Students as Workers

As you may recall, in chapter five I discussed how student nurses had difficulties in distinguishing between their roles as carers within the home environment and carers within clinical practice. A further aspect which confused their identities was the worker identity which developed as they constantly rotated between university and clinical practice for several weeks at a time throughout the course. During the previous apprenticeship style of training, student nurses were employed by health authorities with employee status. In which they were regarded as valuable members of the NHS workforce, providing approximately seventy five per cent of direct care (Moores and Moult, 1979). With a worker status, student nurses were included in the nursing roster, or *'off-duty'*, and their focus within clinical practice was to *'get the work done'*, whilst learning from a skilled master (White et al, 1993). The apprenticeship model for nurse education focused on the importance of *'knowing how'* as opposed to *'knowing that'* (Elcock et al, 2007); consequently the identity of student nurses was informed by their relationship with the hospital and the workforce, and whilst being placed further down the organisational hierarchy than RNs, they shared a common nursing identity (Bradby, 1990). As workers, student learning was unstructured and haphazard and focused on the completion of tasks and gaining experience based on behaviourist approaches, which emphasised the importance of students *'gaining experience of'* rather than *'learning from'* (Flanagan et al, 2000).

Several problems were raised in relation to the apprenticeship model, the main problem was the power balance between the master and the apprentice which resulted in a teacher directed approach to learning whereby the student became passive (Slevin, 1992). The apprenticeship model was not considered to produce the type of professional required to work within the rapidly changing health service (McMillan and Dwyer, 1989). Such concerns led to the introduction of a new curriculum in the UK, the Project 2000 curriculum. I discussed in chapter one how the move into higher education throughout the UK during the late 1980s and early 1990s resulted in significant changes to nurse education, including a change in the status of the nurse tutor to that of nurse lecturer. The move also impacted on the role of student nurses within clinical practice. There was a shift of emphasis away from

a worker status, as student nurses were removed from the NHS workforce and became university students, with supernumerary status. Student nurses were no longer employees required to meet the demands of service. This change sought to develop students who were '*knowledgeable doers*' (O'Connor, 2007). The NMC outlined:

> the student shall not, as part of their programme of preparation be employed by any person or body under a contract to provide nursing care. (NMC, 2004, p.24)

7.1.4   Supernumerary Status

Despite students holding supernumerary status they still regard themselves as workers with evidence demonstrating that student nurses continue to be regarded as '*a pair of hands*' to meet the needs of the NHS despite their student status (Midgley, 2006; Elcock et al, 2007; O'Driscoll et al, 2010). This was supported in O'Driscoll et al's. (2010) mixed methods case study, which included four universities within England, where they highlighted that student nurses were still considered part of the workforce based on their involvement with the delivery of care. Therefore if student nurses are regarded by others as employees, they are likely to identify themselves as employees with a worker identity. It could be assumed that the worker identity of student nurses is due to the fact that they are required to spend fifty per cent of the course hours in clinical practice. However, I question why students studying towards other health professional courses such as medicine or physiotherapy who also spend significant proportions of the course hours in clinical practice do not hold a worker identity, and are not regarded as NHS employees or '*a pair of hands'*.

The purpose of supernumerary status was to support students to:

> become increasingly self-directed as the educational programme progresses and explore areas of skill and knowledge on an individual basis. (UKCC, 1986, p.55).

Despite being regarded as a pair hands O'Driscoll et al. (2010) noted how student nurses who also took responsibility for their own learning in clinical practice, demonstrated increased levels of confidence and would learn effectively due to their ability to self-direct; whilst students who lacked the ability to self-direct their learning were expected to learn by copying others and completing tasks. Whilst this thesis did not explore the student nurses'

levels of confidence in practice, the findings have revealed how student nurses lacked confidence in determining their learning needs and the ability to be self-directed within DST. If students lacked confidence to manage their learning during DST, it could be suggested that they also lacked the confidence to identify their learning needs in clinical practice. Based on O'Driscoll et al.'s (2010) findings, this would result in them being regarded by others as 'a pair of hands' and a worker, therefore rendering their supernumerary status void.

Student identity and social category has been investigated by Bliuc et al. (2011) who argued that this is intrinsically linked to the ways in which they learn. I described in chapter two, how Bliuc et al.'s (2011) Romanian study explored how the social identity of students applied to learning in the context of a university. Their findings revealed that students' social identities were significantly related to deep approaches to learning which informed academic achievement. The ability for student nurses to self-direct their learning in clinical practice is worthy of further exploration considering that the ways in which both clinical staff and students themselves are identified as workers as opposed to students promotes rote learning and a focus on tasks.

7.1.5   NMC Regulations

Arguably a further reason why student nurses identified themselves as workers could be due to the way in which they are required to conform to the regulations set out by both the NMC and the healthcare providers. As university students, student nurses within England are entitled to the same privileges as other students, such as access to the university facilities, membership of the student union, and access to student accommodation. However the professional requirements of the course mean that nursing students are expected to conform to the standards set out by the professional and Government bodies (the NMC and DH) and their respective placement providers within the healthcare sector.

The purpose of the NMC is to safeguard the health and wellbeing of the public; therefore because nursing students spend fifty per cent of the course time in clinical practice the NMC (2010) set out the required standards for education for universities to follow when

developing nursing curricula. The NMC (2011) guidance on the professional conduct of student nurses also emphasises the importance of student behaviour and conduct both inside and outside of the university and clinical placement. To safeguard the public, any evidence of non-compliance or questions of the professional conduct of student nurses can result in students being subjected to fitness to practice hearings, where they are judged as to whether they are fit to practice and to continue with their university education. Such restrictions placed on student nurses in terms of their conduct and behaviour when on or off duty enforces a worker identity, resembling that of a RN.

Before enrolling on a nursing course, potential student nurses may have preconceived ideas and images of life as a university student and enrol on a university course to meet their desire to lead a '*student*' life; however the findings from this study demonstrated how such expectations were not met due to the professional requirements of the course. As students' progress throughout the course, they develop an increased awareness of the compulsory requirements of the professional bodies, and health practice providers. Ultimately their student identity interchanges with that of a worker and they must learn how to behave and develop as a professional. The importance of both learning to be a nurse and understanding professionalism cannot be underestimated, yet it can lead to students becoming reliant on others to instruct them and as such removes their own autonomy to direct their learning needs and develop as self-directed adult learners.

7.2   Belonging

The mixed identities of nursing students and nurse lecturers resulted in a lack of belonging in terms of physical and psychological belonging to the university and clinical practice. Attempts made by lecturers and students to '*fit in'* and be accepted impacted on their attitudes towards learning and their levels of engagement with learning. Before discussing the issues surrounding belongingness in further detail, the concept of belongingness will be considered. Belongingness has been described by social scientists as a personal involvement (in an environment or a system) to the point where a person feels themselves to be an integral part or that environment or system (Anant, 1967). Two attributes of belongingness have been identified by Hagerty et al. (1992) as: valued involvement (being

accepted, valued by others and needed) and fit (which relates to the individual's perception that their characteristics complement the environment or the system). Whilst Maslow (1987) described the concept of belongingness as a human need to be accepted, valued and appreciated by others within a group. A clearer definition is provided by Somers based on the work of Baumeister and Leary (1995), who defined belongingness, as:

> the need to be and perception of being involved with others at differing interpersonal levels….which contributes to one's sense of connectedness (being part of, feeling accepted, and fitting in), and esteem (being cared about, valued and respected by others), while providing reciprocal acceptance, caring and valuing to others. (Somers, 1999, p.16)

Educational research considers how a sense of belonging can be compared to feelings of *'fitting in'* or *'feeling at home'* within a community (Hurtado and Carter, 1997; Meeuwisse et al, 2010). However, a reduced sense of belonging experienced by individuals can have a negative impact on individuals' behaviours, resulting in anxiety, stress and depression (Anant, 1967; 1969; Baumeister and Tice, 1990; Snyder, 1994; Hagerty and Williams, 1999). Further research has demonstrated how a lack of belonging can reduce an individual's self-esteem (Leary et al, 2001; Miller, 1991). Some individuals who experience a lack of belonging may demonstrate alterations in their behaviour patterns, and adopt negative behaviours to gain approval by other individuals within the group in order to achieve a sense of belonging (Clark 1992; Baumeister and Leary, 1995; Williams and Sommer, 1997; Lakin, 2003).

7.2.1 Communities of Practice: 'Traditional' vs. 'Non-traditional' groups

I discussed on pages 172-178 how nurse lecturers identified themselves as nurses, mothers and teachers whilst student nurses identified themselves as workers or carers and how their identities were based on caring tendencies. The lack of academic identity amongst nurse lecturers and the lack of a student/learner identity amongst students resulted in a lack of belonging to the university. Wenger et al. (2002) described how workplace communities enable professionals to establish their place within the world and therefore the work place

promotes an individual's sense of identity which he discussed in relation to communities of practice. Wenger et al. defined a community of practice (CoP) as:

> Groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in the area by interacting on an on-going basis. (Wenger et. al, 2002, p. 4)

Whilst Krember (2010) described how traditional academics develop their identity through their communities within their discipline including colleagues, social networks and other professionals. In this study, it was evident that this had not been achieved, despite the fact that the lecturers had worked within universities for a minimum of five years.

In addition, the student nurses did not belong to a student community. The lack of belonging to the communities of practice was considered to be because both groups were considered *'non-traditional'*. The majority of lecturers working within *'non-traditional'* health professional courses commence their academic posts directly from practice, with a considerable clinical and professional expertise and limited research expertise. This distinguishes them from *'traditional'* university lecturers, who often commence their role at a relatively younger age following a prolonged period of educational progression, many of whom have gained a PhD qualification prior to or shortly after gaining an academic position (Smith and Boyd, 2012). Similarly the majority of nursing students are often mature students who join the university with previous life and occupational experiences; as opposed to *'traditional'* university students who join university at eighteen. The findings from my study demonstrated how the marked distinction between *'traditional'* and *'non-traditional'* lecturers and students significantly contributed to the lack of belonging as *'non-traditional'* lecturers compared themselves with other lecturers and *'non-traditional'* students compared themselves with *'traditional students'*.

This lack of belonging was also experienced by students who considered that they did not belong in university or in clinical practice even though provision is made for students to develop friendships within the university at the beginning of the academic term. Universities provide a wide range of facilities for students on campus which are aimed to encourage students to socialise, learn and play (Martin et al, 2012), these include *'settling*

in' initiatives such as *'fresher's week'* aimed to bring a large proportion of students together who reside either on campus in university accommodation or within the surrounding area to promote a sense of belonging. However '*Non-traditional'* students, including nursing students, often present with different social circumstances as many are mature students who live with their family members off campus which can be a significant distance away therefore meaning they do not access the university facilities or socialise with *'traditional'* students. The findings from my study revealed that the routines and rituals which students are encouraged to develop to increase their sense of belonging (Goffman, 1969) did not necessarily apply to student nurses. It is considered that the lack of student belonging to the academic community further removed their student identity and reinforced a worker identity. The emphasis which students placed on 'work' and their desire to develop as a worker within clinical practice ultimately reduced their motivation to engage with self-directed learning. The notion of work and the need to work overshadowed the theory of adult learning as advocated by Knowles because students were more motivated to develop as worker within clinical practice and learn by doing as opposed to learning independently within DST.

7.2.2   The transition from professional to academic

The concept of lack of belonging was also experienced by lecturers that resulted from difficulties accepting their academic identities. As previously discussed, lecturers continued to identify themselves as nurses; they considered that they could not effectively '*teach'* students unless they were physically located within clinical practice setting. The physical distance between the university and the health care providers (namely NHS Trusts) resulted in a sense of isolation, a finding previously identified by Evers (2000).

The psychological lack of belonging to the academic community experienced by nurse lecturers supports the findings from previous studies (Diekelmann, 2004; McArthur-Rouse, 2008; Findlow, 2012; Duffy, 2012; Smith and Boyd, 2012) all of which identified challenges throughout the transition phase from a professional role into an academic role. Hill and Macgregor (1998) identified three stages in the process of transition: anxiety and letting go; feelings of a loss of identity (as the old identity becomes confused with the new identity);

and the individual's adaptation to the new situation with contentment in their role. I discussed how nurse lecturers failed to develop an academic identity and the inability to shift their identity towards an academic identity prevented them from being successful in the transition into their academic roles. The findings from my study revealed how for the majority of nurse lecturers, the transition process remained incomplete.

Nurse academics' feelings of isolation have been explored (Diekelmann, 2004), who demonstrated that nurse lecturers experienced a lack of support from their colleagues and feelings of isolation due to their exposure to a different culture The significance of cultural differences in relation to the transition of RNs into academic roles was also identified by McArthur-Rouse (2008). Other factors that have influenced the transition of nurse academics include the lack of structure within academic roles compared with their previous roles within the health sector (McArthur-Rouse, 2008) and the perceived lack of status in universities (Boyd and Lawley, 2009). Whilst there is limited evidence available in relation to how other lecturers experience the transition from practice to academia, Hurst's (2010) qualitative study carried out on a sample of eight physiotherapy lecturers during their first four years of teaching within an English university, demonstrated how problems with the transition from professional to academic were not limited to nursing academics but were also apparent within other '*non-traditional*' disciplines. Hurst (2010) outlined how physiotherapy lecturers took between one and a half to three years to socialise within their roles.

Data collected and analysed in my study confirmed how academics lacked confidence within their academic role which resulted in them being uncomfortable adopting some student centred teaching and learning strategies such as PBL, instead preferring to use lecturer centred approaches. The reliance on lecturer centred approaches within the classroom was another example of the ways in which student nurses were prevented from developing as independent, autonomous, adult learners as advocated by Knowles (1980). Instead the lecturers promoted didactic teaching methods, which resulted in student nurses developing pedagogical learning habits as opposed to developing as andragogical learners.

This lack of confidence experienced by lecturers within their academic roles parallels with the findings of Findlow (2012) who described how nurse academics experienced a lack of *'academic authority'* which resulted in a lack of confidence and feelings of isolation. The most significant factor which was found to hinder a successful transition from professional to academic was the lack of preparation for the academic role (McArthur-Rouse, 2008). McArthur-Rouse (2008) explored the experiences of six new adult nurse lecturers who had been employed for less than two years in an English university. The findings revealed how despite the fact that the new academics had joined the university from senior positions in the NHS, the daily work contrasted that of their previous role. The study also demonstrated how participants were anxious regarding the need to be a good lecturer as opposed to a 'teacher' which is an issue lecturers in my study raised, despite the fact that they had more experience within their roles.

It is worth considering here whether level of academic qualifications held by nurse lecturers and their level of involvement with scholarship impacted on their transition. The lecturers I interviewed were all degree educated, with a minority of staff holding Masters degrees and only one, senior academic, had successfully attained a PhD. The limited academic qualifications of nurse lecturers have been previously identified by (Penn et al, 2008) who recommended the need for all nurse lecturers to hold a PhD in line with the expectations of other disciplines within universities.

7.2.3   Value of Academia

The excessive amounts of time lecturers spent providing remedial support for students was at a cost to their engagement with scholarly activities required of university academics, as discussed in chapter six. The fact that nurse lecturers chose to invest their time *'mothering'* and *'nursing'* students meant that they did not have time to engage with research. The activities required of an academic such as research were not considered as important aspects of their role but an *'add on'*. This lack of regard for academic scholarship amongst lecturers supports Darbyshire (2011) who maintained how lecturers claimed to lack the time to engage with scholarship, and considered it unimportant.

Lecturers chose to spend a proportion of their working week in clinical practice working as RNs rather than engaging in research. Such behaviours amongst the nurse lecturers demonstrated how they valued the hands on *'doing'* aspect of their role to be more important than academia. Whilst this study did not compare the attitudes of nurse lecturers with traditional academics, it could be suggested that the lack of regard for academia was one example of how nurse lecturers were distinguished from '*traditional*' university lecturers which resulted in the failure to fit in with the community of practice.

The ways in which lecturers from '*non-traditional'* backgrounds including nursing, midwifery and the allied health professions failed to recognise the links between research and teaching was also acknowledged by Smith and Boyd (2012). As Ferguson et al. (2003) and Topping (2004) emphasised, within academia it is activities such as research, publications and securing grant incomes which confirm effective performance, not participation in practice. There has recently been a significant emphasis on the need for nurse lecturers to develop their involvement with scholarship (Thompson, 2009; Rolfe, 2010; Darbyshire, 2011; Goodman, 2013). Rolfe (2010) warned how such disregard towards scholarship amongst nurse academics placed nurse education in a vulnerable position within universities; and emphasised how nurse education needs to connect with academia to retain its position within universities:

> If the discipline of nursing is to survive and flourish as anything more than a provider of vocational training it is imperative that we make connections and find our place in the wider community of academics and scholars in what remains of the modern University. (Rolfe, 2010 pp.703)

In chapter five I described how the lecturers placed a greater value on clinical practice than academia and how many did not fully adopt their responsibilities as lecturers and some were uncomfortable within the role. The findings demonstrated that they lacked a sense of job satisfaction, which may be due to a lack of lack of gratification from students. It could be suggested that this resulted in the need for lecturers to work in clinical practice to satisfy their own needs which was at a cost to their level of engagement with scholarly activities. The emphasis on clinical practice as opposed to academia resulted in a lack of any real sense

of belonging to the university of the academic community. This ultimately influenced the students' values and attitudes towards learning as students began to consider that learning occurred solely in practice. Yet the evidence revealed that students' experiences of learning in practice was not always underpinned by theory, it was suggested that some mentors and students believed that the ability to perform a clinical skill was more important than understanding the reasoning and evidence underpinning the skill. The lack of belonging perceived by both lecturers and students led me to consider the purpose of the university in an attempt to explore the potential explanations for this.

7.2.4 Universities: The movement from a liberal education to the modern university

In the mid nineteenth century, Cardinal Newman's (1858/1982) treatise on the idea of a university outlined how universities distinguished education from training. At that time the purpose of the university was not to develop professionals but to develop individuals' self-awareness.

> it is more correct to speak of a University as a place of education, than of instruction. Education is a higher word; it implies an action upon our mental nature, and the formation of character; it is something individual and permanent cultivation of mind is surely worth seeking for its own sake. (Newman, 1858/1982, p. 25)

Newman described how the purpose of the university was the pursuit of knowledge; he specified that he was referring to the pursuit of learning rather than creating knowledge. He maintained that there was no requirement for the application of the knowledge to the outside world. According to Newman, universities provided a liberal education which included a combination of what were considered to be the 'classics'. Theology and philosophy served as sufficient preparation for any profession such as law or medicine. Newman considered that the classics prepared individuals to later adapt to their profession; he argued that university was not the place for professional training, which was concerned only with knowledge for its own benefit. Consequently he resisted the pressure from the move to specialist subjects as influenced by the evolution of the industrial society.

Yet in the twentieth century, Oakeshott (1950) suggested how Newman's vision was unsustainable. He warned how the traditional concept of the university and the values of universities such as scholarship would cease to exist at the cost of individuals gaining qualifications.

> A University will have ceased to exist when its learning has degenerated into what is now called research, when its teaching has become mere instruction and occupies the whole of an undergraduate's time, and when those who come to be taught…desire only a qualification for earning a living or a certificate to let them in on the exploitation of the world. (Oakeshott, 1950, p.125)

Subsequent threats to scholarship were raised by the American sociologist Mills (1959) who discussed how individual scholars within universities would be replaced by research teams, whom he described as '*technicians*'.

Significant changes to the ways in which universities functioned occurred throughout the late 1980s as a result of market forces and political influences, as the elitist culture and the pursuit of theoretical excellence was replaced with a mass '*up skilling'* (Findlow, 2012). In 1992 the binary system of universities and polytechnics throughout the UK were replaced with new universities, and non-academic training courses such as nursing, physiotherapy, and business studies became established within these new universities. The entry of professional-vocational subjects into universities challenged the historical emphasis based on the production and transfer of knowledge to an emphasis on outcomes (Bleiklie and Byrkjeflot, 2002).

This change resulted in heated debates concerning the purpose of higher education (Blake et al, 1998). In the mid-1990s, Ritzer (1993, p.1) described how universities had become corporatized, he referred to this as McDonaldization, stating:

> The process by which the principles of the fast-food restaurant use are coming to dominate more and more sectors of American society as the rest of the world. (Ritzer, 1993, p.1)

Ritzer used the fast food restaurant analogy to all aspects of society, and when applied to universities, Ritzer used the term McVersity. This signified the values of McDonaldization, including efficiency; calculability; control; and the use of non-human technology. In this way the purpose of the McVersity was to sell qualifications and students became recognised as customers (Rolfe, 2010). Universities were compared with shopping centres in terms of the level of consumption, albeit knowledge rather than goods (Scott, 1995). Increased pressure was placed on universities to generate income and sustain the employment of university staff.

Olssen (2006) described how this formed part of the 'neo-liberal agenda' whereby economic activities exerted power over the relationship between knowledge and learning. Barnett (2000, p.6) described the competitive nature of universities as they were required to meet the needs of a '*super complex world*' with increasing demands placed upon them. Such demands included the need to comply with benchmarks; legal frameworks; research outputs; meeting students' expectations; producing successful graduates and constantly striving to remain financially solvent. Critics of the new universities including Maskell and Robinson (2002) described the vandalism carried out in relation to the traditional image of the university and the expansion of universities within the UK due to the way that universities had become investments. Barnett (2000, p.13) described universities as a '*new embodiment of both church and supermarket*', whereby commodities are easily accessed and consumed. The introduction of university 'top up' fees in 2006 confirmed the status of universities as businesses and promoted a consumerist culture within the student population (Regan, 2012). Although students studying on professional healthcare courses including nursing are presently exempt from paying costly tuition fees, they are exposed to the business like culture within the university which ultimately influences their identity. The influence of culture on student behaviours towards learning will be discussed further in the following section

The previous Labour Government's widening participation agenda (HEFCE, 2001) included the introduction of foundation degrees which consist of a two year vocationally focused course aimed to "*up skill*" the NHS workforce. New roles which have been introduced to the

NHS such as the Assistant Practitioner have been considered to threaten the identity of the nursing profession (Law and Aranda, 2010). The introduction of what were traditionally recognised as training courses into universities have led to debates concerning the meaning of knowledge and how training can be distinguished from education. These debates concerning the role and function of universities assist in understanding of the culture of nursing in higher education. The following section will explore the different aspects of culture and how the differing cultures of clinical practice and the university shaped student nurses' and nurse lecturers' attitudes and behaviours towards SDL and the use of DST.

7.3 Culture

Nursing has been described as having a distinctive culture which forms part of the wider health culture (Suominen et al, 1997). For the purpose of this discussion I use Durkheim's (1982/1895) interpretation of culture to consider how culture impacts on individuals' behaviours and attitudes towards learning. Durkheim described how social structures are composed of values and norms, and that behaviours are determined by the culture in which an individual finds themselves. According to Durkheim, experience is not created, but inherited through generations. For humans to socialise within their environment they are required to learn the standards or rules which govern behaviour, and through which individuals are required to conform.

7.3.1 The Culture of Clinical Practice

My study found that the focus of the student nurses' experiences within clinical practice was to fit into the culture through completing the work in order to conform. Student nurses' initial perceptions of nursing, themselves and their social world have been examined by Buckenham and McGrath (1983). They argued how such perceptions are formed by the student's primary socialisation through which they became a member of society. By the process of professional socialisation:

> the student nurse gradually adopts the professional perception ..and erases the lay perception she brought with her. (Buckenham and McGrath, 1983, p77-78)

Hood and Leddy (2006) suggested that professional socialisation of student nurses begins in the educational setting at the start of the course and then continues to develop within practice. Throughout the process of professional socialisation, student nurses not only develop their knowledge and skills from their observations and interactions with RNs, but their values and behaviours (Davies, 1993). Taylor et al. (2001) discussed how the ways in which student nurses internalised such values and norms developed their self-concept and identity, so that they would be accepted by other members of the healthcare team and the profession.

Nursing teams function through a '*top down*' hierarchical model, the nursing '*Sister*' or '*Charge Nurse'* manages the team, followed by senior RNs, junior RNs, Health Care Assistants (HCAs) and student nurses. Although student nurses do not formally belong to the permanent nursing team, their *'worker'* status means that they are positioned at the bottom of the hierarchy in terms of the '*pecking order'*. As such they are expected to follow instructions of their seniors and conform to the norms of the organisation. Consequently within clinical practice, student nurses, as workers follow the instructions of their seniors and complete the tasks to '*get the work done'*. The findings demonstrated that many student nurses were not encouraged to take initiative towards managing and directing their learning within the clinical practice setting because the focus was on following instructions and completing tasks. Although one cannot deny that learning still occurred, the culture of clinical practice which focused on the completion of tasks prevented student nurses from developing the skills of SDL. This reinforced passive learning styles as opposed to promoting humanistic approaches to learning as advocated by Knowles (1980), Rogers (1983) and Candy (1991).

The obsession with the completion of tasks by nurses has dominated the culture of nursing for many years (Menzies-Lyth, 1970; Melia, 1987; Ford and Walsh, 1994; Pearcey 2007). The notion of '*getting the work done'* and '*getting through the work'* was previously identified by Clarke (1978) and Melia (1987) through their research on clinical learning environments. Fretwell (1980) and Melia (1987) also described how the strict routine of practice and the focus on tasks prevented any form of enquiry; instead RNs viewed their

work as basic and unrelated to education. Such studies were undertaken before all pre-registration nurse education moved into universities within the UK and prior to supernumerary 'student' status. However, my study has revealed how the increased emphasis on the '*doing*' culture of nursing practice still exists, with little value placed on the need for students or RNs to apply the underpinning theory to practice. Although in my study the student nurses were not NHS employees, the apparent disregard for supernumerary status combined with their worker identity (discussed on pages 175-178) meant that their behaviours were significantly influenced by the hierarchical structure of clinical practice and the need to conform.

I discussed on pages 179-181 how student nurses as '*non-traditional*' students, lacked a sense of belonging to the university. Previous evidence has highlighted that student nurses can also experience a lack of belonging within clinical practice. Nolan (1998); Boychuk et al. (2004); Levett-Jones and Lathlean (2008) all described how student nurses have experienced feelings of exclusion and alienation from the social environment. Further research has revealed that RNs within clinical practice often lack the time for student nurses and are not prepared or supported for the mentorship role (Watson, 2006) which reduces the students' sense of belonging. Similar problems have been identified by Ousey and Johnson (2007) who described how the '*exclusive boundaries*' within clinical practice created a '*them and us'* scenario between the healthcare team and student nurses, making it difficult for student nurses to fit in. Consequently, student nurses' attempts to fit in with the nursing teams in clinical practice were evident through acceptance of their worker status and following instructions from others within the team. Evidence suggests that individuals will often conform to a group in an attempt to increase their chances of inclusion (Moreland and Levine, 1989).

7.3.2   Role Modelling

Members of the healthcare team who were considered instrumental in the process of professional socialisation in my study were the student nurses' mentors. Mentors were held in high regard by student nurses, who described their mentors as '*very good nurses'*. This was despite some of the student nurses stating that many of their mentors would be

incapable of studying at degree level and in some circumstances referring to mentors as being '*incompetent*' and practicing with outdated methods. Nevertheless, the student nurses continued to respect and admire them. The significant influence of the mentors was considered to be due to the practical '*hands on*' element of their role which student nurses observed; they consequently recognised mentors as '*real nurses*' because they delivered direct patient care, a finding which supports previous work by Price and Price (2009).

Student nurses regarded their mentors as role models, who as such significantly influenced students' values and attitudes towards learning and academia. The importance of role modelling within clinical practice has been widely acknowledged (Marson, 1982; Ogier and Barnett 1986; Ogier, 1989). Bandura (1965) considered that individuals adopt their standards from their role models. Bandura suggested that ''most human behaviour is learned observationally through modelling'' Bandura (1997, p.22).

The NMC (2008a) recommended that within student nurses' practice experience, they are allocated to a mentor, to support and assess student nurses' clinical competence. Gopee (2008) considered how the term '*mentor*' was misleading, in addition the literature pertaining to mentorship often refers to different terms such as '*friend*', '*supporter*', '*guide*' or 'advisor' illustrating the complex and multi-faceted nature of the role described by Kajs (2002).

The NMC have provided a more structured definition of the role which stipulates specific criteria that a mentor must meet; the NMC define mentor as:

> An NMC mentor is a NMC registrant who, following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an approved education institute as meeting the NMC mentor requirements, has achieved the knowledge, skills and competence required to meet the defined outcomes. (NMC, 2008a: p.19)

Whilst I did not interview mentors, the findings from both groups revealed how students and lecturers considered that mentors did not value academia. In chapter five I outlined how students described how mentors considered it unnecessary for RNs to be educated

within universities or study towards a degree qualification. Instead they discussed how mentors focused on the '*doing*' aspect of their role and believed that the traditional nurse apprenticeship training was more appropriate than a university education to prepare RNs. Students revealed how mentors considered that RNs should be '*trained*' as such by being '*taught*' how to '*do*' with little value placed on the need to apply the underpinning theory. Such attitudes held by mentors, as portrayed by the student nurses, demonstrated a lack of regard for education and academia. I consider, drawing upon Colley (2002) that such views held by mentors stemmed from the educational background of the mentors and their experience of nurse training as opposed to education. The fact that mentors believed that students learn solely by the successful completion of tasks reflects a reliance on behaviourist approaches to learning which reduces the level of enquiry and promotes passive learning (Benner et al, 2010). This leads me to question how students can be equipped with the skills of problem solving and critical thinking at the point of registration if they are not encouraged to initiate their learning in clinical practice?

The findings suggested that the students' attitudes towards education and academia were influenced by the ways in which their mentors regarded their own education. Because student nurses considered their mentors to be experts and role models, they began to share their attitudes towards the value of learning, academia and the role of the RN. The emphasis on tasks and getting the work done undermined the need for academia, consequently student nurses also considered the need for academic achievement to be unnecessary and therefore unimportant.

7.3.3   Caring Mentors

My study revealed how student nurses, through the process of professional socialisation, associated learning and assessment with the university and university lecturers; they did not acknowledge the equal weighting of assessment distributed between theory and practice. I suspect that student nurses did not fully associate assessment with clinical practice because of their worker identity, which influenced their relationship with mentors. Allan et al., (2011) described how mentors regard student nurses as workers and fail to acknowledge their supernumerary status because they do not believe that student nurses can learn through observation. Student nurses considered that the mentor's role was to support

them to '*learn on the job*', which involved learning technical skills or tasks to become competent.

The findings from my study indicated how the worker status of student nurses could distort their relationship with their mentors as students become work colleagues or friends as opposed to undergraduate university students with learning needs. Whilst the term '*mentor*' is ambiguous, the NMC (2008a) set out the professional obligations for mentors and provided guidance to support the quality of learning for student nurses within clinical practice. In addition to providing support for student nurses, the NMC outlined the mentor's responsibility and accountability for the assessment of student nurses: "Assessing total performance – including skills, attitudes and behaviours" NMC (2008a, p.19).

In response to concerns regarding a lack of consistency when assessing student nurses and the risk of unsuitable nursing students becoming RNs, the NMC (2008a) introduced a new mentor role for students in the final placement. The introduction of 'sign off mentors' further emphasised the responsibilities of mentors to determine student nurses' fitness to practice status at the end of the course. The responsibilities of the mentor in terms of the assessment of student nurses cannot be underestimated, one which Fitzgerald et al. (2010, p. 161) referred to as "*gatekeeper to the profession*". However there are no guarantees that the introduction of the sign off mentor has achieved what it set out to do, as Glasper (2010) identified that implementation of the sign off mentor was proving difficult to achieve in some NHS Trusts due to a lack of time and insufficient numbers of sign off mentors.

Although mentors often complain about student nurses' incompetence, they are reluctant to formally report their concerns and there is a wealth of evidence which suggests that mentors fail to fail student nurses within clinical practice (Duffy, 2003; Jervis and Tilki, 2011; Fitzgerald et al, 2010). Various explanations for this have been considered; Duffy (2004) reported that despite having concerns about students' performance, mentors pass students because they have difficulties in measuring their attitudes. Whilst Fitzgerald et al. (2010) suggested that changes to the student population have resulted in an increased number of mature student nurses who are more assertive, therefore mentors feel unable to address

issues with them. The evidence suggests that as "*gatekeepers to the profession*", mentors do not recognise their level of accountability when assessing student nurses in practice, preferring to adopt the nurturing and altruistic dimension of the role (Darwin, 2004).

Whilst the NMC (2008a) clearly define the mentor's role as that of an assessor, the findings of my study have revealed that in reality mentors do not interpret their role as such and appear to regard student nurses as colleagues or friends whom they care for. This suggests that the caring, altruistic behaviours of mentors distorted the image of nursing students and their relationships.

Ultimately, if student nurses can demonstrate that they 'fit in' with the team by following instructions and complying with the routine through the completion of clinical tasks they are deemed competent by mentors. It is important that student nurses meet the required competencies in clinical practice (NMC, 2010), and Watson (2006) maintained that university education was not incompatible with that aim. However the over reliance on competencies for assessment has been debated. In an Australian context, Windsor et al. (2012) suggested that competencies form hierarchies and promote particular skills over intellectual and technical skills which results in the devaluing of nurses work. Watson (2006) described how the over reliance on competency and skills within clinical practice reduced the scope for enquiry and critical thinking and ultimately failed to prepare nurses to be accountable. Instead, Watson (2006) asserted that student nurses should be judged according to their level of capability. The notion of capability is described by Stephenson and Yorke (1998, p.2) as something which is:

> observed when we see people with justified confidence in their ability to take effective and appropriate action; explain what they are about; live and work effectively with others and continue to learn from their experiences as individuals and in association with others, in a diverse and challenging society. (Stephenson and Yorke, 1998, p.2)

Watson (2006) claimed that competence simply relates to the ability to carry out familiar tasks which individuals are trained to do. In contrast, capability is regarded as a higher order achievement, and the ability to manage unfamiliar tasks in unfamiliar situations

(Stephenson and Yorke, 1998). Watson (2006) discussed how within higher education student nurses should be educated to be not only competent but capable to deliver effective patient care.

7.3.4 Tipping the scales: The unequal value of theory and practice

I discussed in chapters five and six that the consensus amongst nurse lecturers and mentors in my study was that the hands on, '*doing*' element of the nurses' role was more important than the theoretical aspect and how this view was cascaded down to student nurses. Consequently student nurses failed to recognise the relevance of learning theory or how they could apply their learning within the university to clinical practice. Student nurses described how their few attempts to link theory to practice by initiating SDL in practice was reported as being unsupported by mentors.

Lum (2007) described how the notion of there being two different types of knowledge has been a consistent theme throughout Western philosophy, which has distinguished theory from practice and thinking from doing. The distinction between theory and practice can be traced back to Descartes' (1641) separation between the mind and body during the seventeenth century. For several years, the term '*theory-practice gap'*, has been widely used within nursing to describe how student nurses experience the separation that exists between what they learn in practice and the educational setting (Spouse, 2001; Benner et al, 2010). Ousey and Gallagher (2007) described how the theory-practice gap was pronounced by the move of nurse education into universities during the late twentieth century. Whilst the theory-practice gap is not new to nursing, it has not been recognised within other health professions such as medicine, despite the fact that medicine is also split between theory and practice and based on a competency framework. Ousey and Gallagher (2007, p.199) debated on whether the theory-practice gap exists within nursing or whether it is simply a '*false dichotomy'*. Gallagher (2012) argued that the theory-practice gap as a metaphor has affirmed that there is a gap between the two when in reality that is not the case. However Ousey (2012) disputed that the gap does exist due to the differences which exist between theory and practice. Ousey and Gallagher (2012) concurred that a gap is

necessary but that learners need to recognise the gap and attempt to understand how the two complement each other.

Although the theory-practice gap has been extensively investigated within nursing, the findings from my study have led me to consider the various factors that have reinforced the gap. Firstly, the '*misted*' academic identities of nurse lecturers, combined with their lack of belonging within the academic Community of Practice (CoP) has increased student nurses' awareness of the gap as nurse lecturers long for nurse education to return to the health sector. Secondly, the lack of regard for academia demonstrated by both nurse lecturers and mentors, make it extremely difficult if not impossible for student nurses to recognise the value of academia.

Within nurse education, attempts to develop both academia and clinical competence have been difficult, as any efforts to promote one aspect have been considered to be at a cost to the other. The introduction of the Project 2000 curriculum (UKCC, 1986) and the move of nurse education into universities during the mid-1990s resulted in concerns that nurse education within the UK was not preparing nurses to be clinically competent. The United Kingdom Central Council for Nurses and Midwives reported:

> concern that newly-qualified nurses, and to a lesser extent midwives, do not possess the practice skills expected of them by their employers. (UKCC, 1999, p.4)

The same report revealed how nurse education was too focused on the theoretical education of nurses at a cost of their clinical skills, below is a quote from a nursing sister:

> there appears to be an over emphasis on the academic area at the expense of clinical experience. A good nurse should be able to use her hands as well as her brain. (UKCC, 1999, p.39)

Such concerns influenced the developments of future nursing curricula as there was an increased emphasis on the need to develop student nurses' clinical skills. In addition, there was a drive to recruit nurse lecturers who could demonstrate evidence of recent experience

in clinical practice and were considered to be clinically competent DH (1999a); UKCC (1999). The ENB (2001) introduced the title '*link lecturer*' which also emphasised the value placed on nurse lecturers' clinical competence and credibility. Further efforts have been made to develop the clinical competencies of student nurses through the increased use of simulation within nursing curricula (Moule, 2011). This led to the development of clinical skills laboratories or simulation rooms within universities to develop students' clinical skills. However, despite the increased emphasis on the teaching of clinical skills and the clinical competence of nurse lecturers, nurse education is still considered to fail to produce competent nurses who are prepared for their role (Handwerker, 2012).

7.3.5   Resistance to Academia

Whilst the UKCC (1999) reported that the move of nurse education into academia resulted in RNs limited clinical competence; the emphasis on the 'doing' nature of the RNs role and the quest for clinical competence has been viewed as an obstacle to academic progression (Watson, 2006, Morrall, 2009). The fact that nursing was the last of all the healthcare professions in England to completely relocate into universities during the mid-1990s reflects such historical opposition to academia. Whilst the relocation into universities would have been an opportune time for nursing to move to an all graduate profession, the majority of nursing students who enrolled on university courses within universities studied towards a diploma qualification, not a degree. Despite the move into higher education, nursing continued to lag behind other health professions in terms of the standard level of academia. Whilst it could be assumed that nurse lecturers in my study would welcome the increased standard academic requirement for RNs to degree level, in line with all other healthcare professions, instead the majority disapproved the change and considered it unnecessary. Previous concerns have been raised (predominantly by the general public) that raising the academic entry for nursing would remove *'good nurses'* away from the patient's bedside (Ali and Watson, 2011) whilst Woodward (2008) maintained that a degree qualification did not make a good nurse. The public image of nurses as sex symbols and doctors subordinates has resulted in misconceptions about the role of the RN and has exacerbated the problem (Watson and Thompson, 2003; Neilson and Lauder, 2008; Ali and Watson, 2011). However, the resistance to move nursing to an all degree profession was considered to be further

perpetuated by RNs themselves (McKenna et al, 2006; Robinson et al, 2006). My study supported such concerns as many lecturers opposed an all graduate profession. They considered that potential students who were '*caring*' would not meet the required entry criteria; whilst "*academic*" students would be removed from patient care, leaving nursing care to unregistered health care assistants. I discussed in chapter six how the phrase '*too posh to wash*' was cited by lecturers, reflecting previous concerns raised by both the general public and the profession.

Government responses to the increased academic level required for nursing, have been mixed (as presented in chapter one). The previous Labour Government supported the move, however the current Coalition Government disputed that graduate nursing courses do not reflect the vocational work of clinical practice and have accused nursing of becoming '*over academicised*' (Santry, 2010).

As you may recall I discussed in chapter one how such arguments against the move are purely based on anecdotal evidence, and there is no empirical evidence supporting the '*too posh to wash*' theory. Professional groups including the RCN lobbied for the move to an all graduate profession for several years (RCN, 2004). Hancock, a former RCN General Secretary and former president of the International Council of Nurses stated:

> I know of no evidence that says if you're better educated you're less caring or less good with your hands. (Hancock, 2010, p.81.)

Nursing has been an all graduate profession in other countries for several years including Belgium, Denmark, Finland, Ireland, Italy, the Netherlands, Norway, Spain, Australia and New Zealand without such concerns being raised. In Australia nursing has been an all degree profession for in excess of thirty years (Shields et al, 2012) yet Australian nurses have not been viewed as being '*too academic*'. It is also worthy of note that concerns regarding professionals becoming over '*academicised*' have not been raised within other health professions; for example medics have not been described as '*too academic*' or '*too knowledgeable*' for spending five years at medical school. Similarly other professional groups such as physiotherapists or dieticians have not been subject to such criticisms.

Despite the resistance towards an all graduate profession, some members of the public have supported the need for nurses to be educated to degree level (Street-Porter, 2009) and there is robust evidence that degree educated nurses provide positive patient outcomes (Aiken et al, 2003; Duffield et al, 2007; Klein, 2007; Rafferty et al, 2007; Kendal-Gallagher et al, 2011). Several nurse academics including Watson (2006); Ali and Watson (2011); Watson and Shields (2009); Shields et al. (2012) have all argued in favour of the move towards a degree entry for nursing for several years and continue to defend the move, arguing that higher academic standards within nursing demonstrated by the move to an all graduate profession can only be of benefit to the profession and the public.

7.3.6   The Hidden Curriculum

As discussed in chapter one, in order to qualify as a RN, student nurses are required to successfully complete 2,300 hours in theory and 2,300 hours in practice (NMC, 2010). During this time, the student nurses' values and behaviours are influenced by the rules and norms of the environment to which they are exposed to in both clinical practice and the university. I have discussed some of the factors influencing the students' socialisation into professional practice. These factors are recognised as forming what is known as the '*hidden curriculum'.* I believe that the culture of clinical practice informs the hidden curriculum which shaped student nurses' and nurse lecturers' attitudes, values and behaviours towards academia and learning.

In this context, the hidden curriculum is defined as the:

> processes, pressures and constraints which fall outside the formal curriculum, and which are often unarticulated or unexplored. (Cribb and Bignold, 1999, p. 24)

Spouse and Redfearn (2000) maintained that there is a fine line separating the tangible from the intangible components of curriculum. According to Hargreaves (1980), it is the intangible aspects of curriculum which are familiar to those involved and therefore the term

'*hidden*' is not a fitting description. Instead, he recommended the term '*para-curriculum*' which runs alongside the curriculum. However I would argue that the term hidden curriculum is more fitting because although the issues are familiar to those involved they are hidden and unexposed to those outside it.

My study highlighted that the hidden curriculum which existed within clinical practice and the university could have a negative effect on the attitudes of students and nurse lecturers towards their approaches to SDL and DST. It is likely to be a cause in the increased dependency of students on lecturers and the passive behaviours and attitudes demonstrated by students towards their learning. With the emphasis being on the need to achieve competency in practice, the need to gain underpinning theoretical knowledge was not important. Students' views and opinions were heavily influenced by their role models who did not consider education to be important. The findings demonstrated how students in the first year of the course were more motivated to engage with self-directed learning than the senior students. As students progressed on the course their motivation to learn theory reduced. The student culture in which '*it was uncool to study*' further inhibited students' motivation to self-direct their learning.

7.4   Empowerment

In the previous section I discussed how culture influenced the hidden curriculum. Within this section I briefly discuss how the power dimensions within the hidden curriculum, demonstrated through the language and behaviour of nurse lecturers; student nurses and mentors in clinical practice influenced attitudes and approaches to SDL and DST. Raatikainen (1994) discussed how the term 'power' related to the attainment of goals. It could be assumed therefore that student nurses should have the power to achieve their learning goals through their engagement in SDL within DST. However, the findings revealed that the power which others demonstrated over student nurses prevented them from effectively engaging with SDL. Hokanson Hawks (1991) maintained that power has two meanings, including 'power over' and 'power to'. She described 'power over' as the capacity or ability to influence the behaviour of others, or to obey or conform. In this sense 'power over' is a form of dominance, encompassing control and authority. In contrast

'power to' reflects the ability to achieve goals, including the means and capacity to attain goals. 'Power to' can be aligned to the concept of empowerment which means 'to enable or 'to act' (Chandler, 1992). Recent studies which have explored the empowerment of student nurses within the context of clinical practice have revealed that student nurses are disempowered due to the lack of belonging within the clinical team and the lack of recognition of their supernumerary status (Bradbury-Jones et al, 2007; Bradbury-Jones et al. 2011). In a similar vein, this study demonstrates how student nurses are disempowered within the context of the university as lecturers professional 'power over' student nurses prevented them from having the 'power to' effectively self-direct their learning within the protected time allocated. The fact that student nurses were considered as workers in clinical practice and missed opportunities to apply theory to practice meant that their level of empowerment in practice was also minimised. Such 'power over' students demonstrated by both lecturers and mentors meant that principles of andragogy were unattainable.

7.4.1   Ownership

I discussed on pages 172-174 how the nurse lecturers, continued to embrace a nurse identity and as such, did not '*fit in*' with the academic CoP. Findlow (2012) described how nurse lecturers experienced a loss of power after moving into academia and were placed lower down in terms of the "*pecking order*" of the university. All of the lecturers in my study had previously held senior positions in NHS Trusts where they had power over junior staff and patients. I consider that the lecturers in my study also sensed a loss of power within their role and consequently attempted to shape their professional identity in the university by demonstrating a sense of ownership of students. The students were not actively encouraged to understand their own learning needs and develop learning plans to progress throughout the different stages of the course. In turn the students' abilities and enthusiasm to take responsibility for their own learning was reduced. This exemplified that nurse lecturers did not empower students to learn how to become autonomous adult learners responsible for their own development, as advocated by Rogers (1969) and Knowles (1980). Rogers (1969) described how "teaching" referred to instructing others and as such was a "*vastly overvalued activity*" (p. 103). Instead he emphasised that the role of the teacher should not be prescriptive or directive but should facilitate learning. For Rogers

(1969) the aim of education was the facilitation of learning. The role of the teacher as a facilitator was also emphasised by Brookfield (1986) who regarded the teacher as being responsible for prompting learners to discover their own views and assumptions. However it was clear from the data in my study that although some lecturers referred to themselves as facilitators, their behaviours did not resemble that of a facilitator as portrayed by Rogers (1969) or Brookfield (1986). Instead, the evidence revealed how many nurse lecturers would instruct and direct students which resulted in a lack of engagement from some nursing students towards their studies. The ways in which nurse lecturers have promoted dependency amongst students has been previously identified by Nolan and Nolan (1997a) and Turunen et al. (1997) who considered that the lack of self-direction among students was due to the teaching methods of lecturers which encouraged dependency.

The language used by nurse lecturers, when referring to student nurses and describing their interactions with them emphasised a sense of ownership over student nurses. This was demonstrated by the use of the term '*my*'; for example '*my students*'; '*my class', 'my modules*'. The lecturers' power over student nurses was evidenced through their discourse within the classroom environment, for example shouting at some students to: "*get out of my class*" if they were perceived as being uncooperative with the lecturers. I believe that the language used by lecturers such as 'my students' could reflect how they previously viewed patients under their care as 'my patients' when they worked in clinical practice. In this way the nurse lecturers were attempting to reclaim an element of power which they had lost since leaving their clinical roles as RNs. An observational study undertaken by Hewison (1995) revealed how nurses demonstrated their power over patients through the language they used and the way in which nurses spoke to patients was considered to be a barrier to open communication. Goffman (1961) described how the goal of a hospital was to provide patient care; it also provided a means for individuals to shape their professional identities through controlling patients. RNs are considered to shape their identity by working within hospitals in which they control patients. The primary nursing framework, introduced to the UK during the late 1980s, meant that much of the decision making about the patient was transferred from the ward sister or charge nurse to the RN caring for the patient (Wright, 1990). This further promoted a sense of ownership over patients through

reference to '*my patient*'. Consequently I consider that the lecturers lacked a sense of ownership over patients since leaving their clinical roles within the NHS and were attempting to regain a sense of ownership through their interactions with student nurses within the context of higher education.

7.4.2   "Not letting go"

The nurse lecturers in my study considered that the only way in which student nurses learned was through '*face to face'* teaching methods such as lectures. I discussed how attempts made by lecturers to adopt contemporary student centred, pedagogies such as problem based learning (PBL) or online activities proved unsuccessful. Many lecturers acknowledged their inadequacies with the facilitation of PBL and described the inconsistencies in their approaches. Both groups indicated how student nurses did not engage with group learning or self-directed learning in PBL. The lack of engagement with PBL from both groups meant that it was discontinued and replaced with traditional lecturer centred pedagogies.

As discussed in chapter two, traditional pedagogies originate from positivist, rational and technical forms of knowledge associated with specific behavioural, cognitive and/or psychomotor skills and measurable outcomes (Hewitt, 2009; Kantor, 2010, Horsfall et al, 2012). They are based on the assumption that "*the teacher knows best*" (Horsfall et al, 2012, p.930.) as the expert who provides information to an audience (the students). In contrast, student centred pedagogies regard learners as active participants and there is more emphasis on dialogue between the student and the teacher (Ironside, 2006; Kantor, 2010). One significant difference between student centred learning compared to traditional teacher centred approaches is the shift of power (Greer et al, 2010). Within student centred approaches the students have responsibility for their own learning, whilst lecturers facilitate learning.

I believe that PBL was unsuccessful due to the inability of lecturers to '*let go*' and relinquish their control to the students which supports the findings of Maghindu (1990) and Swain (1991) who described how lecturers avoid student centred methods as they considered it a

threat to their control, as discussed in chapter two. The continuation of such behaviourist approaches within nurse education has been demonstrated by Clark and Davis Kenaley (2011); who described how nurse lecturers are confronted with the task of delivering large volumes of information to students in order to meet professional requirements. Allen (2010) referred to this process as a 'banking system', whereby academics deposit information, for students to collect, store and recite. The lecturers in my study acknowledged how they experienced difficulties adapting to the role of facilitator from being the '*teacher*'. This demonstrated how they identified themselves as teachers working within a teaching role as opposed to university academics, as discussed on pages 181-183. Lecturers experienced emotional concerns at the thought of students taking a lead on their learning and expressed how they would "*worry*" if student nurses were expected to learn independently. Such concerns were symptomatic of their identities as nurses and parents, as previously considered on pages 169-170.

7.4.3   Lack of Authority

I consider that the lecturer's inability to let go of control, was due to their lack of authority and confidence within their role. It was evident in my study that students often challenged nurse lecturers, and demonstrated a lack of respect for their role. This was evidenced through the way in which they spoke to lecturers within the classroom. One lecturer described how students would challenge how she planned to use DST (see chapter six); the fact that she justified her diary schedule demonstrated a complete lack of authority.

Attempts made by the lecturers to constantly please students further exemplified the lecturers' lack of authority. The growing emphasis on student satisfactions within universities, indicated through the National Student Survey places more expectations of students on to lecturers (Regan, 2012). However, the level of support and availability of lecturers in my study was extreme. Lecturers described how they attempted to please students by working shifts in clinical practice; by being seen in '*uniform*' was considered to prove their competence as a nurse with students. This undermined the value of the academic role and their authority as lecturers.

I believe that there were various factors which resulted in the lack of authority of lecturers within the department. Firstly, as explained in chapter six, the Head of School did not value academia, and was vehemently opposed to the move to an all graduate profession and believed that nurse education would and should return to the health sector. Considering his position within the university and as a role model to lecturers it is not surprising that the nurse lecturers found it difficult to undertake the academic role and to make the successful transition from a nurse tutor to an academic.

My study also revealed how mentors did not value academia; they did not promote the application of theory to practice and had little respect for academics. The fact that lecturers were undermined by mentors in practice could also be considered to disempower lecturers and reduce their level of authority. If nurse lecturers are not empowered within their role I question how student nurses could be expected to manage their own learning and self-direct their learning when off campus during directed study time?

7.5   Chapter Summary

Throughout this section I have discussed the integration of the findings obtained from the student nurses and the lecturers. The four main areas which were discussed included: identity; belonging; culture and empowerment, each of which were interrelated and influenced how student nurses approached learning, in particular SDL within DST.

I discussed how the '*misted*' identities of nurse lecturers impacted on their role. The fact that their identity had remained unchanged meant that they lacked a sense of belonging within the academic community. This was not due to being rejected from colleagues in other disciplines but was personal to them and it related to how they perceived themselves and the fact that they wanted to return to their comfort zones in the NHS. The reduced sense of belonging influenced their interactions with the student nurses and their attitudes towards learning and academia. There was an emphasis on '*doing*' as opposed to learning and the evidence suggested that lecturers, students and their mentors valued the doing aspect of the nurses role. The application of theory to practice was limited and despite the fact that the evidence suggested that mentors could not always see the value of

understanding and developing underpinning evidence, they were held in high regard by student nurses because they were viewed to be '*good nurses*'.

The opposition to the graduate profession was evident and the fact that the Head of School did not consider a degree or in fact a university education as important was concerning. This influenced the culture of the department as many others shared the same view. There was a consensus that to be a good nurse related to '*doing*' the role, and there was an expectation within the lecturing team that they would continue to work in clinical practice. The lack of value which nurse lecturers placed on academia was evident by the way in which lecturers dedicated large amounts of time to provide remedial support for students and spending a day as a staff nurse, whilst claiming that they were too busy to undertake research. Such attitudes led me to question the level of support which the nurse lecturers received from their manager, in particular the Head of School.

The fact that nurse lecturers felt powerless within their role resulted in attempts to regain control and power over students. Johnson-farmer and Frenn (2009) described how it is the role of the lecturer to facilitate students' engagement with learning and stimulate their motivation to learn. However, this did not occur because lecturers were unable to 'let go' of their control within the classroom, therefore attempts to use PBL were unsuccessful and lecturers relied on behaviourist pedagogies. Benner et al. (2010) warned how such reliance on behaviourist pedagogies can result in large amounts of information being given to students which is decontextualized; reinforcing the concept of the theory/practice gap.

It was apparent that the authority of nurse lecturers was not recognised by both students and mentors. Students did not respect lecturers, in an attempt to develop relationships with students; the lecturers went out of their way to appease them. This involved excessive levels of availability, justifying their actions and continuing to practice because that was what students expected and wanted them to do. Chapter eight which follows is the final chapter of the thesis which provides a summary of the study in relation to the aims. The chapter includes a discussion on the process of reflexivity, the limitations and recommendations.

Chapter Eight

Conclusion

Following the integration of findings and discussion in chapter seven, in this final chapter I summarise the main discussion points and outline how the findings will be disseminated to a wider audience. The importance of reflexivity within qualitative research and an outline of how I applied the principles of reflexivity at different stages throughout the study is discussed. The limitations of the study are acknowledged, followed by a presentation of the recommendations for nurse education; the Nursing and Midwifery Council (NMC); clinical practice and future research.

The study sought to explore the perceptions of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims were:

1.   To explore how DST is used by student nurses and nurse lecturers.
2.   To discover the factors which influence student nurses' experiences of SDL within DST.
3.   To establish if the student nurse/lecturer relationship shapes their perceptions of DST and SDL.

The aims of the study have been met as the findings provided an insight into the student nurses and lecturers' perceptions of directed study time in an undergraduate nursing curriculum at one university through the experiences of nursing students and nurse lecturers. The analysis of the perspectives of both groups enabled exploration of the different perceptions; attitudes, behaviours and relationships which influenced the use of DST and SDL. Chapter two discussed how previous knowledge relating to the phenomenon focused on the preparation of students for SDL and the preferences of students and/or lecturers to particular pedagogies. However, having since explored the lecturer and student experience of the use of DST, this study has revealed numerous sociological and psychological factors which have not previously been considered; and therefore provides an

original contribution to existing knowledge. The underpinning sociological and psychological issues which were identified in the study are summarised below.

8.1   Summary of key findings

The student nurses and nurse lecturers perceived DST as time that was owned by student nurses, and student nurses determined how DST was used. Both groups made the point how many student nurses engaged with other activities within their personal lives during DST, examples of such activities included shopping, cooking, cleaning, resting or caring for others. The experiences of both groups revealed that DST was perceived as '*free time'.*

Multiple factors were identified which influenced student nurses' engagement with SDL during DST; they predominantly related to issues surrounding the lack of identity and belonging within each group. Such factors impacted on the relationship between student nurses and the nurse lecturers and consequently influenced the participants' attitudes and values towards SDL and DST.

The identities of student nurses and nurse lecturers did not reflect their positions, or at least those expected of them by the university. Student nurses lacked a student identity; they considered themselves to be carers or workers as opposed to university students. Nurse lecturers lacked an academic identity and considered themselves to be nurses, mothers and teachers. Although the nurse lecturers' roles had changed from RNs in clinical practice to that of a lecturer within a university, the centrality of their identities as RNs remained unchanged.

The behaviours which nurse lecturers displayed towards nursing students represented their behaviours towards patients whom they had previously cared for; in this way nurse lecturers were considered to be '*nursing*' student nurses. Discussions during the interviews highlighted that an increased level of dependency of student nurses on lecturers to direct their learning was a result of the caring, behaviours of some nurse lecturers. Many nursing students used DST to care for others within the home environment and found it difficult to separate such caring roles from their professional roles within practice. For many nursing

students, nursing simply meant to care for others and complete caring skills. The findings revealed how the caring behaviours demonstrated by both groups reflected a lack of self-confidence and low self-esteem, as the need to care for others meant they did not consider their own learning needs to be a priority. For student nurses learning how to undertake clinical skills in clinical practice was important, but theoretical learning was not valued by students or applied to the context of clinical practice.

The nurse lecturers interpreted their role primarily as teaching, as opposed to an academic role which often reduced the need for students to develop the skills of an independent learner as lecturers considered it necessary to provide students with information. The need for lecturers to '*teach*' students meant that student nurses were not encouraged to direct their own learning. Whilst student nurses progressed throughout the course they expected to be taught by lecturers or 'teachers', and consequently became less engaged with SDL; DST was then regarded as their '*free time*'.

The identity of lecturers as RNs and students as carers or health sector workers resulted in a lack of belonging within the university. Instead, both groups felt that clinical practice was where they belonged. Having retained their '*nurse*' identity, nurse lecturers longed for nurse education to return to the health sector and continued to practice within clinical area during their time off work. Within the nurse lecturing team it was considered the 'norm' to practice clinically to retain competence.

The culture of clinical practice significantly influenced SDL and the use of DST. The findings from this study revealed that within the nursing culture there was a lack of regard for academia and a lack of value placed on theory (unlike other practice based professions, for example medicine). Student nurses acknowledged the deficits in the knowledge and abilities of some RNs in practice who were their mentors. However, they continued to regard their mentors as influential role models whom they considered 'good *nurses'* despite their lack of theoretical knowledge.

Within clinical practice areas, students were treated as workers and followed the instructions of others in order to fit in. In both the clinical environment and the classroom environment student nurses were reliant on others to direct their learning. The fact that student nurses were conditioned to be directed in terms of their learning activities meant that they were not equipped or encouraged to self-direct their learning. As a result, they often engaged with activities which were unrelated to the course and took personal ownership of the time allocated to DST. This further supported the notion that continued academic study was not perceived to be a priority.

Throughout the student nurses' experiences within clinical practice, they considered that to be a good nurse meant being competent at performing clinical skills. The underpinning knowledge base was considered unimportant and therefore academic work within the university was unnecessary unless it directly related to clinical skills. Within the clinical environment student nurses were not encouraged to apply theory to their practice which made it difficult for them to identify how theory influenced practice and students began to consider theory and practice as being two separate worlds. Ultimately they wanted to become a RN and learn in practice by following the instructions of others and becoming a valued member of the clinical team.

Mentors did not value academia and believed that nurse education should return to the traditional apprenticeship model. Mentors failed to clearly recognise their responsibilities as '*assessors*' of students who were expected to promote the application of theory to practice but rather considered themselves as work colleagues who directed students on '*what to do*'. Consequently student nurses did not direct their own learning in clinical practice but followed instructions from mentors to fit in with the healthcare team and ultimately pass their summative assessment in practice.

The emphasis on the 'doing' aspect of nurses' work was not only significant to RNs in clinical practice but also to the nurse lecturers. The 'nurse' identity of many lecturers resulted in a lack of regard for their own academic development, which some considered unimportant. Many nurse lecturers, including the head of school, disagreed with the move to an all

graduate profession and did not consider it necessary for a RN to hold a degree qualification as a minimum standard. Ironically, as discussed earlier, whilst lecturers claimed to lack time for research due to their *'teaching'* commitments, many continued to work within clinical practice at least once a month instead of using this time for research and scholarly activities.

Prior to moving into education, the nurse lecturers held senior nursing positions within the health sector. The transfer into the university resulted in a loss of power for many; this dilution of power was reinforced by the lack of academic identity and a lack of belonging within the academic community of practice. As a result, nurse lecturers attempted to control the behaviour of student nurses and had trouble in letting go of their control. Attempts to implement student centred pedagogies such as problem based learning (PBL) were unsuccessful due to the lecturers' inabilities to relinquish their power or remove themselves from their nursing identity. Consequently student nurses were not empowered by nurse lecturers to control their learning or initiate their learning.

In summary, the findings revealed that the lack of identity of nurse lecturers and student nurses resulted in a lack of belonging within the university and the academic community. Throughout the student nurses' clinical experiences they were exposed to the hierarchical structure of the healthcare sector where they were regarded as workers; as such they followed instructions in order to fit in. Student nurses considered their mentors to be good role models despite their limited theoretical knowledge base, which could question their fitness to practice. Student nurses associated being '*a good nurse*' with being competent at clinical skills and as such considered that being able to carry out clinical tasks successfully was an indication of learning needs being met.

Within the university, student nurses were influenced by the nurse lecturers; who did not have a clear academic identity but identified themselves as nurses, mothers and teachers. The caring, mothering behaviours of lecturers increased the level of student dependency in terms of their learning as student nurses came to expect lecturers to teach them. Attempts to use student centred pedagogies were unsuccessful because nurse lecturers wanted to '*teach*' student nurses. By controlling the content of learning and knowledge within the

classroom, lecturers felt to be in a position of power over students that led to a disempowerment of students and the impetus for students to become independent learners.

The ways in which the behaviour of student nurses was governed by mentors, nurse lecturers and the NMC promoted passive behaviours towards learning, as student nurses learned to become reliant on being directed from others. Ultimately student nurses were not able to self-direct their learning because as they progressed throughout the course, they were conditioned to expect to be told what to do and when, DST was generally not used by students to direct their learning and was considered as student nurses' *'free time'*.

8.2   Reflexivity

One important aspect which was considered throughout the various stages of the study was the process of reflexivity which is regarded as fundamental within qualitative research (Bryman, 2008; Finlay, 2002; Holloway and Biley, 2011). The term reflexivity can be confused with reflection, and the terms are often used interchangeably. However, Woolgar (1988) clearly distinguished reflexivity from reflection; he described reflection as thoughts which are related to process and verification to ensure that participants are represented accurately. Reflexivity involves looking again and reflecting on your thoughts back to yourself (Woolgar, 1988); an action which Shaw (2010, p.234) referred to as the researcher's *'gaze to the self'*.

Langdridge described the practical process of reflexivity as:

> the process through which researchers are conscious of and reflective about the ways in which their questions, methods and very own subject position might impact on the psychological knowledge produced in a research study. (Langdridge, 2007, p. 58-59)

Whilst there are no agreed recommendations for researchers to demonstrate reflexivity within qualitative research and in particular, phenomenological research, Langdridge (2007)

suggested some points which qualitative researchers should contemplate.   He recommended that such considerations should be asked prior to, during and on completion of the study to demonstrate a reflexive approach, and enable the necessary modifications to be made. Throughout the duration of the study, various steps were taken to promote reflexivity; the section below provides an overview of the reflexive considerations that I made in an attempt to reveal my values and promote a degree of openness and transparency.

8.2.1   Reflexive considerations prior to the study

As you may recall, at the beginning of the study I outlined my professional background, my experience of the phenomenon and my position towards the participants. In chapter three I discussed how I considered phenomenology to be an appropriate methodology to explore the perceptions of DST as experienced by the participants. I acknowledged that descriptive phenomenology would not be suitable to meet the aims of the study and how I would not be able to 'bracket' my values and assumptions towards the phenomenon due to my professional background. Consequently I chose to work within an interpretivist paradigm and the focus of the research was on the participants' interactions between them and the context. In reality, objects within the world are not separate from the subjects: "*representation and object are not distinct, they are intimately interconnected*" (Woolgar, 1988, p. 20). As the researcher I connected with the participants to explore their interactions within their worlds and interpreted their understanding of their experiences of the phenomenon through the "fusion of horizons" (Gadamer, 1975/1996).   The acknowledgement of my assumptions and values prior to the study demonstrated a sense of openness and honesty and therefore promoted a reflexive approach to the research. The decision to use an interpretive approach meant that I did not set out to produce an objective account of the participants' experiences, but I aimed to promote transparency for the reader in relation to my assumptions and values.

8.2.2   Reflexive considerations during the study

Throughout the duration of this study I have received extensive support from my supervisory team whom I have met with on a monthly basis to discuss and plan each stage of the research. The team was made up of three academics (one professor of psychology and two senior nurse academics) who collectively held a varied experience within qualitative research, specifically within health and education. I was required to participate in peer review and debriefing sessions within supervision, where I was regularly encouraged to present written and oral summaries of data which I had obtained from each phase of the data collection. Such debriefing sessions proved to be a fundamental aspect of the reflexive process throughout the duration of the study. Each member of the team would challenge the rationale for my decisions and views at different stages of the study. The need to prepare to present my progress to the supervisory team throughout each stage of the research encouraged me to take a step back and 'gaze' on myself. I found that the process of supervision, encouraged me to regularly question my rationale for decision making throughout each stage of the research. Polit and Beck (2010) discuss how the external validation involved with the process of peer review and debrief promotes quality enhancement within research. This was particularly relevant throughout the stages of data collection and data analysis.

As discussed in chapter four, I intended to collect data from participants within my place of work due to practical reasons such as accessibility. However, it was recommended by the School Research and Ethics Panel (SREP) that the data should be collected from another university due to my working relationship with the participants. Having acknowledged this I gained permission from another university to undertake the study.   Whilst I initially perceived this recommendation as an obstacle, it meant that I was unknown to the participants which therefore reduced any assumptions which I could have held in relation to them and their context. Whilst participants should not be obliged to participate in research, I believed that the fact that I worked within a different university to the participants would reduce any sense of obligation to participate which supports the openness and honesty of the recruitment process.

Prior to collecting the data for each phase of the study I developed an interview guide. In an attempt to promote openness and honesty, I presented drafts of the guide to my supervisors and the guides were discussed at supervision. This process meant that the guides were subjected to peer review, and some questions were removed from the original guides that were considered to be leading questions as recommended by my supervisors. In chapter four I discussed how I had carried out a pilot interview with a colleague prior to the main interview, this enabled me to gain feedback from another external person in relation to the questions asked and the interview guide was again revised. When undertaking two out of the three focus group interviews, I was accompanied by a member of the supervisory team who sat aside from the group and made notes. Immediately after each focus group I also made reflexive field notes which described the setting, interactions which were not captured through the audio recording and my thoughts. The field notes were useful as they enabled me to capture and recall non-verbal actions during the interview and record my feelings. By comparing my supervisor's notes with my own notes I was able to provide a more credible account of the interviews as a result of my critical reflection on similarities and differences between their interpretation of what happened in the focus groups and mine. One example of this was an occasion when one participant sat directly opposite to me throughout the focus group with a fixed stare which I found to be quite intimidating. Her non- verbal body language which I perceived as hostile made me feel uncomfortable and was a challenge to my self-confidence as an interviewer. Nevertheless, the focus group continued and overall I did not feel her behaviour had too much impact on the interview process. Immediately after the focus group I wondered whether my perception of this participant's hostility might actually be a product of my insecurity as a novice interviewer. Subsequent conversations with my supervisor who had also observed the participant's body language made me realise that this was not the case; she too had read the participant's manner as hostile.

Another example of reflexivity in relation to the data collection process was during the interviews with one of the lecturers, Tom, which I had found to be particularly challenging. Whilst the interview served its purpose in terms of data collection, my experience was that the participant used it to 'off-load' his physical and emotional baggage. I described how

during the interview Tom described his problems to me and despite the fact that the interview had lost its focus, I was unable to draw the participant back in. Through discussing this experience within supervision I was encouraged to reconsider my relationship with Tom and subsequently with other participants in the study. Through talking with my supervisors I recognised my feelings of doubt about my competence as an interviewer, because instead of trying to refocus the conversation I had allowed Tom the time to share his problems. Paradoxically, I also felt a sense of guilt that whilst I had allowed Tom the opportunity to off load his problems I had not contributed to the conversation as I was considering my research role and using non-verbal signs such as nodding. I felt quite emotional in relation to some of the problems he shared with me although I did not reveal this to him at the time. The fact that I said very little and did not talk through Tom's problems and tried to hide my emotions left me feeling that I had let Tom down in some way. This reflexive aspect of supervision within subsequent meetings with my supervisory team later helped me to develop a greater sense of awareness in relation to the purpose of the interview process. It helped me to recognise my boundaries with the participants and to understand that although I am a RN and have a duty of care towards patients, Tom was not a patient for whom I was caring for, instead he was a participant and I was the researcher. Having then developed a greater sense of awareness of my role meant that I experienced a sense of relief and more importantly meant that I approached subsequent interviews with a clear sense of identity. This also changed my outlook on my relationship with all of the participants throughout the later stages of data analysis as I was able to more successfully bracket off my emotional responses to them as individuals in my interpretation of the participants accounts.

Following transcription of the focus group and individual interviews, examples of the transcripts were shared with my supervisors during supervision meetings. The use of template analysis to analyse the data supported a reflexive approach because it meant that I was able to move back and forth with the data in an organised manner. The visual nature of the template enabled me to identify relationships between themes which I would not have recognised if I had presented the data analysis in a linear fashion. The advantage of visual representations promoting the exchange of ideas between individuals has been well

recognised (Caviglioli et al, 2002). The visual template provided a means by which I could share my interpretation of the data with others, and it formed the basis of a series of extraordinary supervision meetings with one of my supervisors, Nigel King where I was able to openly reveal my interpretations of the data. Nigel had developed template analysis and therefore has expertise in the use of template analysis for analysing research findings. I was required to defend how I had developed the themes within the template and provide a rationale for the themes and sub themes, whilst explaining how I had developed the structure of the template. By verbally reasoning my decisions regarding the development of the template with Nigel I began to discover new meanings in the data. One example of this was when I began to explain the theme of '*identity*', by verbally explaining this theme to Nigel and being questioned about the factors pertaining to this theme I became aware that it underpinned all of the other themes and therefore I decided to change the structure of the template so that '*identity*' became an integrative theme. Having analysed further data, subsequent supervision sessions with Nigel led to further questioning which made me further explore the rationale for my decision making which resulted in further changes to the template. This cyclical process formed a significant part of the reflexive process and the use of the template and the revisiting of my interpretations at frequent stages of the data analysis unveiled new interpretations. The fact that Nigel was also from a non-nursing background also supported the reflexive process as he did not necessarily share certain assumptions towards the subject or the participants and was therefore able to view things from a different angle and therefore effectively challenge my assumptions.

Further attempts to promote reflexivity throughout the study have been demonstrated through the use of a research diary to record my thoughts, this proved to be important at significant stages of the study. Kosh (1994) outlined how a research diary can contribute to an audit trail as ideas and thoughts are recorded to demonstrate how the study has progressed. The diary entries enabled me to revisit my assumptions and how I viewed the study. One specific example of how the diary promoted reflexivity was when I returned to the research after taking several months away from it due to maternity leave. The diary served as a reminder of my thoughts and assumptions towards the research and to recognise changes to my interpretations. One change was my interpretation of the data

from the focus group interviews, since taking on a parental role as well as being a part time student, I found that I could relate to the students' experiences of how they struggled to juggle their time between parenting and studying. Instead of making the assumption that students did not use directed study time to study because they were not interested in studying or unmotivated, I began to appreciate the difficulties faced by single parents who managed multiple roles and therefore had excessive demands on their time.

Lincoln and Guba (1985) recommended member checking in hermeneutic phenomenology, where the researcher presents the participants with the interview transcript for them to check that it reflects accuracy in terms of the content of the discussion and therefore can be considered to support the reflexive process. There are multiple reasons why the use of member checking is promoted within phenomenology, the main reason being that it is considered to establish the credibility of the research (Lincoln and Guba, 1985). Within hermeneutic phenomenology the use of member checking is also considered to promote the negotiation of meaning between the participants and the researcher (Doyle, 2007; Bradbury-Jones et al, 2010) and therefore it is considered to compliment the hermeneutic circle (Bradbury-Jones et al, 2010).

Whilst member checking or respondent validation has been promoted within qualitative research, there is a strong argument against it due to the potential problems associated with the process (Ashworth, 1993; Mays and Pope, 2000; Barbour, 2001; Webb and Kevern, 2001; Lillibridge et al, 2002; Sandelowski, 2002; King and Horrocks, 2010; McConnell-Henry et al, 2011). Barbour (2001, p.115) argued that member checking does not confer rigour to the qualitative research and merely forms a prescriptive "*checklist*" for the researcher. She discussed how member checking often includes the reading of drafts and therefore makes additional demands on the participant's time. The participants' experiences described within an interview resemble specific episodes in time and the revisiting of such experiences can be viewed by participants as undesirable and unnecessary (Lillibridge et al, 2002). Mays and Pope (2000) noted that whilst researchers attempt to provide an overview of the findings, participants have individual concerns which can lead to inconsistent accounts. Further problems discussed by King and Horrocks (2010) are that the participants could

deny the accuracy of the researcher's interpretation or may express agreement with the account presented to them despite believing that the account is inaccurate. This could be influenced by the power relationship between the researcher and the participant who may not feel able to provide honest feedback (Langdridge, 2007) or may not want to be wasting the researcher's time (King and Horrocks, 2010). Ashworth (1993, p.10) argued that the *'resistance to the findings'* or *'over eager concurrence'* which participants may demonstrate was the most significant problem with member checking. He considered that such responses stem from individuals' attempting to protect themselves in terms of their *'socially represented self'* (Ashworth, 1993, p.10).

Whilst I acknowledged the arguments in favour of member checking, I agreed with Ashworth (1993) and Langdridge (2007) and believed that the participants in my study would either disagree with the findings if they felt anxious about how they could be perceived to others or they may agree with the findings in order to please me. I regarded my interpretation of the findings to be valid as my interpretation was based on a thorough and systematic analysis of the participants' experiences which were revealed to me by the participants within a particular time.

8.2.3   Reflexive considerations on completion of the study

Having completed the study I will continue to maintain a reflexive approach in an attempt to promote honesty and openness towards the research through attempting to portray an accurate account of the findings. This will be necessary when I begin to share the results with a wider audience than I have previously. Therefore I will need to maintain a sense of reflexivity when preparing work for local, national and international seminars as well as conferences and publications. I aim to do this by seeking further support from my supervisors, in an attempt to represent the findings accurately. Such methods of dissemination of the research findings may inspire others to question and challenge my interpretations, therefore I need to be prepared to welcome this as their assumptions may differ to mine and that of my supervisors.

8.3   Reflection on the research journey

The research journey has been a very positive experience. Through undertaking this study I have gained new knowledge in terms of the research process. I have developed my understanding of the factors which influence nurse education; particularly in relation to the identities of lecturers and students; the culture of clinical practice and the factors influencing student behaviour. Whilst I have found this experience my "*biggest challenge in life*", I have found it interesting and enjoyed the opportunity to gain further knowledge and begin to consider wider issues which relate to my professional role. I have begun to apply my new knowledge of both the research process and the subject to my role as a senior lecturer. I believe that my increased knowledge has resulted in an increased level of confidence within the context of the classroom. I also feel more confident amongst peers in terms of my ability to contribute to academic debates. Finally I believe that my ability to express myself in the written form has also improved.

8.4   Limitations of the study

Whilst the study demonstrates how DST is used within an undergraduate nursing curriculum through exploring the experiences of nurse lecturers and student nurses; it is not without limitations and it is important that they are acknowledged. The study was limited to one nursing department within one university in England. Although it could be argued that the findings of this study could be transferred out of the context, caution would need to be used. A further limitation could also be that the university was a former polytechnic and not a traditional 'red brick' university which could impact on the findings in terms of the culture as traditional universities could be considered to have an increased focus on research which could influence the emphasis placed on the teaching and learning.

The study represents a snapshot of the participants' experiences at one particular time which was captured through focus group interviews with student nurses and individual interviews with nurse lecturers. As such it does not clearly demonstrate changes to attitudes and behaviours to directed study time or self-directed learning at different stages throughout the course.

Whilst focus groups were used to enable student nurses to discuss their experiences of the phenomenon with other students; it is recognised that the group dynamics may have influenced their responses. Whilst efforts were made to put all the group members at ease, and the participants were invited to contribute, some less confident students may have felt unable to fully contribute or to reveal a real version of their experiences in front of others. Whilst attempts were made to reduce the Hawthorne effect, as explained in chapter four, this risk could not be completely removed due to the nature of the research; therefore I could not guarantee that the participants' accounts were not influenced by what they thought I would want to hear. Additionally certain participants could dominate the content of the focus group and lead other students to agree with their point, as also discussed in chapter four.

In terms of the individual interviews with the nurse lecturers, again considering my position it could be suggested that the lecturers did not want to reveal their experiences. Similarly to the student nurses, they too could discuss what they thought I should hear. In hindsight, I have identified some changes that I would make if I were to repeat the study. In relation to the data collection, I would use more probes both within the focus groups' interviews and the individual interviews with the lecturers. I acknowledge that I lacked confidence during the initial interviews due to my inexperience and I was reluctant to use too many probes for fear that I would be leading the participant. The more interviews I carried out the more confident I became in detecting points that the participants made and exploring them a little further. In addition, half way through the interviews one of the participants raised some significant issues regarding the move to the all graduate profession. This led me to probe further about this issue within subsequent interviews, however the other interviews had been completed so I did not have the opportunity to go back to ask the earlier participants for their views on that subject. In terms of my approach to the research, I discussed in chapter three how I used a hermeneutic phenomenological approach to explore the experiences of the participants. This approach was most fitting to the study, as throughout the data collection and analysis I could relate with many of the points raised in the interviews with both groups due to my previous experience. This confirmed the point

that I made in chapter three that if I had chosen to use descriptive phenomenology the process of epoché would have been unachievable.

8.5   Dissemination of findings

The process of the dissemination of findings began with publication entitled: *Directed study time within the pre-registration nursing curricula: are students motivated?* (Barker, 2011) (see Appendix 6). In 2012 I presented my study at the Royal College of Nursing (RCN) International Nursing Research Conference. Whilst the presentation was based on the initial results as at that time the data analysis process was not fully complete, it resulted in much interest and debate amongst the delegates present.

In terms of the future dissemination of the findings, I intend to disseminate the findings locally, nationally and internationally. At a local level I intend to present my findings through seminars and adding the thesis to the university repository. To target both a national and international audience I intend to publish the findings in relevant peer reviewed journals. The specific journals I have considered include: Nurse Education Today, The Journal of Advanced Nursing and The Journal of Further and Higher Education. I also plan to present the findings at national and international nursing and education conferences. I intend to apply to present at the Nurse Education Today and Nurse Education in Practice (NETNEP) International Nurse Education Conference and the Royal College of Nursing (RCN) education forum.

8.6   Recommendations for nurse education

1. The data revealed how the nurse lecturers lacked a clear academic identity which had implications for the use of DST and student nurses' approaches to SDL. All those involved with nurse education need to consider how nurse lecturers can develop a clear academic identity within higher education. RNs leaving their clinical roles to become academics need to be supported to develop a clear identity to reflect their

academic role. This calls for all stake holders to review current support mechanisms to promote an effective transition process.

2. There was a significant variation in how DST was used by lecturers. Some lecturers structured DST by providing work for students to complete whereas others did not consider this necessary. The findings demonstrated that many student nurses are not able to direct their own learning independently, therefore a more structured approach to DST could be introduced to nursing curricula. This would promote consistency between lecturers and provide direction for those students who were unable to direct their learning independently.

3. This study found that the over reliance on teacher centred pedagogies inhibited student nurses' abilities to become self-directed learners. Consequently those involved with lecturing within higher education need to revisit the pedagogies being used and consider how they complement the needs of the students in the current context.

4. The findings revealed that many nurse lecturers displayed control over students when in the context of the university. This often had negative consequences and resulted in despondency amongst student groups. It is recommended that nurse lecturers need to assign more control to students to enable them to take more responsibility for their learning and be empowered, self-directed learners.

5. The data showed that key aspects of the academic role were undervalued by lecturers; student nurses and mentors. A greater emphasis needs to be placed on the value of academic work and research; within the community of nurse lecturers; the student community; and clinical mentors. This is also applicable to other lecturers who teach on other non-traditional courses.

8.7   Recommendations for the NMC

1. The study revealed how the "*misted*" identities of nurse lecturers were further complicated by the terminology used by the NMC. Throughout NMC publications and on the NMC website, the term nurse '*teacher*' is frequently used and even described as such. To remove the image of lecturers as '*teachers*', the NMC need to revisit the titles used within their publications and on the website, to accurately reflect the role of the '*nurse lecturer*' instead of '*teacher*'.

2. I described how the findings revealed confusion in relation to the role of the mentor. I discussed how the term '*mentor*' does not portray a clear picture of someone who is responsible for students' summative assessments. Hence, the NMC need to reconsider revising the title used for those responsible for the summative assessment of student nurses in clinical practice to reflect the mentors' roles as assessors.

8.8   Recommendations for practice

1. One important aspect of the mentor's role is the role of assessor, however the lack of recognition of this aspect of the role, calls for mentors to re-examine their role and responsibilities. There is a need for mentors to recognise their responsibility for promoting the links between theory and practice and demonstrate the value of academia so that student nurses can begin to recognise the equal value of the two dimensions.

2. The data revealed how students had mixed identities due to their role in clinical practice where they functioned as '*workers*'. Student nurses often missed valuable learning opportunities in clinical practice as they were busy completing clinical tasks. The supernumerary status of student nurses in clinical areas needs to be acknowledged by clinical colleagues to promote a student identity as opposed to a worker identity.

3. The evidence from this study highlighted a lack of regard for academia, amongst nurse lecturers; nursing students and mentors in clinical practice. Further emphasis needs to be placed on the value of academia within clinical practice and the development and application of the underpinning theory to practice.

4. The findings in my study revealed how student nurses were not empowered to take control of their learning within DST, but relied on the direction of others including lecturers and mentors. Student nurses need to be empowered within clinical practice to take responsibility for their learning needs and professional development as they progress throughout the course and further into their nursing career.

8.9 Recommendations for future research

1. The study highlighted that nurse lecturers lacked a clear academic identity and sense of belonging within the university. Further research which focuses on the experience of nurse lecturers and their academic identity in light of their change of role from registered nurse to academic would provide the opportunity to explore the issues in greater depth.

2. As the study provided a '*snap shot*' of the participants' experiences at one particular time, it is recommended that a longitudinal study would identify changes in attitudes and behaviours towards the use of directed study time and self-directed learning.

3. The data from both groups unveiled the resistance towards an all graduate profession, many referred to the phrase '*too posh to wash*'. Considering that within the UK we have now moved to an all graduate profession, and many universities have introduced Master's level pre-registration nursing courses; it would be worthy to explore whether such concerns remain apparent in the future.

4. The study identified that nurse lecturers lack confidence within their academic role and students lack confidence in their abilities to self-direct their learning. With rising costs of education and the move towards less didactic teaching time; it is

recommended that further research is undertaken to explore in detail, the factors which contribute to the lack of self-confidence amongst both groups.

5. This study highlighted the different experiences of directed study time and attitudes and behaviours towards self-directed learning within an undergraduate nursing curriculum. It would be useful to undertake a study which explores the experiences of postgraduate nurses to identify if there are any changes.

Overall, if directed study time in undergraduate nursing curricula is to be effective, a multi-faceted approach is required from both academia and clinical practice to ensure that students are empowered to self-direct their learning and use DST effectively.

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Appendix 1

SREP Application

THE UNIVERSITY OF HUDDERSFIELD
School of Human and Health Sciences – School Research Ethics Panel

Name of applicant: Caroline Barker

Title of study: A phenomenological study exploring the concept of directed study within a
Pre-Registration adult nursing curriculum.

Department: Adult and Children's Nursing   Date sent: 18.11.08

Issue	Please provide sufficient detail for SREP to assess strategies used to address ethical issues in the research proposal
Researcher(s) details	Caroline Barker
Supervisor details	Dr Ruth Deery (Main supervisor) Dr Karen Ousey
Aim / objectives	The aim of the investigation is to explore the concept of directed study within a Pre-Registration adult nursing curriculum. The study aims to explore the experience of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims are: 1 .To explore how DST is perceived by student nurses and nurse lecturers. 2.To discover the factors which influence student nurses' experiences of SDL within DST. 3.To establish if the student nurse/lecturer relationship shapes how they relate to DST and SDL.
	This study will utilise a qualitative approach within a phenomenological framework to explore the perceptions of both student nurses and nurse lecturers of directed study. The study will also explore the factors influencing the use of directed study and associated support mechanisms. The study will be conducted in two phases. Phase One of the study will include a series of three focus groups consisting of nursing students studying towards the BSc/Dip HE Adult Nursing. Each of the three focus groups will include approximately ten students. One focus group will be held for students studying within each year of the course, therefore the first focus group will include approximately ten students from Year 1, the second will include approximately ten students from Year 2 and the third will include approximately ten students from Year 3. The students in Year 1 and Year 2 will be studying a combined BSc/Dip HE Adult Nursing course, whereas the students in Year 3 will be on a specific pathway, working towards a qualification of either BSc or Dip

	HE Adult Nursing. Therefore the third year group will be mixed and will include students studying towards both levels of qualification. Phase Two will include a series of semi-structured individual interviews with approximately ten adult nurse lecturers. The inclusion criteria will be that the lecturers will be teaching within the branch of Adult nursing and that they teach Pre-registration adult branch nursing students. It will also be deemed necessary that the lecturers will have a minimum of one year in post. It is regarded that this is necessary so that the lecturer will have some experience of how directed study is organised within the University of Huddersfield. The interviews will be recorded with the use of an MP3 recorder. (See Appendix 1 for interview schedule). The rationale for the selection of students within each year of the course is to enable the comparisons to be made between the different levels of students based on their progression throughout the course. Before each focus group begins, each participant will be asked to complete a pre-interview questionnaire to enable the researcher to obtain some demographic details from the participants (See Appendix 2). Each of the three focus groups will be recorded with the use of an MP3 recorder. (See Appendix 3 for Focus group schedule). Following both the interviews and focus groups, it is the intention of the researcher to transcribe all of the data, although some secretarial support may be necessary in this process. An interpretive phenomenological framework will be used to analyse all the data obtained following the interviews and the focus groups as outlined by Ricoeur (1981). This will enable the researcher to search for relationships and meanings between knowledge and context (Lincoln and Guba, 1985).
Permissions for study	Letters outlining the details of the study will be sent to the following individuals to obtain their permission to undertake the study. Dr Barbara Wood (Head of Department) (See Appendix 4) Dr Jean Nhemachena (Course Leader – Diploma (Adult Nursing) (Se Appendix 5).
Access to participants	*Phase One - Lecturers – Interviews* An information sheet will be distributed within the internal post to the lecturers (see Appendix 6). This will outline the details of the study and invite them to participate. Lecturers who choose to participate will be contacted by email to arrange a convenient date, time and venue for the interview. *Phase Two - Students – Focus Groups* Arrangements will be made with the Course leader for the researcher

	to meet with each student cohort to explain the study and to distribute information leaflets to the students (see Appendix 7). Any students wishing to participate in the research will return the slip attached to the information leaflet indicating their intentions to participate in the study. The researcher will then contact the students by email to confirm the exact arrangements for the focus groups.
Confidentiality	All of the participants' right to confidentiality will be maintained throughout the project. All data collected as a result of this project will be treated with the strictest of confidence. All aspects of the study will be conducted to ensure compliance with data protection legislation and the University of Huddersfield's requirements relating to secure data storage. Prior to the commencement of the data collection process, all of the participants will be reminded and reassured that all data collected as a result of their participation will be treated as confidential. They will also be informed that no identifying data will be shared with a third party. All of the participants will be informed that it is the intention of the researcher to transcribe all of the data obtained throughout the focus groups and the interviews. However, it may be necessary to obtain secretarial support to assist with this process, in this instance the person employed to undertake the transcription of the data will adhere to the confidentiality and data protection regulations set out by the University. They will also be informed that the person who undertakes the transcription will be required to sign a further agreement related to confidentiality specifically for this project. A copy of this will be available to any participant wishing to see it. Assurance will be given that the researcher will adhere to the confidentiality and data protection regulations set out by the University. Each of the participants will be provided with an information form prior to the focus group or interview and they will also be asked to sign a consent form. This makes explicit reference to arrangements for maintaining participants' confidentiality (please see Appendix 6,7, 8 and 9) All MP3 recordings containing the data from both interviews and focus groups will be transferred on to the researcher's computer prior to transcription. All transcriptions and consent forms will be stored in a locked cabinet on the University of Huddersfield premises in a location that has restricted access. All computerised data will be password

	protected.
	All data generated will be assigned a pseudonym and a corresponding number will be assigned to the recorded material, the participants will be informed of this.
Anonymity	The researcher will have the names and contact details of the individuals who have agreed to participate in this project. These details will be stored securely as outlined in "Confidentiality" above. However, no individual will be identifiable in any of the documentation that is written or published from this research. The anonymity of participants will be ensured in all matters relating to the study.
Psychological support for participants	The subject of the study is not regarded as being particularly sensitive in nature, therefore, it is expected that the participants will not require further support or counselling following the data collection process. However, the participants will be reminded that the University of Huddersfield counselling service is available. In relation to the student participants, they will also be reminded that any additional support will be available via their personal tutor.
Researcher safety / support (attach complete University Risk Analysis and Management form)	It is not anticipated that this project will impact upon any health and safety issues as the data collection will be carried out within a location within the University of Huddersfield within office hours. The University of Huddersfield health and safety regulations will be adhered to throughout the project (See Appendix 10). My research supervisors will be aware of the details in relation to when and where I will be collecting the data.
Identify any potential conflicts of interest	The one potential conflict of interest identified is the influence of the lecturer on the student participants, considering that the researcher is employed within the same school at the university where the students are studying. It will be emphasised to each of the participants that their contribution to the focus groups will not affect their status in any way (see Appendix 7). This is outlined within the information sheets and it will also be emphasised at the beginning of each focus group session.
Please supply copies of all relevant supporting documentation electronically. If this is not available electronically, please provide explanation and supply hard copy	
Information sheet	2 x Information sheets – One for lecturers and one for the students. Please see Appendix 6 and 7)
Consent form	See Appendix 8 and 9.
Letters	See Appendix 4 and 5.
Questionnaire	N/A

Interview schedule	1 x Interview schedule attached (Appendix 1). 1 x focus group schedule attached (Appendix 2).
Dissemination of results	It is envisaged that the dissemination of the findings from this study will be undertaken in the following ways: completed PhDs study; conference papers, peer reviewed journals, university/school conferences. On completion of the study, a copy will be held in the university archive held in the library; this will be available on request.
Other issues	N/A
Where application is to be made to NHS Research Ethics Committee	N/A
All documentation has been read by supervisor (where applicable)	Yes, supervisor form attached.

All documentation must be submitted to the SREP administrator. All proposals will be reviewed by two members of SREP. If it is considered necessary to discuss the proposal with the full SREP, the applicant (and their supervisor if the applicant is a student) will be invited to attend the next SREP meeting.

If you have any queries relating to the completion of this form or any other queries relating to SREP's consideration of this proposal, please do not hesitate to contact either of the co-chairs of SREP: Professor Eric Blyth e.d.blyth@hud.ac.uk; ☎ [47] 2457 or Professor Nigel King n.king@hud.ac.uk ; ☎ [47] 2812

Appendix 2

Correspondence with gatekeepers

Caroline Barker
(Home address)
c.barker@hud.ac.uk

8th June 2009

Dr (Name)
Head of Department
Continuing Professional Development and Postgraduate Studies
Faculty of Health, Psychology and Social Care
(Address of university)

Dear (Name)

Re: Research Study

I am employed as a Senior Lecturer, Adult Nursing at the University of Huddersfield where I am also studying towards a PhD on a part time basis. The study is entitled 'Student Nurses' and Lecturers' perceptions of directed study within a Pre-Registration adult nursing curriculum'. For the purpose of the data collection, I would like to hold a series of three focus groups with approximately ten adult branch student nurses and conduct a series of individual interviews with approximately ten adult branch nurse lecturers at (name of the university).

You may recall some email correspondence earlier in the year that I had with yourself via Paul Tubbs, regarding the study. Subsequently you advised me to send a copy of the research application and a copy of the ethical approval form from the University of Huddersfield, School Research Ethics Panel (SREP).

I have now received ethical approval from the School Research Ethics Panel at the University and I have enclosed the relevant documentation for ethical approval from (name of the university) (please find attached).

I am currently on maternity leave but hoping to obtain ethical approval in order to commence the data collection when I return to work. Therefore should you wish to contact me please can you contact me by writing to my home address as above or via e-mail.

Thank you.

Regards

Caroline Barker
Enc.

Email Received from hosting university
29.04.2010

Dear Caroline
(Name) has asked me to contact you regarding the application for ethical approval you submitted in June 2009.

(Name) has had a look at the application for ethical approval you submitted last year regarding: A phenomenological study exploring the concept of directed study within a Pre-registration adult nursing curriculum.

Consequently Prof (Name) has approved your request.

Please get back to me if you have further queries.

Yours sincerely
(Name)

Research Administrator

Mrs C Barker

PhD Student
Room G/23The Ramsden Building
The University of Huddersfield
Queensgate
Huddersfield
West Yorkshire
HD1 3DH

14.12.10

(Name)
Course Leader: Nursing
(Name of the University)

Dear

I am currently undertaking a PhD where I am undertaking a qualitative study to explore the concept of directed study within a Pre-Registration adult nursing curriculum. My main supervisor is Dr Ruth Deery and my other supervisor is Dr Karen Ousey.

The study aims to explore the experience of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims are:

1.   To explore how DST is perceived by student nurses and nurse lecturers.
2.   To discover the factors which influence student nurses' experiences of SDL within DST.
3.   To establish if the student nurse/lecturer relationship shapes how they relate to DST and SDL.

If possible, I would like to undertake the data collection within the department of Adult Nursing at (name of the university). The study will consist of two phases.

Phase One of the study is to explore student nurses perceptions of directed study. This phase will consist of three focus groups of approximately ten students per group including students from Year One, Two and Three respectively from the Pre-Registration Adult nursing programme. It is anticipated that each of the three focus groups will last for approximately one hour. The timescale for undertaking focus groups would be throughout the period of January 2011 to March 2011. Following completion of the study, the findings will be published in a recognised nursing journal and presented at a conference. Once completed the PhD study will be stored in the university archives, accessible through the university of Huddersfield repository.

Phase Two of the study is to explore lecturers' perceptions of directed study. Individual semi-structured interviews with approximately ten nurse lecturers will be undertaken.

Letters will be distributed to all Adult lecturers inviting them to participate in the study. The timescale for the data collection of Phase Two is February 2011 to March 2011. The interviews will be carried out during working hours within the University campus.

I am writing to you as I would like to approach Adult nurse lecturers and student nurses within the department of Nursing and I would appreciate your support having sought approval from the ethics committees at (name of the university).

If you should have any questions in relation to the study please do not hesitate to contact me.

Yours sincerely

Caroline Barker

Appendix 3

Phase One Data Collection:

Participant Information Sheet

Consent Form

Pre-Focus Group Questionnaire

Focus Group Interview Guide

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

PARTICIPANT INFORMATION SHEET

You are being invited to take part in a research project that is exploring the concept of *'directed study'*. Before you decide to take part I would like you to understand why this research is being undertaken and what it will involve. Please take the time to read this leaflet through and do not hesitate to ask if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The study aims to explore the experience of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims are:

1. To explore how DST is perceived by student nurses and nurse lecturers.
2. To discover the factors which influence student nurses' experiences of SDL within DST.
3. To establish if the student nurse/lecturer relationship shapes how they relate to DST and SDL.

Why have I been chosen and what do I have to do?

You have been chosen because you are currently studying towards a qualification in Adult Nursing and the programme on which you are studying includes a proportion of directed study time.

I would like to talk with you in a focus group interview and I would also like to tape record the focus group. The focus group interview will last for approximately one hour.

All information collected from you during this research will be kept secure and any identifying material, such as your name will be removed in order to ensure anonymity. It is anticipated that at some point the results of the research will be published in a journal, report or presented at a conference. In this instance your anonymity is still guaranteed, however it may be necessary to use your words in the presentation of the data. Should you decide to participate in the study you will be able to access the research following completion of the study via the university archives, held within the university library.

Do I have to take part?

It is up to you whether or not you take part in the research. A decision not to take part will not affect your position in the university. At no point will information be able to be traced back to you by any other academic members of staff.

What are the possible pros and cons of taking part?

If you decide to participate in the study I hope that you will enjoy it and I do not anticipate any disadvantages. However, if for any reason you need further support you can speak to your personal tutor or you may contact the university counselling service, which I can help to organise.

Who is organising and funding the study?

Caroline Barker is organising the study on one site, which is the University of Huddersfield. It is part of a PhD study which is funded and supported by The University of Huddersfield. If you should require any further information about the project then please do not hesitate to contact Caroline Barker.

Thank you for taking the time to read this information leaflet.

If you decide to take part in the study please complete the questions below to assist the researcher in the selection process please complete and return the tear off slip below.

_____

I would like to participate in the study and I understand that you will contact me by email with the arrangements for the focus group.

Name (print) _____

Email address:_____

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

CONSENT FORM

Please tick box

1. I confirm that I have read and understand the information sheet provided for above study. I have had the opportunity to consider the information, ask questions and I have these answered satisfactorily. ☐

2. I understand that my participation in this study is voluntary and that I am free to withdraw from the study without giving a reason and without it having a direct impact on me as a student of [name of university]. ☐

3. I understand that the focus group interviews will be audio recorded and on completion of the research, the recordings will be erased. ☐

4. I understand that the audio recordings of the interview will not be shared with any individuals apart from the researcher and the supervisors. ☐

5. I understand that the final report, containing anonymous quotations may be used for the publication of peer reviewed journal articles and conference presentations. ☐

6. I agree to participate in this study. ☐

--   --   -------------------
Participant Name   Signature   Date

--   --   -------------------
Researcher   Signature   Date

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

PRE FOCUS GROUP QUESTIONAIRRE

There is some evidence in the literature which suggests that various factors such as age, previous education, and commitments may influence how student nurses view directed study. Therefore before the focus group begins please can you complete the following questions to enable the researcher to determine the demographic details of the focus group members?

1. What is your age category?

17-24 ☐   25-34 ☐   35 or above ☐

2. Please state your ethnic origin.

_____

3. Did you commence the course directly after leaving school or college?

Yes ☐   No ☐

(If Yes, go to Q5)   (If No, go to Q4)

4. Pease state the approximate length of time since undertaking any academic study.

_____

5. Do you have any dependents?

☐   ☐

Yes   No

6. Do you have a part time job?

Yes ☐   No ☐

Thank you; please return this form in the box provided.

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

FOCUS GROUP INTERVIEW GUIDE

- Introduce self
- Go through information sheet and answer any questions
- Negotiate written informed consent

1. How are you? How is the course going?

2. As you are aware, approximately fifty percent of the timetable is classed as directed study – what does this mean to you?
   (Probing to identify their views on how it works and how student's use directed study time).

3. How do you use directed study time?

4. How well do you think that you are supported with directed study?
   (Supplementary probing questions on factors that could help or hinder the effectiveness of directed study).

5. *Additional question – to ask SECOND AND THIRD YEARS ONLY.*
   Do you think there is any difference in the way in which you use your directed study time in Year 1 compared to now, in your first/ second year?
   (Probing to explore whether or not the use of directed study has changed throughout the course and if so how)

6. Is there anything else that you would like to talk about?

Thank the participants for their help with the study.

Appendix 4

Phase Two Data Collection:

Participant Information Sheet

Consent Form

Semi-Structured Interview Guide

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

PARTICIPANT INFORMATION SHEET

You are being invited to take part in a research project that is exploring the concept of *'directed study'*. For the purpose of this study, the term directed study refers to all study undertaken by students outside of the classroom.
Before you decide whether or not to take part I would like you to understand why this research is being undertaken and what it will involve. Please take the time to read this leaflet through and do not hesitate to ask if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The study aims to explore the experience of directed study time (DST) within an undergraduate nursing curriculum to support self-directed learning (SDL). The specific aims are:

1. To explore how DST is perceived by student nurses and nurse lecturers.
2. To discover the factors which influence student nurses' experiences of SDL within DST.
3. To establish if the student nurse/lecturer relationship shapes how they relate to DST and SDL.

Why have I been chosen and what do I have to do?
You have been chosen because you teach on the Pre-Registration Programme in Adult Nursing that incorporates a proportion of non-timetabled directed study time. I would like to talk with you on an individual basis and also to audio record the interview. The interview will last between approximately thirty to sixty minutes.

Will my details remain confidential?
Your right to confidentiality will be maintained throughout the project and all the information collected from you during this research will be treated with confidence. All elements of the study will be conducted to ensure compliance with data protection legislation and the University of Huddersfield's requirements relating to data storage. You will be asked to sign a consent form prior to the interview that clearly explains the arrangements for maintaining your confidentiality. All interview recordings; transcriptions and consent forms will be stored in a locked cabinet on the University of Huddersfield

premises in a location that has restricted access. All computerised data will be password protected.

Will the results ensure anonymity?
The researcher will be responsible for transcribing the interview data and all the identifying material, such as your name and email address will be removed from the data in order to ensure anonymity. It is anticipated that at some point the results of the research will be published in a journal, report or presented at a conference, in this instance your anonymity is still guaranteed. It may be necessary to use your words in the presentation of the data, although you will not be identifiable in any way. Should you decide to participate in the study you will be able to access the research following competition of the study via the university archives, held within the University of Huddersfield library.

Do I have to take part?
It is your decision whether or not you would like to take part in the research. A decision not to take part, will not affect your position in the university where you are employed. At no point will information be able to be traced back to you by any other members of staff. If you decide to participate in the study I hope that you will enjoy it and I do not anticipate any disadvantages. However, if for any reason you need further support you can speak to your manager or you may contact the university counselling service.

Who is organising and funding the study?
Caroline Barker is a PhD student employed as a Senior Lecturer by the University of Huddersfield. The research is funded and supported by the University of Huddersfield. If you should require any further information about the study, then please contact Caroline Barker, the contact details are provided at the top of this information sheet.

What do I need to do if I would like to participate in the study?
If you do decide to take part in the study, please respond to the statement below. The statement relates to the length of time in which you have been employed in your current position. The reason why this is important is to ensure that all the participants have some experience of directed study within the University where you are employed.

Thank you for taking the time to read this information leaflet. Having completed the section below, please complete and return the slip overleaf to the researcher via email to the email address at the top of the leaflet.

I have been employed as a Senior Lecturer/Lecturer in Adult Nursing at [name of the university] for a period in excess of 12 months. Please tick in the relevant box.

Yes ☐   No ☐

I would like to participate in the study and I understand that you will contact me by email to arrange a convenient time for the interview.
Name:_____Email Address: _____

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

CONSENT FORM

Please tick box

1. I confirm that I have read and understood the information sheet provided for the above study. I have had the opportunity to consider the information, ask questions and I have had satisfactory answers. ☐

2. I understand that my participation in this study is voluntary and that I am free to withdraw from the study without giving a reason and without it having a direct impact on me as an academic member of staff at the [name of the university]. ☐

3. I understand that the interview will be audio recorded and that on completion of the research, the audio recordings will be erased. ☐

4. I understand that the audio recordings of the interview will not be shared with any individuals apart from the researcher and the researcher's supervisors. ☐

5. I understand that the final report, containing anonymous quotations may be used for the publication of peer reviewed journal articles and conference presentations. ☐

7. I agree to participate in this study. ☐

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Participant Name   Signature   Date

---   ---   --------------------
Researcher   Signature   Date

A study exploring the concept of directed study within a

Pre-Registration Adult Nursing curriculum

Caroline Barker, 01484 473 483 (direct line and 24 hour voicemail)
Email: c.barker@hud.ac.uk

SEMI-STRUCTURED INTERVIEW GUIDE

Introduce self, general icebreaker comments/brief conversation.

- Present and explain the information sheet, ask whether the participant has any questions and answer accordingly.

- Remind the participant of their right to confidentiality and anonymity as outlined in the information sheet.

- Outline the implications of written informed consent and ask the participant to complete the consent form.

- Ensure that both parties are ready for the interview to commence.

1. As you are aware, approximately fifty percent of the timetable for the Pre-Registration Nursing course is classed as directed study time – what does this mean to you?
   (Probing to identify their views on how it works and how students' and or lecturers' use directed study).

2. How do you think students' use directed study time?
   (Probe for factors that may influence the students' use of directed study time).

3. In your experience do you think that there are any comparisons to be made in relation to the student's use of directed study in the first year of the course compared to their third year?
   (Probing to determine whether there is a difference between the use of directed study between Year 1, 2 and 3 students).

4. Do you think that there are additional factors that may influence the use of directed study? *(Probing for factors such as student part time employment, working parents, economical issues).*

5. How well do you think that student nurses are supported with directed study? *(Supplementary probing questions on factors that could help or hinder the effectiveness of directed study).*

6. Is there anything else that you would like to talk about?

    Inform the participant that this is the end of the interview and thank them for their time and contributions to the study.

Appendix 5

Excerpt from Third Year Focus Group Interview Transcript

Coding from Third Year Focus Group Interview

Clusters of codes from Third Year Focus Group Interview

Excerpt from an Interview Transcript

Excerpt from Third Year Focus Group Interview Transcript

This excerpt is from the focus group interview with third year student nurses. I had asked the group how they used directed study time:

Yasmin: *"….I take this opportunity to cook (laugh)…* [1] *and to do some house jobs as well.*

Caroline: *Okay…so you might catch up with things around the house in that time….okay….anybody else?*

Mary: [2] *"…we have directed study tomorrow.. which I class as a day off where I can catch up with things, do some other things and erm…..some directed studies as well…I use that time* [3] *to rest….or……start doing my assignments because sometimes you realise…for example today you're in till like four, half past four by the time you get home you have kids at home to run around and by the time you know it you're tired and you can't even do anything. But that opportunity of directed study for example on Thursday you have half a day you finish half past twelve or twelve o clock…by the time you are going to pick kids up at three o'clock even if its…a page of assignments you could do or catch up with household chores to do or shopping or anything….so sometimes that…directed study is like…..are put in the course like on holiday…* [4] *whereby you have time for yourself really.*

Caroline: *Okay okay….anyone else?*

Amelia: *"I think in my directed study time I think when we've got a full day off I do count it as a full day off and* [5] *I'll do work…as in my job work…*

Caroline: *Okay, so you work as well?*

Amelia: *Yeah*

Caroline: *right.*

Amelia: *"But…erm I think when we get half a day I'm more likely to use that to do assignments but if we've got the afternoon off as directed study were already in University in the mornings so I'm more likely to stay in whereas if it was the other way round I'd spend the morning in bed and then just come in….so the afternoon directed study is really helpful because you're already in University.*

Caroline: *Okay.*

Catherine: *"Like the rest of them really I take the opportunity I take the directed study basically to one have a little bit of a lay in in the morning and then two erm…basically organise myself in the sense that erm…get the housework out of the way and then get my assignments out…you know…that need prioritising…*

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[1] Housework

[2] Day off

[3] Rest

[4] Me time

[5] Work – job

… sorry if that's the correct word…erm.. which needs doing more or where I need to catch up on and again like Yasmin said meeting with the rest of my peers to erm basically just sort of like put ideas together and if I need any help with my erm assignments that's what I use my directed study for…

CB: Okay.

Rita: I have grown up children and grandchildren so my directed study is….I try to prioritise it for me…for my time….and then the rest of the time is spent [6] ==chasing after my grandchildren== *because …one of my daughters…well I've got three children but my [7]* <mark>daughter is at University and she relies on either me</mark> *or my husband to pick up the kids for her so….we have to do that for her really.*

CB: Okay…so you've got lots of family commitments?

Rita: Yes.

CB: Outside of the course?

Rita: Yes….plus I work as well…so if ==I'm not picking up the grandchildren== *I work* *but I try to prioritise first that my assignments and everything must come first.*

Catherine: Sorry Rita, do you find that you do find….you do have time to do assignments with all those other commitments?

Rita: I do yeah…but it means for me erm…like my husband doesn't …..he needs a lot of sleep so he goes to bed early he's up early he goes to bed early… but I get up early with him in the morning so I'll try and do a bit then but….I like to sit [8] ==up till late and do it then and I find doing it at that time at night== *I seem to…gel back with the computer (laugh….) the assignments (laugh).*

Catherine: The house is quiet as well erm...you know

Rita: Yeah well living at home there's only me and my husband.

Catherine: Yeah okay.

CB: Okay

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[6]Chasing Grandchildren
[7]Children
[8] Night working

Elizabeth: The way I use by directed study day is basically what everybody has said so it's mainly planning around my oh...everything I would say either it can switch from ==housework== *to [9]* ==assignments== *or meeting tutors or staying up to the [10] library or [11]* ==meeting with friends== *and discuss assignments or catching up with [12]* ==shopping== *or...because...because it's my own timing so I like it because I'm more flexible there's no like set time to...to do things I can decide at the time if I'm in town or at the University in the afternoon BUT I always make sure that during those days very often I get to do one of the eh... University assignments to do.*

CB: Okay, so do you feel that you juggle quite well with all these other demands that are placed upon you do you feel that you cope with it quite well?

John: Yes by the third year I feel that I've learnt how to incorporate a ==part-time job==*....have fun in my social life and do work, and I find that tomorrow I'll have a* ==day off for== *directed study but I might not do any work tomorrow but instead I would do it on Thursday after Uni....so I'll make my own directed study time I won't always go from what University times are given me and I can [13]* ==re-arrange my own timetable==*...to fit around me more than....yeah....as long as I get the work done I feel that...I don't see it as a problem with you know.*

S5 (BF): It is hard though because I remember erm.....when first initially came for an interview to get on the course and one of the questions was erm...."are you an organised person?" and I like to think that I'm an organised person but being on this course it has been bit of an eye opener erm because...it has...it has...it's sort of like...its thrown me erm....in a sense that erm....not all...not you can't get everything in on a day like your directed study not all the time I use by directed study to do any studies I may just go ==shopping== *or* ==housework== *like I've said before but erm.....especially when you're on placement and you've got an assignment to do it is really hard to sort of like get yourself organised you've got placements to deal with, you've got learning on the placement, and then you've got an assignment to do it's...it is really hard so what I try to do is like I try to use these directed studies to start off my assignments before going on placement but it is really hard ORGANISING yourself....because erm.....it's like there's not enough time in the day basically you know to get everything done but erm....directed study like Elizabeth has said you know it's your time and you use it to your advantage basically.*

CB: Okay.

S4: I was going to say like in the first year I did use like all of my directed study to sleep and to eat and to go shopping (all laugh) whereas now I do make sure that one of my directed study slots a week....it's just one...but I do....do Uni work in it like so I know that I'll have at least one of the slots that I do Uni work and the other ones ==I will have like....complete me time.==

Codes from Third Year Focus Group Interview

Code	Line	Group Member
Consolidate learning	15	S1 = John
Instructed work	16	S1 = John
Meet friends	18	S2 = Yasmin
Share ideas	19	S2 = Yasmin
Cooking	20	S2 = Yasmin
Household chores	20	S2 = Yasmin
Day off	23	S3 = Mary
Me time	23	S3 = Mary
Catch up	24	S3 = Mary
Study	24	S3 = Mary
Rest	25	S3 = Mary
Assignments	26	S3 = Mary
Children	26	S3 = Mary
Tired	26	S3 = Mary
Household Chores	27	S3 = Mary
Time for 'self'	31	S3 = Mary
Day off	33	S3 = Mary
Work – job	34	S4 = Amelia
Study in uni	38 39	S5 = Catherine
Rest	40	S5 = Catherine
Environment	41	S5 = Catherine
Sleep/rest	43.44	S6 = Rita
Housework	45	S6 = Rita
Work with peers on assignments	47 48	S6 = Rita
Chasing after Grandchildren	51.57.	S7 = Elizabeth
Support dependent Children	52.53	S7 = Elizabeth
Duties as a mother	53	S7 = Elizabeth
Work	57	S7 = Elizabeth
Try to prioritise assignments first	58	S7 = Elizabeth
Work around others in house (husband)	61-63	S7 = Elizabeth
Night working	63.64	S7 = Elizabeth
Work when house quiet	65	S7 = Elizabeth
Housework	70	S8=Michelle
Assignments	70	S8=Michelle
Tutors	70	S8=Michelle
Library	71	S8=Michelle
Meet with friends assignments	71	S8=Michelle

Shopping	71	S8=Michelle
Enjoy flexibility 'own time'	72	S8=Michelle
Make sure do assignment	73.74	S8=Michelle
Working	77.78	S1 = John
Social life and fun	77.78	S1 = John
Day off	78	S1 = John
Make up my timetable - control	78.79	S1 = John
Fit round me	79.81	S1 = John
Make sure I do the work	82	S1 = John
Not a problem	82	S1 = John
No time to study	86.87.92.	S5 = Catherine
Shopping	87	S5 = Catherine
Housework	87	S5 = Catherine
Challenge to organise self	83.88.90.91.92	S5 = Catherine
Your time	93	S5 = Catherine
To suit you	93	S5 = Catherine
Sleep	95	S4 = Amelia
Eat	95	S4 = Amelia
Shop	96	S4 = Amelia
Me time	98	S4 = Amelia
Meet with friends assignments	100.101.102	S3 = Mary
Discipline with peers	102.103	S3 = Mary
Day off	105	S3 = Mary
Do what I want to do	105	S3 = Mary
Complete assignment	106-108	S3 = Mary
My time	111-113	S1 = John
More work in year 3	119	S1 = John
More intense in year 3	121	S2 = Yasmin
More organised in year 3	121.129.131	S2 = Yasmin
Fit everything in	122	S2 = Yasmin
More efficient	124	S2 = Yasmin
See benefits/value of the time	125	S2 = Yasmin
Family	125.126	S2 = Yasmin
Children	126	S2 = Yasmin

Shopping	126	S2 = Yasmin
Study	127	S2 = Yasmin
Sleep	128.133	S2 = Yasmin
Prioritise time	133	S2 = Yasmin
Lots of time for self (me time)	139	S3 = Mary
Family	136.137	S3 = Mary
Organise work in advance to reduce stress	140-145	S3 = Mary
Difficulty having gap from study	147-149	S6 = Rita
Culture shock	149	S6 = Rita
Struggled	150	S6 = Rita
Do what I want (me time)	158	S1 = John
Naïve (expectations)	158	S1 = John
ALL AGREE WITH 2 above	160	ALL AGREE
Move to professional identity	161-164	S4 = Amelia
Support from P TUTOR	166-170	S4 = Amelia
Availability of P TUTOR/lecturers	166-170	S4 = Amelia
Support = help with assignments	175-177	S6 = Rita
Tutors won't do it for us (expectations)	175-177	S6 = Rita
Tutors will direct	176	S6 = Rita
Students wanting to be led by tutors	176-177	S6 = Rita
Reduced participation in online activities	188	S2 = Yasmin
Don't want to work in isolation	189.190	S2 = Yasmin
Will complete work to feedback (motive)	190.191 192	S2 = Yasmin
More motivated when have to feedback – value tutor rewards	199	S2 = Yasmin and group
Want to deliver for the team	200.201	S6 = Rita
Don't like the tasks (being told what to do)	203-207	S4 = Amelia
Want to spend the time as they choose	205-206	S4 = Amelia

Learn from set tasks which they feedback	205-207	S4 = Amelia
Motivated by pressure and deadlines	208-210 211 212 213	S1 = John S2 = Yasmin S1 = John S2 = Yasmin
Peer support with study	218-220	S2 = Yasmin
Family commitments	222-223	S2 = Yasmin
Shopping	226	All
Time to mature	229-232.	S5 = Catherine
Responsibility of nursing (transition to professional)	231-232	S5 = Catherine
Time to grow/mature	236-238 243-244	S1 = John S5 = Catherine
Increase maturity	239-244	S5 = Catherine
Less selfish	240-244	S5 = Catherine
Protective of their time	247	S4 = Amelia
Short of time, denial that they had time	245	S1 = John
Reading	252.253	S2 = Yasmin
Consolidation	254	S1 = John
Career development	255-256	S2 = Yasmin
Children	263-267	S6 = Rita
Supporting others (doing for others)	263-267 274 279-282	S6 = Rita S3 = Mary S3 = Mary
Run away from home (escape home environment noise dependents (husband/children)	272. 274 288 290 357-358	S3 = Mary Group members S3 = Mary S2 = Yasmin
Escape noise at home	273.274	S3 = Mary
Protect time	275 363	S3 = Mary S2 = Yasmin
Deception	275-277 292 296-300	S3 = Mary S2 = Yasmin S3 = Mary
Peer support	289	S3 = Mary
Rest	298-300	S3 = Mary
Expected time would not be their time	306-307	S4 = Amelia
Expected to be told what to do	308-309	S1 = John
Learning how to learn as an adult	312-313	S1 = John

My time	332	S1 = John
Freedom	333	ALL
Holidays	334	
Personal tutor guidance	345	S2 = Yasmin
Peer support	346	S2 = Yasmin
My time	347-350	S1 = John
More time studying in 3rd year Realisation/maturity	347-350	S1 = John
Protected meal time	352	S2 = Yasmin
My time	353-357	S2 = Yasmin
Escape from role as mother/sister/wife	355-356	S2 = Yasmin
Time with peers	355-356	S2 = Yasmin
Treat self/shop	356	S2 = Yasmin
Reading	357	S2 = Yasmin
Dependents (husband) demanding	363 365-370	S6 = Rita
My time	370	S6 = Rita
Night studying	363 373	S6 = Rita S4 = Amelia
Study when unable to do chores or shopping	373-375	S4 = Amelia
Avoidance of study	374-375	S4 = Amelia
Demands of children	377-387	S6 = Rita
Role as mother Role as rescuer Role as carer	377-387	S6 = Rita
Grandchildren	390	S6 = Rita
Demanding husband	395-396	S6 = Rita
Adapting to uni life	401-403	S5 = Catherine
Time for self	406	S4 = Amelia
Time to think	407	S4 = Amelia
My time/freedom	417-419	S3 = Mary
Holidays	420-421	S1 = John
Need to be disciplined	420-421	S1 = John
My time	432	S5 = Catherine
Rest	432	S5 = Catherine

Clusters of Codes from the Third Year Student Nurse Focus Group

Clusters of Codes	Line	Group Member
CONSOLIDATION TIME		
Consolidate learning	15	S1 = John
Consolidation	254	S1 = John
Time to think	407	S4 = Amelia
DOMESTIC CHORES		
Household chores	20	S2 = Yasmin
Household Chores	27	S3 = Mary
Housework	45	S6 = Rita
Housework	70	S7= Elizabeth
Housework	87	S5 = Catherine
Cooking	20	S2 = Yasmin
OWNERSHIP OF TIME		
Day off	23	S3 = Mary
Day off	33	S3 = Mary
Day off	78	S1 = John
Day off	105	S3 = Mary
Me time	23	S3 = Mary
Time for 'self'	31	S5 = Catherine
Your time	93	S5 = Catherine
Me time	98	S4 = Amelia
My time	111-113	S1 = John
Do what I want (me time)	158	S1 = John
My time	353-357	S1 = John
My time	370	S6 = Tracey
My time	432	S5 = Catherine
My time	347-350	S1 = John
Do what I want to do	105	S3 = Mary
Lots of time for self (me time)	139	S3 = Mary
My time/freedom	417-419	S3 = Mary
Your time	93	S5 = Catherine
My time	332	S1 = John
Time for self	406	S4 = Amelia
To suit you	93	S5 = Catherine
Fit round me	79.81	S1 = John
Freedom	333	ALL
Holidays	312-313	

ORGANISING/MANAGEMENT OF SELF		
Enjoy flexibility 'own time'	72	S7=Elizabeth
Challenge to organise self	83.88.90.91	S5 = Catherine
Try to prioritise assignments first	.92	S7 = Elizabeth
Want to spend the time as they choose	58	S7 = Elizabeth
Fit everything in	205-206	S4 = Amelia
More efficient	122	S2 = Yasmin
Organise work in advance to reduce stress	124	S2 = Yasmin
Make up my timetable – control	140-145	S3 = Mary
Discipline with peers	78.79	S1 = John
Prioritise time	102.103	S3 = Mary
Need to be disciplined	133	S2 =Yasmin
Want to spend the time as they choose	420-421	S1 = John
Don't like the tasks (being told what to do)	205-206	S4 = Amelia
More time studying in 3rd year		
Realisation/maturity	203-207	S4 = Amelia
More organised in year 3		
Learning how to learn as an adult	347-350	S1 = John
Not a problem (in control of it)	121.129.13	S2 = Yasmin
Make sure I do the work	1	S3 = Sarah
See benefits/value of the time	289	S1 = John
	82	S1 = John
	77.78	S4 = Amelia
	95	
Catch up		
Study		
RELAXATION		
Rest	25	S3 = Mary
Rest	40	S5 = Catherine
Sleep/rest	43.44	S6 = Rita
Tired	26	S3 = Mary
Sleep	95	S4 = Amelia
Sleep	128.133	S2 = Yasmin
Rest	432	S5 = Catherine
Rest	298-300	S3 = Mary
Study in uni	38 39	S5 = Catherine
Environment	41	S5 = Catherine

PEER SUPPORT/SOCIALISATION		
Meet friends	18	S2 = Yasmin
Share ideas	19	S2 = Yasmin
Work with peers on assignments	47 48	S6 = Rita
Meet with friends assignments	71	S7=Elizabeth
Meet with friends assignments	100.101.102	S3 = Mary
Time with peers	355-356	S2 = Yasmin
Peer support	346	S2 = Yasmin
Don't want to work in isolation	189.190	
Peer support with study	218-220	S2 = Yasmin
Peer support	263-267	S6 = Rita
	274	S3 = Mary
	279-282	S3 = Mary
WOMAN'S ROLE/DUTIES		
Duties as a mother	53	S7 = Elizabeth
Children	26	S3 = Mary
Support dependent Children	52.53	S7 = Elizabeth
Chasing after Grandchildren	51.57.	S7 = Elizabeth
Family	125.	S2 = Yasmin
Children	126	S2 = Yasmin
Children	263-267	S6 = Rita
Demands of children	377-387	S6 = Rita
Grandchildren	390	S6 = Rita
Family	127	S2 = Yasmin
Family commitments	125	S2 = Yasmin
PHYSICAL and PHYCHOLOGICAL SPACE TO STUDY		
Work around others in house (husband)	61-63	S7 = Rita
Night working	63.64	S7= Rita
Work when house quiet	65	S7= Elizabeth
Demanding husband	395-396	S6 = Rita
AVOIDANCE/DISTRACTIONS TO STUDY		
Shopping	87	S5 = Catherine
Shopping	126	S2 = Yasmin
Shopping	71	S7= Elizabeth
Shop	96	S4 = Amelia
Shopping	226	All
Treat self/shop	356	S2 = Yasmin
Avoidance of study	373-375	S4 = Amelia
Study when unable to do chores or shopping	255-256	S2 = Yasmin
TIME TO MATURE (professionalism)		
Time to mature	229-232	S5 = Catherine
Responsibility of nursing (transition to professional)	231-232	S5 = Catherine
Time to grow/mature		
Increase maturity	236-238	S1 = John

Less selfish	243-244	S5 = Catherine
Protective of their time	239-244	S5 = Catherine
Move to professional identity	240-244	S5 = Catherine
More time studying in 3rd year	161-164	S4 = Amelia
Realisation/maturity	347-350	S1 = John
More organised in year 3	121.129.13	S2 = Yasmin
Learning how to learn as an adult	1	S3 = Mary
Career development	289	S2 = Yasmin
More work in year 3	255-256	S1 = John
More intense in year 3	82	S1 = John
	82	

ESCAPISM		
Run away from home (environment) (escape home environment noise dependents (husband/children)	272. 274	S3 = Mary
	288	Group members
	290	S3 = Mary
Escape noise at home	357-358	S2 = Yasmin
Escape from role as Mother. Sister. Wife	273.274	S3 = Mary
Escape noise at home	355-356	S2 = Yasmin
Role as mother	273.274	S3 = Mary
Role as rescuer	377-387	S6 = Rita
Role as carer	292	S3 = Mary
Dependents (husband)	296-300	S6 = Rita
demanding	363	S6 = Rita
Demanding husband	365-370	S6 = Rita
	395-396	

PROTECTING TIME	275	S3 = Mary
Protect time	363	S2 = Yasmin
Protected meal time	352	S2 = Yasmin
Protective of their time	247	S4 = Amelia

EXPECTATIONS		
Culture shock	149	S6 = Rita
Struggled	150	S6 = Rita
Naïve (expectations)	158	S1 = John
AGREE WITH 2 above	160	ALL AGREE
Students wanting to be led by tutors	176-177	S6 = Rita
Expected time would not be their time	306-307	S4 = Amelia
Expected to be told what to do	308-309	S1 = John

COMPLETING TASKS		
Assignments	70	S7=Elizabeth
Complete assignment	106-108	S3 = Mary
Reading	252.253.35	S2 = Yasmin
Instructed work	71	S1 = John
Assignments	16	S3 = Mary
Make sure do assignment	26	S7= Elizabeth

Study	70 119	S1 = John
NO TIME TO STUDY No time to study Short of time, denial that they had time	86.87.92. 245	S5 = Catherine S1 = John
EMPLOYMENT Working Work Work – job	77.78 57 34	S1 = John S7 = Elizabeth S4 = Amelia
PERCEPTIONS OF THE LECTURER Support from P TUTOR Support = Availability of P TUTOR/lecturers Support = help with assignments Tutors won't do it for us (expectations) Tutors will direct Personal tutor guidance	166-170 166-170 175-177 175-177 176 205-207	S4 = Amelia S4 = Amelia S6 = Rita S6 = Rita S6 = Rita S4 = Amelia
MOTIVATION THROUGH SURVEILLANCE (TUTOR/OTHER STUDENTS) Will complete work to feedback (motive) More motivated when have to feedback – value tutor rewards Want to deliver for the team Reduced participation in online activities Learn from set tasks which they feedback	190.191 192 199 200.201 147-149 121	S2 = Yasmin S2 = Yasmin and grp S6 = Rita S6 = Rita S2 = Yasmin
TRANSISITION TO STUDENT Difficulty having gap from study Adapting to uni life	136.137 373-375 401-403	S3 = Mary S4 = Amelia S5 = Catherine
Social life and fun	73.74	S7= Elizabeth
Supporting others (doing for others)	188	S2 = Yasmin

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Excerpt from Interview Transcript

This excerpt is from an interview with Janice, a nurse lecturer. I had asked Janice what she understood by directed study time:

Janice: Directed study is erm, my experience of it is that most of the students, don't use it they don't use it to structure their learning. Some do, some are brilliant but they are few and far between and they are usually the most motivated and sometimes more mature students. But most students, unless you stand over them and tell them that they've got to feedback something in their directed study, then they don't do it. That's just talking about Pre-Reg students, my other students are different, but Pre-Reg students on the whole I find directed study a bit of a waste of time. If you want them to learn something you've got to teach em face to face.

CB: Do you think it's because they're not always asked to feedback?

Janice: Yes, I think that's partly the culture that we operate here. I can't speak for other Universities but certainly we operate. I think partly we teach too much so they get used to being taught and they don't get used to being self-directed and they don't do enough project work for a start. If they had projects that they had to work on that weren't summative necessarily, just project work then they would get used to doing that. But I don't think we do that and I think part of it is the culture of the teaching here and I don't really think they immediately think directed study is oh right we don't have to come in, we can go and do something else. They may have it in the back of their minds that oh I'd better read that but maybe they don't get round to it or it becomes low priority.

CB: Okay, do you think that's just specific to Nursing or undergraduate students in general?

Janice: My experience of other undergraduate students is that they're actually a lot better at doing directed study, a lot better, not necessarily nurses. I teach mentorship nurses as well and they're usually working while they are training.

CB: These are post-reg?

Janice: Post-reg yes so they're usually working and their time is very much more limited so I think that impacts on whether they do directed study or not. So I think it's a different reason but the other students that I teach in social work or education, they seem to be much more used to doing directed study. If I ask them to go away and read something I'm surprised (laugh) that they do because I'm not used to it but they actually go and do it and then feedback what they've read. So there's something about Pre-Reg nursing students that in my opinion is that it's very typical that because they have to be here then they split that difference between having to be somewhere than that's what they have to do and they can tick that box and if they don't have to be somewhere in effect they can skive. Whereas if it was all about

their own self responsibility whether they turn up for lectures or not I think you'd end up with a much more mature attitude towards the teaching. They would have to take responsibility for it, but nursing treats people like children so we're very much pedagogic rather than andragogical and that's the fault of the NMC. If you say you've got to have so many in a lecture theatre but it doesn't stipulate what they're actually doing does it? (laugh). They could be sitting there twiddling with their phones or they're writing something. I think that's the crux of the problem that the NMC insists on 80% attendance and that just sets the whole ethos of how they respond to it.

CB: From speaking to people the nursing students seem to get a bit more structure in year one and then in year two and three its slightly you know tiered off so that they're expected to be a bit more self-reliant, that's the understanding I have. Do you think that works?

Janice: It's difficult isn't it because any student coming to university is going to be quite young and used to school rather than university so this needs to be introduced to the ethos of a university. But I don't think I think a whole year of what I would call molly coddling is probably not very helpful because you're teaching them the wrong things in effect. If they need to learn to be self-reliant from day one then they perhaps that's how it should be, a few weeks of guided initiation into university life would be okay but for a whole year I think they're just learning all the wrong lessons. They're learning that they've got their personal tutors if there's a problem they've got a timetable, they do expect a lot on the plate certainly at first. I don't mind them taking a little while to adjust, but then we do have to get on with it. University always used to be about growing up didn't it? (laugh). But nursing's a bit different because obviously it's a vocational course they're supposed to be developing personally and professionally so there is a certain amount of personal development involved. In the job they get exposed to a lot of difficult situations you know patients dying and grieving relatives and things like that and it's not a conventional university life I suppose but I still think that the problem comes right from the top. It's not an easy problem to respond to because if you insist on people having to be somewhere, makes it a very culture of nursing, becomes very childlike anyway. The relationship then between the university and the student becomes a parent child relationship rather than an adult adult relationship"

Appendix 6

Publication pertaining to the study

Directed study time within the pre-registration nursing curricula: are students motivated?

Caroline Barker

This paper follows on from the editorial in the previous edition entitled, 'The changing face of student nurse education and training programmes' (Ousey, 2011), which discussed how nurse education has progressed from the historical image of 'doctors' handmaidens' to competent nurses, equipped with skills of problem-solving and critical thinking with the move towards an all-graduate profession. Within the current pre-registration nursing curricula, nursing students are required to complete 2300 hours theory and 2300 hours practice over a three-year period (Nursing and Midwifery Council [NMC], 2010). However, exactly how these theory hours are structured within nursing curricula is open to interpretation. The approximate amount of face-to-face teaching contact that nurse lecturers have with students is fifty per cent of the total theory hours. The remaining fifty per cent is non-contact time, often referred to on timetables within nursing curricula as 'directed study'.

Before the 1980s, nurse education relied upon a pedagogical approach to teaching and learning, whereby nurse academics controlled what students were taught and much learning occurred through rote learning (Burnard, 1989). During the 1980s there was a shift in the balance of control and nurse education adopted Knowles' adult learning theory (Knowles, 1970). Student nurses were regarded as independent learners, responsible for planning their own learning. Since then, the notion of directed study has been open to interpretation and there appears to be some presumptions of nursing students. Firstly, that student nurses are equipped with the skills necessary for directed study; secondly, that they are motivated to engage with self-directed learning; and thirdly, that they are able to identify their learning needs. However, it could be questioned whether students know where to or how to start studying in the directed study time? It has been argued that not all adults have the ability to be self-directed towards their learning, with Darbyshire (1993) contesting that nurse education adopted the principles of adult learning without thorough consideration.

There is currently limited evidence to explore the use of time allocated to directed study within nursing curricula. Timmins (2008) identified that student nurses are not aware of 'what' or 'how' to study in the time allocated to directed study, and emphasised how students need further guidance from nurse academics. However, it could also be questioned whether further structure and guidance from academics could create a dependency among students and limit their skills of critical thinking and enquiry, which are expected and encouraged in graduates. Snelling et al (2010) explored the use of study time within one module in a pre-registration nursing curriculum and revealed that more than half of the student nurses involved in the study undertook paid work during the study time within a module. Although this was a small scale study based only on one module, it highlights the problems associated with the use or misuse of this time.

Within the past ten years there has been a significant increase in the cost of higher education. Although the provision of pre-registration nursing education is currently funded by the Department of Health (DH), this funding has been significantly reduced and further cuts may be imposed in the future. Today's student nurse population is diverse, including students from a range of educational backgrounds, each with different learning styles and academic capabilities. In addition, as nursing attracts more mature students, many have domestic commitments such as dependents and part-time employment, which impact upon their time. This begs the question as to whether nursing students are motivated to use directed study time to engage in learning activities, and can directed study time be justified considering the limited resources?

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