Finessing Incivility: How student nurses respond to issues concerning their status and learning during practice: A grounded theory

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Submitted in Fulfilment of the Degree of Doctor of Philosophy

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Abstract

Background: Interest in understanding the socialisation processes that student nurses are exposed to during clinical practice has endured and is warranted given that first year undergraduates have to adapt and develop intellectually, socially, emotionally and culturally to ensure successful transition and acculturation into higher education. In addition, when first year undergraduates are also student nurses, they must display versatility and tenacity in pursuing a professional identity often in complex, changing and reforming health care and educational environments. In the UK at present the main curricula design consists of equal parts theory and practice and undergraduate student nurses experience clinical placements much sooner than their predecessors. This transitional period has received less investigation and therefore, this study aims to redress this imbalance.

Purpose: To explore the impact of initial clinical experiences on the professional socialisation of student nurses. The intention has been to allow the student nurses to 'tell it as it is' about their experiences of becoming a nurse, the essence of which could generate a substantive grounded theory.

Setting: Two placement areas, consisting of a rural District General Hospital and a large inner city Hospital that reflect diverse socio-economic areas in the north west of England.

Method: A classic grounded theory approach (Glaser 1978) was used. The sample consisted of twenty-six (26) student nurses recruited from four (4) intakes over a two year period. Diary keeping was the main data collection method and seven (7) key informants from the first two intakes volunteered to take part in an in-depth interview during the second or third year of their course.

Findings: The substantive grounded theory of Finessing Incivility, explains how undergraduate student nurses respond to prevailing concerns regarding their student status, learning opportunities and a lack of professional benevolence during the initial clinical placement. In order to resolve these concerns and relocate their status back to a student from a worker, they maintain values, remain resilient and display and use finesse to broker for learning opportunities and resolve their concerns. The usefulness and originality of the theory is the conceptual explanation it offers of the psychosocial processes that student nurses engage in, and with, during practice that has not been previously noted.

Limitations: Although the solicited diary accounts were requested daily, the possibility exists that they were kept less frequently, filled in retrospectively, or not at all (Hyland 1996, Bowling 2002). A larger sample would have negated potential effects of attrition. In addition, and in the absence of participant observation, the accounts are accepted as truthful, although the risk exists that the students exaggerated or distorted their accounts to demonstrate how bad they felt concerning their experiences.

Discussion: The theory has yielded insight into the complexities involved in becoming a professional nurse. The theory of 'finessing incivility' has implications for nurse educators and other allied health professionals during practice and field exposure. Exploring the experiences of other allied health students with regard to the concepts of finessing and resilience in response to incivility and loss of student status merits further investigation as do the perceptions of mentors involved with student nurses during the initial placement.

Declaration

No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other university or institute of learning.

Acknowledgements

My appreciation and heartfelt respect for the participants in this study is enormous. Without their willingness to keep a diary and to be interviewed, this thesis would not have been completed.

A great debt is owed to Professor Annette Jinks as research director of this study whose intellectual generosity, critical feedback, diligent and unfailing support during the completion of this work made it possible.

My gratitude to my supervisor and mentor Professor Barbara Jack is immense. Her enduring faith in my abilities when my own wavered, her attention to detail and immaculate feedback when frequent revisions were needed, is without question.

My thanks also need to be given to Dean of Faculty, Seth Crofts, who has supported my endeavours throughout and the Faculty of Health and Social Care, Edge Hill University for financial support and essential study leave. As well, my colleagues and dear friends, my 'office sisters' Catriona Levshankova and Janet Taylor have been utterly wonderful and wholly enduring and Carol Wright also for her generous expertise with proof reading.

The willing discourse and support from Dr Barney Glaser, Dr Judith Holton, Dr Antoinette McCallin, Dr Helen Scott and Dr Graham Kennealy during grounded theory seminar workshops, has been invaluable and hugely enjoyable.

To Christopher, Matthew, Joe and Ellen Thomas whose belief in me never faltered. Who came with me on this life-changing journey unquestionably, my debt is great and my love is immeasurable.

For my late mother Thelma Baxter a children's nurse who instilled in her own a passion to care and never to lose sight of what really matters, I dedicate this thesis.

Abbreviations and terms

AN	Auxiliary Nurse
APEL	Accreditation of Prior Experiential Learning
BSP	Basic Social Process
BSPP	Basic Social Psychological Process
CFP	Common Foundation Programme
DoH	Department of Health
ENB	English National Board
GNC	General Nursing Council
HCA	Health Care Assistant
HE	Higher Education
HEI	Higher Education Institution
MDT	Multi-Disciplinary Team
MEWS	Modified Early Warning Score
Neophyte	A newcomer, a beginner or novice learner
NHS	National Health Service
NMC	Nursing and Midwifery Council
PHRU	Public Health Resource Unit
QAA	Quality Assurance Agency
RCN	Royal College of Nursing
RGN	Registered General Nurse
RN	Registered Nurse
SNS	Supernumerary Status
UK	United Kingdom
UKCC	United Kingdom Central Council for Nursing, Midwifery and Health Visiting

1.   CHAPTER ONE: Introduction and overview to the thesis

The initial chapter of this thesis has two sections. The first section introduces the study and presents the aim of the research, the context within which the study is located and a reflexive account concerning the impetus behind the study's inception. The second section will provide an overview of the thesis comprising a succinct overview of each chapter.

1.1   Introduction

The present research takes a sociological approach and uses classic grounded theory methods to explore the impact of the first clinical experience on the professional socialisation of adult branch student nurses. The aim has also been to extend the available research on the current processes involved in learning the content, skills and the norms, values, attitudes, beliefs and culture of the nursing profession. Thus the study findings add to the accumulated knowledge-base regarding student nurse socialisation.

Understanding the experiences in becoming a nurse is essential to the nursing profession's development and survival and in terms of associated stress, Admi (1997) noted that the initial clinical experiences in comparison to academic, personal and social stressors were thought to be the more stressful. This appears to be unchanged and the Royal College of Nursing (RCN 2008) has outlined the challenges facing student nurses in the UK and found that 39% of those students who considered leaving reported that their clinical learning experience had been a factor.

In addition, and more recently, focus on the personal impact on student nurses combined with the loss to the future nursing workforce has made attrition from pre-registration a global concern (Leduq *et al.* 2012).

In my role as senior lecturer I have responsibility for pre-registration undergraduate student nurses during induction and the first year of the programme. From this involvement came interest for the study, fuelled by comments raised by student nurses before and after their first clinical experience. In particular, the comments that focused on the surprise they felt at how very different practice was from what they thought, and how very different some of the nursing staff were from how they perceived qualified nurses were going to be. In addition, much of this discourse was vague or tactful and largely anecdotal. As a result, I became interested in exploring how the early exposure to practice and the socialisation processes impacted on the student in becoming a nurse. In addition, given the disparity between socialisation concepts and theories, I was keen to investigate the current first year experiences of undergraduate student nurses and the way in which initial practice impacts on their professional socialisation.

Cook *et al.* (2003) suggest that nursing students come to educational programmes with more than a rudimentary conception of professional identity, and at this juncture a blending of secondary and what Jarvis (1983) terms tertiary socialisation occurs. Existing theories view and define the process of socialisation from a largely functional and deterministic vantage point that often refers to the 'filling up of an empty vessel' metaphor suggesting a passive learning stance on the student's part. It is further suggested that functionalist and also interactionist approaches to socialisation are exemplified in the learning experiences of student nurses (Reutter *et al.* 1997). They report that generally student learning reflects a combination of both approaches with functionalist learning in the first year predominating as students learn the idealised norms. During the latter part of their training, the student nurses challenge and adapt to the realities they face and adopt a more interactionist approach as they prepare for life beyond the student world (Reutter 1997). However, other

literature serves to remind us that professional socialisation is a complex and somewhat nebulous concept and attempts to define it are not without difficulty (Ware 2008).

As an occupation, health care work and nursing in particular, is laden with social interaction and in order to provide timely and consumer friendly services, rapid changes can often be imposed (Price 2008). Other changes in clinical leadership roles for example, are thought to have influenced the ways in which students learn in practice (Allan *et al.* 2008). As have public perceptions of nurses according to Scott (2004) with claims that the move of student nurses into universities has left them unwilling to engage in basic care thus contributing to reduced standards of hygiene and increased infection rates.

As a consequence of such changes, disillusionment of new members to the profession of nursing needs to be of prime concern to organisations (Louis 1980) particularly with regard to socialisation and the appreciation by individuals of appropriate knowledge, skills and values. However, assuming that the way in which people socialise is sequential, upholds the functionalistic perspective (Merton *et al.* 1957) that is not entirely beneficial as Kenny *et al.* (2004) argue, if the norms and values are unhelpful or outdated.

Others argue for the value in 'getting it right' at the beginning of the student nurse journey to maximise the development of a professional identity (Andrew *et al.* 2009). More generally for first year undergraduates, attention has been focused on the vulnerability of school leavers and mature learners (>25yrs) (Quality Assurance Agency 2005) and McInnes *et al.* (1995) suggest that the initial experience at university is a key influencing factor on persistence in HE (Edward 2003). Consequently, how student nurses are socialised into the nursing profession is of paramount importance and concern, particularly as the process can be stressful and unpredictable. Therefore, it was thought timely to

explore the impact of this early exposure on their socialisation given the current health care climate of monetary cuts, educational reforms and fluctuating student numbers.

As Melia (1987) argues with regard to what she calls 'occupational' or 'professional' socialisation, one of the abiding problems is the difference between the idealised version of work activities as presented to new recruits and the reality of work as practiced by the members of the occupation. Although the literature is replete with early studies into the professional socialisation of nurses, interest in this appears to have waned in recent years. Clinical imperatives have perhaps rightly gained more interest than was the case in the past. However, socialisation in nursing is still of crucial importance (Mackintosh 1996) and in order to succeed in delivering effective and humane nursing care of patients there is a dependency on the transmission of robust value systems to today's student nurses. As Horton *et al.* (2007:717) state, 'It is of profound interest to the profession as a whole to continue to examine the ways in which values in nursing are portrayed'.

Indeed, the Nursing and Midwifery Council (NMC 2010) in their report, *Standards for pre-registration nursing education,* stipulate that professional values must underpin both education and practice, and that 'the code' be central to all education programmes (NMC 2008) so educators can assist student nurses in understanding, committing and upholding it. More recently still, the RCN (2012) believe that the *Standards* (NMC 2010) are not a true reflection of contemporary nursing. Glasper (2012) has explained that as the nursing workforce has to be able to adapt to challenges of complex care caused by demographic changes, pre-registration education is fundamental to this requirement. To this end, the Willis commission (RCN 2012) is in motion regarding pre-registration nurse education and will examine how best to deliver it in order to provide a nursing workforce that is in tandem with future health and social care services in the UK.

Of late however, there has been a reduction in investigations concerning professional socialisation and undergraduate pre-registration student nurses. Indeed, a developing body of literature suggests that student nurses are proactive in their knowledge acquisition and 'learn better' in a climate of acceptance particularly one that values them as individuals and where they feel they can belong (Levett–Jones and Lathlean 2007). However, few investigations have focused on the first ward experience and transition into practice (Melling 2011, Leducq *et al.* 2012) or any that have utilised grounded theory. The practice of grounded theory research concerns itself with social situations and issues to which people must adapt (Benoliel 1996), thus as an inductive approach, it is ideal to explore how undergraduate pre-registration student nurses experience professional socialisation during the first clinical ward placement. Understanding the processes involved will be of interest to leaders in ensuring that student nurses are prepared to function in current and complex health and social environments, to contribute to the workforce and to avoid inappropriate socialisation and attrition.

1.2   Overview of the thesis

This thesis comprises seven chapters. Chapter one presents the reader with a background and introduction to the study, outlining the impetus for the study and resultant thesis, and explores and discusses the processes involved in the professional socialisation of student nurses.

Chapter two will present the literature review and the context for the research. It will explore the professional socialisation of student nurses from both national and international perspectives. The assessment tool devised by the Public Health Resource Unit (PHRU 2006) was used to guide and appraise the selected studies in terms of rigour, credibility and relevance. Inevitably, it reviews research that views socialisation as a passive and normative process or as reactive and one in which the students exert personal agency. The

result of this literature search is presented in a thematic format to combine and catalogue related patterns and to enhance their clarity (Aronson 1994, Boyatzis 1998). The literature generally has been refined by subsequent reviews during the study's progression (Higgins 2006). To acknowledge this temporality, the literature review chapter has been divided into four parts in order to present a background and to outline historical, educational, theoretical and extant literature concerning the professional socialisation of student nurses.

Chapter three has five sections and the research methodology and research methods are described and an overview of the classic grounded theory method is provided along with a rationale for its choice and use. Grounded theory's philosophical perspective is discussed with emphasis on the concepts of symbolic interactionism and its relevance to the investigation of student nurse socialisation. Discussion around methodological rigour is also presented. In addition, details of the recruitment of participants, their profile and sampling, both purposive and theoretical, will be made clear. Included is a section discussing the ethical deliberations made including ethical approval, informed consent, confidentiality and the protection of individuals and the data collection methods. Qualitative data collection methods of diary keeping and unstructured interviewing were used to complement grounded theory's belief that individuals within groups make sense of the events they experience thereby revealing common patterns of behaviour (Glaser 1998).

In chapter four the operationalisation of classic grounded theory method will be made explicit. Integral to this chapter is the data analysis process outlining how the applications of classic grounded theory methods (Glaser 1978) generate a grounded theory. The process of analysis undertaken for this study will include examples of open coding, writing memos and sorting, theoretical sampling and being theoretically sensitive, constant comparison and substantive coding, theoretical saturation, the development of a core category and finally, theoretical coding to ascertain the relationship(s) between theoretical concepts.

Chapter five outlines the key findings of this study in a format similar to that seen in classic grounded theories (McCallin 2007, Higgins 2006, Holton 2007, Scott 2007) and one that is termed a conceptual theory of explanation (Glaser 1998, Holton 2011). It outlines the basic social problem of the student nurses and the basic social process that resolves their main problems and concerns. Responding to issues about their status and their learning reveals the basic social process of finessing incivility and how its processes developed a substantive grounded theory during the processes of data collection, constant comparative analysis periods, memoing and conceptualising. However, in order to ground the data, a more traditional style of presentation is used with excerpts from the diary transpositions, interview transcripts, in- vivo codes, memos and concepts being used to support the emergent theory.

Chapter six has three parts that comprise the conceptual framework of the grounded theory and are an in-depth discussion of the findings. The stages and properties of the grounded theory will be presented and they will be conceptual in their explanation and traditional in their presentation with findings and extant literature woven together. Scott (2007) has suggested this format allows the emergent and burgeoning theory to be 'nested' in reviewed literature and current discussion so as to develop its explanatory potential.

Chapter seven concludes the thesis and this chapter will discuss the limitations of the study and a number of conclusions are drawn that may enable key nursing educators and practice personnel to ponder the untenable nature of supernumerary status and the onerous responsibility placed on mentors in practice. Finally, recommendations for practice, education and further research will be made. This overview has provided the reader with signposts for the full thesis and its component parts.

2: CHAPTER TWO: Literature review

2.1   Introduction

The broad aim of the study is to explore professional socialisation as experienced by undergraduate student nurses in the UK and more specifically, to interpret and understand their contemporary world. The focus of the literature review is professional socialisation and as a concept, is integral to the context of this thesis.

How literature is presented and used in grounded theory studies is diverse. Firstly, in aiding the researcher to become theoretically sensitive and therefore recognise key concepts in the data (Holloway and Todres 2006). Secondly, during the analysis when there is constant comparison of data with related information found in the literature and finally, when literature and data are woven into the findings presentation or what Glaser (1978) and Holton (2010) refer to as 'the grounded theory' or conceptual theory of explanation.

The following literature to be presented was collected prior to data analysis and refined by subsequent reviews during the study's progression (Higgins 2006). To acknowledge this temporality, the literature review chapter has been divided into four parts in order to present a background and to outline historical, educational, theoretical and extant literature concerning the professional socialisation of student nurses.

Part one

2.2   A defining perspective of socialisation

Various definitions of professional socialisation exist. Goldenberg and Iwasiw (1993) suggest that the actual term 'socialisation' has a history of varied use. However, Merton *et al.* (1957:287) state that the technical term socialisation has been ratified over time in the domains of psychology and sociology and designates 'the processes by which people selectively acquire the values and attitudes, the interests, skills and knowledge – in short, the culture – current in groups of which they are, or seek to become a member'.

Professional socialisation is one component of adult socialisation that is described as the process whereby individuals acquire the distinct behaviour, attitudes and values of a particular profession (Goldenberg and Iwasiw 1993). A frequently cited definition (du Toit 1995, Howkins and Ewens 1999, Brennan and McSherry 2006) was first described by Cohen (1981) who makes reference to Jacox's (1973) work regarding professional socialisation of nurses. In this definition, Cohen (1981) views professional socialisation as an essentially complex process whereby an individual acquires the knowledge, skills and a sense of occupational identity that is characteristic of that particular profession. In addition, it involves the internalisation of the values and norms of the group into the person's own behaviour and self-conception.

During this process, a person gives up the societal and media stereotypes prevalent. Concerning this process Simpson (1967) undertook a qualitative longitudinal study using approximately ninety-five student nurses (n=95) in their first, second and third years and obtained data by observation in hospital, interviewing, school records and questionnaires and also from spending five and a half months as a resident in the student nurses dormitory. Simpson's (1967:47) findings noted patterns to the process of socialisation and she hypothesised a general sequence of phases that included:

First phase: transition to task orientation
'During the first phase, the person shifts his attention from the broad, societally derived goals which led him to choose the profession to the goal of proficiency in specific work tasks.'

Second phase: Attachment to significant others in the work milieu
'During the second phase, certain significant others in the work milieu become his main reference group.'

Third phase: Internalisation of professional values

'During the third phase, he internalises the values of the occupational group and adopts the behaviours it prescribes.'

Simpson (1967) suggests that although these phases may overlap, they generally constitute a sequential process that is not dissimilar to childhood socialisation. She also makes reference to both Mead (1934, 1964) and Piaget (1932) and their work concerning childhood socialisation (Simpson 1967). They both proposed that during childhood, culture and self-identification with roles are acquired and that it happens in a sequence of 'orchestrated' phases, each building on what has gone on before. Simpson (1967) suggests that on sequence completion, the end product is a socialised person who has both the ability and desire needed for their role. Further discussion of the stages in socialisation continues in the next section.

2.2.1 Stages of socialisation

As individuals, we experience the process of socialisation in stages. Primary socialisation is usually significant for most individuals (Berger and Luckmann 1966) and is associated with the formative years of childhood. Furthermore, it entails cultural acquisition and role self-identification, each occurring sequentially and building on what went on before (Simpson 1967). Secondary socialisation occurs as adults move into and within the real world (Howkins and Ewens 1999) and is often associated with the acquisition of role specific knowledge (Berger and Luckmann 1966). If the socialisation is into an occupation it becomes a fundamental aspect of secondary socialisation representing a significant and distinct process that Jarvis (1983) refers to as tertiary socialisation.

It has been argued by Howkins and Ewens (1999) that professional socialisation should be viewed from a new perspective in order to explicate its dynamic ever changing process

rather than the traditional view of a linear and reactive process of socialisation during a course of study. Previously, Olesen and Whittaker (1968) contributed to this notion by describing students as proactive in their socialisation, of how they used 'fronting' techniques or being 'two-faced' if being watched performing skills by the teachers. However, du Toit (1995) suggests that the acculturation process is powerful enough to bring about a 'deformation professionelle' or personal transformation. Some welcome this wholeheartedly and internalise completely the stereotypical culture as exemplified by members of the profession (du Toit 1995).

2.2.2 Professional socialisation theory

Professional socialisation theory can be a useful in exploring the development of a professional identity for student nurses. Health care researchers have used theoretical conceptualisations in order to explain the actual process of professional socialisation. For example, Davies (1975) gives a 'doctrinal conversion' model, which emphasises the changes experienced by student nurses in self-identification and the subjective awareness of the process. It may be demonstrated that such models draw on the work of well-known sociologists such as George Herbert Mead. For example, Davis's (1975) reference to the subjective meaning of human behaviour and its social process is attributed to Mead and termed interactionism. Sociologists such as Blumer (1969) have further developed the work of Mead and are responsible for the term 'symbolic interactionism'. Symbolic interactionists believe that by interacting with the environment, individuals construct their behaviour and actually respond to each other based on their interpretations of the intended behaviour rather than the actualities of it (Day *et al.* 1995).

How health care researchers have applied these theories is further demonstrated in the work of Ware (2008). For example, in Ware's study the student nurses' early learning was functionalistic in nature with a characteristic internalisation of the ideal norms and values

of group members that according to Day *et al.* (1995) ensures survival in society. However, the students in Ware's study, when later confronted with practice realities, adopted an interactionist approach in order to adjust their learning to the actual demands, allowing individual perspectives of nursing that enabled the students to see beyond clinical practice to new anticipated realities by the end of their programme.

Part two:

2.3   Professional socialisation studies in health care

The processes of professional socialisation in nursing and other health care professions have been widely discussed and debated for some considerable time and have formed a significant body of research during the last thirty years.

For example, seminal North American work of Merton *et al* (1957) and Becker *et al* (1961) investigated the social and cultural environment of medical students. Other early work includes that of Simpson (1967) who explored student nurse patterns of socialisation, and similarly Olesen and Whittaker (1968) described images of nursing, whereas Cohen (1981) explored the nurse's quest for professional identity. Latterly Davis (1975) has given the view that professional socialisation is a subjective experience and espouses a theory of doctrinal conversion amongst student nurses. Finally Melia's (1984) groundbreaking work focused on British student nurse construction of occupational socialisation. Melia developed a 'compartmentalisation' model whereby there are theory and practice concepts in student nurse cognition. These elements of the model arise from the de-sensitisation of student nurses to human need, which is in response to repeated 'mundane' exposure to poor nursing practice in clinical environments. Clearly, this discrepancy between theory and practice during traditional courses was evident and indeed resulted from a combination of service needs for student contribution to workload and a subsequent lack of supervision during practice.

This body of research has contributed to a greater understanding of socialisation theory concerning student nurses and medical students and has been the precursor to much of the work since. However, the impetus for earlier investigations does appear to be a concern with nursing's professional identity (Cohen 1981), which at the time was perceived as a semi-profession (Etzioni 1969) and a branch of medicine (Wyatt 1978). These investigations have fuelled the debate regarding nursing's image, one that is often reflected in the public and media's view of nursing and its occupational subordination to medicine.

The scope of later studies regarding the socialisation of nurses range from students undertaking a traditional apprentice-type curriculum model through to the introduction of Project 2000 Diploma in Higher Education and an increasing amount of degree programmes. Much of the research following the move into HE has sought to investigate its outcomes in producing a knowledgeable doer (Elkan and Robinson 1995) or has tackled subjects that may have impeded implementation of Project 2000 (Wilson and Startup 1991).

There have also been investigations that have evaluated the effectiveness of supernumerary status on socialisation. For example, Spouse (2000) concurs with the sentiment that supernumerary status and effective support from knowledgeable practitioners indeed assisted students in achieving their aims. Interestingly, Philpin (1999) highlights work location as a determining factor in contemporary occupational socialisation of nurses during her study. Philpin (1999) also explored the changes in nursing socialisation using an occupational perspective. A strong theme emerging from Philpin's work is how the nature of socialisation actually relates to the work context in which it was experienced. This contemporary perspective highlighted a clear contrast regarding nursing culture within acute areas. These areas are exemplified as high dependency, theatres and surgical wards where the socialisation processes experienced by Project 2000 nurses is harsher (Philpin

1999). To ensure conformity and role learning, negative sanctions are used and which take the form of public shouting, being 'picked on' and exclusion (Philpin 1999). However, in the chronic disease wards, typified as medical and elderly care wards, the socialisation process was deemed more satisfactory with effective communication between the 'neophyte' and traditional staff members who recognised and acknowledged the neophyte's interpersonal skills and increased knowledge of biological and social sciences that benefited the ward. Research by Jones and Johnson (1997) noted that as well as surgical wards, general medical wards and psycho/social ward areas cause increased anxiety for students. In addition, the traditional staff remarked that the neophytes do not see themselves as subservient to other members of the multi-disciplinary team (MDT) whereas in fact they acted as patient advocate and were not afraid to use their initiative (Philpin 1999).

Finally and perhaps crucially Elkan and Robinson (1995) argue that the advent of Project 2000 (UKCC 1986) heightened the existing tension between education and service that revisits the early socialisation theories of Melia (1984). For Elkan and Robinson (1995), service providers are identified as having the main priority of producing safe practitioners, whereas educationalists' priorities are the development of self-directed learners. As alluded to at the introduction of this thesis the result is that there are two competing socialisation influences that students are exposed to during their programme, that of the clinical area and its imperatives, and academia and its priorities (Wilson and Startup 1991).

In terms of academic influences on socialisation, Morrall (2005) has used a sociological perspective in examining the social context of learning in nurse education and refers to the concept of social control (Weber 1975), to identify the present status of the student nurse from a socio-political viewpoint. Holloway and Penson (1987) concur that the socialisation

of student nurses is one form of social control the process of which sees them inducted into a pre-set role designed to produce a pre-organised competent practitioner (Morrall 2005).

Student nurses often have difficulty influencing such pre-set norms and if internalised can eventually become part of the student's 'own world view' (Morrall 2005:622). In the event that these norms are rejected, Morrall (2005) suggests that the student can become labelled as 'deviant', which is in itself a form of social control. It is suggested that moving away from accepted norms exposes the student nurses to sanctions as was the case in Philpin's (1999) study.

There are infrequent reports in the literature regarding professional socialisation of late and it would seem almost that the importance of professional socialisation has lost ground to the current emphasis of clinical improvements and the primacy of patient-led agendas. However, there has been some recent work done by Brennan and McSherry (2006) and Wood (2006) in the UK, which offers a professional socialisation perspective that focuses on the transition from Health Care Assistant (HCA) to student nurse. This consideration is useful given the fact that as a cohort, HCAs largely replaced student nurses in clinical ward areas when Project 2000 was implemented. Furthermore, student nurse status changed when they ceased to be included in the regular staff complement and became supernumerary.

Brennan and McSherry (2006) found that student nurses studied reverted intentionally back to a HCA role particularly at commencement of the first clinical placement and that this was in order to offset the 'culture shock'. This strategy to ease the socialisation process was termed 'the comfort zone' and the students felt it was something they could easily slip back into to gain a sense of professional incorporation. This sense of having a shelter is similar to the Australian perspective of Dalton's (2005), who described a ward as having 'hiding

places' which are used to reduce the pressure and stresses student nurses are placed under during some of their clinical placements.

These investigations follow on from the last major reform of nurse education 'Making a Difference' (DoH 1999) although the recent standards for pre-registration nursing education (NMC 2010) mirror aspects of the 'making a difference' curriculum and have applied from September 2011 to the approval of all new pre-registration nursing programmes (NMC 2010). Aspects include a competency framework outlining standards for competence that all nursing students need to acquire in order that they can register and there are also separate competency sets for each of the fields of adult, mental health, learning disability and child (NMC 2010). They include; professional values, communication and inter-personal skills, nursing practice and decision making and leadership, management and team working and should be generic or field specific. In addition the NMC have included what they refer to as 'essential skills clusters' (ECSs) to be reflected in the learning outcomes throughout the programme and they include; skills for care, compassion and communication; organisational aspects of care; infection prevention and control; nutrition and fluid management and medicine management.

2.4   Nursing values

One of the key elements of socialisation is the transmission of a cultural value system (NMC 2010). That is, the socialisation processes which student nurses experience and those that have the transmission of nursing values as a central concern, which was the focus of early work by Kramer (1974). She asserted that despite student nurses graduating with raised professional values, these values often lowered when they began professional practice. Other early work in this area was executed by Fretwell (1982) in her study of '*The ward sister and the learning environment*'. The original impetus for Fretwell's study was one of personal tragedy and an awareness of patient helplessness and the importance

of 'the little things' that she refers to as 'basic nursing' which constitutes 'good nursing care'. At a similar time Ogier (1982) and Orton (1981) investigated the ward sister's position in creating a ward-learning climate conducive to student learning. Additionally, and as referred to previously, Melia's (1987) work is another example of early investigations into this phenomenon. Melia found that student nurses worked to 'fit in' and became 'two faced' as they actually did not see their training from either a service or educational perspective, just a series of hurdles to overcome in order to pass exams and achieve satisfactory ward reports from the ward sister. Furthermore, work by Olesen and Whittaker (1968:173) describes students using 'fronting' tactics after the 'shrewd' students had realised that success depended on making the right impression in a variety of clinical and academic settings. The aim was to go about the tasks in hand whilst being seen in the best light possible. They describe mediocre students skilled in 'fronting' and thus managing to obtain very good grades. In a clinical setting this would involve making beds, for example, in the 'right way' in front of the instructor but after the instructor had left doing it in any way they pleased.

With respect to nursing values, Leners *et al.* (2005:505) suggest they are internalised through professional socialisation and are part of the process of learning or understanding the 'nature of being a nurse'. Leners *et al.* (2005) undertook measurement and evaluation of students learning about professional values on entry and exit to the nursing programme from four cohorts over a three year period. A total of 159 students (98%) from these cohorts completed the pre-test and 128 completed the post-test (87%). Leners *et al.* (2005:506) suggest that 'attrition as well as self–selecting not to complete accounted for the decreased number of students in the post-test sample'. A comparative analysis of the pre-test and post-test group means revealed statistically significant increases in total score (t = −2.56, p < 0.01) on the 5-point Nursing Professional Values Scale (NPSV) by Weis and Shank (2000)

(5 being the highest), the average total score at entry into the programme was 3.93. Upon exit, the average total score had increased to 4.07.

Similarly a study by Kelly (1991) examines the professional values of English undergraduates in order to describe what it was they internalised. Her findings revealed two perceived concepts as central to the undergraduate's professional values; these were 'respect for patients' and 'caring about the little things'. The respect for patients included issues around patient autonomy and information needs, and the minutiae of care-giving included physical aspects such as care of dentures, and psychological aspects of care included, for example, patients worrying about their pets that might have been left at home. Whilst they expected these values to be in conflict with common hospital practice, they also valued 'fitting in' and 'going along' whilst retaining their personal ideas and values until such a time that they could be implemented. However, the undergraduates perceived themselves as powerless to instigate these changes when newly qualified, as they believed the power remained within the hospital system and the Sister or Charge Nurse.

2.5   Educational policy and history

According to Allen and Allison (2006) the narrative concerning the history of nursing education is peppered with reports and studies seeking a professional identity. With each new educational curriculum there is a resurgence of interest in professional socialisation with Crotty and Butterworth (1992) arguing that many of the crucial changes in nursing have followed either an evolutionary pattern, been instigated by government or initiated by the nursing profession itself. As an example, they suggest Project 2000 (UKCC 1986) as reflecting all characteristics of such change.

It is useful at this point to offer a chronological account of such evolutionary patterns in the UK to include government instigated policies and the nursing professions initiated changes with relation to student nurse education.

The Wood Report (Ministry of Health 1947) proposed that student nurses be given full student status and be supernumerary during their practical training. The rationale behind this was to reduce wastage and training length. However, this was not endorsed by either the regulatory body at the time, the General Nursing Council (GNC) or the RCN. A report by Horder and commissioned by the RCN (RCN 1943) implored that the training of students be separated from their obligation to 'staff' wards but ironically was a contradiction in terms as the students were essentially the workforce. In response to rising NHS costs an evaluation of nursing work was undertaken but little clinical teaching in relation to nurse training was observed (Nuffield 1953).

In 1963 the Scottish Home and Health Department undertook the 'Glasgow Project'. This entailed the conferring of supernumerary status on student nurses and the introduction of clinical teachers into practice. At a similar time the University of Manchester implemented the first ever degree programme of nursing education to take place at a British University (Hallett 2005). Ironically the 'Manchester scheme' was largely due to the efforts of a medical professor of social and preventative medicine. In his memoirs, Professor Brockington noted that during the long struggle for the nursing programme's recognition at the University, his strongest opposition came not from doctors, but from nurse leaders (Hallett 2005.) However, the university-based course was unique in offering nursing as an academic subject combining community health and pre-registration nursing education and became the prototype for the Bachelor of Nursing Degree (Hallett 2005). Surprisingly, the programme was not without problems for the undergraduate students who were resented and made to feel overwhelmingly' different' by other nurses during clinical placements

(Luker 1984), a situation that appears to have not improved with time for undergraduate student nurses (Jinks and Pateman 1998).

Nursing benefited from the 'Manchester scheme' in more ways than one as a member of the Platt Committee was no other than Professor Brockington (Hallett 2005). The Platt Report (RCN 1964) again suggested student status and also a grant assisted initial two-year training with the third year comprising supervised practice. The Platt report (1964) also mooted that the GNC (GNC 1964:38) would have to reconsider its opposition to these suggestions. In replying, their answer was succinct; 'the needs of the patient came first and the emphasis on student status would deter girls whose only wish was to nurse'. However, a government commissioned report (Briggs 1972) in relation to the needs of the population advocated a modular programme for nurse training in which theory could be related to practice and highlighted the need for nursing to become a profession whose practice was based on research and the continuing education of its practitioners.

Finally, the RCN commissioned the Judge report regarding the education of nurses (RCN 1985) reiterating the need to move nurse training into Higher Education (HE) and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1986) published 'Project 2000: *A new Preparation for Practice'* and the long awaited move for nursing into HE became a reality.

2.6   Summary of parts one and two

Part one of this chapter has offered a definition of socialisation, its stages and an outline of socialisation theory. Part two reviewed professional socialisation studies in health care and those that focused on nursing values with the final section reviewing educational policy and history.

Part three

2.7   Search methods

The third part of this chapter has three sections, which comprise search methods, themes and critique. Appraising the quality of the included papers was undertaken using a framework of appraisal (PHRU 2006). In addition, a data extraction table for each included paper was created in order to summarise the research and assist in the thematic analysis (Hek et al 2000). These tables can be found in appendix one.

The previous sections of this chapter utilised literature of a general context concerning professional socialisation whereas this section outlines the systematic search of literature that was undertaken utilising databases and search terms. A visual representation of the elimination processes is seen in figure one and an overview of the process will be covered in the ensuing discussion.

Figure one: Results of the search strategy and elimination processes

Results of data base searches		Screening of titles, abstracts and key words	Screening of the full text
Cinahl	(234)		
Medline (PubMed)	(137)		
BN1	(41)	18 met the inclusion criteria ⟶	10 met the inclusion criteria
Cochrane Database	(0)		
ASSIA	(0)		
Hand searching & checking reference lists	(3)	⟶	3 met the inclusion criteria
			13 studies met the inclusion criteria
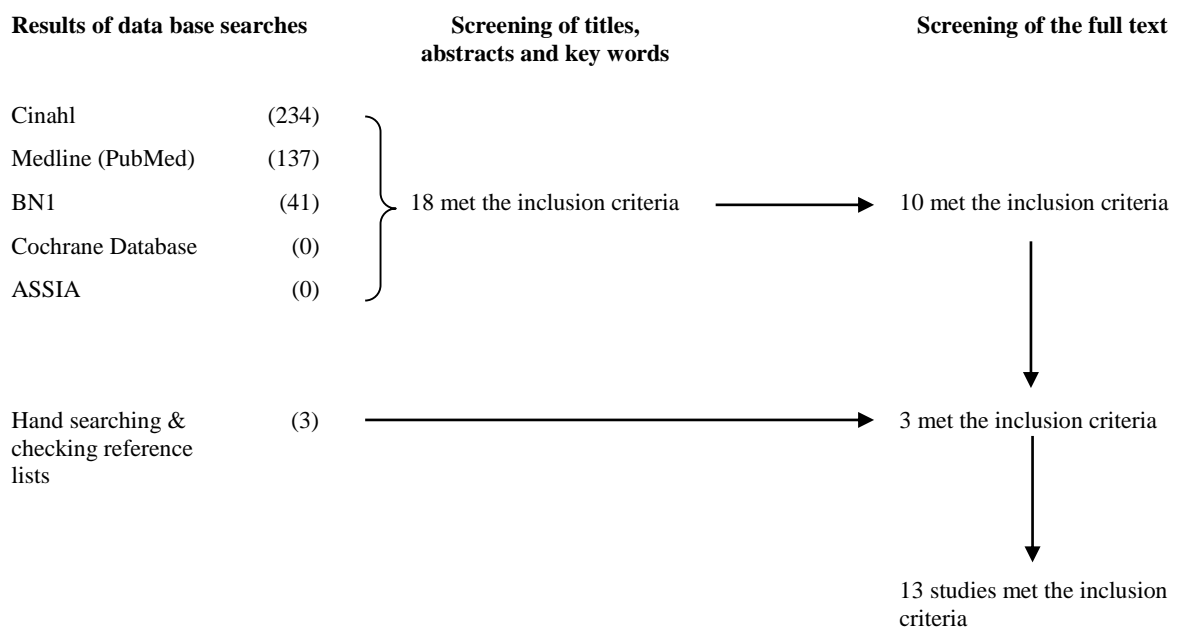
A computerised search was undertaken using CINAHL (Cumulative Index for Nursing and Allied Health Literature), Medline (PubMed), the British Nursing Index, the Cochrane database and ASSIA (Applied Social Science Index and Abstracts). Search terms and key words included 'student nurse' and 'socialisation' to denote the focus and field of interest and 'socialisation', 'professional socialisation', 'first ward experience' and 'early socialisation' to denote the topic and context of the research question. The key words of 'student' and 'pre-registration student' were avoided due to the retrieval of unwanted pre-registration student literature that included physiotherapy, occupational therapy, pharmacy, and sport science and to a greater extent medicine. A time frame was not given for the database searches in order to capture a chronological range of potential studies. As the original search was undertaken in 2007 it therefore served as the search limit at the time although as the findings from the study developed, further searches have been undertaken to develop the emergent theory. Key papers were selected for conceptual analysis and review, and in turn this allowed citation tracking to be carried out in order to glean foundation information.

Hand searching of UK nursing journals was undertaken and these included the *Journal of Advanced Nursing, Nurse Education Today*, and *Nurse Education in Practice, Journal of Clinical Nursing* and *Nurse Researcher*. These journals were considered to offer the best representation of relevant and current literature due to their pedigree. In unison with database searching and hand searching, back referencing was undertaken of the selected studies to enhance contextual relevance.

2.7.1 Grey literature

Grey literature was obtained through a number of sources and they included; the system for information on grey literature in Europe (SIGLE), the Higher Education Academy (HEA) conference abstracts, although no relevant material was obtained from either.

The RCN archive was accessed and the Steinberg collection of Nursing Research yielded a thesis held by the University of Manchester regarding early socialisation of the student nurse (Wiles, 1981). In addition, the NMC web site was accessed for educational policies regarding pre-registration nurse training and also the DoH web site. Index to theses was a rich source of recent original work and bibliographical references (Hart 2001). In addition, a search of the international bibliography of the social sciences yielded seven articles, none of which met the inclusion criteria.

2.7.2 Inclusion criteria

Studies that met the inclusion criteria and were selected for in-depth analysis were those that had been peer reviewed in English language journals covering the geographical areas of the United Kingdom, America, Canada, Australia, New Zealand and Scandinavia and had as their focus student nurse socialisation during the training period, either at commencement (neophyte stage), during and at the end of training.

2.7.3 Exclusion criteria

Certain exclusion criteria were applied and studies were excluded that were not primary empirical peer reviewed research or where focus was aimed at pre-registration student health professionals other than student nurses. These included students of physiotherapy, sport science, occupational therapy, pharmacy, midwifery, medicine and students of social work. In addition, articles and studies in which the focus was on post-registration socialisation from practice into academia and those that investigated the transition into and the early post registration period were excluded.

2.7.4 Framework for appraisal

The PHRU (2006) CASP approach was adopted for the review of the literature and assisted in the systematic selection and screening of relevant papers (see appendix three).

2.8   Search results

A total of thirteen studies met the inclusion criteria and have formed the body of the review. Included in the review is a second paper published by Day *et al.* (1995) from the original study by Campbell *et al.* (1994). In this paper, Day *et al.* (1995) focus on additional themes of shaping, becoming nurses and student nurses' beliefs.

All studies met the inclusion criteria as outlined above and contained findings from qualitative and quantitative investigations into professional socialisation of pre-registration student nurses at commencement, during training and throughout a range of clinical placements. In addition, the studies reviewed have considered professional socialisation either from a clinical caring perspective (Mackintosh 2006, Day *et al.* 1995, Seed 1994) or educational (learning) perspective, or a mixture of both.

The studies undertaken in the UK are divided into those undertaken before the implementations of Project 2000 (UKCC 1986) for example (Melia 1984, Bradby 1990, Wilson and Startup 1991, Seed 1994), and those undertaken after (Fitzpatrick *et al.* 1996, Grey and Smith 1999, Brennan and McSherry 2006, Mackintosh 2006, Wood 2006). It is apparent that with each new UK curriculum there is a resurgence of interest in professional socialisation. Recent reforms from the NMC (2010) with regard to pre-registration nurse training combined with concerns about attrition from nursing courses during the first placement and first year, would support this pattern of interest (Andrews *et al.* 2009, Melling 2011, Leducq *et al.* 2012).

2.8.1   Methodological approach

A key factor in many of these studies is their qualitative longitudinal nature and cultural perspective with a third having utilised a grounded theory approach in the analysis of data. However, a quantitative study is included in the review by du Toit (1995) that sought to

measure the extent of professional socialisation of nursing students. Du Toit (1995) was mindful of previous studies that had been undertaken on a cohort format and on the basis of a thorough literature survey, developed a Likert-type measurement scale. Her rationale for using a seven point Likert-type scale was not only to glean biographical and background data but also to measure the extent of professional socialisation and capture a 'snapshot in time' of the extent of professional socialisation. A thematic review of the included literature has connected all sources together concerning the socialisation of student nurses and reveals a trend showing that the process of socialisation is not without challenges. It would appear that aspects of negative socialisation are accepted as part of its process.

2.9   Thematic analysis of the literature

Analysis of evidence from the reviewed studies identified four main themes that represent for student nurses, the impact and temporal nature of professional socialisation during their educational programme.

Initial socialisation was identified as the first theme with three sub themes consisting of 'status passage and role shock' and 'using props and space'. The second theme identified was 'role identity' with three sub themes consisting of 'becoming a good nurse and learning the ropes', 'learning the knots' and 'developing a nursing identity'. The third theme identified was 'significant others' with the final theme being identified as 'socialisation and caring' with two sub themes consisting of 'learning to care' and 'learning to nurse'.

2.9.1   Initial socialisation

Initial exposure to practice is the juncture at which theory and practice collide. Despite nursing programmes having a supreme aim to successfully socialise 'neophytes' into the profession (Fitzpatrick *et al.* 1996) and 'imbue' them with professional realism of the nurse's role as a process, it is not well understood (Day *et al.* 1995). Phrases such as

'running the obstacle course' were used by student nurses to capture 'the essence' of their first few weeks (Seed 1994:741) and related to things being done differently in practice rather than the 'school way'. Overcoming the dissonance between theory and practice remains a challenging prospect for nurses with their professional development being dependent on their ability to integrate theory with the present day realities awaiting them in practice (Dalton 2005). Initial realities facing a group of seconded HCAs were two-fold (Wood 2006). Their transition to students appeared delayed, in part to the pre-existing views of mentors regarding their abilities and reluctance on their part to declare their existing knowledge and skills. Furthermore, over two-thirds of students (n=43) had expected at the outset of their training for the school to provide adequate preparation (Wilson and Startup 1991) although towards the end of their first year, fewer than a sixth felt that it actually did. A qualitative study by Melia (1984) attempted to explore how a group of UK student nurses (n=40) perceived their experience of being learners. Data was collected via informal interviews with an agenda that was concerned with ward organisation, talking with patients and the student's own socialisation. It took the form of a general question around 'where' students felt they had been influenced most in nursing.

Melia's (1984) paper is not clear at what stage of training these interviews took place. However, consideration of the research question 'What is it that student nurses learn during their three year training?' and the interview agenda content suggest that senior students were involved. The students were recruited from a single traditional programme of pre-registration training, as were the students from the studies that followed (Bradby 1990, Wilson and Startup 1991) and a comparative Canadian study by Campbell *et al.* 1994). However, Fitzpatrick *et al.* (1996) were mindful of this sampling and their English National Board (ENB) commissioned study included the three types of pre-registration programmes available. These were the integrated degree programmes, Project 2000 Diploma in HE

courses, which at the time were well established, and traditional RGN programmes, which by then had diminished (Fitzpatrick *et al.* 1996).

Melia (1984) is clear regarding the sample size (n=40) as are Wilson and Startup (1991) (n=46). However, Bradby (1991) gives no individual figures only that four complete cohorts were accessed in two Schools of Nursing during the first year of training. A comparative study was undertaken in three nurse education centres using three cohorts of student nurses (n=43) who were interviewed using a semi-structured interview schedule and observed during the introductory period and at the end of the first year (Wilson and Startup 1991). Details surrounding the observation are not made, possibly weakening the validity of the findings. In addition, members of teaching and ward staff involved in the socialisation process were also interviewed using similar schedules for comparison.

Bradby (1990) collected her data during study blocks in the first year and mainly by qualitative means. She used multiple methods consisting of interviews, an essay, keeping a diary, writing a letter to a potential new recruit, backed up by self-report questionnaire and psychometric tests for self-esteem and anxiety. She states that they provided a rich source of information that could be correlated yet doesn't make clear whether repeated consent was obtained during this time. Her analysis was by coding and category development, which she attributes briefly to Glaser (1978) but uses the work of both Glaser and Strauss (1971) in describing status passage thus the opportunity to explain her methodology in any helpful way to the reader is lost.

In comparison, Melia (1984:136) describes her fieldwork as 'carried out following Glaser and Strauss's (1967) method' and her description of the occupational socialisation of British nurses has been alluded to by most of the studies under review with the exception of Wilson and Startup (1991), du Toit (1995), Dalton (2005), and Wood (2006). As the

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focus of their work was to identify problems and issues ahead of the implementation of Project 2000 (UKCC 1986), the scoping nature of their investigation and the fact that nursing and education staff were also used, might explain their omission (Wilson and Startup 1991). The rationale behind du Toit's (1995) Australian study was a 'hunch' that the process of socialisation (professional) may well facilitate the development of a nursing identity. Du Toit (1995) adopted a Likert – type measurement scale to capture altruistic traits and identification with nursing culture and professionalism. Moreover, Dalton's (2005) rationale was also concerned with professional identity. She sought to interpret the way rural clinical practice influenced the ways in which nursing students 'shaped' their professional identity by the use of space within the clinical environment. Wood (2006) aimed to compare the clinical practice experiences of seconded HCAs with four major socialisation concepts; his findings suggest that the experiences of HCAs are different to other nursing students and could be viewed as a unique socialisation process.

Status passage and role shock

Initial socialisation has been described as a 'status passage into nursing' Bradby (1990:1220). The students in her study describe the passage vividly as they enter the wards for the first time. This study sought to discover the reality of the students' experiences thereby presenting another view of initial socialisation into nursing. Bradby acknowledges that others have attempted to identify this apparently intangible socialisation process into nursing, but she suggests that it is not unique to the occupation of nursing but rather one of numerous life transitions between social statuses and therefore termed a status passage.

Bradby (1991) also reports that attitudinal changes do occur and unexpected problems will face the students on entering the wards for the first time; these are in fact inevitable patterns of the socialisation process. Other interest in altered socialisation patterns has focused on the perennial issue of teaching staff and of those in practice failing to present a uniform

front (Wilson and Startup 1991). They feel that in order to facilitate professional socialisation for the students, the recruitment of teaching and ward staff is appropriate particularly as their study pre-empted the introduction of Project 2000. Although the students recognised the incongruity between classroom teaching and what happened in the wards, they were apparently unperturbed (Wilson and Startup 1991). According to Bradby (1990) the socialisation experience on entering the wards for the first time is an intense and fast moving process and perhaps the greatest hurdle to jump. For a third of the students, failing to enquire what nursing might be like prior to the first ward experience created considerable anxiety concerning role realities (Bradby 1990). Unfortunately, how many constitutes a third is unclear as Bradby only states she followed four complete cohorts of female students in two schools of nursing.

This perspective on anxiety is echoed by others and the student nurses from a longitudinal study conducted by Day *et al.* (1995), discovered early on in the first year that nursing was a rigorous discipline and involved hard work. A total of 50 students were recruited for interview and a further 81 completed open-ended questionnaires. For some of the students, nursing had always been a career goal. For a few 'drifters' who had no specific career goals, they believed their personal attributes would be suitable as they were 'people persons'. Interestingly, the 'drifters' and those with strong lay images typifying nurses as 'bimbos' and 'handmaidens', found their ideas changing and they began to believe they could make a difference (Day *et al.* 1995).

In addition, Gray and Smith's (1999) landmark longitudinal study undertaken with Project 2000 students, describes their first ward experience as being 'momentous' and of the students feeling they had been 'dropped in the middle of the ocean'. A purposive sample of 17 students was used. Ten students were interviewed on five separate occasions during their course and also kept a diary in order to record their mentorship experiences and act as

an aide-memoire for the interviews. The other seven student nurses participated by diary keeping only. Gray and Smith (1999) identify that this collection method was problematic with only one participant keeping a diary at the end of the study.

For the students in a classic longitudinal study by Seed (1994), 'running the obstacle course' was a well-rehearsed phrase during their initial weeks on the ward. The study involved over 1,000 hours of participant observation with interviews at the beginning and end of training. In order for Seed (1994) to consider the student's world the immersion and reflexivity was appropriate. No mention is made of any effects of the attrition in Seed's (1994) study or the loss of data collection for Gray and Smith (1999). It is noted that whilst running 'the obstacle course', Seed's (1994) students mention poor organisation and limited resources, making reference to the 'school way' and the realities on the ward, which Seed (1994) refers to as 'zones'. The students had expected these zones to have more in common therefore allowing opportunity for trial and practice. This was particularly noticeable during manual handling of patients rather than each other as they had whilst undergoing practical training in the nursing school.

As their main aim was to describe the existing socialisation process and expose issues and problems ahead of the implementation of Project 2000, Wilson and Startup (1991) focused on how the student nurses' expectations and perspectives changed during the first year, whether the students were treated equally, or if there was integration of the learning experiences. As they collected data from practitioners and teaching staff as well as students, they were able to highlight the divergent and often conflicting values of the ward staff and teachers within which the student had to find their own route to becoming a 'good nurse'.

Bradby (1990) further argues that patterns of socialisation may not alter as the staff who look after the students may have had a similar indoctrination and therefore not want to

realise that the new students require additional support. Moreover, Wood (2006) describes a delayed transition for their pre-registration student nurses due to the pre-existing views of the mentors with regard the level of competency and to a certain extent the students' reluctance to be proactive in the clinical assessment of their knowledge and skills.

Using props and space

Using ethnographic hermeneutics to explore how clinical practice shaped student nurses' identity, Dalton's (2005) Australian study suggests that undergraduate student nurses use clinical space as an indication of their professional development during their first clinical placement. How early this placement is has not been made clear, but Dalton (2005) describes it building on from first year introductory units. None of the student nurses (n=5) had previous experience of nursing or related care practice before the two-week placement in a rural community setting. Whilst there, the students received supervision from registered nurses, clinical facilitators and nurse academics.

In addition, Dalton (2005) collects her data utilising a participant observation role but no mention is made to a potential Hawthorn effect. The findings describe spaces that are public, for example, ward corridors and pockets of nursing space with intimate areas, which the students found daunting to enter. In order to cope with this, hiding spaces such as a structural barrier (a wall to lean on) or using their own body to create one (leaning awkwardly, arms folded) were created. However this hiding space was occupied less as the student became more confident in joining in nursing work.

Furthermore, a longitudinal study by Gray and Smith (1999) found that the students used their supernumerary status and mentorship as a kind of prop or coping mechanism during this initial phase but experienced 'reality hitting home' early on as their prior expectations failed to realise. This was the case for a third of students in Bradby's (1990) study, although

most of the students received a warm welcome from practitioners and swiftly developed peer support. Bradby (1990) followed through four complete cohorts of female student nurses from two schools of nursing during their first year of training, in order to discover the reality of their experiences, as often there is incongruence between the 'lay' and professional images and she wanted to expose any covert processes. In order to do this, multiple research methods were utilised including an interview, an essay, keeping a diary and writing a letter to a new recruit.

These strategies were supported with self-report questionnaires and psychometric tests for self-esteem and anxiety in order to provide a rich data set and allow correlation. Data collection was during study blocks and analysis utilised a hybrid of grounded theory methods. Bradby (1990) considers the negotiation of sub-passages within the major status passage and identifies them as serial passages where there is institutional and cultural passing on of traditional methods and skills from one generation to another; disjunctive passages where nursing care was negotiated by students without guidance or assistance; and thirdly, divestiture or as Bradby (1991) refers to it, 'subtle degradation' a process that isn't necessarily an overt occurrence.

Bradby (1990) argues that despite this loss of personal identity being stressful for the students during the rapid transition, they need to find their place within the ward, with their peer group, within the school and particularly with regard to their educational progress. The 'fitting in' and feeling part of the team appeared a higher priority than the care of patients. The final sub-passage noted by Bradby (1990) is a collective passage where a group of people starting a course may support each other during the 'good' and 'bad' times.

Whilst her students felt they were all in the same position, confirmation of this sentiment by socio-metric measurement, revealed a surprising lack of group cohesiveness and

students sought validation of their personal identity outside the group from family and friends. However, a return of self-identity occurred after about six months when students felt more comfortable in the clinical area with increased feelings of maturity and independence (Bradby 1990). Grey and Smith (1999) concur with Bradby (1990) and their Project 2000 HE students felt it vital that colleagues accept them in order to lose the stigma of being an outsider. Grey and Smith (1999) reiterate Melia's seminal description of 'fitting in' and they use the term 'mucking in'.

This behaviour of students was in order to be accepted and therefore receive positive sanctions of socialisation which took the form of a 'good placement', to feel like a nurse and to please their mentor. Whilst Grey and Smith (1999) do not specify how long the initial phase of 'anticipatory anxiety' lasts, they do mention that the second phase of 'reality hitting home' lasts for the remainder of the Common Foundation Programme (CFP) (18 months) period longer than for Bradby's (1990) students. This may well be relative given that the Project 2000 students did not go into clinical areas until much later in their programme and for shorter periods.

2.9.2 Role identity

The second theme identified was role identity with three sub themes consisting of 'becoming a good nurse and learning the ropes', 'learning the knots' and 'developing a nursing identity'.

Becoming a good nurse and learning the ropes

Throughout their training, the students in Seed's (1994) study were shown not only to develop as nurses, but also as adults as they developed recognition of 'personhood'. This maturing identity allowed reciprocity between their personal self-view and the perceptions

they had about the people they nursed. There was a tendency to see themselves as workers and less so as learners with the desire to be always pleasing and amenable to others. In addition, throughout the clinical placements in which they were treated as individuals and had specific learning needs acknowledged, they began seeing 'people' rather than 'patients'. For the students, this insight occurred at the beginning of the second year when they were all allocated to a psychiatric hospital for placement. Because of the nature of the care that was required, they were prompted to consider their own previous de-personalisation of clients and patients (Seed 1994).

Early in their first year, the students in Day *et al.*'s (1995) study realised the rigorous entity of nurses' work and brought images with them that were altruistic in nature. In addition, they felt the essence of care was the interaction between nurse and client and that this was essential in order to become a 'good nurse'. Interestingly, mid way through the first year, teachers reinforced the student's beliefs about caring (Day *et al.* 1995). Du Toit (1995) also refers to the extraordinary demands of professions and the exacting ethical and altruistic codes and standards required. Day *et al.*'s (1995) longitudinal study focused on the evolving beliefs of the students from entry to graduation and amongst the most frequently identified attributes were sensitivity towards others, being compassionate, caring, efficient and supportive.

In Melia's (1984) study students were able to relate to the nursing situations they encountered. However, their main concern was their eventual ability to function as a staff nurse once qualified. For this eventuality they would deal with it once it happened and 'get through' as they had during training. This situational perspective in learning how to function was to have daily priorities rather than long–term aspirations. Short-term aspirations for Bradby's (1991) students were a desire to feel part of the team. Whether

ward staff would like them and whether the students would be able to get on with them as people was deemed more important than the quality of care to patients.

Learning the knots

Learning the knots is a metaphor to explain those issues, situations and dissonance-creating aspects of nursing as faced by the student nurses on entering clinical practice. In Melia's (1984) study, the students learned how to function whilst on the wards knowing certain modes of behaviour were important and expected of them. However, this behaviour did not always put the patients' interests first and they readily accepted that nursing taught in school did not tally with the ward reality. This view became clear at the beginning and at the end of first year. Performing skills the 'school' way if teachers were around but coping with ward expectations regarding their performance at other times were mirrored in Wilson and Startup's (1991) study.

However, most of the students acknowledged that whilst the teachers and ward staff were concerned with their development in becoming safe and knowledgeable practitioners, the practice contributions should be from practice staff and the theory contributions should be from teachers. Wilson and Startup (1991) who had recruited teachers and practice staff in addition to students found that this was also the opinion of a significant number of the teachers.

Students acknowledge that the 'school' way is the proper way but that time constraints and pressure from ward staff and other students often prevented its implementation, therefore, by 'sanctioning' the efficient ward way ensured their conformity and ability to 'fit in' (Melia 1981). However, whilst they felt themselves as individuals and persons and not workers, some students were still concerned with 'doing' and it has been noted that these students readily shift their altruistic self-identity to an occupational focus in order to

become proficient at the expense of prior ideals (Mackintosh 2006). Emotional conformity was experienced by some of the students who 'toughening up' in response to the poor role models they were exposed to (Mackintosh 2006). In addition other students (Day *et al.* 1995) were concerned for their own needs in order to care for others and for students, who 'learn on their feet' when staffing levels are reduced, get on with it and do not apportion blame (Grey and Smith 1999). By 'mucking-in' the students are rewarded for their conformity by losing the stigma of being an outsider and receiving a good practical assessment (Grey and Smith 1999).

More recently, it has been found that HCAs who commenced pre-registration training (Brennan and McSherry 2005) often withheld their prior experience as a HCA from staff to avoid missing out on learning opportunities. They also demonstrated the ability to revert back in moments of self-doubt as a coping mechanism. The 'comfort zone' was utilised as part of the socialisation process into becoming a student nurse. Similarly, the students in Dalton's (2005:128) study, when leaving the comfort of the public domain such as ward corridors to enter the 'secret hidden domain of nursing' encountered a 'circle of silent nurses' if they were noisy or behaved inappropriately and soon learned to wait to be invited into this space.

Developing a nursing identity

A fairly recent study by Brennan and McSherry (2006) highlights a major concern for their study participants being the long-term acceptance from others once qualified and how they would be perceived as a qualified nurse. Their eight month study explored professional socialisation and transition from HCA to student nurse and this perspective on socialisation is significant given the fact that as a cohort, HCAs replaced student nurses on the wards with the implementation of Project 2000 and the resultant supernumerary status for student nurses. Brennan and McSherry (2006) used four focus groups that convened on a yearly

basis with meetings taking place six weeks after starting the course, six weeks following the completion of the foundation programme and during semester five of the final year. However, the sizes were small and the last two focus groups contained only three participants. Nevertheless the student nurses blended their previous identity of HCA with a student nurse identity during times of stress, thus creating a comfort zone. The most important feature re-encountered by other students (Bradby 1990) was to re-establish their personal identity, which had been lost during the rapid transition from their previous social status. Indeed, this was the case also for seconded HCAs who felt staff forgot they were on clinical placement in a different role and really needed the staff to respect this (Wood 2006).

Referring to Day *et al.* (1995), du Toit (1995) reiterates that the identity and values with which the novice enters nursing school can change during the socialisation process in order to reflect the values that the profession holds in esteem. At the time of her study, it was hoped that the move into tertiary education in Australia would result in a more appropriately educated, flexible and career orientated registered nurse and du Toit (1995) argues that the student will consequently be exposed to nursing faculty role models who will bring differing values, for example, a research orientation and a move away from 'service for education' to 'education for service'.

Du Toit (1995) approached her study quantitatively and although makes no mention of Melia's (1984) seminal work, yet mentions the segmental analogy of a movement away from 'service for education' to 'education for service'. As a consequence, she poses the question 'does the process of professional socialisation lead to the eventual development of a nursing identity'? (du Toit:167). She wanted a 'snapshot in time' of the extent of the professional socialisation and therefore set out to devise a Likert-type measurement scale that would measure the extent of the professional socialisation and the values and norms (role contents) forming parts of the professional socialisation of nursing students at two

universities in Brisbane, Australia. Whilst du Toit (1995) argues that the scale had good predictive value and could therefore be regarded as reliable, she recommends standardising the scale by using another sample. Nevertheless, 88.4% (n=173) scored highly above the mid-point of the scale and is attributed to the fact that the professional socialisation process had already began to affect the students' value systems. She concludes that due to the small sample size, few if any biographical variables showed statistically significant differences on the scale scores, and those first years in particular were largely exposed to faculty role models during the first semester, and practitioners and clients and patients in the second semester.

2.9.3 Significant others

The majority of the reviewed studies have highlighted the role of significant others in the socialisation process of student nurses (Melia 1984, Bradby 1990, Wilson and Startup 1991, Campbell *et al.* 1994, Day *et al.* 1995, Fitzpatrick *et al.* 1996, Grey and Smith 1999, Dalton 2005). Significant others include other students (peers) (Melia 1984, Wilson and Startup 1991, Bradby 1990), enrolled nurses (Wilson and Startup 1991), mentors (Gray and Smith 1999, Wood 2006) and clinical instructors (Campbell *et al.* 1994). Only a few of the earlier studies make reference to the titles of Charge Nurse or Sister (Melia, 1984, Wilson and Startup, 1991) or to educational module tutors (Seed 1994).

However, if there are a lack of identified clinical role models, or as argued by Mackintosh (2006) when the role models fail to meet prior expectations, the observed nursing care can be devalued by the student (Campbell 2004). In addition, having little contact with teaching staff during the clinical placement, resulted in student nurses having to rely on memory to undertake certain skills 'properly' and as a result, they often failed (Wilson and Startup 1991:1481). Despite this, if the students encounter clinical role models who emphasise the importance of theory-practice integration and also provide holistic care to patients and

allow the students safe leeway in practice, they are then deemed outstanding role models (Campbell *et al.* 1995).

Likewise, in Melia's (1984) study, the students became sensitive to those around them with regard to expected behaviour. As a consequence, the students 'fitted in' and adapted to the ward ways and those significant others around them. This included knowing that the Ward Sister could administer sanctions in the form of their ward report. In addition, the HCA, who they often relied on initially, could not be trusted due to the close relationship they enjoyed with Sister.

A comparative study by Wilson and Startup (1991) followed Melia's (1984) and sought to describe the existing socialisation process in order to expose any issues that may impinge on a successful implementation of Project 2000. Their focus was on how the expectations and perspectives changed during the students' first year in relation to integration of learning experiences and whether the different categories of students were treated equally (Wilson and Startup 1991). In their study, peer group was seen as important for all the students and emotional and practical support was expected. Interestingly, peer group was felt to be important by nearly all the teaching and ward staff. Although Wilson and Startup (1991) discuss percentages in their results, no mention of total numbers is given only that they sampled three cohorts of students in three education centres. At the end of the first year, two-thirds of the students felt that members of the practice team had been helpful and that the student body had been of assistance in developing practical skills, preparing for assessment, understanding theory, ward sisters' nuances' and ward lore in general.

In terms of significant others, those rated as helping the students were auxiliary nurses (HCAs) (Wilson and Startup 1991, Melia 1984) particularly with practical skills, emotional support and Sister's ways. Whilst just over half the student nurses rated enrolled nurses

positively for help and support, 44% of students viewed them negatively due to experiencing conflict (Wilson and Startup 1991). However, Wilson and Startup (1999) mention that the existing nursing hierarchy at the time, may have created a 'no win' situation for enrolled nurses creating tensions between them and the student nurses who viewed them as second class 'staff nurses'.

Melia's (1984) study used students from one traditional programme of study following the apprentice style of training, as had Wilson and Startup (1991) in the UK and Campbell *et al.* (1994) in Canada whose students were baccalaureate (degree). A study by Fitzpatrick *et al.* (1996) came later and they were mindful of the single nurse programme focus. As a result, their ENB commissioned study included the three types of pre-registration programmes of nurse preparation available at the time. These included integrated degree, Project 2000 Diploma HE courses, which by then were well-established, and traditional RGN courses that were by then, on the wane.

The aim of Fitzpatrick *et al.*'s (1996) study was a comparison of outcomes for three pre-registration programmes in the UK. Their sample included the RGN programme (n = 34 students), the Diploma RN programme (n = 34 students), and the Integrated Degree programme (n = 31 students). Each programme was representative of three institutions. In addition, a multi-method design employing four elements that included; an information seeking exercise; a care-planning exercise; non-participation observation of performance in the practice setting; and a semi-structured interview. As a result of this multi-method design they were able to highlight key events and those persons who were significant to the participants' professional socialisation and practice (Fitzpatrick *et al.* 1996). Regardless of the programme, professional socialisation inevitably occurred for all the students. Fitzpatrick *et al.* (1996) were not surprised the similarities were apparent in all three programmes and as a result of this multi-method design, they were able to examine actual-

situated and simulated behaviour, and the interview data provided insight into those influences that informed the participant's perception of practice.

2.9.4 Socialisation and caring

Learning to nurse and learning to care

The final themes of learning to nurse and learning to care are intrinsic facets of professional socialisation in nursing. In terms of professional qualities, Day *et al.* (2005) investigated student nurses' evolving beliefs about nursing and found that they believed attributes such as being sensitive toward others; caring and compassion were essential to being a nurse. In addition, a central focus of a study by Mackintosh (2006) was in fact the effects of professional socialisation on pre-registration nursing student's ability to care. However, Seed's (1994) study previously has discussed emergent ideas regarding caring from a cohort of pre-registration students who were following a traditional course of nurse training.

At the time of Seed's (1994) study, it was the only one of its kind in the UK and over a three year period, 23 students were visited at every placement for approximately four hours every 12 weeks. Seed's (1994) use of participant observation and unstructured interview allowed her to experience the world of the student nurse. This phenomenological perspective of the students was in the form of reflective accounts of their experiences. Mackintosh (2006) also utilised a qualitative longitudinal design to identify over time the impact of the socialisation process on the pre-registration students' views regarding care and their personal ability to cope with becoming nurses.

Mackintosh (2006) wanted to move away from a generalised overview of professional socialisation to this specific focus and the key element of caring and therefore approached an entire cohort of students during their fourth week of their three-year course and 16

participants were recruited. Two semi structured interviews took place between six – nine months after commencement ensuring that the students had been exposed to two clinical placements and the second interview eighteen months later with six – nine months of their course left. Mackintosh (2006) identified a series of themes from her literature review and from this created a thematic schedule. The themes included the participants original motivation for choosing nursing, how their clinical experiences tallied with their prior expectations of nursing, how they viewed care within nursing generally, including their own specific role as a nurse. In addition, the participants were asked to provide examples from their experiences. Mackintosh (2006) analysed her transcriptions using Morse and Field's four stages of qualitative analysis, unlike Seed (1994) who used a grounded theory analysis to elicit the students' changing perceptions about the people they nursed and cared for.

On the other hand, Day *et al.* (2005) used the theory of doctrinal conversion (Davies 1975) as a framework to understand what student nurses thought about nursing. They found that first year students viewed the patient as central to care but held this as an external value; it took until their fourth year for it to be internalised. Indeed, during their training and as the students matured, Seed (1994) coined the term 'patients to people' that reflects the changing perceptions of the students regarding the patients they cared for. These changes were indicative of their ability to empathise with those they nursed and of being able to see patients as people. It involved numerous elements that included psychomotor skills in order to 'care for people' but also 'care about them' (Seed 1994). This was apparently a more complex issue that followed 'caring for' and this maturing identity allowed the students to see themselves less as workers and more as learners. This was particularly visible early in the second year when they felt that they were treated more individually themselves, with

staff considering their learning needs so they too considered patients as people with individual preferences.

In addition, the first phase of interview for Mackintosh's participants was the recognition that care was an important issue as well as recognising its complexity at a physical, emotional and spiritual level (Mackintosh 2006). However, mention of the idea of care within nursing practice and their delight in caring for patients was less frequent during the second phase of interview and this resulted in Mackintosh having to probe the participants, in part due to the thematic interview schedule being unchanged. In addition, the participants mentioned 'care being missed out', staff whose attitudes were less than caring and a general lack of information. These issues are similar to the work of Melia (1981) and Seed (1994). The participants also described that sensitive issues were not discussed, more a dismissal and by implication a less than caring approach (Mackintosh 2006).

The changes between data collection phases indicate an adaptation process in the participant's ability to cope with nursing and there has been internalisation of the norms and values of the occupation and the formation of a professional identity (Mackintosh 2006). However, the participants in Mackintosh's study appear to have been exposed to a less than satisfactory socialisation process which has changed their attitudes to care itself and their ability to cope with their own nursing roles. She rightly argues this is a major concern and urges further research to establish its prevalence.

2.10   Implications of the literature review

The literature review was conducted prior to the collection and analysis of data and despite substantial debate as to whether this is appropriate in grounded theory studies to avoid what Glaser (1978) calls 'preconception', McCallin (2006) argues that a fine line exists between preconception or having some knowledge of existing literature in order to focus the study

and this was the case for this study. However, during the study's progression and subsequent data collection and analysis, a core category (Glaser 1978) of 'experiencing incivility' emerged as the main concern of student nurses during the first clinical placement.

The concept of incivility emerged as integral to the grounded theory and is therefore evident in the findings and also woven into the discussion chapters. In addition, a body of extant literature concerning incivility its characteristics and prevalence in professional learning, can be found in appendix four.

In addition, as a result of the nature of the literature used and the initial findings of the study, a paper was prepared which aimed to establish how these present days accounts compare to the findings of other authors (Thomas *et al.* 2012) (A copy of this can be found in appendix five) It has been published in *Nurse Education Today* and is titled:

'Resilience to care: A systematic review and meta-synthesis of the qualitative literature concerning the experiences of student nurses in adult hospital settings in the UK' *Nurse Education Today*. 32 pp. 657-664.

Its aim was to gain new insights into the experiences and accounts of adult pre-registration student nurse clinical allocations in hospital settings in the UK. Approximately 40 qualitative data themes were identified which was then the subject of a meta-synthesis (Thomas *et al.* 2012). Five cross-cutting synthesised data themes were identified including; pre-placement anticipation, the realities of the clinical environment, clinical learning and becoming a nurse. Stress and coping was a concurrent topic area and related to all the synthesised themes (Thomas *et al.* 2012).

2.11   Summary

By far the greatest emphasis in the literature regarding professional socialisation is to describe it as a process whereby, "people selectively acquire the values and attitudes, the

interests, skills and knowledge – in short, the culture current in the groups of which they are, or seek to become a member" (Merton *et al.* 1957:287). The more recent studies (Brenan and McSherry 2006, Mackintosh 2006, Wood 2006) offer insight into contemporary socialisation concerning student nurses that have been alluded to by other denominations such as occupational therapy (Clouder 2003) - an important issue given the present day focus on inter-professional learning.

It is apparent that actual socialisation is a process that has dimensions of a primary and secondary nature. This process is characterised by influences from anticipatory socialisation prior to undertaking training and the influence of others during training in order to develop a professional self-image. The influence from the peer group is also noted and how students learn to nurse and how to care, plus how they use the space within the clinical environment may well alter the rate, the depth and timing of professional socialisation.

Professional socialisation is fundamental to the practice of nursing; therefore, if negative consequences occur during its process, it may well impinge on student nurses' ability to learn and to care. Furthermore, despite a general benefit to the nursing profession from educational reform and increased opportunities during the twenty-first century, many newly qualified nursing staff continue to be confined and restrained in their daily practice (Mooney 2007). The implication of these negative aspects of professional socialisation include reduced morale, dissatisfaction and stress for nurses and worryingly, a reduction in the quality of patient care (Mooney 2007).

Over time the studies investigating professional socialisation into and within nursing have enriched the knowledge of this phenomenon. However, since Melia's (1984) work there has been scant investigation that has provided alternate suggestions concerning the actual

process. The studies that develop theory, for example Seed (1994), contribute more to the understanding of socialisation and its impact on members of the nursing profession to deliver care. In addition, Gray and Smith's (1999) grounded theory highlighted the mentor as a 'lynchpin' during the socialisation process of student nurses. Therefore if the student nurses socialisation is inadequate, the professional role of these future clinicians and educators is at risk including the professional integrity of the present clinicians and educators.

In conclusion, at the present time in the UK, nursing education programmes require the student nurse to spend equal time in clinical practice and at university. Both factions need to be aware of the apparent limiting effects of socialisation of nurses inherent in the prevalent functionalistic perspective that seeks to mould the students into a 'good' professional, as it can be fundamentally disempowering (Clouder 2003).

As a consequence, there is a need to possibly embrace and to certainly explore the interactionist perspective whereby student nurses are proactive in their own learning (Howkins and Ewens 1999). Finally, Ware (2008) suggests that if student nurses are able to adjust their learning and develop individual perspectives to the demands of practice, by the end of their programme they should see beyond the clinical experience and be able to anticipate its realities and ultimately be able to adapt.

Such concepts as learning adjustment and interactionist perspectives can be investigated longitudinally with interpretive research methods like grounded theory that have the capacity to illuminate behavioural changes in student nurses during their education. As a result, the current study draws upon, and adds to, an existing body of research exploring the professional socialisation of student nurses.

The following chapter details the overall methodological approach taken during the study and is composed of five sections. Detailed accounts of these five sections will be outlined in the introduction.

3.   CHAPTER THREE: Research methodology

3.1   Introduction

Chapter three outlines the research methodology used in the study and comprises five sections. Section one introduces the research question and aims of the study and a brief outline of the research setting, namely the clinical environment. Section two discusses the main features and general principles of the methodology including its background and origins, the philosophical and epistemological stance of the study and the conceptual divergence between Glaser and Strauss. Following this, the different versions and my choice of grounded theory methodology will be outlined before an account of my reflexive position and the methodological application to the study. The final part of section two discusses the challenges associated with grounded theory method. Section three is concerned with research procedure and outlines the profile and recruitment of participants and the sampling strategies used including the development of the theoretical sample. Section four discusses the ethical considerations that were made during the study to include the necessary ethical approval, informed consent and the confidentiality and protection of the participants. Section five gives an account of the data collection methods used, namely the solicited unstructured daily diary and unstructured interviewing and includes some of the common pitfalls with solicited diary keeping and a rationale for not recording the unstructured interviews. A summary and conclusion follows this.

Section one

3.2   Research question and aims

The research question was:

'What impact does the first clinical experience have on the professional socialisation of adult branch student nurses?'

In order to address this question several aims were formulated:

1. To understand the current processes and interactions involved in learning the content, skills, norms, values, attitudes, beliefs and culture of the nursing profession.

2. To generate a grounded theory that could explain the current processes involved in becoming a nurse.

3. To add to the accumulated knowledge base regarding student nurse socialisation in the UK.

3.2.1 The research setting

During the first clinical placement the student is positioned at the interface between their past experience and lay perceptions but ready to enter into a variety of relationships, for example with mentors, patients, clients, other health students and a variety of health care staff. It is a culture rich environment and as such, constitutes one that has the capacity to impact on student nurses socialisation (Ogier 1981, Fretwell 1982, Melia 1987, Fitzpatrick *et al.* 1996). Therefore, it provides a rich backdrop in which to undertake a grounded theory study particularly as the focus of the research is centred on the interaction between people, their definition of reality, how beliefs are related to actions and the effect of such action on individuals or significant others (Burns and Grove 2005).

Eaves (2001) suggests that people are in a continual process of interpretation and definition, as they move from one situation to another and express themselves in words and by wearing clothing such as a uniform, which become the cornerstone of action and interaction (Burns and Grove 2005). For the student nurse, such symbolic meanings will vary individually during social life and are in fact, shared within groups and communicated to new members through the process of socialisation (Charmaz 1995). As a process, socialisation is a convoluted and multifaceted concept concerned with 'becoming'. For this study it involves

the processes inherent in becoming a nurse including learning the knowledge and skills required to practice nursing.

Section two

3.3   Grounded theory as a methodology

3.3.1 Background and origins of grounded theory

In the '*Discovery of Grounded Theory',* Glaser and Strauss (1967) emphasised the generation of theory rather than the testing of theory; the impetus at the time for the two colleagues was to improve the ability for social scientists to be able to close what they called the embarrassing gap between theory and empirical research by the generation of, rather than the verification of, existing theory. They proposed that systematic qualitative analysis could be logical and generate its own theory and in particular, their intention was to 'construct abstract theoretical explanations of social processes '(Charmaz 2006:5).

This is not surprising, as at the time of their publication, the practice of sociology largely depended on quantitative methodology (Pidgeon 1996) and the favoured positivist assumptions at the time, stressed objectivity, generality, replication of research, and falsification of competing hypotheses and theories (Charmaz 2006:4). Those who adopted the positivist paradigm were looking for causal explanations in order to make predictions regarding an external known world and often viewed qualitative research as impressionistic, anecdotal, unsystematic and biased (Charmaz 2006). Glaser and Strauss's (1967) grounded theory method countered these 'ruling methodological assumptions' and not only contested notions of methodological consensus but offered systematic strategies for qualitative research practice and practical guidelines for action (Charmaz 2006).

A grounded theory is inducted theory from data rather than existing theory and therefore emphasises the generation of theory rather than its testing. Glaser and Strauss (1967:3) provided an enduring outline of grounded theory when they stated that 'generating

grounded theory is a way of arriving at theory suited to its supposed uses' and it is a theory that will fit the situation being researched and work when put into use.' By fit they mean that the categories must be readily (not forcibly) applicable to, and indicated by, the data under study; by work they mean that the categories must be meaningfully relevant and be able to explain the behaviour under study.

3.3.2 Philosophical and epistemological stance of the study

To explain the process of professional socialisation it is assumed that people acquire meaning through interaction with others and their environment. This idea of meaning and how it influences social behaviour is central to the symbolic interactionist position and as an approach is derived from the philosophy of symbolic interactionism (Mead 1964). According to Locke (1991), having meaning and interpretation as a core concern affiliates symbolic interactionism with the interpretive paradigm and in the interpretive tradition, knowledge is seen as relative to its cultural, historical, temporal and subjective circumstance and exists in many forms as representations of reality (Benoliel 1996).

Furthermore, there are a variety of interactionist thoughts in existence and not just at theoretical level but also at methodological level with grounded theory being one such approach (Denzin 2004). Annells (1996) argues that not only is symbolic interactionism a theory about human behaviour but an approach to enquiry concerning human conduct and group behaviour. Skeat and Perry (2008) suggest that as the method was originally developed by, and for, sociologists to explain social processes (Glaser and Strauss 1967), the researcher therefore should consider its use for investigations concerning human action and interaction. Since this time, Glaser (1978) has argued that a theory developed using a grounded theory approach is sociological in nature regardless of the researcher's background since the focus is on social processes (Skeat and Perry 2008).

Grounded theory's epistemological perspectives are reputed to have evolved from the Chicago tradition of interactionism and the pragmatist philosophy of Dewey and Mead (1903, 1934) whose pragmatist philosophy assumes that the creation of knowledge is through action and interaction. As an innovative philosophy concerning knowledge, Corbin and Strauss (2008) have latterly suggested it has a recognisable framework within grounded theory methodology. This suggestion is not surprising considering that Strauss had a background in Chicago school pragmatism and the symbolic tradition of Mead (Keddy *et al.* 1996). More so, that Strauss was Corbin's mentor.

However, despite the numerous suggestions in the literature concerning grounded theory's epistemic affiliation with symbolic interactionism, Glaser and Strauss did not make it explicit themselves and it is not apparent in their work (Moore 2009). It is suggested by Moore (2009) that it was Hammersley (1989) who compared Blumer's interactionism with grounded theory when discussing the Chicago tradition of Blumer. Nevertheless, what is surprising was the teaming by chance of Strauss with Glaser when both sociologists were working with nurses at the School of Nursing at the University of California, San Francisco. Their collaboration ensured that Glaser's Columbia philosophy of quantitative analysis combined with Strauss's Chicago school pragmatism and field work (Charmaz 2006), were instrumental in developing a methodology that was qualitative in nature but retained the rigour of the Columbia school (Keddy *et al.* 1996). Therefore, choosing grounded theory methodology for social enquiry, particularly when used with a symbolic interactionist theoretical lens, can enable the documentation of change within social groups and also offer a n understanding of the core processes central to that change (Morse 2009).

3.3.3 The conceptual divergence of Glaser and Strauss

The package that is grounded theory, describes a systematic generation of theory from data and for Glaser (1998), this description remains unchanged. What has changed since the

Discovery of Grounded Theory (Glaser and Strauss 1967) is the conceptual position between both authors. A conceptual divergence between the two scholars accelerated and became obvious with the publication of a joint book by Strauss and Corbin called *Basics of Qualitative Research* in 1990 (Stern 1994). Glaser's critical stance regarding their book resulted in him accusing Strauss and Corbin of distorting the procedures and meaning of the grounded theory approach (Holloway and Todres 2006). As far as Glaser was concerned, the coding technique suggested by Strauss and Corbin (1990) deviated from the original method in that they were advocating a coding paradigm that included; 'conditions, context, action/ interaction, strategies and consequences' (Glaser 1992:62) and therefore was a new method that Glaser called 'full conceptual description'. By elaborating the coding technique, Strauss and Corbin's (1990) book has been criticised by others for being cumbersome, how-to and procedural in the number of steps they outlined (Eaves 2001).

Indeed, Glaser (1992:123) argues that this technique 'forces' the data and theory rather than allowing emergence and he has suggested that 'if you torture the data enough, it will give up'. These sentiments were made clear in his book *'Basics of Grounded Theory Analysis: Emergence vs Forcing'* (1992) in reply and as a correction to Strauss and Corbin's (1990) book. He went so far as to suggest that the Glaserian and Strausserian methods should have different names; grounded theory for the Glaserian School and conceptual description for the Strausserian School (Stern 1994).

More recently Glaser (1992) has reflected on the original seminal work stating that as man is capable of making his own meaning, there appears no reason to force meaning on participants, only a need to listen and grasp meaning and perspective in terms of their problems; a perspective, which replication and verification often ignored (Charmaz 2006). Consequently, when Glaser was coding and analysing, Strauss was undertaking field work

'here' and 'there' for comparatives and as a result of this format, the constant comparative process was formulated along with theoretical sampling to embellish their theory on awareness of dying (Glaser 1992).

With the publication of a third edition of *Basics of Qualitative Research*, Corbin and Strauss (2008) have argued that grounded theory hasn't necessarily been delineated as a whole new method but rather has undergone an evolutionary journey in order to extend the original method in line with contemporary thought. Her flexing of some of the procedures and consideration of computer enhancement has been an attempt to modernise the method whilst reiterating her alignment to the methodological vision of Strauss (Corbin 2008). There has been no response to date from Glaser to this third edition only further published work of his classic approach. This later discussion by Glaser (1992) follows the academic separation of the founding fathers of grounded theory, and despite the subsequent characterising of the different approaches as 'Glaserian' or 'Straussian' by Stern (1994), it was apparent to the students of Glaser and Strauss at the time, that the two had quite different methods of application and their different backgrounds may explain the divergence between them (Melia 1996).

Latterly, Woods (2004) has suggested that as grounded theory is still in its infancy as a research tradition, when compared to other methodologies and approaches, there is almost an obligation to critique, develop and debate the method in the public domain. The fundamental procedural and philosophical disagreements between Glaser and Strauss suggest that the methodology 'remains in a state of evolution and flux, and as such is subject to healthy argument (Woods 2004:4).

3.3.4 Versions and choice of grounded theory methodology

Charmaz (2006) has made reference to an original statement by Glaser and Strauss (1967) in which they offered readers the opportunity to be flexible in their own ways when using the method. She also refers to the method as being able to offer 'sharp tools' for generating, mining and making sense of data and rather than rigid prescriptions, its flexible guidelines allow for imaginative flow and individual study direction (Charmaz 2006:15). This appears to be the case, as since this early statement grounded theory has been taken in somewhat divergent directions (Charmaz 2006) and there are now a number of choices available. They include the classic or original method (Glaser and Strauss 1967, Glaser 1978, 1992, 1998, 2001), the grounded theory approach proposed by Strauss and Corbin (1990, 1998), Corbin and Strauss (2008) and the constructivist grounded theory perspective of Charmaz (2006). As Charmaz (2006) points out, methods are merely tools and some are better than others, particularly grounded theory when used with industry and insight.

The appeal of Charmaz' (2006) principled, flexible and practical view of constructing grounded theory is in the way in which she examines processes and creates abstract interpretive understandings of the data and her approach was considered. However, I was mindful of the constructivist adoption of a position of mutuality between the researcher and participant particularly during the in-depth interview where mutuality can grow based on questioning. According to Mills *et al.* (2006) this requires the researcher to rethink the grounded theorist's traditional role of objective observer, and the reciprocity created between researcher and participant from constructivist approaches results in a theory that is grounded in their own and the participants experiences (Hunter *et al.* (2011).

As my main data collection method was the solicited diary (described later in this chapter) my mutuality was going to be with the data alone and this was considered to be acceptable particularly as I wanted the students to determine the content of their own diary entries.

Although a general area and questions for investigation were identified for the study prior to beginning, using classic grounded theory allows for the actual problems and questions to emerge from the data (Skeat and Perry 2008).

Without a doubt, there is appeal for the grounded theory approach of Strauss and Corbin (1990, 1998) despite suggestions that they have produced a reformulation of the classic method (Annells 1996). Their focus on developing the analytical techniques was in order to provide guidance to novice researchers (Heath and Cowley 2004) but criticism has focused on their formulaic procedures producing a rigidity that Keddy *et al.* (1996) argue was never intended for grounded theory. Charmaz (2006) suggests that the technical procedures they favour have less emphasis on the comparative methods that distinguished previous grounded theory strategies. It is the contention of Glaser (1992), that these formulaic missives 'force the data' into preconceived categories and Melia (1996:376) has revealed a 'nagging doubt' that the 'technical tail is beginning to wag the theoretical dog'.

In order to avoid what Glaser (1992) refers to as 'forcing the data', I was keen to let the theory emerge as the classic method (Glaser and Strauss 1967, Glaser 1978, Glaser 1992) advocates. Therefore, the attraction of initial coding to open up the data, constant comparative analysis and theoretical sampling in order to sample incidents to compare with other incidents and finally, to compare concept to concepts was difficult to ignore as these processes made sense to me, particularly as Glaser (1992) argues for us to trust in emergence.

Therefore, Glaser and Strauss's (1967) and Glaser's (1978) provision of a circular and fluid constant comparison process is in contrast to the coding paradigm and linear analysis of Strauss and Corbin (1990) that can produce what Keddy *et al.* (1996) refer to as a 'thin analysis' that is not reflective of the participants' main concern. As I was seeking the

perspectives of the student nurses via their diary accounts, it seemed appropriate to use a method that would complement the emergence of what was important to the student and not me.

As a methodology, grounded theory is chiefly a general methodology and compared to other methods is said by Glaser (1999) to be no better or worse, it is just another option. A classic grounded theory approach was selected as the methodology for this study due to the broad and open-ended nature of the research question and aims mentioned previously. Furthermore, as a new perspective on the familiar topic of student nurse socialisation was sought and that the topic is concerned with interaction (Stern 1980, McCann and Clark 2003), grounded theory was thought suitable to 'generate knowledge about the behaviour patterns of a group' (McCallin 2003a:203).

The intention to explore the impact of the first clinical experience is seen as being related to 'socialisation into' (a profession) and is therefore a 'process' question (Morse 1999, 2001), the type of which elicit experience and change over time and have stages and phases that participants go through to solve an identified social-psychological problem. As a consequence these process questions appropriate themselves more readily to grounded theory and the classic approach extolled by Glaser (1978, 1992) was chosen. Of late, and relevant to this study, is the notion that a grounded theory can explain the main concern of participants in relation to the research phenomena as well as the manner in which it is resolved (Glaser and Holton 2004, Skeat and Perry 2008).

In order to discover underlying social processes particularly those that shape interaction, grounded theory as an interpretive research methodology is frequently used (McCallin 2003a). Glaser (1978, 1992) elaborates suggesting that classic grounded theory method is not only durable but also flexible and has appeal for researchers in providing what Glaser

(2010) refers to as a 'total package'. By this, Glaser (2010) suggests the researcher is taken through data collection and several further stages in theory development by discovering the chief problem in a given situation from the perspective of the participants, and how participants process the problems they have (Glaser 1992).

According to Melia (1996:376), the simplicity of the processes involved during constant comparative application is 'difficult to resist'. By following the processes involved, and as theories emerge, the conceptual ability of the researcher is enhanced particularly when categories and their properties become apparent during constant comparison (Glaser 1992). Charmaz (2000) suggests that systematic inductive guidelines such as these produce theoretical frameworks that explain collected data.

As problems with this early socialisation into and during clinical practice have been noted previously (Melia 1982, Bradby 1990, Seed 1994, Smith and Gray 1999, Holland 1999, Brennan and McSherry, 2006) and more recently (Melling 2011, Leducq *et al.* 2012), being able to produce theoretical frameworks that help us understand and improve the experiences of student nurses is important for the nursing profession. Indeed, at the present time, global nursing shortages are focusing attention on the recruitment and retention of student nurses and also the fact that changes to the nursing curriculum in the UK are afoot (NMC 2010, Bowden 2008). Assuming then that professional and workforce changes such as these have the capacity to impact on the practice environment (Ball 2010, Holland 2010, NMC 2010), studies such as this are befitting.

3.3.5 Reflexive position and application to the study

Being reflexive is having an awareness of how a researcher's background and social identity can impact on the research undertaking (Robson 2002) and we are reminded by Gardner (2008) of the difficulties inherent in positioning ones' self methodologically. For

researchers like myself who want to develop knowledge about behavioural patterns and to discover the main concerns of individuals and how they manage such concerns, such aims appear to be a strength of grounded theory methodology as its processes appear to explain what is actually going on in practical life rather than describing what should be going on (Glaser 1998, McCallin 2003).

Practical life in the context of this thesis is having a nursing practitioner background and a current responsibility for the education of nursing students. Similar to Corbin (2008), having a nursing background has fostered pragmatism in my working life as an educator and researcher and a desire to help others, among other things, by developing knowledge that may bring about changes in order to improve people's lives. When researchers are separate from the specific situations and settings under investigation, it is not they who define problems, but those interacting in the setting who define their problems or concerns (McCallin 2003).

In the clinical setting nurses attain to certain norms and values, for example kindness and professionalism and as Altun (2003:576) suggests nursing is a 'helping profession' therefore student nurses should be enabled to identify and clarify personal beliefs and values through the process of socialisation. During professional socialisation, the student nurses will make assumptions regarding the nature and form of reality within their placement setting and it will be influenced by a philosophical orientation concerning beliefs and attitudes within the world in which they live (Corbin and Strauss 2008). For nurses and nurse educators alike, grounded theory examines social phenomena and interaction and focuses on informant's personal experiences and basic social processes inherent within these experiences (Maijala *et al.* 2004).

Despite its use in other social science disciplines, such as education, its origins in illness experiences and associated phenomena, for example care giving (Morse 2009) has made grounded theory an enduring methodological choice for nurses (Schreiber and Stern 2001). To this end and despite the divergent paths of Glaser and Strauss, nurse researchers have embraced Glaser and Strauss's methodology to investigate the specific problems and interventions of individuals, patients and clients (Keddy *et al.* 1996).

Intentions such as this, influence researchers' choice of methodology in order to investigate variations of human action, interaction and emotional encounters (Norton 1999, Corbin and Strauss 2008). Furthermore, Corbin and Strauss (2008) point out how such variations in human action and the interaction and emotional response that people have in response to issues and problems are important to them.

Therefore, it will be amenable for this study in which the aim is to investigate the initial impact of the first clinical placement for under-graduate student nurses in the UK; thereby exploring how they manage their student role, the interaction with others and their emotional responses to these encounters as they learn to nurse and embrace professional life.

3.3.6 Challenges associated with grounded theory methodology

Method slurring

According to Glaser (1998), researchers using grounded theory, often feel the need to extol its virtues, argue its position in relation to other methods and claim ownership by a rewriting within methodology sections of published literature. (Baker *et al.* 1992) argue that method slurring such as that described by Glaser fuels the debate regarding qualitative nursing research and the criticism levied against it with regard to a lack of rigour. Morse (1989) has previously suggested this has been the case with nursing research despite

grounded theory being an enduring choice of methodology for nurse researchers (Mills *et al.* 2006). However, a further divergence occurred when the students of both Glaser and Strauss then went on to instruct their own students within the framework of their particular school thus exacerbating the divide and contributing to what Stern (1994) refers to as erosion of grounded theory. Questions have been raised around 'the diffusion and dilution of the grounded theory method' (May 1996:310), the quality of studies referred to as 'grounded theories (May 1996, Benoliel 1996), whilst others attribute diffusion or slurring to what Stern has called minus mentoring, that is learning how to undertake grounded theory from 'a book or more likely a book chapter' (Stern 1994:213).

However, Glaser (1978) argues that modification is unnecessary as grounded theory methodology is already written with the aim of empowering researchers to keep theoretical control of the emergence of 'natural social organisation'. If a researcher's purpose is to explain a given social situation and therefore the processes operating in it, the constant comparison and theoretical sampling of grounded theory methodology allows the discovery of what is going on (Baker *et al.* 1992). In addition, discovering the core process within the social situation therefore becomes the guiding principle and takes precedence during the analysis due to an ability to link other processes involved in the emerging theory.

Accessing Literature

As a rule in a grounded theory study, there is a delay in conducting a literature review until the processes of data collection and analysis are well underway. However, as mentioned previously the use and presentation of literature in grounded theory studies is diverse. As in traditional designs of research, the purpose would be to review literature in order to formulate hypotheses to be tested whereas grounded theory investigation has as its purpose to develop theory 'grounded 'in data that has been collected during such investigation (Stern and Kerry 2009, Allen 2003).

As the theory begins to emerge, it is then that literature is used as data to support the emergent theory. In fact, Glaser (1998) reiterates that only when the grounded theory is almost completed can a literature search in the substantive area be accomplished and woven into the theory as actually more data for constant comparison. Nevertheless a general consensus exists suggesting researchers are likely to have a modicum of understanding regarding their topic of interest and therefore are already theoretically sensitive.

This has been the case for this study and whilst waiting to commence data collection, a literature review was undertaken. Glaser (1978) argues against this to avoid what he calls being 'sidetracked' although at this time, I had not made a decision as to which grounded theory approach I was going to use. Regardless of my uncertainty, my reasons were twofold, firstly I was keen to 'sensitise' myself with socialisation theories and empirical studies in order to provide a rationale for my study and to place it in context (McCann and Clarke 2003) and secondly, that any preliminary work I undertook in terms of reviewing literature, ensured I knew what I was doing for ethical requirements even if I did not know at the time what I was looking for (McCallin 2006).

Methodological rigour

When using qualitative methods including grounded theory, ensuring rigour is said to be problematic (Cooney 2011). In fact, debate around applying evaluative criteria more suited to the quantitative paradigm has endured (Cutcliffe and McKenna 1999, Slevin and Sines 1999/2000, McGloin 2008) and the concepts of reliability and validity are thought to be inappropriate in investigations using qualitative data. Furthermore, in assessing the worth of qualitative studies, attempts to attach alternative labels concerning reliability and validity such as 'dependability' to mean reliability and credibility instead of validity are thought to have 'variable value' (Long and Johnson 2000:30).

Despite these assertions, factors relating to rigour during qualitative studies such as those proposed by Guba and Lincoln (1985) are said to be useful. Ryan-Nicholls and Will (2009) outline these as *truth-value*, *applicability, consistency* and *neutrality* (Sandelowski 1986) with alternative criteria to include *credibility*, *fittingness* or *transferability, dependability* and *confirmability* (Guba 1981, Guba and Lincoln 1985).

In terms of grounded theory, there have been other suggestions and even modifications and extensions with regard to methodological rigour, but no consensus. This may well be attributed to the divergence of the method, but to avoid what Baker *et al.* (1992) term method slurring, I made the choice to use one version of grounded theory and the classic approach was selected (Glaser and Strauss 1967, Glaser, 1978, 1992).

On initial perusal of Glaser and Strauss's (1967) and Glaser's (1978, 1992) approach, the researcher could be uncertain as to when to begin the process, that is when to start collecting data (Hunter *et al.* 2010), or be clear about what Glaser (1978) means by 'all is data' or when to undertake the literature review. Initial disquiet on the part of the researcher is soon negated when it becomes apparent that it is actually a structured empirical process with constant comparison at its core (Hunter *et al.* 2010).

This structured approach also includes evaluation and Glaser and Strauss (1967) originally suggested three domains within which to define rigour in grounded theory and they are; fit, work and relevance. Since this time, Glaser (1978, 1992) has added; modifiability, parsimony and scope. A table of these domains is presented below including a brief explanation of their meaning (Hunter *et al.* 2010), however, their application to the study findings will be discussed in more detail in the limitations section of chapter seven.

Table 1: Domains to define rigour in grounded theory:

Glaser's six domains	Hunter *et al.* (2010)
Fit	Fit relates to the core category's ability to relate to all the instances and responses to the main problem
Work	Work is the ability of the theory to explain the variations identified in the respondents' behaviours
Relevance	Relevance again refers to the core-category fitting, meaning it fits and works in the view of other researchers, participants and practitioners
Modifiability	When a core category achieves fit and relevance and it works, it should also achieve modifiability by being readily changeable when new data are applied
Parsimony and Scope	The simplicity of the conceptualisation, having the minimum of concepts that explain the totality of the variation in the minimum of ways, achieving parsimony and scope. This means that all the data (codes, properties and categories) should relate to the core category and applying the core category should account for what is going on throughout the data

The following section will now deal with the research procedures and includes: recruitment of participants, sampling strategies, and the profile of the participants and developing the theoretical sample.

Section three

3.4   Research procedure

3.4.1 Recruitment of participants

Making the decision to use grounded theory places emphasis not only on the data collection

and analysis but also on the selection of participants with all three processes linked from

the beginning of the research (Duffy *et al.* 1994). Initial sampling decisions in grounded theory studies are based on a sociological perspective and a general area of interest (Draucker *et al.* 2007) and are said to be purposive. It is only when concurrent data collection and analysis progresses that recurring patterns can be followed up by theoretical sampling, and key participants are asked to give more information on categories appearing central to the emergent theory (Glaser 1978, Draucker *et al.* 2007).

A total of 26 participants were recruited from a university in the north west of England to the study over a two-year period commencing in September 2007. Recruitment to the study adhered to the initial research proposal after ethical approval by the Faculty of Health Research Committee was given and details of this permission can be found in appendix eight. The intention was to recruit ten (n=10) participants from each new intake of adult field nursing students culminating in a total of 40 (n=40) to allow for attrition and non-compliance. On reflection, recruiting 15 participants each time might have buffered the gradual attrition that was encountered.

3.4.2 Sampling strategy

The same format was used to approach each new cohort of adult branch pre-registration undergraduates toward the end of their first module and before their first practice placement commenced. They were all invited to attend a short presentation outlining detail of the study. Following the presentation, details were given of a further meeting for those interested in taking part at which information sheets would be given out and consent obtained. Both these processes were in accordance with National Research Ethics guidelines (2008) and the RCN's ethical stance was considered (RCN 2009). Obtaining the first sample was challenging as forty adult branch student nurses arrived at the meeting, a number that I was not prepared for. Although I was aware that I was looking to recruit 10 students, the students only became aware when they read the information sheet.

At this point I was reminded that all potential participants needed to be provided with an equal opportunity to take part in the research (Bradbury-Jones and Alcock 2010) and unanimously, they decided to put their names into a hat and took turns in taking out the required number. Zealous participation in subsequent recruitment did not occur although the presentation and information giving were the same. Whilst the further samples recruited to target, however, the sample compliance steadily reduced as seen in the following table.

Table 2: Diary compliance and total word count of all samples

Diaries	Compliance numbers	Word count
First sample	10	31,000
Second sample	7	15,618
Third sample	5	13,673
Fourth sample	4	6,891
	26 [Total]	**67,182 [Total word count]**

Nevertheless, despite the reduction in completed diaries and word count their richness, density and contextual relevance (Lincoln and Guba 1985) were crucial in saturating the existing categories. In hindsight, the penultimate and final recruited sample of diarists was probably the stage at which saturation was reached. But in order to avoid what Glaser (1992) refers as 'forcing the data', the remit is to remain 'open' when undertaking a grounded theory and often, the researcher is not aware that this has occurred. At this stage and despite the potential security of the core category, recruiting key participants to partake in unstructured interviews was the key factor in saturating the substantive codes (categories).

3.4.3 Profile of the participants

3.4.4

Table 3:   Profile of the participants keeping a diary and those keeping a diary and consenting to interview *

Nᵒs	Gender	Ages	Previous Experience	Educational Status
1	Female	21	Healthcare Work	Undergraduate BSc Nursing
2	Female*	42	Healthcare Work	Undergraduate BSc Nursing
3	Female*	23	Voluntary Work	Undergraduate BSc Nursing
4	Female	40	Voluntary Work	Undergraduate BSc Nursing
5	Female*	38	Healthcare Work	Undergraduate BSc Nursing
6	Female	19	Healthcare Work	Undergraduate BSc Nursing
7	Female	27	Healthcare Work	Undergraduate BSc Nursing
8	Female*	39	Healthcare Work	Undergraduate BSc Nursing
9	Female	34	Healthcare Work	Undergraduate BSc Nursing
10	Female*	35	Paramedic Aid	Undergraduate BSc Nursing
11	Male*	22	Healthcare Work	Undergraduate BSc Nursing
12	Female	19	Healthcare Work	Undergraduate BSc Nursing
13	Female	19	Voluntary Work	Undergraduate BSc Nursing
14	Female	42	Healthcare Work	Undergraduate BSc Nursing
15	Male	20	Healthcare Work	Undergraduate BSc Nursing
16	Female	27	Voluntary Work	Undergraduate BSc Nursing
17	Female*	34	Voluntary Work	Undergraduate BSc Nursing
18	Female	28	Healthcare Work	Undergraduate BSc Nursing
19	Female	20	Healthcare Work	Undergraduate BSc Nursing
20	Female	43	Healthcare Work	Undergraduate BSc Nursing
21	Female	35	Healthcare Work	Undergraduate BSc Nursing
22	Female	26	Healthcare Work	Undergraduate BSc Nursing
23	Female	25	Healthcare Work	Undergraduate BSc Nursing
24	Female	38	Healthcare Work	Undergraduate BSc Nursing
25	Male	34	Healthcare Work	Undergraduate BSc Nursing
26	Female	29	Voluntary Work	Undergraduate BSc Nursing
Mean Average		29.9		

3.4.4 Developing the theoretical sample

A central tenet of classic grounded theory is theoretical sampling and as an activity, it is

essential in order to 'ground' the developing theory (Breckenridge and Jones 2009). As a

consequence, further sampling of participants and diversity in data collection methods are often required, particularly as data analysis progresses and the emergent theory begins to take shape (Duffy *et al.* 2004). Aspects of theoretical sampling will be discussed further in chapter four in terms of outlining the practical application of grounded theory method.

Unstructured interviews were conducted with key participants from the September 2007 sample who had kept a diary during their first placement and were now in their third year and the September 2008 sample that had kept a diary during their first placement and were now in their second year. Letters of invitation were sent to five students from each of these samples (n=10) and a total of seven students volunteered to attend for interview. These were held in March and April 2010 and were theoretical in nature serving to check the emerging conceptual framework (Glaser 1978).

The impetus to further theoretically sample and diversify data collection methods by conducting these unstructured interviews came during the later stages of the analysis as the emergent theory was developing. During concurrent data collection, coding and analysing, decisions are made about what data to collect next and where to find them (Glaser 1978). Theoretical sampling therefore is used as a way of checking on the emerging conceptual framework rather than being used for the verification of pre-conceived hypotheses (Glaser 1978). As Glaser (1978) argues a grounded theory is not the 'truth' it is merely a set of integrated hypotheses for explaining what is going on in a given area.

Section Four

3.5   Ethical considerations

3.5.1 Ethical approval to undertake the study

The conduct of this study has been guided by ethical values and principles and the Faculty of Health Research Ethics Committee reviewed the initial research proposal in July 2007

and approved the study. When diversity in the data collection method became necessary to 'ground' the emergent theory, further application to the research ethics committee was made and granted in March 2010. Copies of this approval can be found in appendix eight and details of the additional sampling can be found in the theoretical sampling section 3.4.4.

The maintenance of a reflective and reflexive position steered and supported all personal ethical thinking and deliberation particularly as the recruited students belong to the same university as the researcher. Despite their presence in Higher Education suggesting that as a group they are considered competent to give informed consent, it has been noted previously that student nurses are often used purely for convenience and that coercion is often a possibility (Johnson 2004). Therefore, this raised ethical dilemmas concerning the issues of recruitment and consent in particular. In addition, consideration for other moral principles including respect and autonomy, duty of care, maintaining confidentiality and the importance of the researcher's moral integrity has been made in balancing the risk of harm with potential benefit for participants (RCN 2009). More recently, Jack (2010) refers to the value to participants of partaking in qualitative investigations and how resilience can develop through involvement in such emotive and powerful experiences. She rightly argues that ethics committees should be cognisant of not only potential harm, but of potential value to participants.

3.5.2 Informed consent

In order for participants' wishes to be considered it was made explicit at the meeting that potential participants could withdraw from the study at any time and without explanation. In addition, it was explained that participating in the research study would not be detrimental to their education in any way. Time was provided for the participants to consider their involvement in the study and they were encouraged to ask questions (RCN 2009).

Not only is ethical practice and moral behaviour a requirement of registered nurses (NMC 2008) but these ethical standards and moral behaviour need to be outlined clearly to participants. The National Research Ethics Service (NRES 2008) offers guidance to facilitate these requirements, as does the Home Office with regard to the Data Protection Act (1998) and their guidelines were followed and used.

3.5.3 Confidentiality and protection of individuals

In respect of confidentiality, the students were informed that once the diaries had been submitted to an administrator at Faculty reception for my attention, they would be transposed by an experienced research administrator into electronic documents and then kept on a password secure computer within a locked office at the Faculty of Health. They were also informed that on first reading of the transpositions, any identifying characteristics of people and places would be removed (Johnson and Long 2006) and that the front cover would be removed resulting in complete anonymity. Thereafter, the diaries would be referred to by number and in transposition order (for example, diary 1, diary 2). However, the diary front cover did have a place for the student's personal tutor's name in the eventuality of a student nurse willingly or unwillingly disclosing poor practice. In this instance it would then be possible to track the student in order to instigate relevant proceedings. In this eventuality, a Faculty policy (EHU/FOH/PRE06) is in place and as such, is formally discussed with the students by Faculty and practice support staff in preparation of practice. This was a condition of Faculty ethics approval.

In order to gain richness in depth and detail, the participants were requested to 'tell it as it is' with only a brief suggestion of anything and everything concerning the daily life of a student nurse. In addition, the participants were informed that no attention would be made to spelling, grammar or choice of words and that their diary entries would remain anonymous including the eventuality of publication of findings.

As the diary format was unstructured and the student nurses had been asked to 'tell it as it is' there was always the distinct possibility of them disclosing bullying behaviour. If described, the personal tutor of the student would be contacted in order to instigate formal or informal intervention and support as necessary. As a matter of courtesy, a letter of information was sent to the personal tutors of the recruited students and any personal students of the researcher were automatically discounted due to the probability of obligation and over enthusiasm.

As a mark of respect, a letter of gratitude was sent to all the diarists to thank them for their involvement in the study and it was also mentioned that if they needed to de-brief in any way, for them to contact me. All ten of the first sample of diarists contacted me by e-mail to say how much they had valued keeping a diary and how it had helped them in making sense of their experiences and that they would be willing to do it again.

Section five

3.6   Data collection methods

3.6.1 Solicited diaries as a data collection method

Solicited participant diaries when used as a data collection method are an excellent source of data (Jacelon 2005) but have been relatively neglected as a sociological research method (Elliott 1997) despite their value in recording routine or everyday processes (Pavis *et al.* 1996, Verbrugge 1980). Significantly diaries have the ability to provide a perspective of those events deemed important to the participants over a time period (Richardson 1994). The initial decision in this study to use solicited daily diaries as the main data collection method was in order to capture the essence of the student nurses' experience that was not dependent on their memory recall of events.

Often in the case of the retrospective interview, there is a risk of gleaning idealised accounts from participants who may be more inclined to offer biographical narratives or generalised

opinions (Alaszewki 2006, Elliott 1997). In addition, the retrospective interview like participatory and non-participatory observation can be lengthy and labour intensive. Particularly when taking place in clinical areas, they have the capacity to intrude on sensitive nurse–client interactions and can actually distort the processes under study (Alaszewski 2006). Richardson (1994) suggests that by avoiding delayed recall, the validity and reliability of the diary is enhanced. Furthermore, ethical boundaries may be breached if there is incidental observation of those not involved in the study and the Hawthorne effect of an observer on participants needs to be considered (Nelson *et al.* (2006).

In the case of this study, the recruited student nurses were used as 'observers of the social scene' to provide the 'expressive power of language' in order to impart 'the most important resource for accounts' (Hammersley and Atkinson 1995: 196). As a result, the diary as a data collection method has proved to be user friendly, practical and productive in providing a way of accessing data in its natural state and allowing exploration of the taken –for-granted aspects of social interaction (Ross *et al.* 1994, Alaszewski 2006). Richardson (1994) suggests that participants report in more detail when keeping an unstructured diary particularly where data of a more intimate and sensitive nature may be captured (Gibson 1995). Health research undertaken by Coxon (1988) is such an example and accurate accounts by informants of high-risk behaviours for the transmission of HIV/AIDS during numerous sexual encounters were kept. Coxon (1988) suggests that recall would have been problematic for the participants even after a short period of time.

Other researchers have used diaries to investigate student midwives regarding their views of the hierarchical structures present within midwifery in Southern Ireland (Begley 2002). Nineteen volunteers from a total of 125 registered nurses kept a diary for the first 3-10 weeks of their placement, although it is not clear whether these figures represent the minimum and maximum amount of diary keeping. Nonetheless, the diaries were totally

unstructured and participants were asked to record their feelings relating to their education, midwifery, childbirth and the people they encountered during their working lives. The 19 diaries produced a total of 19,151 words with the shortest diary being 254 words and the longest 2,638 words giving a mean of 1008 words (Begley 2002).

3.6.2 Process of diary keeping

For this study, solicited unstructured diary keeping was deemed amenable in order to capture personal and possibly sensitive experiences. As in the case of unsolicited illness narratives I was keen to minimise the effects of researcher interaction to ensure that the participants determined the content of their own diary (O'Brien and Clark 2012). In order to gain richness in depth and detail, the participants were requested to tell me 'anything and everything' concerning their experiences of being a student nurse during the clinical placement. In addition, the participants were informed that no attention would be made to spelling, grammar or choice of words and that their diary entries would remain anonymous. They were requested to insert their personal tutor's name on the front cover in case of misplacement. The cover was removed before transposition and thereafter the diaries were referred to according to their sequence of transposition.

The intention has been to explore the student nurses understanding, meanings, views and feelings, their actual socialisation experience during this time and that the richness of the completed diaries will make explicit to the reader that which is implicit to the student nurse (Clayton and Thorne 2000). Ross *et al.* (1994) urge nurse researchers to use diaries as an alternative approach to data collection; although Richardson (1994) previously noted that there has been little exploration of the diary as a research data collection tool in a nursing research context. However, previously and more recently, their use has been documented in nursing education research (Gray and Smith 1999, Taylor 2009).

3.6.3 Compliance in diary keeping – common pitfalls

Setting time limits when keeping a diary can avoid potential problems with compliance (Richardson 1994). If participants are asked to keep a diary for lengthy periods of time it has been noted that this can be problematic (Verbrugge 1980). Comments have been levied about the time taken to instruct participants in the structure and format of the diary keeping and also in the time taken to 'decipher' handwriting or in transposing the contents in preparation for analysis (Richardson 1994, Gibson 1995). Gibson (1995) warns of assuming participant literacy in solicited diary keeping although this was not an issue for this study as student nurses are required to be literate and numerate before acceptance on nursing courses.

In addition, some participants may initially consent to keep a diary but then fail to engage, as was the case in the latter samples of diarists in this study. In addition, by introducing a structured format to the solicited diary, it can influence the diary focus, reduce spontaneity and contribute to non-compliance (Burgess 1989, Thorne 2000). Clayton and Thorne (2000) therefore, suggest that a semi-structured format be used to address the balance between the agendas of both researcher and diarist. Despite this, introducing a structure however loose would have been at odds with grounded theory's premise of avoiding pre-conception.

Researchers have maintained contact with diary keeping participants during longitudinal studies (Gray 1999, Clayton and Thorne 2000) in order to improve retention. In order to avoid coercion contact was not made with the participants in this study during their five-week practice placement, only a request to return the diary after completing their placement.

3.6.4 The unstructured interview process

In order to diversify data collection methods, ten (n=10) key informants were invited by letter to further participate in the study and it was decided to choose five random participants from the first and second samples as both these samples had the greater compliance with the diary keeping. In addition, the first sample had commenced their third year and the second sample their second year of their nursing course and it was thought that this progression might be theoretically beneficial. A letter was sent to all participants inviting them to be interviewed. Seven replied by e-mail as requested and the interviews were scheduled at a convenient time and date for both parties and held in a quiet location within the Faculty of Health.

Having the opportunity to be involved in a longitudinal study requiring a number of in-depth focused interviews prior to commencing this study, certainly aided my ability and confidence to undertake the unstructured interviews. As I was not unduly concerned about 'doing anything wrong', my relaxed demeanour in turn relaxed the participants who became readily engaged. Nevertheless I remained acutely aware that it was always my ultimate responsibility for creating an environment conducive to asking questions and getting answers (Fontana and Frey 1994).

The interviews took an unstructured format and became conversations with a purpose (Burgess 1984) or what Rubin and Rubin (2005) refer to as 'guided conversations'. To facilitate this format, a decision was made not to use a tape-recorder but to make loose field notes during the interview. Glaser (1998) argues that time used to transcribe interviews is put to better use by coding the field notes which can be done immediately the interview is complete, or at least soon after. Furthermore, as transcribing was not possible straightaway, to have the loose field notes made during the interview in front of me allowed me to code and undertake constant comparison with the existing data of key points made during the

discussion very quickly. Consequently, all seven interviews were undertaken within a three-week period and taking field notes that could then be coded immediately aided in saturating the existing categories (substantive codes).

An important addition to the field notes were the mental notes I had made at the time or what Emerson *et al.* (1994:19) call 'head notes' which ethnographically speaking are details and impressions that field researchers often write down after 'being in the field'. Making these field notes certainly triggered many 'head notes' for me including the hearing of emotional and verbal vehemence in which the participants related their experiences. Furthermore, the observation of their body language when talking with me, such as the maintenance of eye contact, using hand gestures to make a point and the sadness and frustration in their facial expression provided what Van Maanen (1988:119) refers to as an account with 'the pen as camera obscura'.

Loose questions were formulated prior to the interviews and framed by categories, concepts and the developing theory from existing analysed data and therefore were theoretical in nature. At the beginning of each interview, a question was posed to the participant regarding their involvement in the study to date and how they felt about that. This acted as an icebreaker and paved the way for a 'guided' conversation and discussion. The hand written field notes taken from all seven interviews were also transposed electronically (by myself) for security and permanence and they were then also electronically coded using Microsoft's word 'comment' facility as used in the previous coding. Constant comparison was made with the existing codes and categories and then woven into the developing theory to achieve what Glaser (1978:57) terms 'full theoretical coverage'. Prior to and during the interview, I was conscious of presenting myself appropriately and I was keen to position myself as 'researcher' not lecturer to maintain the aura of investigation and to instigate once again the participant nature of the student's role in the study. As Fontana and Frey

(1994) argue, deciding how to present oneself can leave a profound impression on the participants and actually influence the success or failure of the interaction.

3.7   Summary

In summary, this research methods' chapter has offered an in-depth discussion of the methodological choice best suited to the research aims in order to develop a substantive grounded theory. During this discussion, the recruitment profile of participants and the ethical deliberations that were taken during the study along with the data collection methods and methodological rigour have been made explicit. Chapter four goes on to clarify the data analysis process.

4.   CHAPTER FOUR: Data analysis: practical application

4.1   Introduction

Chapter four presents the process of data analysis in accordance with the classic grounded theory method of Glaser (1967, 1978, 1992). This will entail explaining the application of the processes involved in using this method and make clear how the grounded theory developed.

4.2   Core characteristics of Glaser's methodology:

The main processes advocated by Glaser (1972, 1978) in the development of theory include data collection, open coding, in-vivo coding, selective coding, memo writing, categorisation of data through a process of constant comparative analysis, theoretical sampling and theoretical coding in order to develop a central or core category (Glaser 1978, Stern 1980, 1992). These core characteristics will be explained individually with application to the collected data in the following discussions and tables with examples of the coding processes, applying constant comparison, the writing of memos, the development of categories, the development of concepts and the application of a theoretical code to bring the theory together.

It must be noted that when the stages of analysis are elucidated they give the appearance of being sequential when in reality, coding data, constantly comparing with further collected data, categorising and looking for patterns alongside writing memos, happens for the most time concurrently and as processes and steps, they overlap.

4.3   Open coding and key questions

Coding commences quickly after data collection and is termed open coding. Open coding literally means labelling the data in order to note what is going on, the idea being to look for processes (Stern 1985). It is a crucial starting point in creating what Star (2007) calls a relationship with your data and participants. Glaser (1978) suggests this is done line by

line and the researcher asks two broad but crucial questions; firstly, what is this data a study of and what is going on? and secondly, what category does this incident indicate and what is the participant's main concern? Although this is a rather intense activity, the idea is to get 'the analyst off the empirical level by fracturing the data, then conceptually grouping it into codes that then become the theory which explains what is happening in the data' (Glaser 1978:55).

Initial analysis of the first transposed diaries resulted in multiple codes many of which rapidly patterned into the substantive code (category) of 'disillusionment with role'. Often, certain codes were difficult to categorise, yet their density and frequency indicated they were relevant. Examples of such codes were; 'being a HCA', 'righteous indignation' and in particular 'polite irritation'. The following table illustrates this and also links the early codes in their development to form tentative substantive codes (categories).

Table 4: The development of codes into substantive codes (categories)

Data extraction	Code	Substantive Code (category)
I felt uncomfortable today with the way I was spoken to - I felt like a school child, I know they are busy but they don't seem to realise I'm a mature responsible adult	Polite irritation Experiencing incivility (Dislocation) Righteous indignation	Disillusionment with role Being benevolent Maintaining values
It has been pointed out to me that maybe they are not talking to me but merely talking to the uniform –I guess I can live with that	Polite irritation	Being altruistic Dealing with incivility
A HCA absorbed in the computer kept her back to me while I introduced myself	Experiencing incivility	Disillusionment with role (Dislocation)
Felt a bit left to it – I decided to follow a second year around. Although everyone seems to be organised, I feel everything is a bit chaotic – who is responsible for what? – I'm sure it will become clear	Polite irritation Significant other Role discrepancy	Needing benevolence Keeping the faith –being altruistic
Left to get on with things on my own	Being a HCA	Disillusionment with role (dislocation of status)

4.3.1 Constant comparison and substantive coding

As I continued the analysis, I wrote various memos to capture the ideas and hunches I had about what I thought was 'going on'. Polite irritation was a pivotal conceptual code and as more data were analysed it became apparent that another conceptual code 'being galvanised' could be applied to the data. This code extended the meaning of 'polite irritation' and became a property of it as seen in the examples in the following table.

Table 5: Conceptual coding

Data extraction	Code	Gerund code
Feeling grey, wanting yellow	Needing benevolence	Stressing
I was left on my own today	Being a HCA	Dislocating
In order to get out of the valley, you have to climb the hill	Being galvanised	Coping Relocating, recanting
Well hello, I'm here to learn the nurse role. I don't mind helping out but I am there to learn. I think HCAs need to understand what we have to do	Needing to learn	Negotiating
I'm here to make a difference	Making a difference Being altruistic	Caring
I think I need to talk to my mentor again and see if I can be involved in more things. I need to watch staff changing stoma bags etc.	Being a student Recanting position Needing to learn	Negotiating Positioning Relocating

As coding develops (as indicated in table five) processes often become apparent and by applying gerund codes, a more abstract perspective is achieved. Gerunds are useful as they indicate action and movement (Stern 1985). Glaser (1978) refers to the use of gerunds to label related categories and their properties in order to give a feeling of 'process, change and movement over time' for example, dislocating, stressing, venting, ranting, coping, negotiating, caring, valuing, and relocating. Codes such as these may be provisional, but nevertheless they will allow integration of new ideas and hunches and importantly at this stage, characteristics of the categories can be unwrapped and often reduced into more

manageable categories (Holloway and Todres 2006). The gerund codes were particularly useful for me and helped to 'label' and define the numerous data extracts concerning the feelings the students described and the apparent difficulties they had in expressing these feelings on to paper. Grouping a collection of 'ranting' expressions under the codes *venting* or *stressing* and *despairing, labouring and disappearing (being invisible)*, helped me to eventually tailor these codes to the conceptual code of 'needing benevolence'.

Another extremely useful coding strategy and one that certainly assists in allowing the data to speak for itself is the application of in-vivo codes (IVC) alongside the text. These are codes that use the participant's own words to bring alive their meaning thereby keeping them grounded in the data to avoid any imposition of the researcher's pre-conceived views (Glaser 1998, McCann and Clark 2005). Due to the nature of the collected data, there was an abundance of in-vivo codes and examples of these can be seen in the following table:

Table 6: In-vivo codes

Data extraction in-vivo codes	Data extraction in-vivo codes	Data extraction in-vivo codes
If I could give today a colour, it would be grey	Getting stuck in with the other student	I'm never going to be like them
The only way out of the valley is to climb the hill	I'll do all the washes if you let me watch dressings	Talking to the uniform
Thrown right in to handover	The other student was my rock	Just call me Mr Cellophane
Still don't know who my mentor is	I don't mind missing my breaks as long as I'm learning	We are absolutely not supernumerary
Nervous of going back	My mentor promised she would work with me tomorrow to make up for today	I do understand why she spoke to me like that
I'm here to make a difference	They are quick to use you etc	
I'm not with my mentor till Sunday and I'm on night duty again!	If it wasn't for the HCA I would have walked out tonight	

Open coding resulted in hundreds of codes being generated; however, the regularity with which the diaries were transposed made it possible to make iterative comparison of rich

culminating data. Concentrating on this coding process to explain 'what is going on' encourages the researcher to be conceptual and intuitive as they become immersed in the data (Glaser 1978). Indeed, Holton (2010) suggests that you are trying to isolate or amplify one main latent pattern of behaviour to explain what is going on 'of which people are not conscious' (Glaser 1978:117).

4.3.2 Constant comparison of data

Although constant comparative analysis has been termed a general approach on which many analytical strategies rely (Thorne 2000), it is characteristically associated with grounded theory (McGhee *et al.* 2007, Pidgeon 1996) and allows for immediate conceptual theorising. During the coding process, data is constantly compared against data thereby enabling the researcher to generate multiple categories. In looking at the data the researcher is asking the following questions (Glaser 1978:57)

- What is this datum a study of?

- What category does this incident indicate? What category or property of a category, of what part of the emerging theory, does this incident indicate?

- What is actually happening in the data? Or, what is the chief concern or problem of the people?

There is inspection and comparison of all data fragments which consists of comparing data against itself, then against incoming data and ultimately against existing theoretical and conceptual assertions to facilitate understanding (Glaser and Strauss 1967, Duchscher and Morgan 2004). This comparison of data fragments assists in identifying their properties as well as noting if there is (are) any relationship(s) between developing categories (substantive codes). The nature of constant comparison in developing existing concept and categories exerts a delimiting effect and controls what could become an onerous task (Yu Chen and Boore 2006).

As the analysis of data progresses, coding changes from being open to selective. It is the process of reviewing the collected data and checking that the developing categories remain constant when the data is analysed specifically for these categories (Elliott and Lazenbatt (2005). When the theoretical properties of a category emerge and eventually the core category, it becomes clear which other categories seem connected to it (Flint 2006). As a result of this activity, there can be re-categorisation as often, and early on in the analysis process, the participant's main concern(s) become clear (core category) as the researcher is able to conceptualise 'what is going on'. As codes and concepts are compared, it is determined if they 'fit' and eventually they become saturated and their relevance is found amid other codes (Flint 2006). The following table gives an example of how constant comparison between data develops the existing codes into categories and concepts.

Table 7: Examples of code development through constant comparison

Codes	Category and properties	Concept
Left alone	Dislocation	Incivility
Spoken to rudely	Needing benevolence	Incivility
Thrown into handover	Dislocation	Incivility
Being invisible	Loss of status, needing benevolence	Dislocation
Being a HCA	Loss of status, role discrepancy	Dislocation
I'm here to make a difference (IVC) [1]	Being altruistic	Being benevolent Maintaining values
The only way out of the valley is to climb the hill (IVC)	Being galvanised	Resilience

According to Glaser (1992), the use of constant comparison will enhance and speed up the analyst's conceptual power with the result that categories emerge upon comparison and properties emerge upon more comparison. This process is particularly helped by memoing. Memos reflect the researchers developing ideas about the interconnections of codes and are really a documentation of the researchers thinking processes as opposed to a description of a social context (Montgomery and Bailey 2007). Glaser and Strauss (1967) were explicit

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[1] IVC – in vivo code, denotes the participants own words

that grounded theory produces theory that is directly developed from participants' realities. Building on this starting point, Glaser (1992) was clear that grounded theory, through constant comparison and memoing, does not describe the area being observed or verify existing theories; rather it should develop theory.

4.4   Writing and sorting memos

Memoranda or memos written about all the coded data help capture and keep track of the emerging theory. It is a constant process beginning with the first bout of coding right to the very end of the finished thesis. Glaser (1998:83) explains 'Memos are the theorising write-up of ideas about codes and their relationships as they strike the analyst while coding'. This was very much the case in this study and memo writing was undertaken easily and with purpose. As an avid note taker, I found that writing memos alongside coding about hunches and thoughts I had became a straightforward and liberating process and definitely assisted my ability to be conceptual. As Glaser (1992:4) explains 'a concept is the naming of an emergent social pattern grounded in research data'.

The intention then is for the researcher to name the pattern by fitting words to it to best capture its imageric meaning. After much fitting of words, validity is achieved when the chosen name best represents the pattern (Glaser (1992). Developing the concept of 'disillusionment with role' to the data accounts of the students who were experiencing incivility prevented me from pre-conceiving and possibly forcing the data and the pattern.

As Glaser points out 'without memos there are no theoretical ideas to sort and densify with integrative richness and to write up' (Glaser 1978:88). By sorting, Glaser (1978) refers to the index cards or pieces of paper on which your memos have been written allowing them to be compared with other 'sorts' to rework ideas. (Glaser 1978). I originally decided to jot memos down as they emerged during initial open coding and they were written alongside

the codes. At the time this seemed appropriate as notions, hunches and ideas came to mind and they could then be documented quickly so as not to lose the conceptual flow. However, it soon became apparent that this style of recording seemed to encourage a descriptive almost monologue style of memoing [probably due to the limited space on the paper] and therefore, as Glaser (1978) suggests, keeping the memos and data separate was successful in starting a dialogue with the data and therefore raising the conceptualisation.

Thereafter, memoing was undertaken alongside coding and categorising and these were hand written into a 'memo book' and cross-referenced to the coded and categorised data in order to be able to use 'grounded quotes'. In addition, the memo book has also been stored in electronic format to utilise the 'cut and paste' facility and for confidentiality and security purposes. Ultimately, it is the memos on memos that sort into a conceptual framework (Montgomery and Bailey 2007). Examples of this can be seen in the table of memos presented below.

Table 8: Table of memos

Memo 1

At first, the students make sense of their experiences and they often referred to people and incidences as "nice". Frequently, the word nice is followed by the word 'but'. I think the code 'polite irritation' is a good 'fit' for the pattern that is emerging as the student's document their experiences in the diaries. The students aren't without awareness of how busy and how demanding the labour of nursing can be for the nurses working and caring on the wards, their own values and caring principles, in fact their altruism does allow them to see things from the perspective of others. However, the students are very aware of their status and learning needs and the fact that they have supernumerary status, a status that they use time and time again to push themselves forward to see and do nursing activities. They appear 'desperate' and intent on changing their status back to a student nurse.

Memo 4

There appears to be an element of role conflict between working and learning and this is within the ward social structure, which the students appear to be navigating daily. This conflict is in part due to a general ward atmosphere that at times lacks civility. There is a righteous indignation in the students' response as they expect civility to be structural to the ward social environment. Being spoken to badly and ignored, they are aware of a discourtesy and disrespect to their student status which is rather bewildering as it happens in a so-called climate of caring. The students don't appear or want to fit in to this environment. I'm becoming sensitised to the notion that the student

nurses are actually dealing with horizontal violence and Incivility is a concept that absolutely ties the other concepts together. I am now searching the literature regarding 'incivility' and beginning to understand the notion of Glaser's (1978) 'All is data'.

Memo 12

They appear resentful of being treated as a HCA and of being left on their own, although many of them used to be a HCA. They appear to be in a state of 'flux' and 'between a rock and a hard place'. I sense that the students are trying to move from one place to another – ordinal movement? Place value? They want to move out of the line of fire. However, they appear to be trying to do this with good grace and not cause 'waves', they are navigating the 'turbulence' and handling things carefully.

Memo17

Looking at Memo 12 again, I'm conscious of conflict becoming important. I read some conflict theory that tells me 'Without conflict there can be no resolution' and the place of 'negotiation' seems important.

Memo 19

I have accessed literature on negotiating and found the work of (Fisher *et al* 1991) 'Negotiating Agreement without giving In' Getting to Yes' extremely relevant and I've become sensitised to these concepts. More interestingly, Ury (1991) precedes 'Getting to Yes with the phrase 'Getting past No'. I'm getting the sense that the students need to 'get past HCA and get to Student Nurse. This definitely fits in with memo 12 and wanting to change their status. I'm getting that this is really important to the students and that they are prepared to negotiate for what they need – being 'savvy' - adroit maybe?

Therefore, memo writing is the continuous process of capturing the researcher's thoughts during data analysis. The aim is to raise the theoretical level via a continuous process of comparison and conceptualisation with other memos and the data. Conceptualising that the students were involved in a role conflict of some sort elevated my theoretical sensitivity toward extant literature concerning conflict and its resolution and provided freedom, flexibility, and enhancement of my creativity (Glaser, 1978). Latterly, Charmaz (1999) suggests that memos are a 'pivotal' intermediate step between coding and writing allowing you to stop and think about the data and move from a descriptive style of coding to think how the codes can evolve into categories.

4.5   Using metaphors

The use of metaphors can help in augmenting the conceptualisation during data analysis. Indeed, Richardson (1998:351) refers to them as a 'literary device' and 'the backbone of

social science writing'. Miles and Huberman (1994) argue for qualitative researchers to think and write metaphorically, as figuratively language can suggest a likeness or analogy thereby providing a powerful image with which to communicate meaning (Burns and Grove 2005) and explain events (Corbin and Strauss 2008). For example: 'between a rock and a hard place' was a frequently used metaphor in the coding process and helped me to conceptualise that the student nurses were between two positions or moving between stages in the process of resolving their concerns.

4.6   Theoretical sampling and theoretical sensitivity

In the case of this study, the core category or the main concern of the student nurses began to emerge as 'experiencing incivility'. Incivility as a concept encompassed occasions where the student nurses felt that they were spoken to rudely, or ignored, were left on their own to work as a HCA, instead of being a student nurse and supervised by a mentor in order to learn. I was confident that the substantive codes (categories) emerging, for example: 'disillusionment with role' and 'needing benevolence' were properties of experiencing incivility. As a consequence of the regular occurrences of these concepts within the data, a selective coding process began which meant that sampling became selective and theoretical and was related only to the core category (experiencing incivility) and its concepts; for example, polite irritation, becoming galvanised, being altruistic, significant other, seeking recompense and brokering for learning (Sandgren 2010).

The early diarists had been asked to 'tell it as it is' about their experiences during the first clinical placement (tell me what it is like to be a first year student nurse on a first clinical placement) but as the core category was emerging, more specific questions were asked of the later diarists and the interviewees such as 'As well as all the interesting and enjoyable experiences during your practice placement, tell me about the experiences or incidents that

were less than enjoyable; how did they make you feel and tell me about how you accessed learning opportunities and behaved as a student nurse, who helped you?'

Glaser and Strauss (1967) were clear that selecting additional groups to develop theory is based on their theoretical relevance in the development of emerging categories. As data collection continued, so the daily diary content was suggested, for example 'did the students see the funny side to significant events?' or 'how did they feel when someone was off-hand with them?' In addition, 'what did they do if they were left on their own?' Or 'how did they go about learning nursing procedures and skills?' These and other salient suggestions were used in order to guide the development of the emergent theory.

Theoretical sampling wholly depends on the developing theory and is not about representativeness of groups or individuals, only those whose input can develop, refute or confirm the developing theoretical ideas (Glaser 1978). At this point, extant theory becomes important as previously mentioned in the memo tables (table 8) with regard to incivility and becoming theoretically sensitive. As a result, I was able to generate concepts from the data and relate them to normal models of theory (Glaser and Strauss 1967, Glaser 1978). In addition, my background as a nurse and nurse educator has given me considerable experience in dealing with student nurses and understanding issues in practice, which has further enhanced my theoretical sensitivity.

A breakthrough came after a period of uncertainty as I re-read the data, renamed codes and compared (sorted) my memos. I knew that the students experienced incivility and were in need of benevolence, but I also knew they were dealing with it, and with good grace (being altruistic/being benevolent/maintaining values/). However, there was more to it than that as they were also brokering for learning as a student after 'working' as a HCA and that they also became galvanised in seeking out significant others. Bluntly put, they appeared 'savvy'

and during interview they told me they were 'wheeler dealers' and worked three days as a HCA but then expected to 'have' two days as a student nurse.

In addition, many of the students used the word 'diplomacy' or they noted that they 'picked their moment' to ask for learning opportunities and kept out of the way of certain staff, or were careful to choose the right person to approach for their learning and status as a student nurse. It became clear that the latent pattern of behaviour as mentioned previously was that of 'finessing' and the theory of 'finessing incivility' emerged as how the student nurses continually resolved their main concern. Glaser's (1998) criterion for a core category is the constant recurrence in the data and the one with the most explanatory power to bring all the other categories and concepts together to form the theory. Incivility generally refers to:

a range of social behaviour lacking in good manners or civility and also describes rudeness, discourtesy, impoliteness and disrespect (Oxford English Dictionary 2006). In the case of this study, incivility is referred to in a professional context and describes how the student nurse is on occasions spoken to rudely, unkindly, treated indifferently or ignored, is ridiculed, made to feel useless and left alone for long periods of time. In essence, the student nurse is expected to carry out a myriad range of nursing tasks and procedures without support or guidance from qualified nursing staff. In order to resolve their main concern, the student nurses engage in a process of using finesse and engaging in finessing techniques which as a concept has been defined as:

> *Using tact in handling or manipulating people during difficult situations or to diplomatically manoeuvre: to be subtle and to bring about something by adroit and careful management (Soanes and Stevenson 2008:533).*

4.7   Theoretical saturation

As a term theoretical saturation has been referred to as informational redundancy (Mooney 2007). When the codes are integrated and you have identified the core category, the coding process is then only for incidents that are related to it. A point is reached where they explain

the behaviour of the substantive group and is the point at which you are likely to have reached saturation of your core and related categories (Flint 2006). The point, at which theoretical saturation occurs will vary between investigations and the ability to stay open and trust in emergence rather than trying to 'force' the data or pre-conceptualise, will result in a dense rich theory that is relevant and workable (Glaser 1978).

4.8   Theoretical coding and the relationship between theoretical concepts

Theoretical coding simply means 'applying a variety of analytical schemes to the data to enhance their abstraction' and 'are the ways in which substantive codes and data they express are interrelated' (Stern 1980:23). Glaser (1978) has since elaborated on the use of theoretical codes and he suggests that the application of a theoretical code enables the researcher to 'weave the fractured story back together' or as Elliott and Jordon (2010) suggest, it is a way of bringing together the theory into one conceptual whole.

Explanations such as these proved useful for me as the codes, concepts and memos accumulated and I needed to see how the concepts of the theory were related to each other in a clear and distinct way (Giske and Artinian 2007). Glaser (2005:6) advocates a range of coding families to assist and they are all ways of relating what he terms 'variables' theoretically to discover relationships between and among concepts. Although the choice offered by Glaser (1978:72) is plentiful I was mindful of his point that the theoretical code 'must earn its way like a substantive code. I was sure that for example the 'type family' and the 'dimension family' were not appropriate theoretical codes as my theory could not be divided into parts or that it could indicate a variation in the whole. Indeed, as I attempted to 'conceptually map' the theory I was sure there was a process evolving and that 'stages' or passages were present as the theoretical code of the 'process family' outlines. Processing refers to 'getting something done', which can take time or happens over time (Glaser 1978:74) and this appeared to be the case.

At this point in the development of the theory, I had become sensitised to literature concerning the first year experience of undergraduates and had also attended a study day on the same topic. The speaker mentioned that a real danger with first year or neophyte students was the risk of them becoming 'dislocated' from the university experience and at that point I knew that the 'process code' of stages was the theoretical frame for the theory. Although the findings are discussed in more detail in the next chapter, the following paragraph gives a succinct overview of the theoretical model.

Due to the incivilities faced in practice, the student nurses experience a dislocation of their status in part due to being treated as HCAs and not as student nurses. Despite needing benevolence from a perceived harsh work force, they remain altruistic and become galvanised into action. In seeking out significant others the students' intention is to negotiate for their learning as a form of recompense for being treated uncivilly. They become benevolent and maintain their own values as they relocate their status back to that of student nurses. By displaying finesse and using finessing strategies, the student nurses are negating the incivilities they experience. Finessing incivility is a basic social psychological process as it can describe a process of more than two stages occurring over time (Glaser 1978, 1992). A pictorial diagram of this conceptual framework/model can be seen in the findings chapter in table 9.

Simply put according to Hunter *et al.* (2011), a grounded theory is 'built by developing theoretical elements. These consist of codes which then develop as properties of categories and are referred to as the conceptual elements of a theory that become properties of the core category. These properties support the theoretical code e.g. 'process code' and explain the relationships between categories, their properties and the theory as a whole (Hunter *et al.* 2011).

The following diagram depicts how the theory of finessing incivility evolved through the

grounded theory approach of Glaser (1978, 1992).

Figure 1:   *The evolution of the theory of 'finessing incivility'*

Open Coding/ In vivo coding (IVC)

Selective coding and constant comparison

Concept formation writing memos theoretical sampling constant comparison

Coded phrases/terms and concepts are grouped together to form substantive codes (categories) which are named and saturated (selective coding) Core category is found FINESSING INCIVILITY 'the main concern of participants' and HOW they resolve it

Theoretical code of STAGES is applied to core category -

Dislocation/negotiation/

relocation and the basic social process of FINESSING explains how the participants RESOLVE their main concern

FINESSING INCIVILITY

4.9   Summary

Chapter four has focused in detail on the application of the methodological approach used to answer the research aim(s) guiding this study. The suggested steps that make up the classic grounded theory approach have been used as a blueprint during the analysis process. During these steps, the analytical decisions that were made have been outlined and where

necessary, are supported and accounted for with examples from the data analysis and existing literature.

Ethical and professional dilemma

As the data were analysed, I did not expect to encounter repeated negative experiences or incivility at the level reported by the student nurses. Although the word bullying was not mentioned I knew I had an obligation to draw this to the attention of not only my supervisory team but to the head of adult branch nursing and the associate dean of faculty. A meeting was convened with the associate dean and attended by my supervisor and myself. Correspondence detailing these events and the outcome can be found in appendix nine.

5.   CHAPTER FIVE: Research findings

5.1   Introduction

The previous chapter presented an overview of grounded theory and described how application of the stages undertaken when using a classic grounded theory approach were used to generated a substantive theory (Glaser 1978). This chapter has five parts. Part one gives a brief overview of the key findings namely the substantive grounded theory of finessing incivility, its three stages and their properties.

As the broad aim of the study was to explore the impact of the first clinical experience on the professional socialisation of adult branch student nurses, the conceptual theory is explained and also presented diagrammatically to assist with clarity and to gain a sense of the psychosocial processes used by student nurses as they experience clinical practice. Parts two, three and four of this chapter present the stages and properties of the grounded theory with part five summarising the theory of Finessing Incivility.

5.2   Conceptual framework model of the grounded theory

The key findings are presented initially in the form of a 'conceptual theory of explanation'. A diagrammatical representation of the theory (theoretical model) including its stages and properties is presented in the following table and depicts a process during which student nurses experience and engage in distinct stages that include the stage of status dislocation, the stage of status negotiation and the stage of status relocation.

Table 9: Stages and properties of finessing incivility

Stage of status dislocation	Stage of status negotiation	Stage of status relocation
• Disillusionment with role	• Significant others	• Being benevolent
• Needing benevolence	• Seeking recompense	• Maintaining values
• Being altruistic	• Brokering for learning	• Recanting status

The substantive grounded theory in table nine depicting the key findings of this study explains how undergraduate student nurses deal with professional incivility during their early learning experiences in clinical practice. It portrays how they require resilience and a degree of finesse to maintain their status, acquire knowledge and survive early socialisation into the profession of nursing. Interspersed throughout the findings are accounts from student nurses from the first sample who were interviewed at the juncture of their third year and from the second sample that were interviewed at the juncture of their second year. These key informants were able to enhance and consolidate the processes involved in the grounded theory of finessing incivility.

In the following section I will address sequentially the stages and processes that make up the theory of finessing incivility. Although each of these stages will be discussed separately, the processes linking the stages and properties are evident.

The bracket following each excerpt denotes the diary respondent and stage of placement (for example D1/1 denotes the student diary and week of placement). The interview respondents are also numbered and the year of their programme (for example Interview1/Y3, Interview7/Y2). In addition and with regard to the interview excerpts, it must be noted that the responses from the student nurses during the interviews were captured in field notes, and therefore are verbatim in some instances and paraphrased in others.

5.3   Stage of status dislocation

5.3.1 Disillusionment with role

The stage of dislocation of status can begin prior to commencing practice although more usually it begins once in the clinical environment. Contributing to a sense of dislocation is an overall uncertainty regarding their role as a student nurse, in particular fear of the

unknown, of movement from a familiar position to one less so which results in a sense of anxiety for the student.

Evidence of these uncertainties emerged from their diary accounts, as the students doubt their abilities and voice their fears as a realisation of their career choice hits home. One student nurse worries about whether her uniform will fit:

> *I head to reception where I'm shown where I can change into scrubs. How humiliating – I'm a big girl, it was my one concern before coming on placement, that I'd get scrubs to fit! At first they give me paper ones. The shame (**D25/1**)*

A myriad of other things that the students worry about, include being late for duty and whether the staff on the ward will like them as the following comments explain:

> *Can't help feeling really scared. I've never done anything like this before so I just hope the staff are going to be supportive (**D2/1**)*

> *Never slept most of the night, not sure why as not feeling nervous, feeling nothing really (**D23/1**)*

> *Well I spent all weekend stewing about going and feeling SICK every time I thought about it!!! (**D19/1**)*

They also anguish about being able to help sick people and worry that they will not be competent:

> *Walking onto the ward I felt nervous. Nervous because I don't 'really' know what to do. I don't feel as though I have had enough training and that I am going to be a danger to my patients! (**D8/1**)*

Another student echoes this sentiment:

> *To be honest I'm just so worried about doing something wrong. I was always told that it's ok to make mistakes as long as you learn from them but in this profession one mistake could have such an adverse effect on a patient, then how am I supposed to learn without making some mistakes? (**D26/1**)*

Generally, disillusionment results from inconsistency between the student's perceptions of reality and their actual experience of it (Corwin *et al.* 1961) with anticipatory anxiety

accelerating once in placement and possibly preceding or even precipitating the stage of status dislocation. Often, acts of incivility such as being left alone for periods of time or being ignored can tip the student into the stage of status dislocation:

> *I got there early; one of the night staff told me to wait in the day room. This is where they have the handover. I was waiting there for 15 minutes; at this point I was really nervous. A woman came in with a white overall on I didn't know what job role she had, her being in white. She asked me where the paper was, I was like, I don't know. She just walked back out. I didn't have a clue what she was on about; did she mean the Daily Star or the Mirror*? (**D15/1**)

Very quickly the student nurses realise that they were totally out of their depth in understanding the jargon used by the nursing staff. In addition, why as first year students on their very first day, they must take instructional notes that they do not comprehend or understand as another student experiences:

> *I was thrown right in to 'handover', given a piece of paper and told to write as much as possible - Hello! First year, first placement, first day!!* (**D8/1**)

Report time or 'handover' is according to Holland (1993) a cultural rule and as such, is unwritten. Nurses are compelled to attend and social order is maintained. Holland also refers to the use of symbolic language (jargon/acronyms) during these rituals and combined with a range of different staff uniforms, have the capacity of excluding student nurses.

Some of the other students are actually left alone during the first days and the early part of their placement or they are expected to join in with ward procedures such as handover or they are left to their own devices with no guidance or direction:

> *So that's me, a week with no mentor* (**D1/1**)

> *Today, I had been scheduled to work with my new mentor on dialysis which I was really looking forward to. When I arrived, I was told that she was off sick and I wasn't needed on that side of the ward. Without making any eye contact with me, I was more or less told to go and do whatever I wanted to wherever I wanted to* (**D13/2**).

As some of the students' progress and enter their second year, there still remained for one student:

A general air of neglect from the mentors and other staff (**Interview6/Y2**)

*W*ith another second year commenting that:

I definitely was not with my mentor as often as I would have liked (**Interview7/Y2**).

Further progression sees the participants enter their third year still having trouble with learning support and on occasions having to:

Chase their mentor (**Interview1/Y3**) in order to seek supervision.

For another student, chasing their mentor was also in order to:

Engage in learning (**Interview2/Y3**)

Wanting to be involved in learning activities often followed a bout of working alone or with a HCA or with another student nurse. The same student comes to realise that she has to be proactive in order to learn and this is articulated in her statement:

I'm in charge of my own learning and therefore, I will chase you if you don't come up with the goods (**Interview1/Y3**)

That these student nurses are still in need of mentor support and supervision is not surprising, but it appears that their ability to obtain it is enhanced.

As many of the students have had health care experience they are familiar with some aspects of care work although as undergraduate student nurses, they appear mindful of the code of professional conduct and the limitations this imposes. Sadly, if there is an attempt to question procedures they can be 'shot down in flames' or be on the receiving end of a vacant stare:

*We had no access to items that could help turn and mobilise clients and when I asked for them, they looked blank at me (**D2/2**)*

*She makes your life hell if you dare ask or question anything. Don't I know it! She was the one I told about the bad moving and handling I witnessed (**D12/3**)*

*One iffy moment when I asked the same staff where on the ward the colonoscopy clinic was held. They looked at me like I was stupid, lol. Hey ho, all in a weird interesting day (**D19/1**)*

For one student, trying to follow procedure by not undertaking bed making alone results in an unpleasant encounter:

*I had asked for some help to make up beds, bearing in mind I was told, "you don't make beds on your own". I was sitting at the nurse's station when the HCA came past. Her words were "it's alright for some having a sit down". So I bite my lip and followed to make the beds. She then proceeded to make the beds on her own, as it was quicker. She moaned and moaned. (**D18/1**)*

Having had health care experience already does help some of the student nurses to make sense of the behaviour of some HCAs. Although emphatic in their resolve to be different, they do temper their 'bad day feelings' with acknowledgement of learning:

*I was surprised at their attitudes to be honest, and thought, "well I'm not going to be like that". Sorry I have waffled on! I just think the HCA became complacent. I know from when I was a HCA, there were many HCAs who could be mean and off with people if they didn't hold their views. So I feel I've had a very bad day but learnt about people as well (**D18/2**)*

As a consequence, many feel uncomfortable with the routine, non-procedural and tiring task orientation to care giving especially if they are expected to work alone with no guidance or direction:

*Today was washday! Wow it was heavy I think I put 7 patients in the bath, the side was heavy and many of the patients were incontinent. I really felt the lack of staff today. Sometimes there physically wasn't enough staff to keep up with the cleaning (**D26/2**)*

I was on with the HCA today. The one who gets frustrated with me because I'm slow at the obs or forget to bring a towel when I'm bed bathing a patient I've noticed

*that she tends to send me to do a job in another bay so that she doesn't have to work with me. That's fine cos I'd rather not work with her (**D13/3**)*

*There are still many silly questions that I need to ask which she hasn't the patience for like - I wasn't sure which plug was the bed plug - I don't know that names of the doctors on their level - don't know how to use the pod system - how to order an ambulance for a patient (**D14/3**)*

They are bewildered as to why this is the case and exactly what it is they are expected to

do. Very quickly some of them realise it is the nature of their clinical placement:

*Then I walked into my ward. Silence. Where was the staff? No welcoming faces. A HCA absorbed in the computer kept her back to me while I introduced myself. She laughed when I asked if anyone had time to show me around (**D13/1**)*

*I was asked to complete paperwork on all the patients in bay 1. Patient's records were promptly put in front of me and the staff nurse proceeded to walk away. As she was walking away I pointed out that I had never been through patient's plans before and didn't mind doing it if she were to sit with me and go through it. She just snapped back at me "I'll do it myself". Later I found out that she had told another staff nurse that I had refused to do it. Felt upset (**D3/2**)*

Toward the end of the first placement the nature of the clinical placement appears to be

governed by the ward manager as one student frustratingly and graphically points out:

*I am so f***ing angry today. The manager of the ward is a horrible person who I question why is a nurse. She is so unapproachable and would be the last person I go to for help. She has never once said hello to me and most of staff have issues with her too (**D26/5**)*

However, the student does appear to calm down and begins to rationalise and accept the

existence of such people:

*If she is the epitome of management in the NHS then I don't want to be a manager! But I'm always going to come across people like that. I mean she hasn't done anything technically wrong but it's just her manner and she hasn't said anything particularly vicious toward me but still grrrr! (**D26/5**)*

Realisation of this perceived uncivil disrespect (professional discourtesy) happens quickly and fuels their disillusionment with their status and role. Many of their initial fears have come to fruition:

> *I'm Mr Cellophane- basically I'm invisible. I constantly ask staff "what do you want me to do?" (**D8/1**)*

This situation is compounded by a realisation that their own view or understanding of their status as a student is at odds with the views of those in practice. In addition, there are occasions when the student nurses expect to be with their mentor or back-up mentor more frequently and they perceive their student place or position within the ward hierarchy as being that of a worker:

> *Today was confusing. Worked with the* HCAs *and hardly spoke to the trained nurses (**D2/2**)*
>
> *I don't feel I am getting many opportunities to practice skills - apart from making tea for patients. I do put myself forward and try to be more assertive, but there just isn't anything to do (**D1/3**)*
>
> *I wasn't on shift with either of my mentors – what's that all about! (**D16/1**)*
>
> *Felt like a spare part for most of the day, didn't really know what to do (**D9/1**)*

However, for some student nurses, realisation of the role dislocation and perceived shift in their status from undergraduate learner to worker is compounded by episodes of 'unintentional' incivility; a major aspect of which is being ignored and left on their own to 'get on with it', usually without their mentor. Incivility adds to the atmosphere of dislocation and is fuelled by unkind attitudes and harsh comments:

> *I was walking towards the staff toilet, I heard the HCA say that I was lazy and I know I am not lazy. I didn't reply, I just smiled and walked away. I feel that this particular HCA has a real problem. Even the way she spoke to patients, I was not impressed at all (**D18/5**)*
>
> *I found the staff today very condescending and patronising, especially the ward manager. It is something I don't take kindly to. I know I'm wearing a student's*

*uniform, but I am an intelligent, responsible adult. I do feel quite intimidated at times (**D1/3**).*

Or more frequently, the students receive ambiguous instruction: *Just stay on the ward (**D24/1**)* or another frequent instruction to: *Look after that bay (**D18/3**)* while another student is told: *Don't ask me silly questions (**D11/3**)*

Comments such as these appear to demoralise and discourage the students who are striving to validate their identity as student nurses. It would appear that on occasions, the student nurses naively think that their goal of being a student and to learn nursing is shared among the members of the ward team. It would appear that at the beginning of the third year it is still the case as one student commented:

> *Even as a senior student I'm not at the end of my learning curve and I have to gauge everyone time and time again (**Interview4/Y3**)*

The same student made a point of avoiding newly qualified staff nurses as she felt they were the least helpful and makes the decision to:

> *Approach specialist nurses for 'spoke' placements in order to keep out of the way of the ward (**Interview4/Y3**)*

Being a student nurse and learning nursing is thought to be a straightforward enterprise with some professional and courteous help. Unfortunately for another student this is not the case, as professional behaviour and courtesy appears lacking:

> *Have heard the odd 'bitching', particularly if a patient is left 'unclean' before handing over or handing back. "Why couldn't they change the pad"? (**D3/2**)*

> *Did not have a very good day today. I was rather upset at the way I was spoken to. Usually I can take it and I just let other people's bad attitudes go over my head. Just feeling extra sensitive today (**D1/4**)*

The student nurse who commented on the 'odd bitching' between members of staff during the second week of their placement (see above quote), becomes despondent at the lack of professional respect and mentions at a later date being:

> *Fed up listening to nurses talking about each other, it's doing my head in. They should be working together and encouraging each other, as well as showing each other respect, don't like working like this (**D3/3**)*

The student appears to understand the need for teamwork and advocates for professional benevolence at the same time as voicing objection.

Realisation of clinical reality however unpalatable is not a demonstration of the student's acceptance of the negative aspects or in the case of one student nurse, a lack of equipment that could affect her career prospects:

> *The whole ward is men now, so the workload is heavier than when I first started 3 weeks ago. The ward doesn't have stand aids, which is outrageous, and my back is already sore! I will be complaining about this to the placement facilitators. If my back goes that's the end of my career in nursing! (**D6/4**)*

Although they do understand that the clinical environment is client focused with emphasis on patients, clients' illness and caring and that it is not necessarily student focused, an overall aura of polite irritation regarding this perceived uncivil behaviour, which the students actually view as professional abandonment, pervades their manner and behaviour:

> *Really quiet day today - it was very frustrating. All the staff disappeared to their offices, so myself and other student pretty much left to our own devices. I am definitely ready to leave this placement (**D1/5**)*

Another student realises that she has to take charge of her own learning and that being used as a HCA is the impetus for proactive behaviour:

> *I have booked all my shifts with my mentor this week. I realised that the only way I am going to learn anything on this placement is to be with my mentor. Otherwise,*

> *I'm used as a HCA, nothing is explained to me and nobody wants to explain anything (**D8/3**)*

When student nurses are exposed to harsh comments and indifference from those they work with and supposedly learn from, they have a sense that the perpetrators see no wrong in this behaviour and they often are spoken to dismissively as one student testifies:

> *Tonight, for the 3rd night in a row, we were a staff nurse down. The nurse I was working with was a bit cold to me and didn't have much time for me. A patient tried to hit me tonight and her reaction was, "well what do you expect me to do"? Her attitude was appalling. I thought she would file a report or talk to me about it but no. When it happened the auxiliary just sat back and watched with no attempt to help with her 7-years' experience (**D2/3**)*

As a professional gesture it is harsh and redolent of the metaphor 'eating our young' (Meissner 1999) and as a phrase, it is often related to ritualistic behaviour to maintain social conformity. As noted by this student it is prevalent in some practice areas and is a negative aspect of an inadequate socialisation:

> *There were plenty of nurses who smiled at me, made eye contact or took the time to talk to me but there was also an equal amount that looked right through me. Roll on Day 2! (**D8/1**)*

> *From my observations, and I may be wrong, there are some staff who have a feeling of superiority over students. There are some who are very nice and will take the time to explain things. I do appreciate that staff are busy, but I don't feel that's an excuse for being so rude and abrupt (**D1/4**)*

In the past it has been suggested that student nurses often become de-sensitised to negative experiences particularly those concerned with aspects of caring (Greenwood 1991). However, this does not appear to be the case for the student nurses in this study as their focus appears to be on their status and learning. Being able to learn and 'do nurses' work' as a student, validates their status as undergraduate student nurses.

As trained staff, and in particular mentors, experience work overload and become stressed, they may transmit this and perpetuate their own frustration and even anger 'down the chain' to student nurses who find themselves at the bottom of the ward hierarchy. They do however maintain a modicum of altruism and remain intent on 'doing the right thing' as this student reflects:

> *Generally I am not really impressed with the staff attitudes on this ward. I feel as though their organisation is chaos and the staff morale is low. The student nurse who I am working with felt the same, but we are still new we keep telling ourselves. Let's hope tomorrow is better. I will dust myself down, hold my head up high and carry on regardless because I know I have tried my best to give the patients I am caring for, the best possible care (**D5/1**)*

It would appear overall, that the majority of the student nurses early on in their practice placement experienced some form of status 'dislocation' and disillusionment with their role identity. It is usually in response to intentional and unintentional incivility. The disillusionment with their role appears to relate to the way in which they imagined things were going to be and then to their perceived experiences of being treated as a HCA, or being ignored, or missing out on learning experiences.

As well as being without their mentor for periods of time, many of the students were left in need of guidance and kindness (benevolence) to buffer the verbal and emotional affects of incivility.

5.3.2 Needing benevolence and being altruistic

Incivility in all forms whether it is intentional or unintentional is generally unpleasant and counterproductive. As a result, the student nurses often become frustrated, discouraged and their sense of role dislocation is sustained. Nevertheless, if the students are able to reflect after these events it does help them make sense of their experiences and be able to remain positive. One student nurse early in her second year questioned whether she will know how to be a good nurse at the end of her training and lamented:

*Never mind, I will know how to be a HCA (**Interview 7/Y2**)*

Reflecting back to her first clinical placement she elaborated further and felt that people took advantage of her and she questioned whether anyone knew why she was there, often asking herself, why she was there as she states:

> *I felt invisible and felt let down, I was always referred to as the student and at times this was not the right label. Toward the end of the placement things got better and I kept cheerful telling myself I'm not going to be like them (**Interview 7/Y2**)*

In using the term 'them', the student nurse is referring to the nursing staff or other health professionals or administrative staff that act toward the student nurses unkindly or unreasonably. Although frustrated and in need of kindness (benevolence), many of the students display altruistic tendencies and attempt to remain calm and mediate during events in which they find they are out of their depth. For example, one student nurse is asked to accompany a patient who has an eye appointment at another hospital and relates her frustration in trying to suggest solutions to the unfolding dilemma that she faced:

> *An ambulance is waiting down at the entrance for us. On arrival at the hospital they don't have any records of the patient's appointment. They ask me whom is he booked in to see. I don't know! They ask me the telephone number of ward. I don't know from the top of my head. I ask them to look in his records. Receptionist gets angry with me. She points out that I should know. Maybe I should, but this patient was sort of plonked on me without warning, I never had time to ask questions. I hadn't looked after him all week. Go in eventually to see doctor. She asks me what problems he has had. Don't know! She asks if he is a diabetic - DON'T KNOW 'look in his notes!' I frustratedly say, wish I had been forewarned of the "hundred thousand questions, BLOODY HELL! Am I ever going to get the hang of this? (D3/4)*

Another occasion arises of a student trying to behave appropriately and do as she has been instructed, in this case to give some notes straight back to the doctor on the ward. Unfortunately, as she approaches a staff nurse for advice on where to go with the notes or

where to leave them, or whom to leave them with, the staff nurse proceeds to just look at her and before walking off and replies:

*Sorry, that's not my side today; you'll have to ask someone else (**D3/1**)*

In response to this episode the student makes a humorous remark '*Don't approach someone from the other side'* (**D3/1**) and this appears to assist them in coping with the incivility and lack of help. Whilst indignant at being made to feel stupid, the student is behaving positively and professionally.

For many of the other students as well, a by-product of the incivility they experience is for them to become proactive (galvanised) in their way of thinking and in their actions. Their altruistic tendencies appear enhanced and they also appear not to retaliate with uncivil behaviour themselves. This is in contrast to a more usual propensity to pass on or hit back if metaphorically 'stung' in order to assuage the sting (Canetti 1978, Alavi and Cattoni 1995).

One student when faced with the possibility and potential of regular uncivil encounters with a particular HCA illustrates this phenomenon as she thwarts the attempts and focuses on the other staff who are benevolent toward her:

*Felt like the same auxiliary was trying to belittle me but I definitely didn't let her. Since I arrived she had a bad attitude with me, she really didn't like me. But all the other staff seemed really helpful (**D2/W4**)*

Another student experiences a similar scenario with a HCA and in attempting to use her initiative for the benefit of a patient's diet, experiences incivility. However, she relates how she will react if the HCA behaves toward her in the same manner again and demonstrates her intentions to be professionally assertive rather than retaliate:

This same HCA had already had a go at me for handing out a different lunch! These were spare lunches and I said "well if they don't want chips and pie but would like a yoghurt then why not". She slammed the door and I walked away. I just felt that the HCA is quite abrupt and I didn't like the way she was. I wouldn't mind but when the buzzers were going off she was sat at the nurse's station deciding what food she would have off the trolley. Well I'm afraid if she speaks to me like that tomorrow, I will not be biting my lip. I won't be rude but I will give her an answer (D18/2)

Being without a mentor means the students are on their own for regular periods of time and this compounds the overall disillusionment and a sense of loss regarding their identity as a student. Not surprisingly, being a mature student nurse can place added burdens on the student as expectations are raised. They appear aware that forming a positive identity as a student nurse is important considering they will spend half of their education in practice and many of the students in this study quickly realise while remaining calm and rational, that something has to be done.

One student nurse who found a lack of supportive staff on her own ward after visiting another, decided to take things into her own hands and politely went to look for other students:

Then I walked into my ward- Silence. Where were the staff? No welcoming faces. A HCA absorbed in the computer kept her back to me while I introduced myself. She laughed when I asked if anyone had time to show me around. As there were no willing volunteers, I asked if any other students were on and went to introduce myself, hoping for the same reception that we had on the last ward (D13/1)

Displaying finesse and using finessing tactics protects the students against incivility and shields them from further episodes. Expectations of undertaking a caring role fuel the existing altruism of the students and as Orton (2011) notes are likely to have influenced their initial career choice. However, as one student found out to her detriment, a lack of gumption on her part and a lack of guidance and ultimately kindness on the part of the staff, left her open to malevolence:

*Had a really rubbish day today. I was left to do the clinic on my own today - which I'm ok with, as I have done it before. The Consultant kept asking how many more patients - was really keen to get away. Not knowing what time clinic finished - I told him I didn't think there were any more to see - so he left! Two more patients came in but fortunately there were two other Consultants still in clinic who could see them. Anyway, the reaction from the other staff really upset and annoyed me. The staff nurse, who I've decided is not a nice person, took great delight in telling everyone that I had told the Consultant he could go when there were patient's still waiting - really twisted things. It was like being back in the school playground - with people whispering about you. They made a mountain out of a molehill. I am so glad I don't have to work with that staff nurse for much longer (**D1/5**).*

The student nurses in this study appear keen and willing to change their own attitudes and behaviour and are keen to move beyond health care worker status. In fact, they are fed up with being left alone to work out what to do. They become resolute in finding a significant other and in times of rudeness, they use wry humour as a protection measure and to reduce the amount of role dislocation they are experiencing:

*She just looked at me and said "sorry, that's not my side today, you'll have to ask someone else", and walked off. "How rude!", she looked at me like I was stupid, 'felt stupid'! But still I learnt a lesson - never approach a nurse from the 'other side'. (**D3/1**)*

Using finessing tactics such as humour for example buffers the effect of an unpleasant situation or the effects of someone who has been sarcastic, off-hand or has expected too much from the students:

*I still wasn't 100% better so didn't feel like I went fast enough and felt a bit all fingers and thumbs and then a staff nurse I had not seen since I started asked me to do a discharge Had to tell her never done before and the look she gave me!! I should have been six feet under Lol (**D14/2**)*

Another student realises she has not followed procedure when a patient chart she has completed on her first day is noted during the ward round. Despite the RN having accountability for any tasks and procedures that 'she' might delegate to a student nurse

under her supervision (NMC 2008), there appears to be a paucity of professional solidarity

or leniency in front of the medical staff as the student wryly notes:

> *After being shown how to write up the charts and give the MEWS I was not told to notify anyone about the score. When the doctors made their round they read off my patient's chart and saw his MEWS score had gone up the BP had altered the score it was 76/58. I heard staff say "oh well a student nurse did his obs, it's her 1st day on the ward". A classic CMA if ever I heard one ☺ CMA = cover my arse (D8/1)*

Another student in week four of her placement appears to have the measure of one abrupt

relatively junior staff nurse as she makes a jocular comment:

> *Found out today that one of the staff nurses has been qualified just a couple of years, yet she is quite abrupt and not always very helpful and quick to get on your back if you make a mistake - obviously belongs to the school of 'knowledge is power (D1/4)*

The apparent excitement of another student nurse's impending leave is dashed as she

ironically realises her worth is in replacing sick members of staff:

> *My last day before the Christmas hols, hurray! Actually the 'hurray' is very short lived. Most of the staff is off sick and two bays have patients with diarrhoea. Everybody seems pleased to see me for a change (D3/3)*

At the commencement of placement, one student with previous experience looks forward

to putting her knowledge of skills to good use, rather smugly. However, on realising that

her abilities were somewhat lacking, her self-evaluation is humorous as she states:

> *Clinical skills- yippee. I thought I've done all this, Mews, fluid charts and how to make a bed - like I need teaching!'Lo and behold, was I doing it right, was I buggery. Even an old dog like me can do new tricks (D23/1)*

Often students who have previous clinical experience as a HCA, have to reconsider their

abilities as they begin to realise what they have done before has been clinically unsound

(Thomas *et al*. 2012).

In the latter part of her placement, another student nurse relates how she has learned to temper her anxieties about her role:

> *A week ago if someone sent me for something, I would panic - now I go, I find, I bring! (D8/4)*

In relation to how they are dealing with their experiences of full time clinical placements, the following student jokes about their enthusiasm for returning after days off:

> *I've got the weekend off, which I think I need! I'm looking forward to my next shift: an early on Monday morning. I may, quite possibly, be mad... (D11/1)*

Another student ponders about a comment that a member of the health team makes about her and the tenuous link between her manners and her 'new' status. However, she emphatically proposes that her demeanour will remain constant:

> *I answered a phone to a patient's relative today and found out the information they needed. When I hung up, a phlebotomist who was nearby said "I can tell you're new for two reasons - (1) you answered the phone and.... (2) You were really nice and respectful to the caller!! What a shame that being new makes you nice? - I intend to always be that way regardless if I'm busy or not!!! (D8/3)*

Throughout this stage of status dislocation and despite the student nurses being disillusioned with their role, they remain determined to 'do the right thing' and not be like some of the people they meet. In spite of the predicament they find themselves in, in the main, the student nurses remain up-beat and jocular and behave with decorum. Being proactive in seeking out significant others involves obtaining recompense for lost status and learning and results in the students beginning to broker (negotiate) for learning opportunities.

5.4   Stage of status negotiation

5.4.1 Significant others

Being disillusioned with their role involves the student in realisation of their displaced student status and identity loss. To a certain extent, it might explain their endeavours to address the intentional and unintentional incivility of being treated as a worker in the clinical placement and of being left alone or treated harshly.

As one student demonstrates by seeking out other health professionals, in this case an occupational therapist, for learning experiences:

> *I asked the ward's OT if I could observe as she was heading off to the assessment area, the ward manager thought this was a good idea! It was an assessment to see how the patient could cope with the task of making a cup of coffee, so the assessment was undertaken in the OT kitchen. It was wonderful to see this, as it was not something I'd see normally and it was great to see the patient outside of the ward environment. It also gave me a chance to see past "the patient" to who they were when they were at home (if that makes sense). All I really had to do to assist was help the OT support the patient to stand up and sit down from and on the wheelchair. I really value this experience and I would hope to do more like this in the future- I think there's a lot you can learn about your patients from this (**D11/3**)*

After time away over Christmas one student has come to realise that being proactive in their own learning is mandatory and for them, their mentor becomes significant:

> *I had been a little nervous about returning to the ward but it was not bad! I was pleasantly surprised I have been booked on all my shifts with my mentor this week. I realised that the only way I am going to learn anything on this placement is to be with my mentor. Otherwise, I'm used as a HCA, nothing is explained to me and nobody wants to explain anything (**D8/4**)*

Working as a HCA and not as a student was something they did not envisage. Remaining calm, rational and pleasant, it seems sensible to turn to HCAs for support and guidance, for as far as the student is concerned they are expected to be one and operate alongside them.

Another student was without her mentor for nearly two weeks due to the mentor taking annual leave and decided to increase the time they spend together. In this instance, it is a form of academic brokering in order to be able to concentrate on an assignment:

> *I am doing a double shift today as my mentor is doing it and I want tomorrow to try and get some of my assignment done, as I have been too tired to do any for 2 weeks. I only met my mentor on Monday as she was on holiday (D5/2)*

Another student latches on to a HCA in the absence of his mentor and declares:

> *There was a great HCA who I followed like a puppy (lost). She was superb and helpful. I also asked a few questions! And went along to rooms and chatted to patients. However, I didn't meet a mentor, but have been told I will tomorrow (D22/1)*

Despite the lack of a mentor, the student appears to further his knowledge by asking questions and he also uses his initiative to engage with patients. One student has found that overall the HCAs have been significant for her:

> *I have to say, so far, the HCAs have been the most friendly and helpful (D1/2)*

Being supervised by a HCA increases the confidence of one student nurse and negates the exclusion she feels from lack of contact with trained nurses:

> *Another busy day, felt like a fish out of water. I teamed up with a nice HCA and she worked with me. The day flew by and everything was done early. Did not do anything with the nurses (trained) again but felt more confident with my duties (D2/4)*

Not surprisingly, the student nurses feel an affiliation towards HCAs, for as a workforce they largely replaced student nurses with the introduction of Project 2000 (DoH 1999). As many HCAs are adept at monitoring blood pressure, pulses and temperatures, they are in a position to support the students who are desperate to practice these 'nursing' procedures and are grateful to be guided.

Many of the students in the absence of a mentor declare ownership of a HCA particularly when they acknowledge their own limitations as mentioned in the following account:

> *My HCA was the nicest person ever. He was so kind and just lovely. Helped him wash a really poorly man who had had major surgery. I must admit I found it quite difficult to help, I didn't want to hurt the man (**D21/3**)*

It appears that some of the students align themselves with those who can further their cause or more importantly someone who can guide and nurture them. Often, it is for protection as well with a student noting the kindness of one HCA following an unpleasant encounter with some nursing staff:

> *If it hadn't been for the HCA I think I could have easily walked out tonight and not gone back. Sitting on my break was the first time I felt like crying (**D8/2**)*

However, despite many HCAs being 'a rock' for the student nurses, some HCAs perceive themselves to be higher than student nurses in the social structure of the ward rank as they are permanent members of staff. Often they are off hand and sarcastic with the students as one attests:

> *When I had finished I went out and the HCA said 'oh nice of you to join us' and was being really funny. I said I'm awful sorry for doing what I'm here to do (**D15/3**)*

Being without their assigned mentors is perceived as professional abandonment with the resultant loss of learning opportunities. Often the student nurses re-enter the cycle of incivility and become dislocated again. This requires more manoeuvring or finessing this time in the form of help from one of their peers:

> *I'm just glad the 3rd year student has been so accommodating and supportive; I might've struggled otherwise today. (**D11/1**)*

Another student is grateful for the help she receives from a second year student nurse and

the following comments demonstrate the empathy between them:

> *Helped with breakfast, changed beds, toileted a few ladies. The 2nd year was there and she worked with me. She's so helpful and showed me a lot of little basic things - i.e where sample bottles are kept, how to collect and label and sample etc. It's very easy to ask her, as she knows exactly how I feel. When you have to ask simple things like "where are the boxes of tissues kept", you feel as though you are disturbing the staff. It also makes you feel 'stupid' (**D8/3**)*

Although one student nurse feels the responsibility of supporting one of her colleagues,

she does acknowledge the colleague's despondency and desire to leave and attempts to

rally her as she states:

> *I get lumped with the other student nurse. She's not had a good time; she tells me how she felt like leaving. I feel for her not having a good experience so I tell her she's doing well and to think of the end result. We work well together I thought (**D25/3**)*

Comments such as this suggest that there does appear to be acknowledgement of an

effective support network between some of the students, although another student   voices

concern about supporting a younger colleague, but is self-deprecating at the same time:

> *I've practiced some skills with a fellow student and discussed our assignment. We do seem to be getting on well despite the big age difference and she is definitely coming out of her shell which is good because I am getting a bit sick of the sound of my own voice (**D1/2**)*

Despite being older, the same student relishes support herself from a second year student

nurse and relates how they share common ground:

> *Spent the afternoon shadowing a 2nd year student. She was really helpful and friendly. Chatting to her put me much more at ease and found it reassuring that she had experienced the same anxieties and fears when she was a 1st year student (**D1/1**)*

Again, it would appear that peers nearer in status to the student nurse are favoured and sought out again during a 'spoke' placement even if the student is reminded of their novice status:

> *Today was a really good day - very interesting, informative. Spent the day on a different ward, so had the opportunity to mix with other students, mainly 2nd year. Found them to be really helpful and friendly. They seemed so confident and competent! I am not sure whether I should be scared by this or reassured - definitely made me realise I have a long way to go (**D1/2**)*

For many of the student nurses, significant others are often their only means of guidance and support and they learn quickly that seeking others out is the way to validate themselves as students and negotiate for their learning. Becoming proactive (galvanised) in seeking out others allows the students to take stock of their situation. Often, after a period of time away from the ward, for example between shifts or their days off, they realise that as they are in practice to learn they better set about it:

> *I do understand this is an extremely busy ward, but they have to take the time to explain things to the students - they're quick enough to use us as messengers so they should be quick enough to explain (**D8/1**)*

This statement appears to explain the feelings of the student and the expectations placed on her in terms of working and in relation to her own learning as a student nurse.

5.4.2 Seeking recompense and brokering for learning

Having sought out significant others to assist in accessing learning, for supervision or for emotional protection, the student nurses begin to 'push themselves forward' using their supernumerary status. They want recompense and with the help of their mentors, back-up mentors, HCAs or fellow students (peers) they begin to broker for their learning and to be treated as a student nurse. One student is rather emphatic as she states:

> *I am a student, I am here to learn, I am not a volunteer! It is your job to teach me (and equally, it is my job to learn and ask questions). So that's where I am today!* **(D8/3)**

This student nurse appears to take a moral stance in reaffirming her own position and the expectations she has of the qualified staff. By being proactive (galvanised), the students maintain the impetus to learn and also re-gain their student identity.

Another student asserts her student status after using 'work terminology' to describe the task nature and pace of work during her shift. The student also acknowledges the learning opportunity she receives from her mentor but becomes frustrated with the HCA who apparently does not respect or understand the student nurses status:

> *The shift was busy as usual. I was working on the female side today. My mentor taught me how to write out some of the patient's care notes. I spent some time doing this, as I didn't want to get it wrong, even though the HCA was moaning she was doing everything on her own. Well hello, I'm here to learn the nurse role. I don't mind helping out but I am there to learn. I think HCAs need to understand what we have to do? I think they should be educated that student nurses are not HCAs. I'm all for working as part of a team, but I also need to learn my job role as well. I have to admit most HCAs are great; it's a shame that there is one who spoils it* **(D18/2)**

As the student nurses progress they become aware of the usefulness of using negotiation skills and their own experience and skill base as one-third year student stated:

> *I used the knowledge and skills learnt in 'faculty' to barter for further learning* **(Interview1/Y3)**

The student in question when asked to elaborate explained that she would:

> *Do all the washes for the staff and the other jobs, if I can see you do dressings and give out medicines* **(Interview1/Y3)**

Brokering for knowledge appears to be part of the recompense that the students want in exchange for their working endeavours. This can be in the form of learning nursing knowledge, skills or just being treated fairly.

One other student, who appears to have a work orientation to her practice, mentions that her team completes a series of tasks but then notices that other nurses are behind in their tasks and offers to help them out. This involves offering to massage a patient who had spent an unsettled night and had not slept. After a short period of time the patient fell asleep. As the student looked up at the office window two nurses were putting their thumbs up in the air and praying with their hands and they said to the student:

> *That was brilliant what you have done there". They asked what I would like to do now. I said "can I start watching you do procedures such as dressing changes, injections, medication, anything, as all of it fascinates me"* (**D5/3**)

In addition, having to share the learning experiences with other student nurses involves some of them taking action (being galvanised) albeit politely as they approach staff for learning opportunities:

> *I often feel obliged to stick with my fellow student as she is quiet and does not really assert herself as much. I seem to be the one taking the lead, asking questions and approaching staff asking for things to do. I worry that I may appear a bit too pushy. That being said, we do get an equal share of tasks* (**D1/1**)

This particular student is concerned that she might come across as being forward but concedes that they both benefit from her endeavours.

Similar to the student nurses in Gray's (1997) study that began to view being allowed to be supernumerary as a reward for their hard work, these student nurses instigate the negotiation and push themselves forward at every available opportunity. They are using their supernumerary status in order to access learning. Brokering for learning sees them missing out on breaks or staying behind late and the learning in question could be a variety of procedures they would like to observe, undertake or be part of, and include dressings, taking out sutures and how to use equipment.

Negotiation involves them fighting their corner and despite working as HCAs due to lack of staff they eventually use their supernumerary status. This becomes easier as they progress through their placement and despite being aware of the work pace and demands of the placement, one student appears to be able to put herself as a student nurse first with the support of her mentor:

> *On a long day today and staffing levels are low again. I sat in the MDT meeting today which was good One of the HCAs seemed to have a problem with me going and the other nurse on duty also did - they wanted me to assist someone with washing and dressing one of the patients but I didn't care, I didn't let it get to me. I have washed and dressed people millions of times and I was there to learn and my mentor wanted me to go and I wanted to go!* **(D14/3)**

This student readily validates her status and although she is aware of staffing shortages is conscious of her own status, especially in this case and in comparison to the HCA. She is adamant regarding her desire to learn as she comes to the end of her placement.

Having the opportunity to leave the 'hub' placement and visit another ward or department as a 'spoke' experience was for many of the students a marvellous learning opportunity. A couple of students now in their third year relished being in a specialist placement with specialist staff and they related how this validated their status:

> *They are really pleased that you want to be with them and treat you like students and therefore are brilliant role models* **(Interview1/Y3, Interview2/Y3)**

For one of these third year students, managing here student role was imperative in order to learn as she stated:

> *Supernumerary status did not exist* **(Interview1/Y3)**

Whilst the other third year student nurse was prudent in suggesting:

> *You picked your moment carefully to negotiate for this learning* **(Interview2/Y3)**

Being wise about negotiating alternate placement learning suggests that as the student nurses progress they still remain keen to affirm their status as a student nurse and appear good-natured during the process.

5.5 Stage of status relocation

5.5.1 Being benevolent

In order to resolve their main concern and be able relocate their position from worker to student, a process of reconciliation happens through being benevolent and maintaining values and generally being resilient in the face of adversity. As a consequence the student is able to recant their status as a result of their finessing behaviour.

If the student nurses' status is preserved, they appear to be able to deal with and manage the personal incivility to which they are exposed and that which they experience, as one student comments:

> *I don't mind as long as I'm learning (**D12/3**)*

Another student gains experience from working with a doctor on placement at an eye clinic. She recognises the value of the learning opportunity as she relates:

> *I offer to stay through part of my lunch to get the patients cleared. I appreciate the time she has given me (**D25/2**)*

An inherent altruism bolsters the student in being benevolent toward those involved in the perceived incivility and helps in counteracting the sometimes harsh clinical environment. It also encourages the students in having an orientation to 'do the right thing' and be reflective and forgiving:

> *I never slept well. I kept thinking about how horrible and vulnerable the charge nurse made me feel. I kept trying to reflect back to the previous day. Maybe she was stressed; maybe she was finding it hard to juggle the ward and her staff. Then I remembered overhearing her conversation on the phone with a social worker. The nurse was trying to send a patient home but was struggling to achieve this (**D5/2**)*

Being benevolent is closely linked to being able to see the situation as the other person sees it. In order to influence these persons, the student needs empathy to understand their view and to withhold judgement (Fisher *et al*. 1991).

In cases like this, the student nurses appear to separate the person from the problem and to a certain extent separate themselves. This is demonstrated by the following student who, when experiencing a night duty shift, is faced with issues concerning the pace of work. Her emotional response to a reduced break time is negated somewhat, as she gains learning opportunities and decides the inconvenience is worth it:

> *I learnt how to use an ECG machine. However I didn't get a chance to have a break, which I was upset about, but as long as I was learning I wasn't bothered. Last night I only had a 30 min break when I should have 1hour 45 mins (**D7/3**)*

In effect, the student was relocating her status back to that of a learner after being a worker and was using her supernumerary status and work labours to negotiate for her learning. It appears that in spite of the practice environment in which the students are learning being predominately care and work based, the student nurses are able to change their own orientation to both working and learning.

The student nurses use their supernumerary status to 'push themselves forward' at every available opportunity in order to access learning and don't actually feel sorry for themselves or put up with the situation and just 'fit in'. As one student declares toward the end of his first placement:

> *I've become used to handling awkward situations and as far as I'm concerned, I'm making the best of a bad job (**D11/4**).*

Resignation such as this does not necessarily demoralise the student as he further states:

> *All the time I'm looking for learning opportunities for example 'taking urine samples or even better, 'talking to patients' as it gets you out of a 'naff position (**D11/4**)*

The student appear to have an inbuilt 'moral compass' which turns to face those significant others in an attempt to counteract perceived loss of status and learning.

5.5.2 Maintaining values

Many of the student nurses in this study know what is involved in nursing and being able to learn and 'do' nurses' work as a student nurse validates their status. Preserving their status as a student nurse also benefits their self-esteem and they are then more able to deal with the uncivil realities to which they are exposed.

Professional values guide nurses and also facilitate clinical decision-making (Coudret *et al.* 1994). Consequently, when the student nurses are exposed to a variety of professional role models they often experience change to their idealistic role conceptions. However, valuing themselves and their student status is a salient factor in relocating their status as one student illustrates in the following account:

> *The buzzer rang in the toilet and a HCA pointed her finger at me and said "that buzzer's ringing Hun". I replied that I was going to help the doctor with a lumbar puncture and observe the procedure. I told her that was what I was going to do and I did! The HCA had her mouth open but after the procedure was finished I thanked the HCA for understanding. I'm not sure she did, but I think it was the right thing to say and I was polite and professional (**Interview3/Y3**)*

Another student attempts to deal with the rudeness of some of the staff by affirming her own values and standards:

> *We all have bad days, some of us know how to be polite, act professionally, and treat others with respect regardless. Some people take it out on others. I would not let this reflect on my emotional status or my opinion. I held my head up high, politely greeted all the staff and joined them for the morning handover (**D5/1**)*

Having the confidence to address nursing staff in this way is possibly due to many of the students being mature although one student nurse in her third year felt that despite this:

> *First year is definitely not easy, and you don't want to feel stupid especially if it is something another student finds easy (**Interview5/Y3**)*

Interestingly, she appears to equate a lack of confidence with having a bad day as a further comment demonstrates:

> *My confidence has grown a lot since I first started. If I have a bad day, I make up for it the day after by making an extra effort to be confident. The whole experience is a confidence game (**Interview 5/Y3**)*

The student nurses appear reluctant to undertake care work on a regular basis if they are left on their own and despite many of them having had previous experience of caring, often lack confidence.

However, for some participants, being referred to as 'the student' was, and still is, problematic despite them wanting to be 'treated' as a student. They were clear regarding the effect that such 'labelling' had on their confidence and student nurse identity.

> *If they (the staff) don't call you by your name, you feel invisible (**D14/2**)*

> *The student this the student that or send the student - the student will get that (**D8/3**)*

An interesting term was used by two participants and referred to the staff on the wards demonstrating:

> *Practice envy'* (**Interview1/Y3**, **Interview 6/Y2**)

On probing, this concept was related to the keenness of themselves to undertake tasks the correct way and be altruistic in their endeavours as opposed to the trained staff that did not have the time and were often impatient with the students. It would appear that on occasions like this, the student nurses' lay perceptions of what it means to be a nurse are both reaffirmed or challenged depending on the availability and quality of support provided by qualified staff (Spouse 2000).

The student nurse responsible for the following comments demonstrates her keenness in upholding correct manual handling procedures that she has been taught. She appears to

have no problem in being assertive with regard to her standards and values keeping the welfare of the patient uppermost:

> *No hoist or slide sheets were introduced. I told staff members that I have been told never to manually lift a patient or load by hand. They just seemed to ignore me. I then took it upon myself to grab the slide sheets and place them on the beds as I moved patients. I kept thinking to myself "No! Start as you mean to go on". I am here to make a difference and this was the first day! My journey has just began, as I was working with a member of staff they realised that I was adamant that I was only going to move patients the way I was trained in manual handling techniques. I pointed out I wasn't being awkward or judgmental. I was putting policy to practice and was merely thinking of the health and safety of the patient and myself (D5/1)*

Another student relates her desire to get things right and the following statement is a testament to her efforts:

> *It's hard to get the balance right even more so with the nursing assistants, then the nurses. I made an extra effort with the nursing assistant so as not to seem like I was lording it over them being a student nurse, but I now think with some people it doesn't matter how nice you are they will still make comments about you behind your back and then smile away nicely to your face. I am going to have to learn to have a thicker skin. I think not everyone is going to like me and I can't please everyone can I? (D14/5)*

Reflecting like this allows the student nurse to consider options regarding how she must learn to deal with the issues she has faced and will continue to face in order to be a student nurse.

5.5.3 Recanting status

Recanting status is the remaining property of the stage of status relocation and describes the activities that the students engage in and the beliefs they reaffirm with regard to their identity and status as a student. There is a withdrawal of their worker status as they strive to behave as students. As one student pointed out:

> *The 'Mickey taking' can only go on so long and I stood up for myself, I used my initiative, I really wanted to learn and despite my mentor being indifferent and making me feel in the way and a nuisance, I said to her, pretend I'm not here and I'll just watch you (Interview 7/Y2)*

Reconciliatory working behaviour is demonstrated by the students and is part of the stage of status relocation. It describes how the students reconcile themselves to the reality of practice and attempt to restore cordial relations with members of the nursing team. As a stage it is not necessarily finite as part of this stage sees the student recanting their position as they move between being a worker and learner whilst holding on to their values and being benevolent toward others. This is apparent in the diary entry of the following student at the end of their placement:

> It was a great ward with good staff and patients but I was not very well supported. That is not to say I didn't enjoy myself or get nothing from the placement; I just had to enjoy it for what it basically was - five weeks of work as an HCA, but wearing a student's uniform. I got to do or see a few different things so I am satisfied at least with that. I'm not thrilled that I have to go back to get my paperwork done though. The other two students had theirs done in the last week by their mentors. I'll just have to live with it (**D11/5**)

During their placement the students are able to re-affirm their student identity as they realise the extent of their learning:

> 'I discovered today that I have learnt a bit more than I had actually realised and that the things that we have done in college are starting to make more sense. Really happy on this placement' (**D10/3**)

For another student asserting their student role and of being seen as separate from the HCAs, becomes important in order to learn despite opposition from them:

> My mentor taught me how to write out some of the patient's care notes. I spent some time doing this, as I didn't want to get it wrong, even though the HCA was moaning she was doing everything on her own. Well hello, I'm here to learn the nurse role. I don't mind helping out but I am there to learn. I think HCAs need to understand what we have to do? I think they should be educated that student nurses are not HCAs. I'm all for working as part of a team, but I also need to learn my job role as well. I have to admit most HCAs are great; it's a shame that there is one who spoils it (**D18/3**)

There is acknowledgement that not all the HCAs are alike but distinction is made between them and student nurses.

5.6   Summary

During this study it became clear that student nurses during the first clinical placement were concerned with managing intentional and unintentional incivility that challenged their status and interfered with their learning. It also appeared that these issues remained problematic for student nurses at the juncture of second and third years. These concerns were resolved using a process of finessing. Uncivil behaviour is viewed as a threat to their student status, as a hindrance to their learning of nursing and creates an overall disappointment for many of them to be seen and treated as workers rather than learners and individuals. Finessing incivility emerged as student nurses manoeuvred around and through the social structure of the clinical environment.

As the student nurses use these behavioural processes, they are displayed, verbalised and used as courteous exemplars that demonstrate the inherent decency, altruism and personal values of the individual student in relation to their status as students and ultimately in their management of incivility. The students use finesse and display finessing strategies to subtly manoeuvre their way around the social hierarchical structure of the ward placement and they are directed toward those people operating within it.

This chapter presented the data from the study and its findings that have been grounded in empirical data and supported by students' diary accounts, conceptual codes and categories generated during the data analysis. In addition, the written conceptual memos about the coded and categorised data have helped to capture and keep track of the emerging theory and allow the concepts to reverberate throughout the findings.

Despite the fact the students are finessing the realities of practice and are seen to be getting on with 'tasks' in order to then observe procedures or take part in medicine rounds, it is congruent with organisational literature that suggests individuals are actually negotiating

agents who can and do adjust their 'work environment' to alleviate role discrepancy (Takase *et al.* 2006). As a behaviour, finessing in this context is also reconciliatory and therefore accepting and helps the student to mitigate the negative experiences they have endured. Adjusting like this is rather philanthropic on their part and as such could be viewed as a form of moral behaviour, which the student initiates by being benevolent. Benevolence in this case and in others (Lutzen and Nordin 1993) is identified as a motivating factor in making 'good' decisions. Combined with maintaining their own values, benevolent behaviour allows the students to be able to relocate (adjust) their status back to that of a student nurse. This movement between the stages is not lockstep and there is subtle movement between status dislocation, status negotiation and status relocation as required.

As they shift between the stages of status dislocation and status relocation, finessing and negotiation are a type of lever that the students move to deal with the incivility they experience or perceive as interfering with their status and ability to learn. Finessing appears to be a behavioural process and it involves the students in a process of cognitive reasoning and resolution that encompasses physical and verbal action. As an activity finessing is a process that is undertaken at different times or stages during the socialisation (or learning) experience whilst in practice and it is aimed at people and situations, therefore it has an element of direct and indirectness. It is 'full on' at the start of the placement as they counter the ward reality and experience role dislocation with a tapering off as they settle in and an acculturation process that they control begins.

6. CHAPTER SIX: Discussion of the findings

6.1 Introduction

This chapter has three parts to mirror the stages of the grounded theory. Parts one, two and three of this chapter are an in-depth discussion of the stages and properties of the grounded theory and will be conceptual in their explanation and traditional in their presentation with findings and extant literature woven together. Scott (2007) suggests this format allows the emergent and burgeoning theory to be 'nested' in reviewed literature and current discussion so as to develop its explanatory potential. As Glaser (1998:206) has stated 'no theory stands alone'. The classic grounded theory approach suggested by Glaser (1978) is concerned with generating a theory that 'accounts for a pattern of behaviour which is relevant and problematic for those involved' (Glaser 1978:97). As a result, the presentation of the grounded theory takes the form of a 'conceptual theory of explanation' depicting how the participants' shared basic social problem is resolved by a basic social process (Glaser 1978, Schreiber and MacDonald 2009). This is depicted below.

Table 10: The substantive theory of finessing incivility to include its stages and properties.

Stage of status dislocation	Stage of status negotiation	Stage of status relocation
• Disillusionment with role	• Significant others	• Being benevolent
• Needing benevolence	• Seeking recompense	• Maintaining values
• Being altruistic	• Brokering for learning	• Recanting status

Part one

6.2 Stage of status dislocation

Part one of this chapter concerns itself with the first stage of the grounded theory of finessing incivility and will discuss in depth the properties of the first stage of status dislocation. Integral to the stage of status dislocation are firstly, the properties of disillusionment with role, which relates to the anxiety, uncertainty, and loss of status as

experienced by the individual; secondly, needing benevolence, which signifies the actions and processes used by the student to obtain professional courtesy from the perpetrators of the incivility or in order to salvage some kind of fairness from uncivil situations in general; and thirdly, being altruistic whilst maintaining a sense of polite irritation. Polite irritation describes how the student nurses 'stand their ground' and how they use humour as a kind of shield against incivility in order to reduce its effects.

6.2.1 Disillusionment with role

That student nurses' experience anxiety regarding their role before entering practice is by no means surprising and the initial transition into clinical practice has been noted as an anxious and stressful time for first year student nurses previously (Admi 1997, Jones and Johnson 1997) and more recently (Leducq *et al.* 2012, Melling 2011). Stress generally for novice and more experienced student nurses during clinical practice can, and does, resonate internationally (Jimenez *et al.* 2010). For other health care students, for example, social work students on entering field placements (Gelman 2004) and for medical students whose transition into the clinical environment is often a daunting prospect, and leaves them feeling 'in the way' (Seabrook 2004:659).

Lindop (1991) included both educational and clinical settings when he explored the nature of stress as experienced by student nurses and found the latter to be more stressful, particularly concerning the negative attitudes of other nurses and the existence of an unfriendly atmosphere. Others concur with Lindop (1991) concerning the stress caused to student nurses when they experience difficulties with interpersonal relationships that affect their overall opinion of the placement (Hamill 1995, Timmins and Kaliszer 2002). Others describe student nurses feeling alienation during the clinical placement (Levett-Jones and

Lathlean 2007) that often makes optimal learning difficult (Papp *et al.* 2003, Seabrook 2004).

Issues such as these remain constant and a recent systematic review and meta- synthesis (Thomas *et al.* 2012) identified five cross-cutting synthesised data themes including, pre-placement anticipation, the realities of the clinical environment, clinical learning and becoming a nurse. Stress and coping was a concurrent topic area and related to all the synthesised themes (Thomas *et al.* 2012).

However, for the neophytes in this study, the socialisation process into the nursing profession began with exposure and induction into university. The initial time spent at university is not lengthy but long enough for them to experience the status of being an undergraduate student nurse and to experience a sense of belonging. Drawing on transitional theories for example Van Gennep (1960), can be suggested to help us understand the transition into practice for undergraduate student nurses who have supernumerary status.

During this transitional stage, student nurses often complain of feeling 'out of place' of being 'invisible' and of being treated as a HCA. These variables collectively and conceptually amount to a sense of status dislocation and are unpleasant for the students who then become eager to 'relocate' their position and status back to that of a student nurse and to begin to learn nursing alongside trained staff. This threshold or liminal phase sees the student nurse seek solidarity with significant others to obtain security (communitas) and guidance in order to gain a sense of belonging which according to Levett-Jones and Lathlean (2007) enhances their potential for learning. Rites of passage such as these offer what Barton (2007) refers to as social validation and a sense of stabilisation for the student nurse.

Hutchinson (2002) also makes use of the rites of passage model of Van Gennep (1960) but as a way of examining the evolution of qualitative health research. She suggests that Van Gennep viewed rites of passage as a series of transitional experiences that include stages of stopping, waiting, transition and entry and while appearing sequential they are not 'lockstep'. By lockstep, Hutchinson (2001) means close together and in front of each other and uses the opinions of Lincoln and Denzin (1994) to suggest there are no clear demarcations. Instead, the stages are viewed as cycles and phases, breaks and ruptures, with slipping and sliding in various places. As Hutchinson (2001) suggested, Van Gennep provided a heuristic for thinking about the evolution of qualitative health research; likewise, it serves a purpose here for thinking about the transition into practice for student nurses that is neither lockstep or straightforward.

Therefore, the conceptual stage of dislocation of status can and does begin prior to commencing practice although more usually, it begins once there. Contributing to this sense of status dislocation is an overall uncertainty regarding their actual role as a student nurse, of arriving and not being expected, and in particular, fears of the unknown, of movement from a familiar position to one less so resulting in a sense of anxiety (Jack 1992, Hamill 1995). In fact, with regard to the ward organisational hierarchy, Wakefield (2000:572) refers to student nurses entering practice for the first time as 'unknown quantities' with qualified nurses often unsure about the students' clinical competency.

Ashworth and Morrison (1989:1013) suggest that the student nurses' role is 'in the organisation but not of it' and that they are ultimately visitors. Being a 'visitor' exposes the student nurses to not only other nursing staff but also support workers and administrative clerks who collectively label them 'students'. Their tone of communication and general demeanour maintains the cycle of incivility, with stressful situations and emergencies adding to the momentum. That the students want to be treated as individuals and be made

welcome in their placement is not surprising. To have a sense of belonging, to wear the uniform of his or her university, to have a name badge and be someone who could make a difference is an important part of his or her student identity. In fact, Edward (2003) has suggested that being committed to their institution and having a sense of belonging is a key factor in the student's survival. Holloway and Penson (1987:238) have noted that the wearing of a uniform for student nurses is a 'conspicuous symbol of office' and despite the currency of this literature (Ashworth and Morrison 1989, Holloway and Penson 1987), it would appear that since this time and despite having supernumerary status, the student nurses in this study value their uniform and also at times feel like visitors.

Melincavage (2011) suggests that any new learning experience, particularly that of moving from novice student to expert, is likely to trigger anxiety, although Shead (1991) contends that role fears and conflict are thought to be part and parcel of the student nurse experience. However, consequences of such experiences can and do lead to stress despite the fact that a moderate level of stress can be motivating (Evans and Kelly 2004). In spite of this assumption, Jones and Johnson (1997) argue that initial exposure to general, surgical and psycho/social ward placements produce the most anxiety, whilst Parkes (1982) suggests that it is the initial nature that causes the anxiety, not the setting. More worryingly, stress can escalate into distress, with psychological distress being prevalent in medical students as well who often have to adjust to their feelings of unimportance in the system - fellow 'visitors' so to speak (Ashworth and Morrison 1989, Seabrook 2004, Dyrbye *et al.* 2010).

Generally, disillusionment with role results from inconsistency between the student's perceptions of reality and their actual experience of it and it is not a new phenomenon (Corwin *et al.* 1961, Taylor and Westcott 2001, Takase and Maude 2006). Anticipatory anxiety accelerates once in placement and can precede or precipitate the stage of dislocation with acts of incivility propelling the student fully into the stage of status dislocation.

Anticipatory anxiety does affect other disciplines, and concerning the retention of architects, an investigation by Sang *et al.* (2009) noted that career expectations formed through anticipatory socialisation but not achieved in practice resulted in reduced job satisfaction and disillusionment. Similarly for many of the students in the present study, they anticipated support but were actually left alone during the first days of their placement with some having no mentor for up to a week, and consequently were left to their own devices. Considering that learning in clinical practice remains a cornerstone of pre-registration preparation programmes (Thomas *et al.* 2012) a lack of supervision is unfortunate when it is known that a decrease in anxiety and an increase in self-esteem are seen in student nurses who are received warmly into the clinical setting (Chesser-Smyth 2005).

Realisation of incivility and awareness of status loss propels the student into a cycle of incivility. The cycle of incivility is entered at various junctures in time, early on in the placement, after settling in, toward the end or at any time in between. The stage of dislocation may continue as long as the perceived role and status position remains unresolved or at least until the student accepts that it is likely and an inevitable part of role conflict or as Kramer (1974) has articulated, reality shock. There is considerable evidence supporting the fact that student nurses experience role conflict although Shead (1999) contends that the focus has been on its causes and effects rather than its resolution and management. In addition, the evidence assumes that conflict is largely a negative experience, inevitably to be accepted rather than actively managed in order to achieve desired outcomes and personal growth (Shead 1999). Similarly, investigation into early nursing experiences suggests that negative encounters can affect long-term professional development although research into this area is poorly documented (Wong and Lee 2000).

Unfortunately for some of the present students, they come to realise that on occasions, positive nursing values become skewed, with low staff morale and negative attitudes toward the students taking them by surprise; a situation that apparently is common (Pearcey and Elliott 2004). The present students appear reluctant to accept or fit in to this sort of environment when expecting civility but instead getting incivility. However, a recurring concept from the analysis was 'polite irritation' and as a label it was applied many times as the student nurses made sense of their turbulent experiences during their practice.

Reflective writing such as that penned by the student nurses in the diaries can be suggested to be beneficial, just like reflective practice in contributing to understanding and learning and concurring with the literature (Glaze 2001, Jasper 2005), has enhanced awareness of their dislocated status. Similarly and more recently the use of digital story telling has allowed newly qualified nurses to relate those events they found challenging and to give future students the opportunity to 'walk in their shoes' (Stacy and Hardy 2011). It could be suggested that an alternative story may contribute to the development and maintenance of resilience or what they term 'core strengths' (Stacy and Hardy 2011). In the case of this study, the notion of being 'politely irritated' buoys the student nurses as they shift between the stages of status dislocation and status relocation.

Having some resolve is possibly due to many of the students having previous health care experience and being familiar with some aspects of care work, although as undergraduate student nurses they appear mindful of the code of professional conduct (NMC 2008) and the limitations this imposes. According to Papp *et al.* (2003) being aware of one's own limitations was indicative of the Finnish student nurses in her study being self-directed and seeing themselves as active in getting the most out of their clinical experiences. Try as the present students might, attempts to question procedures sees some of them 'shot down in flames' when daring to question incorrect moving and handling procedures.

As a consequence, many students feel uncomfortable with the routine, non-procedural and task orientation care giving, especially if they are expected to work alone with no guidance or direction as was often the case for many of the students who were left to mingle and 'learn on the go'. They appear bewildered as to why this is the case and exactly what it is they are expected to do; a lack of mentor support has been experienced by students elsewhere (Pearcey and Elliott 2004).

Realisation of this perceived uncivil disrespect (professional discourtesy) happens quickly and fuels their disillusionment with their status and role. Many of their initial fears have come to fruition and one recurring point made by many students was that basically they felt invisible with one student referring to herself as '*Mr Cellophane'*(**D8/1**) from the musical Chicago who constantly reminded staff, *'I'm here – look at me'* and frequently asked '*what do you want me to do?*' Situations such as this are compounded by a realisation that their views or understanding of their status as a first year student nurse is at odds with the views of those in practice. The importance of role recognition remains constant even for final semester student nurses who enjoy being busy and being recognised for their contributions to patient care and despite appreciating appropriate autonomy, felt this could be compromised if their role as student nurses was not made explicit to the trained staff (Hart and Roten 1994).

For the student nurses in this study, their place or position in the hierarchy was removed to that of a worker, which is all rather confusing as they work with the HCAs all day, having been delegated 'auxiliary nurse work' in the absence of any communication or support from trained staff support (Lloyd-Jones *et al.* 2001). The reality of bureaucracy, staff shortages, infection control issues and a quick turnover of clients and patients, pose challenges to the contemporary student nurses who soon find that they are expected to 'hit the floor running'. Combined with exposure to harsh comments, eye rolling and dismissive hand gestures, the

students have a sense that the perpetrators see no wrong in this behaviour and that it is how they think that students can be treated (Sauer 2012).

Unfortunately, as discussed previously keeping student nurses in their place by initiation tactics is considered a rite of passage for the new student nurse (Thomas 2010) and helps to sustain phrases such as the metaphor 'eating our young' (Meissner 1986, 1999) as this example demonstrates:

> *The staff nurse, who I've decided is not a nice person, took great delight in telling everyone that I had told the Consultant he could go when there were patients still waiting - really twisted things. It was like being back in the school playground - with people whispering about you* (**D1/5**).

More recently, this has been termed 'insidious cannibalism' (Sauer 2012:43). Others have used the term 'vertical violence' (Thomas and Burk 2009) a phenomenon that is thought to be prevalent in nursing and which occurs between individuals with unequal power such as that seen between staff nurse and student (Thomas and Burk 2009). Longo and O'Sherman (2007) suggest that horizontal violence is an act of aggression and more often is expressed emotionally or verbally and can be subtle or overt in its delivery.

Nurse Managers who witness such behaviours do not consider them serious although the effects on the victim are far-reaching and not easily forgotten (Longo and O'Sherman 2007). More generally, incivilities such as this breed in bureaucratic hierarchical organisations which Morrell (2005) suggests are by their nature goal-orientated and typical of most nursing schools and colleges.

However, practice was really important to the students in this study and it is where they saw and did real nursing. In other studies, student nurses viewed practice as a fundamental part of their degree in regard to their future employment (Thornton and Chapman 2000). Perhaps this is a sensible view considering health service reforms, educational changes

(Wakefield 2000) and the top priorities at present for health care services namely, nursing recruitment and retention (McLaughlin *et al.* 2009).

In addition, first year student nurses are prepared in the art of showing individual respect to patients and clients. In fact, a body of literature exists extolling a desire to care as a pivotal factor in individuals choosing nursing as a career and in order to make a difference (Kersten *et al.* 1991, Beck 2000, Mooney *et al.* 2008). However, the students realise the enormity of their choice as they take the first step into a clinical ward area. Despite at times feeling overwhelmed, the student nurses appear ready and willing to embrace the experiences involved in the process of becoming a nurse. Latterly, the concepts of caring and wanting to make a difference are complementing a range of not only professional, but political drivers re-endorsing the concept of compassion as a core value of nursing (Straughair 2012).

The next sections deal with the remaining properties of the first stage of status dislocation namely needing benevolence and being altruistic.

6.2.2 Needing benevolence and being altruistic

The student nurses who participated in this study clearly considered that the purpose of their clinical placement was to be able to practice their newly learnt skills and knowledge under supervision of a mentor, and as a student, not a worker. Having their status acknowledged was important and they were clearly expecting supervision and guidance with a modicum of moral comportment from the nursing staff being expected rather naively. Despite experiencing disillusionment with their identity and status, the student nurses generally stand their ground and seek benevolence from those around them.

Benevolence is behaviour and a characteristic inherent in certain people who are thought of as kindly and well meaning (Oxford Dictionary 2009). It has been described as a moral

concept in the area of psychiatric decision-making which Lutzen and Nordin (1993) suggest is a central motivating factor for nurses who make decisions on behalf of patients. In this study, benevolent traits were frequently sought in the nursing staff during the times that the students were left alone and felt invisible. Unclear expectations and a general lack of support initially affected their confidence and keenness and they clearly expected some of the trained staff to display what Lutzen (1990) has described as moral sensitivity to those actions that threaten their integrity as student nurses. Such acts of incivility whether intentional or unintentional are unpleasant and counterproductive and result in a perpetuation of the student nurses perceived status dislocation. On occasions, student nurses engaged with patients who had observed the uncivil action and the students reported that this appears to be as a means of distraction and also to ease the tension.

However, if first year student nurses are faced with stressors but are able to develop problem solving focused coping measures that are geared to easing threats Evans and Kelly (2004) (as opposed to emotion focused coping measures such as hostility) their distress is likely to reduce (Jones and Johnson 1997, Orton 2011).

It is suggested that the students in this study display a moral compass of sorts that 'turns and turns' pointing to those with an inclination to 'do good', those benevolent others who might help them (Husted and Husted 2008). Their expectations of undertaking a caring role in practice, combined with their existing altruism, is likely to have influenced their choice of career and is reassuringly also a predictor of individual perseverance in completing their course (Orton 2011). Being motivated to seek help or to have what Zimmerman and Cleary (2006:45) refer to as 'personal agency' - that is being able to 'originate and direct actions for given purposes' aids student nurses in achieving their goal of learning nursing.

An investigation concerning nursing students and clinical learning found that having a sense of 'belongingness' and being 'connected' is part of feeling accepted and of being able to 'fit in' when in clinical practice (Levett-Jones *et al.* 2007:176). This concurs with previous student nurse socialisation studies, for example, Melia (1987), and Gray and Smith (1999). Nolan (1998) argued from an Australian perspective that until nursing students feel accepted, learning couldn't take place due to the effort of trying to fit in. In addition, valuing benevolence has been noted in other students commencing a USA Baccalaureate degree (UK equivalent-Foundation Degree) programme in nursing (Saarman *et al.* 1992) with others emphasising the importance of clinical aspects in order to learn what Papp *et al.* (2003:266) refer to as 'their profession' and likewise are inclined to be forgiving.

The altruistic tendencies of the students therefore encompass a concern for not only others, but for themselves, and can be distinguished from feelings of loyalty and duty. What Johnson *et al.* (2007) refer to as 'vocational altruism' in student nurses appears to have waned in part due to the effects on them of changing health and education policies. They suggest that recent student nurses are likely to have had more life experiences and to be shouldering more personal responsibility therefore making them suitably pragmatic.

As a practical activity, reflecting daily in their diary has enabled the students in this study to rationalise the uncivil situations they encounter and become determined to not be like others. Similarly, during stressful times, being determined enabled the student nurses in Evans and Kelly's (2004) study to 'carry on'. Being altruistic and reconciliatory, precedes a determination and a desire to access learning in the face of adversity and it is argued that the student nurses achieve this with an element of finesse. Displaying finesse and using

finessing tactics protects the students against incivility and shields them from further episodes they become galvanised in their ways of thinking and in their actions. The diary entries were replete with outlines of what happened and what they were going to do and say next time they were in practice. Their altruism is enhanced by the effect they appear not to retaliate with uncivil behaviours themselves and this is in contrast to a more usual propensity to pass on or hit back if metaphorically 'stung' in order to assuage the sting (Canetti 1978, Alavi and Cattoni 1995). If student nurses use direct coping methods such as 'rational problem orientated strategies' rather than respond emotionally using hostility for example, they appear to be in a in a better position to change or manage the situation (Jones and Johnston 1997:476).

More recently Haigh (2009:1402) has suggested that 'altruism, far from being an impartial exercise of compassion, is firmly rooted in a desire to consolidate a power base for personal or group benefit'. In the case of the student nurses in this study, there does appear to be an element of personal agency in their altruistic endeavours to survive. By not retaliating, the students reaffirm their lay perceptions of what it means to be a nurse, although at times these perceptions are challenged by the availability and quality of support provided by qualified staff (Spouse 2000). As a result the student nurses are in need of and seek benevolence from those around them. Needing well-meaning and kind people with whom to learn from and also to feel appreciated by is paramount. Again, having a sense of belonging during practice has the capacity to enhance the students' potential for learning (Levett-Jones and Lathlean 2007).

Realisation of the student nurse's role dislocation and perceived shift in their status from undergraduate learner to worker is compounded by episodes of perceived 'unintentional'

incivility, a major aspect of which is being ignored and left on their own to 'get on with it'. Incivility adds to the atmosphere of dislocation and is fuelled by unkind and flippant comments and frequently ambiguous instruction such as 'stay on the ward' or 'look after that bay' are given to many of the students. Comments such as these serve to demoralise and discourage the students who are striving to validate their identity as student nurses. For many it is not that they mind doing the 'work' but being used to carry out a workload left them with feelings of 'being used' similar to other students (McGowan 2006:1103). Their goal of being a student and to learn nursing is naively thought by some students to be known and shared with members of the ward team as well as being thought a straightforward enterprise with some professional and courteous help.

Despite this, an overall aura of polite irritation regarding this perceived uncivil behaviour of which the students appear to view as professional abandonment pervades their behaviour. However, they do understand that the clinical environment is not primarily student focused but an environment very much about patients, clients and caring. Papp *et al.* (2003:266) suggest that the clinical environment is separated into two distinct areas, that is, the learning environment and the nursing environment. They argue that the clinical environment is 'foremost a nursing environment and only after that something else'.

Being without a mentor means the students are on their own for regular periods of time and this compounds the overall disillusionment and a sense of loss regarding their identity. Cooke (1996) rightly suggests that 'doing' is an important aspect of nursing and acquisition of technical skills is often the chief concern of students in order to define who they are (Kleehammer *et al.* 1990, Admi 1997). Considering that the student nurse generally will spend half of their education in practice, forming a positive identity is crucial (Pearcey and Draper 2007). The students in this study quickly realised that while maintaining their motivation and remaining calm and rational, something has to be done. The students were

found to be willing to change their own attitudes and behaviour and to move beyond HCA status. In reality they are despondent at being left alone to work out what to do. One of the student nurses often made reference to colour when expressing her experiences stating that, *if she could give today a colour, it would be grey* (**D13/2**) and another poignant statement made by the same student the week before was, '*in order to get out of the valley, you have to climb the hill*' (**D13/1**) exposing elements of pragmatism and resilience.

Using humour

In contributing to their resilience the student nurses use wry humour that Sheldon (1996) suggests is a form of communication that individuals often use as a coping mechanism. In therapeutic nursing, humour, when used appropriately may assist in building trust in psychiatric environments (Struthers 1999). Whilst the finessing tactic of humour has no obvious therapeutic intent, in this instance humour is used frequently as a shield to buffer the effects of off-handedness and sarcasm. It is used as a 'social lubricant' to ease tension (Kubie 1971:861), protect their vulnerability and assist in helping the student nurses to maintain their resolve to 'not be like the others'. Reflective humour such as this affords the student a sense of control over what Warner (1983:670) describes as 'anxiety-provoking situations'.

Part two

6.3   Stage of status negotiation

This section concerns the second stage of the grounded theory of finessing incivility and will discuss in depth the properties of the second stage of status negotiation. Integral to the stage of status negotiation are; firstly, significant others, the peers, other staff and health care assistants who in the absence of their designated mentor are sought out for support, guidance and protection; secondly, seeking recompense and being entrepreneurial which

signifies the actions and processes used by the student to obtain their status and learn nursing; and thirdly, in brokering for learning the student is involved in pushing their supernumerary status forward and using acts and displays of finesse that enables them to 'turn things around' ensuring their learning needs are met.

6.3.1 Significant others

Being disillusioned with their role involves student nurses in the realisation that their student status and identity have been questioned and that their lay perceptions of what it means to be a nurse, and importantly a student nurse, are both reaffirmed and challenged due to the availability of supportive trained staff (Spouse 2000). The role of significant others and interpersonal relationships generally, cannot be underestimated in sustaining a positive learning environment (Dunn and Hansford 1997) and despite the lack of support, the present student nurses continue to maintain their personal ideals and values in the absence of a regular mentor. Maintenance of ideals is in order to obtain recompense for the neglect by ward staff, loss of their student status and perceived lost learning opportunities due to being treated as a HCA. Brokering for learning involves the student nurses in maintaining the status quo by operating as HCAs themselves and getting on with the nursing tasks at times unassisted. They then seek out significant others, for example a member of trained staff (non-mentor), another student nurse or a HCA for help in accessing learning opportunities.

They attempt to turn around the situation (displaying finesse) by seeking out significant others for help and guidance. Initially reframing the perceived conflict with humour humanises the situation (Struthers 1999, Pollio 1995) and bolsters the students in seeking help from other members of staff (non-mentor) or more usually, another student nurse or friendly HCAs who are perceived as less of a threat than registered nurses (McKenna *et al.*

2006). Remaining calm, rational and pleasant, it seems sensible to turn to HCAs for support and guidance, for as far as the student is concerned they are expected to work as one.

Not surprisingly, student nurses feel an affiliation towards HCAs for as a workforce, they largely replaced student nurses with the introduction of Project 2000 (DoH 1999). However, the irony of this situation is made apparent as Wakefield (2000) suggests that gaining supernumerary status saw students lose their position as part of the formal workforce and therefore key nursing skills such as observation of vital signs, once their domain, were subsumed into the HCA's role. Spilsbury and Mayer (2005) extend this discussion and suggest that the evolving role of registered nurses has also seen them concede some of their roles to HCAs.

As a consequence many HCAs are adept at monitoring blood pressure, pulses and temperatures and are in a position to support the students who are desperate to practice these 'nursing' procedures and are grateful to be guided. The kindness of numerous HCAs was noted frequently in the diaries, and without their support some of the student nurses contemplated walking out from their placement and not going back due to incivility of the trained staff. Lobbying informally for guidance and support from significant others does help in building consensus and the gathering momentum of support isolates those who could scupper the plans (Kolb and Williams 2003).

However, despite many HCAs being 'a rock' for the student as well as other student nurses, some HCAs perceive themselves to be higher than student nurses in the social structure of ward rank as they are permanent members of staff. This situation might be attributed to the transient nature of placement allocation for student nurses and it is not a new phenomenon (Melia 1984, Bassett 1993).

Hierarchical power of this nature sees the HCA delegating 'work tasks' to the students, often without demonstrating or explaining, and this can limit their skill acquisition and acceptance within the nursing team (McKenna *et al.* 2006). The student nurses in Wakefield's (2000:573) study referred to the HCA in a derisive manner as 'care bears' that 'get to do everything', for example undertaking dressings and taking out intra-venous devices, thus leaving the students to 'give out the teas'. For the student nurses, the consequence of being without their assigned mentors is perceived as professional abandonment with the resultant loss of learning opportunities. Often students re-enter the cycle of incivility and feelings of status dislocation reappear which requires manoeuvring or finessing again, this time, in accessing their peers. Seeking support is key for the student nurses particularly as socialisation and integration into practice settings can be extremely stressful (McIntosh and Gidman 2012).

Being galvanised and proactive in seeking out others allows the students to take stock of their situation and despite understanding that certain clinical areas are extremely busy, they feel staff should take the time to explain, as they are quick enough to use the students as 'messengers'. Further reflection regarding their situation happens after a period of time away from the ward, for example between shifts or during their days off and they realise that as they are in practice to learn they better set about it. They are what Kevern and Webb (2004: 299) refer to as 'learning the game'.

Learning the game for the students in this study involved them not only seeking out HCAs, but also third year students who are often more accommodating and supportive than their junior colleagues and without whom they would have struggled on a daily basis. That the student nurses need emotional support from each other is hardly surprising as many are in similar situations and developing friendships with each other helps in coping with the

rigours of practice (Roberts 2008, Roberts 2009:370). Furthermore, previous literature has outlined the reliance that student nurses place on each other (Melia 1984) particularly when given what are perceived as health care assistant tasks they carp to their peers rather than complain to their mentor for fear of reprisal (Gray and Smith 1999). In addition, Christiansen and Bell (2010) refer to this informality as beneficial due to the non-hierarchical nature of the support.

The student nurses in this study are classed as professional learners and as such rely on practical experience and people, for example mentors or co-learners to support their learning (Eraut 1994). These co-learners have also been referred to as 'purveyors of vicarious experience' and as valuable sources of feedback (Eraut 1994:13). Vicarious experience or 'second-hand' learning outlines how the experiences of peers can benefit other students either on a formal or informal basis. Roberts (2010) has suggested that current literature indicates an increasing global interest in the value of vicarious learning and that students are able to use the experiences of others in order to learn. Whether the peer learning or peer partnership is a formal part of a curriculum initiative (Christiansen and Bell 2010) or is part of a research investigation (Yuen-Loke and Chow 2005) that intends to facilitate co-operative learning, or an investigation that explores whether students learn from each other (Roberts 2008), the fact remains that student nurses view each other formally or informally as valuable resources for learning and support (Campbell *et al.* 1994).

6.3.2 Seeking recompense and brokering for learning

As the students begin to align themselves with significant others it is as much about protecting themselves from 'insignificant others' as it is in order to access learning. This sees their behaviour becoming entrepreneurial insofar that they 'broker' with nursing staff,

including HCAs, for learning opportunities in return for being used as a HCA, working unsupported, unsupervised and for being treated unfairly and rudely. The desire to learn and the desire to move away from health care assistant status, motivates the students to 'finesse' the system and in creating their own informal arrangement for learning they become negotiators in addressing their role discrepancy (Takase *et al.* 2006). In addition, their learning becomes meaningful as for many of the students with previous health care experience they are relearning skills that they recognise may have been clinically unsound (Thomas *et al.* 2011). Therefore, seeking recompense and brokering for learning opportunities is much about the students wanting to 'do the right thing', work within their limitations (NMC 2008) and to make a difference.

Students in this study were found to 'push themselves forward using their supernumerary status and with the help of significant others they barter for their learning and to be recognised as a student and part of the team. In fact, Elcock *et al.* (2007) have suggested that access to clinical experiences depends on being 'let in' and usually through a mentor. For example, when students are not 'let into' staff conversations and the practice culture per se, their learning options become limited resulting in the students undertaking what are referred to as repetitive low-level tasks in order to be 'let in' (Grealish and Smale 2011). The present students are buoyed in their resolve to learn. They are students and that is why they are there in practice. Their impetus to learn remains steadfast and all the while they push themselves forward using their supernumerary status to re-gain their student identity. This situation is similar to the student nurses in Gray's (1997) study who began to view being allowed to be supernumerary as a reward for their hard work. Although a more active stance concerning their supernumerary status is apparent for the students in this study as they instigate the negotiation for their student status and learning opportunities.

Brokering for learning sees them missing out on breaks or staying behind late and the learning in question could consist of a variety of procedures they would like to observe, undertake or be part of which include dressings, the taking out of sutures, or the giving of injections. Contributing toward a good atmosphere in which there is cooperation between the ward staff members enhanced the student's learning particularly if they were regarded as 'younger colleagues' (Papp *et al.* 2003).

Cooperation on the student's part sees them communicating effectively with qualified and unqualified staff as the first step in negotiating for learning opportunities. Erikson (2008) uses the metaphor of a boulder to describe a situation, obstacle or person preventing one from achieving ones' goals, suggesting that 'pushing and shoving' rarely assists. Having a worker orientation to complete tasks as instructed, the students observe others who are behind in their tasks and communicate their willingness to assist. They are then rewarded with offers of observing wound dressings, medicine administration and time to talk with clients and patients. They appear to 'go around' or finesse the obstacles in their way in order to relocate their status and achieve their objectives. Negotiation such as this is neither hard bargaining or soft for that matter, it is what Fisher et al (1991:11) term principled negotiation and is an alternative to positional bargaining in order to produce what they call 'wise outcomes efficiently and amicably'.

Principled negotiation involves people, interests, options and criteria and the students appear to separate the people from the problem and focus on their interests, not solely their position (Fisher et al 1991). Concerning their options, they do consider possibilities for example 'going around' (Erikson 2008) and lastly, they consider an objective standard as they yield to principles for example, helping colleagues to care but not yielding to pressure (Fisher et al 1991).

Despite the practice-learning environment being socially complex and rather demanding (Papastavrou *et al.* 2010), the student nurses report being able to change their own orientation and surprisingly, they do not feel sorry for themselves or put up with the situation and just 'fit in'. Moreover, reconciling their status to 'worker' does not mean the students accept the situation or that they are going to fit in unquestionably; they are considering their options in terms of alternative possibilities to learn, as they are acutely aware of the importance of care delivery. They appear to become adept at handling awkward situations with diplomacy and subtlety, skills that are enhanced by reflection. Being active in thinking about situations and considering their options does reduce anxiety during practice and negate passivity (Hodges *et al.* 2004).

For one student in this study, not yielding to pressure (Fisher et al 1991) is described in the following situation. On occasions, the student nurses' mentors are keen for them to observe procedures or attend MDT meetings and they are 'pulled' away from working alongside HCAs. Not surprisingly, the HCAs are reluctant for the students to leave them to work on their own and in spite of the apparent resentment, the students are keen to relocate their status back to a student nurse, they are yielding to principle and not pressure (Fisher et al 1991).

Part three

6.4   Stage of status relocation

This section concerns itself with the third stage in the theory of finessing incivility, that of status relocation and will discuss in depth its properties. Integral to the stage of status relocation are firstly; being benevolent which sees the students being good natured and caring in the face of adversity. Secondly; maintaining values and having the ability to deal

with the uncivil values of others and thirdly; recanting status which sees the students' adjusting their status from HCA back to the status of a student nurse.

6.4.1 Being benevolent

In order to relocate their position from worker to student and resolve their main concern of managing this perceived incivility, a process of reconciliation happens through being benevolent and maintaining values and generally being resilient in the face of adversity. As a consequence the student is able to recant their status as a result of their finessing behaviour. Reconciliatory working behaviour is part of the stage of status relocation and as a stage it is not necessarily finite as part of this stage sees the student re-canting their position as they move between being a worker and learner whilst holding on to their values and being benevolent.

The students aspire to be scholarly and conduct themselves as undergraduate students. This is a hard earned status for many with some of the mature female students continuing to work to support their studies and negotiate learning and family commitments at the same time (Gidman *et al.* 2000). Indeed, when mature students harness these life skills in clinical practice, for example being diplomatic, it allows them to be able to negotiate for learning opportunities (Kevern and Webb 2004).

An inherent altruism as previously mentioned, bolsters the student in being benevolent toward those involved in the perceived incivilities and buffers the sometimes harsh clinical environment. Likewise, for trained nurses, benevolence can motivate them to act effectively as agents for their patients thus creating an order of caring and justice (Husted and Husted 2008). For the student nurses in this study, benevolent behaviour motivates

them in acting effectively for the benefit of their own status and learning and to an extent is also aimed at members of the nursing profession.

Benevolent actions manifest themselves and encourage the students in having an orientation to 'do the right thing' and be reflective and forgiving. Being forgiving also takes into account their realisation of the importance of the clinical environment in learning about nursing (Papp *et al.* 2003), despite the fact that for many, the negative aspects affecting them during practice made them feel 'horrible' and vulnerable and for some, interfered with their sleeping patterns. Others have also noted that student nurses were able to transcend periods of insignificance (Mooney 2007), in spite of feeling powerless and vulnerable in the face of routine and rituals that they were unable to influence.

At the same time the students make a concerted effort to reflect on events and are able to make sense of the actions of the staff, in particular the Charge Nurse who made the student feel '*horrible and vulnerable*' (**D5/2**). She was, according to the student, trying to juggle the ward, her staff and desperately trying to send a patient home. Caring by both parties in this instance is benevolence expressed through emotions and the justice aspect is benevolence expressed through reason (Husted and Husted 2008). Indeed, benevolence is often viewed as a virtue with compassion and empathy as portrayed by the present students being linked to benevolence as character traits or qualities associated with virtue (Beauchamp and Childress 2001, Lutzen and Nordin 1993).

Although the students in this study display benevolence and that as a trait it is linked to compassion, both the DoH (2010) and the RCN (2010) have responded to reports of nursing care that is lacking in compassion (Straughair 2012). The NHS constitution (DoH 2010) aims to establish core principles and values that have at their heart a series of pledges

identifying the rights of patients, public and staff (DoH 2010). One such value relates directly to compassion in stating that patients can expect this as part of their fundamental nursing care:

> *Compassion... we respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.* (DoH 2010).

Being benevolent is closely linked to being able to see the situation as the other person sees it and in order to influence these persons, the students need empathy to understand the others' view and to withhold judgement (Fisher et al 1991). Student nurses appear to be separating people from the problem and to a certain extent are doing that with themselves. It is not surprising that the idealistic role conceptions held by student nurses alter given the variety of professional role models they are exposed to. These role models have collective values that guide and facilitate clinical decision making against a backdrop of intense and imperfect clinical settings (Coudret *et al.* 1994), after all, they are real human practitioners and are typical of the profession. Reassuringly, uncivil encounters with medical staff or medical students are not generally encountered in this study although the hierarchical nature of ward rounds has on occasions seen blame being apportioned to 'the student' for female nursing staff omissions. In this instance, a student nurse wryly uses the acronym CMA (cover my arse) and states *'a classic CMA if ever I heard one'* (**D8/1**).

Reasons for this hierarchical blame are not clear although students learn from both good and bad experiences (Papp *et al.* 2003) and this possibly assists in strengthening a benevolent and moral character although a fear of retaliation often results in under-reporting of incivilities (Farrell 1997). Research by Borgatta and Stimpson (1963) suggests that women are competitive with each other in male company but collaborative when in male only company. Furthermore, Farrell (2001) refers to the work of Redland (1982)

suggesting that when among male doctors, female nurses often display-accommodating behaviour, for example, seeking favour with the superior male. Thomas (2010) argues this is down to lack of professional communication skills, non-integration with the organisational culture and basically, a fear of making mistakes.

For some of the student nurses in this study, the experience they have had already of health care affords them some insight to what is involved in nursing care and being able to learn and 'do' nurses work, as a student nurse validates their status. If their status is preserved and therefore their self-esteem and student identity, they are then able to deal with the uncivil realities to which they are exposed. The student nurses appear reluctant to undertake care work on a regular basis, if they are left on their own and can lack confidence despite possessing an understanding of the fundamental elements of caring and of having had previous experience of care. Their vulnerability is well documented (Mooney 2007).

However, being benevolent and maintaining their own values becomes empowering for the student nurses as they make a stance against incivility. Although empowerment is an abstract concept, in this case it is viewed as a positive process involving individuals in making choices that are associated with growth and development (Kuokkanen and Leino-Kilpi 2000). In previous studies, student nurses have become de-sensitised to negative experiences concerned with aspects of caring (Greenwood 1991) but this is not the case for the student nurses in this study as their focus is on learning and on their own status. Being able to learn and 'do nurses work' and develop as a student nurse validates their undergraduate student identity.

6.4.2 Maintaining values

As previously mentioned, the student nurse's own values, altruism and preconceptions about the nurse's role and their own as a student nurse are factors integral to the dislocation

stage of finessing incivility. They are also factors integral to the relocation stage of finessing incivility. When student nurses are solving problems they do so with knowledge, with values and with the help of skills they acquire during education and through their own life experiences (Altun 2003). Often, these life experiences influence student nurses' prior preconceptions of nursing which then become pivotal in any decisions they make to continue or discontinue their course, regardless of academic or social issues (Spouse 2000). If student nurses disagree with beliefs and values that are different to their own, particularly from those who hold a higher position in the hierarchy, they face what Spouse (2000) calls 'social dislocation' referring to withdrawal of support from the staff and a state of isolation for the student. Farrell (1997) makes a valid comment when he argues that a profession that has caring for others as a core value and espouses patient empowerment, quality of care and the like, will 'ring hollow' to staff feeling uncared for and unsupported. However, when the internal ideals and values held by the students in this study regarding how health professionals should behave are shaken, their own core values, or what Beauchamp and Childress (2001) refer to as moral integrity, remain consistent. Many of the students in this study remarked that they were 'here to make a difference' and is an indication of their intentions which Horton *et al.* (2007) suggest is a term associated with nursing values.

Being recognised as individuals is important to student nurses who feel they learn more with support and acknowledgement from their mentors but at the same time are also seeking respect (Ogier 1982, Midgley 2006). In addition, being valued and the views of the students concerning what Horton *et al.* (2007) have termed the value of nursing, highlights the importance of understanding values and their relevance in nursing, and more individually, the integral role they play in people's lives. In producing a comprehensive list of terms related to nursing values Horton *et al.* (2007) include among others altruism and making a difference. As values, they were strongly promoted by the students in this study, with other

terms relating to values reflecting the social behaviour of the students in terms of self-protection, positive acknowledgement and personal achievement.

Often the bureaucratic values of qualified staff that follow rules and are orientated toward efficiency and organisation are less appealing to student nurses than those staff whose values and ideals are professionally and service orientated (Young *et al.* (2008). These include loyalty to the profession, to the patient, commitment to knowledge and those that place emphasis on bedside nursing activities. Furthermore, exposure to individuals with differing role orientations and values can accelerate the existing role ambiguities that face student nurses who are already unsure as to their organisational position within the ward (Ashworth and Morrison 1989), a situation faced by some of the students in this study for example: *I was thrown right in to 'handover', given a piece of paper and told to write as much as possible* (**D8/1**) and *I was more or less told to go and do whatever I wanted to wherever I wanted to* (**D13/2**). Hence the exposure to, and the witnessing of, poor care, cynicism and emotional hardness are at odds with the student nurse's own values and previous perceptions (Orton 2011).

In order to cope with this reality, Orton (2011) notes that some students internalise these professional 'norms' by switching off or developing emotional hardness themselves. This can happen by picking up ward staffs negative attitudes, for example to long stay patients. Thomas *et al.* (2012) suggest that a vicious circle of being poorly taught in clinical settings leads to the next generation of nurses adopting similar practices.

If by chance student nurses are not able to switch off, then role ambiguities may continue with the associated risk of attrition (Orton 2011). Having values such as altruism and possessing positive images of nursing has a sustaining influence, particularly when dealing with multi-faceted issues surrounding professional socialisation that include stress, a

reduction in the quality of nursing care and a general dissatisfaction among nurses (Mooney 2000) or in the case of this study, aspects of incivility.

Stable values are sustaining in helping the students to 'ride' any anxiety and pressure to perform and conform to less palatable norms and it is a difficult transition to move from a 'good student persona' who is a consumer of information to becoming a 'scholar' and a producer of information (Adler and Adler 2005). In this context, they are referring to the socialisation of graduate sociology students, but it could be suggested that a similar transition is apparent for the students in this study who are striving for legitimacy and to become 'producers of care'.

6.4.3 Recanting status

For the student nurses in this study, having supernumerary status has been seen to be an important factor for them in realising their aims, combined with having the support of experienced and knowledgeable practitioners. Wanting to reverse the role of worker back to learner is an attempt to belong to the nursing team, but as a student. Elcock et al (2007) assert this is hardly surprising as with acceptance comes access to information and inclusion in discussion, both benefits of a suitable learning environment (Papp *et al.* 2003). A suitable learning environment as far as the students in this study are concerned is one in which they are part of as a student nurse. Being benevolent and maintaining their own values (finessing the situation) assists in re-affirming their student identity and the resultant retraction of their position from a HCA back to a student nurse.

For one student, there was an element of exasperation as she felt the trained staff were '*taking the Mickey*' (**I7/Y2**). They also made her feel in the way and a nuisance but her response was extremely benevolent as she suggested to her mentor '*pretend I'm not here and I'll just watch you*' (**I7/Y2**). The students would now like to 'put the meat on the bones'

so to speak. Professional benevolence is seen as a reward or a kind of recompense for the student nurses hard work, therefore, they will still '*do all the washes… if [they] can see you do dressings and give out medicines*' (**I1/Y3**) thereby recanting their position from a worker to a learner.

However, status awareness as demonstrated in this study is possibly an indictment of the professionalisation of nursing and its move into higher education. This move saw the status of students change from 'worker' to 'learner' as they became supernumerary to the work force and staffing establishment (DoH 1999). There has latterly, been a suggestion that for many student nurses including the ones in this study that the apprenticeship model is still prevalent (Elcock *et al.* 2007). The problems with this situation remain constant in that student nurses often work on their own resulting in haphazard learning, often with other students or HCAs (Ogier 1982, Melia 1984).

As noted many times in this study, students complained that they did not spend time with either their mentor or back-up mentor and '*wondered what's that all about' (**D16/1**).* Another student complained that she and another student were left to their own devices as the staff disappeared to their offices and felt '*really ready to leave' (**D1/5**).*

Allen *et al* (2011) have suggested that supernumerary status is not a reality in the wards regardless of its place in the nursing curriculum and that expectations of student nurses are two-fold; to provide labour and to be able to function as a staff nurse immediately once qualified. However, In Gray's (2000) study, supernumerary status was 'surrendered' by the student nurses in their third year and unlike its proposed role as the lynchpin of Project 2000, the mentor rather than supernumerary status was the key in the professional socialisation of Diploma in Higher Education student nurses. It would appear that for the students in this study it is their supernumerary status that is the lynchpin when it is put in

to practice. Latterly, Elcock *et al* (2007) has suggested that supernumerary status is an unrealised ideal and as reported in this study, student status is important not necessarily the supernumerary aspect, as for many of the student nurses it often did not exist.

6.5   Summary of the discussion chapter

It is apparent from the discussion of the findings that professional incivilities are present in clinical practice and that they are regularly levied at student nurses. This is a regrettable dilemma for the nursing profession especially as many of these findings are mirrored in other studies. Although there have been changes in clinical nursing management for example the demise of the Ward Sister, the findings from this study suggest that the ward hierarchy appears to sustain a more traditional 'pecking order' system of management that often has numerous subordinates, for example staff nurses and in some instances HCAs exerting authority over each other and over the student nurses. Despite this subordinate type of hierarchy, the treatment of student nurses appears to be unchanged. Randle (2003) suggests that hierarchies of this nature are often to do with self-esteem and having power over someone else. Indeed the fact that the student nurses in this study appear to be successfully dealing with incivility in all its forms and names, is a salutary fact but not a solution.

In the following and final chapter, recommendations for education and practice will be discussed along with the limitations of the study and a conclusion to the thesis.

7. CHAPTER SEVEN: Limitations, conclusions and recommendations

7.1 Introduction

This final chapter describes the limitations of the research and will evaluate the research according to a set of externally imposed criteria. Following this, recommendations for practice and education, and recommendations for future research will be made. Reference to the original research question and aims in relation to the research findings will be made before drawing some final conclusions.

7.2 Limitations of the study

This study has a number of limitations that need to be considered when determining the value of the findings. They have been grouped under headings for clarity and include those limitations concerning myself as researcher, those associated with the participant sample, the data collection methods, the methodology and design and the findings. The findings in particular are evaluated against the criteria suggested originally by Glaser and Strauss (1967) and Glaser (1978, 1998).

7.2.1 Limitations related to the researcher (myself)

As highlighted within chapter three and the ethics section, my role as Senior Lecturer may have had an impact on the completion of this study. During its completion, I was aware of the possibility of bias and influence on the credibility of the study by myself as lecturer at the same university as the participants. Furthermore, my own personal experience of having previously been a student nurse meant that I had once been inextricably involved in the social world that the student nurses were describing (Hammersley and Atkinson 1995). Maintaining an audit trail can enhance concepts of neutrality and credibility and a reflexive journal was kept by myself and often formed the basis among other things of discussion during meetings with the research director and supervisor of this study.

7.2.2 Limitations related to participant sample

Although the majority of participants were white, female and over the age of 21, this gender and age group is comparable with the gender split on the NMC register (NMC 2007) and is thought to be representative of the current nursing cohort. A comparative study by Jinks and Bradley (2004) would support this, as their study revealed significant differences between characteristics of the two groups of students and their latter sample were generally older and had more health care experience. However, it does not necessarily transfer to other cohorts of student nurses elsewhere.

Under-recruitment of students was a limitation and despite a complete return of 10 diaries from the first sample, non-compliance was evident from the last three samples. A total of 14 out of 30 failed to return their diaries although a solid combined word count from these 14 diaries gave rich description of the students' experiences when constant comparison was made between all the data.

A main limitation of this research is in the theoretical sample as participants solely consisted of pre-registration undergraduate nursing students from just one North West of England university Faculty of Health and Social Care. As the decision was made to utilise undergraduate adult branch student nurses only, the opportunity to access diploma of higher registration in nursing students and other branches was perhaps lost. Consequently, the findings may not be generally representative of all branches of nursing students with respect to their clinical placement and an opportunity to include other student nurses perspectives to develop the theory has been missed. In addition, seeking only a UK perspective has limited the grounded theory's applicability.

7.2.3 Limitations related to data collection methods

Relying on diaries as the main data collection method created a number of areas that were acknowledged as potentially problematic. Literacy was not deemed to be an issue as the participants were undergraduates but as the diaries were going to be kept daily and hand written, clarity and understanding of their writing may well have caused misunderstanding during transposition. To prevent this, participants were asked to write clearly although they were assured that no attention would be made to spelling or grammar. All the diaries were pocket sized with a soft cover and remained the same format each time for all participants. However, due to the paper cover, some of the diaries were returned in a rather 'crushed' state although they were still legible and were able to be transposed without difficulty.

The daily nature of the diary relied on the compliance of the individual student. The diary took the form of an intimate journal to encourage the students in a reflective process and address those events that were to them significant and meaningful (Gibson 1998, Bedwell *et al.* 2011). However, account must be taken of whether the entries were actually recorded daily or every other day as requested and therefore were an accurate reflective account of events, or whether the student relied on re-call and 'filled' in the diary at the end of each week or retrospectively at the end of the placement (Hyland 1996) or not at all.

In addition, because the content of the diary entries were decided by the students in a 'tell it as it is' format, the data has had to be taken at face value. Included in this consideration were the brief theoretical suggestions I made to subsequent participants with regard to their experiences during practice in order to develop the emergent theory. However, these self-reported behaviours in the absence of participant or non-participant observation may differ from their actual experiences. Consequently, during the analysis of the data, there was not the opportunity to have the participants clarify or expand on their proffered information.

With regard to making the decision not to tape record the interviews, I was guided by Stern's (2009:58) assertions that not recording every word accurately would necessarily limit my findings as she states: ' a grounded theory is a theoretical interpretation of a conglomerate of data rather than a case report of a series of incidents'. However, despite a need to seek theoretical information from the interviews in order to develop the emergent theory it is acknowledged that verbatim documentation was not always possible.

7.2.4 Limitations related to methodology and design

Important limitations particularly those associated with interpretive methodology, apply to this study and this should be borne in mind in understanding the grounded theory and when making judgments. The basic social process of finessing incivility is possibly tenuous and as McCallin (1999) suggests, dependent on particular personalities in a certain context. Hence, the study findings are limited to the specific context and within the time span in which the study was conducted.

Recognising that 'living with uncertainty' in terms of data analysis is a prerequisite of the classic grounded theory process and being urged to 'trust in emergence' by Glaser (1978, 2005), both serve to enhance one's ability to be conceptual. However, making the decision to theoretically code in order to enhance conceptualisation entails 'weaving the fractured story back together again' (Glaser 1978:72) in order to see how the substantive codes (categories) relate together is a challenge as it relies on appropriate timing (Elliott and Jordon 2010). They suggest theoretical coding too early often risks forcing the data into a formulaic and procedural framework led by the theoretical code and not led by the data. Fear of forcing the data will often cause a grounded theorist to argue the strength of their theoretical coding (McCallin 1999). Indeed, my choice of the 'process' family of theoretical codes to include the 'stages' framework appeared to account for the variation in

the substantive codes, but as Glaser (1978:72) suggests, however arbitrary the choice, 'the theoretical code must earn its way like a substantive code'.

A potential limitation of using classic grounded theory methodology is the redundant data that is left behind. During data analysis and when searching for participants main concern, a 'core category' often emerges early on in the analysis stage. In order to search for more data that relates to this main concern, a de-limiting process begins and only data related to the main concern is required, however rich and interesting it may appear. Nevertheless it does ensure a parsimonious theory.

Table 11: Criteria for evaluating a grounded theory

	Glaser's six domains	Hunter *et al.* (2010)
1	Fit	Fit relates to the core category's ability to relate to all the instances and responses to the main problem
2	Work	Work is the ability of the theory to explain the variations identified in the respondents' behaviours
3	Relevance	Relevance again refers to the core-category fitting, meaning it fits and works in the view of other researchers, participants and practitioners
4	Modifiability	When a core category achieves fit and relevance and it works, it should also achieve modifiability by being readily changeable when new data are applied
5	Parsimony and Scope	The simplicity of the conceptualisation, having the minimum of concepts that explain the totality of the variation in the minimum of ways, achieving parsimony and scope. This means that all the data (codes, properties and categories) should relate to the core category and applying the core category should account for what is going on throughout the data

The credibility of a grounded theory rests on the four criteria of fit, work, relevance, and modifiability (Glaser, 1978, 1998).

Fit (1)

As Glaser (1978) argues, categories (substantive codes) should not be forced or be influenced by pre-conception during the analysis of data. It is essential that they be generated systematically from data by constantly comparing and fitting and refitting the categories to the data (Giske and Artinian 2007). Through the use of constant comparison and memoing it is possible to check if the concepts and memos fit into the emerging theory and this process is exampled by the memos table (table 8). They also act as a trail of the continuing analysis till a core category emerges. Fit relates to its ability to relate to all the instances and responses to the main problem of the participants (Hunter *et al.* 2010, Glaser 1978). Fit is a simple way to express correspondence to social reality (Lomborg and Kirkevold 2003).

Work (2)

The second of Glaser's criteria is work, which means the ability of the grounded theory to 'explain what happens in the data, predict what will happen, and interpret what is happening in the area studied', (Giske and Artinian 2007:69). Work or workability is the ability of the theory to explain the variations identified in the respondents' behaviours (Hunter *et al.* 2010) and is related to how well the grounded theory reports the way in which participants solve their main concern (Glaser, 1998). This is suggested to be by the basic social process of finessing which accounts for how student nurses resolve the basic social problem of incivility.

Relevance (3)

The third of Glaser's criterion is relevance. A theory is relevant and has good 'grab' for participants, researchers and practitioners in the substantive field especially if it offers

explanations of the basic social processes used to solve basic social problems. 'If it fits and works, the grounded theory has achieved relevance' (Glaser 1992:15).

Modifiability (4)

The fourth of Glaser's criterion is modifiability. Because a substantive grounded theory has only partial closure and accounts for variation it is durable because new ideas and more data can modify the theory. Modifiability is seen as an on-going process, and Glaser (1978) suggests that all grounded theories have potential for further development as new data emerges. This means that the theory continues to fit, work and be relevant as time passes and conditions alter, it is flexible enough to take into account without losing what has already been generated (Flint 2006).

Parsimony and scope (5)

Theoretical fullness is when the researcher has been able to account 'for as much variation in a pattern of behaviour with as few concepts as possible thereby maximising parsimony and scope' (Glaser 1978:93).

7.2.5 Limitations related to findings

Individually coding a corpus of data is an interpretive and subjective exercise that for another researcher could yield different codes and draw alternative conclusions. This aspect was reduced somewhat by my supervisors coding a 'naked' diary independently and being satisfied the general tone of the codes and concepts were appropriate from both parties to the transposed data. Nevertheless, as Lathlean (2006:417) suggests there is 'no one 'right' way of doing the analysis and no standard recipe for success'.

7.3   Recommendations for practice

Major changes are taking place to pre-registration nursing education and the move to an all-graduate profession and full generic content programmes are in progress. Results of

these reforms remain to be seen and their effect on the ever-present spectre of student nurse stress, attrition and nursing shortages. However, the cultural expectation placed on registered nurses in supporting and supervising student nurses, as well as dealing with a clinical workload, could be perceived to foster the pervading incivilities toward student nurses as seen in this study. Failed mentorship such as this is problematic for student nurses and disempowering for registered nurses.

Effective leadership can empower clinical staff, and in particular mentors, in making visible their abilities and achievements, thereby setting standards regarding behaviour and expectations. It is suggested that mentors are the gatekeepers of professional standards (Gray 2011) and therefore need to challenge student nurses to uphold such values but in a supportive way. As more changes to nurse education come along, the challenges facing those responsible for the education of students remain the same in preparing confident, independent and competent practitioners (Rush *et al.* 2009).

However, negative and dysfunctional aspects of the mentorship relationship have been understudied and reports of possessiveness, overprotection, exploitation and oppressive control have only recently being acknowledged (Gray 2011). A better understanding of what constitutes a mentoring relationship is vital in providing viable educational preparation and experiences in practice areas.

This process however does need supporting from both education in the form of university link lecturers and practice education facilitators. Robust mechanisms need to be in place to ensure that this tripartite arrangement remains viable.

In order to raise awareness of the presence of incivility, not only toward student nurses but its presence in clinical practice, staff forums could assist newly qualified nurses during

their orientation in order to appreciate its negative effects on individual morale, job satisfaction, and the education of student nurses (Griffin 2004).

In addition, introducing policies including mandatory attendance at workshops that address bullying and harassment in the workplace are suggested for all levels of staff to avoid discrimination and have been found useful elsewhere in reducing staff turnover (Brennan 1999, Stevens 2002).

7.4   Recommendations for education

The findings of this study suggest student nurses are demonstrating resilience in the face of adversity and that by using finesse to negotiate for their status and learning implies an ability to affect control over their learning. Although reporting policies are in place for issues concerning practice as well as clinical link personnel to strengthen the partnerships between faculty and practice, there is sparse published literature on the interventions available to students to deal with incivilities experienced in practice.

A suggestion that university staff could 'police' such situations is untenable. Therefore, further research is required to explore how educational and curricula interventions can assist the student in dealing with the incivilities they face. An important consideration is whether we are preparing students who can adapt to difficult job conditions.

Suggestions such as students be taught assertive responses and effective techniques to deal with resentment would need careful administration although breakaway techniques are routinely taught in workshops prior to student nurses going into practice. They are part of the core skills framework (DoH 2012) but primarily concerned with dealing with aggression in the nurse- client relationship.

Similarly, strategies have been suggested to be beneficial when dealing with stress and distress and they involve assisting student nurses in the use of 'direct coping' strategies

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such as problem solving, rather than 'emotional coping strategies' such as hostility (Jones and Johnson 1997). These strategies could also form part of the routine 'prep for practice' that is a mandatory requirement before student nurse's first placement.

Strategies and suggestions in how to deal with negative behaviours from colleagues and staff include equipping student nurses with 'tips' on how to deal with confrontation. This includes participating in role-play and adopting professional communication techniques, creating violence-free contracts, and using reflective journals (Thomas 2010). Evidence is available supporting the fact that enhancing professional communication in order for students to be able to speak with the perpetrators after the event has helped some student cope better (Lash *et al.* 2006.)

A recent innovation has involved the creation of reflective digital stories of newly qualified nurses (Stacy and Hardy 2011). Relating stories about an event that they found particularly challenging during their transition from student to qualified nurse is suggested to assist student nurses to consider ways that they might be able to respond if ever they are in similar situations.

Vicarious learning in this way proved beneficial to the students in this study who 'spoke to their diaries'. Their reflections were emotively expressed concerning what had happened and what they would do and say the next time anything unpleasant was said or occurred in practice. HEIs should be proactive in responding to the student voice concerning their clinical experiences in order to provide and enhance support (McIntosh and Gidman 2011).

Finally, the consideration of curricula strategies that support student nurses in keeping a reflective journal, one that supports de-briefing after clinical placements and one that encourages the vicarious learning from significant others and peers (Eraut 2004, Roberts 2009) would be useful.

7.5   Recommendations for future research

The findings of this thesis lead to more questions and possible areas for further investigation. In accordance with the study's original aim, the focus has been solely on the experiences of adult branch undergraduate student nurses during their clinical placement. However this is rather a one-dimensional picture and there may other interpretations of the events that have been described by the clinical staff.

In order to seek the perspectives of the mentors responsible for the supervision of undergraduate adult branch student nurses during the initial clinical placement, a grounded theory investigation that would complement the emergence of what was important to the mentors regarding their responsibility would be useful.

In addition, as the findings suggest that HCAs and peers are advising and guiding students in the absence of registered nurses, it does mean that the students do become involved in the culture of the practice area and will learn alongside other people and from them. Evaluation of the effectiveness of this vicarious learning would be timely, particularly as student nurses are being entrepreneurial in seeking out these significant others.

A longitudinal and ethnographic perspective that included observation of the activities of mentoring might counter the imbalances of the mentoring partnership taking place in clinical areas as seen in this study.

In terms of the pivotal role of the mentor in supporting student nurses in practice, it would be interesting to visit the student nurses who participated in this study who are now mainly registered practitioners and possibly mentoring student nurses themselves.

If supernumerary status is past its prime as some suggest (Norrie 1997, Elcock *et al*. 2007) then an alternative learning structure needs to be devised for student nurses during their practice learning. Of late there is a revival of interest in work-based models of education

due to enduring problems at the interface between higher education and the NHS such as large numbers of students in university and the supply, quality and capacity of placements (Glen 2008).

7.6   Conclusion

The aim of the study was to explore the impact of the first clinical experience on the professional socialisation of adult branch student nurses. Integral to this aim was to understand the current processes and interactions involved in learning the content, skills, norms, values, attitudes, beliefs and culture of the nursing profession. The grounded theory of finessing incivility depicts the findings from this study and suggests that learning to become a nurse is apparently not a straightforward process and one that at times, is unpleasant.

While some comparisons can be made between the works of others and the concepts used in this study, there are several key differences. This theory raises questions for educators and practitioners alike as to the stressful transition into the clinical environment and the stress, distress, bad attitudes of staff, role disillusionment and challenges facing student nurses once there. In addition, for mature females, entry to nurse education signifies stressful changes concerning their personal and social roles and lastly, issues concerning dysfunctional mentorship are also mirrored in this study. However, It is apparent that the noted concept of 'galvanisation' as displayed by the student nurses in this study is tantamount to behavioural resilience an essential element for surviving a chaotic practice world (Hodges *et al.* 2005).

Current undergraduate pre-registration student nurses in the north west of England are able to deal with professional incivility and they are also discerning enough to recognise those encounters and the people who can assist or desist in securing their status as student nurses

and not as health care workers. Ultimately, it is their own resilience to learn nursing and be a professional student that maintains their resolve, their altruism and strengthens their existing values to be benevolent toward a profession that at times appears indifferent. Squaring these differences, dealing and accepting the reality of practice are done by using and displaying finesse.

Finally, Melia's (1984) concept of 'fitting in' has served as a thematic artery for many investigations into student nurse socialisation suggesting student nurses desire to be part of the team and often want to 'fit in' at all costs despite role ambiguities, hazing rituals and observing inappropriate practices. However, the student nurses in this study wanted to belong in practice as a student nurse, which is not quite the same thing. Wanting to belong is about feeling wanted, valued and cared about by others. In the context of this study, wanting to belong signifies a need to build respectful and meaningful relationships with those in practice. Being accepted by the nursing community is important and by sustaining a student identity, overcoming disillusionment, seeking out others and negotiating for their learning, maintaining values and being benevolent, ultimately mirrors the social nature of the practice community.

An African proverb mentions that '*it takes a whole village to raise a child*' I would like to conclude this thesis with a variation that states: '*it takes a whole profession to raise a student*'

Appendix One: Literature review- Data extraction

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Status Passage into Nursing: another view of the process of socialisation into Nursing' Bradby, M (1990)	To discover the reality of the experiences of trainee nurses	Four complete cohorts of female trainee nurses in two schools of nursing in the first year	Multiple research methods – mainly qualitative in nature: • Interviews, • Writing an Essay, • Keeping a diary, • Writing a letter to a new recruit. Analysis of Qual data – coding/ developing categories (Glaser 1978) Qual data collection was supported with self-report questionnaires & psychometric tests for self-esteem & anxiety in order to provide a rich data set allowing for correlation.	Bradby (1990) argues that following induction, attitudinal changes in the new recruits when entering the ward for the first time is part of the normal socialisation process. Due to the process being complex, intense and happening quickly, the unexpected problems experienced by some students is inevitable. Bradby (1990) suggests that changes in this particular pattern of socialisation is problematic due to a lack of trained staff who can empathise with and acknowledge the new recruits	Whilst the students were initially overwhelmed and felt lost, bewildered, strange and useless, once they had 'fitted in' it was easier. The remarkable conclusion to emerge, however, was that the majority of students felt relatively comfortable within 2-4 weeks on their first ward.	Exact numbers of recruits not declared. Data was collected during study blocks –possibility of coercion.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Key influences on the professional socialisation & practice of students undertaking different pre-registration nurse education programmes in the UK'. Fitzpatrick, J. M. While, A. E. Roberts, J. D. (1996)	To compare the outcome of pre-registration programs of nurse preparation programs in the UK.	Each program was representative of 3 institutions. -RGN program n=99. - Diploma RN program n=34. -Integrated degree program n=31.	A multi-method design employing 4 elements: An information seeking exercise. A care planning exercise. Non-participant observation of performance in the practice setting. A semi-structured interview [designed specifically to complement the other collected data.	Previous studies had sought the views from students undertaking a single program of training. Therefore consideration was made for the exploration and comparison of influential practice events and key persons in the professional of socialisation of student nurses from different pre-registration programs. Overall, they suggest that regardless of program type, socialisation occurs for all students and similar to other studies a majority identified significant others in nursing practice who acted as role models providing effective support.	The study has confirmed previous findings of the positive influence of educational programmes, the practice environment and high quality role models in both settings as being critical to the process of acquiring a sound knowledge base, clinical proficiency and attitudes and values favourable to the professional nurse role.	The questions posed were multiple response & the authors suggest that as the participants were able to give more than one response, consideration should be given to the findings.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
Use of clinical space as an indicator of student nurses professional development & changing need for support Dalton, L (2005)	To interpret the way rural clinical practice influenced the way nursing students shaped their professional identity	5 under-graduate student nurses	Ethnographic methods and hermeneutic philosophy were used to both describe the situation and interpret how students incorporated cultural meaning into their lives	Dalton (2005) used the hermeneutic circle, dialogue and the fusion of horizons as metaphors to interpret the student's experience. In addition, the heideggerian descriptions of space interims, of physical & existential dimensions relate the students experience in terms of 'lived experience'. The majority of social activity for the student took place within the socio-cultural context of clinical practice and their placement was therefore the space within and through which they came to understand and represent the culture of nursing. The conceptualization of physical space was in three ways representing public domain, nursing domains and shared domain. In order for the student to learn about nursing practice they had to move from the public space of corridors & foyers. This was where their animated and unreserved behaviour was taken for granted until they faced the need to move into other spaces. They found the secret hidden domain of nursing daunting and even after initial acclimatisation of the nursing domain, the intimate spaces occupied by patients and visitors were less comfortable.	Entering the intimate space of a stranger was often a humbling experience & in order to overcome their reluctance to enter and navigate this space, the desire to learn caused them to utilize behavioural strategies. This involved them initially navigating specific areas within the shared space e.g. 'the hiding place' – a wall to lean on, or their own folded arms or tilted head. A few steps from the hiding space was the 'transitional space', conceptual as opposed to actual as the students developed confidence to become 'visible'.	Despite the clinical placement being early on in the student's education, it is not made explicit how early on and none of the 5 student nurses had any experience of nursing or related care practice.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Students evolving beliefs about nursing: from entry to graduation in a four year baccalaureate programme' Day, RA Field, PA Campbell, IE Reutter, L (1995)	To determine how students become socialized into nursing and how their attitudes & values changed over the course of their programme	50 student nurses interviewed 81 completed open-ended questionnaires 131 – almost a third of the student population	Qualitative and longitudinal -4 yrs.	Following a consultant comparative analysis across all interviews, data was coded into 6 broad categories: • Shaping • Becoming • Beliefs • Doing nursing (student) • Doing nursing (hospital, community) • Role. Two sub categories of student culture & image occurred across the categories and was also coded. All these categories were entered into the 'ethnograph' computer package. The article results are concerned with a portion of the larger results and describe changes in the student's attitudes & values in learning to nurse.	Using Davies (1975) theory of doctrinal conversion, progress in the process of socialisation was explored and evidence was found that students moved from a lay to a professional nursing image during their 4-year course.	Campbell et al (1994) used an interview guide based on Melia's (1987) research but do not elaborate with any details particularly for those not familiar with Melia's work. Often the code and retrieve strategies of qualitative computer packages are poor at representing relationships between codes (Hammersmith & Atkinson 1995).

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Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Learning to nurse in the clinical setting' Campbell, I.E Larivee, L. Field, P.A. Day, R.A. Reutter, L. (1994)	To determine how students become socialized into nursing and how their attitudes & values changed over the course of their programme	50 student nurses interviewed 81 completed open-ended questionnaires 131 – almost a third of the student population	Qualitative and longitudinal -4 yrs.	Following a consultant comparative analysis across all interviews, data was coded into 6 broad categories: • Shaping • Becoming • Beliefs • Doing nursing (student) • Doing nursing (hospital, community) • Role. Two sub categories of student culture & image occurred across the categories and was also coded. All these categories were entered into the 'ethnograph' computer package. This article was concerned with 2 categories from the whole study. They were: Doing nursing (student) doing nursing (hospital/community) and role.	The role of instructor and that of peer support emerged as pivotal to student learning.	Campbell et al (1994) used an interview guide based on Melia's (1987) research but do not elaborate with any details particularly for those not familiar with Melia's work. Often the code and retrieve strategies of qualitative computer packages are poor at representing relationships between codes (Hammersmith & Atkinson 1995).

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Patients to people'' Seed, A. (1994)	To discover the students perceptions during their 3 year training of caring for people	A cohort of student nurses (n= 23)	Longitudinal qualitative and a grounded theory approach utilising participant observation and interview	The emergent views of the cohort of student nurses were explored over 3 years. A continuum termed 'Patients to people' represents the standard nurses changing perceptions about those whom they were nursing. It was apparent that the students had to move along this continuum in order for them to empathise with those they nursed	The process of this movement from 'seeing patients to 'seeing people'' involves elements of psychomotor skill acquisition in order to 'care for people' and gain a caring perspective	Whilst Seed (1994) is clear about her study design and data collection method, longitudinal research is not without its disadvantages. If the sample becomes smaller for whatever reason it can become less representative of the sample from which it was drawn. 4 out of the initial 23 participants failed to complete the course and no mention is made of any effects of this attrition or when and why the students left the course

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Socialisation of seconded health care assistants' Wood, S. (2006)	To compare the clinical practice experiences of seconded HCA's with four major socialisation concepts	8 seconded health care assistant mental health student nurses	A three year qualitative study using yearly semi-structured focus groups	The practice learning experiences of seconded Health Care Assistants are different to other student nurses and could be viewed as a unique 'socialisation process'. The influence of this process and as a result of their previous role makes their experiences different. This is particularly noticeable in the first year during transition from Passive to Autonomous professional practice and the resultant dissonance created by undertaking the dual roles of student and care worker.	Course planning teams should consider socialisation factors and supportive mentor strategies when designing the first year of pre-registration nursing programmes	Research undertaken in one setting can limit the relevance of the findings as can small sample size.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Exploring the transition and professional socialisation from Health Care Assistant to Student Nurse' Brennan, G. McSherry, R. (2006)	To determine the transitional processes associated with moving from a HCA to a student nurse	A homogenous sample of 14 student nurses with previous experience as a HCA within the field of adult nursing	A descriptive qualitative study undertaken over an 8-month period. Data were collected from 4 focus group semi – structured interviews: 1 mid-way through first year-4 students 1 at beginning of 2nd year -4 students 1 at beginning of 3rd year -3 students 1 at end of training – 3 students	Brennan and McSherry (2006) describe changes in individual patterns of behaviour concerning abilities, identity, role and relationships. They argue that the concept of 'transition' may well signify acceptance of change. Their study questions were concerned with the experiences that altered student's perceptions in thinking from a HCA to a student nurse. The main themes that emerged around culture shock and clinical issues identified both positive and negative perceptions upon this process. A new concept is introduced from the findings that of 'the comfort zone, which explores the intentional reversal into the HCA role by the participants in the study	The findings should assist the university and others in identifying, addressing and aiding the socialisation needs of these students into their role as a student nurse	Sample size of the focus groups could suggest a possible reduction in consensus.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'The professional socialisation of diploma of higher education in nursing students (Project 2000): a longitudinal qualitative study' Gray, M. Smith, L. (1999)	To establish an account of the experiences of being a Higher Education Diploma in Nursing student undertaking practice placements and explore the effects of super-numerary status and mentorship	Purposive sample of 17 student nurses 10 students volunteered to be interviewed on 5 separate occasions and to keep a diary 7 participated by diary only	Qualitative longitudinal using grounded theory methods	This landmark study by Gray and Smith (1999) indicates that the mentor is the linchpin of the students experience and that some students develop intuition much earlier than other literature has stated. They reiterate Melia's (1984) description of student nurses 'pulling their weight' & 'fitting in' with their description of students 'mucking in'. Losing the stigma of being an outsider is vital to their acceptance by colleagues and of receiving positive sanctions in terms of socialisation. These rewards include the likelihood of a good placement, pleasing their mentor, feeling like a nurse and finally, feeling like part of the team	The account of professional socialisation in the 1990's placed the changing nature of the phenomena into context and by using grounded theory methods they were able to capture the changing nature of the students socialisation over a three- year period.	A lack of skilled qualitative mentors with little experience of undertaking grounded theory was challenging for Gray (1999) Diary keeping as a data collection method. During the first 18 months, all participants n=10 and diary only participants n=7 kept their diary. At 2 years, only 5 diary only participants were keeping their diaries and at the end of the study only one of the diary only students was keeping up with her diary.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Nurse socialisation: issues and problems' Wilson, A. Startup, R. (1991)	To address issues ahead of P2000's introduction, the central aim was to determine how student's attitudes & expectations concerning training and relationships among staff & with patients developed under the impact of actual experience.	3 cohorts of student nurses in 3 educational Centre's were sampled during introductory block & at the end of the first year and those teaching and ward staff (Sisters and Charge nurses) directly involved in the students training.	A comparative study using a semi-structured interview schedule and observation of student nurses, teachers and ward staff. Questions were asked about clinical experiences and the performance of practical skills. The respondents were also questioned about the qualities required of a good nurse and their perceptions of Project 2000 were also considered.	Most of the students and the ward staff acknowledged the importance of the peer group upon the student and at the end of the first year, 54% of the students felt that enrolled nurses were helpful and supportive. However, 44% viewed the enrolled nurse in a negative light due to experiencing various degrees of conflict with them. Most students acknowledged that the overall aim of the teaching staff and sisters and charge nurses was to help them develop into safe & knowledgeable practitioners. However, their contributions were regarded as separate entities, the teaching staff being responsible for the theory whilst the sisters and charge nurses were responsible for the practical. More disconcertingly, this was also the view of a significant number of the nurse teachers and those in authority on the wards.	The teaching staff and those in charge in practice failing to present a uniform front in order to facilitate professional socialisation, results in conflict between education and service for control. As a consequence a theory practice gap is a recurring issue. It is recommended that a more unified approach be adopted to reduce the conflict which learner's experience. Wilson and Startup (1991) recommend in accordance with Project 2000, that teaching staff should act as practitioners & thereby be perceived as a professional role model with clinical credibility.	Wilson and Startup (1991) talk of 'centrally' important differences that are highly relevant to socialisation, but do not distinguish between them or make explicit why the surgical ward is favoured over the medical ward.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Student nurse construction of occupational socialisation' Melia, K. (1984)	'What is it that student nurses learn during their three year training?	40 student nurses volunteered that were not systematically sought out or representative of the group undertaking a 3-year 'college of nursing' based training.	Qualitative methods, informal interviews organized around an agenda that included: Ward organisation, Talking with patients, Student socialisation- using a question about where students felt they had been most influenced	On the basis of the accounts, it is argued that students learn neither the education nor the service segment, they learn to recognize when one version is appropriate and the other is not and learn to 'fit in' as and when. Melia's (1984) students were able to relate to the nursing situations they encountered and their main concern would be their ability to function as a staff nurse once qualified. For this eventuality, they would deal with it once it happened and 'get through' as they had during their training. These situational perspectives to learning how to function are similar to Becker *et al's* (1961) medical students daily priorities rather than long-term aspirations. The overall organization and compromise of nurse training supports the transience to nursing work and as a consequence, there is an implicit lack of commitment to nursing as an occupation by the students.	The student nurses ability to 'fit in and get through' during their short and frequent clinical placements emphasizes a lack of theoretical value. Consequently, the very transient & workload approach does not allow anticipatory socialisation as the student nurses would have to spend more time in one place & have more responsibility. Thus, the three years of transiency give the students an appetite for moving on, rather than a yearning to settle down.	Footnotes were presented at the end of the article to elaborate brief points made in the text. As the article was over 18 pages long, foot notes at the bottom of each page or more in-depth clarification might have been useful particularly with regard to the sample and the methodology used.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'A sociological analysis of the extent and influence of professional socialisation on the development of a nursing identity among nursing students at two universities in Brisbane, Australia' Du Toit, D. (1995)	'What is the extent of normative standards & professional characteristics that nursing students are exposed to during professional socialisation & to what extent are these standards & characteristics internalized so that a nursing 'deformation professionelle' develops?	300 were distributed. 173 returned from first and third year student nurses	Quantitative, a 7-point Likert-type measurement scale was used to measure their internalisation of the professionalisation process.	Du Toit (1995) suggests that the transformation of novice to professional be referred to as acculturation. It is a process during which the values, norms and particular symbols of the profession are internalised. In some instances, the process can be so complete as to bring about a personal transformation – 'deformation professionelle' exemplifying a stereotypical ideal. Following the move into higher education, it was hoped a more appropriately educated flexible and career orientated RN would result.	Hugely significant is 88.4% scored highly above the mid-point of the scale. This is attributed to the fact that the process of professional socialisation had already affected the student nurses value systems.	Du Toit (1995) concludes that due to her sample size, few, if any biographical variables showed statistically significant differences on the scale scores. First year student nurses in particular were largely exposed to faculty role models during the first semester & practitioners, clients and patients in the second semester.

Title of study, author and date	Aim of the study	Sample size	Methodology & research tool used	Results & discussion	Conclusion	Limitations
'Caring: The socialisation of pre-registration student nurses: A longitudinal qualitative descriptive study' Mackintosh, C. (2006)	'To identify the effect time has on the participants attitudes and views of caring and becoming a nurse'	Random sample of 16 pre-registration student nurses from a convenience sample of 52 volunteers	Longitudinal qualitative descriptive study. Participants were involved in two semi-structured in-depth interviews: *First interview*: 6-9mths after entering nurse training, *Second interview:* 6-9mths prior to completion.	There were identified changes between the data collection stages which suggested the socialisation as experienced by the participants resulted in a loss of idealism about care within nursing and the identification of negative aspects of care. Mackintosh (2006) further argues that the loss of care is linked to coping with the nursing role	The study identifies an under recognised dichotomy between the caring ethos of professional nursing and the professional socialisation processes student nurses are subject to, which directly mitigate against the individual nurses ability to care.	Although not discussed, the potential of participants being interviewed 3 months apart might affect the individual responses, as some will have had longer experience.

Appendix Two: An overview of the framework for appraisal (PRHU 2006)

Critical Appraisal Skills Programme (CASP)

making sense of evidence

10 questions to help you make sense of qualitative research

This assessment tool has been developed for those unfamiliar with qualitative research and its theoretical perspectives. This tool presents a number of questions that deal very broadly with some of the principles or assumptions that characterise qualitative research. It is *not a definitive guide* and extensive further reading is recommended.

How to use this appraisal tool

Three broad issues need to be considered when appraising the report of qualitative research:

- **Rigour: has a thorough and appropriate approach been applied to**
- **key research methods in the study?**
- **Credibility: are the findings well presented and meaningful?**
- **Relevance: how useful are the findings to you and your organisation?**

The 10 questions on the following pages are designed to help you think about these issues systematically.

The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions.

A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

Screening Questions

1. Was there a clear statement of the aims of the research?

❏ Yes   ❏ No

Consider:

– *what the goal of the research was*

– *why it is important*

– *its relevance*

2. Is a qualitative methodology appropriate?

❏ Yes   ❏ No

Consider:

– *if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*

Is it worth continuing?

Detailed questions

Appropriate research design

3. Was the research design appropriate to address the aims of the research?

Write comments here

Consider:

– *if the researcher has justified the research design (e.g. have they discussed how they decided which methods to use?)*

Sampling

4. Was the recruitment strategy appropriate to the aims of the research?

Write comments here

Consider:

– *if the researcher has explained how the participants were selected*

– *if they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*

– *if there are any discussions around recruitment (e.g. why some people chose not to take part)*

5. **Were the data collected in a way that addressed the research issue?**

   Write comments here

   Consider:

   – *if the setting for data collection was justified*

   – *if it is clear how data were collected (e.g. focus group, semi-structured interview etc)*

   – *if the researcher has justified the methods chosen*

   – *if the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, did they used a topic guide?)*

   – *if methods were modified during the study. If so, has the researcher explained how and why?*

   – *if the form of data is clear (e.g. tape recordings, video material, notes etc)*

   – *if the researcher has discussed saturation of data*

Reflexivity (research partnership relations/recognition of researcher bias)

6. **Has the relationship between researcher and participants been adequately considered?**

   Write comments here

   Consider whether it is clear:

   – *if the researcher critically examined their own role, potential bias and influence during:*

      – *formulation of research questions*

      – *data collection, including sample recruitment and choice of location*

   – *how the researcher responded to events during the study and whether they considered the implications of any changes in the research design*

Ethical Issues

7. **Have ethical issues been taken into consideration?**

   Write comments here

   Consider:

   – *if there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*

   – *if the researcher has discussed issues raised by the study (e. g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*

   – *if approval has been sought from the ethics committee*

Data Analysis

8. Was the data analysis sufficiently rigorous?

Write comments here

Consider:

– if there is an in-depth description of the analysis process

– if thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?

– whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process

– if sufficient data are presented to support the findings

– to what extent contradictory data are taken into account

– whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

....

Findings

9. Is there a clear statement of findings?

Write comments here

Consider:

– if the findings are explicit

– if there is adequate discussion of the evidence both for and against the researcher's arguments

– if the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst.)

– if the findings are discussed in relation to the original research questions

....

Value of the research

10. How valuable is the research?

Write comments here

Consider:

– if the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?)

– if they identify new areas where research is necessary

– if the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

....

Appendix Three: Extant literature: Incivility, its characteristics and prevalence in professional learning

Incivility is an umbrella term that has come to mean a variety of things ranging from deviant behaviour or violence that can be termed; horizontal, vertical or lateral, and hazing or subtle sideway looks. This is in contrast to civility, which is seen as having genuine respect for others during encounters of disparity, controversy or disagreement and usually involves an intention to seek common ground and genuine engagement over a period of time (Kolanko *et al.* 2005).

Workplace incivility in relation to the nursing profession has received much attention in the USA and Canada for example Cortina *et al.* (2001), Felblinger (2008), Spence Laschinger *et al.* (2009) and are a testament to the gravity of this phenomenon particularly with regard to student incivility and the wave of violence and shootings in some American Colleges (Clark *et al.* 2009). More recently, there has been emphasis on academic nursing incivility as described by Clark *et al.* (2005, 2009) Clark and Springer (2007) and Kolanko *et al.* (2005). Impetus from the UK and Australia has also been evident (Farrell 1997, 1999, Randle 2003, Randle *et al.* 2007) with suggestions on how the bullying and aggression levied at student nurses can be reduced.

The location and focus of incivility the term used in this study may vary, as does the terminology used to describe incivility. For example, the term bullying has been used in relation to the nursing profession and student nurses (Randle 2003), a term Einarson (1999) suggests is often treated as a unified phenomenon when in fact different kinds of behaviour are involved. This is seen in the work of Farrell (1997, 1999), who refers to aggression in clinical settings particularly with regard to 'staff on staff' aggression.

However, Longo (2007) uses the term 'horizontal violence' when this is levelled at student nurses, although they also refer to horizontal violence as incivility between nurses of similar rank (Longo 2007). Thomas and Burk (2009) refer to 'vertical violence' as experienced by student nurses during clinical rotations, that is improper behaviour from senior staff coming down a hierarchy, whilst Pope and Burns (2009) looked beyond bullying and focused on the impact of negative behaviour on health care staff more generally. In addition, Cortina *et al.* (2001) extended the focus and examined incidence, targets, instigators and the impact of workplace incivility and Thomas and Burk (2009) make reference to the term 'hazing' a ritualistic activity that can involve abuse or intimidation and is often used as a form of initiation.

Interestingly, Stanley *et al.* (2007) make reference to the metaphor 'eating our young' and suggest this should be called lateral violence. The use of this metaphor is attributed to the seminal work of Meisnner (1986) who used a journal survey to ask the question, 'were nurses eating their young'? She was inundated with responses that have not only created an image of a caring profession as being uncaring, but more recent work (Meissner 1999) suggests that the metaphor's valence has remained over time. She argues that in other professions, on the job training is the norm rather than the exception and when novices face a lack of care and concern, are ignored or treated condescendingly, become frustrated.

The frustration on the part of novice nurses and the general lack of caring for one another has the capacity to compound and weaken the common bonds unique to nursing. Having to conform to counteract being alienated sees student nurses 'going along with dubious practices and 'not rocking the boat' (Levett-Jones and Lathlean 2008) although not quite the professional unity needed to maintain and strengthen the present inter-disciplinary climate. Farrell (2001) suggests that nurses are less upset by patient assault or aggression shown by other disciplines than the aggression between nursing staff. Finally, the work of

Dargon (1999) suggests that the proliferation of horizontal violence within nursing and midwifery exists to preserve both the hierarchical structures and the status quo (Farrell 2001).

In conclusion, civility matters. Within a civil climate, professionals should also be able to develop a healthy self-respect and respect for others. Whilst the literature has provided various definitions of incivility, it is generally seen as a form of harassment and aggression that can be both psychological and emotional (Felblinger 2008). Incivility has ambiguous intent to harm and includes rude and discourteous behaviour with a general lack of regard for others (Pearson *et al.* 2001). As Felblinger (2008) has indicated, nurses belong to a common humanity and therefore should be capable of collaboration within a civil climate. For this to happen there must be self-esteem, self-control, sensitivity, tolerance and fairness (Felblinger 2008). If not, the ideal workplace norm of mutual respect is violated (Andersson and Pearson 1999).

Appendix Four: Publication based on a systematic review of the pertinent literature

Resilience to care: A systematic review and meta-synthesis of the qualitative literature concerning the experiences of student nurses in adult hospital settings in the UK

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ARTICLE INFO

SUMMARY

Aim: The aim of the study was to gain new insights into the experiences and accounts of adult pre-registration student nurse clinical allocations in hospital settings in the UK.
Design: A systematic review and meta-synthesis of the qualitative literature was undertaken.
Data sources: Pertinent papers published from 1990 to 2010 were identified through searches of Cumulative Index for Nursing and Allied Health Literature, Proquest, Medline (PubMed), and the British Nursing Index. Hand and citation searching was also undertaken.
Review methods: Ten relevant papers were identified for review. Quality checks on the robustness of the studies were undertaken. Data extraction included identifying details of the study's settings, sample details, focus of the study, research design, data collection methods, data analysis approaches and qualitative data themes.
Results: Approximately 40 qualitative data themes were identified and were the subject of a meta-synthesis. Five cross-cutting synthesised data themes were identified including: pre-placement anticipation, the realities of the clinical environment, clinical learning and becoming a nurse. Stress and coping was a concurrent topic area and related to all the synthesised themes.
Conclusions: The findings give new insights into the clinical experiences of student nurses of which the stress of learning in clinical environments and the development of emotional resilience is a focal issue. Whilst the majority of students in the UK experience nurturing, caring clinical environments and positive staff relationships, however, some do not. Reports of negative student nurse clinical experiences are shown in this review to have endured through time. Nurse educators should be alert to the possibility that some students may have very negative clinical experiences. The consequences such negative experiences will affect such things as increases to student attrition and the help perpetuate the cycle of negative clinical learning experiences occurring in the future.
Published by Elsevier Ltd.

Introduction

Studies exploring the clinical education of nursing students represent some of the early work of researchers in the UK. For example, Melia (1982) found that students worked to 'fit in' and saw their training as a series of hurdles to overcome in order to pass exams and achieve satisfactory reports from the ward manager. Since early studies such as Melia's there have been a plethora of changes to nurse education including Project 2000 introduced in the early 1990s which saw the transfer of nurse education from hospital training schools to Higher Education Institutions with the requirement for student nurses to spend 2300 hours learning in clinical practice. In the last two decades whilst the fundamental principles introduced with Project 2000 remain there have been a number of other major curriculum changes including 'Making a difference', (Department of Health, 1999) and other more recent major curriculum changes (Nursing and Midwifery Council, 2010). Learning in clinical practice, however remains a cornerstone of pre-registration preparation programmes.

Whilst these changes are UK-centric the underpinning debates have international relevance. For example, in Australia the clinical placement context of student learning, are issues analogous with concerns of the international community of nurse educators (Holland, 2010). How students learn to nurse and the value systems that students are exposed to in practice are important to nurses and indeed the future care of patients on a world-wide basis.

The review

Aim

The aim of the systematic review and meta-synthesis was to give new insights into the experiences and accounts of adult

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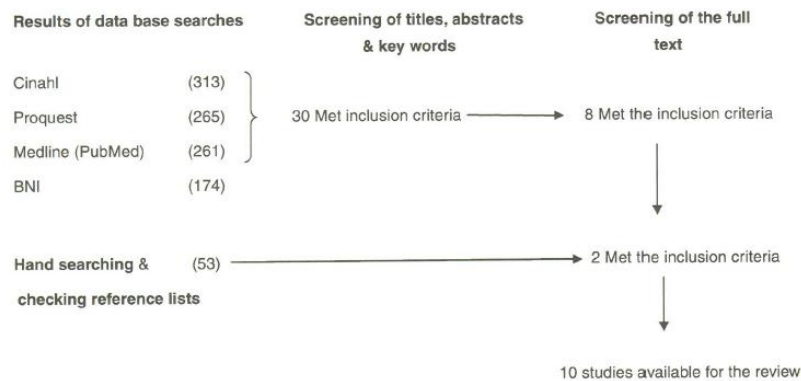| Results of data base searches		Screening of titles, abstracts & key words	Screening of the full text
Cinahl	(313)		
Proquest	(265)	30 Met inclusion criteria ——→	8 Met the inclusion criteria
Medline (PubMed)	(261)		
BNI	(174)		
Hand searching & checking reference lists	(53)	————————————→	2 Met the inclusion criteria
			10 studies available for the review

Fig. 1. Results of the search strategy.

pre-registration student nurse clinical allocations in hospital settings in the UK. The study was undertaken as part of the first author's doctoral studies where initial findings of this study have revealed worrying student nurse accounts of their clinical experiences. It was therefore decided to undertake this review to establish how these present-day accounts compare to the findings of other authors.

Design

The study undertaken was a systematic review and meta-synthesis of qualitative studies. Qualitative approaches are important in healthcare research in order to gain insight into why patients and healthcare professionals behave in particular ways and to focus on participants' feelings, meanings and experiences (Bowling, 2002). For example, quantitative researchers can explore participants' experiences and highlight the extent of a problem, or how much of a problem exists. However, quantitative research often does not give reasons why the problem exists in the first place. Qualitative researchers aim to explore why something is happening and so help generate ideas to solve the problem.

Meta-synthesis is described by Zimmer (2004) as a type of qualitative study that uses data from other studies that have a similar focus. A qualitative meta-synthesis entails a comparison, translation and analysis of original findings from which new interpretations are generated (Zimmer, 2004). In contrast meta-analysis uses statistical methods to combine the results of several quantitative studies. The strengths of meta-synthesis is that it enables what are often small locally-based data sets to be integrated into a larger body of data allowing for a more extensive thematic analysis to take place which is more transferable and generalisable (Atkins et al., 2008). Data used in the meta-synthesis were the findings of studies identified as a result of undertaking a systematic review.

Search methods for the systematic review

A computerised search using Cinahl (Cumulative Index for Nursing and Allied Health Literature), Proquest, Medline (PubMed), and the BNI (British Nursing Index) was undertaken and relevant papers published from 1990 to 2010 were identified. Key words used to search for relevant literature included pre-reg* student nurs*, AND secondary care OR hospital AND clinical placement OR clinical allocation OR clinical experience OR clinical practice in abstract. Hand-searching of journals which have a focus on nurse education and back-referencing or citation searching of the selected studies was undertaken.

Criteria for inclusion

Types of studies suitable for inclusion:

- Qualitative research design including ethnographic, phenomenological and grounded theory studies

Types of participants

- Full-time, adult pre-registration student nurses studying on diploma or degree programmes

Type of clinical settings

- Hospital settings in the UK

Limits were set at studies published since 01/01/1990 and English language papers.

Search outcomes

Initial searches identified 1013 relevant publications. After eliminating duplicated papers and applying the inclusion criteria initial screening of titles, abstracts and keywords of the papers were undertaken. Thirty publications were identified as being possibly useful. After reading the full text of these papers eight were found to meet the inclusion criteria. Checking the reference lists of selected publications and hand-searching key UK nurse education journals gave rise to two additional publications being included in the review. Ten publications were finally included in the analysis. (Fig. 1 gives details of the search outcomes.)

Quality appraisal and data extraction

Independent quality checks using the Joanna Briggs-Qualitative Assessment and Review Instrument (Briggs, 2010) were undertaken. Most of the studies identified as being relevant met the majority of the critical appraisal criteria. The exceptions were two papers by Hamill (1995) and Fitzpatrick et al. (1996) which received negative scores concerning gaining ethical approval. It was however, decided to include these papers as it was thought that gaining ethical approval was probably not required at the time when the studies were undertaken and would not necessarily affect the quality of the studies. The areas addressed in the quality assessment are given in Table 1.

The forms used for data extraction utilised the heading given in Tables 2 and 3. That is the focus of the study, the study settings,

Table 1
Items covered in JBI QARI Critical Appraisal Checklist.

1. Is there congruity between the stated philosophical perspective and the research methodology?
2. Is there congruity between the research methodology and the research question or objectives?
4. Is there congruity between the research methodology and the representation and analysis of data?
5. Is there congruity between the research methodology and the interpretation of results?
6. Is there a statement locating the researcher culturally or theoretically?
7. Is the influence of the researcher on the research, and vice-versa, addressed?
8. Are participants, and their voices, adequately represented?
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

sample details, research design, methods of data collection and analysis and the main themes of the findings were identified in the papers reviewed and the data extraction forms completed accordingly. After the first and third author had independently completed the data extraction tables any differences were examined with the second author acting as an adjudicator. These checks were designed to ensure the accuracy of data used in the meta-synthesis.

Meta-synthesis

Following data extraction the data themes of the ten included papers were the subject of the meta-synthesis. The strategy used for the meta-synthesis was informed by the work of Noblit and Hare (1988) and involved amalgamating the findings of the ten studies. The seven steps of Noblit and Hare's (1988) method are getting started, deciding what is relevant to the chosen topic area, reading the studies, determining how the studies are related, translating the studies into each other, synthesising the translations and expressing the synthesis. Initial stages of this method were largely encompassed during the course of undertaking the systematic review. Key features of later stages of the meta-synthesis using Noblit and Hare's (1988) approach was appraisal of the themes and patterns found in the studies reviewed or the translation of the studies into each other.

The ten studies reviewed had 39 different data themes which it is thought to give evidence of the richness of the data reviewed. Using what Zimmer (2004) describes as 'a dynamic and iterative' processes of thinking, interpreting, creating, theorizing and reflecting (p313) it was possible to distil five cross-cutting themes. Identification of these five cross-cutting themes relates to Noblit and Hare's (1988) final

stages of synthesising the translations and expressing the synthesis. Identification of the synthesised themes was the subject of lengthy discussions between all the authors. The very few disagreements that occurred were resolved by consensus. The results of the synthesis are discussed in more detail in following sections of this paper.

Findings

Study settings, sample groups, and focus of the studies

Seven of the studies were conducted at English Universities and Higher Education Institutions, two at a Northern Ireland University and Higher Education Institute, and one at a Scottish University. One was multi-sited (Fitzpatrick et al., 1996). Sample sizes ranged from ten students (Hamill, 1995) to 99 adult branch students (Fitzpatrick et al., 1996).

Four studies focused on the effects clinical practice had on the socialisation of students (Brennan and McSherry, 2006; Gray and Smith, 1999; Fitzpatrick et al., 1996; Mackintosh, 2006); whereas others looked at the stress experienced by students (Hamill, 1995), the nature of transition (Holland, 1999), perceptions of supernumerary status (McGowan, 2005), impressions of clinical nursing (Pearcy and Elliot, 2004) and the importance of friendship in clinical practice (Roberts, 2008). All of the studies had students' experiences of clinical practice as their focus.

A summary of these findings is given in Table 2.

Design, methods of data collection and data analysis

The design employed in the majority of the studies was generally described as a qualitative study which was retrospective, longitudinal or comparative study in nature (Brennan and McSherry, 2006; Kevern and Webb, 2004; Fitzpatrick et al., 1996; McGowan, 2005; Mackintosh, 2006). Other authors were more explicit in the type of qualitative research design used. For example, Gray and Smith (1999) and Hamill (1995) used grounded theory approaches, Holland (1999) and Roberts (2008) ethnography and Pearcy and Elliot (2004) phenomenology. The use of studies using different designs could be viewed as a study limitation, however, whilst the way of arriving at the conclusions may differ this does not necessarily invalidate synthesis of studies which use different designs and methods. Indeed the use of methodological triangulation is described by Denzin and Lincoln (1998) in a very positive light with other authors such as Glaser (1978) describing how a theory generated from only one data source is much less robust than using 'slices of data' from different sources.

The most frequent method of data collection was use of semi-structured or in-depth interviews (Gray and Smith, 1999;

Table 2
Focus of the study and sample groups.

Study	Focus of study	Sample
Brennan and McSherry (2006)	The professional socialisation from health care assistant (HCA) to student nurse	Adult branch students ($n = 14$) with previous experience as a HCA recruited from an English University
Gray and Smith (1999)	Longitudinal study of the professional socialisation of student nurses	Adult branch students ($n = 17$) recruited from a Scottish University
Hamill (1995)	Student experiences of stress	Adult branch students ($n = 10$) recruited from a College of Nursing in Northern Ireland
Holland (1999)	The nature of transition experienced by student nurses in becoming qualified nurses	Four groups of adult branch students recruited from an English University
Kevern and Webb (2004)	Mature women's experiences of pre-registration nurse education	Mature women adult branch students ($n = 32$) recruited from an English University
Fitzpatrick et al. (1996)	Key influences on the professional socialisation of student nurses	Adult branch students ($n = 99$) recruited from three English Higher Education Institutes
McGowan (2005)	Student nurse perceptions of supernumerary status	Second year students ($n = 60$) recruited from a Northern Ireland University
Mackintosh (2006)	A longitudinal study of the socialisation of student nurses	Third year adult branch students ($n = 16$) recruited from an English University
Pearcy and Elliot (2004)	Student nurses' impressions of clinical nursing	Third and fourth year students ($n = 14$) recruited from an English University
Roberts (2008)	A longitudinal study of the importance of friendship in clinical practice	Adult branch students ($n = 15$) recruited from an English University

Table 3
Study designs, methods of data collection and analysis and data themes.

Study	Design	Method of data collection	Method of data analysis	Data themes
Brennan and McSherry (2006)	Retrospective qualitative study	Focus group	Thematic content analysis described by Burnard (1991)	Culture shock
				Comfort zone
				Clinical issues
Gray and Smith (1999)	Longitudinal grounded theory study	Semi-structured interviews	Constant comparative analysis described by Glaser (1978) & Strauss (1987) with the aid of NUD.IST.	Anticipatory anxiety
				Reality shock
				Becoming a branch student
				Total surrender of supernumerary status
				The end is nigh
Hamill (1995)	Grounded theory study	In-depth interviews	Grounded Theory described by Glaser and Strauss (1967)	Stress
				Lack of practice skills
				Coping strategies
Holland (1999)	Ethnographic longitudinal study	Participant & non-participant observation & open-ended questionnaire	Thematic analysis of field notes as described by Streubert and Carpenter (1995) with reliability checks suggested by Mackenzie (1994)	Becoming a student nurse
				Being a student nurse
				Becoming a qualified nurse
Kevern and Webb (2004)	A qualitative study	Focus group	Thematic analysis based on Knodel's (1993) model	Didn't know what to expect
				Reality shock
				Learning the game
Fitzpatrick et al. (1996)	A comparative study	Semi-structured interviews	Thematic content analysis	Significant events in clinical experience
				Significant persons in influencing clinical practice learning
McGowan (2005)	Retrospective qualitative study	Focus group	Morse and Field's (1996) four stage thematic analysis	Not counted in staff numbers
				Lack of preparation
				Leadership style
				Experiences of mentorship
				Extra pair of hands
				Not allowed to study
				Learning enhanced
				Feeling of being used
				Reduction in self confidence
Mackintosh (2006)	A longitudinal study	Semi-structured interviews	Morse & Field's (1996) four stage thematic analysis	Idea and context of care
				Pleasure gained by caring for patients
				Fears about caring for patients
				Coping with being a nurse
Pearcy and Elliot (2004)	Exploratory qualitative phenomenological study	Focus group	Thematic content analysis	Influence of the ward culture
				Learning from the negatives
				Mentors
Roberts (2008)	An ethnographic study	Interviews, non-participant observation	Interpretative ethnographic approaches (Brewer 2000) with data verification as suggested by Ashworth (1987)	Ask anything culture
				Being in the same boat
				Birds of a feather flock together
				Knowledge not necessary linked to seniority

Hamill, 1995; Fitzpatrick et al., 1996; Mackintosh, 2006) or focus group methods (Brennan and McSherry, 2006; Kevern and Webb, 2004; McGowan, 2005, and Pearcy and Elliot, 2004). Holland (1999) and Roberts (2008) used mixed method approaches including participant and non-participant observation, open questionnaires and semi-structured interviews.

When reporting on methods used for data analysis the majority of the authors said they had used thematic content analysis procedures (Brennan and McSherry, 2006; Kevern and Webb, 2004; Fitzpatrick et al., 1996; Pearcy and Elliot, 2004). Others used grounded theory approaches (Gray and Smith, 1999; Hamill, 1995; McGowan, 2005; Mackintosh, 2006) and some ethnographic data analysis methods (Holland, 1999, and Roberts, 2008).

A summary of these findings is given in Table 3.

Synthesised finding

Five cross-cutting themes were identified: pre-placement anticipation, the realities of the clinical environment, clinical learning and becoming a nurse. It was found that stress and coping was a concurrent topic which was related to all the other synthesised themes. An overview of the synthesised findings is given in Fig. 2.

Pre-placement anticipation

Many of the studies describe what is termed by Gray and Smith (1999) as 'anticipatory anxiety (p641)' when students contemplate embarking on their first clinical placement. For example, students describe their excitement and pleasure when they are about to undertake their first clinical placement but this is accompanied by an
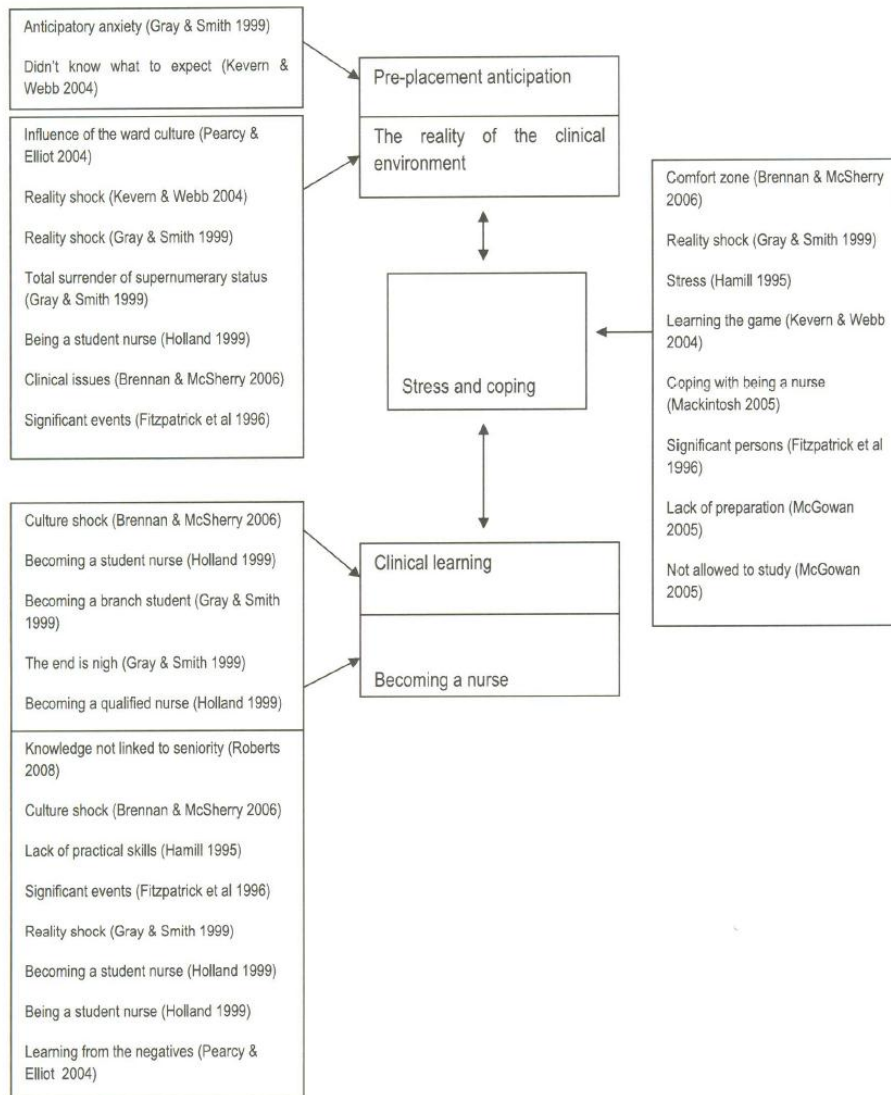
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Anticipatory anxiety (Gray & Smith 1999)	
Didn't know what to expect (Kevern & Webb 2004)	

Pre-placement anticipation

The reality of the clinical environment

Influence of the ward culture (Pearcy & Elliot 2004)
Reality shock (Kevern & Webb 2004)
Reality shock (Gray & Smith 1999)
Total surrender of supernumerary status (Gray & Smith 1999)
Being a student nurse (Holland 1999)
Clinical issues (Brennan & McSherry 2006)
Significant events (Fitzpatrick et al 1996)

Comfort zone (Brennan & McSherry 2006)
Reality shock (Gray & Smith 1999)
Stress (Hamill 1995)
Learning the game (Kevern & Webb 2004)
Coping with being a nurse (Mackintosh 2005)
Significant persons (Fitzpatrick et al 1996)
Lack of preparation (McGowan 2005)
Not allowed to study (McGowan 2005)

Stress and coping

Culture shock (Brennan & McSherry 2006)
Becoming a student nurse (Holland 1999)
Becoming a branch student (Gray & Smith 1999)
The end is nigh (Gray & Smith 1999)
Becoming a qualified nurse (Holland 1999)

Clinical learning

Becoming a nurse

Knowledge not linked to seniority (Roberts 2008)
Culture shock (Brennan & McSherry 2006)
Lack of practical skills (Hamill 1995)
Significant events (Fitzpatrick et al 1996)
Reality shock (Gray & Smith 1999)
Becoming a student nurse (Holland 1999)
Being a student nurse (Holland 1999)
Learning from the negatives (Pearcy & Elliot 2004)

Fig. 2. Data themes of the reviewed studies and the synthesised themes.

ambivalence of not knowing what to expect and generally fear of the unknown (Gray and Smith, 1999 and Holland, 1999). Some authors also reported that student expectations of clinical practice are idealised (Holland, 1999) and based on a vocational imagery of nursing as 'helping and caring for sick people (p232)' and 'an inner sense of vocation' (Mackintosh, 2006, p957). Similarly the mature students in Kevern and Webb's (2004) study experienced apprehension on entering into nurse education and had difficulty imagining exchanging their previous secure identity with that of a student. However, the majority of the authors describe the reality of students' ward allocations to be very different to these initial expectations.

The realities of the clinical environment

A further synthesised theme is students' reactions to the realities of their first clinical placements. For example, Hamill (1995) describes how sometimes initial impressions of early clinical placements are

coloured by ward staff not being aware that students have been allocated to their ward. Hamill (1995) further reports that this causes feelings of being made to feel unwanted. Other authors describe the reality of clinical environments as being a 'culture shock' for students (Brennan and McSherry, 2006, p5) as it is when the 'lay conceptions of nursing meets the actuality of being on a ward (p5)'. That is pre-placement expectations do not reflect the reality (Gray and Smith, 1999) and that 'student commitment and idealism is not met at ward level' (Hamill, 1995, p533). Additionally some authors report that many students feel ill-prepared for the realities of clinical practice which causes anxiety and stress (Hamill, 1995). This included those with prior clinical experience such as former Health Care Assistants (HCAs) as they are said 'to know what they didn't know' (Brennan and McSherry, 2006, p5). In addition the competing demands of being a 'student' and 'worker' contributed to a sense of reality shock for the mature students in Kevern and Webb's (2004) study.

Student nurses'' early impressions of the clinical environment are also affected by the reality of ward working conditions. For example, Kevern and Webb (2004) report that many of the mature female students studied identified that the intensity of clinical work, unsocial hours, travelling to clinical placements caused difficulties. Similarly exhausting workloads, long shifts and learning to cope with death and social problems were also problematic (McGowan, 2005 and Mackintosh, 2006). Pearcy and Elliot (2004) however, report that there is debate if the types of patients being cared for makes a difference. For example, it is not clear if there is a fast turnover and limited time to get to know patients causes particular difficulties. However, other authors describe how short placements and short spans of duty often result in students not being well integrated with the ward team (Hamill, 1995). Student uniforms also set them apart as being 'different' (Fitzpatrick et al., 1996). Generally the negative attitudes of ward staff towards students are reported as a frequent occurrence (Hamill, 1995).

Clinical learning

A recurring theme is how students acquire clinical skills and how the most important learning occurs from interactions with qualified nurses in practice (McGowan, 2005; Fitzpatrick et al., 1996). Whilst McGowan (2005) reports that ward managers are crucial to students having a positive placement experience other studies emphasise how a student's clinical mentor is the lynchpin for acquisition of clinical skills. For example, Fitzpatrick et al. (1996) describes the importance of students having positive role clinical models. Similarly Pearcy and Elliot (2004), identifies the influential role mentors play in helping students develop practical skills. Also related are students' experiences of mentorship which are often disappointing with poor mentoring and ad hoc mentoring occurring.

Generally it is reported that clinical learning experiences often fail to live up to students' expectations and that some describe 'learning how not to practice through exposure to negative role models and examples of bad practice' (Fitzpatrick et al., 1996, p513). Mackintosh (2006) also reports 'incidents when care was missing (p957)' and 'ward staff losing sight of their reason for doing the job (p958)' and treated it as ' just any other job with the main point being purely to earn a wage (p958)'. Students' reactions is often 'growing cynicism' (Pearcy and Elliot, 2004, p385). Students are also said to pick up ward staffs' negative attitudes to long-stay patients and how 'trained nurses' cannot be bothered to sit and talk to patients and choose instead to sit in the office and have a 'ciggie' (p384). Some authors describe that being placed on a ward with a good clinical environment, that is well staffed and where staff morale is good helps persuade some students who are going to leave the programme to stay (Pearcy and Elliot, 2004).

Learning the basic skills of nursing care occurs in the early stages of training with some authors identifying how students learn by trial and error and by reflecting on past experiences (Gray and

Smith, 1999; Holland, 1999). Some authors also describe how students perceive there is a hierarchy of care skills (Holland, 1999). The skills hierarchy is associated with provision of basic nursing care, to more complex technical skills with many students developing a mental checklist of skills they need to acquire. Fitzpatrick et al. (1996) also describes how students draw on a specific practice allocations or significant events to learn certain technical skills. For some with previous clinical experience such as HCAs it is a matter of re-learning skills as they recognise what they have done before has been clinically unsound.

Becoming a nurse

As students enter the intermediate and later stages of their programme a period of transition occurs. The initial part of this transition occurs when students enter their branch programme which is identified by Gray and Smith (1999) as when 'real' learning about clinical practice takes place. Also there are expectations of being able to manage the care of allocated patients with minimal support. Importantly it is at this stage when students learn how practice holistically and start to intuitively know when something unusual has occurred. For many this means being viewed as someone with more experience but still having doubts if they have the necessary skills. For example, Mackintosh (2006) describes how some students worried about not doing things correctly or forgetting to do something of importance. It is learnt with increased levels of responsibility there are increased demands.

Another theme in the earlier studies reviewed is students having a rostered service contribution and supernumerary status. Some authors describe how definitions of supernumerary status vary and are subject of misunderstandings (McGowan, 2005). Negative effects on students' self-confidence when their supernumerary status is compromised and the disillusionment this causes are also well-documented (Gray and Smith, 1999). For example, when ward staffing levels are poor many of the students describe how they 'learn on their feet' (Pearcey and Elliott, 2004, p385). For those who have previously been a HCA this may be more acute as they are 'utilised as a HCA at the expense of their learning' (Brennan and McSherry, 2006, p211).

In the later phases of becoming a nurse students are said to begin to distance themselves from their mentors and 'move from tasks to be learnt to thinking about patients holistically' (Gray and Smith, 1999, p643). Many students are now described as having the assertive skills necessary to become a patient advocate (Holland, 1999). Most feel positive about embarking on their future career as a staff nurse but a number did 'fear the loss of their student role' (Gray and Smith, 1999, p644). This was compounded by criticisms voiced by qualified nurses that 'nurses today are less skilled than traditionally trained counterparts (Fitzpatrick et al., 1996, p515)'. Holland (1999) also talks about students being in limbo as when they had college their registration had not yet been confirmed. Finally some students did report of a 'new anticipatory anxiety about undertaking role of staff nurse' (Gray and Smith, 1999, p645).

Stress and coping

Stress and coping is a concurrent issue within all the synthesised themes with many authors describing how clinical environments are a frequent and persistent source of stress for students. Many experience the negative attitudes of staff 'towards nursing as a job, towards patients and most frequently towards themselves as students' (Pearcey and Elliott, 2004, p385). Students in Pearcy and Elliott's study were also said to be 'keenly aware of the low morale on the wards and general feelings of negativity (p385). Other sources of stress in the clinical environment concern the very nature of nursing and learning how to cope with 'death and all the horrible social problems that come up' (Mackintosh, 2006, p957).

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A variety of reactions to the stress are reported. For example, Hamill (1995) describes how some students resort to binge eating, drinking too much alcohol and on the more positive side participating in physical exercise and peer discussion of stressors. Mackintosh (2006) however, describes how gradually many students learn to 'demarcate home from student life and develop the ability to switch off (p958)'. Some authors also report that learning the ward routine and learning how to fit in and be part of the team makes clinical experiences less stressful. (Gray and Smith, 1999; Hamill, 1995 and Holland, 1999). Also being willing to 'muck in' is a useful strategy used by students to gain acceptance by the ward staff. Most authors describe how learning to fit in is important if students are to be accepted by ward staff and lose their 'outsider' status and its associated stigma.

Paradoxically are reports of support and strength that students derive from one another and how many students form enduring friendships (Kevern and Webb, 2004). Roberts (2008) describes this as developing a 'community of students (p367)' where each other's support is invaluable. Other authors explore the support that students who have been a HCA provide to other students and that they are 'looked up to' in early stages of training as they are frequently 'willing to share their knowledge of clinical care giving (p206)' with others (Brennan and McSherry, 2006). However, there are some reports of the role confusion this may cause and how students who had previously been a HCA means that sometimes ward staff are over-reliant on their clinical contribution (Brennan and McSherry, 2006 and Holland, 1999).

Discussion

Whilst there are changes in emphasis the relevance many themes of the synthesis can be shown to span not only the 20 years covered in the review but in the previous history of nurse education. For example, early studies identify the ward manager as having a pivotal role in students' clinical learning experiences (Melia, 1982). In the present study it would seem that the importance of the ward manager may have been superseded by the central role clinical mentors now play. Similarly issues surrounding the supernumerary status of students in clinical practice are a more recent issue whilst in previous times the apprenticeship nature of nurse training was more to the fore. However, what has endured through time is the stressful nature of the clinical learning environment described in classic socialisation study undertaken by Melia (1982) and alluded to by all the authors whose work has been reviewed. Thus whilst the inclusion of studies that were conducted 20 years ago may be viewed as a limitation of the present review the similarity of findings through time must cause some disquiet. That is review of later studies demonstrates that despite all the changes to nurse education in the UK over the last 20 years the issue of negative clinical experiences some student nurses endure remains unresolved.

Clearly the large majority of students in the UK experience nurturing, caring clinical environments and positive staff relationships, however, some do not. The relevance of the synthesised theme, stress and coping is representative of these findings. This is not purely a UK phenomena as authors such as Johnson (2009) give an international perspective on bullying and harassment in clinical areas, and Nolan (1998), Dellasega (2009) and Rocker (2008) describing similar concerns in Australia, the US and Canada. Such studies raise questions as to what features inherent in nursing practice leads to instances of students observing and experiencing what at one level may be described as an unwelcoming and daunting reception by clinical staff to one which is hostile and disenchanting. It could be that a vicious circle of being poorly taught in clinical settings leads to the next generation adopting similar practices. Nurse educators therefore need to be alert to the consequences of such negative experiences and the affect they may have on such things as increases to student attrition and the continuation of the cycle of destructive clinical learning experiences. However, the harsh realities of clinical practice where dealing with suffering, pain and death confronts practitioners every day must also be considered. Furthermore qualified staff behaviour could be an unconscious attempt to 'toughen up' students to accept the unvarnished truth of what clinical practice is really like.

Of significance to learning about the realities of clinical practice is the development of emotional resilience. Authors such as Luthar (2000) describe emotional resilience as enabling people to put unpleasant and painful episodes to one side which allows them to move forward in life. There are also studies that look at the role resilience plays when coping with illness. For example, Woodgate (1999) looks at emotional resilience in young people with cancer and Ablett and Jones (2007) explores how to enhance the emotional resilience of lay carers of cancer sufferers. Hodges (2008) in a US study examines professional resilience in new baccalaureate-prepared nurses working acute care settings and looks at teaching strategies that can be used to develop resilience and thus enhance career longevity. Of particular relevance to this study are findings that new nurses spend a significant amount of time learning their place in the social structure and with positive experiences, 'begin to feel more competent with skills and relationships and become increasingly aware of discrepancies between their ideas of professional nursing and their actual experiences in the work setting' (Hodges, 2008, p.80).

Studies examining emotional resilience also have resonance with one of the other synthesised themes in this study and the focus of later stages of students' clinical experience of 'becoming a nurse'. This theme also represents when the more meaningful learning about nursing practice takes place. Identity formation such as described by Cowin and Hengstberger-Sims (2006) are of particular relevance to this synthesised theme. For example, Cowin and Hengstberger-Sims (2006) suggest that student nurse self-concepts rise significantly whilst undertaking nurse education and that identification with 'being a nurse' is a strong predictor of nurse retention. It may therefore be finally concluded that integral to 'real' learning about nursing practice is developing the ability to demarcate the personal from the professional and the development of emotional resilience.

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Appendix Five: Participant information sheets

Participant Information Sheet (Diaries)

First ward experience: the perceptions of pre-registration students

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish.

- Part 1 tells you the purpose of the study and what will happen if you take part
- Part 2 gives you more detailed information about the conduct of the study

Ask if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

Part 1

What is the purpose of the study?

The study is being undertaken by a PhD student and is about the impact of the first ward experience on early socialisation and professional behaviour of pre-registration students.

Why have I been chosen?

The study is being undertaken initially with pre-registration nursing students

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

The research will last for the whole of the first ward experience (Approximately 6 weeks), during that time it will involve you keeping a diary on a daily or every other day basis and will be a portrait of your early days(first day in particular), mid-term and final days. The diary content of your experiences will be entirely up to you allowing you to 'Tell it as it is'.

Attention will not be made to spelling or grammar and you may use drawings as well.

The diaries will be handed in with your first assignment however complete they are.

Contact details

For any further information please contact Juliet Thomas on 01695-65-7033 e-mail: thomasja@edgehill.ac.uk

This completes Part 1 of the information sheet. If the information in Part 1 has interested you and you are considering participation, please continue to read the additional information in Part 2 before making any decision.

Part 2

What will happen if I don't want to carry on with the study?

You can withdraw from the study at any time without giving a reason. All demographic data would be destroyed and not included in the study findings.

Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Access to the material will be restricted to the researcher and their supervision team.

What will happen to the results of the research study?

The research is being undertaken for the researchers PhD and the thesis and any published works resulting from it will not identify you or other participants by quotations used. In addition, the ward placements included in the study will not be identified

Who has reviewed the study?

The study proposal has been peer reviewed and been ratified by the University ethics committee.

Finally thank you for taking the time to read this information sheet. If you require any further information please do not hesitate to contact me.

Juliet Thomas 01695-65-7033, thomasja@edgehill.ac.uk

Participant Information Sheet (Interviews)

First ward experience: the perceptions of pre-registration students

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish.

- Part 1 tells you the purpose of the study and what will happen if you take part
- Part 2 gives you more detailed information about the conduct of the study

Ask if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

Part 1

What is the purpose of the study?

The study is being undertaken by a PhD student and is about the impact of the first ward experience on early socialisation and professional behaviour of pre-registration students.

Why have I been chosen?

The study is being undertaken initially with pre-registration nursing students

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

This short interview will last approximately 30 minutes and be theoretical in nature that is, the proposed discussion will focus on existing analysed data in order to 'saturate' the previously developed categories and ground the developing theory.

Contact details

For any further information please contact Juliet Thomas: 01695-65-7033 e-mail: thomasja@edgehill.ac.uk

This completes Part 1 of the information sheet. If the information in Part 1 has interested you and you are considering participation, please continue to read the additional information in Part 2 before making any decision.

Part 2

What will happen if I don't want to carry on with the study?

You can withdraw from the study at any time without giving a reason. All demographic data would be destroyed and not included in the study findings.

Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Access to the material will be restricted to the researcher and their supervision team.

What will happen to the results of the research study?

The research is being undertaken for the researchers PhD and the thesis and any published works resulting from it will not identify you or other participants by quotations used. In addition, the ward placements included in the study will not be identified

Who has reviewed the study?

The study proposal has been peer reviewed and been ratified by the University ethics committee.

Finally thank you for taking the time to read this information sheet. If you require any further information please do not hesitate to contact me.

Juliet Thomas 01695-65-7033, thomasja@edgehill.ac.uk

Appendix six: Participant consent form

Edge Hill University
FACULTY OF HEALTH

CONSENT FORM

Title of Project: First Ward Experience: The perceptions of
                            Pre-Registration Students

Name of Researcher: Juliet Thomas

Please initial
box

1.   I confirm that I have read and understand the information sheet dated
     .... for the above study. I have had the opportunity
     to consider the information, ask questions and have had these
     answered satisfactorily.

2.   I understand that my participation is voluntary and that I am free to
     withdraw at any time without giving any reason, without my education
      being affected.

3.   I agree to take part in the above study.

_____   _____   _____
Name of Participant   **Date**   **Signature**

_____   _____   _____
Name of Person taking   **Date**   **Signature**
Consent

When completed, 1 for participant, 1 for researcher site file, (original)

Appendix Seven: Ethical approval letter(s)

Edge Hill University
FACULTY OF HEALTH

EPRC
Evidence-based Practice Research Centre

Juliet Thomas

31st March 2010

Dear Juliet,

Thank you for submitting your request to revise your original research ethics application ('The First Ward Experience and its impact on the early socialisation of Pre-Registration students') that was first approved by the Faculty of Health Research Ethics Committee in 2007.

I have read your request and your rationale for undertaking this extra data collection phase. I have also read through your consent form and information sheet. I have also passed this information on to one member of the Ethics Committee for their opinion. We are both in agreement that on behalf of the Faculty of Health Research Ethics Committee I give Chair's ethical approval that your extra data collection phase is appropriate and that you are free to start recruitment.

I would advise that you take extra care in approaching these potential interviewees. As they have already consented and taken part in the completion of the diaries it is important that they do not feel obliged to take part in interviews.

Good luck with the remainder of the study.

Yours sincerely

Dr Jeremy M Brown BA (Joint Hons), PGCE, PhD

Chair of Faculty of Health Research Ethics Committee
Edge Hill University
St Helens Road
Ormskirk
Lancashire L39 4QP
brownjm@edgehill.ac.uk

Appendix Eight: Correspondence – ethical and professional dilemma

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