

**Playing the Game:  
Undergraduate Student Nurses' Perceptions  
of Reflective Journals**

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## Abstract

Reflective journals are one of the most popular strategies for promoting reflective practice in nurse education. Whilst evaluations have been conducted, there remains a lack of substantive research about their value and appropriate usage. In this study the grounded theory approach was adopted in order to explore undergraduate student nurses' perceptions of reflective journals. A combination of data collection methods including participant observation, interviews and journal documents were used to locate the process and actions involved in documenting clinical practice. Using the analytic procedures of grounded theory, a core category named *playing the game* was identified.

In order to manage conflicts experienced in clinical practice, students engage in two distinct stages of journal writing. These are using a personal diary as a means of self-expression, *expressing yourself* and a further stage that involves producing the work for assessment, *writing the right thing*. The interplay between these two stages allows the students to develop valuable insight and engage in *developing a broader perspective* in order to make sense of their social world.

The study suggests it is important to position the role and value of journal writing in nurse education with clarity of purpose and recognition of its limitations. The study supports the use of a staged approach to journal writing, which encourages students to keep two separate documents: a personal diary and a professional journal. The use of reflective journals provides a medium for dialogue of and with nursing practice that involves the description, interpretation and evaluation of role performance of self and where appropriate other practitioners in the care process. The implications of these findings both in terms of nurse education and continuing professional development are discussed.

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Beverley Jane Lucas has composed this thesis and the work is the candidate's own. The work has not been submitted for any other degree or professional qualification except as specified.



## Contents

<b>Chapter One</b>	<b>Literature and Background</b>	<b>1</b>
<b>Chapter Two</b>	<b>Research Design: Focusing the study</b>	<b>24</b>
<b>Chapter Three</b>	<b>Methods</b>	<b>42</b>
<b>Chapter Four</b>	<b>Analytic Process</b>	<b>68</b>
<b>Chapter Five</b>	<b>Findings: Playing the game and Expressing yourself</b>	<b>84</b>
<b>Chapter Six</b>	<b>Findings: Writing the right thing</b>	<b>110</b>
<b>Chapter Seven</b>	<b>Findings: Developing a broader perspective</b>	<b>126</b>
<b>Chapter Eight</b>	<b>Discussion Conclusions</b>	<b>142 175</b>
<b>Bibliography</b>		<b>177</b>
<b>Appendices</b>		<b>189</b>

## List of tables

<b>Table 1</b>	<b>Data collection plan (site A)</b>	p50
<b>Table 2</b>	<b>Data collection plan (site B)</b>	p51
<b>Table 3</b>	<b>Analytic process plan</b>	p69
<b>Table 4</b>	<b>Questions used in early coding</b>	p70
<b>Table 5</b>	<b>Overview of core category</b>	p85

# Chapter One

## Literature and Background

### Introduction

In this chapter I seek to examine the use of reflective diary or journal activity as a method of recording learning in nursing practice. Sources will include my personal and professional experience as well as the wider research literature. Collectively these provide a context for the research and point toward the use of diaries as a way of promoting dialogue between student and inner self, between student and lecturer and between student and patient. Issues arising from the use of 'journalling' as a method of facilitating reflective practice and contradictions within the literature will also be discussed. In conclusion, a statement of the research problem will be presented.

### Sources of the research problem – conceptual context

Personal documents have been used in research for many years and include records such as letters, autobiographies and diaries. Personal diaries have been invaluable in historical research (Scott, 1990), have been used as a means of providing illuminative descriptions of social processes (Holbrook, 1986), and as a method of recording culture (Orlik-Jacek, 1975).

Whilst diaries are generally written for oneself, some diaries are kept for the purpose of publication or with judgement of posterity in mind (Scott, 1990). A major strength of personal documents can be considered to be their description of life experience rather than recorded fact. In order to assess the sincerity of a document, however, understanding of the motivation behind the recording is useful. Diarists may seek to present a particular view of themselves in preparation for submission to other parties. As Scott (1990:177) suggests, was the diary: 'produced purely to record an individual's innermost thoughts, or did the author have at least one eye on publication?' This point raises issues for lecturers who utilise student diaries as a means of recording learning in clinical practice situations, and was the starting point

for this research. Drawing upon my personal interest and professional experience of diary writing, I sought to question at what point a diary, recording personal experience, becomes a professional document.

### **Personal and professional experience**

Strauss (1987) suggests that researchers bring 'experiential data' to research situations, which include not only technical knowledge but also personal experience, and it would seem appropriate to describe this in my case. As a student nurse I was asked to keep a learning diary as a personal document to record my clinical experience. The charge nurse involved in my clinical placement unexpectedly asked to see my diary in order to 'develop my learning experience'. Whilst this was not a formal requirement in terms of assessment, I found the activity of writing and sharing my document a useful one. The charge nurse who read my document was one with whom I felt able to share my experience, but not withstanding this factor I chose not to show him the complete document. Prior to our reflective discussion I took out some of the more private aspects of my writing and concentrated on less contentious issues arising from my clinical placement.

During clinical placements in my educational preparation as a nurse lecturer I completed a further document termed a learning journal, as part of my formative assessment. Throughout this period I found the journal a particularly valuable aid in which to document my professional experience and examine links with educational theory. In this way I was able to use the diary as a process of linking theory and practice and as a means of structuring my learning outcomes. In this case I felt able to show my clinical assessor the unabridged journal and we had numerous reflective discussions about its content; however, when it came to submission of the document to my academic supervisor, I excluded a number of writings.

My personal experience of completing learning diaries as a student lecturer was positive. However other students undertaking the course did not always value diary writing and this prompted a small-scale research project (Whitemoss, 1991). When presenting the results of this project at a nurse education conference (Whitemoss,

1992) a significant number of nurse lecturers also raised similar concerns related to their experience of promoting the use of learning diaries and about the nature of their use. The conference experience convinced me that the implementation of learning diaries in nurse education required further investigation.

More recently, through my involvement in curriculum development I noted the increasing use of reflective learning strategies incorporated in nursing programmes and the apparent over reliance on reflective journals as an assessment strategy. As Cameron and Mitchell (1993:290) stated: 'journal writing has become a popular, almost standard component of nursing courses'. Having outlined my personal interest and early experiences in reflective journals and the potential conflict between the personal and professional boundaries of documenting clinical experience, I sought to examine whether this was reflected in the literature as part of a wider debate about the use and potential misuse of journal writing in nurse education.

## **Reflection**

Within the profession, proposals to promote the use of reflection in nursing practice in order to develop the 'reflective practitioner' have been implemented across both pre- and post-registration education (UKCC, 1986; ENB, 1991; ENB, 1994a; UKCC, 1990). Whilst it is not my intention to examine the debate arising from this promotion, the implications of such guidance are widespread. Within the educational preparation of pre- and post-registration nurses, programmes of study are required to develop qualities associated with 'reflective practitioners', and as such need to provide evidence of reflective teaching and learning strategies. Furthermore, in order to remain in practice, qualified nurses need to provide evidence of such reflection in terms of maintaining a personal professional profile as part of statutory requirements (UKCC, 1995).

One method of promoting reflective practice receiving current acclaim is the use of learning diaries or journals. Platzer et al (1997) reviewed theoretical models of reflection and strategies to promote reflection in nursing practice and found the most popular technique used was that of diaries or journals. The literature appears to be

contradictory about the terms used to describe such documents; however, before examining this, it is worthwhile to note that as reflection has received greater prominence in the literature, particularly over the last five years, so the literature in relation to journal keeping has also proliferated. At the time of drafting this research proposal the available literature was sparse but this literature review is now augmented with contemporary sources and demonstrates well the proliferation.

### **Defining the terms - diary or journal?**

Within the nursing literature there appears to be a lack of clarity and consistency in the terms used to describe the document intended as a means of promoting learning. This potential source of confusion has meant that a number of terms are used interchangeably to describe what at first sight would appear to be the same thing. 'Diaries' or 'journals' are the main terms used over many years to describe this learning tool. Crowley (1965) used the term 'clinical diary', whilst Rose (1962), Lyte and Thompson (1990) and Love (1996) used the term 'diary'. Hahnemann (1986), Lister (1989) and Landeen et al (1992) cited the term 'journal' to describe such a document. However, variations of these terms such as 'learning diary' (Gerrish, 1993) or 'interactive journal' (Hurtig et al, 1989) have also been noted.

The recent trend in nurse education to promote 'reflective practitioners' by using learning strategies to enhance 'reflective practice', appear to have influenced the terms used to describe 'diary-keeping'. Whilst some standardisation is evident in relation to the term 'reflection', a discrepancy still exists in the use of diary or journal within recent literature. Examples include: 'reflective diary' (Durgahee, 1998; Lowry, 1998), 'reflective journal' (Burnard, 1991; Baker, 1996; Wong et al, 1995; Getliffe, 1996; Wellard and Bethune, 1996), 'reflective peer journals' (Cameron and Mitchell, 1993) and 'reflective practice learning journals (RPLJ)' (Hancock, 1999).

This is not the only problem facing a researcher with an interest in this topic. Other terms such as 'clinical logs' (Fonteyn and Cahill, 1998; Sedlak, 1992) have also been used to describe documents, and this matter is further complicated by the

introduction of 'personal professional profiles' (UKCC, 1995) or 'professional portfolios', (ENB, 1994b) which also include a 'reflective diary or journal' element.

Some authors have simply used both diary/journal to describe such documents (Christensen, 1981; Burnard, 1988b) and it may not necessarily be the term that is used which represents a problem. What often distinguishes the use of these terms may relate more to the implications arising from their structure, access and in many cases assessment. It may be more fruitful therefore to consider their intended use rather than the potential for confusion related to terminology. For the purpose of the literature review the terms ascribed by individual authors such as 'diary or journal' will be used. However, it must be acknowledged that some confusion about such terms exists.

A theme that constantly emerges from the literature is that the process of journalling is a way of promoting dialogue. This dialogue can be usefully considered in the following categories: dialogue between student and inner self; dialogue between student and lecturer; and dialogue between student and patient.

### **Dialogue between student and inner self - therapeutic practice**

Writing a diary or journal has been frequently used as a resource to assist lifelong learners. Christensen (1981) noted that the tool had been used as a way of tapping valuable inner resources to record dreams, drawings and intuitive writing. This personal document differed from more traditional views of diary keeping which tended to focus on daily entries. Such a diary does not appear to have a rigid structure, rather the style is left to the individual with no external attempt to judge or grade entries. In this way the diary or journal represents a form of free expression that: 'encourages and enhances self-reliance and self-awareness' a way to reflect on life experience and 'contemplate future directions' (Christensen, 1981:4).

Christensen's (1981) review of the literature suggested the diary or journal was also thought to provide a therapeutic effect, which allowed students to focus and bring clarity to their lives. Progoff (1975) described the journal as a method of working



privately at the inner levels of life, as an active system of dialogue and feedback and Christensen (1981) commented on others accessing diary entries with claims that the journal should be as free as possible from others' values. Christensen (1981) also examined literature pertaining to the relationship between creativity and unconscious phenomena. It was advocated that diary keeping promoted creative insight and provided a means to record connections between the intuitive self breaking through rational thinking. This aspect is of particular interest given the work of Benner (1984) who has provided an influential forum to acknowledge intuition as a valuable source of knowledge within nursing practice; a notion previously criticised by proponents of the scientific paradigm.

### **Dialogue between student and lecturer**

In the context of nurse education there are numerous claims that diary or journal writing promotes the use of critical and reflective thinking in students involved in clinical practice (Crowley, 1965; Hahnemann, 1986; Hurtig et al, 1989; Bennett and Kingham, 1993). Attempts to impose structure on diary writing as a means of achieving learning were recorded over thirty years ago. Crowley (1965) used the 'clinical diary' to provide what was termed 'continuous first-hand data' upon which to base decisions for directing theory in the teaching-learning situation. In practice, students were asked to record their thoughts of the clinical area and then consider these in relation to learning objectives in a diary restricted to a limited audience. The diary examples were thought to assist the student: 'to see relationships and to raise critical questions in regard to what she reads, observes and hears' (p21).

Crowley (1965) noted distinct advantages for lecturers using this approach, claiming that documents provided a vivid picture of the clinical milieu as experienced by student nurses. In this way Crowley implied that the dialogue between student and lecturer enabled the teacher to obtain a realistic view of what was happening at ward level, along with the consequences of their teaching. This could be likened to using the students as participant observers, recording their experience within clinical diaries. In relation to this assertion, however, it needs to be recognised that students were handing their documents to someone who had considerable power over them



and as such the content may not have necessarily reflected the reality of the clinical encounter.

Hahnemann (1986) also suggested that journal writing helped students to acquire critical thinking skills but concentrated on the process of writing as the mechanism that forced students to search for connections and relationships. It would appear that the adoption of a flexible approach to journal writing with a lack of formalised structure is seen as a crucial factor in this claim to success. For example, Hahnemann (1986) advocates the journal as a place to experiment, be creative and have free expression or 'to test one's wings'. It follows that in order to facilitate this process of risk-taking journal entries should be completed using a free-form writing style.

A variation on the clinical diary is that of the 'interactive journal' which was used as a means of recording students' ideas, feelings, actions and reactions during mental health nursing experiences (Hurtig et al, 1989). The main difference between this and the clinical diary described earlier is the format or structure of the document. The interactive journal was relatively unstructured in nature, except that the students were asked to identify thoughts and feelings about their clinical experience. According to the authors, this enabled a reflective, speculative and creative document. In this manner the journal represented an ongoing, interactional dialogue between student and lecturer.

Bennett and Kingham (1993) also employed diaries as a process of promoting reflective thinking in relation to undergraduate nurse provision. However, they made a decision to use semi-structured diaries, which was drawn from their experience of using the tool. The structure was developed because it was thought that 'students needed to be offered some kind of direction upon which to base their enquiry' (p146). Following a structured evaluation session, results indicated that students were developing diaries to create a bridge between theory and practice. However, it was noted that some students found the structure imposed on their diary writing difficult to follow and found problems in fitting personal experiences into a format developed by teaching staff.

Diaries as a means of dialogue between student and lecturer have also been identified within the context of sociology. Miller and Miller (1976) described the use of a sociological diary as a way of countering numerous problems associated with mass education that included an identified lack of personal contact with students and the apparent divorce of some sociology courses from everyday life. The authors used the diary technique over many years and were keen to promote its use stating: 'we have convinced some colleagues to use the diary in their classes; almost everyone who adopted the diary technique was pleased with it' (p68). Miller and Miller (1976) noted eight major advantages of the sociological diary, which appear to be drawn from experience rather than any formal evaluation. These included helping students to relate theory to everyday life and as a means of providing a warning system to diagnose students having difficulty with course material. Not all of the advantages identified were assessed in purely academic terms, and it was claimed that diary entries provided interesting reading for both students and lecturers - allowing some 'unique and stimulating descriptions'. Another positive aspect cited was the means by which the diaries facilitated personal contact between students and professors to: 'an extent that neither of us had anticipated (p73)'. It is proposed that this continuous dialogue helped reduce the alienation between student and lecturer by 'allowing conversations'.

### **Dialogue between student and patient**

More recently the theme of dialogue has broadened to include diaries as a means of dialogue between student and patient. Whilst not strictly just a dialogue between these two parties, more like dialogue between student, patient and lecturer, Love (1996) used diaries as an opportunity to assess the levels of agreement between student perceptions of care delivery and those of the patient. This study asked student nurses to instruct patients to write a diary of personal experiences and how these influenced their well-being. For their part, students also recorded events that happened to their patient in a diary. Not surprisingly differences in perceptions and perspectives offered by students and those of patients were found when comparisons were made between the diaries. Whilst student nurses valued the first hand accounts of patient perceptions of care, it would appear that patients had used their diaries as therapeutic, a means of dialogue with inner self. For example, one patient used the

diary to explore feelings against another patient - a source of writing about inner conflict. In this way patients were arguably using the diary for a different function compared to that of the student who used the document as a dialogue between student and lecturer.

Whilst it would appear extremely worthwhile to gain patient perspectives of the care process through the medium of diary-writing, ethical issues that could arise from such patient accounts, was not highlighted as a problem within Love's (1996) study. Nevertheless, it would seem that a potential for conflict could exist between what patients document as a record of care and that which may appear judgmental to the professional carer. Students could be placed in a difficult situation when faced with patient diary entries recording such events. The implications arising from sharing these events between other students and the lecturer as part of the assessment profile (group presentation and written summative account) was not explored in the author's account.

### **Risk factors - access and assessment**

A dilemma facing lecturers adopting the journal technique appears to revolve around the interrelated issues of access and assessment of documents. If students are to hand in journals to a lecturer, there may be examples of writing according to who will read them. This is a critical point, given that documents reporting personal experience and used as a professional document are open to access by others and may be of a rather different character to that of purely personal recordings.

As a lecturer involved with post-registration student education, my experience of being involved in reading reflective journals suggested that in some cases that I was reading was a 'diary-like' descriptive log of events. Informal discussion with students highlighted that in some cases they 'stored experiences' and wrote these up in one sitting prior to handing them in to lecturers. These events were sometimes written as a list of tasks indicating that this often represented a purely academic exercise, rather than a method of reflecting critically upon clinical issues. This is

supported in a rare published dialogue recorded between student and assistant professor:

Student: ..but we always knew who we were doing it for. We were doing it for the instructors! We could quite easily pull off top marks and not get a thing out of it. It's easy to write the instructor's journal...but the experience was phoney from the student's perspective (Cameron and Mitchell, 1993:290).

A factor in considering access relates to the focus of the documents in that students are asked to report directly on clinical placement activity. In an earlier study, students suggested that the diary represented the potential means of 'getting into trouble' (Whitemoss, 1991). This process highlighted that many students were faced with a moral dilemma in terms of how much to reveal of their experience of clinical practice and were acutely aware of ethical and professional aspects associated with documenting personal and staff actions. Strategies for managing this dilemma included keeping the diary purely personal or having a verbal grumble or 'getting it off your chest'. This study raised questions about the way in which learning diaries were introduced by lecturers and also stressed the need to address the perceived risk factors faced by students reflecting on clinical practice.

Given the potential risks associated with this form of learning, issues pertaining to access and confidentiality should be clarified before the work commences. Returning to my earlier experience at a conference presentation, nurse lecturer delegates spoke of difficulties when attempting to ensure claims of confidentiality. In isolated cases when particularly disturbing events were recorded, the diaries then became 'public' documents and earlier safeguards given about confidentiality were withdrawn. As a consequence of this action, some students were encouraged to report their experiences to higher authorities and often at a much later date than they occurred.

Hancock (1999) acknowledged that this challenges the lecturer's position in her specific experience of using documents as part of professional development with overseas nursing students. UKCC registered lecturers who are presented with evidence of conduct, which they judge as unsafe, or cruel, are bound by professional



rules. Moreover, the author observed that some nurses from other countries might not have such a Code of Conduct and work within a different cultural context. In these circumstances Hancock (1999) argues it is up to the lecturer to: 'acknowledge cultural similarities and differences of nursing practice, and consider what action to take to improve patient care' (p40).

Bennett and Kingham (1993) have also reported potential ethical difficulties for lecturers who evaluate student diaries, although they appeared to place unstructured diaries as their major source of concern. They commented that even if the student is aware of others reading the diary, this does not necessarily mean that the material would be written with this in mind and caution that the unstructured diary may produce: 'a mass of incoherent emotions that cannot and should not be treated in an academic manner'. It could be argued that it is an assumption on the part of the authors to conclude that a more structured diary is less of a risk for the student and lecturer than unstructured writings. These concerns are graphically illustrated through an example offered by a student who completed a semi-structured diary:

Students feel extremely vulnerable and do not feel safe in revealing themselves, especially in written form. We don't come to school for this interpersonal stuff. We come for professional and personal development that is applicable to our practice, but not 'interpersonal stuff' that is directed and determined by the instructor! (Cameron and Mitchell, 1993:291).

Examples of the potential blur between what constitutes a professional and a personal document can also be found when professional diaries have been used in the context of social work as a way of achieving reflective practice (Gillies, 1992). In this setting, students were encouraged to include 'thoughts and experiences' but it is difficult to establish to what depth. Although Gillies (1992) stated that clear guidelines needed to be identified and students should be encouraged to reflect, the potential for professional diaries to become personal and reveal a great deal about the diarist was acknowledged in the following example:

A student social worker befriending a child abused by its [sic] parents will, almost certainly, reflect upon his or her own experiences as a child and possibly as a parent (p90).

Ethical issues have also been noted when journals have been used in sociological education. Wagenaar (1984) found specific importance associated to the issue of self-analysis, with evidence that some students tended to become 'too introspective and self-analytical'. This could be considered a contradiction, given the aim of the journal approach was to promote analytic skills. However, when an individual student recognised that they needed to work through a particular problem brought about by critical reflection, they ran the potential risk of being referred to a counsellor. Indeed, Wagenaar (1984) suggests that in this case the instructor: 'must decide whether to maintain the instructor role or play the role of counsellor; the most appropriate role may be to refer the student to the counselling services on campus' (p435).

In another related example, Miller and Miller (1976) tried to tackle this issue at the outset by pointing out the difference between the nature of the 'sociological diary' and that of a traditional 'personal diary'. Nevertheless, some students used the process as a direct 'call for help', which not only involved academic but also pastoral help. Examples included sexual problems, psychotic parents and extramarital affairs. The authors concluded that these accounts could cause some uncomfortable problems for professors involved in such learning strategies.

These factors raise issues of personal safety and how lecturers can support students exploring potentially threatening professional experiences that may have a bearing on personal behaviour. One approach offered by Gillies (1992) in using diaries as part of a formal assessment, is to use extracts of the diary within a classroom setting, whilst keeping the actual document itself personal to the writer. In this way, it is suggested that this can offer a way of reflecting upon information and also managing the learning experience. Burnard (1988b) who acknowledged the risks associated with diaries and assessed documents has also applied this method in nursing practice as a means of promoting discussion between the student/lecturer and the student/group. A valuable part of this action lies within the supportive environment created that enabled students to explore experiences safely. A great deal of trust, however, needs to be established between the parties concerned. It follows that lecturers need to be skilled in creating an environment conducive to this activity and

must also be prepared to share 'something of them' by presenting an experience in the same way as students.

### **Assessment – varying success**

Using journals for the purpose of assessment has raised specific concerns in the literature. In employing diaries for the purpose of academic assessment authors such as Burnard (1988b) and Lister (1989) have reported varying success. Burnard (1988b) used the method extensively as part of continuous assessment for undergraduate nurses, whilst Lister (1989) used it as a formative assessment process for diploma nurse preparation. In both cases students were also encouraged to complete the 'experiential cycle' as described by Kolb (1984) in order to reflect and make sense of their experiences. This can be viewed more as a process rather than assessment outcome.

Lyte and Thompson (1990) also used the journal as a formative assessment strategy where both lecturers and clinical mentors had access to documents. Whilst they reported that feedback from the clinical mentors was positive and encouraged co-ordination between education and service, the content of student documents involved personal experience within the mentors' clinical areas. Such mentors were also involved in writing student placement reports. In this way students may have documented what they felt were safe experiences that would not challenge the status quo. As Lister (1989) argues, students may be influenced by what they perceive they ought to put in and this may not represent an accurate reflection of the students' actual experience.

### **Grading personal experience**

Lecturers have highlighted controversy when attempting to assign a grade to personal experience recorded within journal documents. Given the lack of clarity or consistency in relation to journal keeping, this may not be surprising. It does, however, raise questions about the value of journals as a valid and reliable method of learning or assessment especially when used as a component of a degree classification as evidenced in a number of undergraduate nursing programmes.

In questioning whether experiences reported in diaries should be directly graded, Hahnemann (1986) acknowledged difficulties in evaluating student entries. After using the tool for a number of years, she reversed the policy of not attempting to grade student entries. Lecturers noted a distinct lack of motivation in diaries submitted by students who were not prepared to put a large degree of effort into them because they did not represent a part of final year course grades. As a measure for stimulating student motivation in diary keeping, Hahnemann (1986) decided to allocate a nominal grading system. If one takes a critical view of this action, it may have been used as a form of social control. Indeed, it was acknowledged as a means to:

motivate the students to write thoroughly and with meaning. We also felt it would encourage student preparation before class and it would encourage attendance (Hahnemann, 1986:214).

This method of using diaries as a compulsory requirement of assessment and as a way of ensuring students attend lectures, could be at variance with the philosophy underpinning student-centred learning. It could be argued that in these circumstances there has been little exploration of students' perceptions of the value of diaries in assisting reflection on clinical experience.

Whilst Hahnemann (1986) reverted to directly grading student entries, Wellard and Bethune (1996) suggested an alternative viewpoint that reflective journal writing in nursing courses had become popularised and was problematic. Citing their personal experience of working with specialist-focused education for post-registration students they described the use of reflective journalling as 'very discouraging'. These difficulties in practice centred on attempting to grade personal reflections and resulted in a move away from grading journals as it was found to be 'incredibly problematic'. Wellard and Bethune (1996) were critical of the apparent over use of reflective journal writing in nursing courses and questioned the unqualified use of the approach in curricula.

Hancock (1999) also found difficulties observed through personal experience of using reflective journals with students working from different countries/professional



backgrounds. Specific cultural differences were highlighted in relation to overseas students using the tool especially with those from an exam-dominated culture attempting to find the right way of writing diary entries. Journals used as a means of assessment were therefore described as 'fraught with difficulties regarding reliability and validity' and could be counter productive in terms of creativity. Hancock (1999) raised awareness of the: 'potential for mismanagement, unless lecturers handle learning through reflective practice with great sensitivity and care' (p40).

Within the discipline of sociology Miller and Miller (1976) also described their experience of using 'sociological diaries' and noted that allowing some freedom of entries produced '(quite often), brilliant comments on contemporary society'. In contrast, however, grading entries was outlined as a means of introducing tension to both students and teachers.

The experience of utilising this form of writing in sociology classes allowed Moynihan (1989) to speculate that if entries were ungraded, students would write with fewer inhibitions. The fact that they were not graded suggested that students were motivated to complete them, though why this was the case is not discussed and is at odds with the findings of Hahnemann (1986).

### **Evaluative research**

A considerable amount of the literature reviewed has focused on the personal experience of lecturers facilitating the use of reflective journals in nursing practice. Given the widespread interest and arguably high profile status of reflective journals in nursing educational programmes, there has been surprisingly little published substantive research in this area. This has also been acknowledged by Platzer et al (1997) who commented specifically on the lack of evaluative research related to the effectiveness of the diary or journal technique in the context of nursing.

A limited number of researchers have attempted to address this inadequacy using evaluative research strategies; Landeen et al (1992) used journals as a means of exploring self-awareness and attitudes toward therapeutic relationships within a

psychiatric setting. The journal tool was introduced as a teaching strategy to overcome the difficulties in observing direct interactions with clients, a potential source of stress to both parties. The research consisted of evaluating the impact of journal keeping on student nurses' attitudes towards psychiatric clients, by comparing three groups of students pre- and post-clinical experience. Students in the experimental group were instructed to write journals daily and were given some structure to follow (although it is difficult to establish at what level). At two weekly intervals, documents were handed back to nurse lecturers who provided directive comments as a process of stimulating reflection. Results concluded that journals did not appear to make a difference in changing attitudes and it was suggested that journals needed to be evaluated using an alternative research methodology, namely qualitative research.

In another study, Fonteyn and Cahill (1998) examined the effectiveness of the use of a reflective clinical log to improve student nurses' thinking strategies and cognitive awareness. Whilst the research highlighted a number of positive outcomes in relation to clinical logs, such as assisting students to become more active learners and manage their own thinking and improving metacognition, they concluded that additional research was required to confirm the study's findings. What is of interest is that the researchers did not uncover any of the difficulties arising from the use of clinical logs that have been cited elsewhere. A possible explanation is that the pilot study did not take account of the fact that clinical logs formed part of an assessment, or the assumption asked of students to: 'describe how reflection in the logs had influenced their thinking about patient care throughout the semester' (p152).

Whilst the previous two studies have raised specific research design issues when investigating this area, Wong et al (1995) outlined the difficulties in researching reflective teaching and learning strategies, which are mainly hampered by the lack of reliable and widely accepted methods for assessing whether nurses have reflected on clinical practice, more specifically, at what academic level reflection has occurred. The study sought to develop and test coding systems for reflective journals using two established reflective models developed by Boud et al (1985) and Mezirow (1991). Whilst the findings suggested that reflective journals submitted by students could be

used to determine evidence of the presence or absence of reflective thinking, allocating textual elements of the journals to finer levels of reflection was more problematic and considerably less reliable. This research is of specific interest in that it reinforces concerns expressed in the literature related to lecturers' personal experience of attempting to mark reflective journals. It also illustrates the difficulties in establishing valid and reliable methods of evaluating reflective journal content.

Students using reflective journals were interviewed as part of Wong et al's research to ascertain thought processes involved in reflection. Given the problems that lecturers have reported in attempting to utilise reflective journals as part of an assessment profile, it would seem prudent that students should also be offered the opportunity to share their perspective of the process of maintaining reflective journals.

Attempts to evaluate journals have also been made in other professions. Wilson et al (1992) used diaries to study student perceptions of teaching innovations in a medical school. This research compared medical students' perceptions of educational experiences in an innovative learning programme, using a model developed by Becker et al (1961). Students were instructed to keep weekly diaries of their lives and given a range of topics and questions that could be included. Whilst these were broad categories aimed at stimulating diary recordings, it would appear that most students structured diaries literally, as a direct response to the prompts. Furthermore the researcher had difficulty maintaining student interest in diaries and so they were given an incentive, which consisted of a library photocopying allowance. What is clear from this research is that during the final months of the study the diaries were effected, with only four students making entries. Of these, only two students fulfilled the requirement of submitting a weekly entry and showed little self-disclosure.

## Summary

In summary the literature indicates that the research problem is located between definitions and concepts which appear to be inadequately defined and somewhat underdeveloped and relationships which are poorly understood. The review highlights that documents used as a method of promoting learning were primarily termed either 'diary' or 'journal' and that these terms were often used interchangeably. It is important to examine the context of such documents as they could mean different things in different situations. Having highlighted the contradictions within the literature related to terminology I also realised that I too had used the terms inconsistently. This may not be surprising when dictionary definitions suggest difficulties in effectively distinguishing between the two:

**Diary** - *A daily record of events or transactions, a journal; specifically, a daily record of matters affecting the writer personally, or which come under his personal observation (O.E.D. 1989:612).*

**Journal** - *A daily record of events or occurrences kept for private or official use. A record of events or matters of personal interest kept by any one for their own use, in which entries are made day by day, or as events occur. Now usually implying something more elaborate than a diary (O.E.D. 1989:280).*

In developing this research proposal I explored the nature of diaries/journals as methods of data and found it useful to examine Eisner's (1981) discussion of the distinctions between qualitative and quantitative research. Eisner argued that it was not the major distinctions between these paradigms that was an issue rather: 'what is studied in a scientific mode and what is studied artistically' (p5). An Eisner analysis of this distinction was applied to differentiate the diary from the journal and thereafter was usefully applied to examine the nature of generation (or collection) and analysis of personal diaries/reflective journals and was the impetus for the following memo and subsequent elaboration.

<u>Diary</u>		<u>Journal</u>
Artistic	<b>Function</b>	Scientific
Personal/Closed Access Informal	<b>Document</b>	Professional/OpenAccess Formal
Unstructured/Creative Description	<b>Data Collection</b>	Structured
Subjective criteria Interpretative	<b>Data Analysis</b>	Objective criteria Assessment/grading
Personal vision/meaning Narrative Illumination	<b>Power?</b>	Lecturer Validation of experience Reference to literature Standardisation of style Shared dialogue

Personal diaries have been used as a dialogue with inner self, a means of recording existence and of self in relation to others that have meaning to an individual at a given point in time. These documents containing naturally generated data are unique in that they offer rich insight into the value of self-expression or a means of ‘telling a story’. These often elaborate descriptions are meaningful to the individual who offers some interpretation of subjective experience. In this way these represent an expressive, arguably artistic function by allowing illuminative examples of concepts that may be difficult to articulate such as vision, intuition and creativity. The value of diaries is that they are a means of communication with inner self and as such can be interpreted by different criteria to that associated with more objective or scientific means.

In contrast journals conform to the discipline of others and are open to scrutiny and validation. They range from the ‘professional log’ such as those used by accountants as an official record, to reflective journals as used in nurse education that are instigated and examined by others. They have a different character to those documents that are naturally generated by personal motives and ambition. This dialogue between student and lecturer records aspects of learning in a form of structured reflection that can be considered as a formal process. The reflective journal is usually associated with learning related to professional or work-related

activity. This is a critical point which is acknowledged by Burnard (1991) who in earlier work used the term diary/journal to describe the same document (Burnard, 1988b). The term 'reflective journal' was later adopted and differentiated from diary in terms of structure, with the reflective journal defined as a:

means of recording and thinking about the work we do in our everyday practice as nurses (Burnard, 1991:10).

The emphasis of reflective journals lies beyond that of descriptive narrative in order to arrive at a judgement or an evaluation of the learning experience. It could be argued that the term 'reflective journal' has been applied in nursing literature in a rather loose manner and that the prevalence of this term appears to coincide with the development of the 'reflective practitioner'. It is helpful to distinguish the reflective journal document as one associated with the act of structuring learning using a model of reflection. In its extreme form the goal of standardisation and numerical scoring of experience involves a very different set of interpretative criteria. Perception of the value of diaries or reflective journals is a key concept and will no doubt offer different perspectives by exploring the motives of the writer, or reader, or researcher using them as part of the research process.

Drawing upon this literature review and personal and professional experience I then sought to extrapolate a clearer set of labels in order to establish what I meant in relation to these terms and set out the following provisional definitions:

**Personal diary** - *A (naturally generated) dialogue with inner self, in terms of a descriptive record of personal experience with no external scrutiny.*

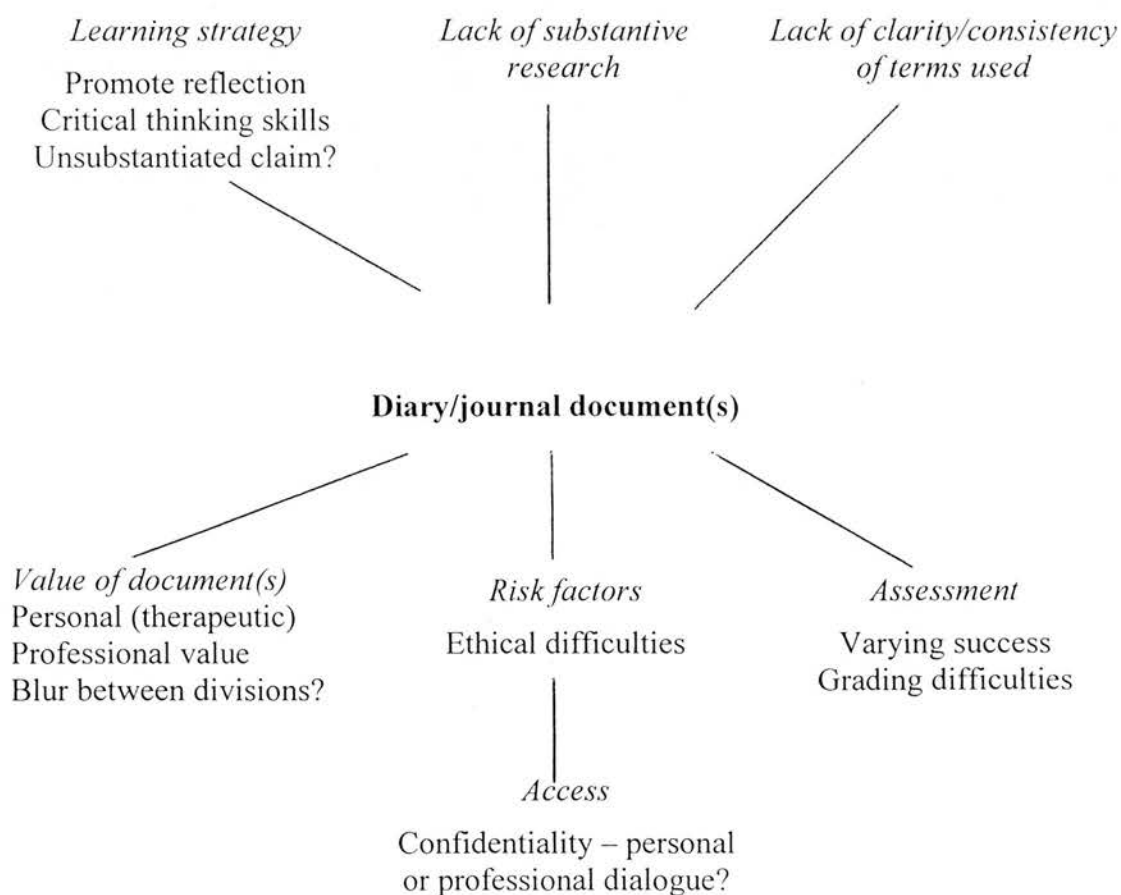
**Learning journal** – *A dialogue with inner self or self and chosen other parties where evaluation of learning in relation to clinical experience is considered.*

**Reflective journal** - *A dialogue between student and lecturer where the student is required to reflect on clinical experience in order to arrive at a judgement of the learning achieved in terms of self and professional development.*



## Identifying key concepts

Miles and Huberman (1994) suggested that the conceptual framework explains the main issues to be studied in a research study and that this is best performed graphically, rather than through text. The conceptual context for this research study started with the experiential data and literature review. Issues were usefully displayed in a concept map, which can be viewed as a valuable source of the research design. Maxwell (1996) states the concept map: 'is a picture of the territory you want to study, not of the study itself' (p37). The first attempt at formulating the conceptual map appeared rather elaborate and had a number of two-dimensional arrows which Miles and Huberman (1994) caution should be avoided as this amounts to a lack of focus. Subsequent concept maps were more focused and I arrived at the following:



Having highlighted personal and professional sources of the research problem and then situating this within the literature in order to develop the conceptual context, I

then went on to formulate the research problem statement. Creswell (1998) states the strongest rationale for conducting research: 'follows from a documented need in the literature for increased understanding and dialogue about an issue' (p94). In common with this view I also considered there was strong evidence to examine the use of reflective diaries/journals in nursing practice. Whilst valuable evaluative research has been conducted there remains a lack of substantive research in the value and appropriate usage of reflective journals as used in nursing practice. The majority of literature relates to nurse lecturers' experience of facilitating reflective journals and sources have indicated a number of benefits of this activity which include developing student critical/reflective thinking skills, relating theory to clinical experience and a means of providing dialogue between student and lecturer.

Difficulties in utilising the journal approach have also been identified and include the potential overlap between the personal and professional boundaries of documenting clinical experience. Confusion and contradiction within the literature arising from issues related to terminology, potential risk factors and their use as an assessment instrument are also highlighted. As nursing continues to embrace the trend to incorporate reflective journals into educational programmes, further exploration of their benefits and limitations appear crucial. A major consideration arising from the literature review is the lack of student voice about the process of maintaining a reflective journal and this primarily prompted the research proposal. In an attempt to make a contribution towards the overall understanding of the 'journaling' process an alternative approach, namely seeking the participant or student nurses' views of the value of reflective journals in nursing practice was seen as useful.

The study also took account of the methodological concerns raised in previous research and the difficulties of attempting to evaluate complex phenomena before concepts have been sufficiently developed. It would appear that before reflective journals can be meaningfully evaluated, a clearer understanding of issues arising from the completion of journal documents from the students' perspective was required. Against this background a qualitative research study highlighting the process of journal keeping activity from the students' perspective was indicated.



In conclusion the *statement of the research problem* is as follows: within the United Kingdom, the nursing profession has implemented proposals to promote the use of reflection in nursing practice across both pre and post-registration education. Reflective diaries or journals are established as one of the most popular learning strategies for promoting reflective practice used in nursing education. A number of studies, mainly grounded in personal experience, have highlighted concerns in relation to their utilisation. Whilst valuable evaluative research has been conducted, there remains a lack of substantive research linked to existing theory about the value and appropriate usage of reflective journals and specifically student nurses' perceptions of their application in nursing practice.

## Chapter Two

### Research Design: Focusing the study

#### Introduction

Chapter one outlined the research problem leading to this study. In this chapter I begin by providing a focus for the study by developing the research purpose and research questions. I then move on to explore the initial research design by selecting a relevant research approach and providing a rationale for using a grounded theory research strategy for the study. A critique of grounded theory indicates the potential challenges of using this approach including weaknesses found by other researchers. Finally, I turn my attention to three features of grounded theory that require further elaboration: the use of literature, theoretical sampling and theoretical sensitivity.

#### Developing the research purpose

Following the outline of the research problem (page 23) the next stage was to provide a focus for the research by the development of the purpose statement (Creswell, 1994; Creswell, 1998). The research purpose statement for this study is as follows:

The purpose of this study is to generate theory about the process of reflective journals in order to improve understanding of undergraduate student nurses' views of their application in nursing practice. At this stage in the research the reflective journal will be generally defined as a dialogue between student and lecturer where the student is required to reflect on clinical experience in order to arrive at a judgement of the learning achieved in terms of self and professional development.

#### Developing the research question(s)

The next step in the research design was to develop a research question(s). Initial attempts to devise the research question(s) were problematic and this activity proved more difficult than I had anticipated. This is not uncommon for new researchers and the complexity of this seemingly straightforward task has been acknowledged by more experienced researchers (Robson, 1993; Maxwell, 1996). Following several revisions the following overarching research question was formulated:

- How do undergraduate pre-registration nurse students perceive the value of reflective journals as used in clinical education and practice?

*Sub-questions:*

- How are actions influenced by others in reporting and documenting clinical experience?
- How do students manage the process of writing and structuring journal content?
- How are ethical issues in relation to access and assessment of documents managed?

Whilst these initial research questions directed the research study, I anticipated that these could change as the study progressed. This factor is reinforced in the literature related to generating research questions in qualitative research, which suggests that these can be revised or reformulated as the study unfolds (Rudestam and Newton, 1992). More specifically, the flexible nature of qualitative research suggests that some refining of the original research question(s) is inevitable. As Creswell (1998:19) suggests: ‘questions change during the process of research to reflect an increased understanding of the problem’. The provisional overarching research question, whilst broad, reflected an orientation toward action and process.

### **Selecting a relevant research approach**

The literature review indicated that the research problem was located between concepts, which appeared to be inadequately defined and underdeveloped, and relationships, which were poorly understood. These factors when mapped onto the research purpose and questions indicated that qualitative research was appropriate for this study. A generic definition of qualitative research put forward by Denzin and Lincoln (1998) illustrates the: ‘multimethod approach to subject matter’, the need to ‘study things in their natural settings’ and ‘make sense of, or interpret phenomena, in terms of the meanings people bring to them’ (p3). This searching part of the study suggested that different qualitative traditions of inquiry needed to be explored in terms of their suitability. Creswell’s (1998) useful critique of such traditions suggested differences in form, terms and focus. For the purpose of this study, the

qualitative approaches of phenomenology, ethnography and grounded theory were considered.

There are different classifications of phenomenology (Moustakas, 1994), but in general terms a phenomenological study attempts to describe the meaning of lived experiences about a concept or phenomenon (Creswell, 1999). This legitimate approach could have offered the opportunity to explore the meaning of student nurses' lived experiences of reflective journal writing, and provided examples of rich description. Nevertheless, the research problem highlighted the general lack of substantive research linked to existing theory. The research purpose also pointed to the development of theory rather than rich description (however valuable) and so in this context the use of phenomenology was not suggested as the most appropriate method for the research question(s).

The definition of ethnography has been subject to controversy in terms of whether it refers to a philosophical paradigm or form of data collection (Atkinson and Hammersley, 1998). A liberal interpretation of the term suggests that in its most characteristic form, the researcher participates in 'people's daily lives for an extended period of time' (Hammersley and Atkinson, 1995). Typically, this description and interpretation of cultural or social group features involves prolonged observation (Creswell, 1998). The concentrated observation of journal writing was not considered appropriate to this research because it was thought to be essentially a private, rather than social group activity. The research focus in terms of student nurses' perceptions of reflective journals suggested a different research approach. The actual research situation, however, presented the opportunity to observe the role of journal writing in the context of reflective group sessions (see chapter three) using participant observation of social groupings in clinical practice, where attention to language and actions was therefore appropriate.

The strategy of qualitative inquiry considered the most suitable for this research was grounded theory (Glaser and Strauss, 1967). Grounded theory can be considered a 'general methodology' for generating theory that is 'grounded in data' and which is

‘systematically gathered and analysed’ (Strauss and Corbin, 1998a). Whilst grounded theory is related to the wider context of qualitative research there are ‘differences of emphasis’ which make this approach: ‘highly distinctive and quite unlike other forms of qualitative research’ (Layder, 1993:40). Before offering a critique of grounded theory it is useful to clarify the rationale for adopting this approach, as the general methodology for this research study

### **Theory in relation to data**

A key factor in my decision to adopt grounded theory or the ‘constant comparative’ method was that it uses a systematic set of procedures to develop ‘an inductively derived grounded theory about a phenomenon’ (Strauss and Corbin, 1990). This is important in relation to this study because the research subject area was relatively under-researched. Grounded theory is ideally suited to topics about which there is little prior knowledge because it develops theory directly in relation to data (Stern, 1980). This type of exploratory ‘theory building’ research with its emphasis on ‘qualitative data and flexible research design’ has been considered ‘extremely efficient as a means of constructing theory’ (Layder, 1993).

A grounded theory should also explain as well as describe (Glaser and Strauss, 1967) and this interactive approach was useful to develop understanding of the student perspective of those engaged in the process of keeping reflective journals. This created a forum to explore the participants’ perspective enabling the development of a theory, which would offer a useful application in the context of nursing practice. This emphasis on developing theory in relation to data is in keeping with Glaser and Strauss’s (1967) basic premise that generating grounded theory is a way of arriving at theory suited to its supposed uses. In other words it enables ‘explanation of behaviour’ and has ‘practical application’ along with ‘providing a means of theoretical advance of the subject’ (Glaser and Strauss, 1967). This research purpose of grounded theory in terms of relevance and fit has application for a range of health care professionals (Strauss and Corbin, 1998a) and has been adopted widely by nurse researchers.

In order to provide meaningful interpretation and application, the theory must be seen to 'fit' a given situation and work. Glaser and Strauss (1967) proposed by 'fit' that categories must be readily (not forcibly) applicable to and indicated by the data under study and by 'work' that theories must be meaningfully relevant to and be able to explain the behaviour under study. In developing a theory from the data in this way, it 'fits' empirical situations. This emphasis on 'fit' reiterates that theory must be meaningful in order to explain the behaviour under study, an admirable position in which the whole adequacy of a given theory rests upon the process by which it is generated.

Attempting to forestall the opportunistic use of theories which may have dubious fit, grounded theory was offered by Glaser and Strauss (1967) as a means of contrasting the logico-deductive approach by the suggestion that the adequacy of any theory cannot be divorced from the process by which it is generated. This they argue is the value of grounded theory as a defence against doctrinaire approaches to verification. In relation to this research study there was little evidence of theory that appeared to 'fit' the process of student nurses undertaking the activity of keeping reflective journals. Therefore in using a grounded theory approach I anticipated that theory grounded in the data would be meaningful and relevant to address the research problem. As Ostrander (1970:30) proposed:

Grounded theory focuses on problems of the people being studied, problems of the real world rather than purely theoretical or methodological problems.

Having established that grounded theory was the appropriate research approach for this research design, I then sought to critique methodological literature relating to the process of generating grounded theory.

### **Overview of the development of grounded theory**

A number of methodological texts have informed and developed the grounded theory method (Glaser and Strauss, 1967; Glaser, 1978; Strauss, 1987; Strauss and Corbin, 1990; Glaser, 1992; Glaser, 1993; Glaser, 1994; Strauss and Corbin, 1997; Strauss and Corbin, 1998b). These texts have provided stimulating dialogue and more



recently, debate in relation to the procedures involved in developing grounded theory; therefore it is not my intention to provide further description here. The usefulness or otherwise of methodological literature, however, is a feature that will be discussed throughout this research. At this point an overview of the development of grounded theory along with some of the difficulties associated with adopting this approach is indicated.

In order to understand the development of grounded theory a useful starting point is to examine the educational influences of the two founder authors. Anselm Strauss was educated and undertook graduate work in the 'Chicago' tradition where he was conversant in Chicago sociology, anthropology and a detailed knowledge of field methods (Strauss, 1988). In contrast, Barney Glaser was educated in the Sociology Department of Columbia University and became conversant in quantitative analysis of large-scale surveys (Mullen, 1986). In the 1960s the two researchers worked on a project that explored how dying was handled in hospitals. Throughout this activity fieldnotes were analysed on a daily basis and as the work progressed the two researchers took notes of these discussions in relation to the research process. It was at this point that between them a new qualitative methodology evolved (Strauss, 1988). This perhaps unlikely partnership of diverse skills involving research flexibility and rigour culminated in the publication of *The discovery of grounded theory* (Glaser and Strauss, 1967). The combination of diverse researcher skills, elements of creativity and rigour of procedures contributed to the generation of grounded theory.

The application of grounded theory has been extensive, particularly with researchers of sociology, psychology, anthropology and practitioner fields such as education and social work (Strauss and Corbin, 1998b). In the area of qualitative health care research the influence of grounded theory is of particular significance. As a participant at qualitative health care conferences (QHRC, 1996; QHRC, 1998) I witnessed this significance firsthand as evidenced by the sheer number of international presentations that either directly used grounded theory or made reference to this approach. This trend whilst clearly placing grounded theory as an

influential means of carrying out qualitative research, nonetheless, makes the methodology 'run the risk of becoming fashionable' (Strauss and Corbin, 1998b).

The fact that many health care researchers choose to use grounded theory is testament that many find this approach a useful one. The strengths associated with grounded theory have been outlined in my earlier rationale for adopting the research approach for this study, yet researchers from different disciplines have identified weaknesses of grounded theory. In reviewing these accounts it would appear that criticism is often located in relation to features of the research approach, potential unhelpfulness of methodological literature and more specifically the nature of procedures required when adopting the grounded theory method. It is important to discuss these factors in order to understand better how they may impinge on this research study.

### **Weaknesses of grounded theory**

The seminal work *The discovery of grounded theory: strategies for qualitative research* (Glaser and Strauss, 1967) was reviewed in the *American Journal of Sociology* and received a rather unfavorable critique (Loubser, 1968). Whilst Glaser and Strauss's attempt to formalise detailed strategies for qualitative research was acknowledged by Loubser (1968) he warned researchers adopting such techniques to review the weaknesses 'more carefully' than was outlined in this text. What I find interesting about this review is the description of Glaser and Strauss's textbook:

As a handbook for qualitative research, it is too close to the level of the elementary textbook on methodology to be addressed to colleagues. (Loubser, 1968:774).

This description appears pertinent when examining the application of grounded theory procedures by researchers of sociology and other disciplines over the intervening years. With the benefit of hindsight it now emerges that contrary to Loubser's comments (1968), some researchers have found the text anything but elementary, encountering several problems in using grounded theory. By way of an illustration a prominent nurse researcher found *The discovery of grounded theory* text



'all but incomprehensible to the uninitiated' (Stern, 1985). This statement of concern drew attention to the use of the language contained in the book, which she described as 'sociologize' and resulted in a number of studies bearing only a faint resemblance to this original work. Stern has since provided a number of writings, which attempted to 'demystify' grounded theory for researchers of nursing (Stern, 1980; Stern et al, 1982; Stern, 1985).

Sociologists have also reported difficulties when attempting to practise and employ grounded theory techniques. It was in 1968 at the time of reading *The discovery of grounded theory* (Glaser and Strauss, 1967) that Turner and Reeves encountered obstacles when attempting to use the method because of a lack of detailed information about exactly how qualitative data should be processed in order to develop grounded theory. Turner set about addressing this lack of detail by using personal interpretations and experiences to determine the practical elements of data handling and communicated these to a wider audience (Turner, 1981). Another area of concern was the potential danger for inexperienced researchers in developing indefensible arguments from their data. Turner (1981) suggested that hiding behind the array of impressive techniques involved in grounded theory would not mask poor quality work as these techniques were more open to scrutiny than many other research approaches.

Both Glaser and Strauss addressed criticism of their early work by developing the methodology and more recently stimulating debate about the nature and future direction of grounded theory. In *Theoretical sensitivity* Glaser (1978), elaborated some of the processes inherent in conducting grounded theory and offered several practical illustrations to aid researchers in discovering theoretical suppositions (especially evident within the extensive discussion on theoretical memos). The experience of waiting several months to obtain my copy of this publication and speaking to colleagues who also experienced difficulties, suggests that this key text does not appear as widely accessible as others and this may account for its apparent neglect for first time researchers of grounded theory.

Whilst Turner (1981:229) acknowledged the contribution of Glaser (1978) in the development of grounded theory literature, a critical comment suggested:

Glaser's dense and elliptical style, assumes a prior familiarity with the method, and seems likely to deter rather than help those embarking for the first time upon work of this kind.

From personal experience of using the techniques highlighted in *Theoretical sensitivity* (Glaser, 1978) in this research study, I would disagree with Turner's comment in relation to the author's style. I have found Glaser's 1978 text one of the most useful within the research literature and certainly more user friendly than the authored earlier work (Glaser and Strauss, 1967). The chapter in relation to self-pacing or 'the drugless trip' offered stimulus to continue using this research strategy when I have experienced emotional blocks. Mullen (1986) also commented about Glaser's style of writing as that of 'occasionally eccentric' though tempered this with reference to a 'brilliant compilation of lectures' and the most complete description of the method to be found outside that of seminars used to train students in the grounded theory method.

Strauss also produced a handbook which offered practical help for those interested in data analyses and theoretically informed interpretations (Strauss, 1987). This key text in the evolution of grounded theory gave a number of practical applications drawn from his discussions with associates and students and wherever possible attempted to illustrate how analysis was performed in practice. Strauss (1987) did concede that certain operations such as coding, comparative analysis and theoretical sampling were difficult to teach and carry out with ease, though claimed that:

...Anyone (well competent social researcher) can perform interpretation, indeed it takes no special genius to do analysis effectively. (Strauss, 1987:X111).

Examples of the analytic procedures employed by researchers of grounded theory vary enormously in depth from one or two paragraphs (Handel, 1986; Luker and

Waterworth, 1990) and distinct lack of detail such as Hungelmann et al (1985:1490) who wrote:

Coding and analysis occurred simultaneously with collection, and as data were collected and analysed the individual indicators began to cluster around emerging categories.

As a relatively new researcher reading these accounts, I felt this lack of detail did not always adequately reflect the reality of the research process. These published examples of more experienced researchers' work offered little in the way of 'tips', as they appeared reluctant to give any real insight as to how data was managed. It is no wonder that other researchers have advocated a more authentic approach to communicating research findings and called for an obligation to 'tell it as it is' (Melia, 1982) or 'tell it like it is' (Webb, 1991) in order that research becomes a learning process.

Having stated that some grounded theory output has offered little information in relation to analytical procedures it may be necessary to balance this with a general problem facing qualitative researchers in the dissemination of their findings. Qualitative researchers are disadvantaged by many journals in relation to frugal word limits which may offer some explanation for such researchers failing to pay attention to a detailed discussion of both the research method and findings. There is often an assumption within the qualitative arena that if one is interested in the research process, one will try to obtain more detailed information than that often contained in journal articles. It is also clear that in some research output the grounded theory approach has been misunderstood which Leininger (1992) attributed to the apparent apprenticeship training in these types of method and identified that in most circumstances the lack of availability of suitable supervisors and mentors was a pertinent issue.

This is not to say that detailed exemplars are not available and some research studies offer a wealth of information about how grounded theory techniques were actually used in practice. A case in point is that of Mullen (1986) who provided two health care studies which enhance understanding of exactly what was involved in the

process of developing grounded theory. Nevertheless, if one explores the research acknowledgements the author appreciated the privilege of working with Glaser and Strauss. In the context of civil engineering a further illustration of an excellent discussion of the use of grounded theory procedures for the analysis of interview transcripts can also be found in the work of Pidgeon et al (1991).

### **Rules or suggestions for developing grounded theory?**

Strauss (1987) suggested that with the benefit of hindsight early writings about grounded theory implied a mistaken assumption that carrying out social investigations should be made up of rules and that standardisation of theory was possible. Whilst Strauss then went on to outline that there were no 'hard and fixed rules for converting data into effective theory' this matter has been challenged with the onset of more recent publications (Strauss and Corbin, 1990; Strauss and Corbin, 1998b). The procedures and techniques outlined in these publications appear to have taken an explicit and arguably formal status, which on occasion could be considered as counter-productive and hinder researcher creativity. My personal experience of attempting to adhere to some of these procedures in relation to paradigm properties and dimensions (Strauss and Corbin, 1990), which helped to facilitate thinking about process, nevertheless, proved extremely difficult to perform in practice (Whitemoss, 1991). This raises questions about whether these detailed guidelines such as open, axial and selective coding reiterate the notion of rules and that anyone who does not demonstrate these techniques has in some way failed to adhere to the spirit of grounded theory. Glaser (1990) has been notably critical of such development in procedures by Strauss and Corbin and I will take up some of these concerns in chapter four. Melia's (1997:32) stimulating critique of differences between Glaser and Strauss's debate about the nature of grounded theory pays attention to the issue of procedures stating:

I have a nagging doubt that the procedures are getting in the way: the technical tail is beginning to wag the theoretical dog.

A review of the latest edition of techniques and procedures for developing grounded theory (Strauss and Corbin, 1998b) has attracted further comment in relation to this point:

One hopes that grounded theory will not become ever more elaborate or mechanistic. Using a detailed recipe approach in which structure triumphs over flexibility and creativity can be a disadvantage (Holloway, 1999:10).

Having implied that researchers of grounded theory should have some flexibility in relation to 'rules' I would now suggest that it is clear that some adherence to the process of grounded theory procedures are required. This reflects Strauss' (1987) view that guidelines were more than merely suggestions and that coding must be done, analytic memos must be performed and that a few concepts loosely strung together could not satisfy the requirements of a theory. Corbin and Strauss (1990) provided a cautionary note on procedures and stated that a detailed account of these may run the risk of being read as sectarian, however, advocated:

Procedures and canons must be taken seriously, otherwise a researcher may end up (as have a number of them), claiming to have used a grounded theory approach, when indeed they have only used some procedures or have used them incorrectly (Corbin and Strauss 1990:419).

In exploring these ideas in relation to this research study it would seem sensible to use grounded theory guidelines outlined in the literature in order to satisfy procedures with which to give the project rigour, but be mindful that flexibility is not only allowed but encouraged. In other words whilst guidelines must be used there is scope for modification to suit the individuals' research situation. This point is reflected by Johnson (1997), who after working with grounded theory procedures reported: 'modifications are not only defensible, they are inevitable' (p11). For the purpose of this research the grounded theory procedures that were adopted are discussed in chapters three, four and eight. Three features of grounded theory which could be considered as contentious and therefore require elaboration are the use of literature, theoretical sampling and theoretical sensitivity.

### **The use of literature in the development of grounded theory**

Glaser and Strauss (1967) suggest the main reason for not conducting an in-depth review of the literature/theory at the outset of the research is that preconceptions can cloud judgement and stifle creativity in the research process. This has been supported

by Stern (1985) who drew attention to the danger that too much literature may take the researcher in potentially wrong directions, which may prove inaccurate. This distinctive way of using literature in the development of grounded theory has been the subject of debate.

Bulmer (1979) was critical of what he termed 'espousing pure induction', as this view of enquiry is open to serious doubt in that: 'ignoring the literature in order that emerging categories will not become contaminated is like believing the chicken and the egg can be separated (p667)'. He was sceptical of whether a researcher could ensure this prior 'blankness of mind' but suggested if this was conceivable it may be easier in relatively unresearched areas. Altrichter and Posch (1989) have also raised objection to Glaser and Strauss (1967) who they state: 'literally ignore the literature of theory and fact on the area under study' by claiming: 'that the researcher can and should enter the study without any preconceived ideas'. This they contend is impossible and that inductive arguments are neither valid nor supported and that: 'it is not possible to identify a theoretical, unprejudiced observation (p23)'. They go on to suggest that this naïve inductivism would mean a relapse in science and that a detached sociologist in the field is rather different from a teacher researcher who already lives and works in the field. Teachers' prejudices have been acquired through their experience and the authors propose that this is not such a burden and should not be seen as such. This is an important point in relation to the interaction between the researcher and research, and this can be considered as a form of theoretical sensitivity, which I discuss later in this chapter.

A compelling case for amending and extending grounded theory was presented by Layder (1993) picking up on the need to draw on aspects of general theory not just after the event (end of the research), 'but as part of the initial research design' or using ideas as initial 'sounding boards'. The concern raised by Layder was the need for researchers to be aware of the existence and aspects of 'structural phenomena' in order to be sensitive to 'their implications for emerging theoretical ideas and concepts'. Layder's call to widen grounded theory would probably go some way to avoid what Altrichter and Posch (1989) claim grounded theory perpetuates, which is the strong



institutional separation or elitism between professional research and professional practice. Layder's broadening of the definition of grounded theory to include theories, which are guided by, rather than simply limited by empirical data could be considered as more in line with Altrichter and Posch's view of the collaborative aims of teacher research.

Having raised the justifiable concern about the use of literature in the development of grounded theory, it may be helpful to draw on the work of Charmaz (1990) to offer clarification of how literature can be used in grounded theory. Charmaz proposed that it is not about overlooking or failing to use the literature, rather a delaying in order to decrease the likelihood of being locked into 'preconceived conceptual blinkers'. This is a view that I shared in my research approach.

### **Theoretical sampling**

Theoretical sampling refers to the process of data collection whereby the analyst jointly collects, codes and analyses data and then decides what data to collect next as a means of developing and generating an emerging theory (Glaser and Strauss, 1967). In this way the process of data collection is controlled by the emerging theory rather than based upon any preconceived theoretical framework. This process of joint collection and analysis is significantly different from other types of qualitative research. Glaser and Strauss' (1967) rationale for this type of sampling appears to lie with the differences between generation and verification in that verification requires data collection in a prepared and routinised manner which is likely to force the researcher into certain directions. In contrast, theoretical sampling is an evolving and continual process of tailoring collection in order to ensure relevance to criteria of the emerging theory. Selection of sampling is made on the basis of their theoretical relevance for the development of categories so any group(s) that will help generate properties and categories can be used (Glaser and Strauss, 1967).

A fundamental principle in achieving a grounded theory is theoretical saturation, which I now argue has often been presented in methodological literature in a rather vague way. It is difficult to establish exactly what 'saturation' or 'no additional data



are being found' (Glaser and Strauss, 1967) actually means in practical terms. For example, these authors outline that it is the researcher who has to be confident that any given situation is saturated and this is assured by a combination of empirical limits of the data, 'theoretical sensitivity' and integration and density of theory. Not surprisingly, therefore, other researchers have questioned this notion:

Theoretical sampling is claimed on the dust jacket as an original idea that the researcher should collect data which would firmly establish theoretical concepts and categories and saturate these, having already suggested that the analysing mechanism called the analyst, is completely free from preconceived ideas. However one is left with the uneasy feeling that this is another villain dressed up as a hero (Loubser, 1968:773).

Bulmer (1979:668) was also unconvinced about what he described as a:

Somewhat uncontrolled air about the proceedings, whereby the analyst is rushing hither and thither gaining new insights, and questions, when are categories sufficiently formed to stop?

Burnard (1999) also raised an objection about theoretical saturation and reminds qualitative researchers that: 'in looking to saturate a category, we are doing something quantitative....to confirm the validity of a particular category' (p5).

This apparent omission surrounding the substance of theoretical saturation is evident in Strauss' later work, which gives little in the way of direction to the novice researcher: 'it is when codes are verified and saturate and yield nothing much new' (Strauss, 1987:25). In attempting to uncover the meaning of 'nothing much new', Strauss' text suggests that this occurs when the analyst reviews the categories and properties and these exhaust the data in relation to the emerging theory. It would appear, therefore, that it is left to the researcher to distinguish when saturation of categories has been achieved and presumably this 'appears' with researcher experience and expertise as Glaser and Strauss (1967) point out: 'the researcher should sample a category until confident of saturation' (p70). A further difficulty in saturation arises from the fact that not all categories are equal and it follows that a core category will have much more explanatory status and therefore will require more thorough saturation. Accordingly,

theoretical sampling can be viewed as a researcher skill that takes time, flexibility, and that making any theoretically sensitive judgement about saturation, is never precise (Glaser and Strauss, 1967).

In summary, theoretical sampling provides constant direction and searching for data, which develops categories that 'fit' though the extent of theoretical saturation is not always easy to identify. This reliance on researcher skills allows for an element of creativity that is encouraged by Glaser and Strauss (1967) who lead one to believe that the more studies are based on theoretical sampling the more effective future analyses become. Taking these factors into account, researcher skills and creativity are the essence of 'theoretical sampling' and subsequent 'theoretical saturation'.

### **Theoretical sensitivity – interaction between researcher and research**

Theoretical sensitivity is closely allied to theoretical sampling and is an important part of the continual development of the grounded theory approach (Glaser and Strauss, 1967). The key to theoretical sensitivity lies with the researcher's ability to have theoretical insight in order to make sense of ideas and remain flexible, open and reflective. In contrast theoretical sensitivity can be lost if the researcher commits to one preconceived theory and therefore becomes 'unable to see around' the evolving theory (Glaser and Strauss, 1967). This suggestion of theoretical sensitivity though has also come under scrutiny:

It is all in the data, and what the sociologist needs and apparently comes equipped with is a mechanism for seeking out those bits of data that will give him complete confidence, even faith, that what he observes and imputes is there, is true, fits and works (Loubser, 1968:773).

This scepticism may not appear surprising when one considers attempts to write about an essentially creative process. Within this creative action is an element of uncertainty or intuition, which cannot always be expressed in any objective way. Glaser and Strauss (1967) acknowledged the researcher's 'flashes of insight' which they contend must be brought into the data otherwise there is a danger that theory and the empirical world may not match. Strauss (1987) enhances this idea further with the notion of experiential data (not only technical data), but personal experiences at the induction,

deduction and verification stages of theory as researchers are encouraged to: 'mine your experience, there is potential gold there' (p11). These impressions were developed to include theoretical sensitivity as an aid to helping formulate a conceptually dense and carefully ordered theory. Experience is considered as central to all three modes of activity: a) induction, (theoretical sensitivity) at the exploratory phase; b) deduction (experience in thinking about data under scrutiny in order to make comparisons); and c) verification, or knowledge about the events/action and learned skills about thinking. These actions constitute an element of freedom and creativity with the theorist drawing out implications by 'intuitive flashes'.

Strauss (1987) established that the research and researcher are intensely interactive in grounded theory and that the expression of self in and through this medium is itself an interaction. This reflexive approach has an obvious link with his interest in symbolic interactionism and George Herbert Mead's (1934) theory of the development of the self and acknowledges the self emotionally as well as intellectually, often profoundly interacting with the experiences of the research process. Everyday experiences, therefore, provide the individual with the means of developing a valuable theoretical sensitivity to the method as well as the topic under investigation. Incorporating reflexivity as part of the research process, Davies (1999) suggested that the researcher should avoid: 'sinking into a self-absorption that negates the possibility of any knowledge other than self-knowledge' (p199). This provides what I consider a useful way of avoiding researcher 'self-absorption'. Davies advises researchers to promote standards of ethnographic enquiry and accept that: 'ethnographers' data are about something other than themselves of which they are nevertheless a part' (p199). This view of reflexivity in the research process helps to: 'situate and clarify reported actions and words' and with honesty in recording research gives credibility to 'analysis' and allows for: 'open and informed evaluation of research findings' (Davies, 1999:203).

To illustrate my position in relation to theoretical sensitivity, I have already described how my personal and professional experiences of using reflective journals were incorporated as sources of the research problem (Chapter One). The conduct of an earlier small scale grounded theory study (Whitemoss, 1991) could also be considered

as developing skills of researcher theoretical sensitivity in relation to the method as well as the topic. My professional background as a nurse lecturer in contact with nursing students as part of everyday experience of the teaching and learning process is also indicative of further developing skills of theoretical sensitivity.

Taking these factors into account and in order to further enhance theoretical sensitivity I adopted a reflexive approach to the conduct and subsequent writing up of this research. As part of this process, a researcher reflective journal was maintained in order to provide an honest account of this research and encourage open and informed evaluation of the research findings. Theoretical sampling will be revisited in Chapter Three, and personal reflexivity is captured throughout the remainder of the thesis.

## Chapter Three

### Methods

#### Introduction

Chapter three describes the methods used to carry out this research. Whilst data collection and data analysis are a joint process in grounded theory, for the purposes of this thesis the reporting of these has been separated. Chapter three examines methods and chapter four will outline the analytic process. This chapter reports the procedural steps involved in theoretical sampling, locating research sites, gaining access to research settings, groups and individuals and the process of consent. The decision-making involved in generating data sources and the methods of participant observation, unstructured interviews and the 'diary; diary-interview' will be outlined. Each of these data sources is described with specific reference to key issues associated with these approaches. In summary, the design of the study involved collecting data from multiple sources and using various methods to investigate a range of parameters involved in the process of keeping reflective journals.

#### Theoretical sampling

Chapter two highlighted when making initial decisions about sampling, the grounded theorist needs to take account of what Glaser and Strauss (1967) term 'theoretical sampling'. In a review of grounded theory, Becker (1993) suggested that a number of researchers had either ignored or misunderstood the nature of theoretical sampling and often confused it with the term 'selective sampling'. The appropriateness of selective or theoretical sampling relates to the nature of the research problem. In grounded theory the problem is not tightly defined and the joint process of collection and analysis requires that decisions about 'theoretical sampling' be determined by the emerging theory. Strauss and Corbin (1990) described this as: 'sampling on the basis of the evolving theoretical relevance of concepts' (p179). When making decisions about criteria for theoretical sampling the researcher cannot cite number and types of data sets until the research has been completed (Glaser and Strauss, 1967). My initial decision to use theoretical sampling was based on what Glaser and Strauss (1967) suggested as the 'general subject or problem area', which had been identified as undergraduate student



nurses' perceptions of the value of reflective journals as part of recording clinical practice experience. At a later stage in the research when analytic categories had been generated, theoretical sampling was revisited. This purposeful sampling strategy uses individuals who can contribute towards the evolving theory and will be discussed in greater detail in chapter four as this directly relates to the analytic process.

### **Locating suitable research sites**

I commenced the location of potential research sites in May 1994 using the reference sources: *English National Board list of Approved Institutions for Nurse Education* (ENB, 1994c) and the *University Sector Reference Book* (UCAS, 1993). The educational institutions undertaking student nurse programmes were then contacted by telephone in order to establish those who were using reflective diaries/journals as a learning strategy. Informal contact is valuable in order to clear the steps required for 'ethical clearance' and also prevents the researcher spending unnecessary time formally approaching institutions where the research may not be feasible (Field and Morse, 1985). This was reflected in this study where one of the institutions had several concurrent research projects underway and in such circumstances, suggested that another study would not be practical. The culmination of these informal contacts provided a list of potential sampling sites, which took account of my intention to not only sample students, but also events, settings and processes.

### **Sample description - (site A)**

The first research site was a University in the North East of England. The rationale for this selection was that this institution had been actively involved in developing the use of reflective journals. Moreover, they also had experience of incorporating journal writing as an element of assessment in their undergraduate, nursing programme. A group of four female final year undergraduate general nurse students were randomly chosen from a cohort of thirty-two. As the researcher, I was not involved in the process of selection; the course leader assigned students to the study. This group had also been allocated a male lecturer as academic facilitator for the duration of the two fifteen-week clinical placements (one in surgery and one in a medical setting). Students were instructed to keep a 'learning journal' throughout these



clinical placements as a developmental approach towards journal writing. I decided to follow this group throughout the duration of these two clinical placements in order to capture this activity. The student sample was also asked to attend ‘reflective group sessions’ that were conducted by the lecturer in clinical practice areas in the presence of clinical colleagues who were supporting that area of clinical practice as mentors.

### **Sample description - (site B)**

The second research site chosen was a University in the North West of England that had also been actively involved in developing reflective journals and incorporating these within the assessment strategy. The major difference between this site and that of the first was that these female undergraduate students were undertaking the mental health branch of the nurse programme and represented the total number of that final year cohort. The academic facilitator assigned to this group of students was a female lecturer. The group were all asked to keep a ‘reflective diary’ whilst undertaking elective clinical placements. These included: adolescent, drug and alcohol, forensic mental health and child and family service provision. The students were also asked to attend two ‘reflective group sessions’ conducted in the University setting without clinical staff involvement, and facilitated by the lecturer assigned to the group.

### **Gaining access and rapport**

Negotiating access to research settings is complex. Whilst ethical approval from a formal organisation is a crucial stage in negotiating access, the qualitative researcher also needs to consider approval from the group(s) or individuals involved in data collection (Field and Morse, 1985). Wilson-Barnett (1991) suggested that researchers have few automatic rights but have several duties and obligations associated with this task. The process of gaining access in this study involved establishing contact with the locality, communicating with potential research groups and establishing individual consent:

### *Steps involved in gaining access*

- |                         |   |
|-------------------------|---|
| <b>Research setting</b> | <ul style="list-style-type: none"><li>- Locate possible research site(s) – informal contact</li><li>- Submit research proposal for ethical consideration</li><li>- Offer of informal meeting to interested parties</li><li>- Formal consent received<br/>(Site A – verbal)<br/>(Site B – written)</li></ul>   |
| <b>Research groups</b>  | <ul style="list-style-type: none"><li>- Informal meeting (<i>students and lecturer – site A and B</i>)<br/>Outline research, opportunity for clarification,<br/>negotiate consent</li><li>- Informal contact (<i>hospital managers x2 – site A</i>)<br/>Offer of informal meeting (practitioners)<br/>Outline research, opportunity for clarification,<br/>negotiate consent</li><li>- Formal consent received<br/>(Hospital A – verbal) (Hospital B – written)</li></ul> |
| <b>Individual</b>       | <ul style="list-style-type: none"><li>- Negotiate consent (students and lecturer – site A and B)<br/>Participant observation (verbal)<br/>Initial interview (verbal – tape recorded)<br/>Document analysis (written)<br/>Follow up 'diary-interview' (verbal –tape recorded)</li><li>- Process consent (<i>practitioners – hospital A and B</i>)<br/>Observation sessions (verbal)</li></ul>  |

### **Research site (A)**

In the first instance, the course leader asked if I would attend a meeting to discuss the research and then a copy of the research proposal was forwarded for ethical approval. This process of negotiation is likened to that of reciprocity and exchange (Jorgensen, 1989). For example, in this situation the institution had a genuine desire to co-operate in the research and envisaged that this would offer useful insight in the development of their expertise in the use of reflective journals. An informal meeting with a group of undergraduate nurse students and the lecturer was then conducted. This meeting provided the opportunity to present an outline of the research, discuss details involved in negotiating group and individual consent and for the group to raise questions.

Access to observation of reflective group sessions conducted in clinical areas also involved a number of steps. The first of these involved the lecturer assigned to the student group allowing my access to a list of names of nurse managers with responsibilities for clinical areas where students were placed. Two different hospital

settings were approached in order to establish their process of institutional consent (Appendix 1). In both cases, the nurse managers sought advice from their Hospital Ethics Committees and reported that there were no formal requirements for approval because it was not my intention to involve clients in any observations. Nurse managers therefore were able to make their own decisions about the involvement of their respective clinical areas. In both cases, the ward managers were very supportive of the research and facilitated access. The first hospital manager gave her verbal consent for access to the clinical setting and stated that she did not need to provide this in writing. The ward manager involved in the second clinical placement provided written consent (Appendix 2). These two clinical managers also provided me with the opportunity to meet with practitioners prior to any participant observation sessions taking place. These informal meetings were useful in order to explain the research and establish rapport, prior to any formal consent.

### **Research site (B)**

Following an informal meeting with the lecturer involved in facilitating a module related to reflective journals, I sent a letter that included my research proposal to the undergraduate programme course leader. After consideration at their Departmental Board the course leader then asked that my request be directed to the 'University Ethics Committee' who subsequently granted written approval for the study (Appendix 3). The module leader then set up an informal meeting with the student group which provided me with an opportunity to outline the research, allow time for questions and talk through the process of negotiating group and individual consent. The sample group consisted of six students who all consented to be involved in the research. Due to practical constraints, however, it was not possible for me to establish contact with two of these students to conduct initial interviews. These interviews were seen as important and so the remaining four female students became the sample. Whilst all students and the lecturer agreed to participant observation of the two reflective sessions, due to mitigating circumstances, I was unable to observe the second session.

## **Difficulties encountered in gaining access**

My original intention was to secure two different cohort samples from the same University (Site A) and follow them through two clinical settings. Despite detailed preparation, I encountered problems in negotiating access to the second group of students. Following data collection from this initial research group, the key contact from the University offered the name of another lecturer who had expressed interest in being involved in the research. I arranged to follow up this lead with an informal meeting with the lecturer in order to outline the study but this was to prove a very difficult encounter. Firstly, it took me several weeks to set up the meeting because of the lack of availability of the lecturer and secondly, it was clear from the outset of this meeting that he had a somewhat hostile view of the research. A suggestion was put forward by the lecturer, that I may approach a potential sample group of his students, if I agreed to a joint publication of the outcome of the research. The lecturer did not feel it was worth his effort without that condition. I left the meeting feeling rather uncomfortable and this rather unusual situation prompted a personal reflection in my own research journal:

The question was raised: 'Well you may get a PhD out of it - what's in it for me?' I have never perceived my research as the type of smash and grab that Christine Webb is critical of. I feel that I have contributed and given back something in this research. For example: a) offered experiences (sometimes painful) within reflective sessions; b) when asked by an interviewee to discuss aspects of the research process to help with their impending research activity, I agreed; c) when asked by the lecturer who facilitated the group (after the data collection had been completed), to comment on his skills in facilitating groups, I accepted; and d) offered a firm commitment to make a presentation of the research to the institution on completion. (14/11/96)

After discussing these points with my research supervisors I tried to locate an alternative research setting. A University in the South of England with a clear interest and reputation in reflective practice was identified, and several weeks were spent negotiating access. This included submission of written documentation for presentation at the 'Institutional Ethics Committee' and meeting with key personnel in order to discuss the research in more detail. The experience of this meeting was valuable because it represented the first time (outside research supervision) that I had needed to defend my work. Following receipt of the formal approval for the research, the module

leader was contacted in order to arrange access to a potential sample. The outcome of this contact was the subject of a further entry in my research journal:

After several weeks of trying to contact the module leader, I eventually discussed the research and was surprised to find that journal writing was not seen as something that was part of the module and there were no formal requirements for students to use or complete a journal. The module leader suggested that I contact the educational manager of the programme who might be able to help or offer some form of explanation. In summary, after several contacts I was informed that there had been a 'terrible misunderstanding' and that it appeared that the information I had been given was incorrect. There were no examples of pre-registration undergraduate students undertaking journal writing even though this had been clearly indicated in course documentation. Six months activity of negotiating access had not produced any fruitful outcome. This was a personal disappointment and difficult stage in the research. Because of the institution's interest in the research, a potential back up research site had not been considered important.

### **Individual process consent**

In order to give potential participants information about the research to enable them to make an informed decision, the process approach to consent was adopted. The use of process consent is considered when a qualitative approach intends to use multiple methods of data collection over a period of time (Raudonis, 1992). The intention of process consent is to acknowledge the emergent design of qualitative research and enable changes to be made if required. This study sought to embrace this notion by regarding consent as an ongoing feature of the research. The participants were reminded of consent at several points during the study and each stage of data collection required formal consent. Raudonis (1992) advocated that process consent should still include the principles associated with traditional informed consent such as: 'human dignity, autonomy, privacy, confidentiality, anonymity, self-determination and safety' (p247). Taking these factors into account, information in relation to consent was provided prior to any observation of reflective group sessions, initial interviews and diary-interviews.

The nature of the research suggested access to potentially sensitive information and it was considered that documents submitted for assessment purpose could contain such specific examples. To address this concern, whilst the institutions required students to

submit journal documents for assessment, the decision as to whether students would allow me access to either, all or selective parts of these writings remained with the author. Consent for such documents to be used as sources of data required written consent from individual students (Appendix 4).

### **Data sources - decisions about data collection methods**

In any research activity the researcher needs to explore the relationship between the research questions and data collection methods. Maxwell (1996:74) stated that these are two distinct and separate parts of the design:

There is no way to logically or mechanically convert research questions into methods; your methods are the means to answering your research questions.

In order to address the research question(s) and capture the action and processes involved in keeping reflective journals, a combination of data collection methods initiated at different stages of the investigation, needed to be considered. The decision related to the appropriateness of a data collection method and required the nature of documenting clinical activity in the form of a journal to be addressed. The act of journal writing can be considered as a private or personal activity and not something that would be ethical or practical to observe. Whilst interviews were an obvious means of data generation that could provide a rich source of data to explore issues identified in research questions, the reliance on interviews as the primary source would not necessarily locate the social process involved in sharing journal extracts within group settings.

Maxwell (1996) proposed that decisions about selection of data collection methods should not only depend on the research questions but also: 'the actual research situation and what will work most effectively in that situation to give you the data you need' (p74). Site A lent itself to a number of options in relation to this point. Throughout clinical placements the students were asked to present selected elements of their journals as a means of sharing experiences as part of learning within reflective groups. The observation of such sessions presented an excellent opportunity to examine the role of journals in groups and potential understanding of journal writing in the context of students' interaction with clinical and lecturer colleagues. Journals were also submitted



as a requirement of summative assessment, contributing towards degree classification. Given that research questions sought to explore issues related to access and assessment of journal writing, these documentary sources could therefore provide valuable sources of data.

### **Data collection plan (site A)**

A plan (see Table1) was devised in relation to the practical aspects of data collection, which involved following the sample group using different data generating activities:

- 1. Interview** four students at the outset of journal writing activity.
- 2. Participant observation** of reflective group sessions in clinical practice setting. (Students encouraged to share elements of their journals with practitioners and lecturer).
- 3. Analyse documents** submitted by students for the purpose of assessment as data in their own right and then use these as a basis for a supplementary data collection method of the diary-interview.
- 4. Conduct diary interviews** with four students.

*Additional sources of data included:*

**Course documentation** offered to students undertaking reflective journal keeping.

**Interview** with the lecturer involved in facilitating reflective group sessions and responsible for the assessment of journal documents.

Table 1

My personal response documentation was also recorded in a reflexive researcher journal throughout the research. I have already highlighted the importance of this activity in relation to enhancing theoretical sensitivity (Chapter Two) and this is also important in qualitative research because the researcher is considered to be at least part of the data collection instrument (Rodgers and Cowles, 1993).

Glaser and Strauss (1967) noted the researcher couldn't plan the full range of data collection in advance of the emerging theory, so at the outset of the research they can only make decisions concerning initial data collection. Whilst I made the initial

decision about data collection methods at the outset at site A, it was envisaged that these methods may require modification. Slight adjustments were made in the light of different research situations encountered at site B and practical constraints arising from researcher and student absence.

### **Data collection plan (site B)**

The practical aspects of data collection here (see Table 2), involved following the sample group using the following:

- 1. Interview** four students at the outset of journal writing activity.
  - 2. Participant observation** of one out of two reflective group sessions conducted in the educational setting. (Students encouraged to share journal extracts with the lecturer).
  - 3. Analyse documents** submitted by students for the purpose of assessment as data in their own right and then use these as a basis for a supplementary data collection method of the diary-interview.
  - 4. Conduct diary interviews** with three students.  
(One interview was not carried out due to the student leaving the country)
- Additional source of data included:*
- Course documentation** offered to students undertaking reflective journal keeping.

Table 2

### **Participant observation**

Site A offered the opportunity to engage in observation of reflective group sessions that revealed aspects of the process of students sharing their experience of journal writing. As a basis for encouraging 'learning for life' the University asked the students to keep a 'learning journal' throughout their clinical placements and offered guidelines to help with this practice. The aim of reflective groups as outlined in the students' course documentation 'relates to and builds upon previous theoretical/clinical experiences', drawing upon the concept of 'reflective practice'. In examining the course material it appeared that suggestions for completing these journals were drawn from published literature. Accordingly, the students were given notes on how to keep a learning journal



which included details of recording personal practice as well as ‘critical incidents’ to present for discussion within reflective groups.

The composition of reflective groups suggested that the students would be exploring elements of professional practice with qualified practitioners in clinical settings. The rationale for choosing participant observation was to examine the role of journal documents in reflective group sessions. This would help to locate possible relationships between maintaining a ‘learning journal’ and discussion within group sessions. As Bogdewic (1992:47) proposed:

The inhabitants of any organisation or group are influenced by assumptions that they take for granted. These assumptions reflect the unique culture of a given organisation. Rather than relying on the perceptions of inhabitants, participant observation affords the researcher direct access to these assumptions.

In addition to accessing social interaction, other strengths of using participant observation have been highlighted by Burgess (1984:79) who takes up the point that observation occurs within natural settings:

Participant observation facilitates the collection of data on social interaction: on situations as they occur rather than on artificial situations.

This emphasis was acknowledged by Layder (1993) who proposed that participant observation is the ‘ideal’ method of data collection in that the ‘researcher becomes a member of the group being studied’ (p40). These factors were an important consideration because students involved in this study would be presenting journal observations of practice in a group setting that consisted of social interaction between educational and clinical staff.

### **Researcher role**

Having suggested that observation was an appropriate method of data collection, my role as observer within these reflective groups needed to be addressed. I was neither a member of the educational institution nor part of the clinical team. The act of establishing positive relationships would be an important factor especially given the ‘unique access’ to this ‘otherwise closed social group’ (Layder, 1993). A potential for

concern was my role as a lecturer involved in facilitating reflective groups in another setting and my professional background. Although I was a nurse, I was not qualified in the clinical speciality identified for the reflective group sessions. This suggested that trust would need to be developed with the clinical staff, students and the lecturer in order for me to be accepted into the group as participant observer. Furthermore, the observation of such groups would require adoption of the role of researcher and not that of lecturer or facilitator of reflective groups and this represented a new and challenging experience for me.

I considered myself a novice in the area of participant observation so the experience of involvement in such a group was to feature prominently in my early fieldnote recordings. It was clear that a purely passive or concealing role in the group would be inappropriate, not only in terms of my personal values but also the potential disruption to group processes. When exploring issues of bias and conflict associated with more active roles of participant observer I opted to take what Gold (1958) outlined as the 'participant-as-observer' role, which allows the researcher to participate as well as observe and develop relationships with respondents. Thus, I would be able to develop rapport with the group but would not attempt to dominate discussion or take any formal role in the facilitation of group discussion.

### **Practice of observation**

The practice of observation involved my offering comments when asked specifically to do so by group members, or alternatively if I thought I had something of interest to contribute. During these situations I tried not to offer direct opinions or to be perceived as taking sides in such discussion. This was of particular importance in a situation where the lecturer facilitating the group was looking for my support in terms of another lecturer's viewpoint, and my not wanting to be seen as merely re-enforcing what the lecturer had to say. As participant observer, I needed to keep in mind that in this context I was undertaking the role of researcher and not that of the lecturer.

Having stated that I opted for a field role of 'participant-as-observer' the observation was limited to formal reflective sessions over a specified period of time. This factor



suggested that my contact with participants was, in most cases, brief. Gold's (1958) classification of 'observer-as-participant' as brief, formal and openly classified as observation seemed relevant. I considered that there was some overlap between the role of 'participant-as-observer' and that of 'observer-as-participant'. The fact that I participated in discussion when requested by group members indicated that the term 'participant-as-observer' was therefore the most appropriate to describe my field role. Layder (1993:41) also reported overlap between these roles and found that the most common strategies involve some combination of the two:

Since they require the researcher to adopt a level of involvement in the everyday routines of the group, as well as a degree of detachment implied and necessitated by their observer status.

### **Composition - frequency of reflective group meetings**

The composition of reflective meetings in site A included a group of four students, a lecturer facilitating the group and practitioners who wherever possible were student mentors. The frequency and timing of all sessions were organised by the students and the group met over a period of several weeks. All meetings took place within the clinical environment of two hospital settings with the exact location within each clinical area subject to change, according to ward demands.

The purpose of joining the group was to obtain firsthand experience of the form and function of journal documents within the context of a social interaction of a reflective group. My initial observations were very detailed and included descriptive content about different aspects of the experience including how as a researcher and participant, I interacted with this process. In preparation for the first observation session, my research journal was used to record notes about how I would address the meeting and informal points such as mode of dress for the clinical area, information about my role as researcher and personal feelings:

I have little idea of the actual logistics of documenting observations, but for the first session I have made a decision not to take copious notes in the meeting. Whilst I appreciate that this may cause a number of problems, not least the question of accurate recall, as soon as the session has finished I will record my observations and work on them this evening in order that they can be transcribed. (20/10/94)

The practice of fieldnote recordings consisted of documenting key words or jottings in a notebook during group meetings and then immediately after the group, tape-recording these observations. When transcribing the first set of fieldnotes it was apparent that I had a tendency to document lengthy descriptive content and interject this with my feelings. At the end of the transcript I focused my writing with a list of key points. These included: student excitement about being involved in the study; student concern about confidentiality and the presence of practitioners; and the terms used by students to describe clinical experiences such as 'fitting in' and 'learning the rules'. (21/10/94)

### **Focus of observations - documenting fieldnotes**

The focus of descriptive observations included how the group was organised, group dynamics in relation to discussion of clinical issues and actual events/critical incidents that were raised by students. Of direct interest were the location and/or relationship of 'critical incidents' in terms of whether these were drawn from, or directly linked to student journal writings. The second set of observations showed that my fieldnote recordings were becoming more focused in terms of utilising a checklist of nine points devised by Spradley (1980) as cited in Bogdewic (1992) as an *aide-mémoire*. In addition to these recordings there was also a summary sheet attached that included diagrammatic observations and pictorial representation of the setting and communication patterns including the physical layout, significant objects and social space. This was to prove helpful in terms of recall, with a number of sessions conducted in different settings and the recording of significant features such as changes in group membership and relationships. Bogdewic's (1992) helpful suggestion in relation to the researcher providing a title heading for their observations was particularly useful. By way of an illustration, one of these sessions used the 'in vivo' code 'gaggle of women' to provide a vivid picture of where students had described a group of patients who were seen as challenging the qualified staff and breaking ward rules. (Observation note 12/5/95)

Whilst fieldnote recordings became more focused with practice the actual language that participants used was an important consideration. To provide a consistent method for documenting this dialogue, the guidelines put forward by Bogdewic (1992) were used



in order to distinguish between verbatim, paraphrase and observer comments. The following notations were adopted: actual words used by participants were placed in double quotes ("....."); where I was paraphrasing, single quotes were used ('.....'); and observer comments were separated from the rest of the text by the use of brackets ([.....]). Following the procedures for generating grounded theory; theoretical memos were also drafted in relation to fieldnote recordings and were separated from data sources. This action resulted in the analytic aspects of fieldwork being firmly separated from descriptive observational notes.

### **Resolving field issues - reflective notes**

Throughout the activity of data generation, reflective notes were maintained in my research journal as a means to address aspects of 'theoretical sensitivity'. The use of researcher journals to record field issues has long been established as a critical function in qualitative research, which should involve reflexivity on the part of the researcher. Mason (1996) suggests that researchers should: 'take stock of their actions and role in the research process, and subject these to the same critical scrutiny as the rest of the data' (p6). Throughout participant observation my personal reflections in terms of my role within the group and difficulties associated with feelings arising from participation were recorded. I was also able to identify any 'hunches' or areas for potential future exploration.

The second observation session suggested that I had experienced role conflict between group member, researcher and in another context, lecturer. This came to a head when the lecturer facilitating the group sought to help a student reflect on a difficult communication problem. The lecturer attempted to link the student experience to the theory of transactional analysis and openly suggested that my professional background as a mental health nurse would make me an 'expert' in this area:

I felt put on the spot and responded with vague comments regarding transactional analysis. Whilst I acknowledged it could be a useful means of analysis in communication patterns, it was not as simple as merely looking for critical parent or child responses. (Observation recording 26/10/94)

Another example, where a reflective group was conducted in an elderly care setting suggested that the depth of emotion I experienced within this group had not been anticipated. This difficult encounter served as a reminder that being a participant observer actively involves engagement in the research situation and this emotional response was usefully recorded in my journal:

I sat in the dayroom waiting for the group to arrive, when I saw a frail lady with her family. I immediately began to feel an overwhelming sadness related to my recent visits to a similar ward and the subsequent death of my Grandmother. I tried to stop the tears and was thankful when a member of staff clearly anticipating my mood, offered me a drink. After composing myself in preparation for the meeting, the reflective session focused on a student's fear of death and avoidance of entering a room where a patient was thought to be dying. This level of disclosure prompted me to offer a similar situation where I felt it appropriate to share my recent experience of avoiding a painful encounter, of witnessing my Grandmother's further deterioration after we had spoken openly about death and both said our formal goodbye.

This extract illustrates that being part of a reflective group as participant observer may lead to difficulties in relation to detaching feelings from observations. Clearly, in this case it was important to separate observations within the group sessions from my personal feelings arising from group participation. In this way my research journal was a valuable means to record reflective notes and these were seen as different to the formal recording of observation fieldnotes.

A strength of documenting group sessions was the extent to which my personal journal recorded reflections about my professional practice and learning as a result of being part of a reflective group. Burgess (1984) recommended that this form of reflexive process including self-analysis should be continued throughout the research. This theme between the researcher and the study can also be found in a summary of participant observation where Bogdewic (1992:69) suggested the researcher:

..be open to possibilities you have not yet imagined, and to be willing to look at yourself as intensely as you look at the events you are studying. In participant observation, who you are and what you see cannot be separated, only understood.

Scott and Usher (1996) draw attention to lecturers becoming directly involved in researching aspects of education. For example, this practice of: 'doing education and finding out about education are inextricably bound together' and as a consequence researchers are: 'educating themselves, as well as developing understanding of education' (p155).

In summary, participant observation of reflective group sessions enabled exploration of issues associated with the process of journal writing including sharing this activity and developing concepts that would inform further data collection. Whilst fieldnote observations were limited to formal group sessions, these encounters helped me develop relationships with students, clinical colleagues and lecturers. Nevertheless, these observations were limited and would not provide answers to all the research questions. For this reason, participant observation was viewed as one method of data collection that would need to be supplemented by additional sources of data.

## **Interviews**

The use of interviews as a major method of data collection for qualitative research has been extensively documented (May, 1993; Kvale, 1996; Fontana and Frey, 1998; Davies, 1999; Marshall and Rossman, 1999). Interviews are a useful means of generating data quickly and when combined with other data collection methods allow the researcher to uncover the meanings that individuals hold about their everyday activities (Marshall and Rossman, 1999). Limitations of this approach include the potential for lack of interviewee co-operation, deficiencies of interviewer expertise and overall quality of data (Marshall and Rossman, 1999).

As one of the main methods of qualitative research it has been suggested that: 'it is not uncommon for a researcher to assume that their study will involve some such interviews, without spending time working out why it should' (Mason 1996:39). The rationale for adopting unstructured interviews as a method of data collection for this study will now be explored. The first issue relates to the actual research subject namely, attempting to discover undergraduate student nurses' perceptions of the value of reflective journals. The qualitative research interview attempts to understand the

'meaning of people's experiences' and to 'uncover their lived world prior to scientific explanations' (Kvale, 1996). In this way, the interview was seen as an ideal method for exploring nurses' perceptions of their experiences.

Another consideration of generating grounded theory is that data collection and analysis are concurrent activities. By adopting 'unstructured' or 'open-ended' interviews, this could be considered as an ideal means to explore 'new territory with the informant' (Field and Morse, 1985). This process of interviewing students at the outset of journal writing would allow me to follow up avenues identified by the interviewee's experience, rather than seeking to answer a list of pre-determined questions. The following account of the process of interviewing within the context of this research considers guidelines offered by Kvale (1996) in the conduct and evaluation of interviews as a method of data collection. These place importance on describing as precisely as possible the interview situation, interview guide, recording information and quality of interview data.

### **Interview situation**

The use of face-to-face unstructured interviews requires that the researcher establish relationships with interviewees (Burgess, 1984). I chose to meet informally with all students involved in the study prior to any interviews taking place, as a way to develop rapport. This also provided the opportunity to outline the research, procedures involved in data collection and the process of informed consent. Of equal importance, was that this meeting also gave students time to ask questions about the research in terms of their potential involvement and concerns.

Interviews were conducted in a setting chosen by each interviewee, which included: hospital side rooms; university classrooms; and in two cases the student's own home. I felt that it was important that individuals should have the option to determine the interview setting as one that was acceptable to them. The preparation of a conducive environment for interviewing included attention to privacy, position of seating and the setting up of recording equipment. The diverse interview settings, however, created different challenges such as background noise. The hospital settings were generally



noisy and in two cases there was the additional problem of cleaning taking place outside the quiet area chosen as the interview site. Interviews conducted within university classrooms also had external noise such as the movement of students in corridors and more general noise from traffic. Finally, one of the interviews conducted at the student's home also had noise disturbance from city traffic.

Before each of the interviews commenced the purpose of the study was reiterated and informed consent was revisited. The interviews lasted between thirty and forty-five minutes duration and were all tape-recorded. Whilst May (1993) reported that some individuals might find the presence of a tape-recorder inhibiting, it is clear that there are many advantages for recording research interviews. For example, they can assist interpretation and enable the researcher to concentrate on the interview process and also help to guard against the researcher substituting their own words for that of the interviewee (May, 1993).

Each interview started with a general introduction and lead into a broad question that served to elicit spontaneous discussion. Examples included: 'Could I start by asking you, have you ever had any experience of learning journals?' 'What I would like to start off with is to talk a little bit about you - in terms of have you had any experience of learning journals?' 'What are your experiences of reflective diaries?' (As a point of clarification, when presenting these general questions, I sought to use the same term for the document as that offered by each educational institution such as diary or journal). For the remainder of the interview I tried to keep a balance between listening to what the interviewee was saying and following up areas for discussion/clarification and probing. My professional backgrounds enabled attention to my non-verbal communication and to generally feel at ease with pacing the interview. Interviews were surprisingly fluent with a positive degree of rapport and balance between questioning and interviewee responses. All interviewees were given the opportunity to contribute anything that they felt had not been covered in the interview with the inclusion of the final question such as: 'Is there anything else you feel you want to say at this stage?' Each interviewee was then thanked for their contribution.

All interviewees were offered a copy of the transcript of their interview and asked to make any revisions/deletions or notes as appropriate. With the exception of one interviewee all students stated that they did not want a copy of the transcript. In the case of the student who agreed to the copy there were no alterations or omissions reported and the student agreed it was an accurate record. This student stated that the main reason for exploring the transcript was as a source of potential learning, in terms of her impending research project which included the use of interviews that would require her to perform transcription.

### **Interview guide**

Having stated that the interviews were unstructured, which allowed flexibility to follow up theoretical sampling, the use of an interview guide provided a useful reference point at different stages of the research. It is important however to establish what I mean, by the use of an interview guide. Davies (1999) considered that even unstructured interviews require the researcher to have some indication of topics or questions they wish to pursue, 'tending to direct the conversation with the research in mind'. The interview guide for this study consisted of a brief list of points that were drawn up at the outset of interviews and related to the research questions (see Appendix 5). Following ongoing analysis of initial interviews, observation sessions and documents, another list was developed in preparation for the diary-interview method of data collection.

### **Recording information – transcription**

All interviews were transcribed verbatim and in most cases, I performed the transcriptions. Whilst there is no doubt that this is a lengthy process it does, however, provide the advantage that the researcher starts to become familiar with the data relatively quickly. The issue of whether full transcription is a requirement of qualitative research is the subject of debate. Experienced researchers such as Strauss and Corbin (1990) suggested that a full verbatim transcription is not always necessary (selective transcription is acceptable in some examples of grounded theory). Even so, I made the decision that a full transcription of interviews was important in the context of this study for the following reasons. The initial interviews were conducted with students who



were undertaking the general nurse educational programme and such interviews included examples of technical vocabulary and abbreviations used to describe general nursing practice which were not always immediately familiar to me. Furthermore, the requirement for full transcription would also help to contextualise the interview rather than achieve a 'snapshot' approach. Another function of a complete transcription was that it enabled examination of my questioning technique as a learning process. As Burgess (1984) suggests, interviewers using an unstructured approach need to constantly 'monitor direction, depth and detail of the interview'. Similarly, interview transcripts were self-examined and critical comments recorded in my research journal. Transcripts were also shared with my research supervisors who offered valuable evaluation of the quality of interviews and where appropriate offered advice about such interviewing technique.

Following transcription, these documents were checked against the tape recordings to authenticate interviews. The transcripts were then augmented with inclusion of more contextual data. This is important because it can be easily lost in the transcribing process as Kvale (1996:182) suggested:

The transcript is a bastard, it is a hybrid between an oral discourse unfolding over time, face to face, in a lived situation - where what is said is addressed to a specific listener present - and a written text created for a general, distant, public.

These contextual observations recorded in transcripts attempted to provide a richer record of the dialogue between interviewees and myself. Such data included notations of any distractions, interruptions and significant aspects of non-verbal behaviour. The full interview transcripts facilitated early coding which gave direction for subsequent data collection and allowed continuous monitoring of the quality of interviews.

### **Resolving field issues – reflective notes**

Whilst I had some prior experience of conducting unstructured research interviews and felt comfortable with this approach, the quality of data was examined as soon as the first interview had been completed. For purely practical purposes there was no choice but to conduct the first two interviews on the same afternoon and the first interview

appeared of better quality than the second. In exploring these transcripts (complete with contextual jottings) it was clear that the second interview was less spontaneous in flow. My research journal had recorded that the second interviewee had avoided eye contact and appeared shy. After examining this transcript by paying particular attention to my interviewing technique, it was clear that I needed to try and follow up more leads or hunches because at times there appeared a tendency for vague questioning. It was also clear that the tape recorder was rather obtrusive, because it had to be very close to the interviewee to have any chance of successfully recording all content. These early reflective notes helped to provide recognition of issues that would affect the quality of interviews and were taken into consideration in the conduct of later interviews. As Kvale (1996:144) suggests:

The quality of the original interview is decisive for the quality of the later analysis, verification, and reporting of the interviews.

To summarise, the use of unstructured interviews provided a flexible data collection method. Such flexibility gave the opportunity to explore student nurses' views and follow up leads that were identified by their journal writing experiences.

### **Diary: diary-interview method**

In the absence of being able to make firsthand observations of a phenomenon the 'diary: diary-interview method' is a procedure developed by Wieder and Zimmerman (1974; 1976) and Zimmerman and Wieder (1971) as a supplementary method of data collection. This method of data collection was explored because of an interesting parallel between Zimmerman and Wieder's (1977) description of the method and the actual student population samples in this research. Zimmerman and Wieder's (1977) account of their study of the counter-culture scene suggested that these researchers asked informants to keep a diary (not in the sense of an intimate journal) but as a record over a specified time period and according to a set of instructions. This technique was then used as a basis for intense interviewing. The students in my study were also asked to maintain a document according to a set of instructions (reflective diary or journal). This was not instigated by my action as researcher; rather the educational institutions concerned. This requirement sought to ask students for similar information, although in

a different context to that of Zimmerman and Wieder (1977) including: ‘a record of their own performances as well as reporting the performances of others with whom they interacted’ (p484).

The use of the diary in conjunction with the diary-interview affords ‘some degree of access’ to ‘sequences of activities, as well as raising pertinent questions about their meaning and significance’ which may otherwise be impractical to observe (Zimmerman and Wieder, 1977). The respondent acts as both observer and informant: ‘as adjunct ethnographers of their own circumstances’ (p484). Whilst I was offered access to observations of reflective groups in order to examine the role of reflective journals and also given the opportunity for questioning in an interview context, the observation of the actual writing of documents would neither be desirable nor practical for this research. The documents submitted for assessment purpose could offer a valuable source of data in their own right, but these would not allow access to the process and perceptions of the value of the document at the end of the students’ experience of keeping reflective diaries or journals. The diary (or in this case the formal journal assessment) could therefore be used as a way of generating questions to follow up in a subsequent data collection event termed the ‘diary-interview’ which Zimmerman and Wieder (1977:489) suggest:

Converts the diary - a source of data in its own right - into a question - generating and, hence, data generating device.

### **The diary document: preparation for the diary-interview**

In order to use student journal documents (submitted as part of academic assessment) as a method of data collection, written consent from each student involved in this research was obtained. After documents had been submitted for assessment and marked accordingly, the lecturer(s) involved in this activity returned these to individual students. Each student was then given the opportunity to take out any part of the journal document that they did not wish to be considered as research data and submitted a photocopy of the document (or revised document) to me, whilst retaining the original document themselves. Every document submitted as data was then coded in the same way as other sources of data (see Chapter Four). I then explored

the contents of each document in order to formulate general question areas, which informed the diary interviews. Taking account of these narratives along with data previously generated by observation sessions and early interviews, each interview schedule (whilst relatively unstructured), consisted of general concerns/relevant questions in order to seek clarification/meaning and increased understanding of the process of maintaining a reflective journal.

### **Diary-interview**

Each student was then interviewed using questions arising from the analysis of documents, observation sessions and initial interviews. In each 'diary-interview' a copy of the relevant student journal was taken into the interview situation to allow them access as an *aide-mémoire* if required. This action was contrary to that reported by Zimmerman and Wieder (1977) who did not allow diary writers in their study access to their diaries, either after completion of the documents or during the 'diary-interview'. Arguably, this could be considered as a somewhat harsh procedure particularly if one considers that in some cases, over one hundred specific questions were generated for the diary interview which 'sometimes covered five hours of interrogation'. In defence of their action Zimmerman and Wieder (1977:491) indicated that this might go some way to counter possible challenges to the authenticity of such documents:

While no unimpeachable assurances were available that a given diary was not a work of fiction, the impact of this intensive interrogation was presumed to be such that maintaining a pretense would be difficult without falling into glaring inconsistency.

In the first diary-interview I noted that I had a tendency to focus on the interesting clinical exemplars presented in the journal document. Whilst these exemplars were nonetheless stimulating, the discussion could be considered to be at the expense of trying to explore how this document related to the focus of the research namely, the perception of the relative value and process of maintaining a reflective journal. It was useful to meet up with my research supervisors before the second 'diary-interview' as it appeared that I had lost sight of the research problem and become overwhelmed by data, focusing on issues such as socialisation of nursing, power and control and the theory-practice gap. Whilst these aspects were important and provided illuminations of

student experience as reported in observations, initial interviews and documents, I needed to keep the research questions clearly in mind. Accordingly, the next diary-interview focused more on the process involved in recording a journal and issues such as access and assessment.

The diary-interviews focused predominantly on the content within the assessment journal documents though I was not constrained to discuss only these elements. For example, where appropriate I was also able to check out possible meanings and/or significance of observations and build on initial interviews. This does not appear at variance with the 'diary-interview' method of data collection as reported by Zimmerman and Wieder (1977). These researchers also questioned respondents in 'diary-interviews' about less directly observable features of events recorded along with their possible meaning and/or connection with other events. Thus, I was able to explore less directly observable features of the process of documenting clinical experience using reflective journals in diary interviews. In this way, it was possible to check out recorded observations about the role of journal documents in reflective sessions, explore how students managed the process of maintaining reflective journals and examine how decisions were made about what to record in documents for the purpose of assessment.

Whilst the journal documents submitted for academic assessment could be viewed as a form of data collection in their own right. With the absence of a follow up interview it would have been difficult to examine their content in terms of the students' decision-making processes and their feelings/perceptions associated with completing a reflective journal. As Zimmerman and Wieder (1977) proposed, the effectiveness of the diary method is undermined if all that is collected is the diary. They also reported the possibility that diaries: 'may be in whole or in large part, fabrications' (p488). Whilst it was not the purpose of this research to use 'diary-interviews' to establish authenticity of such documents, this forum provided the opportunity for student nurses to elaborate or give a rationale for their choice of writings submitted for the purpose of assessment.

## **Summary**

The data collection design illustrates the use of multiple methods using different sources of data to illuminate different research questions. The rationale for using a combination of multiple methods and sources of data explored different aspects of reflective journal writing as a learning strategy. These 'different slices of data' (Glaser, 1978) provided a more complete picture than any one method taken separately would allow. The collective procedures were viewed as complementary in terms of enabling access to the processes and outcomes of journal writing over a specified period of time. The variety of sources also facilitated the constant comparison of data, checking developing concepts at various time intervals and arguably, achieved a richer picture than being reliant upon any one method of data collection.



## Chapter Four

### Analytic Process

#### Introduction

In order to inform others about the value of their research, the grounded theorist is faced with the problem of recording a number of simultaneous analytical activities. These include the joint data collection/analysis, the creative process of coding, memo production and the writing of a coherent account of theory generation. In order to address these factors, I used the general principles of the constant comparative method offered by Glaser and Strauss (1967), Glaser (1978), Strauss (1987) and Strauss and Corbin (1990). These principles were instrumental in guiding self-pacing, coding, theoretical sampling, theoretical sensitivity and the production of memos. The following account locates these analytic steps in generating grounded theory, given the creative and cyclical nature of generating ideas, is in itself problematic to record.

#### Analytic procedures

The analytic procedures used in this research adopted the overriding principle of the constant comparative method, which involves the making of comparisons, and asking questions of data (Glaser and Strauss, 1967). Before commencing coding it was important to appreciate the significance of Glaser (1978) and Strauss and Corbin's (1990) differences in relation to this matter. Whilst I have described experience of working with the techniques identified by Strauss and Corbin (1990), I had recently been influenced by Glaser's (1978) work related to *Theoretical Sensitivity*. This resulted in my adopting a combination of such approaches using ideas put forward by both co-founders of grounded theory that culminated in the following coding sequence:

### Analytic process plan

1. **Substantive - Open Coding** (Glaser and Strauss, 1967; Glaser, 1978 and Strauss and Corbin, 1990).
2. **Making Connections** establishing new connections:
  - a) Paradigm model (Strauss and Corbin, 1990)
  - b) Theoretical codes to identify process (Glaser, 1978)
3. **Selective Coding**
  - a) Delimiting the theory to those categories that relate to core category (Glaser and Strauss, 1967; Glaser, 1978)
  - b) Identifying the core variable that guided further data collection/theoretical sampling (Glaser, 1978)

Table 3.

### Self-pacing

Glaser (1978) suggested: 'the discovery of grounded theory implicitly assumes that the analyst will be creative' and therefore in order to facilitate discovery the researcher needs to energise 'creative abilities' (p20). This creativity can be considered as one of the appealing features of grounded theory and yet this factor can also generate problems for the researcher. Glaser's (1978) chapter related to 'theoretical pacing' is testament to the many situations the analyst may experience, which not only serves to remind the researcher of their vulnerability but acts as a potent message that this type of research is not to be undertaken lightly. Before starting the joint data collection/analysis of grounded theory, theoretical self-pacing must be considered. If one examines the importance of this, it soon becomes apparent that this type of research has the potential to affect the researcher both personally and professionally. It can be argued that many research approaches have an impact on the researcher, however, the sheer number of activities in grounded theory occurring simultaneously, predicate that self-pacing is addressed in order to prevent researcher fatigue. Mindful of my status as a part-time researcher, I needed to take account of self-pacing and develop a strategy that would enable me to work effectively in both my employment and the research study.

## Substantive coding

Transcribing offered the first step in becoming familiar with the data collected. This process allowed me to start to assimilate data, raise questions and record the flow of theoretical memos. In reading the first interview transcript and fieldnote observations, I commenced the task of trying to create suitable codes which represents a crucial activity in order to inform further data collection (Glaser, 1978). Whilst I already had previous experience of coding grounded theory data it was not until re-reading the text *Theoretical Sensitivity* (Glaser, 1978), that I realised that I was starting out as a novice.

Throughout open coding or ‘running the data open’ (Glaser, 1978) specific time periods were set aside where I was not to be disturbed. This solitude allowed me to fracture the text and record any emerging ideas in the form of memos. The list of questions and statements (see Table 4) were used to help with coding and were drawn from suggestions offered by Glaser (1978), Strauss and Corbin (1990) and Glaser (1992). The list proved invaluable in trying to stave off the problem of ‘getting lost in a mass of data’ that is a problem all too familiar for many qualitative researchers. The questions also aimed to facilitate theoretical sensitivity whilst collecting, analysing and coding data sources (Glaser, 1978).

### *Questions used in early coding*

(Glaser, 1978:57)

What is this data a study of?

What category does this incident indicate?

What is actually happening in the data?

What accounts for the basic problem and process?

[Focus on patterns amongst incidents]

[Always interrupt coding to memo an idea (p58)]

(Strauss and Corbin, 1990:63)

[Give each discrete incident/idea/event a name]

Ask questions – what is this? What does it represent?

[Compare each incident with incident as you go along]

(Glaser, 1992:40)

[Compare incident to incident and/or to concepts]

[Look for patterns – many similar incidents – conceptual labels – categories]

[Differentiate between just labelling an act and conceptualising a pattern among many incidents p42]

What do participants see as the main concern or basic problem? (p42)

Table 4.

## **Labelling phenomena**

When analysing data sources, the codes were placed in the margin next to the text and theoretical codes were recorded as separate memos. This line-by-line analysis is important because provisional categories form the basis of theoretical sampling (Strauss and Corbin, 1990). The use of several copies of data records facilitated this fracturing process and these were 'cut up' to enable visual representation and retrieval. Where appropriate the codes were labelled to denote process and the use of 'in-vivo codes' were used wherever applicable (Glaser, 1978). An example of such early codes included the following:

Clarifying ideas, recognising feelings, recognising others, experimenting, scribbling, presencing, recording, remembering, criticising care, excluding, interpreting others' actions, interpreting own actions and feeling uncomfortable.

## **Difficulties in coding**

In the practice of early coding it was easy to feel overwhelmed by the sheer volume of codes and memos that were generated. The constant comparison of data, coding and memoing, though, helped to facilitate my thinking in relation to such data which Glaser (1978) advocates as a necessary process of discovery. This open coding provided direction to subsequent theoretical sampling, or what Glaser (1978) reports as the researcher becoming selective and 'focused on a particular problem'. The generation of so many memos appeared at one stage to block research progress and I was requested by my research supervisors to provide an account of my work. What was clear was that in this early stage of analysis my codes were not always conceptually dense and in some cases were descriptive. These codes were subsequently revisited in order to strengthen their labels. Whilst I had undoubtedly placed too much emphasis on generating memos these were considered to be a valuable record of the creative process and crucial to my learning.

Another difficulty with coding arose from the diverse data sources and their potential relevance to illuminating the research topic. In an earlier study (Whitemoss, 1991) interviews were the primary method of data collection and now faced with multiple data sources, identifying relevance proved challenging. It was initially tempting to

think of these data sources as being relevant in themselves, rather than coding for conceptual labels that spanned across sources. Glaser (1978) suggested the researcher should ask questions in order to discover patterns amongst incidents and that these questions yield codes to help the analyst: 'rise conceptually above fascinating experiences' (p57). Nevertheless, some difficulty in relation to the early analysis of fieldnotes was experienced because the fascinating pattern amongst incidents did not (at first sight) appear directly related to journal writing. The pattern was more about the psycho/social processes that the students encountered when entering new clinical situations. By way of an illustration, whilst journal documents were the main focus of the study and advocated by the lecturer as the evidence basis of reflective groups, they did not appear to play any significant role in such sessions. The fieldnote observations consisted of descriptions of the social processes involving the students examining their own and interpreting others' clinical actions, but appeared to have little direct reference to their journal documents. These codes suggested a clear tension between the students' expectations of observing 'expert' clinical role models and their perceptions of participating in care practice that appeared ritualistic. Whilst the exclusion of such journal evidence in reflective groups is in itself a significant factor and will be discussed in Chapter Five, I needed to focus my thinking towards the original research questions.

The initial codes also revealed a general lack of clarity about the terminology used to identify journal documents and different versions of such documents were evolving. The student nurses were attempting to uncover what was expected of them in terms of journal assessment, along with trying to record ideas in an often-creative spontaneous personal document. What was emerging as a pattern was the distinct student unease about qualified practitioners being involved in reflective group sessions and concern about whether they should have access to their journal writings. The tension between the students' expectations of practice and the reality of interpreting qualified practitioner actions, along with power relationships encountered within clinical placements were recurrent themes.

## **Making connections**

Whilst open coding provides the identification of concepts and categories, the next level of coding has identified disagreement between the co-authors of grounded theory. According to Strauss and Corbin (1990) the researcher should now seek to put data back together in new ways, using a process named 'axial coding' or: 'making connections between a category and its subcategories' (p97). Whilst open and axial coding are presented as two distinct coding actions these authors indicate that in reality the researcher moves between the two modes. Glaser's (1992) critique of 'axial coding' as described by Strauss and Corbin (1990) suggested it neglected his own notion of theoretical coding outlined in his text *Theoretical Sensitivity* (Glaser, 1978). Moreover, Glaser (1992) reported that by making connections in this way this represented another method of research, which he termed 'forced description'. He was critical of Strauss and Corbin's formation of axial coding, because it: 'undermines and confuses the very method that he is trying to build further from his copious experience' (p61). Glaser's work on theoretical coding described the means of establishing new connections that make ideas relevant, in other words conceptualising how substantive codes may relate to each other and how this allows the researcher: 'to weave the fractured story back together again' (Glaser, 1978; p72). Having explored these alternative viewpoints and their implications on coding practice it seemed to me that if one pays attention to 'theoretical codes' as outlined by Glaser (1978) in open coding, it provides what Strauss and Corbin (1990) term 'axial coding' and such connections can be made. In this research study, whilst open coding (substantive codes), the relationships or 'new connections' were recorded as memos or 'theoretical codes'. Therefore I now argue that during the process of open coding it is impossible not to make connections between provisional categories and/or subcategories.

## **Paradigm model**

A personal breakthrough in coding came with the use of Strauss and Corbin's (1990) 'paradigm model'. The aim of this model is to 'link subcategories to a category in a set or relationships' that enable the researcher to think about complex data in a systematic way:



- (A) **CAUSAL CONDITIONS** (Events/incidents that lead to occurrence or development of a phenomenon)
- (B) **PHENOMENON** (Central idea)
- (C) **CONTEXT** (Specific set of properties that pertain to phenomenon)
- (D) **INTERVENING CONDITIONS** (Broader structural context)
- (E) **ACTION/INTERACTION STRATEGIES** (Action/interaction orientated method of theory building)
- (F) **CONSEQUENCES** (Action and interaction taken in response to, or to manage phenomenon)

Strauss and Corbin (1990: 99-106)

Strauss and Corbin (1990) caution researchers who choose not to use this model by stating that this action would result in a theory that lacks ‘density and precision’. Glaser (1992:63), perhaps the most highly critical of the use of this model suggested:

In actuality it teaches the analyst to force a full conceptual description on data with no questions about whether the links are relevant to any emerging theory that really explains how the participants process their main concerns.

In defence a further aspect of Glaser’s critique proposed:

The more the analyst practices the use of this model the more he will exclude forever his ability to respond to any theoretical code that may emerge and become relevant. He will always just see a condition or a consequence irrespective of relevance and stake his professional identity on it (Glaser, 1992:63).

Having used the paradigm model in a previous study I had some sympathy with Glaser’s concerns and also found certain aspects of the model difficult to practise, such as the highly structured nature of dimensionalising. The overall aim of the model in terms of helping me to think about process though proved very worthwhile. For example, when I explored early substantive/theoretical codes and related memos and then attempted to apply the paradigm structure, it was relatively straightforward to observe process sequencing in the recording of journal writing and this served to open up my analysis. The paradigm model then served as a loose structure and not one that would only allow me to see a code as an indicator (causal – condition), but as a means of developing categories in terms of their properties. In common with

more experienced researchers such as Johnson (1997) I would support the view that strict adherence to the general rules/procedures may be counter-productive and in some cases can stifle researcher creativity. A major strength of the grounded theory approach lies in its creative and evolving character.

### **Theoretical sampling**

In order to constantly compare data, verify ideas and inform the basis of the next data collection technique of 'diary-interviews', the next task was to code journal documents submitted for assessment purpose. Whilst the rationale for using the 'diary-interview' method has been addressed in chapter three, it may be useful to outline how this impacted on the analysis of such documentary data sources. I have already indicated through the collection and analysis of observational data that the journal documents appeared to have little significance in reflective sessions and were notable by their absence from these meetings. The journal documents submitted for assessment were rich data sources in their own right, however, these did not appear to be the only journal documents being kept by students. In preparation for the 'diary-interview', the interpretation of these documentary sources involved building on codes already generated from observation recordings and initial interviews and then making comparisons by examining such writings with that presented as data for assessment. Keeping the previous list of questions in mind (Table 4), I sought to examine patterns among incidents and yield codes from line by line analysis of such documents. This coding directed theoretical sampling and formed the basis of the next data collection method termed the 'diary-interview'.

Whilst reading these journal documents I encountered a high level of self-disclosure and strong emotive content where the students described anxieties similar to those expressed in observation recordings of reflective sessions and initial interviews. These included personal feelings associated with great expectations of participating in a new clinical placement where the clinical experience may be rewarding, versus the perceived difficulties in practice where students struggled to cope. In coding these sources I needed to monitor my reaction to the emotional content of data because of the potential for conflict which I had already experienced in participant

observation sessions. These issues were again usefully recorded in my research journal.

Revisiting the list of questions and theoretically sampling the documents submitted as data recorded 'critical incidents', which at first sight showed evidence that seemed to criticise care practice. This included student expressions of frustration and sadness although they were not all perceived as negative experiences. Further analysis and coding of these sources revealed positive aspects including challenging ward practices, rewarding and encouraging patient encounters where the students were demonstrating learning about care relationships.

In preparation for each of the student's diary-interview, I familiarised myself with their journal document submitted for assessment and sought to add codes (where appropriate) and formulate ideas from memos to follow-up in the interview questioning. This was the first time that I had fully appreciated the value of documents as valuable sources of data. They enabled me to question ideas that I had initially perceived to be outside the remit of my research questions. By way of an example, the stress of students trying to cope with clinical encounters had repeatedly surfaced in reflective sessions and this appeared at variance with the research focus of students' perceptions of the value of reflective journals. These documents also revealed frustration, disillusionment and stress associated with being a student nurse and whilst these issues appeared initially outside of the remit of journal writing they were increasingly central to this learning strategy. These emotions informed the student experience and shaped the content of journal documents. They also provided clues as to why practitioners did not appear to play any significant role in journal writing and why students demonstrated a reluctance to share such documents in reflective group sessions.

I now needed to examine the quality of fit of these ideas. One aspect of the joint process of data collection and analysis was the development of two types of student journal documents that initially appeared distinct and unrelated in function. I questioned whether these two documents existed or whether they were both part of the same activity, namely, recording a journal for assessment purpose. The analysis of the first two 'diary-interview' transcripts revealed that I had not fully explored the

student nurses' perceptions of the value of recording clinical experience in journal documents. The focus of my questioning was more related to the nature of the clinical experience and in particular, the conflict expressed throughout reflective group sessions, early interviews and submitted documents. Although I was starting to see a development in terms of the use of such documents the focus was still about conflict, not necessarily the perceived value of maintaining reflective journals. Data was revisited and placed in the context of Strauss' (1987:34) comment:

The goal of grounded theory is to generate a theory that accounts for a pattern of behaviour, which is relevant and problematic for those involved.

Theoretical memos were used in an attempt to show how codes may relate to each other and to track the pattern of behaviour locating different stages of journal writing:

<i>Pattern of behaviour (Memo)</i>	
<i>Compulsory assessment</i>	
Students don't know what to do with journal	<i>(Finding my feet)</i>
Start to record in a personal document	<i>(Expressing yourself)</i>
[What are they writing about? Tension in clinical area and developing personal knowledge?]	
Take out bits of experience recorded in personal document mentally and share experience with others in order to refine ideas/talk it through or stimulate thinking?	<i>(Sharing)</i>
Write another document for submission of assessment	<i>(Writing the right thing)</i>
[This involves putting in additional information to that of the personal document – what things?]	
[Reference sources – sequence of activities – evidence of rules – why?]	
[Write what they want – who want? Lecturers?]	
[Why?]	<i>(Getting a good mark)</i>

These codes were now beginning to develop and fit different data sources, verifying often seemingly obscure codes. The use of the term verification in this context requires clarification. I take the definition put forward by Glaser (1992) in that: 'hypotheses are probability statements, not facts that are verified. Grounded theory is not verificational' (p29). In contrast to the early stages of joint data collection and analysis where codes had developed at a rapid pace, this process now appeared to slow down. These concepts were now starting to develop an 'emergent fit', in that they were repeatedly evidenced in different data sources.

### **Memo sorting**

The next activity involved taking stock of the numerous memos that had been generated in order to attempt what Glaser (1978) described as 'memo sorting', which is crucial in the development of grounded theory and also a powerful means of creativity. These memos included drawings and 'jottings' that had challenged sorting. At the outset of the study, I had started a file of memos and then moved to the production of *aide-mémoire* cards, which were now littered in no apparent order or grouping. After attempting to place them in some order, a thoroughly creative and spontaneous activity, the key ideas were listed on large sheets of paper.

### **Initial categories**

Using the student diary-interviews the in-vivo code *expressing yourself* was clearly about 'what I did come across' in clinical practice, whilst *writing the right thing* represented 'what I should have come across' in clinical practice. Although this located two distinct activities there was a further category initially coded *professional respect* that was problematic in the relationship of categories. The category *professional respect* was essentially about conflict between great expectations and ritualistic practice or the perceived difference between students' expectations and the reality of clinical placements. The question of how the student manages this conflict raised wider questions about interpreting other practitioner actions and the perceived power of qualified staff and their control over patients. Whilst students articulated expressions of powerlessness in the care process the assessment journal documents and diary-interviews revealed active challenging of



care practice. Observation of reflective groups also provided a means of developing a broader perspective, looking at strengths as well as the perceived weaknesses of clinical experience in terms of facilitating reflective practice. I now had two distinct categories that fitted different processes but had one that either appeared to be between them or could represent the overriding process involved in recording clinical experience in journal documents.

Returning to the paradigm model described earlier in this chapter, I then sought to explore these central ideas. The use of large sheets of paper allowed me space to start to develop concept maps by examining codes and theoretical memos again for links. Properties of the phenomena, strategies for managing and consequences of activities, along with visual representation of relationships that spanned categories were listed. The emerging theory was now beginning to take shape and started to provide a focus for discussion. Meeting up with another researcher, I was so enthused by this action that I placed a single page of ideas as a focus for my discussion. This proved to be significant because my research environment was previously littered with memos, transcript cuttings and a cluttered desk full of *aide-mémoires*. I had now succeeded in distilling the data down to a one-page précis that outlined my analysis. The joy of this act was short lived. I had managed to write up a summary of key ideas and clarified emerging categories and felt confident about *expressing yourself* and *writing the right thing* but was still unclear about *professional respect*. In a different environment, I re-read Glaser (1978) and then revisited memos and data. In examining these sources I was now able to see the relevance of my collection and analysis and felt that all was not lost because one category did not appear to fit as neatly as the others did. The task that now lay ahead was to examine *professional respect*, which may not have been the right code, but as Glaser (1978) reminded researchers, they should not worry about the right label as that will come in time.

Working through theoretical memos, I then sought to explore indicators of the activity termed *professional respect*, examining codes such as selectivity, control, sharing, discussion and feedback. Thinking of codes in terms of indicators, the possible significance and/or connections to the existing paradigm was outlined. To



offer an example, no physical journal document(s) were observed in the reflective groups and I needed to examine why this was the case. At the time of these sessions, I found that document(s) were at the stage of personal notes (diaries), of 'uncensored expression' and experimentation in terms of written form. In expressing lack of professional respect of these practitioners in personal writings, there was a real possibility that such practitioners could be present at reflective group meetings. In some cases, the presence of these practitioners precipitated apprehension or fear of sharing personal writings because of the possibility of recriminations. The students therefore selected aspects of their personal writings in order to inform discussion and also exercised control over what they would be willing to share in a group situation.

### **Delimiting the theory**

According to Glaser and Strauss (1967) delimiting the theory occurs as the researcher attempts to discover: 'underlying uniformities in the original set of categories or their properties', in order to formulate theory within a 'smaller set of higher level concepts' (p110). Each incident identified in data collected at the second site was compared to other incidents, coded and where appropriate a memo was placed in the relevant category. Glaser and Strauss's (1967) chapter entitled 'The constant comparative method of qualitative analysis' was particularly helpful and served to stimulate my thinking in relation to the continued comparison of data. The main difficulty associated with this stage of the study related to my break from the actual practice of coding and the need to familiarise myself with emerging theoretical ideas. To address this matter, another memo sort was conducted.

The process of delimiting the theory suggested that I had coded all the data sources, building on initial codes or 'codes in use' (Glaser, 1978) which were identified as a result of previous joint data collection and analysis. Any incidents that were different from provisional codes were given new labels, however, certain 'codes in use' were clearly apparent, and aspects of the theory were now standing up or appeared to 'fit' new data sources. When comparing incidents I revisited evolving categories in order to examine the 'fit' in terms of conditions. A revision of such properties or categories found that these were now starting to take on more depth. For example, a property of

*expressing yourself* related to *recognising feelings* was actually about expressing uncomfortable feelings. If I then explored under what conditions these feelings surfaced, it appeared that they were referenced to commencing a new clinical placement of 'finding a role' or 'feeling uncomfortable' with other practitioners' care practice.

### **Selective coding**

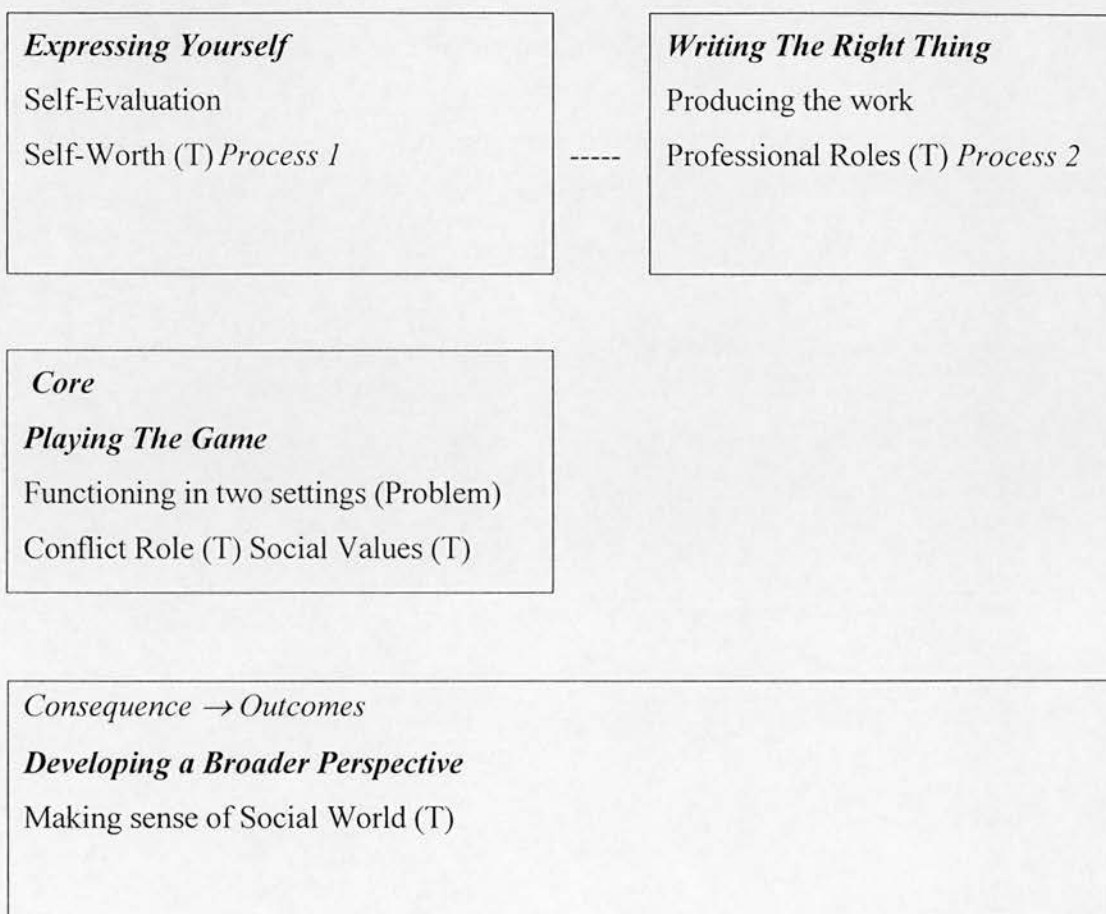
Throughout selective coding it was not always necessary to consult a list of 'codes in use', as these were often committed to memory. Nevertheless, as a reference point I consulted visual representations of the emerging theory and in moving between data sources, coding and integrative diagrams, further memos were drafted. These memos were more focused and integrated aspects of the emerging theory and they also highlighted gaps requiring further theoretical sampling. Theoretical memos were written as soon as the idea occurred and consisted of questions related to the content of categories, such as 'What is this process about?' After revising aspects of the theory, I re-organised memos and started to collate them in a more systematic way. The generation of copious memos over a number of months was now getting out of hand. I had a tendency to write memos, rather than concentrate on the wider picture and it was as if writing memos had become a form of distraction - a means of recording thinking about individual ideas, rather than generating the main story line. Whilst a potential problem, the time invested in memo writing can be seen as a positive endeavour and a crucial activity in grounded theory generation (Glaser, 1978).

### **Theoretical saturation**

The task that now lay ahead was to examine any gaps in the theory, in order to direct subsequent data collection and analysis and provide integration as a basis for documentation. Whilst the notion of theoretical saturation is a contentious one and some of these difficulties were examined in chapter two, aspects of this theory appeared to be saturated in that certain concepts were present repeatedly and nothing new was emerging. I had reached the point in the research where consolidation of ideas had clearly identified the basis of a grounded theory. I was now in a position to examine the core variable (Glaser, 1978) or as Stern (1980) proposes: 'the researcher asks of their work: 'How does everything fit together?''(p121).

## Core variable

Revisiting Glaser's (1978) chapter related to theoretical codes I examined my emerging theory by placing theoretical codes alongside substantive codes. Whilst theoretical codes had been used in numerous memos, I now needed to 'cell' these blocks of ideas in order to provide a theoretically integrated study. A diagram of the theory was used placing theoretical code (T) alongside substantive code headings:



This central idea suggested that the core be based on a causal model of theoretical codes. Glaser (1978) described the main components of a core category as having 'centrality, relevance, reoccurrence, clear and grabbing implications for theory' and 'variation and integration of a dense saturated idea'. (p95-96). The central code *playing the game* appeared to satisfy these criteria. Firstly, it was the main concern or problem for the students in the study because they had to participate in a clinical environment and provide documentary evidence of competence in clinical practice within reflective journals submitted for academic assessment.

Exploring the criterion of centrality of a core category (Glaser, 1978), *playing the game* related to all other identified categories and accounted for a large portion of variation in the pattern of behavior exhibited by the participants in the study. Furthermore, the category *playing the game* expressed as an 'in vivo' code, addressed the criterion of 'clear grab' having implications for theory in terms of 'relevance and explanatory power' (Glaser, 1978). The principle of reoccurrence (Glaser, 1978) was also evident, in terms of the presence of the category throughout the process of data collection, analysis and theoretical sampling, which had identified a stable pattern around the central idea locating clear relationships with other categories. A difficulty was the shifting title of the proposed core that to date had changed at several points during the study.

According to Glaser (1978) the core category can be any kind of theoretical code such as: 'a process, a condition, two dimensions, a consequence and so forth' (p96). What was clear in this study was that the distinct stages involved in keeping a reflective journal represented both a core category and a social process. The length of time of the research period had offered the opportunity to locate each stage in journal writing. This culminated in the location of process sequencing in terms of grounding theory with data that had clearly established distinct stages involved in journal writing. Although I had constantly revisited the core for fit and workability and had been convinced that the code was not quite right, the title *playing the game* did, however, represent a core category by fulfilling the criteria as outlined by Glaser (1978). This realisation suggested it was time to write an account of the main story, or as Strauss and Corbin (1990) described it: 'to tell the story analytically'.

## Chapter Five

### Findings: Playing the game and Expressing yourself

#### Introduction

Chapter five builds on the analytic process previously described, in order to establish how the theory was delimited and provides a descriptive narrative about the core category. I then move on to present the analytic story of the core category *playing the game* in terms of the conditions that give rise to the phenomenon and the context within which it is placed. The strategies used by undergraduate nurse students to manage this context along with the consequences of these actions are also discussed. Finally the property termed *expressing yourself* will be presented using data examples that illustrate this code.

#### The story line

Having identified a core category named *playing the game* this was developed in terms of properties, which involved relating it with other categories by means of the paradigm structure (Strauss and Corbin, 1990). This included consideration of the core categories: conditions, context, strategies and consequences. The integrative diagram presented in (Table 5) gives an overview of the core category. Compiling the integrative diagram was a milestone but I needed to provide a clear outline of its theory or main analytic 'story line' (Strauss and Corbin, 1990). In order to develop this process I presented my theoretical ideas and descriptive narrative of the central phenomenon to a colleague. Through this I became aware of starting to make links with published work that I had recently consulted in the preparation of a teaching session about action research and reflective practice (Bryant, 1996). Whilst initially unclear about how his ideas directly impinged on my research, I was sure that I had uncovered a clear distinction between personal and professional documentation in the form of diaries and reflective journals.

TABLE 5 *Overview of the core category: integrative diagram*

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Conditions: **Great expectations - ritualistic practice**

**PLAYING THE GAME** (Core)

Properties (stage 1)

**Expressing yourself**

(Promoting self awareness)

**Finding my feet**

**Recognising feelings**

Significant emotional encounter

Strategies

**Referencing**

**Uncensored expression**

Consequence

**Personal knowledge**

Properties (stage 2)

**Writing the right thing**

(Producing the work)

**Getting a good mark**

**What do they want?**

Putting a figure on experience

Strategies

**Writing for dramatic impact**

Consequence

**Contextual knowledge**

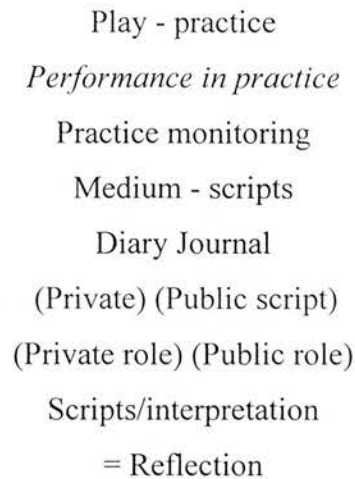
Consequence – interplay

(stage 3)

**Developing a broader perspective**



Re-reading Bryant's (1996) work I then attempted to extrapolate his ideas and constructed the following diagram:



I then revisited my memos and integrative outline of *playing the game* in order to examine Bryant's (1996) key message in the light of my analysis. What was of interest was that one of my earlier memos had recorded the same words as Bryant's (1996) namely, 'private and public scripts':

27/9/94 *Memo*

**Scientific**.....Function.....**Artistic**  
**Professional/Academic**.....Journal/Diary/Script .....**Personal/Expressive**  
**Formal/Public**.....**Informal/Private**  
**Structured**.....Data collection.....**Unstructured**  
**Objective Criteria**.....Analysis.....**Subjective/Interpretive**  
**Lecturer**.....Power.....**Person/Illuminative**

*\*At what point does a personal document become a public one - is it still a personal document when an instructor or another person asks you to keep one?*

I felt that the analogy of practice put forward by Bryant that consisted of a play with a medium of scripts would be useful to develop. It was not out of line with many of my earlier codes and memos that had also recorded similar ideas and had used 'roles' to describe students entering new clinical situations. It seemed significant to me in terms of my generated theory. I attempted what Strauss and Corbin (1990) termed 'imagining visually the architecture' of the main outline of the theory and referred to their illustration using *Awareness of Dying* (Glaser and Strauss, 1965) as that of: 'like

walking slowly around a statue, studying it from a variety of interrelated views' (p231). This procedure described by Strauss and Corbin (1990) as 'a kind of spatial metaphor' was used as a means of my gaining enhanced understanding of *playing the game*.

### **Central idea: *playing the game***

In an attempt to visualise the theory and 'take readers through the space' (Strauss and Corbin, 1990) the idea put forward by Bryant (1996) of a theatre, with actors, scripts, directors and producers was useful in the context of my research which had identified a core category named *playing the game*. The following account highlights this whilst still making sure that my codes were firmly grounded in the data:

The theatre can be seen as a representation of the clinical area with the student (actor) having to participate and make judgements about performance in practice. The central or core category named *playing the game* is the activity of being an undergraduate student nurse engaged in clinical practice with a remit to provide documentary evidence of practice outcomes. Conditions that give rise to *playing the game* involve functioning within two distinct settings or theatres. Firstly the need to engage in the practice of nursing and secondly the need to produce evidence of integration of theory in the practice setting for the purpose of assessment. Students (actors) express conflict between *great expectations* or (what I should have come across) in the clinical placement versus the perceptions of *ritualistic practice* or (what I did come across). This conflict is managed using different strategies.

Properties of *playing the game* include the use of scripts as a means of monitoring performance in practice which include *expressing yourself* (personal script) and *writing the right thing* (public or professional script). The role of the undergraduate student nurse involves performing in two different plays (clinical and theoretical settings) and *playing the game* involves a process of producing two different scripts. *Expressing yourself* is about *recognising feelings* or monitoring the practice of one's own role performance and where appropriate the performance of others (qualified actors) in a personal script (diary). A strategy for managing conflict or uncomfortable feelings and encounters in clinical practice is the use of *referencing* or collecting information using

*uncensored expression* in a creative diary or script as a means to evidence personal understanding.

Another property of *playing the game* involves producing the work for assessment or *writing the right thing*. Here the aim is to achieve within an academic framework or *getting a good mark*. In order to fulfil this aim the students (actors) attempt to work out what the lecturer (director) requires and this involves compiling a professional journal or script incorporating examples of *writing for dramatic impact* to show evidence of professional roles. It is precisely the interplay between the private and professional scripts that involve students (actors) exploring different aspects of personal and professional knowledge to interpret and understand performance in practice.

As a consequence of these actions the understanding of clinical experience suggests *developing a broader perspective*. This interplay between feelings about practice (self-awareness) and the professional literature about practice, represent aspects of personal (subjective) and contextual (objective) knowledge. *Playing the game* involves students (actors) making a judgement or managing access to script(s) either personal or professional. Elements of a personal script (diary) can be shared with other actors who are privileged to see a rehearsal in the form of presentation within reflective group sessions. In contrast, the lecturer or (director of public script) is unable to access direct elements of a personal script unless the student (actor) decides to share it in the professional journal or script submitted for assessment. What is significant is that other actors involved in the practice setting or play (qualified clinical practitioners) are not offered direct access to either private or professional scripts.

In summary, I have discussed how the theory was delimited and the descriptive narrative of the core category. The analytic story of *playing the game* will now be presented in terms of 'laying out the theory' (Strauss and Corbin, 1990) or using data examples as a grounding of these theoretical ideas. This will involve presenting the findings of the property *expressing yourself*. Chapter Six will develop the second property termed *writing the right thing* and the outcome of the process termed *developing a broader perspective* is presented in Chapter Seven. These findings will

then be placed in the context of relevant literature as a separate discussion chapter (Chapter Eight).

### **Laying out the theory – *playing the game***

The core category named *playing the game* will now be examined in terms of the paradigm structure (Strauss and Corbin, 1990) as outlined in Chapter four. I will examine the conditions that give rise to the phenomenon, and then the context or properties of the core category of *playing the game*. The strategies used by student nurses to manage the context will then be highlighted along with the consequences of these activities.

### ***Great expectations versus ritualistic practice***

To examine the central focus of the theory termed *playing the game* it is necessary to start at the beginning in terms of what leads the student to the problem of *playing the game*. This can be viewed usefully as the conditions that give rise to the core category, which in this context is labelled *great expectations versus ritualistic practice*. The factors that lead to the problem include the student nurse functioning in two different settings; the need to engage in the practice of nursing (clinical placement activity) and the need to produce evidence of theory in relation to clinical practice (theoretical assessment). Whilst functioning in two different settings may not in itself represent a problem, the subsequent recording of clinical practice experiences for theoretical assessment reveals student concerns. These relate to issues of role expectations, clinical power of qualified practitioners and the perceived differences between theory and practice. The findings show that students were critical of placement observations of care practice and that this appears to stem from the relationship between their expectations of hoping to observe expert role models and high quality care and their direct experience and/or observation of ritualistic practice or routine orientated care. This relationship between expectations and practice creates a conflict among what students perceive as ideal care (as outlined in educational preparation) and the reality (clinical placements). This tension was discussed in personal documents (diaries) and presented as more general themes for discussion in reflective groups. There was also evidence of

such conflicts widely reported in professional documents (journals) submitted for the purpose of assessment:

Today was the first day of clinical practice, which proved to be disappointing. I was expecting a team of expert nurses whose primary concern was with the patients. Maybe this is slightly unfair on them, but this was far from the case. I found myself working in a task-orientated manner in an attempt to impress or please the nursing staff, treating patients as a secondary concern rather than their care being the primary objective. For me, the cartoon new rituals for old summarises this (Ford and Walsh, 1994). (Document No.1)

Arriving anxious but keen [clinical placement], I left disheartened and disappointed, feelings that unfortunately permeated through the whole experience. (Document No.2)

I found that this ward was run much of the time by routines and rituals – the first ritual ‘that of the drug round’. I was surprised that a qualified member of staff put the drugs in a medicine pot and sent it with an auxiliary (a runner) to the patient. I was unhappy about the issues that this raised and so I refused to volunteer to be a ‘runner’ whenever the drug rounds were about to begin. Another incident occurred when I helped an enrolled nurse to put a man on the commode. She then proceeded to change a dressing on his arm that had become loose which I felt was totally inappropriate. I could not condone this and made myself unpopular with the nurse by waiting outside the curtains until the man had finished using the commode. Can an elderly man not use the toilet in hospital without having a female nurse perform a non-urgent task? (Document No.4)

### ***Playing the game***

Having examined what leads to the phenomena of *playing the game* it is now necessary to outline how others influence actions in the reporting and sharing of clinical experience. This is relevant because the content of journals (drawn from clinical experience) are directly related to how students manage the process of recording feelings about their observation and participation in care. In other words, how the student functions within a clinical area, what they observe and how they respond to observations make up the body of text which will ultimately be examined and awarded an assessment grade. Playing the game is the activity of being an undergraduate student nurse engaged in clinical practice with a remit to provide evidence or document performance of practice outcomes. The role involves keeping a reflective journal and functioning in two different settings, the theoretical preparation for clinical practice



(educational institution) and the actual clinical setting (clinical placement). The data refers to role conflict with its associated social values (personal and professional) arising from functioning in different settings. One way of managing this tension involves a process of producing different documents as a means of monitoring clinical experience or performance in practice or *playing the game*:

I had seen what other people [students] had done...I thought well if this is what it is about – is getting marks, then I am going to go about this the easiest way to get to it. Although it wasn't as beneficial to me [as the first journal assessment] because I didn't learn as much or work through as much, I thought well, sod it, play the game. (Diary-interview No.2)

The student embarks on a process of producing different documents as a means of recording their clinical practice. These properties consist of *expressing yourself* (personal document) and *writing the right thing* (public or professional document). The two documents place emphasis on different things. In the first instance the use of the personal document *expressing yourself* places emphasis on writing in terms of promoting self-awareness or monitoring the practice of one's own role performance and where appropriate the monitoring of the role performance of others, in a personal diary. The second document involves producing the work for assessment or *writing the right thing* in a professional journal in order to provide evidence of professional roles in practice. The interplay between these private and professional documents involved students exploring different aspects of personal and professional knowledge in order to interpret and understand performance in practice. These factors will be discussed in the presentation of each of these aspects, however, the core category firmly established a link between these two properties consisting of writing for oneself and producing the work for assessment:

What we are supposed to do is to record critical incidents throughout our placements and then choose a particular incident to write up as our piece of work [assessment]. Although I feel that the point of the diary is to promote your own self-awareness, I don't think that's probably why I am doing it if I am completely honest. I am doing it because I have to produce a piece of work at the end of the day. (Interview No.5)



### ***Expressing yourself (promoting self-awareness)***

The category *expressing yourself* represents the first stage of producing a reflective journal for assessment or property of *playing the game*. The student starts to identify ideas and feelings about clinical practice, which are then translated into writing using a personal document or diary. These recordings can be viewed as a means of self-expression or writing for oneself as distinct from writing for other people. *Expressing yourself* makes reference to this act of self-evaluation, which consists of *recognising feelings* both in terms of monitoring the practice of one's own role performance and where appropriate the role performance of other practitioners involved in the student's clinical experience. This personal document appears to be valued highly by students who use it for expressing feelings about a number of issues; to explore a significant emotional encounter as a coping strategy to deal with the conflict arising from expectations and the reality of direct observation of clinical practice and as a means of charting personal and professional experience. This personal diary provides a forum for the student to record their perceptions of the reality of clinical encounter or 'what I did come across' as opposed to their expectations of clinical placements or 'what I should have come across'.

### ***Finding my feet***

The events that advance the student towards the activity of expressing feelings in a personal document are noteworthy. In order to encourage reflective practice the two educational institutions involved in the research gave instructions that students should keep a learning journal/reflective diary during clinical placements and offered suggestions to help develop this practice. When analysing course documentation in relation to these programmes, it would appear that these suggestions were drawn from the writing and reflection of Walker, (1985). Students were given notes about keeping a journal, which included details of recording personal practice as well as 'critical incidents' for discussion within reflective group sessions. The course documentation implies further that by developing a reflective journal in this way, its contents could then form the basis of reflective group discussion. The sharing of journal writing in such sessions could then provide the basis for the development of the document submitted as a requirement of the assessment strategy:

### *Institution A*

As a basis of Reflective Practice, it is essential that you keep a Learning Journal during your placements (see guidelines). Your journal will include details of your own practice as well as Critical Incidents for discussion within reflective groups. Your Learning Journal will also serve as a basis for an assignment in which you analyse your own practice in relation to the Higher Award criteria and Rule 18A.

Guidelines for keeping a Learning Journal are based on literature sources and point 9 suggests; 'Be honest; you are writing for yourself, not other people'. (Course documentation)

### *Institution B*

During the module, you are asked to keep a personal reflective diary of your experiences. It is hoped this will serve a number of purposes...Provide material for sharing with peers and tutors during 'reflective sessions', Aid in completion of the summative assignment. Be of personal value to you in reflecting on your learning experiences and self-development.

Guidelines for keeping a reflective diary were also based on the same literature sources as Institution A. The following points are offered; 'Say what you feel. Be your self; be frank and honest. Write it as it is, not as you'd like it to be'. (Course documentation)

Whilst guidelines offered in course documentation stated the purpose and importance of keeping a personal journal, my findings also support the view that students needed a means of trying out this form of writing for oneself before submission of the formal assessment document. Although the students in this study were given course guidelines about how to complete diary documents, they were often unsure about how to go about starting the writing of descriptive accounts of their clinical experience. The importance of description is evident when one considers that this forms the basis of the learning strategy of reflection. The students start to explore their feelings in terms of experimenting with writing in their personal documents. This method of self-exploration of feelings or description of clinical experience is termed *finding my feet*:

I'm still finding my feet, trying to understand what goes into it and I am a little bit clearer than I was. I understand it's what I feel is important, what happened to me. Expressing myself, that's another point about how I feel and it is not something I am good at, but I think that is going to come in time. I think the more I write in the journal I am going to understand how and what I am going to put in it, so I think I will have to give it time. (Interview No.1.)

I still think it could be quite useful...I think if I actually got started and knew what sort of things I was writing about it would be quite useful, but it's just finding where and how to start, which I have never been able to do. (Interview No.7.)

### ***Recognising feelings (monitoring one's own role performance)***

In order to monitor the practice of one's own role performance the student needs to initially recognise, acknowledge and clarify feelings associated with clinical experience. This expression of inner feelings in a personal document facilitates the means of formal recognition or acknowledgement, of being able to write about incidents that were either rewarding or uncomfortable from either personal and/or professional perspectives. Furthermore, prior to the submission of the formal journal assignment this written means of recognition of feelings associated with clinical practice may not have been performed in any active way and represents a different way of monitoring role performance:

I think sitting down and having to write down and thinking well, when you do it everyday you don't realise you're doing it. But, I think it's getting easier as I get into it...recognising my feelings and developing as I write each day. (Interview No.1.)

It's just something that you feel and it's easy to write it down. Like someone can watch you catheterise a patient and assess you in that, but you can't be assessed on how you feel inside, so I think it is quite good to analyse yourself and that about it in that way. (Diary-interview No.4.)

### ***Significant emotional encounter***

The examples recorded within personal documents can also be used as a means to address the fear of coping with practising as a student nurse in clinical settings and in some cases feelings of incompetence arising from such fear. These expressions of professional caring or learning from significant emotional encounters provide a forum for students to examine how they interact with patients/clients. More importantly, these also enable emotional aspects of caring which transcend the experience of participating in nursing to be acknowledged albeit at this stage as a dialogue between the student and inner self. These descriptions of patient/client interactions are often associated with 'out of the ordinary', 'poignant' and 'upsetting' experiences. This act of recognising feelings at a personal level (either as part of the personal diary or subsequent sharing as a contribution in reflective groups) allows the student to focus on the care process or the subjective encounter of how it feels to participate in the care of another human being:

I put some in last week [writing] after I'd finished on the ward because I couldn't understand...there were two patients in the side ward and they are both very poorly and they have both got their relatives there because they are going to die in a minute. I'm thinking, well I dare not walk across in case they have died. It seemed really stupid, because I've seen, dealt with death before...and it's just like; why I am so obsessed with not walking past the door? So I wrote it down and I thought maybe I'd look at the literature about it, about death and things like that. (Interview No.2.)

These descriptions of subjective encounters also consider the recognition of feelings as a result of directly observing patients/clients and then using this experience as an opportunity to learn from patients about their experience:

I thought I'd go in and look for positives, and it seemed to me that I still could not get any positives out of it, if you know what I mean. But, when I was looking at things, I was looking at things like what bad pain was, and it made me realise that you need to be near suffering to recognise bad pain, you get a feeling that you do know what people are saying. (Interview No.1.)

The recording of a significant emotional encounter does not preclude descriptions of 'joy' and the 'celebration of personal effort' in the caring process. One of the strengths of keeping a private diary is that the student is able to recognise positive or rewarding



aspects of caring for patients/clients as a means of charting personal development. Therefore the document provides the student with a personal record of evidence or proof of achievement or competence in their role of student nurse. This record is a means of documenting personal actions as illustrations of 'celebrating nursing' contributions. This serves the purpose of expressing feelings as a cathartic action and also personal recognition of feelings associated with clinical encounters, rather than concentrating on purely technical tasks involved in aspects of nursing care:

I felt really pleased with myself. I felt comfortable that I had actually done something with my knowledge. She (patient) had been sat there for days on end looking miserable and just the fact of doing her hair and make-up she was all smiles and it really cheered me up. To me, that is what the basis of nursing is in my mind, to make people feel comfortable and it frustrates me when I see that others don't see it that way...that particular incident really made me feel pleased with myself, I felt I had done something worthwhile, it was only a little incident, but it made me feel that was good nursing.

B.L. And the change in the women's mood afterwards?

Yes. She had been labelled as a miserable old bag, you couldn't do anything right for her, but obviously they [staff] hadn't tried. Pointing out to me how easy it is to label patients and not bother with them, but just to do something simple like that, changed my whole attitude around...in a way it is a bit of a celebration of my nursing practice. (Diary-interview No.1.)

### **Referencing or framing experience (collecting information)**

In terms of strategies to manage the expression of feelings the personal diary also acts as a means of collecting information or *referencing* clinical encounters. This act of framing experience refers to a way of triggering ideas or promoting self-awareness. This information also acts as a reference point for ideas to present for discussion in reflective group sessions. In some cases, these referenced experiences were also used to inform the journal document submitted for the purpose of assessment. Therefore the personal diary is a way of building up a collection of thoughts which may contribute directly towards the assessment journal. The structure of collecting information in a personal document needs to allow for individual expression and students have their own ways of organising this essentially creative activity. These include different types or forms of document. The access to personal documents within this study was not something that was desirable or practical to pursue. Nevertheless, the follow up diary-interviews did offer me the opportunity to

question students about their personal documents, which revealed different ways that the students managed this activity. The first of these is to use a diary purely to record these personal experiences:

It's lovely, it's a hardback book that I've got. It's got loads of print on the front and it's a really nice book. It's bright and colorful, so I like getting it out. It's nice and big with lined paper, and then I've got the date on the front of the page and then I just start writing. (Interview No.3.)

I call it my reflective diary because it is like my book. It is an actual diary and it has a page for each day. Well, I am not at work everyday so it's about half full! At least then I can go back and I can see even if I haven't been at work for a week. So I call it my diary because it actually is a diary, then I'm not necessarily analysing and reflecting on it totally but that's what I call it.

B.L. And the one you hand in?

My learning journal (laugh) because that is what I've learned from using my reflective diary. (Diary-interview No.4.)

In other examples the act of thinking and writing about feelings or reflecting on one's own clinical actions and where appropriate the action of others was displayed in terms of jotting, drafting or scribbling ideas. The lack of formal structure of these personal documents was seen as helpful and in this context determined by individual authors where attention to grammar and syntax was not seen as important:

I'm just experimenting with it, so I'm writing on paper, scribbling and then re-writing. When I've got a few weeks together to put in the computer and keep it stored there I just seem to be going back and adding bits on the end of days, so I've not made any attempt to make it neat and tidy or anything. It's just scribbling things down, it's not legible so no one could read it even if they wanted to. (Interview No.1.)

I think the one I am writing now would be a more honest document because it's just that I write anything in it and the other one you know that the grammar's got to be right and things like that, because it's got to be readable to somebody then you might omit more feelings and things because you don't want people looking at it at the University when it's got your name on – knowing that there is something going on or if there was something that you weren't happy with, then you might get pulled into the office to discuss it. That's the good thing about your own, is that it is not pressured if you don't write anything in, then you're the only one that is loosing out really. (Interview No.5.)



In determining the structure and style of personal documents students experimenting with writing about feelings were also able to try out other creative vehicles of self-expression such as the use of cartoons. These drawings or pictorial representations of significant events captured the essence of the experience for the individual at a given point in time:

It mostly started out as writing about the situation, about an incident that happened at home, then I started to think about coming onto the ward and it was my thoughts...then it developed as I've read books and there were cartoon characters that say it all for me. I've put the cartoon in, like we always change our rituals on a Tuesday...that sort of sums up something I felt, so I have put that in just to bring a bit of humour into it. (Interview No.1.)

Whilst students used different approaches to structure their personal documents, in all cases the style of writing used in such documents was informal:

Pretty informal grammar really...things I was wanting to write about. I wanted to write about the group but I couldn't think what do I call them, did I call them the kids, because they are not kids really, they are teenagers or adolescents or the teenager, sound just ridiculous...I couldn't think what to call them...the clients seemed too formal for what I was doing.... I was sort of reflecting on my writing as I was doing it, I was sort of wanting to talk about it but not knowing what language to use and it was all pretty informal.

B.L. Different language for that bit as opposed to this document [assessed document?]

Yes, this document [assessment] was a lot more formal. (Diary-interview No.6.)

This lack of formal grammar used in personal documents was also evidenced in one particular reflective group session where practitioners stated the ward was too busy for them to attend. This session revealed aspects of informality and a more relaxed atmosphere to that observed in other sessions where practitioners had been in attendance. This included physical factors such as seating and posture and psychological factors such as the students laughing freely and talking in a frank manner about their feelings toward the ward staff in the presence of the lecturer. The use of informal dialogue in this situation was also different to that observed in

previous sessions, with the inclusion of numerous references to students as people with individual experiences and personal lives outside of their student nursing roles. This informality included emotive words such as ‘swear words’ as means of expression:

The session started with the students discussing how they were ‘going out on the town – a celebration!’ [Dissertations were being handed in today and one of the students confessed to working all night to complete it]. Students were laughing and appeared relaxed with the lecturer. One particular student used a lot of swear words throughout the session and this was in stark contrast to previous group sessions [including practitioners]. The student and group members appeared relaxed about the language used [swearing]. (Observation 12/5/95)

In contrast to the informal language used in personal documents and the reflective session I have just described, the documents submitted for the purpose of assessment consisted of a more formalised style of writing and more in keeping with what was considered as that associated with professional documents. This more formal approach, however, can be seen as a useful aid to the process of diary-keeping and the reflective learning cycle. For example, by using a process of informal language to express feelings (personal diary), informal/formal language in reflective group sessions and then examining the experience in a wider context (formal language linked to theory for assessment), the two documents offer different but what could be considered as complementary functions:

Yes, the assignment was a lot more formal – I mean in a way that was one of the better things about it was the fact that the journal was very informal and the reflective sessions were very informal and I was then to write the essay to try and translate it into a sort of formal language ...so when I came to reading it back to myself, I could say that it was almost the same as my informal ideas but in a formal language and that made me more aware of what I had written really, so it’s quite nice to have two very different versions. (Diary-interview No.6)

The student is therefore seen to benefit from a reflective cycle that moves from an informal personal diary to a formalised assessment where the evidence of learning

from experience must be demonstrated. This is important if one considers the reflective process as a whole, in that students are using different strategies at different points in the reflective cycle.

As well as recording informal language as a means of coping with conflict the students also used informal opportunities to share experiences with others that they felt comfortable with or ascribed professional respect such as other students. This represented a means of sharing ideas and supporting each other as well as a coping strategy:

We [students] share a lot of important critical incidents when we are together at say lunchtime or in the car coming and going home...I think that it is a really good idea to share and get other people's ideas and maybe if other people felt the same it would make me feel better... because I shared some of my critical incidents with another girl and she was doing the same, she was doing a diary of her critical incidents. This was a really good example, so I like bouncing it off her and she was sort of saying that's useful so it is better to bounce ideas, not ideas but feelings with other people to make sure you're not off beat. (Interview No.4.)

### ***Uncensored expression (writing as a coping strategy)***

The nature of clinical experience suggests student nurses cannot always readily reflect on practice without examining the contextual factors associated with these experiences. The recording of feelings about the care process in a personal document inevitably requires the individual to reflect on examples which involve making evaluative judgements about other practitioners' role performance or those who may have contributed care in such situations. The findings illustrate that in some cases the observation of other practitioners' role performance is in direct conflict with the student expectations and that this can then lead to feelings of tension or frustration. The student is placed in a situation where they can either challenge qualified staff actions or seek ways in which to interpret their actions. One method of managing the tension is to use the personal diary as a means of communicating with oneself using bold *uncensored expression*. This private diary provides the student the means to record conflict in relation to difficult situations, which in turn may then help to provide a mechanism for immediate or potential source of coping. In certain

cases these writings constructed as a dialogue between the student and inner self can be viewed as having a positive cathartic action:

It's helpful sometimes when there is nobody there to talk to. Like one day I felt very, very frustrated and my Mum was out and friends were out and I just sat and wrote, wrote and wrote. I mean I threw half of it away in the end but I wrote and it seemed to relax me...to get everything out...so in that way it helps when no one is around. I didn't think it would I thought it would be more of a hindrance than a help, but it is proving helpful. (Interview No.1.)

Feelings of what I am doing here. I am just a pawn in the whole game. Frustration, it runs through the whole thing, definitely. That was cathartic I think, to sit down and work it through and perhaps acknowledge your limitations. I think that is one point about the training we have had with critical analysis. The thinking has been developed through the four years for the degree and you question, you question and you are given the ideal, and you are constantly comparing it to the reality and you have that conflict. You want the ideal, you want to give the care that you have read about, you want to aspire to all those things, but you are not actually told that it is alright not to be able to make that. You can only do so much and I think writing it down perhaps helps you to realise that you come back to it and think, 'oh right you did that and that happened, but what else could you have done?' Eight or nine times out of ten when you thought about it, there was nothing else I could have done in that situation other than what I did there. (Diary-interview No.2.)

The timing of the description of clinical experiences recorded in a personal document also has relevance. The student retains overall control of this document so they are able to record incidents at a time that is appropriate to them, rather than trying to deal with a number of issues over a specified period of time. The timing of the writing of experiences can directly correspond with the student's levels of emotion in relation to events. For example, the student may be feeling upset or angry and in these situations may use their diary as a way of recording personal inner feelings which may be felt inappropriate to share with others at that point in time:

B.L. So the document you keep for yourself – what sort of topics or areas do you put in that?

It's got a lot more personal things in like run-ins with staff and things. I don't really want to put such personal levels as that because obviously the facilitator [lecturer] knows the staff and if I mention a sister then he knows who it is. But those run-ins with staff I've learned a lot, you know about the power of the sister to me and my assertiveness and also maybe the run-ins within our group

of the four of us [students]. If I've maybe had an argument with someone, but I don't think that is relevant for the academic side.

B.L. This document wouldn't be written in the same academic style – you write from the heart, sort of thing?

Yes, it's just written. (Diary-interview No.3.)

### ***Uncensored expression (monitoring practitioners' role performance)***

The personal document provides a forum to explore the interpretation of other practitioner actions or in some cases the direct challenging or being critical of qualified practitioners' care. In these situations, opinions that could be considered disrespectful by other readers can be safely recorded using *uncensored expression*.

I write it out (laugh) but that's why I couldn't hand in what I write in my diary, because I just write like – add sarcastic comments at the end of it (laugh). I just like write it out, you could tell it was just like awful when it's down on paper, you know that you cannot forget it and you are just thinking about it and what you do, then you think if it happens again I will have to do something about it. (Interview No.4.)

I wrote quite a bit, because I was really furious when I got home. I was like, it really made me quite mad about it all, because it was a really horrible experience. I felt this man had been treated like he wasn't a person and I was really quite upset about it. I really felt whether I should have taken it any further, but it's really quite difficult. (Interview No.4.)

I went into a lot more about the staff attitudes in my own diary – we were always told by our facilitator and lecturers not to make it all negatives about the ward environments and you can't slag them off. But, I can remember in my own diary, it was a lot more critical because the care...it was labelling people...in my own diary that was a lot more. Not slagging off the staff, but being critical and saying how I would do it differently and I don't feel I fully got that across in my academic diary – for fear of slagging them off. (Interview No.3.)

The observation of students in reflective group sessions showed that they were willing to share their personal experiences of feelings of fear and inadequacy in an attempt to reflect on their own clinical actions. These disclosures were about being critical of their own clinical actions in order to examine ways in which they could learn from their experience and improve their caring skills. Whilst students also used uncensored



expression in a liberal manner within their personal documents as a means of 'being critical' of others or expressing a lack of professional respect, the articulation of these views in reflective group sessions was difficult. This may not be surprising given those practitioners were in attendance at many of these sessions:

I feel quite relaxed, we have done a lot of group work before. I would be quite relaxed if it was an everyday occurrence...something that wasn't confronting someone else...but if it came to the point where something really upset me or bothered me about another member of staff I would be very very wary, it is making me nervous thinking about today's meeting. I mean who enjoys being criticised by somebody, especially somebody who... (Interview No.1.)

I think if you have a couple of bad experiences as a student you tend to tar all mentors with the same brush. You think what do they know or whatever. Certainly at this present time the people I am working with I don't have a professional respect for them. I feel at the moment the document would be abused or not respected, or not valued. Not abuse, perhaps just I think they would read it for entertainment value really rather than...I don't think my mentor who I am working with would appreciate it. I had fully anticipated that it would be a sharing thing, I could say to the person, this is my experience, let them read it and then say, what do you...how could I have...as a partnership thing. For example, tell me what books to go and look in [laugh]. I don't feel I have that rapport with the person unfortunately. (Interview No.2.)

Students were reluctant to share the contents of their personal documents in reflective sessions in the presence of practitioners and this is important. The outcome of this action suggests that these practitioners were denied access to student nurses' perceptions of their clinical placements and in some cases their deliberations about qualified practitioners' role performance. In these circumstances therefore, the practitioners were unable to have the opportunity to address these concerns:

I'm a bit wary about clinicians. I think that if you are on a ward that is wonderful and they are wonderful that's fine. You are not actually worried about that, but such as this ward at the moment I am very very wary about saying how I feel. With the journal being confidential I feel I can write down what I want and it's not going to go any further. I can express my anxieties onto paper, but I don't feel I can express them in the reflective group, definitely, not all of it anyway and I am more outspoken than most. I find it a little uncomfortable, like anybody would if they saw problems with somebody else.

B.L. So if the clinicians had access to your diary, would it be a different document to what you are hoping it would be?

Yes, it would be very restricting what I could put down. If I think about what I have written now, I don't think I would have written half of it all. I have to work on the ward, I have to get on with the staff and I don't want to spend the next fourteen weeks with them against me rather than supporting me and I am sure that would happen if they had access to it. (Interview No.1.)

You have to think about who is reading it, so you've got to be careful about what you say. Well, if the ward was going to see it, you couldn't say nasty things about the ward, but as they are not going to see it I don't suppose that really matters. (Interview No.4.)

I think I would find myself missing things out. If I had to show it them now, what I had written I don't think I could show it at all. There would be some comments made. If I had to show it them, then I would take some of the bits out of it. It's not that I am being too critical of their practice or anything, but it's just the way I've written it...it's just the way it's come out. I didn't mean to be critical, but it has picked up on some of the bits I don't see. (Interview No.3.)

The second group of students who were part of group sessions conducted in the educational setting (without the presence of practitioners) also raised concern about this issue. Whilst they were not asked to share elements of their experience with practitioners in reflective groups, when I asked about their views on this matter they were equally skeptical about sharing material recorded in their documents with qualified practitioners:

I would not feel happy in sharing it [diary] with people in the workplace because I think it, I mean not that I would feel, I think to use it properly you have to feel free to write whatever you want about that clinical area and if you are holding back about this, then it's not nasty things it's just things that how you react to them or you would never say that you watch them in instance and you can comment and say what you feel about these instances. If you know that it is going to be looked at by somebody you have worked with and talked about, then I think it's going to be a lot more reserved, I think. It is for me but not for everybody that you work with in the clinical area. (Interview No.6.)

This concern was not just about the relative power relationships between student and practitioners but also reflected the general lack of opportunities available for developing positive relationships between these parties. This lack of time available to establish trusting relationships with practitioners as a consequence of the relatively short periods

of time spent in clinical placements, is one explanation for concerns about sharing potentially sensitive material:

B.L. How would you feel about practitioners being involved in this [journal] document?

I think I would find it a lot harder. I would feel more restricted in what I said in it and it is not that I think there is anything in there I should not have written or that makes me out to be a bad nurse or anything like that. It was that a lot of it was personal to me and the way I work and I suppose I was not confident enough because I did not know those members of staff enough to share things that were not so much weaknesses...if you like. I don't think that the relationship between myself and the members of staff were established enough to share something like that with them really.

B.L. I think that is quite an interesting point.... presumably you did feel like you could share some things with your lecturer, was that because of your established relationship?

Yes, it's a couple of things really. It is an established relationship with the lecturer and also with the group [students] and we are used to reflecting things back to her [lecturer] and to the group and there is a certain amount of trust. If I had a lot of trust in a relationship then I would feel free to talk about my practice and tell her about things that I may not be happy with – without feeling that I am being judged in any way – which is the thing that I think is different with staff where clients they are working with, then what I do effects the care of their patients, so they are more in a position to judge me and more likely to judge me about my practice, so I think that is why it makes things more uncomfortable. (Diary-interview No.6.)

Throughout the process of exploring critical incidents in reflective groups, themes in relation to professional issues were evident. Whilst the content of reflective sessions often focused on tensions between the expectation of high quality care and the reality of their observation of clinical settings, there also appeared a misunderstanding between students and the lecturer in the first group about the role of journals in these sessions. Students were reluctant to bring any journal documents to the group as a reference source for discussion. In this way students felt psychologically safe exploring and critically analysing the professional issue rather than bringing evidence recorded in their personal documents which placed value judgements on other practitioners' actions involved in their clinical experience:

Before the practitioners came into the meeting, the lecturer and students had a protracted discussion about the assessment of the journals and issues such as access to documents. At this point the lecturer emphasised that no practitioners would be allowed access to the documents unless individual students requested it. (Observation 21/10/94)

This set the scene whereby students would prefer to verbalise critical incidents or professional issues (which may or may not have been recorded in their personal diaries). Some weeks later in reflective sessions this resulted in the lecturer attempting to structure group discussion around critical issues drawn specifically from journal documents:

The group was halted by the lecturer who before leaving the group instructed students to bring in reflective diaries to clinical sessions in order to 'jog the memory' about important events for discussion/reflection. (Observation 9/3/95)

The students were not consulted about this instruction and this was a very different arrangement to that negotiated in an earlier clinical placement where students had aired their concern about bringing such documents or personal notes to the group. They had refused to offer them for discussion and by implication, potential access by qualified practitioners was denied. Three of the four students brought their personal documents or 'notes' to the next group meeting; however, only one of them used the document as a reference point. Further indication of the students' reluctance to show their documents within reflective groups were recorded as follows:

A highly emotional session with a number of key issues being discussed such as fear, avoidance, communication, guilt, power, rights and choices of patients. The two students who had not presented an incident had their documents on their knee, but the lecturer drew the group to a close. The student who had not presented joked; 'It's your turn next week' and one of the students who had not presented. No.4. pretended to be upset (Observation 23/3/95)

Only two diaries were visible - but none of the students looked at them. Indeed, the lecturer made a joke of it: 'I can see you are all using your diaries!' No.3. responded by telling the group that she did not need it, in that she remembered clearly what she wanted to talk about. (Observation 27/4/95)

Having suggested that the physical presence of the personal diary appeared to have a limited value within the context of reflective group sessions, this factor was elaborated when I had the opportunity to question students in diary-interviews after they had submitted their assessment journal documents. It was pointed out to me that the personal diaries did have a function in terms of stimulating thinking in relation to clinical practice and as a means of questioning actions or *expressing feelings* about one's own role performance and where appropriate the role performance of others. By way of an illustration, students were able to use reflective group sessions as a forum to share clinical experiences, which appeared to have common themes and discuss various outcomes. These experiences were often linked to emotional issues and subjective feelings about the essence of nursing, of caring for another human being. Issues related to the theme of communication featured prominently as students described their interpretations of presencing, providing care, supporting and preserving dignity. In some cases these highly emotional, often personal, encounters were examined at an individual level using the personal writings or diaries but were not physically brought into reflective group sessions. These experiences could then be discussed in more general terms in reflective groups, which were often drawn upon as themes for exploration. Therefore, whilst personal documents or notes acted as a way of referencing or framing experience they ultimately undergo substantial revision or are sanitised in order to include aspects of professionalisation for the purpose of assessment, with the inclusion of theoretical underpinning to support individual practice. The usage of personal notes as a point of reference for development which can then serve to act as a potential contribution towards the journal document submitted for assessment purpose will be expanded upon in chapter six in the property termed *writing the right thing*.



### ***Personal knowledge (charting personal and professional development)***

The personal document provides evidence of challenging care and rising above the difficulties encountered in practice by the celebration of personal achievement and nursing effort. This is significant when one considers that the students may experience feelings of incompetence and that the act of writing in a personal document can help the students to identify and provide evidence of the recognition of personal development and/or achievement:

I think it's been a good experience from a personal level and I value the personal level more than I do the academic side. I think because it's proved to myself that I've got it in writing what I've actually learned and I can relate a lot of my experiences to my competence as being a student nurse and hopefully the transgression to a staff nurse. I think the main value to myself is to read over the one to the next, especially because it's formed two pieces of work, so I can see how I've developed from the first one up until the second one – but the whole diary is one – just two pieces of work. (Diary-interview No.3.)

I think if you are going to be effective as a nurse you need to recognise your good points as well as your weaknesses, writing it down actually helped. I can look back on it and if you are getting down or if you think oh, I am an incompetent nurse and things like, then you can look back at things and think, well I can do it. (Diary-interview No.1.)

The personal document is valued highly and has useful purpose in terms of charting personal/professional development and its potential for helping to deal with stressful encounters. Elements of these personal writings can then be taken out (often mentally rather than physically) and presented for discussion within reflective group sessions. This selection of elements or *referencing* process can then be used to inform the professional document or that submitted for assessment, as a record of learning that can include interactions with patients/clients or significant emotional encounter.

### **Summary**

The findings reveal that the personal diary (written prior to the professional journal) does not appear to have been structured in any meaningful way (to others) and can therefore be viewed as an essentially creative developmental activity. The notes contained in these individualistic and personal documents (if deemed appropriate by the author) can then be used as the basis for exploration in reflective group sessions. The ideas drawn from these documents can then be offered as a means of sharing

discussion in order to appraise practice. This experience can then be translated into a version that is capable of meeting the requirements of an assessment in terms of securing a satisfactory mark. The findings indicate that whilst many experiences recorded in a personal 'diary' may never reach reflective group sessions or the assessed document, they still have developmental value. The use of an unstructured and creative personal document can enable the student to recognise feelings and critique the care practice of self and where appropriate other practitioners in an arguably 'safe' document, which can also act as a means of cathartic self-expression.

Expressing feelings in a personal document that is flexible and creative in form allows the student to build up a set of ideas that can then be developed either by sharing within reflective group sessions or as a reference point or accessing the literature in order to provide a professional document submitted for assessment. In trying out ideas or experimenting in an arguably 'safe' medium, the student is able to gain something in terms of self-reflection and insight into the care process. However, the reluctance on the part of students to share their personal writings within the open forum of reflective groups is significant.

## Chapter Six

### Findings: Writing the right thing

#### Introduction

The previous chapter established a clear link between the needs of students to engage in *expressing yourself* and to produce evidence of integration of theory in the practice setting, for the purpose of assessment. I now turn my attention to this property of *playing the game*, which involves producing the work for assessment or *writing the right thing*. The aim of this action is that the student secures *getting a good mark* within an academic framework. In order to fulfil this requirement the student attempts to work out what the lecturer expects. This involves producing a professional journal to show the reader evidence of professional roles or *writing for dramatic impact*. The journal document submitted for the purpose of assessment can be viewed as a structured dialogue between the student and lecturer. This dialogue provides evidence of the student accessing contextual knowledge and processing clinical experience through the development of professional knowledge.

#### **Writing the right thing (producing the work using a professional journal)**

The category of *writing the right thing* represents the students' engagement in journal writing as a compulsory requirement of academic assessment. This involves producing work using a professional journal document as evidence of achievement of learning outcomes. This type of assessment that can be viewed as a structured dialogue between the student and lecturer revealed a general pattern of the students need to achieve within an academic framework. Having already established that a personal version of writing (diary) can be seen as a valuable learning activity in its own right, at some point these unstructured writings need to be translated into an academic context (reflective journal). The act of submitting a journal document for the purpose of assessment created a tension for the individual students. The dilemma was associated with the value placed on recording experience as personal narrative (process), versus the need to interpret subjective experience in the context of related theory in order to convince an assessor that their work is worthy of a high academic mark (outcome):

Well I can see that it is of more value to me than anybody else. I think that is the main thing. I am not too sure of the need to hand it in and the need for it to be marked. I am not sure as to the criteria that it is going to be marked on, and how they are going to see it. No one can see it from my perspective and what my personal experience has meant for me, so I am a bit 'iffy' about you know it's actual academic value, but it is definitely of value to me. (Interview No.3.)

### ***Getting a good mark***

The notion of *getting a good mark* suggests that students perceived the value of the reflective journal in terms of its potential outcome in the formal assessment. The findings demonstrate that the students were acutely aware of differences between their personal documents (diaries) and those submitted as a requirement of assessment. The motivation of student nurses was directly linked to the perception of journal documents as an academic requirement and the need to perform as well as possible in order to secure good marks. This may not appear surprising when one considers that in all cases these academic marks contributed directly to honours in the award. In common with other forms of assessment the students sought to work out how they could formulate their journal documents in order to achieve high academic marks:

It's basically you do it but you don't know, like with it being this undergraduate course there is always this mark thing - what makes a reflective diary. When you get to this stage you are looking at your marks and you're looking at you want a 2:1. I want to do further study, so you've got that but you're thinking I've got to do it. So what makes it good - what do I need? So you've got all that pressure. I think the thing I hand in to my supervisors is going to be different to the one I'm keeping for myself, because I'm not actually relating it to theory. It's just descriptions about how I feel. I will probably refine that later on to get a better mark I suppose. (Interview No.3.)

B.L. In terms of usefulness at this point what do you think about the usefulness of having a reflective diary element?

I know it should be - what I should say is that reflection benefits me in my practice but the truth of the matter is it's purely, I am using it purely because I have to produce a piece of work which is to be marked and goes towards my degree if I am totally honest, so from that point of view, you know what you have got to do from this placement so it helps you focus on the work. (Diary-interview No.5.)

### ***What do they want?* (Defining the boundaries of acceptable evidence)**

*Writing the right thing* in order to secure a favourable academic mark involves the student attempting to establish and define the boundaries of evidence that will be acceptable for the purpose of assessment. The student attempts to seek out what is required by the lecturer in terms of specific assessment criteria and then explores how they will go about completing the task of producing the work. Whilst I have already argued that the personal diary involved the student constructing narrative as a valuable description of clinical experience, the journal document submitted for assessment had to meet different criteria, namely the lecturer making a professional judgement about the reflexive value of journal documents. In order to make such a judgement the journal document needed to satisfy different criteria to that of the personal diary or naturally generated script, which were used by the student as dialogue between self and inner self. The assessed document had to provide direct evidence of student achievement underpinned by relevant theory and research and had to be structured logically.

### **Providing evidence of role competence**

There were minor differences between the definition of boundaries of acceptable evidence between students located in research site A and B. The students located in site A were instructed that their journal documents should reflect a series of ‘critical incidents’ which showed evidence of the linkage between clinical practice experience and statements of professional competence. Students located in site B concentrated on the development of a single ‘critical incident’ that made reference to nursing outcomes and implications for future practice. This directive was not as rigid as site A in terms of the requirement to make links to professional competence statements. When I asked the students in site A how they went about interpreting acceptable evidence, the significance of attempting to justify experience in terms of evidence of professional competence became paramount. In these cases, the students were involved in constructing proof or tailoring their clinical experience to meet the expressed requirement of professional competence statements:



B.L. How did you make decisions about what went into the assessment document as opposed to the diary you are keeping at home?

I looked at the actual point that we had to relate it to rule 18A and the 10 key characteristics – so I sort of went through each one and then thought about what critical incident could I put in for that – to make sure that I got the requirements of the assignment covered. I think there was only a couple that I couldn't fit in but it was getting so long anyway. I don't know if you noticed [laugh] but the last ones got about a few words [laugh]. I was fed up at the time... so that is how I decided the requirements of what we were being assessed on. (Diary-interview No.4.)

This revisiting of clinical experiences that involved responding to actions determined by others (lecturer), required the students to make links between clinical examples that may not have occurred in the natural setting. Allowing the actions of others to determine these links in the form of responding to competence statements, meant that in some cases the students were being driven to make connections that were considered as artificial:

B.L. So it is almost like you've got something you could do for yourself but because this [journal document] is attached to an assessment there are certain things you need to do – is that what you are saying?

You know when you are writing it. In our instance the reflective journal is being handed in as evidence of meeting rule 18a and I did actually write this in my learning journal this time, that I was concerned about the sort of the whole philosophy of reflective practice being what stimulates you – what moves you to write about that. Whereas, I found myself purposefully creating, well not creating, but trying to relate incidents that related to the rule if you know what I mean. Constructing it, rather than letting it flow. I think that was quite limiting in a way. (Diary-interview No.2.)

I think it is a good idea to use a way of introducing us to reflective journals but like I say it becomes very, you tend to write in a style that they want – the tutors [lecturers]- because you can't write it the way you would. You think I've got to put this in, I've got to write it like this because I'll lose marks if I do it that way. So I don't feel it's your own personal reflections as a whole, it's tailored to their needs as such.

B.L. So what did you feel like when you got the [lecturer] comments back?

I wasn't very pleased with it when I handed it in anyway. I was still unsure about whether I was doing it right. I reckon I tried to tailor it to what the facilitator [lecturer] wanted and the first few [experiences] were just descriptive and not very analytical – now I look back I could have written more. (Diary-interview No.1.)

Defining the boundaries of acceptable evidence involves the student seeking other student nurses' views about what is acceptable for inclusion in the assessment journal document. A typical view involved the students sharing ideas in an attempt to establish a common translation of the requirements of the lecturer charged with the responsibility for marking their assessments. In other words, the students were not entirely clear what the lecturer wanted:

We had a lot of difficulty knowing what to put in, everyone was concerned with getting a good mark – we picked out what issues needed to go in like interpersonal stuff and physical care and your management... so my other friends and the people in our group [reflective session] almost went through the topics that had to go into it and the key people like Benner. So, when it came to writing the academic side [document] we were very concerned with the marks we were going to get – so that changed from the journal I kept if you know what I mean.... when it came to writing it up there was the pressure with it being so different from anything we had done before, it was even worse. I can remember there being a lot of discussion around it, like what to put in, how can I realise that? The facilitator [lecturer] was always so concerned with which literature you used and it has to be up-to-date and you have to use it the right way. I remember it being quite frustrating at times as to what to put in.

B.L. About what to choose?

Yes, and making sure you had a broad aspect of all the aspects of nursing and all the things that you should have come across, instead of probably the stuff you actually did come across... There were so many different standards, I was writing one thing and one of my housemates was writing something completely different. There were a lot of difficulties. (Diary-interview No.3.)

### ***Putting a figure on experience (grading mechanism)***

The recording of clinical experience within a professional journal and the associated student perceptions of having to write the right thing raised another potential difficulty. Students keeping a personal document (diary) whereby they reflect on the implications of subjective experience has previously been highlighted as positive activity. However, the academic assessment of a professional document (journal) requires students to show evidence of how their experiences are related to published theory or associated research. This evaluative judgement or *putting a figure on experience* is directly related to the grading component of the assessment strategy. Whilst the findings have already revealed that the students valued their personal document (diary) as narrative, reservations were expressed about how these accounts

of subjective feelings (translated into the professional journal document) could then be awarded an academic grade:

I understand that they need to see it and check if people have done it, but it's a bit like this 10% on it... like I say this fascination us undergraduate nurses have with percentages and stuff. It's something, I wonder how they can put a figure on it and how they can say my learning journal is worth 9% and another student's is worth 10%... but I do trust my tutors and I respect them and I think they are excellent people to learn from. (Interview No.2.)

I think it would be very unfair to grade people, the way they express themselves. A lot of people cannot express themselves as well as others, and people's feelings vary a lot. I don't think you could grade people's feelings and how they think they are developing as a nurse. (Interview No.3.)

### ***Writing for dramatic impact***

A strategy used for producing journal work for assessment involved the students developing a critical incident or what was termed as *writing for dramatic impact*. The findings indicate a pattern in the students choosing to record difficult and/or potentially negative and sometimes contrived clinical incidents as illustrations of the term 'critical incident'. In the context of this research the term critical incident carried a negative connotation (although this was not something that was evident in course guidelines). That the students should choose to write about negative rather than positive incidents drawn from clinical practice was explored further in the joint process of data collection and analysis. It was found that some of the students perceived writing about positive clinical encounters to be a more difficult task, and that negative incidents would impress or be more interesting for the reader (lecturer) and by implication have more dramatic impact. This strategy suggested that students perceived that lecturers were looking for evidence within assessment documents that indicated dramatic incidents and that by choosing to write about such experiences, this could be interpreted as a means to *getting a good mark*:

B.L. So these critical incidents are essentially about clinical experience? Would you say that there is a balance between positive and negative - are you sort of more encouraged to write about certain types of experiences or... [No. 5. interjected]

I don't know, I think in my mind probably if I record a negative experience when you actually come to producing your piece of work it has more dramatic impact. So I think a negative record probably, when you write a piece of work you want it to be interesting to the reader and not just from a marks point of view but that's part of it so a negative incident probably has a more dramatic effect. It's more interesting probably, you can probably get more reflection out of it. It is harder to reflect on positive experience, because I find it quite hard to be nice to yourself, it's like patting yourself on the back so it is easier to be critical. (Interview No.5.)

This strategy of *writing for dramatic impact* may relate to the use of case-based teaching strategies and the students' perception that those lecturers valued evidence of solving clinical problems rather than celebrating good practice. This trait was highlighted at the initial stage of keeping a personal diary where students concentrated on broad descriptions of personal difficulties and achievements using bold uncensored expressions within their creative document. This use of *referencing* or collecting information in a personal document provided examples which could then be developed into critical incidents for inclusion in the assessed document. The student in the following situation suggested the need to explore whether the critical incident could have 'mileage' in terms of developing something meaningful for the purpose of assessment:

B.L. In terms of the assessment itself it is early days at the minute, and I think later on when you get to write the assessment you will probably have a better idea - but at this point how will you decide what goes into the assessment? Which bits of the document that you have for yourself, will end up as a critical incident?

I suppose it is a case of looking through and seeing what strikes me most, what I feel is worth mileaging, you know. If there is a particular incident that happens and makes me think that either I felt I had handled badly or didn't know how to handle or I felt I had handled well, something like that. I suppose that if something stood out like that then it would be that I would look at whatever I had written around that. If nothing stood out, then the things that seems to be uppermost. (Interview No.6.)

All journal documents that were submitted for assessment showed a high degree of student self-disclosure in relation to their clinical experiences. When examining these documentary records, the high level of self-disclosure implied that the students were comfortable with the lecturer accessing these interpretations of care. The analysis also



demonstrated that the focus of writings were associated with the student nurse – patient/client relationship. It was found that *writing for dramatic impact* showed the reader indications of emotive clinical experiences with evidence of challenging professional roles. These experiences included professional issues such as patient autonomy, advocacy and dealing with difficult encounters such as child abuse, pregnant drug abusers and issues related to the death of patients. These incidents could be usefully located under two group headings, dramatic impact on self and dramatic impact for the reader. The first of these groups recorded dramatic incidents that challenged the student nurse's own actions arising from patient/client care. The following case demonstrates difficulties besetting the student nurse caring for a pregnant drug abuser:

I think the reason why this incident had such an impact on me was the fact that, as well as it being the first self discharge I experienced and the sense of failure associated with that, there was another life at risk as well as Liz's, the baby had no control over the mother's actions. (Document No.8.)

The recording of incidents that had the potential to offer dramatic impact for the reader included examples of the student challenging the performance of other practitioners involved in care delivery. These included: questioning power relationships with qualified staff and recording incidents of social pressure; negative labelling of patients; misuse of qualified practitioners' power; and conflict. All the journal documents examined made explicit reference to the social pressure associated with the student nurses' role and dominant power relationships of qualified nurse practitioners. Many of these accounts recorded the personal struggle associated with dramatic and vivid events where the student was in direct conflict with the qualified practitioners involved in care delivery:

Throughout the day I spent a large amount of time with an elderly lady named Mary, with quite severe diarrhoea. She was a very frail and tired old lady who found it very difficult frequently getting in and out of bed, but was determined not to be incontinent. This information was conveyed to the nursing staff, and subsequently the medical staff, whose attitude was one of indifference. Basically any treatment at her stage of life was a waste and that all she needed was T.L.C. [tender loving care]. I personally found this appalling. Does T.L.C. not incorporate the concept of comfort and dignity? Personally I feel that these were the most important issues and everything in their power should have been done in their preservation. (Document No.1)



The journal extracts that recorded social pressure were not restricted to cases involving qualified nurse practitioners. In two examples, conflict was also acknowledged between the student and doctor involved in these episodes of care. By way of an illustration, this citation was related to the care of a patient within a forensic care setting who expressed reservations about the need to continue with a prescribed medication regime:

I agreed that I would discuss his reservations about taking his medication with the consultant that day at ward round which I did, as well as presenting a summary of the nursing reports since his admission. Unfortunately the consultant felt that the patient should continue with the medication and justified this by saying that he thought that the psychotic symptoms would return and that this had ethical implications which he did not explain. This experience made me feel frustrated as I did not meet the patient's need, angry at myself for not questioning the consultant's decision more, for example what were the ethical implications? What harm would be done by letting this patient make his own decisions about treatment in a supported environment? Powerless to do more due to my lack of experience, knowledge and status especially regarding challenging the doctor's decision. (Document. No.5.)

There were numerous references to students' perceptions of lack of power in clinical settings and yet there were many confirmations within journal documents of their actively challenging care practice or doing their best for patients/clients under difficult circumstances. This theme appeared to stem from the significant value placed on the student nurse - patient/client relationship. All students in the sample focused on this aspect of care practice and highlighted the uniqueness of the student nurses' role in terms of the time they were able to invest in this important facet of caring:

I feel that by providing 'basic nursing care' for this lady, offered me the time to interact and gain an insight into her unique problems. Later on during the same shift I sat in on the nurses' handover, through observation of the content of the information shared, I found that often I didn't agree with some of their opinions. I felt that they jumped to assumptions and regarded this lady as a nuisance because she was often very demanding. They believed that the way she behaved was because she wanted attention. May be due to my lack of experience and novice status as a student, but I often didn't agree with their justifications. I feel that by spending more time one to one with an individual allows you to create a more accurate picture and to be more objective in your opinions. By recognising the value of individualised care, enabled me to perform wound and catheter care for this lady, taking into consideration my previous knowledge of her unique needs. (Document No.3.)

These quotes attributed to the student nurse role also make reference to the patient/client group recognition of this relationship. This suggested that the student nurse - patient/client relationship represented something different to that of the qualified nurse - patient/client relationship:

In developing a relationship with Christian I sought to win his trust and help him gain an awareness of why he had been admitted to the unit. As he had accepted me in a way that he had not accepted the other staff I felt maybe I would be able to reach him where others could not. In this relationship Christian had chosen to treat me differently from the qualified staff. I was neither 'us' (his peer group) nor 'them' (the qualified staff) but a 'safe' intermediate. This uniqueness led to a feeling of exclusiveness in the relationship, and I began to feel a closeness with Christian that I did not feel with the other clients, and also that the other staff did not really understand him. (Document No.6.)

The importance of learning through observation of qualified practitioner actions was also emphasised within journal content. A number of students provided illustrations of the power of qualified nurse role models in clinical practice. These passages whilst offering critical comments in relation to some clinical role models also provide evidence of the students challenging staff actions and documenting 'how not to perform care' by using examples drawn from observations. These graphic accounts give the reader a clear indication that there was evidence of monitoring professional roles. The following critical incident recorded the conflict experienced by one student whilst undertaking a placement within a 'Nursing Development Unit' and captures a unique interpersonal relationship with a patient recovering from a hip replacement:

Later that afternoon I noticed that Ann was in considerable distress. When I approached her she began to sob and said she was in quite a lot of pain and couldn't move. I went to examine Ann's drug chart and looked up her medication in the BNF. She had been given paracetamol at 10.00am (it was 1pm) and no pain assessment had been performed. I was sat at the desk thinking what to do. The staff nurse came to the desk and asked me what I was doing. I explained that I thought Ann's analgesia was inadequate. 'Ignore Ann she's a bit of an attention seeker' was the reply. This time I could not walk away. I tried to suggest asking the Dr to review her medication or make a referral to the pain nurse. 'The drugs are not due until 2!' with that the staff nurse turned to walk away. 'This patient should not have to wait an hour in pain, for you to give out the drugs!' I retorted. To say a heated discussion ensued would be an understatement. Over the desk for all to hear. The nurse, albeit grudgingly conceded to ring the Dr who prescribed another painkiller, which infuriated the

nurse even more. She dispensed the medication and left. I have to be honest, I felt a little triumphant but knew I'd just made things difficult for myself. I was so abhorred by the nurse's apparent lack of concern for the patient that it was a fortnight before I passed the 'slagging off' stage. I was defender of the patient, exonerated of any blame, I was not going to apologise, my patient's needs were met and that was that. But it wasn't, I was still upset and the relationship had been destroyed. (Document No.2.)

This critical incident recording was then developed to include reference to professional role models or how the student should have reacted to this situation in order to address the needs of the patient along with their own individual needs as a student nurse.

The previous chapter suggested that practitioners were denied access to personal student diaries. This active exclusion of practitioners from gaining access is also reflected in the journal documents submitted for assessment, and provides further indication that these highly pertinent student observations did not reach the people whose care in some cases, they examined. Therefore practitioners neither benefited from the stimulation of the students' questioning of their care practice nor were offered the opportunity to respond to some of the critical issues raised in reflective journal documents. In these circumstances, qualified practitioners were denied the opportunity to provide the rationale for their care management decisions. When one considers that the documents submitted for assessment also showed that the students left their clinical placements with unfulfilled expectations, disappointment and in some cases feelings that they may have been cheated, this represented a lost opportunity:

...thoughts of feeling cheated. I had read of the excellence in practice in NDUs (Pearson, 1983, Wright, 1986)...nurses with a vision of the potential for nursing... not nursing who failed to see me and the patient (up, breakfasted, washed, dressed, beds made, drugs given, plonk in dayroom) as individuals. (Document No.2.)

### ***Contextual knowledge***

The journal documents submitted for academic assessment provided reference to contextual knowledge in relation to the students' examination of their clinical practice. This structured dialogue between student and lecturer can be considered to be a professional document because evidence of contextual knowledge is a requirement, which drives the students toward examining clinical experience within the context of wider literature and research sources. This expectation was clearly outlined in course documentation:

Your learning journal will also serve as the basis for an assignment in which you analyse your own practice in relation to the Higher Award Criteria and Nurses Approval Order, Rule 18A. (Institution A.)

The major part of the assessment should be devoted to analysis of the critical incident described. Analysis should pertain why there were successful or unsuccessful nursing outcomes. Implications for future practice should also be incorporated. Referral to published literature findings on the topic is essential. (Institution B.)

The interpretation of clinical experience within the context of formal theory and research evidence showed that students used a variety of literature sources within their journal documents. Two main sources dominated: literature related to reflective practice; and subject-specific literature in relation to the professional issue under investigation. The first of these reference sources examined established models of reflection as a learning strategy. With the exception of one case, all student documents placed emphasis on locating their critical incidents within the value of the contextual knowledge of reflection. When these documents were examined, however, the referenced value appeared to be predominately descriptive:

Critical Incident Analysis is a tool used by nurses to enable them to reflect on practice. Critical incident analysis has been described by Beattie (1987) as 'snapshots', 'vignettes', 'brief episodes' that epitomise a situation or an encounter which is of interest (for whatever reason). Reflection is a means of challenging existing thoughts and feelings on a particular problem, which may then lead to changes in practice which can benefit patients and the relationship between the nurse and the patient (Schon, 1982). Boyd and Fales (1983) describe reflection as 'the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective'. (Document No.5)



To structure my analysis I intend to use a combination of Johns (1994) Model of Structured/Supported Reflection and Minghella and Benson's (1994) Critical Incident Analysis Record Sheet. (Document No.8.)

The student in the following journal excerpt sought to provide a little more detail about the reflective model of choice and devoted a whole page of the assignment to this purpose:

The following critical incidents are excerpts from my reflective diary, kept whilst working on ward... These incidents have been selected to demonstrate learning through a process of reflection and applied to Atkins and Murphy's (1993) model, summarised from their review of the literature. Three stages are apparent, with both cognitive and affective skills necessary to engage in reflection, these being: self-awareness, description, critical analysis, synthesis and evaluation. [The document then provided a descriptive overview of the model]. (Document No. 2.)

The subject-specific literature and research used by students within their professional journal documents was also diverse. Sources of literature related to the professional issue under investigation included: (a) sociological literature such as power, role definitions and ward routines; (b) physiological literature such as pain relief; (c) psychological literature such as therapeutic relationships and responses to fear; and (d) literature based around legal and ethical aspects of care including patient advocacy and autonomy. Such sources were used to support or refute nursing actions that occurred within clinical settings and to justify student professional responses to the delivery of care. These documentary sources were able to provide proof to the reader and the individual student nurse of monitoring the role performance of self and in some cases observation of other qualified practitioners' care. Therefore writings were able to legitimise care practice within the wider context of professional knowledge. The following example pointed to the inclusion of contextual knowledge or the professional way that the student nurse should view the responses to caring for victims of child abuse:



Humphreys and Ramsey (1993) state, it is not the nurse's role to judge whether a crime has been committed or to punish or discipline abusive parents. The nurse's role is to report the case if there is suspicion of abuse and to help parents learn new skills to enable them to provide a healthy, safe and nurturing environment for their children. In working with the abusive families, it is important to adopt an empathic non-punitive attitude, however distressing you may find the situations that come to your attention. It can be hard to remain objective and non-judgemental when one is faced with parents or others who have gravely injured or sexually abused a child. Nevertheless, it is unhelpful for us to express the anger or outrage we may feel when confronted with such situations as this prevents the nurse forming open relationships with the parents and child as mentioned above. Nurses dealing with victims of child abuse need strong support and supervision systems to enable them to cope with the feelings of helplessness and sadness that arise (Berry et al, 1993). (Document No.7.)

As a final point, several of the students commented on the workload involved in producing such journal work for the purpose of assessment. This involved locating appropriate clinical experiences to provide the basis for descriptive writings, and then relating these examples within the context of wider literature sources, both of which were considered as substantial activities:

You think it is going to be so easy, you know, your half hour every night writing your diary and then you have to go and sit in the library and like look up all these things and analyse it and you think how am I going to analyse it, what are you going to do next time – it goes on and on and on. You don't realise what a big piece of work it is. But it has been useful. (Diary-interview No.4.)

## Summary

The category *writing the right thing* involves the students using a professional journal as a means of producing work for assessment. Findings indicate that students are aware of the differences between their personal document (diary) and the document submitted for assessment (journal). The value of the professional document can be judged in terms of its academic outcome or *getting a good mark*. An important aspect of *writing the right thing* involves the students trying to establish and define the boundaries of acceptable evidence. In some cases, this process included the linkage of clinical practice experience to statements of professional competence. In the performance of this task the students feel obliged to make relationships which may not have occurred in the natural setting and this factor can prove either contrived or restricting. Another method used by

students to define the boundaries of acceptable evidence is to communicate with each other to try and work out what is required by the lecturer entrusted with the responsibility for evaluating journal content. The use of reflective journals as a learning strategy identified students' reservations about the difficulties associated with the grading mechanism of such work with lecturers attempting to 'put a figure on interpretations of clinical experience'.

Findings also highlight a pattern of students choosing to record difficult and/or potentially negative clinical incidents to show evidence of monitoring professional roles. These examples showed evidence of challenging the role performance of self and *writing for dramatic impact* primarily to impress the reader. The theme related to challenging the role performance of other practitioners, which was previously examined in the development of personal documents was also evident within journal documents submitted for the purpose of assessment. Whilst the high level of self-disclosure clearly points toward establishing trust with the reader (lecturer), the collective analysis of documents indicated that the students did not want qualified nurse practitioners involved in their clinical placement to have access to their assessed journals. This is an important finding given that the students provided descriptions of conflict and social pressure associated with observations of qualified practitioners' role performance. Such accounts were not shared with the practitioners whose care they reflected and in this way they were unable to justify their rationale for decision-making in care delivery. Some students therefore left their clinical placements with unfulfilled expectations. In contrast to the unstructured and creative personal diary where students used uncensored expression as a means of criticising care, the professional journal records the challenging of care practice within the wider context of the professional literature.

The outcome of the professional document can be viewed as a structured dialogue between the student and lecturer. This form of assessment strategy offers the student the means to interpret subjective clinical experiences of care within the context of more objective based sources of knowledge. The literature sources provide the student with the means of processing their clinical learning experience in order to

structure their learning. These interpretations provide evidence of developing professional roles and the use of formal knowledge and research evidence in the caring process.

## Chapter Seven

### Findings: Developing a broader perspective

#### Introduction

The final stage of *playing the game* is the outcome of the journal writing process, which involves the student managing different documentary sources in order to make sense of their social world. These documents consist of a private diary as a means of dialogue between the student and inner self (*expressing yourself*) and the submission of a professional journal for the purpose of assessment or as a means of dialogue between the student and lecturer (*writing the right thing*). It is the interplay between these affective and cognitive strategies that involves the student exploring different aspects of personal and professional knowledge in order to interpret and understand performance in practice. This interplay of feelings associated with practice, self-development and professional literature, represent aspects of personal (subjective) and contextual (objective) knowledge. The consequences of these collective actions lead the student to demonstrate increased understanding of clinical experience or *developing a broader perspective*.

#### ***Developing a broader perspective***

In order to provide a context for *developing a broader perspective*, it is necessary to revisit the substance of the findings illuminated by the categories *expressing yourself* and *writing the right thing*. The personal and professional documentary sources associated with these categories were strategies used by the students to manage the process of journal writing. It is the interplay between these actions that results in *developing a broader perspective* of the care process.

The category *expressing yourself* using a personal diary enables the student's recognition and exploration of feelings associated with care. The diary is intended as a personal record where ideas can be expressed safely using informal language or uncensored expression as a means of coping with difficult situations. The structure is flexible and therefore the dialogue between the student and inner self has the potential for creative expression. The students also retain control over their personal diary and by

implication are able to make decisions about which elements they would wish to develop as a formal record of learning achievement. In some cases, this decision involves the sharing of information in reflective group sessions.

*Writing the right thing* involves producing work for assessment and is often crafted later than the initial clinical experience and its associated emotional impact. In contrast to the diary this document can be considered as a structured dialogue between the student and lecturer. It is a public document recording the linkage between descriptions of clinical experience and interpretations of professional literature as a formal record of learning achievement.

The findings demonstrate a relationship between the personal diary as a means of promoting self-awareness *expressing yourself* and producing the work for assessment or *writing the right thing*. It is the need to satisfy an academic assessment that provides the imperative for the students' completion of such a personal document. To fulfil the assessment requirement the student needs to have a personal experience to write about. A way of recounting a clinical incident is to use the personal diary as a means of promoting recall or *referencing experience*.

This link between promoting self-awareness (diary) and producing work for assessment (journal) creates an interesting paradox. Whilst conducting the research I was able to ask the students about their perceptions of the relationship between these two documents. It was evident that if the students had not been asked to complete a journal as a requirement of academic assessment, they were unlikely to have completed a personal document (diary) for their own self-development. This is salient because the findings (outlined in Chapter Five) indicated that expressing feelings in a personal and flexible document facilitated dialogue between the student and inner self and was a valuable activity in its own right. These informal descriptions of clinical practice contributed towards learning associated with self-awareness and were also used as a coping mechanism for dealing with conflict or difficult clinical encounters.



The formal assessment of a professional journal can therefore appear to contribute towards enhanced student self-development. The student is required to record a reflective journal for the purpose of assessment and therefore needs to decide which clinical incident(s) to share with the lecturer. This examination of clinical practice may lead to positive benefits in terms of the spin-off associated with the act of writing about clinical experience (which may not always be apparent to the student at the actual time of writing). This process of exploring clinical practice experience in the lead up to the completion of a journal for assessment purpose, encourages the students to explore aspects of self-development. The students' recognition of the potential for learning about self-development associated with the journal as a learning strategy, may not be apparent until the journal writing process has been completed:

B.L. Was that formative or did that [journal document] lead into an assessment?

It led into an assessment, yes and that's the trouble, that's the foremost thing in your mind when you are doing things. But saying that, I do not think that it is of no benefit to your self-development, because you are doing it, therefore it has to be of benefit to your self-development, whether you realise it or not, just because you are doing it. If you are looking for a critical incident that also enables you to facilitate your self-development, because you cannot avoid it. You have to face it and you have to look at the incident and look at what went on, the pros and cons of the situation. So it can't help but affect the way in which you think about a particular thing. (Diary-interview, No.5.)

### **Characteristics of *developing a broader perspective***

The main characteristic of *developing a broader perspective* is the combination of the students' apparent increased personal and professional understanding of clinical experience. This is indicated through the interplay between the actions associated with the documentary sources of dialogue between student and inner self (diary) and that between student and lecturer (journal). This relationship was highlighted in the category *writing the right thing* where examples of the students incorporating elements of subjective feelings and objective knowledge in professional journal documents submitted for assessment were provided. The consequence of these two stages involving the interplay between description and interpretation leads the

students to evaluate clinical experience in terms of learning achievement. This interplay between the narrative description of personal clinical experience and wider contextual knowledge offers the students the opportunity to explore alternative approaches to care. The outcome directs the student to arrive at an evaluative judgement about the learning achieved during their clinical placement. The student is then able to offer this evaluative judgement as dialogue with the lecturer. This outcome can be seen when one examines the journal documents submitted for assessment, which showed clear evidence of this interplay between personal experience and wider contextual knowledge:

In conclusion, I have become more aware of the problems associated with acting as an advocate for patients. Firstly that acting as an advocate may come into conflict with employers, doctors other professionals, colleagues and even the patient when the needs of the patient are not met (Allmark and Klarzynski, 1992) so before deciding to act as an advocate it is necessary to explore all the possible consequences not just to the patient but also to yourself. Secondly, that nurses should explore their motives for acting as an advocate for patients. Is it to gain approval of their colleagues? To challenge the power relationship between nurse and doctor (Allmark and Klarzynski, 1992). I feel that I did try to meet the needs of this patient but I am also aware that, as a student I felt the need to prove that I could do so. I have also become aware that ethical issues must be considered then deciding to act on behalf of a patient. Not only must you consider that potential good of your actions, you must be aware of the possible harm you may cause. I feel that the good of allowing this patient to be in control of his care and the potential good of relief from the side effects from the medication prescribed need to be balanced against the potential for harm, that is that the patient may have started to experience psychotic symptoms and may have been viewed in a negative light by the medical staff. I think that if the patient was made aware of the risks he would have been more able to make an informed decision. (Document No.5)

### **Developing increased self-awareness**

Another aspect of *developing a broader perspective* refers to the students' increased self-awareness, which can be attributed to the process of journal writing. This increased understanding was outlined in the professional document (journal) in terms of the skills of reflection, which are facilitated through the medium of journal writing. In utilising the journal as a structured learning strategy the student is guided towards different levels of learning activity. The format of the assessment dictates that the student must choose a clinical incident or incident(s) to provide the basis for further interpretative

analysis. In the first instance this may take the form of a diary entry. This record is then used as a means of recall and where appropriate is then interpreted with reference to wider professional literature. The interplay between these documentary sources including description and interpretation enable the student to arrive at an evaluative judgement about their role performance. This combined evaluation can then be shared with the lecturer as a dialogue within the journal document submitted for assessment. The enhanced self-awareness gained as an outcome of this process was evidenced in the following example: this journal extract also records the impact of exploring boundaries of the nurse/client relationship with the student arriving at an evaluative judgement about their own clinical practice:

As I was conscious of the assignment whilst on placement, I reflected on this experience more deeply than I would probably have done otherwise. A useful way to evaluate what I have learned from the experience might be to look at the skills that Parker, Webb and D'Souza (1995) and Burnard (1990) suggest are developed from critical incident analysis and experiential learning- interpersonal skills, self-awareness, reflection, insight ability to express emotion and problem solving skills. Firstly, I developed skills in interacting with a potentially difficult client group – with adolescents who saw me as almost part of their peer group and learnt about the importance of not slipping out of the nurse role and into a peer role. I became increasingly aware of the dynamics of my relationship with Christian, and developed self-awareness of the messages I was sending out and what I wanted to achieve through the relationship. I further developed skills in reflecting on my own and others' practice and on why I saw him differently to the other staff members. I gained insight into my own feelings and how to develop this through the use of supervision. I was able to express emotion quite freely whilst discussing the issue with my university supervisor and was able to go some way to resolving the problem of Christian's possible dependence on our relationship. I have also learnt that for future practice I need a better understanding and control over the boundaries of the nurse/patient relationship. This is important not only for the clients, but also for my own well being as continually becoming emotionally involved with clients could eventually lead to burnout. These clear boundaries are essential if I am to deliver effective care to a client group such as this. (Document, No. 6)

## **Developing increased confidence in challenging practice**

*Developing a broader perspective* also leads to the active questioning of one's own care practice performance and where appropriate that of other practitioners. The findings illustrate that the student is able to provide indications of developing increased confidence through the use of journal writing. There were several references to the students' increased self-confidence within journal documents submitted for assessment. These examples can also be seen in relation to the students making evaluative judgements about challenging their own role performance and where appropriate recording direct conflict with qualified practitioners. These journal extracts provide evidence of directly challenging care practice. By utilising more formal theory to substantiate or refute care actions, the student is able to demonstrate to the lecturer the development of increased self-confidence. Whilst there is no immediate reference to contextual knowledge this next case provides an example of the student's evaluative judgement and apparent increased confidence in challenging care practice:

From this experience I have learnt that even specially trained staff working on a drug unit which caters for pregnant women do not support pregnant clients as adequately as possible. All clients follow a standard package of care with a special intervention written for pregnant clients. Although the drug liaison midwife does visit to do antenatal checks, I think that more could be done with regard to organizing accommodation and preparing the client for the birth, while they have a relatively stable base and lifestyle on the unit. This would not have to take up a large amount of the nursing staffs time as there are 15-20 other clients needing attention but with the pregnant client there are effectively two people who need looking after. I have also learnt that I do not question my own and other people's practice enough, and when I do it is normally a while after the incident has occurred rather than straight away. Maybe, if I questioned my own and others actions straight away I could feel more in control and aware of certain situations, and I will be able to gain more from the opinions and reasoning behind certain actions of experienced members of staff. I learnt, through this incident, how tolerant I am of pregnant drug abusers. If anyone had asked me my opinion, prior to the placement, I think I would have felt that they were a selfish and uncaring client group. After this brief experience of working with addiction I realised what a struggle it is for people to become drug free. Being pregnant will not make the detoxification any easier, especially if there is not an emotional bond developed between the mother and the unborn baby. (Document, No 8)

Having suggested that the process of journal writing can develop the students' self-confidence, the recognition of this increased understanding was not always apparent to the student at the time of completing the journal document. A possible explanation for this matter may be that the student requires time to reflect on the learning achievement. The findings indicate that the outcome of *developing a broader perspective* may not be engaged until after the journal writing process has been completed:

I think I spent far too much time initially criticising their practice rather than looking at my own critically. I think, now I look at other people's practice and draw upon the good and bad points without... trying to apply that to my practice rather than just sit down and criticise – anyone can criticise. I think the journal helped – made me realise that it's for me not for anyone else. It's to help me face my practice with other people's and analyse my own and their practice rather than just sitting there and being critical of other people. It was easy at the placement, to sit down and slag their work off because it was very bad, but that wasn't the point and I now realise that. (Diary-interview, No.1)

The journal document was also used to show evidence of structured learning in relation to developing professional responses to care situations. This act of using the journal document as a means to demonstrate learning achievement to the lecturer represents active dialogue and showed evidence of developing professional knowledge through the medium of journal writing about professional responses to care situations. This outcome of learning can be viewed as a dialogue of professional response:

If the outcome of reflection is learning and a perspective transformation (Mezirow 1981 cited in Atkins and Murphy 1993) it is now necessary to examine what this experience has taught me. I am already familiar with the literature surrounding anxiety, typical to the student experience (Menzie 1970, Birch 1979) and the reflective meetings provided a forum to share these and recognise that the whole group felt the same. I will hope to remember the feelings I have described, when the day dawns that I am old and wise and have students to supervise, helping me if not to be the 'guru' they are searching for but at least have some understanding of their needs. More imminent is the realisation that all that glitters is not golden, and that change and advancement, although necessary and desirable for the development of the profession can also be degenerative if not approached correctly. (Document, No.2)



## Developing self-expression through sharing clinical experience in reflective groups

Another dimension to consider in *developing a broader perspective* is the role of reflective group sessions in the overall process of journal writing. The personal diary has been advocated as a useful and valuable means by which the student recognises and acknowledges feelings through the description of clinical experience. The lack of attention to formal grammar and the use of uncensored expression were also identified as cathartic activities. This personal dialogue between the student and inner self, however, may result in what one student termed as 'tunnel vision' or dialogue as an insular activity. The findings explored in chapter five illustrated the lack of tangible evidence that personal writings (diaries) were taken into reflective group sessions; yet it was also found that students used extracts (mentally) from their personal documents as the basis for sharing discussion in reflective groups. The diary-interviews were a useful forum to establish if there were any further examples of this interplay between personal diary and professional journal and revealed that the reflective group sessions also had a role to play in journal writing. The association between sources of personal writing (diary), the verbal sharing of ideas (reflective group sessions) and journal documents submitted for assessment can be seen in the following case:

B.L. How have you managed being in a reflective group in terms of how does it relate to this [assessment document] journal?

It relates a lot because I tend to write up in note-form [diary] and then go into the meeting before I actually write them up in [the journal]. It provokes a broader view of, rather than I just tend to think about one subject and you don't think well it could have been related to that incident or maybe it was this relationship rather than the other that affected it? It brings out a lot more point and concepts that you can go away and think about – oh, yes, maybe-it's other people's points of view and it helps a lot.

B.L. So this verbal discussion actually helps you in the journal?

I don't think the journal would be much use without the reflective groupwork. It is all well and good reflecting on your own practice but I think you need constructive criticism as well to help you think. How could you improve that area of practice – how could I do that better the second time around? Sometimes, especially in very emotive incidents you tend to be very focused

on one thing and nothing else seems to matter. If you are angry, you're angry, you don't think oh well that person is frustrated as well, they are taking their anger out on you. I think I helped to gain someone else's point of view, instead of having tunnel vision and just seeing one aspect, having someone else's comments to see it as a whole. (Diary-interview, No.1)

The value of sharing experience as described in this diary-interview was also located within the student's journal document submitted for assessment. The following extract provides an illustration of *developing a broader perspective* in terms of the learning associated with self-expression and the enrichment of sharing ideas with other people:

In an earlier reflective group meeting I identified the change-of-shift report as an area that created feelings of extreme fear that needed to be addressed. As Kozier, Erb and Olivieri (1991) point out 'A report should be concise'. This type of pressure to communicate professionally to a group of qualified nurses always evokes an extreme stress response which Kagan et al (1989) elude to as anxiety. Anxiety as a response is a subjective, individualised experience that cannot be directly observed. Again in such a situation I tend to use avoidance as a direct coping mechanism instead of confronting the situation. Bailey and Clarke (1993) state that some action must be taken to deal with such situations. I therefore attempted to identify the cause of these stress responses and why I had experienced such high anxiety when giving verbal reports. On reflection and practice the anxiety seems to arise through scanning the information too fast to verbally pass it over. I lose my place begin to stutter and panic. This in turn causes higher anxiety levels. With this knowledge in mind I specifically asked to hand over the care of a group of patients to the afternoon staff. I thoroughly researched all the patients background and care in preparation, Initially in the hand over I experienced a certain amount of anxiety, but this soon diminished as I relaxed and concentrated on what I was doing rather than what the others were thinking. Altogether it went quite well, and hopefully with a little practice it will prove to be no problem what so ever. (Document, No 1)

Further evidence of the linkage between the personal document (diary), reflective group sessions and the journal document submitted for assessment can be found in the following diary-interview excerpt:

B.L. The reflective group – do you see any relationship with them to the reflective journal?

Yes, there are a lot of stuff that I wrote in the journal that I took to the group it tends to be two definitely linked things. I don't or wouldn't think of taking the reflective journal to the reflective session in any way or sharing it or showing it to anybody, but it is sorts of issues that getting down on paper, that are the sort of issues I take to the group, unless sometimes it's just writing something down resolves it and stops it being important and sometimes then you don't feel you need to share it and you don't need to reflect on it. Quite often it will be the same sorts of things really, how we are feeling on the placement and how we are settling in. (Diary-interview, No. 6)

### **Implications for change in practice – evaluation of clinical experience**

The students' evaluation of clinical experience within journal documents also highlighted that this form of structured learning activity raised implications for change in clinical practice. What is meaningful here is that these implications also pointed towards evidence of the interplay between personal and professional journal documents. This was acknowledged by the inclusion of the students' personal as well as professional indicators for change. The professional document submitted for assessment included elements of developing personal as well as professional knowledge with reference to the awareness of affective components of care. These documentary records of the students' feelings associated with caring for patients/clients were about developing implications for change in relation to personal as well as professional experience:

I think it does have value. I wrote it all down and wrote it as an assignment but then reading over it, I found it made me more aware of what I actually felt, then what I had written. It was kind of oh did I write that? Just the act of writing it means that you are having to write this assignment and you do have to actually analyse what you have done and look at it and start to be able tell what is good in your practice and what isn't, and you can sort of do that to a certain degree. The more you do it the more able you are to do it so it's something that helped me to look and learn at my own practice and reflect on it and sort of act accordingly to the decisions I had come to about my practice.

B.L. So following on from that decision trail, it is not just about the purely personal bit about this is what I did – it is sort of a bit deeper than that?

Yes, I think I looked at what I had done and looked at why I had done it and how it affected me and how it had effected the care of that patient. From that I was able to sort of look up why I had done it and would I choose to do it again – what I would have used differently or was happy with – what I had done and things like that. (Diary interview, No 6)

### **The relevance of journal writing for clinical practice and education**

The outcome of *developing a broader perspective* can also be examined in terms of potential rather than actual consequences. The findings examined in the previous chapter suggested that the submission of journal documents for the purpose of assessment could in some cases be viewed as restrictive, because the students were driven to make links between clinical experience and statements of professional competence that could be considered artificial. On the surface this observation could be seen as a disadvantage in terms of the relevance of journal writing for clinical education and practice. Nevertheless, it would now appear that the students valued the overall process of maintaining a personal diary and a professional journal in terms of clinical relevance. The collective experience of journal writing points toward the outcome that the students were able to gain a positive insight into how to use journals for assessment and as a method of developing reflection and life-long learning. This potential for personal and professional development associated with the process of journal writing illustrates the clinical relevance of the learning strategy:

When you have got assignments like social policy, things like that then you have to be worried about the literature and writing and giving an argument which supports one side or another, where as this was more about looking at your own practice and then linking that with literature which was relevant rather than writing about literature. (Diary interview, No.6)

It is clear that this type of learning strategy does offer the student the opportunity to concentrate on monitoring and evaluating one's own role performance and how interactions with patients/clients and other practitioners occur. The compulsory nature of the assessment implied that students were more inclined to carry on with diary writing after completing the formal assessment and associated skills in working towards reflecting on clinical practice for the purpose of assessment:

B.L. What are your thoughts about its (journal) use as an assessment?

Because we had to do it I'd be more inclined to carry it on, especially after the first period after I've qualified. Like I was saying, whilst I've not analysed it whilst I've been going along because someone has been telling me I've got to do it. But there again, I have got all this other amount of work to do, so I won't have all that when I start work, so I'd be more inclined to carry it on...I suppose in a way it does push you to think about what you are doing at work rather than just arrive – get on with your work, have a cup of tea (laugh). You have to find something to do, to talk about in the meetings and things – so it does push you, you know yourself to learn more, to find new experiences and things like that. (Diary-interview, No.4)

B.L. So you may use it when you finish the course, but more of a personal – did you say personal reflection?

Yes. Its not going to be like now, having to hunt around and find quotes that agree with what you are saying or things like that – hopefully I can draw from the theories I have in my mind or concepts I have in my mind, without having to physically go out and look for quotes. That to me is irrelevant, it is how I feel inside about it and if I need some advice, then yes, fair enough go back to the literature, go back to a tutor or colleagues and seek their help. I think I would use it more of a personal reflection and draw upon my own theories, or my knowledge of theory, rather than look at books and dig it all up. (Diary-interview, No1).

### **Interplay of documents - difficulties around process versus outcome**

There are potential difficulties for students arising from the interplay between the documentary sources outlined in the process of journal writing. These difficulties can be attributed to the relative value placed on the process and outcome of exploring clinical experience. The professional journal is awarded an academic mark based on outcome or achievement, however, it is clear that in this study students invested substantial effort into the developmental process of 'diary-keeping' through the description of clinical experience recorded in their personal document (diary). This component is perceived as valuable, in terms of their personal and/or professional development. This is not however captured fully by the summative assessment of the journal.



The students place their own evaluative judgement on the process of journal writing and the lecturers place an evaluative judgement on the outcome of journal writing. It would appear that this distinction creates the potential for tension between the student who perceives the lecturer as 'putting a figure' on their clinical experience, which in some cases appears highly subjective and the lecturer who has to make an evaluative judgement based on the journal document. In the context of this research the lecturers involved in the research sites were unable to take account of the overall process of journal writing which included the students keeping a personal document (diary) and presenting contributions for debate within reflective group sessions. The lecturers were able to acknowledge the linkage between the students' practice and theory in terms of outcome of the professional document but were unable to offer judgement in terms of valuing the affective component or 'what the students felt about the process'. This raises implications for the use of journals as a summative assessment which may not be predictable or intended in terms of perceptions of the value associated with the academic outcome, versus the students' personal benefit gained from the journal writing process itself:

I think the main thing I want, was just to say to recognise that I have felt a value, I have felt there is something to be learned and something to be gained from the whole purpose. But, being linked to the assessment as the way it was perhaps devalued it. It didn't strike it on board, it didn't make it a complete waste of time but it created implications for the process. If they had thought about it a bit more, a bit more innovation in the way it was carried out, it could have been better. (Diary-interview, No. 2)

### **Different functions of documentary sources**

The implications arising from the process and outcome of two documentary sources also clearly indicate the need to differentiate between the functions of these two documents. The value of the diary can be seen in terms of providing a medium for description of clinical experience. These descriptions can be meaningful to the students in their own right - a way of acknowledging feelings around significant emotional encounters. Equally important is the potential of the personal document to provide a mechanism for coping with stressful situations. This enables the students to write about a clinical experience at the time of occurrence (immediate effect) which may offer a cathartic action, rather than the delayed action in presenting the issue within reflective group sessions and/or professional documents. Whilst dialogue

between the student and inner self can be viewed as an insular activity, the informal process of keeping a personal document can be regarded as having a positive therapeutic effect in terms of being able to actively deal with a clinical issue. It has to be acknowledged however that this action does not represent part of the final assessment award.

What is significant is that the qualified practitioners working in the students' clinical placements were excluded from the process of journal writing and not offered access to either document whether private or professional. There were also concerns expressed by students about the value of qualified practitioners' involvement in reflective group sessions. This is an important consideration because in terms of outcomes these practitioners do not appear to have played any active role in students' *developing a broader perspective*, except as subjects for discussion within journal documents.

## **Summary**

*Developing a broader perspective* is the outcome of the interplay between the processes outlined within the context of *playing the game*. These processes, *expressing yourself* and *writing the right thing* involve the engagement of students in different activities which can now be viewed as complementary.

The use of a personal diary appeared valuable as a means of dialogue between the student and inner self, and recognition of aspects of caring or significant emotional encounter. This medium offers the potential for learning in relation to student-patient/client relationships. The diary can also act as a way of managing stressful encounters in clinical practice by way of a source of documentation for recording conflict and monitoring the role performance of self and where appropriate that of other qualified practitioners. In this context, students were able to examine the reality of clinical situations in which they were operating or recording 'what I did come across' as opposed to 'what I should have come across'. This opportunity to log the clinical reality of placement experience is crucial because these experiences may be

contrary to student expectations drawn from educational preparation and literature-based sources.

There are indicators of increased personal and professional understanding of clinical experience as an outcome of journal writing. These characteristics of *developing a broader perspective* include enhanced self-awareness and confidence in questioning the student's own practice and where appropriate the actions of others. The use of personal and professional documents illustrates how these factors are addressed. For example, at the outset of journal writing the students may focus on negative aspects of care practice with expressions of criticism of self and others within personal diaries. Subsequently, they may be more able to reflect on their experience and develop a confidence in their analysis of care as evidenced through the submission of professional journal documents.

These examples of interplay between documentary sources included significant emotional encounters arising from clinical practice. These descriptions may start off as a coping mechanism for students where they are recorded as cathartic activity in personal diaries, but then end up being modified and related to evidence based sources in journal documents submitted for assessment. Likewise, the students' interpretation of other practitioners' actions may initially take the form of criticism using uncensored expression in personal diaries, and then become more of a critique of the experience in the light of *developing a broader perspective*.

The use of journal writing as a learning strategy that has clinical relevance for students has been highlighted. The interplay between the two documentary sources suggests development of personal as well as professional knowledge and raised implications for change in clinical practice. Nevertheless, there are tensions arising from student perceptions of the personal value of the developmental process of diary writing, versus the professional outcome or academic assessment. The keeping of personal and professional documents raised an interesting paradox between the promotion of student self-awareness versus motivation in terms of producing the work for assessment. The students, who completed journals for assessment in this

study, indicated that they would be more inclined to continue to use diaries for personal and/or professional development in the future.

Another dimension of *developing a broader perspective* is the role of reflective group discussion in journal writing. The findings point toward an association between sources of personal writing (diary), the verbal sharing of ideas (reflective group discussion) and the professional document (journal). These different activities suggest complementary outcomes in terms of the students *developing a broader perspective*. The reluctance of students to involve any qualified practitioners in sharing their personal and professional documents illustrates the general lack of any active role for practitioners in journal writing within this study.

Finally, through the submission of evaluative professional journals the students are able to demonstrate to lecturers that learning has been achieved. The culmination of describing feelings in a personal diary and then interpreting experience using a professional journal paves the way towards student's increased understanding and evaluation of clinical practice. These collective actions of journal writing, which include the use of personal and professional documents allows students to construct and reconstruct experience in an attempt to make sense of their social world.

## Chapter Eight

### Discussion

#### Introduction

This chapter examines the emergent theory *playing the game* interpreted within the context of the literature review (Chapter One) and recent cognate research. The discussion explores the contribution and implications of each stage of journal writing and the theories and practices that underpin their respective contribution. The strengths and weaknesses of the study are then highlighted in terms of my personal reflections. Finally, the conclusions of the research findings are addressed in the context of contemporary nurse education and clinical practice.

The findings of this study support the use of a staged approach to journal writing which encourage students to keep two separate documents: a personal diary (*expressing yourself*) and a professional journal (*writing the right thing*). Both documents help student nurses make sense of their social world and develop learning in the context of caring. The findings suggest that the two documents should be clearly differentiated in terms of purpose both for the lecturer and the student because they make distinct contributions. Reflective group discussions provide a useful adjunct as a forum for dialogue between the student and lecturer and interplay between the two documents. The study identifies that students are reluctant to share their personal and professional documents with practitioners who are also involved in their clinical experience. These findings will be discussed in the context of the issues and concepts underpinning the theory *playing the game* (see Table 5 page 85) using the paradigm structure approach (Strauss and Corbin, 1990). This identifies events that lead up to *playing the game* namely, *great expectations versus ritualistic practice* and different stages of journal writing identified as *expressing yourself* and *writing the right thing*. Strategies for managing these properties will also be explored. Finally, the outcome of *playing the game* will discuss *developing a broader perspective* of student development in terms of reflection. The following issues and concepts are now considered.



### ***Great expectations versus ritualistic practice: a potential for conflict***

The perceptions of disparity between expectation and reality in clinical work have been well documented (Wilson-Thomas, 1995), and relate well to the record of students' experience of journal writing within this study. The conflict between the rhetoric and the reality of clinical experience would suggest that in many cases students were using the medium of writing as a way of managing frustration and stressful encounters in clinical practice. Issues arising from this conflict of *great expectations versus ritualistic practice* are identified and the potential of using the personal diary and the professional journal to manage the conflict is now explored.

The literature suggests that the keeping of a reflective journal requires the student nurse to base learning achievement on examples of clinical nursing experience (Lister, 1989). Students completing journals within this study identified conflicting information arising from incidents experienced within clinical practice. This conflict often referred to as the 'theory-practice gap' is one of the most frequently discussed concepts in nurse education (Hopton, 1996). According to Allmark (1995) the use of the term 'theory-practice gap' has been used by most writers to denote perceived problems in nursing where practice fails to live up to the expectation of theory and where academic language has little relevance to the practice situation. Explanations put forward to explain this situation include occupational socialisation (Melia, 1987), theory practice divisions between academics and clinicians (Cooke, 1991) and organisational constraints within clinical settings (Porter and Ryan, 1996). Whilst it is not my intention to examine theoretical explanations for the gap between the theory and reality of nursing experience, it is important to understand the factors that impact on journal writing. *Playing the game* identified the activity of being an undergraduate student nurse engaged in clinical practice, with a remit to provide documentary evidence of practice outcomes or the integration of theory in the practice setting. The events that contributed towards *playing the game* included the student functioning in two different settings: great expectations (what I should have come across) and ritualistic practice or (what I did come across). This central phenomenon will now be explored within the context of theories of action.

## Theories of action to explore *playing the game*

Argyris and Schon (1974) are seminal theorists whose work in relation to 'theories of action' forms the basis of our understanding of reflective nursing practice. The contribution of these scholars in terms of their influence on reflective practice, both in general higher education (Brockbank and McGill, 1999) and specifically nursing (Greenwood, 1993a) has proved significant. Whilst Schon has further developed ideas associated with the 'reflective practitioner' (1983, 1987), some aspects of which I take up later in this discussion, it is the central tenet of 'theories of action' (Argyris and Schon, 1974) that I now want to focus on as a basis for discussion. This fundamental work is still very much acknowledged in contemporary literature sources, and now has an extensive research base to support its views. Furthermore, authors such as Brockbank and McGill (1999) have recently drawn upon 'theories of action' to build a holistic approach to professional practice described as 'reflective dialogue'.

The commitment of Argyris and Schon (1974) to 'integrating theory with practice and affective and cognitive learning' is also directly relevant to journal writing. There is therefore a need to revisit these 'theories of action' within the context of *playing the game*, in order to provide enhanced understanding of journal writing as used by undergraduate nursing students in this study.

Argyris and Schon (1974) suggest that people do not necessarily have trouble with learning new theories of action, more that the existing theories that people hold 'already determine practice'. Their research examined professional practice and identified an important distinction between 'operational theories of action' as 'theories-in-use' and 'espoused theories' or those used to 'describe and justify behaviour'. This is critical to the development of lifelong learning skills where journal writing can be considered as one way of helping student nurses determine their 'theories-in-use' and subsequent compatibility or incompatibility with 'espoused theories'. Their observations conclude that 'theories-in-use' actually help individual practitioners to 'remain blind' to their 'effectiveness'. This focus on actual practice or 'theories-in-use' is important as it informs underlying philosophies

of learning (Brockbank and McGill, 1999). This is of specific interest when one considers that traditionally, there has been a tendency to examine the transmission of knowledge without due consideration of the social and political aspects of the process of learning revealed by exploring such 'theories-in-use' (Brockbank and McGill, 1999). Examples of 'blindness' as outlined by Argyris and Schon (1974) can be identified in student nurses' journal documents in this study, where they discussed issues of 'power' or 'societal influences' as helping to create or maintain difficulties in clinical practice experience. Argyris and Schon (1974) consider that blindness to 'incongruity between espoused and theories-in-use' requires attention if practitioners are to reflect on their practice and must begin with the practitioner attempting to 'specify the patterns of existing theories-in-use'. As part of this action it is useful to consider their notion of 'personally constructed experience', which they contribute to the linkage between 'human action' and the 'wider structural system'. If these ideas are extrapolated to nursing practice, then, how the student constructs their clinical experience, 'takes action' and then goes on to 'monitor' behaviour appear crucial to the understanding and enhancing of 'effectiveness'. The contribution of journal writing as an aid to examining personally constructed experience and subsequent learning arising from such action has significance. In short, by keeping personal and professional documents the student is involved in describing, interpreting and evaluating their clinical experience. Whilst Argyris and Schon's (1974) claim to enhancing human activity around issues of 'responsibility', 'self-actualization' and 'learning and effectiveness' may now appear somewhat ambitious, these sentiments, when translated to nursing practice have relevance; more specifically, the human activity of caring and the individual responsibility for learning about such action are important.

'Theories-in-use' are stated by Argyris and Schon (1974) as those which 'actually govern action' and that these may or may not be compatible with the individual's espoused theory. What is important here, is the level of the practitioner's awareness of the student's perception of compatibility or incompatibility and how it relates to supporting student learning. One cannot learn about theories-in-use merely by asking individuals, because their construction requires 'observations of behaviour'.

Theories-in-use include assumptions not just in relation to self but others involved in the situation and the 'connections among actions, consequence and situation' (Argyris and Schon, 1974). These theories, therefore, refer to knowledge about the 'behaviour of organisations' which must also be made explicit when examining theories-in-use. Greenwood (1998) suggests that two differing reflective approaches predominate, each generating different frameworks for reflective practice. In the United Kingdom she describes the approach as promoting single-loop learning, whereas in Australia she perceives they promote double-loop learning. Single and double-loop learning are derived from her analysis of Argyris and Schon's (1974) action theories. She advocates the distinction as being:

Single-loop learning is the result of instrumental means-end reflection on human action, whereas double-loop learning is the result of reflection on the norms, values and social relationships which underpin human action (Greenwood, 1998:1052).

This distinction between action on self and action in terms of the social structure that underpins human action can be usefully examined in terms of the findings of this research study. Students were using the journal in terms of double-loop learning which reflected not only learning in terms of the action of self, but action in relation to the values and social relationships arising from practice experience. Moreover, the clinical incidents described by students reflected not only their learning in terms of self-awareness but also learning in terms of the context of care delivery. This may not be surprising when one considers the stage of the students' educational preparation, because double-loop learning has been identified with mature undergraduate study in terms of the potential for reflective dialogue in terms of 'knowledge, self and action' (Brockbank and McGill, 1999). This emphasis on double-loop learning is significant if one accepts Greenwood's (1998) premise that serious reflective practice is a function of double-loop learning because:

The construction of more socially desirable nursing and health care realities is a function of structural as well as action redesign. A concentration on means-end reflection may lead nursing students and nurse clinicians to the correct performance of inappropriate nursing actions (p1052).



This call for making explicit theories-in-use inherent in nursing practice has been taken up by such eminent nursing theorists as Benner (1984) who cites the work of Polanyi (1958) as an attempt to uncover tacit knowledge or that which is taken for granted in everyday practice. If one considers the relative merits of making explicit, individual theories-in-use then clearly Argyris and Schon's (1974) comments have something to offer. They argue that individuals 'if performing ineffectively' are unable to test their 'theories-in-use' unless they are able to make these explicit. Furthermore, individuals may also be 'severely impaired' in their effort to communicate theories-in-use in terms of teaching others until they have made their theory explicit. These factors have relevance to this study because these students will be the qualified nurses of the future. As such, they will be actively involved in teaching other student nurses, therefore, making explicit their theories-in-use can be considered a pre-requisite to the development of life-long learning with journal writing as one way of enhancing this skill. Taking this issue further, Argyris and Schon (1974) also report that because theories-in-use 'determine actions' the 'formulation or modification' of these, is in itself a learning process. This tends to support the use of journals as a way of helping student nurses examine their own theories-in-use and a means of learning about nursing practice.

### **Practice experience**

Another implication arising from Argyris and Schon's (1974) research is the value of professional practice experience to the learning process. Whilst they claim the objective of practice as that of helping individuals to build their own theory of practice, an interesting observation relates to their view of practice as one associated with 'conflict' and that resolution of such conflict demands personal commitment. The incongruity between theories-in-use and espoused theories is also most likely to surface in practice experience and is best illuminated by connection with theory. Within the discipline of nursing, Marks-Maran and Rose (1997) report that 'espoused theories' or those 'learned from teachers' and 'literature' do not match up with theories-in-use or that which 'actually happens in clinical practice'. Theories-in-use often represent informal learning in terms of 'repetition in day to day experience' and



as such may be very different from espoused theories. The authors draw attention to evidence-based practice and the need to ensure a closer relationship between practitioner espoused theories (research evidence) and their theories-in-action or (actual nursing care). They advocate the real need to identify theories-in-use at an individual practitioner level in order to enhance understanding of personal theories-in-use. This opportunity to learn about individual nurse effectiveness is important because these observations then need to be compared with espoused theories, which may offer new insight about how practitioners perform in the work setting. Greenwood (1993a) identifies a number of reflective exercises, including the use of journalling, which have been implemented in nursing as a means to identifying how theories-in-use are constructed. Nevertheless, she also points towards the lack of empirical evidence concerning the conditions under which it is possible to access theories-in-use through reflective exercises. She indicates the need to examine both types of action theory in terms of how they are 'triggered and deployed'. She attributes these triggers to different environmental cues, namely: theories-in-use as largely unconscious everyday experience of nurse practitioners, patients and clinical settings and espoused theories as those learned consciously from nurse lecturers, institutional settings and assessment. She advocates that nurse lecturers should make 'serious attempts' to 'identify and tap into' existing theories-in-use and that this should be undertaken in the clinical setting. Whilst examining theories-in-use within clinical settings appears sensible, this may not always be practical or possible and often ignores the distribution of power and role conflict associated with student nurse participation and observation of clinical practice experience. These issues were clearly identified in chapters five and six and recorded within personal and professional documents. The process of journal writing offers the student the opportunity to consider the learning inherent in practice related to 'theories-in use' and 'espoused theories'. Journal writing is one way of highlighting their potential incongruity arising from participation and observation of clinical practice. For example, the use of a private diary outlined in the category *expressing yourself* enables the student to provide narrative descriptions of clinical experience (theories-in-use) which allow the identification of feelings using uncensored expression in a safe medium. Conversely, the journal submitted for the purpose of assessment as

evidenced by the category *writing the right thing* allow the student to interpret descriptions within the wider context of existing theory and research (espoused theories), which in turn offer concrete opportunities to examine evidence-based practice. Finally, the interplay between the personal and professional documents provide the student with a means of making individual theories-in-use explicit as dialogue between student and inner self and through dialogue with the profession or the lecturer.

The study supports the use of a staged approach to journal writing, which encourages students to keep two separate documents: a personal diary (stage one) and a professional journal (stage two). Reflective peer group discussion offers the opportunity for the student to interpret selected writings from their personal document with others. The interplay between the personal diary and the professional journal provides the outcome of *playing the game* in terms of a summary (stage three) named *developing a broader perspective*.

### ***Expressing yourself* – The personal diary: describing experiences as dialogue between the student and inner self (stage one)**

The first stage in constructing a reflective journal is the recording of clinical events in a private diary (*expressing yourself*). By keeping this document as a safe record the emphasis is what Riley-Doucet and Wilson (1997) describe as: ‘writing for the sake of the student’s own growth rather than for the teacher’s need to evaluate the student’s progress’ (p966). This important distinction raises three interrelated issues. Firstly, the student should retain ownership of the document and by implication exercise control over its content. Secondly, the student is therefore able to use the document to record experiences that have some personal meaning and or significance. Finally, in exercising control over the document the student can determine its structure and use creative language and form.

This study highlights the flexible nature of personal diaries with students using different approaches to structure their documents including notebooks, loose-leaf files and appointment diaries. Whilst the students reported initial difficulties in

starting to keep a diary of their clinical experience (finding my feet), the potential for devising flexible structures to suit individual student need can be considered a strength. These students were given guidelines based on suggestions by Walker (1985) which consisted of general notes to support student learning from experience. Whilst students were aware of such guidance they developed their personal diaries individually as ways of recording experience which were meaningful to themselves. Taylor (2000) emphasised the importance of learner-centred approaches to the structure of personal writing and distinguished thinking in private from more formalised approaches such as academic assessment. This distinction suggests individual learners should develop their own way of recording experience, which negates their need to adopt formal structures. Thus, the student is able to write in a form to suit themselves rather than a wider audience.

The diversity of language reported in personal diaries in this study was noted by reference to the inclusion of free-form writing styles coded as *uncensored expression*. This was in contrast to more formalised writing style offered to satisfy the requirement of academic assessment (journal document). The use of uncensored expression can also be viewed as a strength of personal documents, where individuals are able to write in an explicit manner using informal language that they deem appropriate to describe their experiences. This included lack of attention to formal grammar. The use of free expression to record emotions and thoughts often consisted of a series of notes rather than stylistic writing and in some cases used emotive language such as 'swear' words to depict their clinical experience. Taylor (2000) encourages this use of free expression in personal documents and admits these may include expressions, which could be considered as 'socially unacceptable' or 'rude' at times. This creative developmental approach towards expressing feelings in personal diaries was not restricted to the use of language as a medium for expression and my findings included examples of drawings. This expressive recording of clinical experience has also been identified in nurse education as providing student nurses with an alternative means of communicating their ideas (Cruickshank, 1996). This anecdotal report focused on the use of student drawings as

a basis for sharing description of clinical experience within small group discussion that valued such student centred learning:

Students are individuals which means that the way they learn and their ability to express this is equally individual' (Cruickshank,1996:129).

The exploration of personal experience that is significant in terms of focus on self has also been linked to developing personal meaning and context to learning opportunities. Palmer (2000) describes this theme as 'having a critical dialogue with yourself', which reinforces the importance of personal space as a means to question clinical experience and challenge individual actions. This valuable aspect of self-directed learning lays claim to helping prepare practitioners for discourse with peers or other members of the health care team. Whilst Palmer's ideas are primarily directed towards supporting the development of new clinical roles within healthcare settings, the reference to 'quality learning' appears relevant to this discussion. For example, in order to develop life-long learning skills the adult learner requires the ability to challenge personal assumptions. This ability to engage in 'critical dialogue with yourself' is about: 'discovering a sense of yourself within the health care team as someone who is respected and valued, and has a contribution to make' (Palmer, 2000:79). The role of the personal diary in helping student nurses engage in such dialogue is therefore important, especially when one considers that they also need to feel valued and acknowledged for their individual contribution in the care process.

### **Developing self-awareness**

Hodges (1996) draws upon feminist theory and uses the metaphor of voice to depict the individual's personal experience and understanding of self. She highlights more traditional educational approaches with the 'teacher-as-authority' as promoting passive styles of learning which serve to inhibit the development of student voice. By way of a contrast, promoting interaction or dialogue with self in terms of understanding the student experience within the 'world around them' creates the possibility of enhanced self-development and critical skills. Hodges advocates the use of personal 'journal' writing as a way of promoting safe dialogue with self and 'legitimation of voice' allowing the student a place for private rehearsal for discussion and critical thinking. Nevertheless, it should be acknowledged that in

Hodge's study, that which is referred to as 'safe' dialogue, required students to bring journals into the classroom as 'dialogue with colleagues' and they were also expected to submit several journal entries for assessment purposes. The assessment criteria used for these journal documents included correct grammar, clarity of writing and spelling which would suggest that this was not entirely a dialogue with self, but dialogue with others. This reinforces the need for lecturers to be clear about the purpose, function and limitations of personal and or professional documents. An important consideration in using diaries relates to confidentiality. This theme was highlighted within the literature review (Chapter One) in terms of access to documents and further reported in the findings of this study. Confidentiality in journal writing raises issues of psychological safety that have been widely reported (Walker, 1985; Burnard, 1988; Lister, 1989). Burnard (1991) suggests the 'private journal' is useful to record 'candid and honest' thoughts and Riley-Doucet and Wilson (1997) report that students responded positively to having such documents 'confidential and under their own control' which influenced their ability to write and reflect on experience in an honest and open manner.

Wellard and Bethune (1996) also support the notion of voice as critical in reflective journaling, where students exercise their 'voice' as a way of engaging in consciousness raising and theorising about their practice. An interesting aspect of this work relates to their experience of students' 'silence of voice' within journal documents submitted for assessment. The minimalist writing approaches uncovered references to silence by students to meet the requirement of a pass, some who did not write at all and others who created fictional accounts of idealised practice. This action appears to differ from students' experiences in this study because they were actively keeping two different documents. The personal diary therefore provides a medium for student voice recording experience that is significant in terms of self, rather than satisfying criteria for assessment. Getcliffe (1996) draws attention to this distinction in relation to defining the purpose of reflection as part of assessment of practice. In short, helping students to develop reflective skills is different to that of assessing their skills or demonstrating levels of reflection.



Johns (1998) advocates the importance of developing awareness of self within his model of structured reflection. The reflective cues were initially based within the context of Strauss and Corbin's (1990) paradigm model which Johns (1994) elaborated by splitting description of clinical experience into a phenomenon with causal and contextual parts. This action, however, needed to be revised in light of interference with practitioners' ability to tell their stories. (My personal and professional experience of using this model also found that the dissection of clinical experience into composite parts at the initial stage of description interfered with the ease of exposition). The importance of creating opportunities for individuals to tell their stories was therefore re-iterated by Johns (1998) citing the work of Mishler (1986) as helping practitioners: 'to give meaning to and express their understanding of their experience' (p75). The value of acknowledging self in promoting reflective practice also appears within the same publication. Johns provides a journal extract that outlines a story of care within the context of his structured model of reflection. This account demonstrates the 'personal' aspect of the learner by inclusion of his extent of concern for the patient and subsequent management of anxiety arising from this caring situation reflecting what Johns refers to as: 'who I am as a person' (p7). Whilst Johns appears comfortable in communicating this somewhat personal information about his encounter, inviting scrutiny from others, this action differs from students' experiences in my study as they did not wish to share their personal diaries. More specifically, there was a general reluctance by students to share experiential writings with qualified practitioners, an important observation that I take up later in this discussion. This would suggest that these students were using their personal diaries for their own means in terms of describing experience or telling stories albeit as dialogue between student and inner self. The flexible nature of such documents can be viewed as useful in terms of reducing potential external interference with the students' ability to document clinical experience or 'tell their stories'.

### ***Recognising feelings: significant emotional encounter***

In this study students were also using their personal diaries as a means of recognising and expressing feelings. In many cases, these were associated with stressful

situations and the act of writing was in itself cathartic. The students perceived these personal descriptions as valuable in their own right. Baker (1996) placed emphasis on developing the affective domain of practitioners as a desirable characteristic in the nursing profession. A key component of this development relates to the individual's experience which 'most profoundly speak to them', as creating the greatest potential for personal and professional growth. The experience within my study places the role of the diary as helping the student recognise feelings associated with personal experience of caring within the nurse-client/patient relationship. This recognition of 'significant emotional encounters' included both rewarding and uncomfortable clinical situations. The articulation of feelings within personal diaries helps to provide the student with evidence of charting personal and professional development. For example, the significant affective aspect of caring for individual clients/patients and relationships to perceived levels of professional competence. Issues recorded in such documents included fear due to lack of professional competence and joy in terms of celebrating personal nursing achievement. Furthermore, students also articulated feelings in relation to coping with situations of conflict including monitoring role performance of other more experienced practitioners or 'being critical'. It should be noted that the students were using their personal documents as a way of expressing levels of emotion by recording significant feelings at the time of the event (or shortly afterwards), rather than suppressing their emotional response to clinical situations. Moreover, they used the personal diaries as an opportunity to explore more affective components of caring rather than concentrating on purely technical tasks.

### **Means of '*referencing*' experience: identifying personal theories of action?**

The study demonstrates that students were recording descriptive narrative in personal diaries as a means of collecting information or *referencing* clinical experience. These commentaries were in some cases used as the basis for identifying relevant themes for sharing with other peers and in one group with qualified practitioners within reflective group discussion. Personal documents were also used to identify 'critical incidents' as the foundation for more structured reflection in formal journal

documents submitted for assessment as dialogue between student and lecturer. This would support the act of 'storytelling' recorded within documentary sources as helping the learner acquire the foundation for reflective practice. Taylor (2000) describes this process as the practitioner 'creating images', where initial stories and representations appear to have little or no relation to one another. These images then enable the learner to start to identify themes as part of reflective practice, which provide insight 'into something more meaningful'. This is critical because these clinical descriptions provide the foundation for reflective action. By creating the opportunity for students to honestly record authentic practice experience, the personal diary ensures potential material for the development of themes that have clinical relevance to individual learners. These writings provide the foundation for experiential learning in terms of the process, rather than the outcome of reflective activity through the identification of personal theories of action.

### ***Personal knowledge***

The outcome of keeping a personal document suggests that the students in this study were constructing personal knowledge in relation to their experiences of nursing practice. This reflects a current debate within the nursing literature. Rolfe (1998) cites personal knowledge as that derived from the individual's need to generate 'personal theory' or theories-in-use. Rolfe's call for expanding nursing knowledge suggests that personal theory is different to 'scientific theory' because it 'structures personal and experiential knowledge'. Moreover, personal theory building about individual nursing practice can only happen through 'reflection-in-action' as part of nursing in the practice setting. Academics and researchers, who are not practitioners, cannot construct Rolfe's view of 'personal theory', rather it is generated and owned by nurses who are directly engaged in practice. The deliberate use of the term 'personal theory' distinguishes that which is 'personal to the practitioner' and 'specific to the situation it is derived from'. Thus, this type of theory 'is not generalisable in the same way that scientific theory is'. These collective issues are of specific interest to the use of journalling because the author then links personal theory with that of professional judgement. This relationship previously described by the author, points towards the formulation and act of testing personal theory as the

result of 'praxis', or 'the coming together of theory and practice as a unified whole' (p51). Warelow (1997) supports nursing as a form of praxis with his analysis of an array of different authors and professional practitioners suggesting that critical reflection on one's own practice is fundamental in order to understand the internal and external constructions of personal theories that govern practice. Praxis entails both thought in terms of theorising and action in terms of practice and ideally they should form a 'complementary relationship'. He argues strongly that documenting individual practice using techniques which include journal keeping adds 'aesthetic and ethical qualities' to the knowledge base of nursing, citing examples of 'experienced wisdom' as beneficial to both inexperienced and experienced nursing staff. Whilst I would agree with this general call for documentary evidence of nursing practice exemplars, 'experienced wisdom' is not the only source of valuable nursing knowledge. By encouraging student nurses to use personal and professional journal sources as a strategy for learning, this may prove helpful in enhancing reflective action in future practice situations. Furthermore, when students become practitioners who are able to practice 'experienced wisdom' they will be in a better position to articulate the knowledge base of nursing for the benefit of future practitioners. This explication of personal theory as that directly linked to practice can also be likened to developing lifelong learning skills. This is a critical factor in developing future expert nurses because these individuals will then be able to access what Rolfe (1998) describes as the ability to 'construct a personal theory based on relevant personal, experiential and scientific knowledge'. The reflective practitioner is one who uses 'experiential know-how' acquired by reflection-on-action away from the clinical setting and reflection-in-action as reflexive experimentation with the 'generation of knowledge and theory in practice'. Extrapolating these ideas within the context of this study identifies student nurses who were involved in collecting narrative as reflection-on-action, shortly after the event or at the end of the working day. They were also able to experiment with these initial ideas in subsequent practice opportunities within clinical placements. Whilst the learners were predominately involved in acquiring Rolfe's (1998) 'experiential know-how', the act of diary keeping may go some way to helping students acquire personal knowledge, thereby developing 'personal theory' or that related to the construction of 'theories-

in-use'. A major strength of using personal diaries lies within its ability to provide a place to experiment with ideas that are directly related to relevant clinical experiences of caring for patients/clients. This is reflected in the literature where diaries can be used to help learners reflect upon their observations and question their own and other practitioners' clinical reasoning using 'stories of clinical experiences' (Tichen and Higgs, 1995).

The descriptive narrative contained in the private diary can be considered as dialogue between the student and inner self and is a valuable activity in its own right. The flexible structure of this document suggests that the student is able to process experience that is significant in terms of learning in relation to personal growth, rather than the need to satisfy assessment criteria. The use of informal language and uncensored expression also offers the potential for cathartic recording of difficult practice situations. This action may also go some way to reducing the external interference with the student's ability to provide authentic and honest accounts of their clinical stories of nursing practice. These documentary records can provide valuable description in terms of building up a collection of clinical experience records as the foundation for further reflective activity such as group discussion or structured reflective professional journal documents. The processing of clinical experience in diaries can help the student assimilate personal knowledge or informal theory about caring for patients/clients. In summary, the diary provides a useful mechanism in terms of monitoring the practice of one's own role performance and where appropriate the role and performance of others.

### **Reflective peer group discussion: interpreting experience as dialogue between self and others**

The next step of journal writing in this study involved the opportunity for the student to share selected writings originating from their personal document with others within reflective group sessions. Whilst the value of dialogue between student and inner self in the form of a personal diary has already been discussed, it is clear that sharing clinical experience with others as part of peer group discussion is a valuable adjunct to journal writing. This method of learning where the lecturer acts as a



resource by encouraging students to express concerns and integrate theoretical perspectives within the context of clinical experience has been used in pre-registration nursing (Burnard, 1998b; Lister, 1989; Riley-Doucet and Wilson, 1997) and post-registration nursing education (Durgahee, 1998). The benefit of reflective groups can be viewed in terms of constructive dialogue with others as helping the student to make connections between clinical experience and experiential learning.

### **Collaboration**

Riley-Doucet and Wilson's (1997) findings support the use of peer group discussions because they helped reinforce the students': 'ability to articulate their experience of critical thinking and analyzing clinical incidents for their own learning' (p966). Furthermore, the inclusion of group discussion within journal activity positively influenced the reflective process because of the opportunity for feedback. Durgahee's (1998) research into reflective practice also illustrated that student learning was enriched by having others involved in the process. The main difference between my study and those of Riley-Doucet and Wilson (1997) and Durgahee (1998) relates to the composition or membership of such reflective groups, namely, inclusion of clinical practitioners. Students in my study were reluctant to share their personal and professional documents with practitioners involved in their clinical experience. This is a distinctive difference, which I now take up, drawing attention to the potential for unequal distribution of power and control that practitioners may exercise over the student in reflective group sessions.

Durgahee (1998) reported on the sharing of clinical experience within reflective group sessions conducted in post-registration nursing provision. He sought to discover educational concepts which could be used by nurse teachers to facilitate reflection and described the emergence of the key concept of collaboration within reflective groups which is relevant, because it forms the basis for constructive dialogue. Durgahee's sample consisted of qualified nurses undertaking a diploma course in 'Care of the Dying' who were required to keep 'personal reflective diaries'. The students were invited to share diary experiences with others as part of 'reflective diary sessions'. The others included the lecturer (as researcher) and a

colleague who was experienced in bereavement counselling. The potential for researcher bias in the conduct of such 'reflective diary sessions' and interviews is noted but it is unclear whether the researcher as facilitator was directly involved in any formal assessment of the students' work. However, the notion of collaboration as a critical factor in the context of journaling is also a factor in my research findings. Whilst the students commented favourably in terms of the value of reflective groups in enhancing interpretation of their clinical experience in the presence of the lecturers, they also clearly indicated difficulties in sharing ideas in groups where qualified practitioners were present. The main difference between Durgahee's sample and this study relates to the nature and observation of clinical experience as the basis for reflective group discussion. Durgahee's student sample were all experienced practitioners working in different clinical settings and all involved in the common pursuit of sharing experience as a basis for learning. Durgahee's 'reflective diary sessions' identified the strong collaborative nature of experiential learning, which meant 'redefining the locus of control in the classroom' from teacher-centred to more 'mutually supportive collaboration between students and the teacher'. The student nurses involved in my research study were expected to share their descriptions of clinical experience with practitioners who were often directly involved as observers and/or participants of such experience. This requirement creates the potential for unequal power distribution, in that students were required to share their descriptions with more experienced colleagues who in turn have the advantage that they do not have to offer any similar self-evaluation for scrutiny by other group members. In this way, the qualified practitioners are not viewed as peers in the same way as other students who offered their experience as the basis for learning. Translating the notion of collaboration within the context of my study, the students did identify that the lecturers involved in reflective group discussion were generally supportive and helpful in facilitating learning, but they had reservations about qualified practitioners' attendance in group sessions. This may not seem surprising given the influence of power relationships operating within clinical settings. Ferguson and Jinks' (1994) review of the literature in this area cites the powerful influence of the practice setting in transmitting values to student nurses who risk rejection by ward staff if such values are questioned. This 'redefining the

locus of control' needs to also take account of qualified practitioners if they are to become active collaborators in facilitating reflective practice. The fundamental question is whether practitioners are truly active constructive participants of such groups.

### **Constructive dialogue**

Palmer (2000) also suggests the importance of exploring personal experiences with others, this time in the context of qualified practitioners developing new clinical roles. Her reference to 'constructive dialogue' centres on the need for professional respect and 'enabling relationships'. This link between enabling relationships and support through constructive dialogue appears to be absent in relation to the student experience of qualified practitioners attending reflective group sessions in my study. The findings identified that in some cases, the students described a lack of professional respect for qualified practitioners involved in their clinical experience. This is an important observation because Palmer suggests mentoring relationships promote 'personal and professional development'. The need to engage in this 'actively enabling relationship' where the mentor and practitioner can critically examine and share experiences through a 'partnership of mutual trust and reciprocity' is emphasised (Palmer, 2000). There are indications arising from my study that the group relationship between students and practitioners, who in many cases were mentors, did not necessarily share these peer ideals. Students did not have a choice about attendance in reflective groups and the qualified practitioners who attended these groups were not their peers. In contrast, qualified practitioners often have practical choices in seeking effective professional support from their peers, which Palmer advocates as a basis for encouraging critical reflection.

### ***Writing the right thing* - Professional journal: evaluating experience through dialogue between the student and lecturer (stage two)**

The second stage of this reflective journal process involves the use of a professional document for the purpose of assessment. The category *writing the right thing* points towards the students' awareness of differences between personal and professional documents. The aim of the journal is, therefore, about the students' need to

demonstrate academic achievement with the motivation of producing work capable of getting a good mark. The reflective journal is different to the personal diary because it adopts a more structured approach to learning, offering formal dialogue between the student and lecturer. Burnard (1991) claims that the reflective journal can be distinguished from the diary, primarily because of its structure. Namely, there is an attempt on the part of the author to structure thinking and subsequent recording of everyday clinical practice. He provides a list of headings to structure reflective journal content but suggests these can be modified by individual learners according to their own specific needs. The importance of structure is qualified in relation to helping people to start keeping a journal, providing impetus for continuing with this practice and stimulating the overall reflective process.

### **Critical thinking**

Chapter one suggested that the act of writing using the journal approach enhanced student critical thinking skills. Riley-Doucet and Wilson's (1997) students were expected to base their reflective journal writings around 'unique aspects of their own learning as an outcome of group discussion' and written documentation as proof of 'evaluation of their progress in meeting clinical behavioural objectives'. The evaluative data suggest difficulties with students attempting to demonstrate critical thinking in reflective journal entries due to 'lack of readiness and orientation to the construct of self-directed learning'. This raises implications for practice which the authors suggest requires the student to understand the construct of self-directed learning and the subsequent link to journal writing as well as the need to include 'self' when analysing critical incidents. These findings differ from my study where the students submitted evidence of critical analysis including aspects of self-awareness within journal documents submitted for assessment. This may reflect the design of the undergraduate student nurse programmes and/or the commitment of lecturers in promoting and enhancing reflective practice in sample groups. The concept of reflection is now implicit within most pre-registration nursing curricula, encouraging critical thinking and problem solving (Parker et al, 1995). The lecturers in my study were both actively involved and appeared genuinely enthusiastic in helping students to interpret clinical experience through the use of structured

approaches to reflection in group settings. Supportive course documentation also provided the rationale for adopting journal writing and reflective practice.

### **Grading of student experience recorded in journal document**

The use of reflective journals in this study uncovered students' reservations about the grading of subjective experience, with lecturers attempting to put a figure on clinical experience. Whilst assessment clearly provides an incentive for the students to keep personal and professional documents, the value of subjective experiential learning recorded in personal diaries was not always reflected in professional documents where evaluative judgements were made by others. This is critical in terms of the value of the process of personal narrative versus the need to interpret experience within the wider professional knowledge base or outcome of the assessment of journals. Students require the discipline of the assessment not to distort the value of the learning process. The problematic nature of lecturers assigning grades to student reports of experiential learning has also been reported in the nursing literature. Wellard and Bethune (1996) were critical of the extensive practice of journal writing in nursing courses, challenging academics to confront the power relationships established by adopting journal writing in an uncritical way. Their experience of using the journal approach moved away from grading because it was found to be 'incredibly problematic'. Whilst pass grades were offered to students who completed journals, there was no attempt to link journals with criteria for more elaborate grading. The authors were not suggesting abandoning the use of reflective writing in teaching, rather they raised searching questions about whose interests were best served when journals are used in classroom settings. Similarly, Greenwood (1993b) advocates that reflection-on-action away from practice (without the presence of nurse lecturers in the practice situation), creates the 'real risk' that students will articulate 'conceptual underpinnings they assume nurse teachers will want to hear'. More specifically, what is important is expressed in terms of satisfying criteria for assessment. In these circumstances, she questions the authenticity of student accounts, claiming such actions help to consolidate rather than reduce the theory-practice gap. This suggestion of writing for lecturers can also be found in Cameron



and Mitchell's (1993) dialogue on the use and misuse of journals where they highlight the concept of the 'student/teacher game'.

### **Defining the boundaries of acceptable evidence**

*Writing the right thing* is about establishing and defining the boundaries of acceptable evidence for assessment purposes. As a way of trying to secure *getting a good mark* the student attempts to find out 'what the lecturer wants'. The process by which students attempt to establish and define the boundaries of acceptable evidence required for the purpose of assessment, meant that in some cases they explored the linkage between clinical practice experience and statements of professional competence. This is problematic because in performing this task, some students felt they were driven to make connections that may not have occurred in the natural setting and make links that were considered restrictive or in some cases, contrived. Recent developments in student nurse education with its emphasis on more competence driven curricula, coupled with the extensive use of reflective journals as an assessment method, make this an important finding.

### ***Writing for dramatic impact: critical incidents***

One way of managing the work for assessment purposes includes the use of documenting critical incidents or *writing for dramatic impact*. The critical incident technique that was first developed by Flanagan (1954) has been used in nursing education and practice in a number of ways. Perry's review (1997) of the nursing literature suggests this technique has been used to develop understanding of the role of the nurse, as an educational tool for assessment and evaluation, and to foster reflective practice. The relationship between experiential learning and critical incident analysis has been explored by Parker et al (1995) who propose the concept of reflection as integral to using this approach. The use of the critical incident technique in relation to this study clearly illustrates these principles. The findings, however, point towards students' perceptions that negatively biased incidents were more interesting for the lecturer to read than more positively focused events. These accounts of difficulties in practice reflect the general student perception of what constitutes something meaningful to others and is therefore more likely to secure

*getting a good mark*. This pattern of students choosing to record difficult or negative clinical incidents to show lecturers evidence of challenging role performance, places emphasis on *writing for dramatic impact* primarily to impress the reader. What is surprising is that this action was contrary to the direction of course documentation, which encouraged exploration of positive as well as difficult clinical events. The need to address the balance between documenting uncomfortable and comfortable feelings is emphasised by Taylor (2000) who warns practitioners of difficulties when concentrating solely on confrontation as the basis for reflection. The reflective nurse practitioner needs a balance between positive and negative reflection in order to maintain reflective activity. The issue of timing of reflective activity was also considered in that it may be difficult to deal constructively with an issue at certain points in one's life. Taylor proposes if you 'know you cannot do justice to it at a certain time in your life - leave it until you are in a better frame of mind'. This action is not advocating that practitioners remain blind to the problem, more about delaying agendas for more constructive action. The term critical incident may in itself help to conjure images of something out of the ordinary and by implication of high significance, this may not always reflect the most appropriate course of action for student nurses. Heath (1998) drawing attention to the work of Johns (1994) notes the necessity to reflect on everyday experiences or that considered as mundane as well as critical. The point here is that everyday practice is where ritualistic and habitual processes are most likely to occur and are in most need of reflection.

The obvious disadvantage with the use of critical incidents for course assessment was highlighted in Perry's study (1997). Whilst this research relates to post-registration students there are similarities to the category of *writing the right thing*. Perry observed that 'students may write what they think will get them the best mark' but suggests that this factor should not in itself 'invalidate the assignment' because these critical incidents provide indicators of the lives of nurses. She also proposes that no source of information is without its bias and limitations and focuses on the authenticity of events recorded in formal assessments. She suggests that whilst some events could be verified by lecturers, the 'literal truth' of the incidents could be

considered irrelevant. In short, even if the students had contrived such situations these would still have been rooted in their clinical experiences.

### **Challenging practice**

The journal documents submitted in this study revealed a high level of self-disclosure from students who were actively involved in challenging both their own and other practitioners' actions. Examples of *writing for dramatic impact* relate to professional issues that impacted on self and as well as recording learning 'how not to care' from observations of other practitioners. These accounts of questioning power relationships were substantially revised or sanitised from personal writings recorded in diaries. For example, informal grammar, uncensored expression and 'swearing' were changed to reflect a more professional record of clinical experience in terms of structure and form. Similarities can be found between these findings and those of Perry (1997) in terms of the content of assessment documents recording situations of conflict within workplace settings albeit these students were qualified practitioners. Common sources of reported conflict included interpersonal disagreements between colleagues, other professional groups and patients. Interestingly, these student scenarios presented in Perry's study also revealed poor quality care, unprofessional behaviour and ineffectual management illustrating ethical dilemmas for students' journalling in practice settings. The assignments revealed that students were not only able to identify these issues but also highlighted the attitudes and skills of the protagonists. Perry suggests the students were largely unfamiliar with the overt skills of reflection and that critical incidents presented opportunities to raise the educational profile of the skills required addressing such issues. However, the time required to acquire and cultivate these skills such as interpersonal and stress management, competed with parts of the curriculum that focused on more technical aspects of nursing. The ability of the critical incident technique to reveal insight into the working lives of nurses and its capacity to facilitate reflective practice, however, was effectively demonstrated. Having reached this conclusion, Perry then went on to illustrate that her findings raised the general difficulty of this type of investigative study, namely whether the development of reflective practice results in actual change in practice. Within the context of student

work identified in my study, the evidence of change could be attributed to using the journal as a way of interpreting and evaluating clinical experience within the wider context of professional knowledge. These journals also included evaluative judgements in terms of learning in relation to self.

### ***Contextual knowledge***

The academic requirement to legitimise experience using contextual or professional knowledge situates the documentation of clinical stories within structured reflective action. This requirement provides the lecturer with evidence of student learning in relation to the development of professional orientated knowledge. All students involved in this study demonstrated evidence within journals of utilising referenced literature, citing structured models of reflection and subject-specific sources in order to interpret and evaluate experiential learning. This action can be likened to Schon's (1987) exposition of 'technical rationality' that rests on an objectivist view of reference to scientific facts. This provides the basis for making professional knowledge explicit. Schon draws attention to the potential for 'crisis of confidence in professional knowledge' when preparing professionals for the demands of practice. For example, the premise of technical rationality adopted by universities perpetuates the idea that practical competence becomes professional when problem solving encompasses systematic use of scientific knowledge. In other words, there are legitimate concerns about the gap between the 'prevailing conception of professional knowledge' as espoused by professional educators and 'actual competencies required of practitioners in the field'. The journal documents make reference to developing professional knowledge by exploring subjective practical experience within the context of theoretical underpinning. The students, however, also highlight the value of exploring experience within the context of scientific orientated knowledge as a way of developing professional identities. Journal documents do illustrate the potential for tension between espoused theories and associated expectations and theories-in-action or the reality of clinical practice. These often-unfulfilled expectations describe the acquisition of professional knowledge or that espoused by the profession and recognition of contrasting theories-in-use which often govern practice.

### **Summary stage three: *developing a broader perspective***

The category *developing a broader perspective* drew attention to the interplay between the personal diary and professional journal as the outcome of *playing the game*. The sum of these aspects of journal writing provides valuable insight in terms of developing student learning and reflective practice. As Taylor (2000) suggests, journal writing can develop links between 'private and work worlds' in terms of the nurses' understanding of personal and professional identities. The process of keeping a personal and professional document for assessment was found to be very demanding in terms of student workload. The valuable learning arising from keeping personal diaries was not necessarily reflected in the outcome or the evaluative judgement placed on the reflective journal. This draws attention to the relative values of either enhancing the process of developing skills of reflection or the assessment of reflective skills. The interplay between the two documents can be directly related to what Bryant (1996) refers to as interplay of 'scripts'. Whilst he deals with reflective practice alongside issues of action research and is critical of some academic literature in terms of the 'over-elaborate theorising' of these processes, the notion of 'questioning experience and habitual ways of doing things' appears relevant to journal writing. The core category *playing the game* acknowledged Bryant's ideas of monitoring performance in practice through the use of scripts. In other words, actions can be viewed as activity that is scripted in terms of defining and enabling practices. This research identified that students were engaged in producing different types of scripts (personal diary and professional journal) and that the interplay between these documents provided examples of monitoring role performance arising from personal and professional practice. The following passage from Bryant serves to illustrate these ideas:

Professionals are often required to produce scripts in their public roles, but anyone can be a private author of his/her own practices by keeping a journal or diary as a medium for, and record of, reflection. The reflective practitioner is someone who reads practice as script and who also builds a public and personal practice through the creation and interplay of scripts (1996:118).

This interplay can also be seen in Rolfe's (1998) 'reflexive nurse practitioner' who is able to integrate aspects of personal, experiential and scientific knowledge to practice



situations. Modification of practice is the response to change in the practitioner's knowledge base and 'reflexive practice is therefore a continuous state of development'. The role of journalling as a way of making conscious the integration between personal and professional knowledge is identified in this study and this observation can be transposed to the development of professional judgement. Rolfe's (1998) model of professional judgement lays claim to the integration of personal, experiential, scientific knowledge and reflection-on-action, reflection-in-action and personal theory. The model points towards a process whereby the practitioner generates further knowledge and brings about change in practice through the generation and subsequent testing of personal theories. It should be recognised that this model is based on the author's experience as a nurse and teacher and as such is not claiming scientific knowledge rather 'experiential theoretical knowledge based on clusters of paradigm cases'. What is of direct interest is Rolfe's reference to the use of reflective diaries and critical incident analyses as the basis for 'reflection-on-action'. The personal knowledge derived from these processes enables the practitioner to construct 'experiential knowledge', which in turn can be used to generate 'personal theory' or 'reflection-in-action'. Rolfe concludes that personal knowledge when supported by experiential and scientific research-based knowledge can help to reduce the gap between theory and practice of nursing.

According to Rolfe (1998) the student nurse is able to quickly tap into 'personal knowledge' about individual patients/clients and this is usually the first to develop. As the students engage in formal education they then start to build up scientific knowledge which ideally should complement the personal knowledge. He points towards the general tendency on the part of students to reject personal knowledge at the expense of scientific knowledge to inform practice. Importantly, as the student gains more experience the individual paradigm cases that make up personal knowledge start to cluster around different patient care issues and these form an 'experiential knowledge base'. This action marks the beginning of professional judgement where students often identify a theory-practice gap. According to Rolfe, many academics and practitioners do not acknowledge the importance of personal or experiential knowledge as significant as that of scientific knowledge as a foundation

for practice. In this way he draws attention to the need to expand the scope of formal generation of personal knowledge and theory as well as that of scientific knowledge and theory. These ideas are located within the findings of this study, and the process of journalling including personal and professional documents may be one way of acknowledging personal knowledge and theory and valuing this within the context of caring.

### **The role of journal writing in developing reflective skills**

Atkins and Murphy's (1993) literature review of reflection sought to identify the skills required to engage in reflection. Their analysis revealed three key stages: awareness of feelings, critical analysis of feelings as well as knowledge and developing a new perspective. The identification of these processes was seen as important to using reflection as a learning tool. Implicit within the review of this literature was the assumption that certain cognitive and affective skills were necessary to engage in reflection, namely: self-awareness, description, critical analysis, synthesis and evaluation. Of direct relevance to journal writing is the breakdown of these skills: (a) developing self-awareness in terms of 'honest examination' of how the situation affects an individual and vice versa; (b) the ability to describe either verbally and/or written to enable learning; (c) critical analysis of knowledge and its relevance to the situation; (d) the integration of new knowledge with previous knowledge; and (e) placing evaluative judgements about the value of such experience. From their analysis of definitions and processes of reflection in the literature, these key stages in the reflective processes were identified and represented in the form of a model.

Extrapolating these reflective processes within the context of these research findings the process of journal writing identified different stages of activity. The first stage was to keep a personal diary as a way for students to honestly describe their clinical experience within a safe forum. These documents also contained reference to the use of uncensored expression, about the role performance of self and where appropriate that of other practitioners. Students were also offered the opportunity to interpret their experience as dialogue between self and others in discussion groups. The formal

journal document submitted for assessment suggested that the students were integrating their personal knowledge with reference to the wider professional knowledge base. This structured dialogue included reference to reflective models (or combinations of models), however, these were not applied in a rigid fashion. Finally, the students were placing an evaluative judgement about the value of their learning in and communicating this as dialogue between student and lecturer.

The extensive review of the literature demonstrates the prominence that reflection has gained in the context of nursing over the last twenty years (Atkins and Murphy 1993; Greenwood, 1993a; Carr, 1996; Marks-Maran and Rose 1997; Heath, 1998; Powell 1998). It is accepted that the aim of reflection is primarily to promote enhanced understanding of practice, however, there are indications that it has been more widely used to support the theoretical aspects of nurse education programmes rather than actual practice, and when used in practice settings it is often in a 'generally uncritical way' (Powell, 1998). Powell suggests that the over-emphasis on the usefulness of reflection in terms of practice learning has largely ignored the operational practicalities and concludes: 'It is therefore doubtful whether therapeutic practice has been developed or enhanced by its use' (p21). Andrews et al (1998) also raise concerns about the 'positive light', both in the historical literature and within the contemporary nursing profession of engaging in reflection in professional practice and draws attention to the lack of empirical evidence that reflection brings about change in practice or any 'specific benefits to patient care'. Such views are contested by others where practitioner experience and reflection have been used as the basis for generating guidelines which aim to foster reflective practice in therapeutic practice settings (Palmer et al, 1994; Johns 1998; Taylor, 2000). With conflicting evidence from practice it is important to position the role and value of journal writing in education with clarity of purpose and recognition of its limitations.

Having explored the implications of the substantive theory, *playing the game* for education and practice, in line with the guidance offered by Silvermann (2000) it is now my intention to highlight how these findings may relate to more general issues outside the scope of the original research topic.

## **The role of journal writing in developing life-long learning skills**

Whilst the research was primarily related to student nurse pre-registration education and training, there appears a more general implication of this work in relation to continuing professional development. The study supports the use of a staged approach to journal writing that encourages students to keep two separate documents, a personal diary and a professional journal. The introduction of journal writing to students undertaking pre-registration education and training may therefore contribute to the development of life-long learning skills required in portfolio development, which is a requirement of post-registration education and practice standards. The implementation of the *UKCC Standards for Post-Registration Education and Practice* has sought to improve standards of patient and client care by offering a framework for education and practice. This wide-ranging initiative was designed to enable practitioners to maintain and improve their standards of knowledge and competence achieved at the point of registration (UKCC, 1995). These mandatory requirements ensure that each practitioner maintains a 'Personal Professional Profile' throughout their career, which has two key functions:

- Contributing to your professional development by helping you to recognise and appreciate your abilities, achievements and experience.
- Providing an information source on which you can draw in order to collect material about standards of education following registration. (UKCC, 1997:13)

The 'Personal Professional Profile' makes reference to the regular process of reflection, recording learning from everyday experiences as well as planned learning activity (UKCC, 1997). The profession draws attention to the use of separate sections within the profile relating to the personal or that which is confidential and the professional or that required by the UKCC for the purpose of audit. Three broad steps are outlined in building the profile which include: a) reviewing experience; b) self-appraisal; and c) setting goals and action plans. This guidance highlights the value of description in terms of documenting practice and dialogue in terms of self-appraisal with colleagues, managers or supervisors. The contribution of journal writing to the acquisition of the skills required in the appraisal of practice experience

and reference to dialogue have been highlighted within the findings of this research. Parallels can also be found between the organisation and documentation of information required for the purpose of the 'Personal Professional Profile' and the student nurses in this study.

For example, the organisation and documentation of information within the profile must be flexible and the practitioner may decide to keep two separate sections: 'one containing confidential information and the other containing material which the UKCC may require for audit purposes' (UKCC, 1997:14). The emphasis on flexibility, accessibility and confidentiality suggests that practitioners are able to customise their documentation and this point is reiterated in the guidance 'There is no such thing as an official profile document' (UKCC, 1997).

Pre-registration nurse education programmes will be required to meet the core competencies as defined by the UKCC (UKCC, 2001) and the knowledge, skills and attributes as stated by the QAA Subject Benchmarking Statements for Nursing (QAA, 2001). Both sets of guidance require nurses:

- To be reflective practitioners
- To develop the skills of evaluation
- To practise from an evidence base
- To be educators
- To develop life-long learning skills

The use of a personal diary and a professional journal can contribute to the acquisition of all these skills and the desired outcome. Health care practice is becoming increasingly prescribed through National Service Frameworks, Protocols, Evidence-Based Practice, Care Benchmarking and Standards of Best Practice. The key skills of evaluation, education, reflection and recording and sharing within the rules of confidentiality are generic to all forms of care benchmarking. The use of journalling can therefore contribute to the ongoing application of these key skills. The overarching Quality Assurance Framework for education and practice to which



the above key skills are so important, is Clinical Governance. This is the cornerstone of *The NHS Plan* (DoH, 2000). The potential contribution of journalling has relevance to education, practice and continuing professional development.

Finally, the research also raises broader social process issues than those encompassed within the original research topic. The conflict outlined by the students arising from functioning in two distinct settings - theoretical preparation for practice (espoused theory) and practice placements (theories-in-use) - suggests that there were structural issues related to power relationships operating in clinical settings. The finding that students were reluctant to share their personal and professional documents with practitioners involved in clinical experience suggests such conflicts of interest. However, with the current policy directions of closer co-operation between theory and practice, this issue must be addressed.

### **Evaluation of the research**

This research has contributed to the otherwise sparse literature in relation to student nurses' perceptions of the value of reflective journals as used in nursing education and practice. The research has answered the questions posed at the outset of the study, namely:

- How do undergraduate pre-registration nurse students perceive the value of reflective journals as used in clinical education and practice?
- How are actions influenced by others in reporting and documenting clinical experience?
- How do students manage the process of writing and structuring journal content?
- How are ethical issues in relation to access and assessment of documents managed?

This grounded theory study has explored the process of keeping reflective journals rather than focusing primarily on the outcome of their assessment. The discipline of the research design in terms of technique and procedure indicates the study adopted a credible grounded theory approach. *Playing the game* is grounded in the data and

contributes to the body of knowledge in the area of reflective journals. Implications arising from this study, therefore, have useful application. As Strauss and Corbin (1990) advocate:

The purpose of grounded theory method is, of course, to build theory that is faithful to and illuminates the area under study (1990:24).

The limitations of the study relate to the relatively small sample of students. Whilst theoretical sampling was evident, the opportunity to study the phenomena in different situations and contexts was limited. The obvious commitment of the lecturers involved in the research samples and the support offered to students in facilitating reflective practice may not be typical of the wider community. Equally, the level of educational preparation of the fourth year undergraduate students meant that they were operating in a relatively sophisticated manner. It would be useful to examine how more novice student nurses manage the process of keeping personal and professional documents. These issues raise implications for further research in terms of the need to build on this grounded theory in order to examine the use of reflective journals in a variety of situations and contexts.

### **Personal reflections on the research process**

I found the opportunity to increase my proficiency in grounded theory and practising the procedures very stimulating. The study represented a natural progression from my earlier research (Whitemoss, 1991) and the inclusion of multiple data collection methods such as participant observation enabled more active involvement in the research process. The findings of this study have challenged my views in relation to my professional experience of facilitating reflective journal writing. The opportunity for active involvement in research has also developed my professional practice as a lecturer with enhanced research skills now complementing my teaching.

There were a number of practical constraints in the conduct of this research which included access to research sites and personal circumstances. It was disappointing not to be able to pursue my original research idea, which included seeking practitioners' views of the value of student journal writing. This became apparent in

my attempt to organise interviews with practitioners, who were unaware that students in their clinical areas were keeping reflective journals, and therefore were not able to offer their views on such matters. It had also been my intention to explore the views of the lecturers involved in supporting the student samples. Whilst I was able to interview one of the two lecturers, unfortunately, sickness prevented my following up this aspect of the study.

The literature review (Chapter One) evidenced numerous anecdotal accounts of lecturer experiences of facilitating reflective journal writing. An important aspect of this research is the contribution it has presented in terms of exploring student nurses' perceptions of completing reflective journals. It would now be useful to extend the general research in this area to take account of the views of practitioners involved in students' clinical experience and also the lecturers involved in monitoring students' reflective journals. Implications for further research may also include the need to consider the outcome of journal writing in terms of whether reflective deliberations about clinical experience are translated into action in practice settings.

## **Conclusions**

The outcomes of this research suggest that it is important to position the role and value of journal writing in nurse education, with clarity of purpose and recognition of its limitations. The study supports the use of a staged approach to journal writing, which encourages students to keep two separate documents: a personal diary and a professional journal. This provides a medium for dialogue of and with practice, which involves the description, interpretation and evaluation of role performance of self and where appropriate other practitioners involved in the care process. In chapter one, a list of provisional definitions of the terms used to describe journal writing within the context of nursing were generated (see page 20). Following completion of this study, I now return to these titles and draw upon the emergent grounded theory to strengthen their contribution and offer a typology of usage:

**Personal learning diary** - *An informally structured dialogue between the student and inner self, which provides a descriptive exploratory record of clinical and educational experiences.*

**Professional reflective journal** - *A formally structured dialogue between the student and lecturer, where the student reflects on clinical experiences in order to provide an evaluative judgement of personal learning and professional development.*

Whilst assessment of journals appears to provide the student with motivation for journal writing, the assessment of such documents may distort its contribution to the value of the learning process. The use of critical incident recording in journals suggests that students choose to record difficult or negative events to impress the reader.

Students are also reluctant to share their personal and professional documents with practitioners involved in their clinical experience. This suggests perceptions of power relationships and conflicts of interest, namely the supporting of students who may be critical of practitioners' care.

The combined value of describing personal feelings in a diary and critically interpreting experience in a professional journal appears to enhance understanding and develop evaluative skills. The two documents enable student nurses to make sense of their social world and develop their overall learning through the medium of reflective practice.

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## **Appendices**

- Appendix 1**      **Institutional consent request (Hospital A)**  
**Institutional consent request (Hospital B)**
- Appendix 2**      **Clinical placement consent (Hospital B)**
- Appendix 3**      **Institutional consent University site (B)**
- Appendix 4**      **Student consent form**
- Appendix 5**      **Interview guide (1)**  
**Interview guide (2)**

## **Appendix 1      Institutional consent request Hospital A**

18 October 1994

Name

Clinical Nurse Advisor

Hospital Address

Dear Name

Further to our discussion regarding conduct of research within the unit, I enclose a brief summary of the proposal and formal request for access as directed to the course leader [University]. It is hoped to follow a group of students utilising this tool as part of reflective discussion in clinical settings. I have received confirmation of access from the University and it is my intention to ask all members involved in group reflective sessions for their individual (verbal) consent, prior to any commencement of research activity. The focus of the research is the use of student diaries and at no time will I involve patients in the study or observe clinical practice.

It is important to share any findings and considerations arising from the study and I would welcome an opportunity to discuss these with any interested persons at a later date in the form of a verbal presentation and supporting documentation.

Trusting this is helpful and looking forward to meeting with you in the future. Should you have any further questions, please do not hesitate to contact me.

Yours sincerely

Beverley Whitemoss

## Appendix 1      Institutional consent request Hospital B

27 January 1995

BW/LD

Dear

Further to our telephone conversation regarding the possibility of conducting research activity with the Unit, I enclose a brief summary of the proposal as directed to \_\_\_\_\_ at \_\_\_\_\_ University.

The aim of the research is to discover the process involved in keeping a learning journal and student nurses, lecturers and clinical perceptions of the relative value of such an activity.

In order to capture these processes it is hoped to follow a group of undergraduate students utilising this tool as part of reflective discussion in clinical settings. The group of students I have chosen and met with throughout a previous clinical experience are due to arrive in your clinical area for placement in February.

It would be helpful if I could act as a participant in the clinical sessions (to be negotiated) in order to explore how they use their journals as part of reflective activity.

I should point out that if access to these sessions is granted that it is my intention to ask all members involved in the group for their individual (verbal) consent prior to any commencement of research activity.

The focus of the research is the use of journals and at no time would I seek to involve patients in the study or observe any clinical practice.

Should access to sessions be appropriate I would welcome the opportunity to share my findings/considerations arising from the study to any interested person at a later date.

Trusting this is helpful and should you have any further questions, please do not hesitate to contact me.

Yours sincerely

**Beverley Whitemoss**

## Appendix 2      Clinical placement consent Hospital B

Beverley Whitemoss

Telephone enquires  
Please contact:.....Ext

Ref:

Date: 7 February 1995

Dear Beverley

In response to your letter regarding the conducting of research within my unit, from the information you have given me I cannot see any objection.

With regard to security, I would need to know the exact dates that you will be present within the hospital and I would organise a visitor's badge for you when you actually commence.

Please can you let me know when you will first be coming to the ward so that we may meet to discuss in more detail your actual involvement.

Yours sincerely

Senior Sister  
Ward



**Appendix 3      Institutional consent  
University research site (B)**

4 February 1997

Beverley Whitemoss,  
School of Health Studies,  
University of Bradford,  
Trinity Building,  
25 Trinity Road,  
Bradford, BD5 0BB

Dear Ms Whitemoss,

**Committee on the Ethics of Research on Human Beings**

*Undergraduate nurses keeping a learning journal: a personal reflection using grounded theory*  
(ref 960031)

I write to confirm that the Committee, at its meeting today, gave ethical approval to the above project. This means that there is no impediment to your approaching students registered at the University of                      but it might be in your interests to check with Bradford and Edinburgh to ensure that you are not exposed to any insurance claim should anything untoward happen.

We hope that the research proceeds well. Meantime I would be grateful if the students concerned complete the attached form and return it to me on completion of the project.

Yours sincerely,

Secretary to the Committee

## Appendix 4 Student consent form

### Exploring perceptions of the value of reflective journals\*

Beverley Whitemoss

(Personal details of researcher in case of contact)

#### **Informed Consent Form**

As you are aware the purpose of the research is to explore the process involved in keeping reflective journals and perceptions of the value of such activity. As part of the ongoing nature of consent, the process approach allows you the opportunity to revisit consent at different points of the study.

#### **Journal Document**

I hereby give permission for my journal submitted for assessment to be used as data for the above study.

I understand that the document will be copied and the contents coded and that my name will not appear in the copy.

The original journal will be returned to me.

The copy will also be given to me and I understand that I am free to exclude any content if I so wish.

The coded journal will be used as the basis of the next interview which is part of the method of data collection termed the diary:diary-interview method.

The final research document may include extracts from reflective journals submitted as data, however, no names of individuals/clinical areas will be identified.

Participant.....Date

Researcher.....Date

**\* The term used to describe the assessment document was adapted in line with that used by the different research sites.**

## Appendix 5 Interview guide

### Interview Guide (1)

The interview will commence with a broad question such as:

What are your thoughts about learning diaries?

Tell me about your experience of learning diaries?

I am interested in your comments on learning diaries and how you find using them?

<b>Experience</b>	Previous/present
<b>Value</b>	Usefulness –purpose
<b>Management</b>	Process of writing – how often? When?
<b>Content</b>	Clinical experiences? What do you write about?
<b>Structure</b>	Imposed – flexible? Feelings about structure? Strengths/weaknesses?
<b>Access</b>	Who? Feelings about access?
<b>Assessment</b>	Feelings about grading?
<b>Educational Input</b>	Preparation/guidance
<b>Evaluation</b>	What do you do with your diary? Do you ever look at it again? Implications for clinical practice?

## Appendix 5 Interview guide

### Interview Guide (2)

#### Diary-interview

##### Focus on document

Documents were coded prior to diary-interview in order to explore areas for consideration

- Experience** What do you think now?  
Any change from early interview?  
Terms used to describe document?
- Value** Usefulness of process of keeping journal  
Purpose
- Management** How often did you write?  
When, where?  
Mechanisms of documenting/structure?
- Content** Decisions about what to record  
Decisions about what to hand in – is there a difference?  
Individual questions related to the context of submitted journals
- Access** Document – share it with anyone?  
Practitioners?  
Reflective group?
- Assessment** Comments  
Feelings  
Award of mark  
Value in terms of assessment?
- Reflective Group** Function of journal  
Usefulness?
- Evaluation** Educational preparation  
Input/guidance?