

Navigating the second-year landscape

How student nurses construct an identity and engage with knowledge in the second year of an undergraduate degree

Karen Connor

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Department of Educational Research,
Lancaster University, UK.

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How student nurses engage with knowledge and construct an identity in
the second year of an undergraduate degree**

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This thesis results entirely from my own work and has not been offered previously for any other degree or diploma.

This thesis consists of 44968 words and therefore does not exceed the permitted maximum word count of 45000.

Signature 

Abstract

This thesis focuses on the second year of the undergraduate degree in nursing and how student nurses navigate the contexts of both higher education (HE) and clinical practice environments.

In recent years there has been an increasing interest in the second year of study, however most studies have focused on academic grades and performance and the HE environment, with a general lack of research in nurse education and the clinical learning environment.

Using a qualitative longitudinal design and a sample of eleven pre-registration nurses who were enrolled in one higher education institution (HEI) in the United Kingdom (UK), data were generated and analysed at three points during the students second year of study.

A constructivist grounded theory methodology informed the study, enabling an examination of the social learning environments students engage with and the contextualised processes involved.

Data analysis uncovered two identifiable processes: constructing a nursing identity and engaging with knowledge, and these were further examined using two theoretical perspectives. Firstly, symbolic interactionism which helped explain how students act in different situations and why, based on the meanings they ascribe to those situations; secondly social realism which enabled an exploration of the social conditions underpinning knowledge and how knowledge is structured in the curriculum and pedagogic practices.

The outcomes of the study indicate a second-year experience whereby students are required to negotiate a landscape in which identity and knowledge are: ingrained in disciplinary situated practices; influenced and

constrained by context; shaped by common understandings and expectations embedded in learning environments; and conveyed in implicit and explicit discourses.

The study contributes to knowledge by providing an insight into how students experience the second-year journey, how they transition between different learning contexts and the symbolic resources they utilise to make sense of different situations.

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Dedication

To the memory of my mum my greatest supporter throughout her life, who started with me on my PhD journey but sadly did not survive to see me complete the journey, I dedicate this thesis to her.

Publications derived from work on the Doctoral Programme

Connor, K., (2019). Student perceptions of knowledge development and consolidation in a clinical community of practice. *Nurse Education in Practice*, 39, 90-95.

Connor, K. (2019). *Second year student nurse engagement- sophomore slump: reality or myth*. Unpublished paper presented at Networking for Education in Healthcare (NET). Keele University, September 3-5, 2019.

List of abbreviations/terms used in the interviews

| | |
|-----------------------|--|
| Maternity (MAT) pack | A compulsory e-learning package. |
| Core skills | A compulsory e-learning package. |
| Elsevier | An online clinical skills platform to accompany learning. |
| Similarity report | Turnitin report. |
| Enhancement placement | A four-week clinical placement experience that students undertake at the end of each year to address any deficits in learning. |

List of figures and tables

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Chapter 1: Introduction

1.1 Introduction to the chapter

This introductory chapter of my thesis begins by presenting the focus of my research (1.2). I then position my research in the current literature, highlighting the gap in knowledge the study plans to address (1.3). To ensure readers are aware of the context of the study, I provide an overview of the undergraduate nursing curriculum and the changing landscape which has influenced curriculum change (1.4) and outline how these influenced the direction of my work (1.5), before moving on to outline my research questions (1.6), the language used in my study (1.7), and the structure of the thesis (1.8).

1.2 Focus of the research

My research sought to examine how student nurses navigate the second year of an undergraduate degree programme, negotiating the contexts of both higher education (HE) and clinical practice learning environments. The purpose of this was to better understand the perceptions and previous experiences that have an effect on the students' journey; how students construct and ascribe meanings to the discourses embedded in different contexts; and the influence of sociocultural factors in the different learning environments. All these aspects in turn allow students to make sense of different situations and adapt their behaviour. In doing so, the study considered how these aspects contributed to the construction of a nursing identity and to how students engaged with different forms of knowledge in the undergraduate curriculum.

In order to gain a better understanding of how student nurses experience the second year of study, the study uses a qualitative longitudinal design and a sample of eleven pre-registration nurses who were enrolled in one higher education institution (HEI) in the United Kingdom (UK) within the same cohort group. Data were generated and analysed at three points during the students' second year of study, through an initial focus group and subsequent individual interviews. A constructivist grounded theory methodology informed the study, enabling me to examine the social learning environments students engage with and the contextualised processes involved (Milliken and Schreiber, 2012).

To facilitate the examination of how students navigate the second-year landscape and to answer my research questions, I sought to find a theoretical perspective that would help me explain how students act in different situations and why, based on the meanings they ascribe to those situations. Symbolic interactionism offered that perspective. It also allowed me to analyse aspects of both self and professional identity and the factors that underpin the construction of identity. I also needed a further perspective to enable me to examine how students engage with different forms of knowledge. Social realism facilitated this examination as it seeks to address the social conditions which underpin knowledge and how knowledge is structured in both the curriculum and the pedagogic practices of different learning environments (Morgan et al., 2017).

1.3 The position of my study in the existing literature

In line with a constructivist grounded theory methodology, I did not begin with a complete review of the literature. Aspects of the literature were initially developed prior to data collection, and other aspects evolved with the progression of the study as I simultaneously generated and analysed data. The study was therefore initially framed by the second-year experience which formed the basis of the preliminary literature review. As the study progressed, the focus of the second-year experience became clearer and there were two key processes that centred around identity and knowledge. My study is therefore positioned within three fields of enquiry: the second-year experience, identity and knowledge (figure 1.1)



Figure 1. 1. Position of my study in the literature

All the fields of enquiry have a body of knowledge attached, demonstrating different perspectives, and have been researched in varying degrees in relation to HE and, to a lesser extent, in nurse education.

In recent years there has been an increasing interest in the second year of the undergraduate degree programme in HEIs; this stemmed from its association

with declining academic performance, persistence and satisfaction (Webb and Cotton, 2019). Thompson et al. (2013) conducted one of the few UK studies to solely examine the second year. This study, like most studies exploring the second year of study focused on academic grades and performance and the HE environment.

Despite the increasing interest in the second year there has been a general lack of research in nurse education and little discussion around the clinical environment of student nurses and the influence of second year, with a study by Tower et al. (2015) being a notable exception.

The literature suggests that in year two, students are expected to be more able to self-navigate their student journey (Tower et al.,2015). However, the research to date has tended to focus on strategies developed by educators (McBurnie et al., 2012; Thompson et al., 2013; Stewart and Milsom, 2015; Greg-Jolly et al., 2016; Pitstick, 2018). There has been little discussion about the strategies and resources students themselves develop and utilise to help them navigate their student journey and develop their student identity.

Identity in nursing is an important concept for 'illustrating how the nursing profession views itself [...] and how the public views the profession' (Fealy et al., 2018, p.2159), emphasised by the fact that public protection lies at the foundation of the Nursing and Midwifery (NMC) standards (NMC, 2018a). At the same time, it holds resonance with the second year as a time when students are in the process of establishing their identity and re-evaluating their purpose and experiences (Sterling,2018). It therefore provides a useful area of enquiry.

The professional aspects of identity in nursing have been well researched (Traynor and Buus, 2016; Maginnis, 2018; Alharbi et al., 2020). However, these studies often do not take account of the aspects of self-identity which underlie professional identity and how identity is shaped by different contexts and ultimately how students perceive of themselves within the profession, an important component of professional identity development.

Nursing as a profession has struggled to develop its own distinct and stable knowledge base, instead residing in a knowledge base generated from other disciplines (McNamara et al., 2012; Rolfe, 2015). This has left it in a position where it is defined as a practice-based profession (Bogossian et al., 2020) and characterised by contextual knowledge. I contend this has resulted in a situation, as seen in other professions, where the specialised knowledge underpinning practice has become devalued (Young and Muller, 2014) and opportunities for critical thinking have being inadvertently lost. These opportunities are required to advance the discipline and to move students beyond the acceptance of pre-existing knowledge, values and practices (Morrall and Goodman, 2013).

Despite the myriad of changes to both nursing and the nurse education curriculum which I discuss in section 1.4, McNamara and Fealy (2014, p.160) suggest the concept of nursing knowledge is scarcely investigated as 'an object in its own right'. From a review of the literature, it appears the epistemological underpinnings of nursing practice remain under researched, and much uncertainty still exists about the relationship between knowledge and nursing practice, and the importance of knowledge for the profession.

The overview of current research identifies a gap in knowledge relating to the fields of the second-year experience, identity and knowledge; my research plans to address those gaps.

1.4 Undergraduate nursing provision and the changing landscape

To provide a background to the research, it would be useful at this point to give a brief overview of the undergraduate nursing provision and how the changing clinical landscape has influenced the undergraduate curriculum.

Whilst there are commonalities in nursing programmes across the UK, there are some differences within the devolved nations in relation to programme length and tuition fees, the information here relates solely to nursing programmes in England.

Nurse education has seen many changes since the latter part of the twentieth century, most notably its controversial move from an apprenticeship style training programme, based within a health delivery system, to a university-based education programme (Glen, 2009; Morrall and Goodman, 2013). This was followed by perhaps the most influential change to undergraduate nurse education which resulted from the NHS bursary reform (Department of Health, 2015) with the removal of the bursary and the introduction of tuition fees to undergraduate nursing programmes. The changes to student nurse funding, which came into force in August 2017, resulted in a 23% decline in applications to nursing degree programmes (Ford, 2017) and at the same time increased the pressure on UK universities to retain current students and facilitate and support their progression to graduation.

This drive to retain students has been seen across undergraduate HE programmes resulting in strategies aimed at the first year of study, however,

with the assumption these strategies would enable students to develop skills that would assist with their transition through their future years (Macaskill, 2018). At the same time, this neglected the fact that the middle year of the undergraduate degree poses new challenges for students (Jevons and Lindsay, 2018) as well as a decline in student satisfaction (Webb and Cotton, 2019). Student satisfaction is of primary concern for HE environments as a quality measure and considered central to student learning and engagement with their studies (Smith et al., 2018; McNally et al., 2019). This meant, along with the identified gaps in the literature, the second year provided an interesting area of research.

Nurse education is similar to many degree programmes in that it takes place over a three-year period. However, unlike other degree courses, it has an academic year consisting of forty weeks, each week based on forty contact hours, with students completing an equal number of hours in both university and clinical practice in order to register with nursing's regulatory body (the NMC) upon completion of the programme. In the process of becoming a nurse, students must engage with different forms of knowledge: theoretical knowledge consisting of professional knowledge, skills and competence, delivered through a formal curriculum of stated and intended outcomes; and clinical knowledge which is less formal and involves students learning as part of a team and in direct contact with a healthy or sick individual (NMC, 2018a), allowing them to contextualise theoretical knowledge.

Engagement with clinical knowledge is often problematic as students move between different clinical learning environments which are often widely disconnected from their HE learning. This has resulted in a well-publicised

gap between theoretical knowledge and the practical application of nursing (Greenway et al., 2019).

Alongside nursing's move to a university-based education, curriculum change, and development have become key features of nurse education, governed by health care policy (Chowthi-Williams et al, 2016), ensuring nurse education remains relevant and responsive to changing health care systems, practices, and priorities (D'Antonio et al., 2013). However, this has resulted in the development of undergraduate nursing programmes in which pedagogic principles are not explicit; programmes appear to be developed based on operational and functional requirements and the 'end product of the educational process, the newly qualified nurse entering the workforce' (Mackintosh-Franklin, 2016, p.121). This is of concern to the nursing profession and the advancement of knowledge in the profession.

The most recent change to the undergraduate nursing curriculum was in May 2018 when the NMC introduced new standards, comprising two parts: *Future nurse: Standards of proficiency for registered nurses* (NMC, 2018a) and *Realising professionalism: standards for education and training* (NMC, 2018b). The standards define what nurses need to know and be able to do by the time they register with the NMC (NMC, 2018a) and the expectations of universities and their practice learning partners for delivering NMC-approved programmes for nurses and midwives (NMC, 2018b). The former recognises the fluid context and complexity of care delivery and how the future nurse requires the 'confidence and ability to think critically, apply knowledge and skills and provide expert, evidence based direct nursing care' (p.3). To

achieve this, HEIs are invited to develop innovative approaches to education (NMC, 2018b).

The NMC Standards markedly influence the design and delivery of curriculum, as they impose a prescriptive set of statements, stipulating the knowledge and skills required by the nurse at the point of registration. Since 1st September 2020, only nursing programmes approved against these new standards are able to accept new students and meet the NMC requirements for award and registration. Therefore, the research was conducted at a time when nursing knowledge was in a phase of transition and adaptation as HEIs began to design and operationalise the new curriculum and put systems in place for its management and governance. With the recognition that pedagogical principles are often implicit in curriculum documents and the identified gap in the literature regarding the epistemological underpinnings of nursing practice, it seems timely to foreground the concept of knowledge.

1.5 The interest and direction of my research

My experiences working as a senior lecturer in the nurse education department of an English university and my role as a personal tutor sparked my initial interest in the year two experience. From conversations with students, it appears that year two had an unfavourable status and students would often fear the transition into and across the year. I was interested to know where this stemmed from.

The need to explore the student nurse journey from a broader standpoint than the focus on year one, whilst at the same time acknowledging the significant influence of the NMC standards on nurse education, further influenced the direction of my research.

As an experienced educator I was concerned about the preoccupation with competencies and a shift away from knowledge, with the introduction of the new NMC standards; an issue previously seen in the education curriculum (Deng, 2015) where the 'prescriptive approach to the curriculum focused on the formulation of explicit educational objectives' (O'Connor, 2020, p.5). This I felt did not align with the changing context of care delivery and the increased need for critical thinking in nursing.

In addition, I continued to be concerned about the learning culture (NMC, 2018b) of the clinical environment and whether learning and advancement of knowledge were valued and actually taking place, as anecdotal evidence suggested students were being utilised as part of the workforce to relieve staff shortages.

The need for the increased capabilities required by students and the explicit focus on public protection and expectations of what the nurse should know and be able to do at the point of registration (NMC, 2018a) leaves the profession open to public scrutiny. It therefore seemed an opportune time to examine identity as the fundamental aspect of being a professional and how an individual presents themselves (Happell, 2014). I added in the dimension of self-identity and the factors that underpin identity to understand how students perceive themselves within the profession.

1.6 Research questions

My interest in the fields of enquiry, along with the identified lack of research led me to a guiding interest (Charmaz, 2006) consistent with a constructivist grounded theory methodology, which informed the design of my study. The focus of the research developed as the study progressed and was shaped by

the ongoing generation and analysis of data, resulting in the following research questions:

RQ1. How do perceptions and previous experiences influence the student journey through year two?

RQ2. What factors underpin the construction of identity in year two?

RQ3. How do students construct meaning and engage with different forms of knowledge in specific learning environments?

RQ4. How does the sociocultural environment influence engagement with knowledge and shape the construction of identity?

1.7 Language used in my study

In the UK across clinical placement settings, different models of learning are utilised, at the time of the study the hub and spoke model (Millington et al., 2019) was being used to support the student learning experience (Harrison-White and King, 2015). This is where the student is allocated a primary placement (hub) by the university with opportunities for other learning experiences (spokes), negotiated with their mentor. In the thesis, the term hub refers to the clinical placement or clinical practice experience and the term spoke, often referred to in student narratives, is applied to other clinical learning outside the hub placement.

In line with the new standards for education and training, the NMC (2018b) introduced new roles, practice assessor and practice supervisor, to those who support and supervise students in practice environments. My research was undertaken during a transition period where the new roles were not fully embedded, and students mostly referred to those who supported them in

practice environments as mentors, therefore I have adopted this term throughout the thesis.

1.8 Structure of the thesis

The overall structure of the thesis takes the form of seven chapters, including this introductory chapter which provides an overview of the focus and context for the study, outlines the influences on my work, gives an overview of the research questions and provides a summary of the structure of the thesis.

In chapter two I present the literature for my thesis as it relates to the aims and research questions of the study. The chapter gives a sense of the literature review as a single process when this is not the case. As highlighted earlier, in line with a grounded theory methodology, aspects of the literature displayed within the chapter were initially developed prior to data generation, other aspects evolved with the progression of the study and were subsequently refined by further reviews of the literature.

In the third chapter, I explain and justify the methodology and methods used in my study and how they enabled me to both address the aims and answer the research questions. I begin by introducing my perspectives and philosophical position as a researcher before moving on to provide a brief overview of the history and evolution of grounded theory methodology, providing a justification for the use of a constructivist grounded theory perspective which informs my research. I then outline the research design and the core grounded theory processes involved in the generation and analysis of my data.

In chapters four and five, in keeping with constructivist grounded theory, I provide my construction and interpretation of the data and present the key outcomes from my study.

Chapter six examines the outcomes identified in the previous two chapters, with a discussion which draws together and considers them, positioning them in the literature and theoretical perspectives which frame the study.

The final chapter draws together the thesis by revisiting the aims and outcomes of the research, highlighting the contribution to knowledge my study makes. In addition, I discuss the implications of the findings for nurse education and offer some recommendations before closing with my concluding thoughts.

Chapter 2: Literature review

2.1 Introduction

In this chapter I present the literature for my thesis as it relates to the aims and research questions of the study. I begin the chapter by identifying the gaps in knowledge my research seeks to address (2.2). Based on those gaps, I outline an overview of the chapter (2.3), provide a brief description of my search approaches (2.4) and construct a review of the literature based on the three fields of enquiry: the second-year experience (2.5); identity (2.6) and (nursing) knowledge (2.7).

2.2 Identified gaps in knowledge

The purpose of my research is to examine how students navigate the second year of an undergraduate degree in nursing, how they construct a nursing identity and engage with knowledge in the context of both HE and clinical practice learning environments.

There is a growing body of research that focuses on the second year of study; however, it is mainly restricted to the HE environment and is meagre in relation to nurse education. In addition, there has been little analysis of the second-year experience in relation to the clinical learning environment or factors that influence the student journey. Much of the current literature on the second-year experience emphasises strategies developed by educators to support students in year two. There has been little in the way of research that offers an insight into the resources students themselves develop and use to help them navigate their second year.

There is an existing body of literature that emphasises the development of professional identity in nursing, but this assumes an uncritical understanding of identity, often failing to address other aspects of identity. In addition, there has been little in the way of research that explores the factors which underpin and influence the construction of both self and professional identity and which addresses how students perceive themselves within the nursing profession.

There is substantial literature that examines the concept of knowledge and its different forms, mainly in relation to the sociology of education and informed by a social realist approach. However, there is little in the way of current literature that focuses on the knowledge base in nursing or the position of knowledge in the undergraduate nursing curriculum, despite the introduction of new NMC standards (NMC, 2018).

2.3 Overview of the chapter

I start by positioning my study in the literature on the second-year experience, exploring the key aspects identified in the literature and proposing how my research may add to literature that is currently not illustrative of nurse education, particularly in relation to exploring the clinical practice environment.

The next part of the discussion focuses on the construction of a nursing identity. At this point, I draw attention to a view that symbolic interactionism offers, a lens through which to explore the construction of identity in which the individual and context are inseparable. It provides a view which frames my assertion that both construction of identity and engagement with knowledge are influenced (and potentially constrained) by discipline and context in a 'dynamic reiterative process' (Bernard, 2015, p.111).

The final part of the discussion relates to knowledge. By taking knowledge as a concept, and using a social realist lens, I foreground a long-standing debate regarding nursing knowledge, what counts as knowledge in the discipline and how knowledge is created, reproduced and legitimized in the curriculum. To support the discussion, I refer to the evolution of nurse education and the often-strong opposition that it has faced in its quest to establish its own distinct and stable disciplinary knowledge base.

2.4 Literature search

I conducted a preliminary online search of the literature in each of the areas described above, using Google Scholar, to allow me an initial sense of the literature and to identify further avenues for exploration. At this point, cross referencing of resources provided a surprisingly good source of information. I followed with a more focused search of the local library catalogue, electronic databases and resources, using the key terms identified and revising them when the literature was not relevant to my research. Throughout the review, where literature specific to the nursing discipline was lacking, which was often the case, I examined the landscape of other disciplines, mainly education, which appeared to share some of the same inherent issues.

2.5 The second-year experience

My study adds to a discourse that has received relatively little attention in the literature. Much research has focused on the first year, often neglecting the fact that transition is not limited to the early stages of the student journey (Maunder et al., 2013) but rather continues across the degree programme (Christie et al., 2016), and in fact transitioning into the middle year of an

undergraduate degree poses new challenges for students (Jevons and Lindsay, 2018) as they are expected to be more able to self-navigate through their student journey (Tower, 2015). This is exacerbated by the fact that the second year is the least well differentiated of the three years of the undergraduate programme (Gregory, 2019) and often a forgotten point in the student lifecycle (Thompson et al., 2013).

Traditionally, HE environments have focused on enhancing the first year of study, often prompted by efforts to retain students (Tower et al., 2015), through the introduction of induction and support systems with the assumption that supporting their initial transition will enable students to develop coping skills and adjust to university life (Macaskill, 2018).

The literature on the first-year experience provides a helpful underpinning, however, there has been a growing recognition that the experiences of second year students differ from those in both the first and third year and therefore the support they require will also differ (Schreiner, 2018).

In recent years, there has been a growing interest in the second-year student experience adding to a discourse which first emerged from the USA in the mid-fifties, producing a body of literature termed the 'sophomore slump' (Freedman, 1956), a term that has become widely used to describe a lack of motivation and academic performance in the second year of study (Gahagan and Hunter, 2006), categorised by academic deficiencies and disengagement, dissatisfaction with the student experience, and developmental confusion (Kennedy and Upcraft, 2010).

Whilst studies from the USA have tended to dominate the research field over the past twenty years (Gregory, 2019) there is a growing body of evidence to

suggest the 'sophomore slump' may be observed in other countries (Whittle, 2018) characterised by its association with declining performance, persistence and satisfaction (Webb and Cotton, 2019).

As previously mentioned, student satisfaction is of increasing importance as a quality measure in undergraduate programmes, including nursing (Smith et al., 2018), and is central to learning and engagement (McNally et al., 2019) and a key factor for successful transition and retention (Thomas, 2012). Thus, it provides further incentives to explore second year as an often-forgotten point in the student lifecycle and influence research to evaluate student perceptions of their educational experience.

Prompted by studies which identify a decrease in student satisfaction and enjoyment of their course in year two (Whittle, 2018; Webb and Cotton, 2019) often linked to institutional factors including the quality of teaching and feedback, adequacy of contact hours, and access to personal tutoring, several studies have attempted to address the development of transition frameworks (McBurnie et al., 2012; Pitstick, 2018); dedicated personal tutor support (Thompson et al., 2013); enhanced curriculum design (Stewart and Milsom, 2015) and strategies to improve success in science, technology, engineering and mathematics (STEM) subjects (Greg-Jolly et al, 2016).

These strategies seek to confront the suggestions that the support mechanisms of year two are less distinct than year one (Sanchez-Leguinel, 2008) and at the same time, year two students demonstrate a complex range of issues (Thompson et al., 2013) requiring different support structures (Sterling, 2018). The research to date has tended to focus on strategies adopted by educators rather than students themselves, whereas my study will

highlight the resources that students develop and share to help them navigate the year.

2.5.1 The second year (sophomore) slump

Overall, the studies presented here provide evidence that year two is associated with an increasingly complex academic workload, often accompanied by a decline in student performance and an increase in student dissatisfaction. Therefore, providing important insights into the student journey may serve to establish specific support systems for the distinctive characteristics of the second year of study.

Despite a wider acknowledgement of the 'sophomore slump', studies have been sporadic (Yorke, 2015) and the literature outside the USA remains sparse, with a few notable exceptions such as Quinlivan, (2010), McBurnie et al., (2012) and Loughlin et al., (2013) who brought the 'sophomore slump' to the foreground of the Australian undergraduate curriculum.

The first major discussion and analysis of the second-year student experience in the UK emerged from the aforementioned large-scale study based in one HEI (Thompson et al., 2013) prompted by student performance data, determined by grades which were markedly lower in the second year than the first and, therefore, aligning with other evidence about reduced academic performance in the second year. The study provided important insights into the year two experience, recognising a range of interconnected influences (Webb and Cotton, 2019) and raising institutional and sector awareness of the second-year slump, thereby prompting further analyses.

In relation to academic performance, European studies have explored influencing factors. For example, Bonsaksen et al. (2018) examined academic performance in second year occupational therapy students in Norway. Their study highlights an interesting finding that students who had previous experience of HE study in a different discipline had poorer academic performance in year two, suggesting that there are different expectations of students in different disciplines, students in different disciplines may have distinct expectations or students moving between disciplines may have poorer academic performance per se.

These disciplinary differences and expectations of students are little explored in the year two literature, suggesting a need to investigate them, particularly within nurse education. My argument is based on a symbolic interactionist lens that people do not respond directly to things but rather attach meanings which they then act upon (Blumer, 1969). I therefore plan to demonstrate that student expectations of year two are based on symbolic meanings which are inferred through both implicit and explicit discourses which influence the way students navigate their way into and through year two.

Other studies have highlighted the emphasis second year students place on academic progress and development (Zaitseva et al., 2013), often acknowledging that 'the stakes are higher' (Stewart and Darwent, 2015, p.52) notably as grades start to contribute towards the degree classification (Yorke, 2015). There is certainly an appreciable step up between the level four and level five Framework for Higher Education Qualifications (FHEQ) descriptors, associated with the increased demands of academic workload (Gahagan and Hunter, 2008; Sanchez-Leguelinel, 2008).

This is supported by Tower et al. (2015), in one of the few studies which addresses nurse education and the 'sophomore slump', highlighting the increase in workload demands and 'content complexity' (p.1131) and the challenges of achieving a higher level of competence. The increased complexity is compounded by the fact that student nurses are forced to balance the demands of both academic and clinical work, demonstrating success in both (Prymachuk et al., 2009).

2.5.2 The second-year identity

The previous sections, whilst identifying the distinctive challenges of year two, and seeking to address those challenges, raise questions about the academic identity of year two. Positioned in the student lifecycle where it is overshadowed by the dominant identities of years one and three (Milsom, 2015) it is lacking a clear definition (Gregory, 2019) with the potential to detract from the overall quality of the degree programme (Milsom and Yorke, 2015).

Whilst lacking in its own identity, year two is ultimately defined by and associated with its preceding and succeeding years (Milsom and Yorke, 2015), unable to be detached from either (Thompson et al., 2013). By way of illustration, a number of studies have demonstrated how the first year of a degree programme is used to conceptualise the student learning journey, which serves as a true identifier of the first-year experience, providing capacities and resources which students subsequently bring into year two (Maunder et al., 2010; Larmar and Lodge, 2014; Zaitseva et al., 2015).

At the same time, the first year may not necessarily influence subsequent years in a positive way; for some students, the safety net and security of year

one is no longer available (Sterling, 2018) and they struggle with the transition as they adjust to a more independent and self-directed way of learning (Zaitseva et al, 2015). They also face other distinct development challenges, striving to set both personal and professional goals (Gahaghan and Stuart Hunter, 2008), at a time when they are in the process of establishing their identity and re-evaluating their purpose and experiences (Sterling, 2018). It is therefore important to explore students' expectations and perceptions of the year two journey, however, there is a paucity of research in this area, Zaitseva et al. (2013) and Devine (2019) being notable exceptions. Both authors explore the shifting perspectives and transition of students as they move through the middle year of their studies, highlighting strategies that may provide a more positive identity for the second year, a point that Milsom and Yorke (2015) highlight as crucial.

Notwithstanding the fact that empirical evidence has raised the profile of year two, the second year remains poorly defined and limited to 'colloquial descriptors [...] without further contextualisation' (Gregory, 2019, p.2). Whilst relatively undefined, the second year has come to be associated with a decline in both student performance and enjoyment (Whittle, 2018; Webb and Cotton, 2019) the 'sophomore slump', as previously mentioned, embodies a multitude of concepts with mostly negative connotations and is cited widely in the literature as a 'well recognised phenomenon' (Kibedi, 2019, p.53) that many students experience (Wang and Kennedy-Phillips, 2013; Milsom, 2015). I will show how this well recognised phenomenon has come to represent an unfavourable status amongst students I interviewed, as I explore the perceived identity of year two and provide evidence to support the notion of

the 'year two blues', as described by one of the participants in the study. I will provide insights into a status that I propose, has been created through shared meanings, common understandings and expectations and maintained through repeated social interaction amongst students (Carter and Fuller, 2016), possibly fuelled by wider implicit and explicit discourses.

The studies presented in this section foreground the environmental and institutional factors in HE and their influence on student satisfaction, and highlight the complexities associated with the second year of study but with a sole focus on the HE environment. Although this provides important insights into the second-year experience, the generalisability of the published research on the topic is not illustrative of nurse education as it transcends different learning environments.

The process of learning and the subsequent development of knowledge in nurse education extends across learning spaces comprising both theoretical and clinical elements: a key aspect of which is how experiences and social contexts influence engagement with knowledge. I return to this in section 2.7.

2.6 Constructing a nursing identity

As was pointed out in section 2.5.2, students in their second year of study are in the process of establishing their identity and at the same time re-evaluating their purpose and experiences (Sterling, 2018). Later in this section, I will examine the temporal aspects of the student journey, but firstly, I will explore the definitions of identity emphasised in the literature which often assumes an overt focus on the professional dimensions of identity, overlooking the aspects that underpin its construction.

The formation of professional identity in nursing reflects a shift in self-concept as an individual becomes a member of a profession (Simmonds et al., 2020). At the same time, it involves an individual's perception of themselves within that profession and the collective identity of the profession (Browne et al., 2018). In relation to nurse education this involves the attainment of knowledge and skills and enculturation into behavioural expectations, values and norms of the professional culture (McCrae et al., 2014).

Almost every paper that has been written on nursing identity has a focus on professional identity as integral for learning the core values and ethical behaviours of nursing (Traynor and Buus, 2016), educating students to think and act like nurses (Maginnis, 2018) and internalising professional values that will influence their practice as a future nurse (Alharbi et al., 2020). This emphasises the focus on the professional identity, detracting from the student status (and opportunities for learning).

This preoccupation with professional identity that dominates the literature may be due in part to an attempt by the discipline to define and clarify its own professional identity (Willets and Clarke, 2014), a notion that alongside its knowledge base has had a 'troubled history' (p.164). At the same time, it fits with the dominant discourse of both HE and nurse education which is concerned with preparing future generations of nurses with a focus on 'being socialised and becoming part of the profession' (Walker et al., 2014, p.103). This continued emphasis on the future and being 'work ready' draws attention away from the student experience (Daniels and Brooker, 2014), neglecting the perceptions, expectations and experiences of being a student

and the construction of identity often associated with student engagement (Bryson, Hardy and Hand, 2009).

The notion of professional identity assumes an uncritical understanding of student identity and whilst the nursing literature does not deny the existence of other elements of identity, the prominence of professional identity tends to neglect the temporal aspect of being a student, the transition from one status to another (Field and Morgan-Klein, 2010) and the associated aspects of identity. Features of these aspects are discussed by Wayne et al. (2016), who view identity development as a linear process with three distinct phases that are associated with transition: into university, through university and out of university, and the respective related aspects of student identity, academic/ disciplinary identity and professional identity. In contrast, other authors propose identity development as a more subtle process in which the different aspects develop alongside each other, in a developmental journey of learning and reflection (Daniels and Brooker, 2014; Trowler, 2019).

Other studies have explored the construction of professional identity, utilising social identity theory to examine how social identity is expressed within groups, and supported and sustained by group membership (Serpe and Stryker, 2011; Willetts and Clarke, 2014). Employing the notion of identity salience, Serpe and Stryker (2011) refer to multiple identities and the influence of context on a particular social identity, including hierarchical social relationships whereby identities are assigned in relation to position and expectations. Willetts and Clarke (2014) suggest social identity salience is flexible, whereby individuals perform the social identity most suited to their perception of the situation. However, this may be problematic as students are

required to navigate an educational landscape that is both complex and polysemic (Simmonds et al, 2020) with often opposing pedagogies.

Kelly et al. (2017) discuss the challenges resulting from the evolution of nurse education and the subsequent fragmentation between university and healthcare institutions, bringing aspects of identity and philosophies which are not necessarily compatible, resulting in 'a tension of loyalties' for students (Attenborough and Abbott, 2018, p.52) as they attempt to carve out a discrete identity. Therefore, students are compelled to continuously adapt to different roles and expectations, constructing and deconstructing often disparate aspects of their identity in a range of learning environments (Baldwin et al., 2017).

My study highlights how students navigate different learning environments and the different roles and expectations associated with those learning environments. In addition, it provides an insight into different aspects of identity and how roles and identities are assigned.

A recent scoping review mapped the components of professional identity and examined pedagogical practices that influence its formation in nursing education (Simmonds et al., 2020), highlighting a range of pedagogies utilised both within the classroom and clinical learning environments and a focus on the formal curriculum in the formation of professional identity.

Other authors have highlighted the influence of a 'pre-professional identity' (see Jackson, 2016) whereby students commence their undergraduate study with pre-conceived notions of the nursing profession (Hensel, Middleton and Engs, 2014; Browne et al., 2018) which are reshaped through professional

socialisation, relationships, experiences and social interaction (Brennan and Timmins, 2012) in different learning environments.

There is an array of literature examining professional identity in nursing and the role of professional socialisation, whereby students are exposed to attitudes, behaviours and values (Hunter and Cooke, 2018; Mariet, 2016) which ultimately shape their identity. This indicates a need to understand how the construction of identity is influenced by context and the discourse into which students are immersed, and through this construct meanings to different learning environments; and ultimately how identity is constructed, negotiated and managed in different contexts (Scott, 2015).

However, studies to date have tended to take a macro-level perspective, addressing identity as homogenous, and foregrounding social identity in relationship to group membership, thus, negating the opportunity to take a more individual view, 'locating individually constructed meaning within co-constructed social experience' (Handberg et al., 2015, p. 1025). A theoretical perspective is offered by symbolic interactionism, through which to explore the construction of identity, a concept in which the individual and context are inseparable; whereby identity is formed through a process of social interaction and shared meanings, which begins with alternating aspects of the self and the ongoing inner dialogue.

Mead (1934) identified two aspects of self namely 'I', the creative and acting part of the self, and 'Me' which reflects on and interprets the self through the imagined response of others (Scott, 2015). The subsequent development of self then takes place in a social context involving interaction with particular reference groups, that is those who are used as a frame of reference

for organising behaviour (Mead, 1934) and defining situations (Shibutani, 1986), and who Mead (1934) termed significant and generalized others. This is investigated by Carlson et al. (2010) in an ethnographic study which explored how registered nurses mediate nursing as a profession to students. In a follow up publication, Carlson (2013) provided a further discussion of the findings: utilising a symbolic interactionist lens, she examined the role of the significant and generalized other and the use of professional language and significant symbols to illustrate the complexities of preceptorship in nursing. Similarly, Baldwin et al. (2017) examined how nurse academics' role model professional behaviour to undergraduate students, again using symbolic interactionism as a supporting framework to explore interactions with students both within and outside the classroom.

Notwithstanding the distinct advantages of symbolic interactionism in 'strengthening the focus of and adding layers of contextual understanding' (Handberg et al, 2015, p.1031) to empirical studies, there is a general lack of research utilising a symbolic interactionist perspective in nursing and nurse education. However, I contend that it offers a perspective through which to further examine aspects of identity. In this way I plan to demonstrate the ways in which an individual experiences self from the standpoint of the generalized other, that is individual members of the same social group or the social group as a whole (Mead, [1934] 1962) and how they, along with significant others, clearly identifiable individuals who exercise some form of influence (Holdsworth and Morgan, 2007), play a role in the construction of identity.

Another aspect that previous literature has failed to address is how students decide on a course of action in social situations, aligning their behaviours to those of others and using symbolic resources, a notion that may be explained when applying Blumer's (1969) concept of joint action, whereby individuals will decide on a course of action based on the acts of others, which becomes the context 'inside which one's own developing act has to fit' (p.97). At the same time, the actions of others will shape an individual's own behaviour as, 'in the face of the actions of others one may abandon an intention or purpose, revise it, check it or suspend it, intensify it or replace it' (p.8).

Therefore, this demonstrates that the socially constructed self and making constructions between the self and social experience (Potts, 2015) are inextricably linked. In addition, Blumer's (1969) concept of joint action in which individuals interpret and define each other's acts, results in students comparing their own abilities and behaviours with each other. My research considers the symbolic resources students draw on to help them define, interpret and make sense of situations, including social interaction and joint action, thus, enabling them to better navigate their student journey.

The student journey through year two may be problematised by a lack of standardisation of clinical practice experience (Health Education England (HEE), 2018) resulting in a diverse range of experiences. I aim to highlight the nuances that exist in practices across different practice learning environments, resulting in students' concerns regarding deficits in knowledge and in turn how they may be judged by others. I will use Cooley's (1902) concept of the looking glass self to demonstrate how students engage in a

process of self-reflection, which in turn modifies their development of self-identity.

Field and Morgan-Klein (2010) describe the process of being a student as one which involves transition from one status to another, and whilst having prescribed entry and exit points, identity is shaped through the concept of imagined futures. A symbolic interactionist lens allows a view of those imagined futures and how students engage in the process of role taking (Mead, 1934), picturing both how they appear to others and imagining themselves in their future role, in this case, as a nurse, therefore how they perceive themselves within the nursing profession.

It is with these aspects of symbolic interactionism in mind that I will show how identity is constructed through a process of social interaction and shared meanings within a historical context of social attitudes, cultural norms and situated practices. The danger being the risk of perpetuating traditionally held identities, which will ultimately influence engagement with and advancement of knowledge.

2.7 Nursing knowledge

The central premise in my thesis is that nursing knowledge is bound in a context that is both socially and historically constructed (Williams, 2010) and conveyed in a (long- standing) discourse created and sustained by the discipline, thus, preserving the practices of previous generations (Brennan and Timmins, 2012) and resulting in cultural reproduction of knowledge and practices through to the next generation.

Nursing as a discipline has struggled to define its own distinct knowledge base, instead residing in an eclectic theoretical knowledge base generated

from other disciplines (Fealy, 2002; Williams, 2010; McNamara et al., 2012) including medicine, a discipline it has long been associated with and subservient to (Rolfe, 2015). The need to differentiate itself from medicine has underpinned the discipline's commitment to define its own body of knowledge (Sakamoto, 2018) and establish its status in the world of healthcare (Nairn, 2012). Notwithstanding its motivation to establish a firm professional knowledge base, like some other professions, its knowledge 'has escaped scholarly notice' (Young and Muller, 2014, p.4), resulting in a discourse focused on what professionals can do with knowledge rather than knowledge per se, a point that may be influenced by

the views of an increasingly informed and sceptical public about the trustworthiness and value of the profession, or [is] a long hangover from the scepticism about knowledge that underlies public attitudes in an age that has distinct anti-intellectual overtones (Young and Muller, 2014, p.4).

Whilst Young and Muller were referring to professional knowledge across a range of professions their points hold resonance with nursing and nurse education. The former, is a position substantiated by its regulatory body, the NMC, with its explicit focus on public protection and expectations of what nurses should know and be able to do, leaving it open to public scrutiny. The latter was initially demonstrated with the shift to an all-graduate profession in 2013. However, whilst supported by evidence that a degree educated nursing workforce improves patient outcomes (Kendall-Gallagher et al., 2011), the profession received mainly negative media attention regarding the decision (Shields et al., 2011). Nursing and nurse education remain under the shadow of a negative discourse, with both local and national media coverage of stories denouncing the profession (Swift and Twycross, 2019); this has not

helped in the quest of the profession to establish its own strong and intelligible knowledge base.

Subject to enduring criticism, nursing has continued to defend its distinctive knowledge base characterised by multiple sources (Thorne and Sawatzky, 2014) and fundamental patterns of knowledge and knowing (Carper, 2009) which are often difficult to articulate. Much uncertainty still exists about the philosophical nature of nursing knowledge and the approaches used for its advancement, aspects which the discipline appears reluctant to discuss (Durepos et al., 2018).

Sakamoto (2018) explores both the development of the epistemological underpinnings of nursing and its distinct knowledge base signified by diverse forms of knowledge. However, she highlights a specific focus on the middle ground of nursing knowledge, the practice environment, the space 'where nursing knowledge is enacted' (p.4); an area that 'allows nursing to focus on the issues that matter the most: nursing practice and patient care' (p.5).

This reduces knowledge to an empty category diminished to the context of its application (Young, 2009), thus, nursing [and its knowledge] remains contextually embedded in the practice domain and ingrained in everyday routinised practices (Reckwitz, 2002). This supports my assertion that nursing knowledge is bound in the social habits that occur in everyday practices (Blumer, 1969) and reshaped into 'localised repertoires' (Trowler, 2012, p.9).

Whilst knowledge is inevitably a part of the social context of its own production (Nairn, 2012), situationally and socially embedded with an interpretation that is unique to each social encounter (Carter and Fuller, 2016), it is this distinction of contextual knowledge that has come to define

and, I would argue, retain nursing as a 'practice-based profession that involves helping others' (Bogossian et al., 2020, p.148), neglecting the 'specialised knowledge involved' (Young and Muller, 2014, p.5) in nursing practice.

The dichotomous relationship between these different aspects of knowledge has been the source of much educational debate and discussion and holds relevance for my study, as I will demonstrate that a predominant focus on contextualised knowledge results in opportunities for advancement of knowledge and critical thought being inadvertently lost. Here, I outline two key social realist perspectives on the concept of knowledge, Bernstein (1999) and Young (2008), before highlighting their relevance to nurse education.

In his analysis Bernstein (1999) delineates between what he terms 'horizontal and vertical discourse'. Horizontal discourse is characterised by a form of everyday or mundane knowledge and recognised features: 'it is likely to be oral, local, context dependent, specific, tacit, multi-layered and contradictory across but not within contexts' (p.159). A critical aspect of horizontal discourse is that it is segmentally organised, that is, realised differently across contexts and influenced by the culture of the learning space. This will ultimately influence the meanings that students construct and ascribe to different learning situations and environments: meanings and knowledge may have relevance in one context but not in another (Bernstein, 2000), therefore, making the student learning journey problematic. At the same time, meanings which have a direct relation to a context are 'wholly consumed by the context' (Bernstein, 2000, p.30) and have no reference outside of that context.

In contrast, vertical discourse is represented by esoteric, conceptual knowledge 'a coherent, explicit and systematically principled structure, hierarchically organised' (p.159), taking the form of specialised languages and techniques of interrogation but not tied to a specific material base; thus, allowing a potential discursive gap, 'a site for alternative possibilities, for alternative realisations between the material and the immaterial' (Bernstein, 2000, p.30). It is in the discursive gap, a site for the 'yet to be thought' (Bernstein, 2000, p.30) that the potential for critical thinking resides.

In a similar vein, Young (2008) distinguishes between context dependent (common sense) and context independent knowledge. The former is developed through matters arising in everyday life, enabling individuals to cope with the world of which they are a part but unable to provide a basis on which to advance knowledge. The latter is not bound in everyday practices and provides a basis for a more general and universal knowledge which would allow students to take a broader view of the world and their identity within it, preparing them to engage in global citizenship, and able to respond to the changing health needs of the global population; a requirement of the new NMC standards (NMC, 2018a).

In addition, the notion of moving nursing away from the more contextualised forms of knowledge provides an opportunity to develop the powerful knowledge that is required to 'envision a range of possible futures for the profession' (McNamara and Fealy, 2014, p.161); enabling nursing and nurse education to be freed from its contextual constraints, more able to exert its autonomy, and establish a strong and independent knowledge base.

2.7.1 Curriculum knowledge

Within the HE curriculum, little attention has been paid to the curriculum (Tight, 2012) and there has been little analysis of the relationship between knowledge and curriculum (Ashwin, 2014), despite the fact that 'knowledge is at the centre of students engagement with higher education' (Ashwin, 2014, p.123). A similar picture can be seen in the nursing curriculum where the focus is often on health care delivery and the acquisition of core competencies for nursing practice (McNamara and Fealy, 2014) with little in the way of underpinning pedagogic principles (Mackintosh-Franklin, 2016). Commenting on knowledge, O'Connor (2020) highlights the fact that HE discourses surrounding teaching are inclined to avoid the fundamental question regarding the relationship between knowledge and curriculum and the way the curriculum is constructed. Therefore, they tend to focus on what students do within educational settings, failing to recognise how this relates to the content and context in which education and knowledge is situated (Ashwin, 2014).

This holds resonance with nurse education, as knowledge extends across learning spaces comprising both theoretical and clinical elements; the former delivered in the formal curriculum and the latter in both the informal curriculum

and the more subtle hidden curriculum (see 2.7.2 below). By accepting that knowledge is influenced both by the context of its enactment and how students ascribe meanings to those contexts, thereby making sense of knowledge, I will show how knowledge is influenced by common understandings and expectations embedded in the learning environment and conveyed in both implicit and explicit discourses.

I will also demonstrate how forms of knowledge are created, reproduced and legitimized in the curriculum. This involves considering how knowledge which is created in the field of practice is selected and relocated in the curriculum through a process of recontextualization, and therefore translated and ultimately transformed in the learning environment (Bernstein, 2000).

This is dependent on the way knowledge is classified through disciplinary or non-disciplinary frameworks and the way in which it is structured with reference to the purpose of education (Wheelahan, 2005), and based on the premise of what is deemed important regarding the know-how and know-why of knowledge. The process of recontextualization is under both the formal control of government and regulatory bodies and the less formal control of educators who enact the curriculum (Wheelahan, 2005) This will ultimately result in the reshaping of knowledge in not only the formal but informal and hidden curriculum, legitimizing what counts as knowledge in the different contexts, that is deemed to be the most 'useful and desirable' (Clark, 2005, p.36). This is under the influence of both the distributive rules which regulate the circulation of knowledge, and the evaluative ones (Bernstein, 2000) which govern how students recognise what counts as knowledge in different contexts. My research will show that this enactment of the curriculum in the

clinical environment and the resulting pedagogic practice foregrounds clinical knowledge and enables a reproduction of that knowledge through the next generation of nurses.

Curriculum change and development, governed by health care policy (Chowthi-Williams et al., 2016), have become key features of nurse education in the UK, ensuring it remains relevant and responsive to changing health care systems, practices, and priorities (D'Antonio et al., 2013). At the same time, the mastery of knowledge is reduced to a subordinate position (McNamara and Fealy, 2014). It is interesting to note that despite the myriad of changes that nurse education has undergone, particularly over the past three decades, the concept of nursing knowledge, whilst much contested (Bonner and Lloyd, 2011) and largely deliberated, is scarcely investigated as 'an object in its own right' (McNamara and Fealy, 2014, p. 160). My research plans to refresh this investigation.

The education curriculum shares some similarities with the nursing curriculum in that attention to knowledge has diminished, in turn prompting a body of scholarship concerned with bringing knowledge back in (Muller, 2009). This decline in attention to knowledge has been associated with a preoccupation with standards, outcomes and accountability (Deng, 2015) and the 'prescriptive approach to the curriculum focused on the formulation of explicit educational objectives' (O'Connor, 2020, p.5) or outcomes.

It is this distinction of knowledge as one which is outcome driven that is bound by the underpinning ethos of the new NMC standards (NMC, 2018a) imposing a rigid set of statements, stipulating the knowledge and skills required by the nurse at the point of registration. Critics of such an outcomes-based

curriculum suggest it signifies an approach which presents knowledge as both stable and uncomplicated (Goodson, 2008) and fixed rather than unchanged by its enactment (Barnett and Coate, 2005).

In this way, the NMC standards (NMC, 2018a) advocate for a curriculum which appears contradictory to current and future global health challenges as they draw our attention to the fact that registered nurses work in 'the context of continual change, challenging environments, different models of care delivery, shifting demographics, innovation and rapidly evolving technologies' (p.3). Therefore, the prescriptive nature of an outcomes-based curriculum obscures the complexities inherent in nursing practice and the fact that nursing knowledge does not adhere to being stable, uncomplicated or fixed; resulting in the fluidity of knowledge being impeded by rigid rules and regulations (Baudrillard, 2002).

2.7.2 The hidden curriculum

Whilst my approach to both knowledge and curriculum thus far builds on the work of Bernstein, it may seem that my reference to the hidden curriculum does not align with his notion of curriculum. In fact, my assertion that there is a division between the more formal and hidden aspects of the nursing curriculum, with competence explicitly defined in the formal and informal curriculum and values implicitly held in the hidden curriculum, goes against Bernstein's assumption that there is only one (pedagogic) discourse.

Bernstein (2000) suggests that most educational researchers make a distinction between the transmission of skills and the transmission of values as if education were 'about values on one hand and competence on the other' (p.32), a view he strongly contends.

However, the point I make is that there is a contradiction between aspects of the formal, informal and hidden curriculum that makes it difficult for students to navigate.

'Bernstein's analysis establishes the importance of structuring knowledge in [the] curriculum so that it is accessible to students, so they can navigate between different forms of knowledge and use them appropriately' (Whelehan (2010, p.20).

I argue that navigation between different forms of knowledge is made problematic by the hidden curriculum, with aspects that are not officially part of the curriculum but are conveyed through 'educational content and processes and by the organisational culture' (Blackmore and Kandico, 2012, p.7).

Whilst the hidden curriculum dialogue was created outside the health professions' arena, in the past two decades, the concept has had a significant influence on the literature in the medical education field, where the concept has been adopted as part of 'everyday discourse' (MacLeod, 2014, p.539).

Despite the similarities in design to medical education, where learning largely takes place outside the formal curriculum (O'Donnell, 2015) and in a context where much of what happens is 'not prescribed or foreseen in curriculum documents' (Mulder et al., 2019, p.36), nurse education has emphasised the formal and perhaps the informal curriculum, understandably, as these are aspects closely governed by the NMC, and has been remiss by paying relatively little attention to the hidden curriculum (Chen, 2015; Raso et al., 2019). This is of note, as Stewart and Milsom (2015) suggest students'

perceptions of what is important in year two stem from the implicit and explicit messages relayed in the hidden curriculum.

In the literature, the term hidden curriculum tends to be used to refer to all the dimensions not governed by the formal curriculum (Lawrence et al., 2018), therefore, going beyond the intended learning outcomes (McKenna and Williams, 2017). The hidden curriculum is characterised by its 'absence of intentionality' and 'lack of awareness' (Chen, 2015, p.8) thereby creating confusion for students as its assumptions are not easily noticed and often not examined in the nursing curriculum (Day and Benner, 2015).

A recent scoping review of the hidden curriculum in nurse education (Raso et al., 2019) suggests it remains a largely overlooked area of research despite its powerful influence on student behaviour (Karimi et al., 2014). Its lack of recognition may be due to its covert position, inferred and ingrained in the educational experience (Semper and Biasco, 2018), but nevertheless shaping the student experience.

In the literature there are opposing views as to the alignment of the hidden curriculum with the more formalised one, with Chen (2015) suggesting that rather than dismissing or contradicting the formal nursing curriculum, the hidden curriculum exerts a subtle influence, permeating the 'interstitial spaces' (p.8). In contrast, MacMillan (2016) argues that the implicit messages conveyed in the formal curriculum and the clinical setting (hidden curriculum) are markedly different. This view is supported by Hunter and Cook (2018) who contend that the explicit curriculum focuses on enhancing practice whilst the hidden curriculum serves to maintain current practices and 'extant culture'

(p.3159). Thereby, there is a contradiction in terms, proving difficult for students to navigate.

Whilst there are possibly aspects of the hidden curriculum which exist in all educational environments, in nurse education its influence is often more pronounced and powerful in clinical practice (Day and Benner, 2015). It is this enactment in real life social settings that makes it 'pervasive, continually reinforced and naturally accepted as how things work' (Karimi et al, 2014, p.5). However, the hidden curriculum may be more difficult to address as it is deeply embedded in the learning environment in 'a set of influences that function at the level of organizational structure and culture' (Hafferty, 1998, p.404), resulting in a clinical environment laden with values, attitudes and beliefs, conveying behavioural expectations, values and norms (Mossop et al., 2013) in a mostly implicit discourse.

This goes against the views of curriculum held by Semper and Biasco (2018, p.482) who claim that the current HE system, with a focus on performance and contribution to the workforce, is conveyed to students in a 'value neutral delivery system'. This suggests a curriculum unaffected by context and associated social and cultural values, rules, assumptions and expectations (Wear and Skillicorn, 2009). In nurse education this is not the case and the hidden curriculum plays a crucial role in the indirect learning of behaviours and attitudes, ultimately influencing the construction of identity (Kelly, 2019). This may be more significant in the second year of study when students are in the process of establishing their identity (Sterling, 2018) and re-evaluating their purpose.

The process through which students encounter new knowledge, skills, attitudes, behaviours and values (in the hidden curriculum) and make these a part of their identity is termed professional socialization (Mariet, 2016); students are exposed to tacit learning and behaviours which may present a dichotomy between their own values and behaviours and those observed, which may fall short of ideal practice (Hunter and Cooke, 2018). In turn, the learning associated with the hidden curriculum may pose a negative influence on students' educational development (knowledge) (Doja et al., 2016) and their clinical practices (Hunter and Cooke, 2018) thus, exerting a powerful influence, which is often underemphasised and underexplored.

The power of the hidden curriculum in influencing nursing practices is emphasised in the scathing accounts brought to light by the Francis Report (Francis, 2013), highlighting poor standards and failings of care, which Hunter and Cooke (2018, p.3159) suggest is the effect of 'the hidden curriculum left unchecked'. In this situation, the overriding environmental culture resulted in a lack of power and control for nurses, ultimately impacting on patient care, thus, demonstrating how the hidden curriculum may perpetuate behaviours that are less than desirable (Holmes et al., 2015).

Despite a paucity of research relating to the hidden curriculum and nurse education, those studies that do exist have focused on the negative aspects: indicating a workforce oriented clinical practice environment lacking focus on educational requirements (Allan, et al., 2011), wherein professional values are often disregarded (Jafree et al., 2015). Notwithstanding the negative impact of the hidden curriculum, it is undoubtably pervasive in its influence, conveying messages that shape the way students come to evaluate and understand the

learning environment (Özdemir, 2018) through a process of common understandings and expectations (Meltzer, 1972), an aspect that has been little explored.

In view of all that has been mentioned so far, one might suggest an unambiguous relationship between the implicit messages and tacit learning embedded in the hidden curriculum discourse, a discourse that appears to be 'hiding in plain sight' (Gair and Mullins, 2001, p.21), yet it seems, without any attempt to address its inescapable influence. This may be since it is so entrenched and long-standing, that it escapes attention (Semper and Blasco, 2018). Therefore, the discourse endures, subsumed by 'a group of individuals carrying on and participating in a common social process of experience and behaviour, within which these gestures or symbols have the same or common meanings for all members of that group' (Mead, 1934, p.89).

It is this notion of shared meanings and enduring discourse that offers a valuable insight into the hidden curriculum and one which my research plans to demonstrate. Employing the concept of the hidden curriculum may explain why, from a symbolic interactionist perspective, students naturally accept practices that are far from ideal, thereby attending 'selectively to some [symbolic messages, whilst] disregarding others' (Milliken and Schreiber, 2012, p.689)

Like the discourse surrounding knowledge in the curriculum, which is socially and historically constructed, ultimately preserving practices and the cultural reproduction of knowledge through subsequent generations, the hidden curriculum appears to sustain the values and behaviours inherent in nursing practice environments; thereby, illustrating the constraints of nurse education

but indicating where its powerful influence may lie in the interstitial spaces of the hidden curriculum, permeating the borders of the student experience.

Thus, questions about the status of nurse education will be discussed in the next section.

2.7.3 The evolutionary path (and status) of nurse education

The latter part of the twentieth century saw vast changes in nurse education in the UK, resulting in a shift from an apprenticeship style training programme, based within a health delivery system, to a university-based education programme (Glen, 2009; Morrall and Goodman, 2013) with the aim of producing future nurses who were knowledgeable doers, a precedence which has prevailed in the undergraduate nursing curriculum (Fealey et al., 2018).

The evolutionary path of nurse education, with its move into the academy and subsequent advancement to an all-graduate profession was met with mixed reactions, but mainly discourses of [strong] opposition (McNamara, 2010).

This may be explained by Bernstein's (2000) notion of the pedagogic device, and its rules of distribution, recontextualisation, and evaluation, whereby knowledge is produced in the field of practice (distribution), recontextualised and transformed into the curriculum (recontextualisation) and reproduced through pedagogic practice (evaluation).

The transformation of knowledge in the curriculum may be influenced by 'struggles between recontextualising fields' (Lilliedahl, 2015, p.42) this would appear to be the case in nurse education. As the discourses of opposition to nursing in the academy surfaced mainly in respect of the fact that nursing was considered unworthy of a place as an academic discipline (McNamara, 2008) and was faced with a hostile reaction, with some authors comparing the

discipline to a 'Trojan horse', smuggling profane and polluting influences into HE (Watson and Thompson, 2004).

This demonstrates the division between academic disciplines, modes of knowledge and the way knowledge is classified, framed and ordered within the HE system, demonstrated in the work of Bernstein (2000) and what he termed 'performance modes'. His work demarcated three modes according to their 'knowledge base, focus and social organisation' (p.51): singulars, regions and genericism.

Singulars are those associated with a strong academic base, bound in, and protected by a specialised discrete space with its own discourse, hierarchies and intellectual field (Bernstein, 2000). However, contemporary HE practices, have resulted in the boundaries between singulars becoming dissolved (McNamara, 2008) resulting in a number of singulars coming together to form a regionalized form of knowledge (regions), oriented towards both their own single body of knowledge and their wider field of practice (Young and Muller, 2014). Therefore, knowledge moves away from its specific domain, perhaps reducing its value. Regions can be seen in contemporary nursing practice where the professional work and context spans several disciplinary boundaries enabling access to different sources of knowledge (Bonner and Lloyd, 2011). Genericism will be discussed briefly at a later point.

For Bernstein (2003) this fracturing of boundaries reduced the insularity between disciplines and posed a threat to "sacred" academic knowledge. 'Any attempt to weaken [boundaries between subjects] or change classification strength may be felt as a threat to one's identity and may be experienced as a pollution endangering the sacred' (p.164).

Thus, suggesting the shift of nurse education into the academy and its change in classification posed a threat to the so-called sacred landscape of HE, resulting in an unfavourable discourse which nursing, without an epistemically powerful language, (Fealy and McNamara, 2015) found difficult to contest. McNamara (2008, p.462), in his support of nurse education in the academy, provided a dualistic reframing of Bernstein's concepts, the sacred and the profane: the former adding to a discourse which has received much support and the latter refashioning the concept to support the altruistic and caring nature of nursing, suggesting that: 'nursing work is [both] profane and undeserving of a place in the sacred gloves of academia, at the same time it is sacred, but its essence is corroded by the drive to academicise the non-academic'.

In this way, the status of nurse education continues to inhabit both the worlds of vocational and academic education; striving for an academic identity but unable to escape the clutches of its vocational roots. Nurse education was not helped in its quest to escape its connections with vocational education, as its relocation into the academy coincided with the move by HE into the commercial sector. Driven by a political agenda and led by customer demand, universities became vocational institutions competing in a market economy (Rolfe, 2019); aligning to the needs of a knowledge-based labour market (Durazzi, 2019); and shifting the emphasis from the development of knowledge to the attributes required by the nursing workforce and the preparation of nursing students to mobilise into (and contribute to) it. A notable example of this can be seen in the recent Covid 19 outbreak as the NMC published a set of emergency standards to expand the nursing

workforce (NMC, 2020) calling on (all but first year) students to be deployed into the NHS into 'areas of need' to enable them to make a valuable contribution to the workforce whilst completing their studies.

This results in a tension between intellectual advancement and workforce development (Morrall and Goodman, 2013). A view supported by Darbyshire et al. (2019) in their damning indictment of the 'dumbing down' of nursing knowledge as they note a dramatic change in both universities and nursing faculties: where the sole function is to produce 'commoditised outputs that can contribute to the knowledge economy' (p.2). Thereby moving away from their original intention of generating and disseminating knowledge and developing critical thinking, an essential component for healthcare, prompted by a concern for public protection and associated with improvements in patient care, the development of new knowledge and professional innovation (Burrell, 2014; Darbyshire et al., 2019).

By virtue of its location in HE, nursing is an academic discipline but weak in comparison to other disciplines, often succumbing to external pressures (Thompson, 2009) particularly those of the government and NHS commissioners. This comparative weakness and lack of power is demonstrated by the profession, long held captive by the prescriptive control of its regulatory body. At the same time, it is susceptible to educational trends and quick fix solutions (Thompson, 2009), introduced in an attempt to remedy the political and economic woes of current healthcare (Northrup et al., 2004). This has resulted in a nursing curriculum which is reactive rather than proactive, with little consideration given to planning, implementation or

evaluation (Thompson, 2009) and traditionally saturated with content (Giddens and Brady, 2007; McNamara, 2009).

Returning briefly to Bernstein's performance modes, alongside the dissolution of barriers between singulars and the resultant development of regions, his work suggests that the regionalization of knowledge is being threatened by market forces and the emergence of a new mode of knowledge, termed genericism. With an emphasis on key and core skills, which are 'assumed to apply to all subjects, all regions and all fields of practice' (Young, 2010, p.156).

The predominance of the generic mode allows an empty space 'waiting to be filled with whatever temporary content market, institutional, or government imperatives may dictate' (Beck, 2006, p.193). This is a similar picture to that seen earlier with nurse education, adopting the latest trends and quick fix solutions.

It is on the premise of genericism that the new nursing curriculum is designed, framed around a series of outcome statements to apply across all fields of nursing practice, but with a more specific depth of knowledge and skills in each student's chosen field. There is also an increased emphasis on interdisciplinary working, meaning nursing practice and knowledge will span several boundaries and fields of practice.

At the same time, genericism is based on the proposition of a world wherein life experiences cannot be based on solid future expectations and one's location within that world (Bernstein, 2000). Its principles therefore resonate with nurse education, preparing current students for 'jobs, pathways and life

worlds that are still in formation' (Kelly et al., 2008, p.viii) in the context of advancing global health challenges.

However, the notion of genericism and the dissolution of boundaries may further restrict nursing from developing its own distinct and stable disciplinary knowledge base, with generic modes actualising a 'flexible, transferable potential rather than specific performance' (Bernstein, 2000, p.59), thereby maintaining the assumption that 'nursing is a generic, infinitely flexible and mutually interchangeable resource to be deployed when and where needed to compensate for gaps and deficiencies in organisational structures, systems and processes' (McNamara et al., 2011, p.3509). Thus, both an implicit and explicit discourse is sustained, which will ultimately influence both nursing knowledge and the construction of nursing identity (Fealy et al., 2018).

2.8 Summary

This chapter outlined the three main areas of literature that relate to my research: the second-year experience, nursing identity, and nursing knowledge and the gaps in knowledge my study plans to address.

There is a growing body of literature that examines the second-year experience, with studies that suggest an association between year two and both its preceding and succeeding years (Milsom and Yorke, 2015; Thompson et al., 2013). An interesting question for me was how previous experiences influence the student journey through year two. In addition, the literature emphasised a variety of strategies developed by educators to support students in year two. With research suggesting that students are expected to be more able to self-navigate their studies in year two (Tower et al., 2015), I

was interested in the resources students themselves developed and used to navigate their second year.

As explained earlier, identity is a fundamental property in nursing and an important factor in explaining 'how the nursing profession views itself [...] and how the public views the profession' (Fealey et al., 2018, p.2159). This is demonstrated in the literature which has an overt focus on professional identity and preparing future generations of nurses (Walker et al., 2014), thus drawing attention away from the student experience and the temporal aspect of being a student. To understand the student journey requires a more basic comprehension of the factors that underpin the construction of identity. It is relevant for this study as year two is a time when students are in the process of establishing their identity (Sterling, 2018).

Research on the second year does not for the most part focus on nurse education, studies have been mostly restricted to HE environments with links to academic performance, persistence and satisfaction (Whittle, 2018; Webb and Cotton, 2019). This generalisability does not provide an insight into nurse education as learning transcends different learning environments. There is also little in the way of literature that focuses on the different forms of knowledge in the undergraduate nursing curriculum and the context in which learning takes place. The introduction of the new NMC standards (NMC, 2018) necessitates an understanding of how students engage with knowledge in different learning environments and how sociocultural factors influence learning.

This study set out to answer these questions in relation to nurse education, with the literature identified in this chapter providing the lens through which I

examine the data in my study, alongside the theoretical perspectives of symbolic interactionism and social realism identified in this chapter and further explained in chapter three.

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Chapter 3: Methodology and methods

3.1 Introduction

This chapter explains and justifies the methodology and methods used in my study which enabled me to both address the aims of my study and answer the research questions.

My research set out to examine how student nurses navigate the second year of an undergraduate degree programme and how their journey is influenced by their perceptions, previous experiences and the meanings which they ascribe to different learning environments. The aforementioned approaches were used to find answers to the following research questions:

RQ1. How do perceptions and previous experiences influence the student journey through year two?

RQ2. What factors underpin the construction of identity in year two?

RQ3. How do students construct meaning and engage with different forms of knowledge in specific learning environments?

RQ4. How does the sociocultural environment influence engagement with knowledge and shape the construction of identity?

In the first part of the chapter, I begin by introducing my perspectives and philosophical position as a researcher (3.2), setting out the thought processes which inform the theoretical perspectives in my study (3.3). These in turn frame my data collection and analysis. I then position my study within an insider research continuum (3.4) before outlining aspects of the qualitative longitudinal design (3.5) which allowed me to examine the processes that shape the student journey over the course of the year. I then move on to

examine the chosen methodology (3.6) for the study, exploring the different variants of grounded theory and providing a justification for the use of a constructivist grounded theory perspective which informs my research. The second part of the chapter examines how the research was conducted in relation to sampling (3.7) data generation (3.8) and data analysis (3.9), including the core process of memo writing which supported both the constant comparative approach and the reflexive nature of constructivist grounded theory. In section 3.10, I outline the ethical considerations of the study.

3.2 My beliefs and perspectives as a researcher

The starting point for my research derived from a personal, professional and academic interest in the topic which I bring to the research, having worked for thirteen years as a registered nurse and a further ten years as a nurse educator. This dual professionalism is enhanced by prior experiences, perspectives about the topic of enquiry and a certain degree of familiarity with the environment and culture, having facilitated student learning in both clinical environments and my current workplace.

Whilst my position in relation to the research will undoubtedly shape the research process, taking a reflexive approach recognising and examining prior meanings and worldviews will allow me to consider how they influence the research, which in turn adds to the study's credibility (Charmaz, 2017; Charmaz and Thornberg, 2020).

My career and experience as a nurse have, accordingly, shaped my world views. I strongly believe in a practical world, the experiences within it, and how action and interaction are connected, a view often associated with

pragmatism which advocates 'that action and action are interwoven so that it is only through social interaction that individuals develop' (Bryant, 2017, p.3). Morgan (2014), drawing on the work of Dewey, discusses pragmatism as a research paradigm and its underpinning assumptions that experiences always involve a process of interpretation and invariably occur within a specific context. I subscribe to the view that experiences involve and will be influenced by the way an individual interprets a situation. At the same time, I view knowledge as a construct, the value of which is contextualised. This is reflected in my research which examines how students interpret, construct meaning and engage with knowledge in specific learning environments (RQ3). Additionally, there are connections between pragmatism and constructivist grounded theory, as both view reality as 'fundamentally social and processual' (Charmaz, 2017, p.38) and recognise how meanings and actions influence each other. This allows a bringing together of the fluid relationship between meanings that students assign to symbols within different learning environments and how those meanings influence identity and engagement with knowledge.

3.3 Theoretical perspectives

My research is framed by two theoretical perspectives, symbolic interactionism and social realism, which enabled me to answer my research questions.

Symbolic interactionism provided the initial focus for the study, offering an alternative to the traditional approaches to educational research which tend to ignore the importance of meaning, interaction, and interpretation of actors in shaping behaviour (Vrasidas, 2001). At the same time, it supported the aims

of my study and my research questions, as I examined how student transition into and across the second year was influenced by their beliefs, prior experiences, social interaction and how they constructed meanings in different learning environments.

As the study progressed, and I began to simultaneously generate and analyse the data I recognised that I needed another perspective to help generate the theory, particularly around knowledge, the social conditions underpinning knowledge production and exchange and the structure of knowledge in the curriculum; social realism offered that perspective. The next two subsections will discuss these perspectives.

3.3.1 Symbolic interactionism

Symbolic interactionism derives its roots from the philosophical assumptions of pragmatism and provides an interpretive approach of constructing meaning to lived social experiences (Blumer, 1969). The basic assumptions underpinning symbolic interactionism are:

- I. Human beings act towards things on the basis of the meanings that things have for them, either individually or collectively;
- II. The meanings of things arise through the process of social interaction;
- III. These meanings are modified through a fluid interpretive process involving self-reflective individuals who symbolically interact with one another.

Therefore, individuals ascribe meanings to situations, which in turn allow them to make sense of and adapt their behaviour to the situation. Symbolic interactionism moves human behaviour away from a stimulus-response

approach to one of interpretation, recognising that individuals interpret stimuli, and these interpretations shape their actions. (Meltzer et al., 1975). The symbolic aspect of symbolic interactionism highlights how individuals ascribe meanings not only to their own actions, but to the actions of others, informing them how to act within particular social contexts (Ashwin, 2009); individuals therefore adjust their own actions and behaviours as they interpret the actions of others (Smit and Fritz, 2008).

As Denzin (1992) posits, symbolic interactionism has been criticised for taking an astructural approach and failing to recognise history and macro-organisational problems. In its defence, symbolic interactionism does not claim to be a macro-level theory, it is recognised as a micro-level theoretical perspective (Carter and Fuller, 2016) more concerned with interactions between individual actors than larger social and structural processes. However, Burbank and Martins (2010) recognise that humans are social beings, therefore both the individual and society are inseparable, thus acknowledging the role of society in symbolic interactionism. What symbolic interactionism does offer is a shift in the emphasis of structure and agency, allowing the researcher to bring the agent, in this case the student and their perspective to the forefront.

This lens is therefore utilised to explore the ways in which students navigate the second-year landscape, the different learning environments they negotiate, and the meanings and actions involved in their navigation. At the same time, it is employed to examine the construction of student identity.

3.3.2 Social realism

Social realism offers an approach which seeks to address ‘the social conditions of knowledge production and exchange as well as its structuring in the curriculum and in pedagogy’ (Morgan et al., 2017, p.11). In using the lens, I refer to the work of Bernstein and those who have further developed his theories, in both the sociology of education and, to a lesser extent, in nurse education. I have detailed aspects of Bernstein's work in the literature review and therefore do not go into any great depth here to further define the theoretical concepts.

I draw on Bernstein's approach to highlight the dichotomous relationship between horizontal (everyday, mundane) and vertical (esoteric, theoretical) knowledge (see chapter two). In addition, I utilise his notion of the pedagogic device to examine the relationship between knowledge, curriculum and pedagogy, that is, how knowledge is produced in the field of practice, recontextualised and transformed into curriculum and reproduced through pedagogic practice in different learning environments.

In keeping with aspects of Bernsteinian theory, I recognise my ‘allegiance is less to an approach and more a dedication to a problem’ (Bernstein, 1977, p.171) therefore, the lens is used to support the discussion surrounding knowledge in the nursing curriculum, as it places knowledge at the centre stage of educational discussions (Maton and Moore, 2010).

3.4 Insider research

The study involved my recruiting and interviewing participants from the student population of an HEI which is also my workplace, it can therefore be

categorised as insider research (Trowler, 2016). My reasons for adopting this approach were mainly pragmatic, as I had ease of access to the participants. Alongside this obvious advantage of insider research, the researcher is afforded the opportunity to produce accounts which are co-created and meaningful to the respondents (Trowler, 2016). Therefore, insider research positions itself with the constructivist methodology informing the study, whereby reality is both multiple and processual, constructed by the researcher who is an inherent part of the research process (Charmaz, 2014).

The dual professionalism identified at the start of the chapter holds resonance with the outsider-insider continuum described by Mercer (2007) and Trowler (2016) where the position as a researcher is a fluid one. As researchers, we are rarely confined to a complete insider or outsider position (Trowler, 2016) but rather 'take on different positionings' based on the situation, the participants and the 'familiarity of linguistic and socio-cultural norms' (Milligan, 2016, p.216).

Despite my previous experiences and familiarity with the undergraduate nursing programme, I recognise that both the student journey and current practices may be markedly different to my own experiences. Accordingly, I view myself as an insider to the HEI with knowledge of nurse education but an outsider to the community of student nurses; thus, positioning myself on the continuum as an 'insider on the outside'.

3.5 Qualitative longitudinal design

My research is framed by a qualitative longitudinal design as it examines how student nurses navigate the second year of their HE journey. It seemed appropriate for my study as the design allows researchers to explore the

context of an area of study, the processes that shape it, and their effects on an individual over time (Passy and Ovenden-Hope, 2016). In addition, the qualitative longitudinal approach connects to symbolic interactionism, acknowledged in the temporal aspects associated with the study of social life, whereby ‘selves and societies, individuals and institutions pass together in historical time, each successively adapting and coming into being through their interaction’ (Hermanowicz, 2013, p.19).

Qualitative longitudinal research involves the collection of data at two or more time points and the use of qualitative methods (Nevedal, et al., 2018). In my research, qualitative interviews were conducted with the same group of students over the course of the participants’ second year. The interviews were spread over the course of the academic year to examine experiences at certain points in time, indicated in Figure 3.1.



Figure 3.1: Timeline of interviews: September 2018-June 2019

3.6 Methodology

My initial decision to utilise a grounded theory methodology was based on its alignment with the theoretical perspectives informing the study and the premise that ‘the relationship between grounded theory and symbolic interactionism is strong and historical’ (Aldiabat and Navenec, 2011, p.1063).

The link between social realism and grounded theory research is seen in

Bernstein's (2000) concept of the languages of description in which 'he describes an interplay between theory and data that is symbiotic' (McPhail and Lourie, 2017, p.288). Thus, new concepts are 'generated in response to absences in the existing theory at a point in time revealed by the research' (Moore, 2013, p124), thereby aligning with the inductive, comparative and emergent approach of grounded theory.

In addition, the iterative logic associated with grounded theory offered appeal, particularly at the start of the research when I was unsure what I was looking for. Grounded theory, therefore, allowed me to start with a guiding interest (Charmaz, 2006) rather than a prescriptive path of set questions and the process of simultaneous data collection, coding and analysis enabled me to study the emerging data (Glaser, 1978).

My initial guiding interest was around how students negotiated the landscape of different learning environments and the processes and social interactions involved. I therefore needed a methodology that allowed me to examine the social (learning) environments that students engage with but more importantly the contextualised processes involved; grounded theory offered that (Milliken and Schreiber, 2012). Furthermore, the constant comparative analysis approach, of generating and analysing data and comparing incident by incident, enabled me to compare practices across the different environments. Additionally, constructivist grounded theory offered a more flexible approach to the method which allowed me to draw on different theoretical perspectives, therefore, providing opportunities to 'expand and enlarge' both the methodological directions and theoretical insights in my research (Charmaz, 2014, p.279).

Grounded theory has evolved over time resulting in several variants (Timonen et al., 2018). In the next sections, I provide a summary of the evolving methodology and compare the main variants, before moving on to outline the application of a constructivist grounded theory methodology which informs my research.

3.6.1 Grounded theory: an evolving methodology

In 1967, Barney Glaser and Anselm Strauss published their book *The Discovery of Grounded Theory: Strategies for Qualitative Research*; their work heralded a breakthrough for qualitative research which had previously been seen as 'impressionistic, anecdotal, unsystematic and biased' (Charmaz 2006, p.5) resulting in it having a lower status than quantitative research. At the time, grounded theory was described as an innovative method of 'the discovery of theory from data' (Glaser and Strauss 1967, p.1). This approach differed from previous methods of testing already-known hypotheses as it involved development of new theories, using an inductive approach and the belief that theory would emerge from collected data (Mills et al., 2007). The work of Glaser and Strauss was termed classic grounded theory and was concerned with developing understandings of social behaviour by identifying and conceptualising one main concern of the research participants and its continual resolution (Breckenridge et al., 2012). This is congruent with a positivist approach and the notion of an objective and fixed external reality (Charmaz, 2014) awaiting discovery by the researcher.

From the early stages of classic grounded theory, Glaser and Strauss 'invited their readers to use grounded theory strategies flexibly in their own way' (Glaser and Strauss 1967, p.5). However, Glaser grew increasingly

uncomfortable with this idea of diversifying from the original methodology, resulting in a split from Strauss. Glaser continues to write, maintaining his stance on classic grounded theory, whilst Strauss went on to do further work, some with his colleague Juliet Corbin, and his approach is often termed Straussian grounded theory. Strauss advocated theory verification rather than theory development and his work with Corbin continued to move in this direction. Kathy Charmaz offered a more modern perspective of grounded theory, which formed part of the 'constructivist turn'; she suggested that 'researchers can use grounded theory strategies without endorsing mid-century assumptions of an objective external reality, a passive neutral observer or a detached narrow empiricism' (2014, p.13).

According to Charmaz (2014), research should take the view of a social reality which is multiple, processual and constructed, with the researcher as an intrinsic component of the research. This suggests that data and theories are not waiting to be discovered but rather are co-constructed by the researcher and research participants, with the researcher adopting a reflexive approach recognising their own influence on the research process.

3.6.2 Comparing grounded theory perspectives

One major issue that has dominated the field of grounded theory research is the ongoing debate and discussion surrounding the different versions of the methodology. Notwithstanding the fact that three versions of the methodology exist, the discourse tends to focus on its classic and constructivist iterations, with proponents of each version extolling its virtues whilst berating the other. Whilst the vehement debate continues, leading to the belief that the different

versions are inherently incompatible (Breckenridge et al., 2012), the two approaches, to all intents and purposes, share many core features and procedures (Bryant and Charmaz, 2007). These will be discussed later in the chapter as the general set of characteristics applied to all grounded theory studies and I will demonstrate how I utilised these in my study.

There are, however, distinct variants in the principles underpinning the different variants of grounded theory. These include the role of the researcher, and the application of literature within the research process (O`Connor et al., 2018). I examine these points in relation to the classic and constructivist variants before providing a rationale for applying a constructivist grounded theory approach to my research.

3.6.3 The role of the researcher

Both approaches to grounded theory suggest that researchers should remain open to emerging patterns throughout the research process and the preconceptions or professional interests of the researcher should only become apparent in the theory when they are reflected in and supported by the data (O`Connor et al., 2018). However, that is where the similarity ends. Glaser (1998) maintains that the views of the researcher be treated like any variable in a study and subjected to the analytical process; there is no requirement for the researcher to engage in identifying their role and/or any preconceptions they may hold. However, Charmaz (2014) adopts a reflexive approach, proposing that researchers should engage in strategies which reveal their position in the research.

Another area of contention between the two approaches is whether the researcher adopts an active or passive role. Charmaz (2014) justly identifies

that researchers are an inevitable part of the world they study and through that involvement they co-construct their theories based on involvements, (both past and present), perspectives and interactions. However, Glaser (2012) suggests that the notion of co-construction elevates the role of the researcher to one above the participant, with the danger being that the researcher's interpretation becomes more valuable than that of the participant.

3.6.4 The role of literature

Much of the discourse relating to grounded theory problematises the role of the literature review with the central concern around how and when existing literature should be applied (Dunne, 2011). Glaser and Strauss (1967), in their early work, categorically advised against conducting a literature review in the area of research at an early stage in the research process. However, in his defence, Glaser (1998) later highlighted that the unpredictable nature of grounded theory research means that the literature which is the most relevant may not actually be known at the outset. It appears then that classic grounded theorists are not averse to conducting a literature review but rather consider the timing of the review to be key. Stern (2007), an advocate of classic grounded theory, acknowledges the importance of the current literature in the later stages of the study, with the literature review ensuing from the emergent theory. The constructivist approach offers an alternative view to the application and timing of literature within a research study. Charmaz (2014) suggests the researcher becomes accustomed with the existing literature before data collection to establish prior knowledge and scholarship in the area of interest. Whilst these divergent views are held, the overall perspective held by both schools of thought is that the literature review should not be regarded

as a fixed entity. Rather, it should be tailored and integrated into the research findings, thus embedding them in the extant literature (Fernandez, 2012).

3.6.5 Applying a constructivist grounded theory approach to my research

On a personal level, the constructivist approach of Charmaz offered immediate appeal for me as a novice researcher. I found her work to be much more accessible as an early career researcher than that of Glaser, whose writing I felt was tailored to experienced researchers. On a practical level, whilst I respected his work and expertise as the founder of grounded theory, I agreed with his statement that ‘the difference [between constructivist and classic grounded theory] is the choice of method: it is different, not better than’ (Glaser, 2012, p. 36). Furthermore, I contend it is a choice based on philosophical assumptions and principles.

My philosophical position identified at the start of the chapter and my assumptions that action and interaction are connected; and experiences always involve a process of interpretation, meant that the adoption of a constructivist approach was appropriate.

In addition, constructivist grounded theory ‘provides ways of showing and theorizing how meaning and action influence each other’ (Charmaz, 2017, p38), fitting with the aims of my research to examine how students assign meanings to the discourses in different learning environments and make sense of situations which in turn determines how they act.

A positivist approach based on the idea of an objective external reality (Glaser and Strauss, 1967) was not befitting to my study as I examined how students navigate different learning environments and the social interactions that in turn shape their behaviour in each environment. Constructivist grounded

theory, on the other hand, offered a view in which realities are fluid, multiple and invariably occur within a specific context (Charmaz, 2014; 2017), therefore aligning with my research. In addition, constructivist grounded theory allowed a view of who and what is in the situation and what affects it from the broader environment in which it is situated (Clarke, 2012), thus, enabling me to position my study in the wider discourse of nurse education. In addition, I rejected the notion of the researcher as a passive neutral observer, agreeing with Charmaz (2014) that, as researchers 'we are part of the world we study, the data we collect and [inevitably] the analyses we produce' (p. 17).

I recognise, I play an inherent part in the research through my position, experience and prior knowledge and I would be displaying a degree of ignorance in suggesting that these bore no influence on the study throughout the research process. Therefore, constructivist grounded theory enabled me to produce a contextually situated interpretation (Keane, 2015) of how and why students do what they do as they navigate their student journey, and the factors that influence their journey.

In applying a constructivist grounded theory approach and taking the view that social reality is multiple, processual and constructed, with the researcher as an intrinsic component of the research (Charmaz, 2014), I needed to take the 'researcher's position and privileges' (Charmaz, 2014, p12) into account to acknowledge how they may influence and shape the research. Hence, I ensured that none of the participants were past or present students (see 3.7.1). I was also conscious of my role in relation to the research participants and any potential power imbalance, I discuss these in section 3.10.

A final point here relates to the use of literature in the research. I was hesitant about avoiding an early literature review; I felt the need to engage with the literature to assess the current discourse within my areas of interest. I therefore took the decision to apply the literature to my study in two ways, by conducting an initial literature review to provide a justification and rationale for my study and to identify a gap in existing knowledge. The literature review was further developed alongside my data collection and analysis, and influenced by ideas deriving from the research, resulting in me examining the literature not only in my original fields of enquiry but also in the wider context, advocating Thornberg's (2012) argument of an informed grounded theory in which 'the researcher [...] situates his or her study and its product in the current knowledge base' (p.255).

3.7 Sampling

In my research, I used the two sampling strategies advocated by grounded theory: purposeful and theoretical sampling, with a purposeful sample being selected at the outset of the study, followed by theoretical sampling which 'progressively and systematically tailors further data collection to serve the emergent theory' (Breckenridge and Jones, 2009, p.118).

3.7.1 Purposeful sampling

I began my research by recruiting a purposeful sample which involves those who have shared knowledge or experience of the proposed area of study (Cresswell and Plano Clark, 2011). The study population may have legitimately involved a cohort of two hundred students who would undertake their year two studies during the timeframe of the research, namely

September 2018 to September 2019. For pragmatic reasons I needed to consider the sample size in terms of both what was ideal and what was practical (Robinson, 2014) and therefore created inclusion and exclusion criteria for the study. With the object of reducing the size of the study population and creating a more homogenous sample, individuals were excluded from the study based on the following criteria:

- i. Students with whom I had an existing teacher student relationship i.e. they were either in my personal tutor or academic group.
- ii. Students who had experienced difficulties with their academic or clinical studies in year one, i.e., they had been unsuccessful with academic assignments or clinical placement in year one.
- iii. Students who had taken a period of time away from their studies and returned to year two but not with their original cohort.

From the cohort of two hundred students, my initial aim was to recruit between ten and fifteen participants. At the time of recruitment to the study, eleven of those who were eligible to participate displayed an interest and agreed to take part. Based on the recommendation that sample size in grounded theory relies on the point of theoretical saturation which normally occurs between ten and thirty interviews (Thomson, 2010), the sample size was considered appropriate.

3.7.2 Theoretical sampling

I adopted a theoretical sampling approach once I had begun to collect and analyse the data. Theoretical sampling is associated with grounded theory whereby data is collected, analysed and compared and the next data

collection is based on emerging concepts; the sampling therefore directs the research and those using theoretical sampling ‘cannot know in advance precisely what to sample and where it will lead’ (Glaser, 1978, p.37).

Theoretical sampling tends to imply the recruitment of further participants to a study, and it may also involve asking earlier participants further questions or inquiring about experiences not discussed previously (Charmaz, 2006). As highlighted earlier, I adopted a qualitative longitudinal design, characterised by a series of data collection with a sample of participants (Balmer and Richards, 2017). I therefore utilised a theoretical sampling approach, returning to the same participants at three points within the study’s timeframe: an initial focus group (FG) interview in semester one and subsequent individual interviews, (1) in semester two and (2) in semester three, each set of data informing further data collection and analysis. Table 3.1 indicates the participants that took part. An explanation of how the pseudonyms were assigned is in section 3.8.3.

| Pseudonym | Interview | | |
|-------------------------------------|------------------|---|---|
| Ashley | FG | 1 | 2 |
| Charlie | FG | 1 | 2 |
| Robin | FG | 1 | 2 |
| Jamie | FG | 1 | 2 |
| Alex | FG | 1 | 2 |
| Morgan | FG | 1 | 2 |
| Jude | FG | 1 | 2 |
| Tony | FG | 1 | 2 |
| Frankie | FG | 1 | 2 |
| Florence (self-assigned by student) | FG | 1 | 2 |
| Jordan | FG | 1 | |

Table 3. 1: Participation in interviews

3.8 Data generation in grounded theory

I utilised two forms of data generation in my research, an initial focus group followed by individual interviews. Whilst prescriptive in many aspects, grounded theory does not subscribe to a specific method for generating data, indeed Glaser (1998, p.8) suggests 'all is data'. Certainly, there is a wide range of methods cited in the literature: unstructured and structured interviews (Duffy et al., 2004); interviews and observations (Scott, 2007); interviews, focus groups and texts, all of which can be coded (Urquhart, 2013).

3.8.1 Data generation: Focus group interview

I felt the focus group method would be appropriate for my study, as it provided initial insights into both social interaction and the underpinning processes of student engagement. Providing an emphasis on the interaction between participants (Belzile and Öberg 2012) offers initial new insights and a vision of the processes surrounding the topic whilst providing context to the study (Markovà et al., 2007).

Based on the literature of the generally accepted sample size for a focus group of between four and twelve participants (Krueger and Casey, 2009), I chose to conduct one focus group which included all eleven participants. My initial reasons for using focus groups as a method of data collection and choosing to include all the participants in one focus group were mainly pragmatic. Due to study, situation and time limitations for the students, it was easier to agree one mutually convenient date and time when they were already attending university. At the same time, I was aware of the complexities and demands of year two of the degree programme and did not

want to put extra demands on the students' workload. However, with further consideration, the focus group interview turned out to be an important part of the research design.

My research set out to explore how nursing students make sense of their experiences and beliefs and I therefore felt it important that the student perspective was illuminated from the beginning of the study. Consequently, I utilised the focus group interview to explore the notion of sensitizing concepts (Blumer, 1969) which provide the researcher with initial ideas to pursue and, at the same time, sensitize him or her to asking certain questions in the initial phases of the research. I am not sure if I used sensitising concepts in the way they were intended. Charmaz (2003, p.259) talks about sensitising concepts as 'those background ideas that inform the overall research problem' and viewpoints embedded in the researcher's disciplinary and personal perspectives. However, I had already acknowledged both my career and personal perspectives, I therefore wanted the initial ideas (sensitising concepts) to derive from the participants.

I adopted an open questioning approach, initially asking the students to explore and share their prior experiences, meanings, and beliefs of learning as they began their year two studies. Thus, the focus group allowed participants to consider and respond to each other using informal communication, enabling me as the researcher to explore how the group think and talk about a specific topic including the typical vocabulary of the students as they discussed it (Plummer, 2017)

I was initially concerned that in my dual role as researcher and moderator, and with my knowledge and interest in the topic, I may inadvertently impose

my views on the group (Krueger and Casey, 2009). However, following my initial opening question, I took a subordinate role, listening, encouraging the quieter members of the group and following up with further questions based on the participants' responses as the communication around the topic came to a natural end.

A distinct advantage of the focus group is the ability to provide a more secure and supportive environment than the individual interview (Osbourne and Collins, 2001) promoting participants to discuss their thoughts, feelings and perceptions (Krueger and Casey, 2009). Whilst Cohen et al. (2011) argue that the success of focus groups is dependent on the relative unfamiliarity of participants with each other, Finch and Lewis (2003) point out that in terms of focus group structure, the fact that 'everyone [is] in the same boat' is particularly important to facilitate disclosure and discussion (p.190).

As such, the focus group was possibly further enhanced by the degree of familiarity of the participants to each other as a pre-existing cohort of students who had shared a year of similar experiences. This resulted in a distinctive point in my research and as I proceeded to code the data, one of my initial codes was titled 'in the same boat'. Therefore, the established familiarity within the cohort may have prompted group discussion and disclosure.

Whilst the strength of the focus group interview lies in its ability to explore interaction between participants, issues may arise when the focus group is used as a unit of analysis (Wilkinson, 1998) at the expense of recognising individual group members and their contribution, resulting in the voices of some participants not being acknowledged (Onwuegbuzie et al., 2009). This led to my decision to utilise a second method of data collection in the form of

the individual interview, supported by Charmaz and Belgrave's (2012) suggestion that 'combinations of individual and focus group interviews have proven to be fertile ground for developing grounded theories' (p.355). In addition, Lambert and Loiselle (2008) claim that the convergence of findings across two methods may result in richer conceptualisation of data, adding to a study's validity.

Following the focus group interview, I conducted initial data analysis, the emerging concepts of which informed the direction of the individual interviews.

3.8.2 Data generation: Individual interviews

Subsequent data was collected through what may be termed individual or in-depth interviews which are characteristic of constructivist grounded theory and which Charmaz (2014) suggests are well suited to grounded theory methods as both are 'open ended yet directed, shaped yet emergent, and paced yet unrestricted' (p.85). They therefore aligned with my approach. In-depth interviews have been considered as analogous to a guided conversation (Reuben and Reuben, 2005), in which the researcher gently guides the participant in an extended discussion, drawing out depth and detail about the topic; following up with questions based on the emerging dialogue. This style of interviewing felt like a natural progression from the focus group in which participants were engaged in everyday forms of conversation and communication.

All eleven students who engaged with the initial focus group, participated in the first individual interview. Using a similar open style of questioning to the focus group, initial questioning aimed to establish the contextual influence of the learning environment. At the time of the first individual interview, the

students had recently completed their first clinical placement of year two and I asked them to share their experience including their role as a student within the clinical learning environment. I then sought to explore their interaction with others and how this influenced their learning. They were then asked to share their thoughts and experiences of learning within the university.

The interviews lasted between forty-five minutes and one hour and each was audio recorded before being transferred to an encrypted device and then transcribed verbatim. This supports Charmaz's (2014) assertion that 'coding relies on solid data' (p.136) and what is available to code is based on how and what is recorded. At the same time, it allowed me to be able to return to the data at several points during the analysis phase which supported the constant comparative process and allowed me to make strong and logical links between the data and my analysis, adding to the credibility of my study.

As soon as possible after each interview, I listened to and transcribed the recordings. This was sometimes difficult from a practical point of view as on a couple of occasions I interviewed more than one student during the day, so there was little time between interviews to revisit the interview recording or code any data. I therefore relied on written notes which mainly consisted of emerging ideas which I followed up either later in the interview or with the next participant. I began each interview with an interview guide with a focus on the topic but yet flexible enough to allow me to pursue new insights gained from each participant.

In addition, the insights gained from each interview informed the direction of subsequent data collection and analysis, in line with sampling procedures

advocated by grounded theory. Therefore, whilst sharing some commonalities, each interview was distinctive in nature.

The study concluded with a second individual interview; due to attrition, the final sample consisted of ten rather than the initial eleven participants. The interview guide was based on emerging concepts with the questions designed to allow the students to reflect on and share their experiences of their year two journey.

Again, adopting an open style of questioning, the students were asked to consider the following: the influence and importance of others in their learning over the course of the year; their personal and professional development; and their perceptions of nursing and how these had changed. They were finally asked to sum up their second-year experience and reflect on whether it differed from any original pre-conceived ideas.

3.8.3 The progressive nature of data generation

In grounded theory, data generation is a progressive iterative process which runs alongside data analysis as researchers evaluate the fit between their initial research interests and their emerging data (Charmaz, 2014).

As explained in 3.8.1, initial data generation is often based on background ideas or sensitising concepts, and this approach was utilised in the focus group. I did not develop a formal interview guide prior to initial data collection, rather I began with an open and broad question to facilitate the participants to talk about their ideas and experiences (Glaser, 1998). Accordingly, the focus group was framed around the question 'What are your initial thoughts as you move into year two?', allowing the students to talk freely and share their prior

experiences and preliminary thoughts with follow up questions and prompts as required (see Appendix one).

These initial ideas then acted as 'points of departure' to form interview questions and to enable me to think analytically about the data (Charmaz, 2014. p.31). In addition, they formed the basis of interview guides which framed the ensuing interviews, alongside participant insights from each interview which further informed the direction of subsequent data generation and analysis, consistent with a theoretical sampling approach (3.7.2). In Appendix two, I present the guide relating to interview 1 and in Appendix three, the guide for interview 2.

3.8.4 Protection of interview data

As previously discussed, both focus group and individual interviews were audio recorded before being transferred to an encrypted device. Printed interview transcripts and written interview notes were stored in a locked cabinet, with copies saved in a password protected safe digital storage area in the university. These measures were in accordance with the principles outlined by BERA (2018) and Council of the European Parliament (2016).

Another point for consideration is how any data, including presentation of findings, maintains as much privacy as possible (Flick, 2013). Trowler (2016) highlights the difficulties in maintaining anonymity, which is of particular concern in insider research when the research is conducted in one institution, as was the case in my study. In addition, the participant sample consisted of one cohort, whereby the traits of individuals may make them identifiable in research reports (Kaiser, 2009). Therefore, I took the decision to remove any identifying features from my data such as age and gender. The assurance of

participant confidentiality in research includes the use of pseudonyms to preserve anonymity (Thomas and Hodges, 2010) and these were given to all participants within the study (figure 3.2). One chose their own pseudonym, but the others were happy for one to be assigned to them. Due to the gender ratio of males to females in the study (3 males and 8 females) I assigned gender neutral pseudonyms, again to minimise the risk of identifying features. To readers it may appear that the pseudonyms are gendered, this was not my intention. I did not provide different ways of spelling each name to prevent confusion and therefore each pseudonym could be used to denote either gender.

3.9 Data analysis in grounded theory

Whilst coding is key in the development of grounded theory (Holton, 2010) it is integrated within an iterative analytical process, the stages of which give the appearance of being sequential. However, when coding data, constantly comparing with other data and memo writing mostly happen concurrently and the details often overlap.

3.9.1 Coding

I followed the coding processes common to all variants of the grounded theory methodology, whereby coding comprises two main phases: an initial or open phase followed by a selective or focused phase. The initial phase involves fracturing or breaking down the data, applying a name to each word, line or segment of data and beginning to look for similarities and differences between data. The focused phase utilises the most frequent or significant initial codes

in a process of sorting, synthesising, organising and integrating (Birks and Mills, 2011; Charmaz, 2014; Chun Tie et al.,2019).

In the initial coding phase, the procedures advocated by Charmaz (2006; 2014) were followed. Namely, these involved coding with gerunds (a noun formed from a verb) which moves the focus to actions and processes rather than types of people. I also tried to use in-vivo codes (verbatim quotes) where appropriate to keep data close in meaning to the participants' intention. I found the technique of initial coding a fairly straightforward although arduous task, and at times the challenge was to find the right label to attach to each segment of data. As the study progressed, this task became more fluid and, in conjunction with constant comparative analysis, I compared newly formed codes with existing codes, looking for similarities and differences, at the same time refining or developing some of the existing ones.

In applying the techniques of initial coding to the focus group interview, I became sensitised to the preliminary ideas coming from the data and began to construct possible meanings and conceptualise what was happening. The initial codes formed four broad categories which informed the direction of the subsequent data collection and early analysis.

'Focused coding involves attending to how your initial codes account for your data' (Charmaz, 2014, p.140) and as such the second phase of coding involves a more focused approach to elicit strong analytical directions established from the initial coding. As previously detailed, as soon as possible after each individual interview, I listened to and transcribed the interview recordings, however it was only once I had completed the first set of individual interviews that I began the process of focused coding. In this phase,

I found it more challenging to identify common codes or themes in my data and I am not sure if it was due to the fact that I had a large amount of fractured data that I struggled to see the analytical direction.

The final stage of the coding process in grounded theory analysis is theoretical coding the aim of which is to conceptualise how focused codes are related and potentially 'move [the] analytic story in a theoretical direction' (Charmaz 2014, p.150). In classic grounded theory, the process is a formal one and involves the application of 'a variety of analytical schemes to the data' (Stern, 1980, p.23), often in the form of theoretical codes adopted from Glaser's 'coding families' (1978, 2005). Whilst Charmaz (2014) is critical of Glaser's approach to theoretical coding, suggesting that pre-existing theoretical codes impose labels on the data, she is not averse to their use, suggesting the researcher should remain open to all possibilities in the data. Rather than using theoretical coding in its true sense I drew again on the notion of sensitising concepts but this time in their broader term as a term of reference (Blumer, 1954) and as a guiding heuristic device for analysis. I utilised both sensitising concepts from symbolic interactionism (action, meaning, process, situation, identity, self) and Glaser's 'coding families' (Table 3.2) as a knowledge base, applying them to my data if and when they seemed appropriate. Bearing in mind that the durability of a sensitising concept depends on the data and where it takes the researcher, 'emergent concepts may supplement or displace [the concept] altogether' (Padgett, 2004, p.301).

| Coding families | Examples |
|------------------------|---|
| The Six C's | Causes, consequences, contexts, conditions, contingencies, co-variances |
| Process | Stages, phases, progression, trajectories |
| Degree | Limit, range, boundary, rank, cutting points, critical juncture |
| Dimension | Dimensions, elements, divisions of, properties, |
| Identity-self | Self-image, self- concept, self-evaluation, identity |
| Means-goal | End, purpose, goal, anticipated consequences |
| Cultural | Social norms, social values, social beliefs |
| Theoretical | Parsimony, integration, conceptual level |
| Strategy | Strategies, tactics, interaction |
| The mainline | Social control, socialization, status passage, social interaction |
| Consensus | Clusters, agreements, contracts |
| Type | Types, forms, styles, class |
| Interactive | Reciprocity, interdependence, interaction of efforts. |

Table 3.2: Coding families (Adapted from Glaser, 1978)

In addition, I followed each coding phase with a review of the literature that was relevant to the concepts deriving from my research, keeping an open mind which allowed me to 'see further' (Thornberg, 2012) whilst at the same time being aware of the current discourse to which my study will add. Being aware of the current literature also prevented me from making great leaps forward in my claims for new knowledge and allowed me to consider whether the 'innovative breakthroughs in my research' (Lempert, 2007, p.254) were simply due to the fact that I was not aware of the current discourse.

3.9.2 Memo writing

I engaged with the fundamental feature of grounded theory and memo writing, which Glaser (1978) suggests is 'the theorizing write up of ideas about codes and their relationships as they strike the analyst during coding' (p.83). This is considered to be both essential for moving data analysis forward and as a pivotal step between data collection and writing the first draft of a research study (Charmaz and Belgrave, 2012)

Writing memos often seems a formal process, however, I used them to capture the multitude of questions I had as I tried to make sense of the data, in particular in the early stages of the research. Memo writing supported me in the constant comparative analysis process whereby I recorded my experiences, thoughts and emerging ideas to follow up in future data collection.

3.9.3 Developing the grounded theory

Both my data generation and analysis followed an iterative and comparative process. Following analysis of the focus group, I had 34 initial codes, which at the preliminary stage, were little more than a label attached to the raw data. As explained in 3.9.1, I coded with gerunds and used in-vivo codes where appropriate. An example of initial coding is illustrated in Table 3.3.

| Interview data | Initial code |
|--|--|
| <p>'I think they expect you because you have like had a years' experience as a student nurse, I think they expect you to be more up to date with knowledge and stuff, so I think they expect more of you in year two' (FG)</p> | <p>'It's what they expect'</p> |
| <p>'I think in addition to the second-year bump, I also think people are starting to realise what they are getting themselves in to and decide actually I'm not up for this' (FG)</p> | <p>Facing up to the realities of nursing</p> |
| <p>'On my last placement, my mentor was really good, we were like splitting the jobs, doing them together and I really got the experience of how a nurse would be on a ward' (FG)</p> | <p>Experiencing the role of the nurse</p> |

Table 3.3 An example of initial coding

Initial codes were subsequently refined, through both the first and second interviews and the constant comparative approach of grounded theory. This enabled me to compare incidences for similarities and differences and helped to advance coding and conceptualisation (Timonen et al., 2018) as I moved to the more focused stage of coding, where I sought to identify the codes that were related and the 'most numerically frequent or dominant in some way'

(Carmichael and Cunningham, 2017, p.62). Table 3.4 illustrates the process as I moved between frequently occurring initial codes to more focused codes and then to theoretical coding where I utilised sensitising concepts (identified in 3.9.1) to connect elements and to identify possible relationships between the focused codes (Thornberg and Charmaz, 2013). In the table, the number next to the initial code denotes the number of times I applied the same label to the data, therefore demonstrating frequency.

| Initial codes | Focused codes | Theoretical codes |
|--|----------------------|--|
| Getting to grips with the role of the nurse (4) Career aspirations (5) | Becoming a nurse | Constructing an Identity |
| Reality check (6) Leaving in droves (staff) -reality check (4) | Role taking | Symbolic interactionism (process, identity) |
| Looking to the future (7) Making decisions about the future (5) “could I work here long time?” (4) Future vision/becoming a nurse (6) | | Glaser’s Coding families Process family- phases, stages, progression) Identity-self family- self evaluation |
| Facing up to the realities of nursing (7) Wanting to be a good nurse (5) Experiencing the role of the nurse (4) | | |

Table 3.4 Initial codes-focused codes-theoretical codes

In addition, I engaged with the process of memo writing (3.9.2) which further enabled me to see relationships between codes. Figure 3.2 is an excerpt from a memo that I wrote as I tried to make sense of the notion of identity and how

identity was constructed. This involved asking questions of the data and using the literature surrounding identity to guide the theory building process.

Until now I have rejected the notion of the looking glass self, this conception of how others see us. Self-conceptions are a consequence of how people imagine others perceive or evaluate them, so could this be linked to the code 'it's what they expect'? When students talk about what they think mentors want from them, assumptions, expectations? I am starting to consider self-concept and how individuals see themselves from the perspective of 'others' of which there are two types, significant others and the generalized other.

Figure 3.2 Excerpt from a memo

3.9.4 Data management

At the start of my research journey, I considered the use of computer assisted qualitative data analysis software (CAQDAS) based on its proposed organisational benefits and my concerns about the volume of data my (albeit) small-scale study would produce. Several authors highlighted the fact that CAQDAS can facilitate different aspects of the grounded theory process (Hutchinson et al., 2010) helping to provide a transparent account of the process and supporting the analysis to move beyond description (Bringer et al., 2004; Bringer et al., 2006). Based on these inferences it originally seemed appropriate to utilise CAQDAS to assist in the analysis process. Taking this into account, I attended a workshop based on using NVivo for qualitative data analysis to gain an understanding of the capabilities of the software. I utilised the software during the focus group interview and found the process difficult, with more attention being given to the software than the data. I therefore took a pragmatic decision and reverted to a traditional way of coding using the

functionality offered by Microsoft word, highlighting text and adding comments, a system I was more familiar with.

3.10 Ethical considerations

The study was granted ethical approval from Lancaster University Ethics Committee, followed by secondary approval by the employing HEI. Guidelines for Educational Research as advised by BERA (2018) were also given due consideration, as students provide a research population with a relative ease of access and are therefore vulnerable to being over researched.

Students who demonstrated an interest in the research were sent a participant information sheet and afforded an opportunity to ask questions before agreeing to participate. As the study involved several data collection points, the participants were asked to consent at each one. Thus, securing informed consent, one of the key issues associated with empirical research was addressed (Floyd and Arthur, 2012).

My research would not have been possible without the participants and 'the unique contribution of researchers and participants to a project makes them both inseparable parts of the final creation' (Karnieli-Miller et al., 2009, p.279). However, it would have been naïve of me to imagine that my position in the university would have no influence on the research relationship and the perceived power differential. Robinson (2012) recognises the ingrained power relations which already exist in the operational structures and systems of HEIs and in the hierarchical power relationships between tutors and students. At the time of recruitment to the study, I was not well known to the participants, however, they were aware of my role as a member of the teaching staff and

this knowledge would be associated with any assumptions they held about that role.

In order to minimise the potential problems associated with power imbalance and reduce any initial influence over each student's decision to volunteer as a participant, I followed advice derived from the ethical approval process; that recruitment of participants be conducted by somebody who was not in a direct relationship with the proposed student population. In addition, as previously mentioned, students with whom I had an existing teacher-student relationship, that is those who were either in my personal tutor or academic groups were excluded from the study (3.7.1). Although I might teach students in the future, I was clear to highlight in the participant information sheet that any discussions or disclosures during the research would not influence their future studies or their relationships with me as a tutor.

An initial concern for me was the relationship between myself and the participants and the influence it may have on each student's decision to participate, as well as the potential for students to dilute aspects of their stories (Locke, 2019), however, my fears were unfounded. As I collected data over the course of the academic year, I began to develop relationships with the students as they allowed me access to their lives; sharing with me their hopes, fears and experiences. I felt in a position of privilege and listening to their stories allowed me to demonstrate respect for their experiences and gain the trust of the students, both of which are integral parts of the qualitative interview process (Rahmein et al.,2016).

3.11 Summary

This chapter explained and justified my research design and how it enabled me to address the aims of the study and answer the research questions. I firstly recognised my position and perspectives as a researcher. I then outlined aspects of the research design and examined the methodology for the study, including the underpinning assumptions and theoretical perspectives. This involved a brief historical journey of the development of grounded theory, and my decisions for utilising a constructivist approach. I then proceeded to outline the simultaneous data generation and analysis process of grounded theory research relating individual aspects to how I conducted my research. In chapters four and five, I present the outcomes from my study.

Chapter 4: Research outcomes- Factors that influence the year two student journey and the construction of identity

4.1 Introduction

This chapter and chapter five present the key outcomes from my study. In keeping with a constructivist grounded theory approach, I offer a 'theoretical interpretation of the studied phenomenon' (Charmaz, 2014, p.231), that is, I present the empirical data and provide my construction and interpretation of that data. This approach continues into chapter six where I draw together and discuss the study's outcomes.

This chapter sets the context for the year two journey and outlines the factors that impact on the way students navigate their way into and through the second year. It also introduces the concept of identity. The focus in chapter five is on how students construct meaning and engage with different forms of knowledge in year two and how knowledge and identity are influenced by the sociocultural factors present in the learning environment.

The outcomes in this chapter are presented in two parts and relate to my first two research questions. The first part relates to my first research question (RQ1):

RQ1. How do perceptions and previous experiences influence the student journey through year two?

I begin by exploring the perceived identity and student perceptions of year two (4.2), the often-negative status assigned to the year and how that status results in a self-fulfilling prophecy of expectations which influence behaviours (4.2.1). I then move on to examine the reflective process as students re-

evaluate past experiences (4.3) which influence present and future behaviours.

These themes emphasise how individuals ascribe meanings to situations and contexts and how these ultimately influence both their perceptions and subsequent actions. In addition, they highlight the significance of time, context, common understandings and expectations in relation to the findings. In doing so, they aim to capture and enhance an understanding of the temporality of the student journey through year two of the three-year degree programme and how students navigate their journey through year two.

The second part of the chapter relates to my second research question (RQ2):

RQ2. What factors underpin the construction of identity in year two?

This is based around one theme: constructing and balancing identities: being a student and becoming a nurse (4.4). It explores the process of identity development and how students construct a number of individual and collective identities; a process which is often problematised by the competing demands of academic and clinical work. The theme is presented in this chapter but recurred throughout the research and, from the analysis it appeared to be a fundamental (albeit tacit) process which underpins other aspects explored in the next chapter.

In this chapter and the subsequent chapter, I integrate the outcomes from both the focus group and interview data. In doing so I acknowledge the iterative analytical process of grounded theory research, whereby initial analysis established themes from the focus group data, with interview data used to refine these. The combination of both data sets contributed to a more

nuanced understanding of the subject, resulting in a richer conceptualisation of the data.

The outcomes in this chapter and chapter five are illustrated with participant comments taken from both the initial focus group and subsequent individual interviews. All comments state the participants pseudonym and indicate which interview the comment is taken from (FG-focus group, Interview 1, or Interview 2).

4.2 The perceived identity of year two

The first theme relates to the evidence within the interview data regarding the perceived identity of year two. There is a sense from the data that the student experience is based on the perceptions that students bring to year two and the assumptions they make about the expectations of year two. This is compounded by the often-unfavourable status that precedes year two which the analysis suggests ultimately impacts the students as they begin and move through their year two journey, as illustrated in the extracts below:

I feel like since first year, I have been proper apprehensive about it, I have friends who are halfway through second year now and they have all kind of had a lull with it and they call it the second-year blues (Jamie, FG).

I know I was worried for second year before I started, one of my friends has just qualified and I e-mailed her, and she had so many horror stories about second year about how everyone expects so much more from you and then the academic side is a lot harder (Charlie, FG).

I think when you leave first year there's this big thing around second-year blues, everybody gets it in their head that second year is just going to be awful. I think we all started second year with this in our head and I think like mentally you get yourself worked up for everything, we all go into it dreading it and scared about the whole idea of it (Ashley, Interview 1).

This anxiety appears to be compounded by the tacit assumptions associated with year two, and the perceived expectations of practice staff, examples of which are highlighted below:

I think sometimes they [practice staff] assume that we have all had lots of experience on different wards and different places so it's sort of their expectations already that once you say 'I'm a second year' that they go 'Oh right that's fine' and they just sort of assume that you are going to know a lot of things (Robin, FG).

I think it's people's perceptions, they expect more of you because you have had a year's experience as a student nurse, I think they expect you to be more up to date with knowledge and stuff, so I think they just expect more of you in year two (Jordan, FG).

Alongside the notion of the expectations of others, for the participants, year two brings its own academic expectations and the continued reference that academic work now counts towards the degree classification, highlighted here by Alex:

I tried to act as if last year counted so I could get the best that I could, and I put so much effort into last year and obviously I've got to do the same again this year but there is still that thing there that it does actually count this time (FG).

For the students in the focus group, a recurring point of discussion centred around the increased stress and pressure based on their perceptions of year two, Frankie made the following observation:

this is only the very beginning and you just sort of think, to me as much as I was stressed throughout first year, I think that was pretty much a bit of a doddle compared to what's coming now (FG).

Similar concerns were expressed in the interviews and Morgan called attention to the pressure that students place on themselves:

I think in first year, I never... I never thought this doesn't really count but I think in the back of your mind, you do think well if you mess up on this one at least you've messed up in first year, because it doesn't count, whereas this year like, if I mess up that counts (Interview 1).

These extracts support the point noted earlier that there are tacit assumptions associated with year two and students are often forced to speculate about what the coming year may entail, which may influence their self-expectations. In the focus group at the start of year two, the participants shared how more senior students increased their stress by suggesting that at this point they should be considering their role as a registered nurse and accepting offers of employment, a role they did not yet feel emotionally prepared for, evidenced in the following comments:

and an extra stress for me is when those third years came in and they said some of them were offered jobs at the very beginning of second year and I'm not ready for that (Charlie, FG).

I think that was definitely an extra stress because they were saying you have got to have your portfolio ready to bring in, it's not uncommon for them to offer you jobs at the beginning or end of second year. I'm like I don't know about that yet, just give me some time to breathe first (Jude, FG).

The data presented, highlights the perceived identity and expectations which often overshadow and influence the students from the start of their year two journey. This was evident in the initial focus group where the discussion surrounding year two had, at times, tended to be unfavourable. However, this did not take away the participants' enthusiasm for their progression and the opportunities they hoped would be afforded them, as Jamie illustrated:

this is the time when you are going to walk on to a ward, and they are going to know that you have had a year's experience and hopefully the respect they have for you is higher. I know from past experiences, I found it so difficult, I was constantly fighting to do things, whereas now I hope they won't just look at me like, 'oh it's just a first year', they will look at you like, 'it is a student nurse that needs to learn' (FG).

Whilst it is evident that year two has its own identity and perceived expectations which often overshadow and influence the students, Tony made an interesting

observation as to why there is a dip, which is often recognised in the literature, linking this to self-awareness:

I think in first year, you come in, I mean, I can't remember who said it, but I've always remembered that conversation. They said basically you come in not knowing what you don't know, so you come in feeling confident in first year, and then when you hit second year, you know what you don't know anymore. And that's when people take a massive dip (Interview 1).

4.2.1 Self-fulfilling prophecy

This theme presents the concept of a self-fulfilling prophecy and a cycle, whereby student perceptions, beliefs and expectations, evident in the previous theme, influence behaviours and outcomes for the students. It brings together the perceived identity of year two and the notion of the year two blues which is created through shared meanings and maintained through social interaction.

What is significant throughout the study is this overwhelming sense that year two is a difficult year. Year two's unfavourable reputation, communicated through both explicit and tacit discourses, do little to dispel students' fears and expectations. The following participants' comments imply a belief that year two is tough and it is accepted as true in the absence of evidence to suggest the contrary:

It's like, everyone, like even nurses I have worked with have said, second year is tough. It's not just people that have ... it's like everyone. I haven't met anyone that hasn't said it... that second year is tough (Jamie, Interview 1).

It seems fair to assume that if unfavourable messages are constantly relayed to students, they will internalize those messages, resulting in a self-fulfilling prophecy whereby student beliefs influence expectations, which in turn influence behaviours and subsequently outcomes.

From the interview data it appears that the negative expectations associated with year two are pervasive and the students are waiting for the year two blues to manifest themselves, for example one participant said:

I was worried about the year two blues because everyone was talking about them, but I don't seem to have got them yet ... I might later on (Charlie, Interview 1).

For other participants, including Alex the wait was over as the perceived influence of year two took control:

I remember like, at the start of year two, I was fine, but I was still waiting for....., because obviously everyone's mentioned about how its second year that gets you. So, I was just waiting for that, and then it did get me eventually [laughs] (Interview 2)

The analysis suggests that the strongly held beliefs surrounding year two lead students to maintain the existence of the second-year blues. For example, 'Florence in Interview 2 talked about the year two blues and all the other stresses she had experienced during the year including financial stress and the stress of moving to a new house, and whilst she acknowledged these did not help her journey, she implied her difficulties were attributed to the second-year blues, which she suggested need to be properly addressed'.

This suggests that the preconceived notions of year two perpetuate the student's interpretation of the situation, whilst negating the realities which may have contributed to the scenario.

Notwithstanding the common negative beliefs held by the participants, some of the views expressed suggested that the reality of year two is not as bad as they were led to believe, for example, Frankie explained:

some of my friends like mentioned it like they've had it, the second-year blues, but I don't think it's been like anything like it's made out to be (Interview 2).

Jamie held a similar view and shared a conversation s/he had with a first-year student who was worried about year two and how s/he had tried to dispel the associated myths.

I remember saying to a first year, who looked terrified, everyone will tell you second year is so bad, but honestly, it's not, it's fine (Interview 2).

This emphasises how the unfavourable status of year two persists and is reproduced through the next generation of students, implying that the students arrive in year two with their own, often negative, perceptions of it which may alter over the course of the year, but for some, it is evident it casts a shadow over their experience.

4.3 Re-evaluating the past, present and future

In this theme, I highlight how year two appears to be a time when students evaluate and re-evaluate their experiences. From the student narratives, it appears that their experiences in year one influence both present and future expectations. At the same time, student perceptions of nursing evolve as they reflect on those experiences.

This was evident from the initial focus group and throughout the study as participants recounted their experiences, illustrated in the following interaction:

I feel like it all depends on your experience in first year and that can impact on how you feel about going into second year, I'm lucky that I have had a positive first year so I was looking forward to starting second year and I am looking forward to placement because it means that I will hopefully be able to get to learn more things (Alex, FG).

I'm the same, I've had a really positive first year, all my placements were really good, and my mentors were lovely but when you hear other people's experiences, it does make you anxious going on to a new placement, what if this is my bad one? (Ashley, FG).

and when you speak to other people who have been raving on about their placements and their mentors and I'm like I'm just so anxious about placement and I can't deal with another bad one. I'm just like really hoping that this one (placement) is going to be so different (Jamie, FG).

For all the participants, one of the strongest recollections regarding practice learning was related to the registered nurses who support it, namely mentors, and concerns for future placements were often linked to whether they would have a good mentor, as they felt this could really impact on their clinical placement, a point demonstrated here by Robin:

there are some nurses that feel like they can talk to you, you know ... as if you were a bit off their shoe and it doesn't make you feel motivated to go into placement. On the other hand, you have some mentors who are absolutely brilliant, and you literally skip in because you are like what am I going to be doing today (Interview 1).

Whilst Jude questioned the recruitment of registered nurses to the mentor role:

I don't know how the NHS recruits its mentors but I'm assuming it's one of the requirements for progression and I think its attracting people who don't want to be mentors, who are doing it as a necessity (Interview 1).

As they look toward future placements the students acknowledge the disparities in their learning journey to date and those in the initial focus group harboured concerns for the first placement experience of year two, which for many was in a more specialised area; this was illustrated by both Jordan and Alex in their respective examples:

in first year, not everyone got a ward placement, I only got four weeks on a ward and now that I'm back on a ward, a more specialised ward, I'm just concerned that they will just assume that I know what I'm doing ... when I don't [laughs] (FG).

my enhancement placement was on a ward for four weeks and I learnt loads but then the next one is very specialised, and I feel like it's going to be very different and obviously they are not going to leave you, but because I am in second year, you feel like you should know a lot more when sometimes you don't feel like that yourself (FG).

In the individual interviews, recollections included participants comparing their own practice experiences with the experience of other students, a point highlighted here by Jamie:

I remember in first year, one of my friends she had done a placement and it was amazing and she have (sic) done everything, and it was her first placement. I came back thinking, 'oh my goodness they've done loads and I've done nothing,' and you think 'I'll just have to catch up' and I do think there is sometimes a sense of 'I wish I had got that placement.' (Interview 1).

Another participant spoke of how students share and compare their practice experiences, differentiating between the best and worst placements:

you do compare you are all on the same course but the fact that you can get treated differently you know; some people can have the best placements ever and some people can go to the worst placements ever. There are some people who say all my placements have been amazing and I know other people who say every place that I have had has been shocking and I've had trouble every time (Charlie, Interview 2).

As students re-evaluated their experiences both interview and focus group data suggested that year two signifies a point where students begin to evaluate their experiences identified in the code 'facing up to the realities of nursing' and in turn start to question their choice of career, two examples of which are highlighted below:

that's why we talk about the second-year bump, I think the second-year bump is not so much the academic side because I think we will all bumble through that eventually, I think it comes through the trepidation and the fear of realising what you are going into ... and you start to question, do I really want to be involved in a job that is like this. I have come in to care for people but already I am stressed, I'm anxious and I don't want to come in to work feeling like this (Frankie, Interview 1).

I think you re-evaluate constantly during second year, first year you're in that nice world, I'm doing it, I'm fine here, this is great, this is exactly what I want to do. Then you hit second year and you are [asking yourself], 'Is this actually what I want to do?', I think this year more than ever I've been thinking, 'Gosh, is this even what I want to do?' If I'm this stressed now, can I cope being this stressed when I qualify? And it's just you constantly think to yourself, at the end of the day, 'Is it even going to be worth it? All

this assignment stress and exam stress and then your placements, will it be enough?' (Morgan, Interview 1).

In their final interviews, the participants were asked if their views of nursing had changed and after consideration, several suggested their perceptions had altered, the following two citations offer the divergent and conflicting views held:

[laughs] massively, massively I think my perception of nursing now is it's a lot harder than ... I mean I don't know what I was anticipating. I don't think anyone truly knows what nursing is until you go into it yourself. But it's a lot harder than I expected. I think the pressure that you're going to feel as a nurse, it's going to be probably overwhelming at times. I mean, I've seen nurses in tears because of the stress they are under, because the abuse they get from the patients. But I know a lot of people who kind of already wish that they hadn't done nursing, hadn't gone with nursing (Robin, Interview 2).

yeah, I think I want to do it more, in first year I was like I don't think once I qualify, I don't think I would ever, like want to progress, like it just looks so stressful. And now I'm like no, I really would love to like to become a sister and like move up a bit and do things like that. So, I think as I have come like more open to like everything that goes on, like I do want to progress more (Ashley, Interview 2).

These contrasting views may be reflective of the participants' clinical experiences. The first is a striking account that emphasises the student's exposure to everyday situated practices, which produces a dichotomy between previous expectations and the reality of the profession, whereas the second account spotlights the features of constructing a future identity.

4.4. Constructing and balancing identities: Being a student and becoming a nurse

This theme recurred through both the focus group and individual interviews, and it was apparent that the students were constructing a number of individual and collective identities. The formation of identity appears to be a fluid process, and, from the initial stages of the study, it was evident that

participants were both developing and balancing different identities, often with tensions around their student and student nurse loyalties. Interview data highlighted the discrete nature of nurse education and both the demands of theory and practice, as one participant said:

I've got loads of friends who are doing different degrees and we are in uni longer than them and being on placement that's a different aspect that they don't have to deal with, and I think juggling work and placement, there's just none of that in other degrees (Jordan, Interview 1).

Other participants shared their thoughts around the mental burden associated with nursing, and Ashley applied the following analogy:

I think we do struggle more than people realize; we really struggle as a group to get ... I don't I don't know what it is, I think we just struggle. Because you've got all this pressure ... being on placement is like being on driving lessons for fourteen hours a day, three times a week and everyone knows how hard that is (Interview 1).

In the initial focus group, the students harboured concerns regarding the greater academic demands of year two, resulting in the following comments:

I feel like a lot more pressure this year already like to do with assignments (Charlie, FG).

I think that but we have got the pressure of the assignment and a bit of a scare about how you have got to write at level five but within the first week of starting and I understand it has to be done but we got all of this thrown on us then this assignment at level five and obviously it all has to be done but this year, there's a lot more, I'm trying to get it all done and stay on top of it (Ashley, FG).

yes, and every day I go 'Oh I've not done that, and I still need to start that' and every day I feel like everything has been thrown at you in one go (Florence, FG).

Whilst the increased academic demands of year two are not limited to student nurses, the discrete nature of nurse education, as recognised at the start of this theme, must be recognised. As previously mentioned, unlike other degree courses, nursing has an academic year consisting of forty weeks, each week based on forty contact hours, with students completing an equal number of

hours in both university and clinical practice. Throughout the study, the students articulated how they are forced to balance often competing identities of student and student nurse, alongside trying to make ends meet, find a work life balance and find time to learn, a point illustrated by Ashley:

it is the hardest bit because we are trying to manage a life, actually earning some money, uni and doing placements, we are doing so much more than a normal person would do so by the time we qualify we will be exhausted (Interview 1).

These issues are further intensified by the fact that nursing students are required to submit academic assessments whilst on clinical placement in year two, a change recently introduced. The participants had previously witnessed students from another local university balancing academic work and clinical practice and Alex made this observation:

I was on a placement with a load of different students from a different uni and they had an assignment due in, when it was quiet instead of like looking at stuff that was to do with the placement and learning about conditions, they were just constantly worrying about their assignment like [asking] 'please can I go to the library', and it took away the aspect of what they should be learning on the placement because they were constantly worried about their assignment (FG).

These findings support the dichotomy between the different aspects of the nursing degree programme, a point illustrated by Robin:

I feel like you need to split yourself in two, one half of you needs to focus on the assignment and the other side needs to focus on the rest of the nursing things, academic lectures, practice and other stuff (Interview 1).

Talking about the balance between different aspects of the programme,

Florence highlighted the tensions she experienced between academic and clinical work:

I find it hard to work whilst on placement and it's just the added stress of knowing I need to work because I need to pay my bills, and now we do the assignments during placement. I found that really hard because I am the type of person, I am either academic or clinical, I find it hard to go both ways, to switch off one and turn on the other (Interview 1).

It was evident from the initial focus group that the recent changes to student nurse funding and the introduction of tuition fees to nursing degree programmes had produced strong feelings amongst some of the participants and how, from a financial point of view, the nursing degree is not comparable to other degree programmes. Jude made an interesting observation:

the government hasn't looked at the nursing degree, we are longer whether it be academic or out on placement or whatever, so we actually don't finish the year until mid-August/end of August, whereas all the other courses have finished in May, yet they are still giving us the same amount (FG).

Talking about this issue, Morgan also added:

and the stress of money, you sit there thinking I have only got a student loan, small income, no time to actually earn an income really, they just don't factor in that you are continuously paying out all the time for everything (FG).

This topic was further explored in the interviews where the views about funding surfaced mainly in relation to practice learning and the student nurse identity, with the following comment from Robin:

at the end of the day, you are just a student and I feel they sometimes forget that for us cos we are the first cohort that are paying for this degree, that we are paying to be there, they are not paying us (Interview 1).

Whilst many of the participants appeared dissatisfied with the changes to funding, Jordan expressed, what s/he felt was an unpopular opinion:

it's never bothered me really because I was going to come and do nursing when it was free, but things happened but in my life it's like any other degree I would have to pay for, so it doesn't really make a difference to me. I know this is an unpopular opinion, but I always think it shouldn't really be free, it costs money to do these things (Interview 1).

Having defined earlier how the construction of identity is a fluid process, it became apparent at the midpoint of year two, for some of the participants the

transition from student to nurse was starting to take shape, Frankie shared how s/he had begun looking at future employment opportunities:

I've started looking because I wanted to see - do jobs often come up on this area? So, I keep checking, even though I'm not applying for them now, just to see if there are posts available (Interview 1).

Whilst other students were looking to the future and starting to engage in role taking, picturing themselves in the role of the nurse, as one participant said:

I was getting a bit worried because you know at the beginning of second year you get told this is the year that you can get your jobs, start applying for jobs and things like that and I was just like I don't know where I can see myself working at all but then after this placement ... I still want to keep my options open, but I think right, now that is somewhere I would pick to go and work (Ashley, Interview 1).

From a symbolic interactionist perspective, role taking is concurrent with self-identity where individuals start to view themselves from the standpoint of the aforementioned generalized other, in this case members of the nursing profession.

Interestingly, the shift in identity appears to be associated with contextual influences. Ashley continued, justifying reasons for choosing a specific environment for a future career:

when we started on placement a group of newly qualified nurses started so I got to see all the support they were getting and how they were being mentored and stuff, so it just made me think when I am qualified if I go there, I won't be alone. A lot of people have said you don't start learning properly until you finish so I think a big thing is when I am finished, I am not just going to be left alone (Interview 1).

This shows the importance of support in the consideration of future career opportunities and the continued learning journey required in the nursing profession.

4.5 Summary

This chapter set the context for the year two journey and outlined the factors that influence the way students' approach and navigate their way through second year. It also introduced the concept of identity. In chapter five, I present further outcomes from my study and examine how students engage with different forms of knowledge and the influence of sociocultural factors on both knowledge and identity.

Chapter 5: Research outcomes-engaging with different forms of knowledge

5.1 Introduction

In the previous chapter, I explored the factors which impact on the way students' approach and navigate their way into and through year two. In this chapter, I move on to explore how students construct meaning and engage with different forms of knowledge in year two and the factors that influence this engagement and the construction of identity.

The outcomes presented in this chapter relate to my third and fourth research questions:

RQ3. How do students construct meaning and engage with different forms of knowledge in specific learning environments?

RQ4. How does the sociocultural environment influence engagement with knowledge and shape the construction of identity?

I begin by introducing the different forms of knowledge, theoretical and clinical, that students engage with (5.2) and the factors that influence their engagement with theoretical knowledge (5.3) and with clinical knowledge (5.4). This last section forms the largest part of the chapter, and the themes are further subdivided to explore how students move through different clinical learning environments, navigate the localised knowledge and repertoires and develop informal knowledge networks to share what I refer to as 'symbolic knowledge'. Within this theme, I also examine the role of the practice mentor as the gatekeeper of knowledge and how students view themselves in relation

to their future role as a nurse and their current role as one where they are 'paying for the privilege' of becoming a nurse.

In the final two themes I examine student interaction with others in the learning environment (5.5), the sociocultural aspects of the learning environment (5.6), and how these in turn influence both engagement with knowledge and the construction of identity. These themes provide a further insight into the student journey and the factors that influence how students navigate the year two knowledge landscape.

5.2 Engaging with [curriculum] knowledge: forms of knowledge

In the process of becoming a nurse, students are required to engage with both theoretical and clinical knowledge delivered through an undergraduate curriculum that incorporates an equal weighting for both. However, from both the focus group and interview data, issues related to theoretical knowledge were not particularly prominent; As the participants recounted their experiences, there was a sense that clinical learning held the most relevance, for example, one student said:

I think that is where you need your experience and you need to learn more on your placement, you need to know your basics and you need to have a good footing or some type of knowledge because as much as you can write everything, it doesn't mean you can do it practically. I think placement has a really big influence over your mindset about things as well, if you feel like you have had a really good placement you feel like you have done a really good job (Robin, Interview 1).

In a later interview, Robin continued to discuss the importance of practice learning and it became evident that the clinical experience is a major contributing factor to the development of a nursing identity:

I feel that's why practice is that little bit more important to me than sort of the uni side, not the theoretical side or the academic but it's like, you

need to take that step away sometimes, and build your own knowledge and skills as well because you're not going to have someone to hold your hand all the time when you qualify, so you have to stand on your own two feet (Interview 2).

There was also the sense of the participants identifying as nurses in the clinical environment, Morgan for example, acknowledged:

I think when I'm on the wards, this sounds really cheesy, but I feel like that's where I meant to be. So, I sort of ... I can suck it up, I can be fine with working sixteen-hour shifts, not getting home till midnight when I should have finished at nine because I go to bed and I'm like, I know today I've done something good (Interview 2).

5.3. Engaging with theoretical knowledge: The formal curriculum

In their accounts of theoretical learning in university, focus group data highlighted how assessment often dominates student learning and this prompted a discussion, led by Jamie, demonstrating how and what students learn frequently depends on their perception of what they will be assessed on:

I find the lectures and things just aren't specific so we are all sat there stressing about this assignment based on all different things and yet we are going into lectures that are three hours long on something that's completely different. We went in for like a two-hour lecture and there was (sic) only four slides relating to one of the assignment topics. I was like, you are expecting us to write 3,500 words but you are giving us nothing specific and instead you are wasting time teaching us things that could be taught afterwards (FG).

Several students had conflicting views regarding knowledge development:

I think it's useful, its useful for when you are out in practice, you have got to have that knowledge, because you can't be a nurse and not know anything about say...the GI [gastro-intestinal] tract (Morgan, FG).

I enjoy the fact that we are learning about different things because you never know we might end up having to go back and end up using them or when we go out to placement, oh yeah they mentioned that in our lecture (Ashley, FG).

I enjoy having different lectures that aren't specifically related to the conditions which we are doing and some of the stuff they bring in I feel like, 'Oh I could look at that reference to see if I can follow that up' (Alex, FG).

Jamie re-joined the discussion and, in an attempt, to justify the previous comments, recognised s/he had tunnel vision in relation to assessment:

I know I just get so; I know I do it, I get tunnel vision when it comes to my assignment and if it doesn't relate to my assignment, I don't want to learn it because I have only got like a certain capacity in my head that I can actually take in (FG).

From the interview data, it was clear that students struggled with the perceived stark contrast between the academic advice given to students. For several of the participants there was this notion that they were receiving mixed messages, a point highlighted by Tony:

and this person will say this academic tutor told me this and someone will say this one told me this, it's what we've been told different academics have different marking credentials and they mark it depending on what they are looking for (Interview 1).

For some of the participants the mixed messages did not pose an issue, as the comment below highlights:

I've just gone by the rule that the person who is marking in the work, I just do what they tell me to do. I think the problem is other people they listen to what other people's academic tutors are saying and they might have little differences of what they are looking for in the essays and that is fine, the gist of the essay is still the same, do you know what I mean? If an academic tutor is advising me to do something, I will do it (Jordan, Interview 1).

This quotation demonstrates that some students learn and follow the tacit rules of how things work, the rules of the game. Whilst for other participants, the mixed messages they received was problematic and they were forced to seek clarification. One participant said:

we were struggling with the referencing because everyone says different things for different references, so we were like we just want to know how to reference. So, me and my friend had a group, academic support in the Catalyst [library] and we said please just tell us which is the way to reference because we are getting different stories from everyone (Florence, Interview 1).

In the absence of what the students felt was a clear dialogue regarding academic advice there was a sense of frustration and in order to try and improve the situation students compared opinions on social media, which often made the situation worse, as recognised in the following extract:

if you look it was like panic messaging of people saying well I have been told this and I have been told this and we can have this but we can't have this, but then somebody would say no well actually my academic tutor is the lead on this so she told me this or he told me this and I'm doing it this way and it was like, 'Oh well you are not going to pass,' and this is within the whole cohort it is not just your group of friends (Robin, Interview 1).

The data presented here represents the process of joint action, whereby individuals seek to interpret their own actions by comparing those with the actions of others and adjusting their actions accordingly.

Talking about the perceived mixed messages received by students, Jamie made an interesting point which highlights the influence of social interaction and the construction of meanings:

to be honest the only time I've had mixed messages is from other students on the group chats and I think people tend to get a bit like ... I don't understand I'm getting mixed messages. But I do think sometimes things aren't confusing or aren't misunderstood until you all get together and start talking (Interview 1).

Ashley agreed that interaction on social media often complicates situations and meanings, at the same time, highlighted an important point that students continue to engage with social media:

I find that the Facebook group we have doesn't help anyone and I don't think it ever will help anyone, like people have been saying that the communication is really bad between the uni but I think just because people posted one thing and somebody else posts another, none of us help ourselves at all [laughs] (Interview 1).

5.4. Engaging with clinical knowledge: The informal curriculum

As highlighted earlier, there are tacit assumptions associated with year two, alongside a lack of standardisation regarding clinical practice experience, the students often find themselves going into unfamiliar (practice) environments informed only by their own (negative and positive) previous experience or that of others, this therefore creates problems in their clinical experience as students often enter the practice learning environment feeling unprepared and lacking a true definition of the situation.

5.4.1. Localised knowledge and repertoires

The students move through a range of clinical learning environments, and, from the interview data, there was a sense of apprehension amongst participants, associated with each new placement, as highlighted in the following two quotes:

I have anxieties but that is the thing about this degree, every time you go on to a new placement, it's like starting a new job and everyone knows how nerve wracking that is: you don't get that proper introduction, a lot of the time you go in and just hope someone will take you under their wing, there's no proper guidance you know what I mean, you sort of wing it for the first week until you can figure out what's what and who's who (Florence, Interview 1).

Your first day is always nerve-racking wherever you go, because you don't really know what to expect you might have introduced yourself you might have sent a couple of emails or you might have chatted on the phone but until you meet others face to face ... I will always be nervous on my first day, but I just think well they don't know me, and I don't know them, and I just don't want another placement where I dread going in (Robin, Interview 1).

A recurrent theme in the interviews, was a sense amongst participants that they must be familiar with the localised knowledge and repertoires associated with individual clinical areas, this is conversant with the implicit rules of the

game and knowing how things work. At the same time, there is a sense that any deficit of knowledge would be judged negatively by others, for example,

Alex said:

it's still a bit daunting going on to the wards because it's like, what if they do things differently? And they are like 'hang on no we don't do that here', do you know what I mean? and then they think that you are stupid maybe (Interview 1).

Charlie expressed similar concerns in relation to a forthcoming placement:

I'm still worried about the next placement, I just don't know how it works on a day-to-day basis, I'm still a little bit worried about them saying, 'Why don't you know this?', because everyone has their own little ways of doing stuff, you learn one way and they are like, 'Oh we don't do it like that', it's like starting all over again (Interview 1).

For some of the participants, their concerns around entering the clinical environment were reduced as they moved forward through year two and increased in confidence, Morgan suggested:

I think it's confidence, I mean, before the first day of every placement, I think you always feel sick. But I think when you are doing that in first year, like that goes on for maybe six weeks, then your last week – 'Oh yeah, this is fine, I know exactly what I'm doing.' Whereas this time after the first day, I was like, 'It's fine. I know what I need to do ... I know where I need to be tomorrow and I know what I'm going to be doing tomorrow because I know the layout of the ward and what you do, and the timings of everything.' (Interview 2).

For other participants, including Jordan, an increased familiarity with the clinical environment improved local knowledge, s/he talked about the most recent clinical experience:

this time around because I was expecting it, it was fine I didn't really notice and knowing where things are that is important because you don't want to look like you are lost or you don't know what you are doing even though it is ok to not know what you are doing because you are a student, but you never want to ask silly questions like 'where does this go or where does that go?' (Interview 2).

As well as recognising the importance of localised knowledge for the participants, these comments highlight an important aspect of self-

development, the aforementioned looking glass self (Cooley, 1902) which considers how individuals perceive the way they appear to others.

Even though some students develop localised knowledge over time, this is not always the case, particularly if they move to a completely different and unfamiliar environment. To understand the environment, they need to develop further knowledge or symbolic knowledge. From a symbolic interactionist perspective, individuals need to learn symbols to comprehend situations and once they can make sense of symbolic meanings, they are capable of understanding the environment rather than just responding to it. Tony highlighted how an understanding of the environment may reduce anxiety and improve engagement from staff:

within the first week, you get used to the wards, get used to the staff, you get used to what your role is, used to what's expected of you. But I think it's useful to go in with some knowledge, not only would it rid you of that anxiety and what am I going to do and what is expected of me but I guess the staff will be more engaging with you as you will already have that understanding (Interview 2).

5.4.2. Sharing symbolic knowledge through informal knowledge networks

From the interview data, it was evident that symbolic knowledge regarding the practice environments was developed through informal knowledge networks where students shared and compared clinical experiences. Often anxieties about clinical placements and the associated lack of symbolic knowledge prompted the students to return to social media, as Tony explained:

one of the things you will see on the Facebook group, and I know the Facebook group has got its issues, but when the placements get announced the first thing you will start to see who's been on this placement? say like fifty different people and someone will say I have and then they will start to share their experiences and people will say 'do you know what it's like? What are the staff like? What are the shifts like? What is the parking like?' People generally engage and have a good discussion on there (Interview 2).

In the interviews, the participants spoke about using knowledge networks as they relied on other students to identify learning opportunities in the clinical environment, for example Morgan said:

you go into placement on your first day, scout out what's available, ask other students what they did and then they tell you, 'oh try and do this and if you can go there'. I mean I just had to organise all of my own learning because my mentor said, 'I don't know how to do any of that', so I ended up organising it all. It was good to ask the other students because it was them (sic) who told me to go and do the clinics, not the nurses on the ward, but the students were the ones who said, 'go and do that you will learn loads' (Interview 1).

Students gain inside information from their peers about learning opportunities in a variety of ways including chance corridor conversations:

You will bump into someone in the corridor and [ask] 'how's your placement?' and then they go 'oh have you been to such and such?' 'Well, no, I didn't even know that existed', and they say 'oh yeah try it out, I'll send you the link, have a look at it and then speak to your mentor' and so it's kinda like getting inside information, because they've already tried and tested it and they enjoyed it (Ashley, Interview 1).

As well as moving through a range of clinical learning environments, in year two students often move into more specialised clinical areas. This may mean they have little awareness of the available learning opportunities and therefore rely more on each other for information and learning opportunities. This point was illustrated by Jamie:

in my last placement I did find you had to arrange your own learning, but at the same time, if you're not really aware of what you can learn so I do feel that I relied on my friends more. I wasn't even aware that I could go on to the day unit and then do venepuncture. So, it does kind of help, when you're a student, you're in a new environment, and you're not entirely sure how other departments link in with yours, for someone to say or give you a list so at least you can then choose and say, 'I would like to learn more about that. Who do I need to speak to about that?'. Because you might not be aware of it otherwise (Interview 2).

What is evident throughout the interviews is that being in a familiar clinical environment holds great importance, illustrated below by Florence:

if I did end up back at (Trust name) which I don't really want to be but at the same time I'm used to it now. So, I kind of do want to go back, it's sort of ... I don't know but at least I know about where to get the parking permit. I know where different wards are, I know what to expect to an extent (Interview 1).

This brings to the forefront the notion of how the participants must understand the environment and the associated practices to engage with knowledge. At the same time, the familiarity with localised knowledge may mean that the development of new knowledge remains static, a point illustrated below by Charlie:

I think if you're going into something that you already feel like you know a lot about or you've had experience in before, you sort of feel 'oh well I've done this before, or I've come across such and such, can I go and see that again, or can I go and see something involved with that' (Interview 2).

This implies that opportunities for knowledge development are limited by previous experience and students continue to engage with knowledge they are more familiar with, potentially reducing the advancement of new knowledge.

5.4.3. Positive and negative gatekeeping

Each clinical environment holds a different learning experience for the student and the opportunity for knowledge development, however the capacity to produce new knowledge and collect vital information is dependent on access to available knowledge. As described in the previous sections, the participants engage with informal knowledge networks with peers to develop localised knowledge. From the interview data, it is obvious that a hierarchy exists in clinical practice whereby the practice mentor is the gatekeeper of knowledge: in this respect two divergent and often conflicting discourses emerged, there

was a view of gatekeeping as a positive experience where mentors would allow the students to complete their own work, highlighted by Alex:

Placement[s] were good in the sense of if I wanted to look something up, they would let me and all my nights on placement my mentor would let me do an hour of my assignment (Interview 1).

Whereas for other participants, including Tony, their view of gatekeeping was a negative one, demonstrated below in a discussion at the start of a recent practice experience:

I said I want to be doing spokes whilst I am here, I want to go and do this this and this and he said, 'Look, well you're not gonna be doing any spokes not whilst you are with me.' He said, 'You're going to stick with me and you're going to follow what I tell you to do' (Interview 2).

Jude spoke of a similar experience, highlighting the dichotomy between the needs of the learner and the views of those in authority:

I approached the ward sister and said, 'I've been offered two weeks down in A&E by the Head of the Department, I'm here for seven weeks so can I do that as my two weeks' spoke', she wasn't happy about that, she said, 'no we need you up here on the ward'. You're trying to take control of your own education you have got an idea of where you want to work in the future, but you are not listened to at all (Interview 2).

Frankie related how s/he tried 'taking ownership for learning' by seeking learning opportunities related to future career aspirations, but this was not well received:

I tried taking my own action to seek out spoke placements thinking that was the right thing to do and I got told off for that. Apparently, I could learn enough where my placement was. I do agree that I could have learnt a lot, but I also know that I didn't want to work there and I had an opportunity to spoke to a place where I want my entire career so, given that information, I thought that was the best thing to do regardless of what anybody else's thoughts or feelings were, It's my degree and it's my career (Interview 2).

These excerpts highlight an interesting point; students are encouraged in university to pursue independent learning activities, which inform their student identity. Whereas in the clinical environment, there is an expectation that they

will engage in the activities of the learning environment as part of the development of their professional identity, this is often at the detriment of their learning, a point highlighted here by Morgan:

I think the staff were just fine to keep me on the ward as an extra pair of hands. A couple of times I was prevented from going to surgery and that was when staff had gone off sick one time and the staff were like I'm really sorry but we do need you to stay, but you get used to it as long as you do it eventually. I think I got to watch surgery on my second to last day, the last time it was cancelled because they couldn't spare me from the ward as there was no staff (Interview 2).

5.4.4 Focusing on their future role

It is evident in the previous section that individual participants are trying to take ownership of their education and seek out learning opportunities which demonstrate their development as independent learners. At the same time, there appears to be a focus on the ultimate end point of becoming a nurse and an emphasis on a future career, this appears to influence student engagement with clinical knowledge and Jamie highlights an interesting point that a few peers have a clear vision for the future and learning is only deemed of value if it is relevant to their future:

I think some people feel that when you've got a placement that you're not ... because I have no idea what I really want to go into in terms of when I qualify. But obviously, some people in my group have got a clear view now and they're like, I want to do this. So I think they kind of see a placement as ... not a complete waste of time, but feel a bit like, I'd rather be doing something else closer to what I am wanting to do when I qualify rather than this (Interview 1).

This extract resonates with the fact that knowledge is often only seen as relevant if it contributes to graduate identity and it is evident from the interviews that the student cohort belong to a new generation with a set of expectations related to a customer focus.

5.4.5 Paying for the privilege of becoming a nurse

This theme relates to the introduction of tuition fees to nursing degree programmes and whilst many students talk about this in relation to their customer status and their expectations associated with this status, it is evident that the end point of becoming a nurse is a privilege but one they feel they are paying for in terms of both tuition fees and free labour.

As described earlier, the introduction of tuition fees to nursing degree programmes produced strong feelings amongst some of the participants and throughout the interviews, several of the students voiced their opinions about the expectations associated with their customer status, including Frankie:

I think we should get more of a say in where we go because we're paying, I think that should change. I mean I understand that people should get a really rounded view of nursing and all different fields, I completely agree with that, but I do think especially if you know what you want to do, because I came to interview here knowing where I wanted to be and I'm halfway through the second year and it hasn't changed, so for me, it's clearly obvious where I want to be and work and I am having to fight to get anywhere near that kind of learning environment so paying all that money and I still might not end up in the job I want to be in (Interview 1).

Another participant voiced an opinion of how s/he wanted to get the most from their education to enable them to be a good nurse:

at the end of the day well I'm paying for this. I'm paying for a service. And I think at the end of the day when I qualify. I would like to have as much knowledge as possible, to be able to be a good nurse (Robin, Interview 1).

For most of the participants in the study, there was a clear sense that they were paying for their education *and* had expectations of a good education and value for money. Talking about this issue, Florence said:

we are the first cohort who are actually paying, so we expect more, and I am not that type of person [to say] 'oh I am paying for this', but it's true

if you are paying for something, you do expect more. I don't want to be in this amount of debt knowing that I don't feel like I have had at least a good education (Interview 1).

Alongside the expectations of a good service, the participants highlight how they are contributing to the clinical environment with free labour, under the premise of what is labelled education, and are in fact 'paying for the privilege' of becoming a nurse, a point highlighted by Tony:

I think a lot of the time when you go on to the ward and you're effectively treated as an unpaid healthcare assistant, not only are you being treated as an unpaid healthcare assistant, but you are also paying to be treated as an unpaid healthcare assistant, so you are paying to basically be there and to do work for free (Interview 2).

For other participants, there was a sense of resentment that they were working unpaid hours to alleviate the pressures in the clinical environment, in the interviews it is clear this was a concern for Jude:

when you are just seen as the spare sets of hands to alleviate their pressures, that's the part that I'm finding difficult, it leads me to be angry about being sort of pushed into debt without gaining anything (Interview 2).

Jude is one of the few students who appeared to show such strong emotions in relation to this issue as can be seen in the following accounts of practice learning:

it's just I've been quite angry in second year about the fact that we do the two and a half thousand hours without being paid because there's this badge of education attached to it and that's how they can justify not paying you and then you think, well, from my experience so far, 25% of my time, has been education but the other 75 % has just been workforce for me, picking up slack of other people, filling in hours and numbers (Interview 2).

Admittedly, all the second-year placements had been negative for Jude and consequently this could be a major factor in producing a somewhat jaded perspective.

It is worth noting that most of the students were not particularly concerned with what they termed 'working for free' and they valued what they perceived as good learning experiences; for Frankie an experience on placement prompted a re-evaluation:

with the placements, I did feel a bit like that, you know, having to work for free but then it changed on the last one, because I felt educated and I got to watch a triple heart bypass, so that for me is priceless you couldn't put money on something like that, because that ... that is education at its finest like being around things like that and I want more of that, and I know that if I work hard, I can actually get that in my job (Interview 2).

5.5 Reference groups: Significant others and the generalized other.

As the students engage with knowledge, they interact with and are influenced by their relationship with other individuals and groups, this contributes to the construction of different aspects of their identity including self-identity.

Analysis suggested two main reference groups for the students: significant others and the generalized other.

5.5.1 [Identifying] with significant others.

Significant others are those that appear to have a significant influence over the students, whose opinions and behaviours are important to them and with whom they closely identify. From the initial focus group, not only from the content of the discussion but from the interactive processes involved in the construction of the discussion, it was apparent that peers held a significant influence and importance. Within the group, the students demonstrated a process of 'sharing and comparing' (Morgan, 2012, p.162); sharing their experiences and comparing their stories whilst naturally joining elements of the conversation. This is not to say that participants always agreed with each

other. However, it is worth noting that there appeared to be a consensus amongst the students: agreement, laughter, friendly interjection and this sense of collegiality, whereby the students appeared reassured by the fact that others hold similar views, for example, one participant said: 'It's not nice how we feel but it's nice to know we all feel the same, to know that everyone's stress is at the same point, you are not just overreacting' (Jude, Interview 1). Ashley reflected on the focus group interview and the sense of how s/he felt s/he was not alone:

in your interview, the group one, that's when I was really suffering with anxiety and I left that, and I went home to my mum and I said, 'mum I feel like I've just had a counselling session because it made me realise that everybody feels the same way', and that made me think I'm not alone in this (Ashley, Interview 1).

In the concluding interviews, the participants were asked to share their thoughts on the influence of others on their learning, a small number of respondents referred to family members, mentors in practice or tutors.

However, overwhelmingly, there was a sense amongst participants that close peers held the most influence, as the comments below highlight:

I think it's just having a good group of friends, like I would have no idea what was going on if I didn't have that group of friends that I have now. I need them to get through, if we're struggling, we have each other and that's ... they know exactly what you're going through. If I didn't have them to fall back on, I wouldn't be here I wouldn't still be doing it (Morgan, Interview 2).

if I didn't have that really good group of friends I don't think I could do it because when you are really stressing out about something it is nice to know you can message them and they will be like 'calm down, you are doing fine just chill out' or if something did go wrong at placement, they would be the first people I would tell it would not be anyone from university (Alex, Interview 2).

I am fortunate that I've got a good group of mates at uni which I think helps significantly. I feel sorry for people who come into second year and they're still sitting by themselves and they haven't got that support there (Tony, Interview 2).

Despite the plurality of positive comments regarding the influence of peers, from the interview data it was apparent that significant others may have a negative contribution to the students' self-development. The participants are seen to engage in a process of social comparison, whereby they evaluate their own abilities, comparing themselves to other students. The extract below demonstrates how working with other students on placement may have a detrimental effect on self-confidence:

I'm glad to have another student there it's just sometimes when you hear they have done that and you haven't you feel like you are missing out and it's even worse when they are really confident, and they know exactly what they are doing. You feel like you are all the way back and everyone else is all the way forward. You shouldn't compare yourself; I know that but sometimes that can put you back a little bit (Florence, Interview 1).

Talking about comparison with other students, Alex reflected:

I don't think I'm ready to apply for jobs, I don't think I am at that stage yet, but it is daunting when you hear about people who are halfway through their second year and they are like, 'I have got a job offer already' and I'm like 'I'm not at that stage yet', but yet you think why have I not been offered a job? (Interview 2).

These quotations, along with earlier excerpts demonstrate how the participants engage in social interaction, sharing and comparing learning experiences and opportunities and reflecting on their own learning and there is a sense of interdependency. This interdependency is an important aspect of identity development and is emphasised by Blumer (1969) who suggests that the context for individual development is set by recognising and interpreting what others are doing and attempting to fit actions with the actions of others in a process of joint action.

Whilst it was evident from the data that students identified with peers within their cohort, some participants spoke of the influence of more senior students

who often supported their learning, both Morgan and Florence reflected on their experiences:

I think in some instances they know where you are if it makes sense, whereas sometimes the nurses you do find they are so busy so when you're asking them questions you can see they think you need to stop asking me questions because I just need to get this done but you can't live like that, whereas if you go to a student they know you are just trying to learn and they know it's difficult, so they tend to be a bit more compassionate about where you're at (Interview 2).

I like having a more experienced student, it makes it so you don't always have to ask a member of staff. It's alright asking another student because they know exactly what you have been through (Interview 2).

Other participants could identify with newly qualified nurses who recognised their learning needs, in an account of practice learning, Jordan detailed working alongside a nurse who had recently qualified:

whereas some of the other nurses just expected you to know what you were doing like the documentation and know that you were going to do it clearly but she knew that's still a learning curve: what you need to write, when you need to flag it up, she had only been qualified for six months so she could remember all the little things that everybody thought you should know how to do but you don't (Interview 1).

This is an interesting point how the student identifies with those who are registered nurses but who are not too far removed from their student status to understand the student role.

5.5.2 The influence of the generalized other.

The development of a professional identity is influenced by the relationship of individuals with their future professional community, in the case of the students in the study, it is the nursing profession in general and the practice staff they encounter on their clinical placements; these are the 'generalized other'.

Charlie, when narrating an account of practice learning, spoke of how a good relationship with practice mentors is pivotal and how first impressions count:

I have loved all my placements and I've always been really close with my mentors. I was really concerned about my last placement, the dementia care home because I didn't want to do older adults, but it was dead good because I got that relationship with my mentor if you don't get on with your mentor and don't make a good first impression don't even bother doing your other work [laughs] (Interview 1).

The influence of the mentor was highlighted earlier in the students' recollections of practice learning and the emphasis of the mentor on practice learning was continually reinforced throughout the interviews. The extract below from an interview with Jamie highlights how the staff are more important that the learning environment:

I think that's the one thing everyone worries about, I don't think it really matters about what you're going into, I think it matters about who, because you can go to something that's considered something you've always wanted to do but if you get there and the staff are not welcoming, friendly or whatever, then it doesn't matter how interesting the placement is, that's going to have a negative impact (Interview 1).

There was a sense amongst the participants that mentors have either a positive or negative impact on both the student experience of clinical practice and learning opportunities, demonstrated in the extracts below:

if you get a mentor, that's horrendous then that's it, if you get a mentor who wants nothing to do with you, that's going to ruin your placement, because then it's like you've not got that purpose, because you are just going to be stood around waiting for someone to tell you what to do, because you can't just follow your mentor around, which is what you do. When your mentor is not in it feels like nobody wants to help you. I have had days where I've just wandered around, and nobody has given me anything to do (Morgan, Interview 1).

I think for your placement a lot of it does come down to your mentor. If you have a good mentor, then that is fine. But if you are with someone and you know you are really like more of a hinder than a help to them, in their mind, it doesn't make you think that you want to carry on, it ruins all of your learning opportunities (Robin, Interview 1).

These excerpts demonstrate the importance to the students of having a sense of purpose and the reliance on the mentor for direction and motivation. Whilst the comment below reiterates the tight control of the clinical environment by mentors (gatekeepers) highlighted earlier:

I think it's more someone that you can follow and watch what they do and then they might say, 'well, why don't you go over there and do this?', and you are like 'oh, ok. I will go over there and do that', whereas if you are on your own, finding stuff to do because you can't just go off and do and you can't stand around doing nothing, because that looks bad (Ashley, Interview 1).

It is evident from the data that the mentor has a considerable influence over both the student and their experience and plays a role in the students situational understanding of the rules of the game and how things work, and as mentioned earlier, the hierarchical relationships and tight control of the clinical learning environment (gatekeeping).

Throughout the interviews, as the participants reflect on their practice experiences, it is apparent that the mentor provides a generalised standpoint for the profession of nursing and the discussion tends to focus on the role of the mentor rather than on specific individuals. However, there is evidence of individual mentors who play a part in the development of the students' identity and through whom the students view themselves as part of the profession of nursing. The following two extracts illustrate positive role modelling and provide a point of reference for the students of the kind of nurse they aspire to be:

when I left placement, I said to them every day of coming in to work with you, it's been an absolute joy, it has been fantastic. Because they didn't expect too much of me, they went through things with me and it was nice. I think that's the kind of nurse I'd like to be (Tony, Interview 2).

my last mentor was fantastic, absolutely amazing, funny but professional and everyone came to them because they knew all the answers and that's what I sort of aspire to be (Florence, Interview 2).

5.6 The hidden curriculum: Professional socialisation

There are aspects acknowledged throughout the data that perhaps explain the more implicit rules of the game and the symbolic knowledge of the learning environment. However, in this section I highlight features of the hidden curriculum that are more deeply embedded in the culture of the learning environment, namely the unstated norms, values, beliefs and behaviours that are transmitted to students through the process of professional socialisation. Whilst there are aspects of the process which occur in university, its influence is often more pronounced in clinical practice, where socialisation goes beyond the explicit influences of the mentor and to the more implicit aspects.

From the interview data there were discrete aspects of professional socialisation that pose the question of whether the nursing staff were aware their messages were transmitted to and internalised by students. In an account of the initial practice placement of year two, Tony shared the following reflection which demonstrates how s/he was exposed to a conversation which had a significant influence:

in my last placement we were all sat around the nurses' station and there were about six or seven other nurses there, all different grades and they all had a conversation about how much they hated nursing, didn't like the job, some were talking about how they wished they had never got into the profession and for me it was just deeply demoralizing to see all of these nurses from different backgrounds and different stages in their careers all unanimously saying how much they hated their job and I think from that point on, that just embedded itself in me and from that placement I just lost all enthusiasm (Interview 2).

It is obvious from this excerpt, the profound effect of the discourse and how the views imparted by the staff were internalised by the student. For other participants, as they recounted their recent experience, they noted the realities of everyday situated practices related to short staffing and decisions by staff to leave the profession, Jamie and Morgan respectively shared their accounts:

I did really enjoy it, but it's the first ward that I've been on where it's been highlighted about short staffing. Even though I felt I got everything out of it I needed to, it was really interesting for me, but there were a lot of times when I was in the break room by myself and none of the nurses, because they were like I can't have a break because I'm so busy (Interview 2).

my mentor was wonderful, but she messaged me and said, I've actually left, and I don't want to go back to nursing anymore it is too much for me. She said, I know I can be very calm and collected on the ward, but she said I was going home and crying after every single shift and she was just like it's not worth it, I'm going to train and do something else, so she left the whole profession, which isn't great when you are a second year, but they (the staff) just said it is happening all the time (Interview 2).

These extracts emphasise how everyday occurrences are normalised by the practice staff and in relation to this, Jude made an interesting observation:

so, I think you see it in practice, nurses just accept their lot and they and they ... just carry on, basically (Interview 2).

Continuing with the narrative, Jude highlighted how this acceptance also resonated throughout the student cohort:

I mean, I see it in the students, in the cohorts, the amount of apathy that comes about, when it comes to politics and stuff like that getting involved and actually changing is massive, I don't think anyone's really got the will to change it (Interview 2).

As the students are exposed to everyday practices, it appears they become desensitised to situations, as Alex discussed a situation in which s/he was left in charge of the ward, recognising how the situation should not have occurred, but suggesting it as normal practice:

on that last placement because I was just on my own most of the time and you know it shouldn't happen, but I was in charge of a bay at one point, there was me and the ward manager so I was in charge of the ward while she was in the office and it shouldn't happen, but it did, and I went home and cried that day because I was just ... I said I should never been put in that situation at all but that's just the way it is at the moment which is unfortunate (Interview 2).

Whilst engaging in everyday practices alongside the nurses, the participants encountered situations which they felt limited the time they spent with patients. One participant gives an example of this and how, when questioned, the nurse suggested this be accepted as normal practice:

there were days where I was working with a nurse, getting all the jobs done and I realised I hadn't even checked in on the patients like all morning, since like I said, hello, in the morning meds. And it kind of hit me and was like, 'oh my gosh, I feel awful.' And the nurse was like, 'It's something you're just gonna have to get used to,' and I was like, 'Really?' She was like, 'We do try and pop in, but things just get on top of you' (Alex, Interview 2).

This implies that organisational constraints, including time and staffing, influence everyday situated practices and students are often socialised to accept this as normal. At the same time, they learn to take shortcuts which involve practices not taught in university, Tony shared the following:

I can't give 100% to the patients because you are expected to do so much in such a short space of time that shortcuts are involved, and those shortcuts are not what you guys have taught us in university (Interview 2).

The tentative way Tony continued the account emphasised the tension between existing values about the right way to do things as opposed to the quick way to perform practices, dictated by the practice staff:

I mean, I'm afraid to say too much. But the things I'm afraid to say... the things that mentors have told me to do, mentors have said, this is how you do it if you're in a rush, and when you haven't got the time or you're not getting listened to by the staff you kind of have to turn your back on what you guys have taught us is the right thing to do in order to do the quick thing to do. That makes me feel bad because I want to do things the proper way and I want to do things the right way. And so, I think I look

down on myself now for taking those shortcuts. So, I see myself as almost less of a person now because I'm ... I feel kind of bad saying it now (Interview 2).

5.7 Summary

The analysis is shaped by the pervasive influence surrounding the perceived identity of year two which I propose results in a self-fulfilling prophecy and perpetuates the unfavourable discourse surrounding year two. At the same time, year two does not stand alone in its influence over engagement with knowledge, as the participants experiences highlighted in the outcome 're-evaluating: past, present future' demonstrate. This outcome acknowledged the temporal aspect of the year but at the same time emphasised the influence of previous experiences over current and future expectations.

'Constructing and balancing identities: being a student, becoming a nurse' highlights a process which may otherwise have remained hidden beneath the surface as it is more implicit than explicit, perhaps not evident to students but influenced by their engagement with different forms of knowledge.

Knowledge is situated in a variety of contexts, with the clinical environment appearing to hold the most importance for and influence over the students.

Accessing and engaging with clinical knowledge requires the student to negotiate 'localised knowledge and repertoires' which enables them to understand the meanings embedded in the clinical environment. The development of contextualised knowledge depends on the 'sharing of symbolic knowledge through informal knowledge networks whereby the students share their experience and produce common meanings and

understandings which allow them to become familiar with and engage in everyday situated practices.

The analysis uncovered the hierarchies of power in which exist 'positive and negative gatekeeping', which ultimately influence engagement with clinical knowledge and highlight the tensions between the (perceived) needs of the learner and the views of those in authority, thus resulting in a dichotomy between the student and student nurse identities of pursuing independent learning activities, versus engaging in the everyday activities of the clinical environment.

At the same time, the data features aspects of both a focus on the students' future role and a customer focus resonant with a new generation of students with a set of expectations which again may result in a conflict between their expectations and the realities of the everyday situated practices of the clinical environment. Despite this, it is clear that for the students, becoming a nurse is a privilege.

It is evident that the participants strongly identify with their peers or others they can closely relate to, significant others. At the same time, their professional development is influenced by the generalized other who provide a generalized standpoint through which to view the profession as well as playing a role in the students situational understanding of the clinical environment.

The final aspect of the data focuses on the hidden curriculum and students' exposure to professional socialisation which results in the transmission of norms, values, beliefs and behaviours common to the nursing profession and the more implicit influences on engagement with knowledge.

There are several outcomes that I felt were worthy of further discussion, in deciding which outcomes to take forward, I returned to my research questions and theoretical perspectives. My research questions asked about: the factors that both influence the student journey through year two and that underpin the construction of identity. In addition, how students construct meaning and engage with knowledge and how the sociocultural environment influences both engagement with knowledge and shapes identity.

Using symbolic interactionism as one theoretical perspective to frame my data analysis showed me how students ascribe particular meanings to the second year of study and how this, along with previous experiences, influences the way they approach and navigate their way through year two. In addition, I investigated the resources they draw on, including social interaction, to help them make sense of experiences, develop informal knowledge networks and source potential learning opportunities, which appear to help them through their year two journey.

Symbolic interactionism also offers a shift in the emphasis of structure and agency, allowing the researcher to bring the agent, in this case the student, and their perspective to the forefront. I therefore felt it pertinent to take forward the aspects of the students' experience which held the most importance for them and the outcome engaging with clinical knowledge: the informal curriculum. I feel this provides a clear representation and explanation of how nursing knowledge is embedded in disciplinary practices and reshaped into localised knowledge and repertoires which the students must negotiate and the influencing factors within the clinical environment which ultimately impact on the construction of identity.

At the same time, my other theoretical perspective, social realism, allowed me to view the social conditions underpinning knowledge production and exchange and the structure of knowledge in the curriculum. Bringing to light aspects of the curriculum which are often unexplored, but which will ultimately influence the student experience and therefore worthy of further exploration. In chapter six, I bring together the findings to discuss the student journey into and through the second year. How students construct an identity and engage with knowledge in the clinical environment and the symbolic resources they utilise to help them navigate the year.

Chapter 6: Discussion

6.1 Introduction

In the previous two chapters I presented the key outcomes of my study. In this chapter I draw together and discuss those outcomes, in relation to the literature identified in chapter two and the theoretical perspectives outlined in chapter three.

I start by providing an overview of the key outcomes (6.2). Then, following the order of chapters four and five, I discuss the outcomes. Whilst I do not detail each outcome in this chapter, as I have done so in the previous two chapters, I refer to elements from both chapters to reintegrate the findings, thereby constructing a discussion that draws together the factors which influence the way students navigate the landscape of second year (6.3), the factors underpinning the construction of a nursing identity (6.4), how the students engage with knowledge in the clinical environment (6.5) and the symbolic resources student nurses draw upon to help them navigate the second year (6.6).

6.2 Overview of the research outcomes

The study provides an insight into the second year of the undergraduate degree in nursing and how students navigate the second-year landscape through constructing an identity and engaging with knowledge.

Using a symbolic interactionist perspective to frame my initial data analysis, I showed how students ascribe particular meanings to the second year of study and how this, along with previous experiences, influences the way they approach and navigate their way through year two. This study therefore offers

a different way of looking at the year two experience which includes the whole student journey and at the same time considers how the learning experience is influenced by student beliefs, prior experiences and ongoing social interaction.

The symbolic interactionist lens also enabled me to explore the construction of student identity, considering the factors that underlie professional identity and how students perceive themselves within the profession. This differs from the one traditionally examined in the nursing literature which assumes an overt focus on professional identity (Traynor and Buus, 2016; Maginnis, 2018; Alharbi et al., 2020). Furthermore, this study examines student identity as a dynamic fluid process made problematic by a tension of loyalties between the temporal and often opposing aspects of identity. In addition, it examines how the construction of identity is influenced by context and the discourse into which students are immersed, and how they in turn construct meanings in different learning environments; providing evidence to support Scott's (2015) claims that identity is constructed, negotiated and managed differently in different contexts.

My study provides new insights into knowledge in the nursing curriculum in two ways. Firstly, it examines different forms of knowledge in the nursing curriculum, going beyond the formal curriculum to examine those aspects often 'not prescribed or foreseen in curriculum documents' (Mulder et al., 2019, p.36), but embedded in contextualised disciplinary practices and often largely unexplored in the nursing literature. As my research shows, these aspects of knowledge are the ones that students clearly value.

Secondly, the study refreshes the long-standing debate regarding knowledge in the undergraduate curriculum. It builds on the premise that nursing knowledge is bound in a socially and historically constructed context, conveyed in a (long standing) discourse created and sustained by the nursing profession. Thus, the practices of previous generations (Brennan and Timmins, 2012), are preserved, whereby nurses continue to engage in 'more of the same' (Morrall and Goodman, 2013, p.936). My study demonstrates that both identity and knowledge are preserved and reproduced through future generations of nursing students.

Using a social realist perspective enabled me to further examine the social conditions of knowledge, how it is structured in the nursing curriculum and in pedagogic practices, building on Bernstein's (2000) notion of the pedagogic device, whereby knowledge is produced in the field of practice, recontextualised and transformed into curriculum (in the clinical environment) and reproduced through pedagogic practice. This has provided further insights into the struggles between the fields of recontextualisation described by Lilliedahl (2015).

Overall, the outcomes indicate a second-year experience whereby the students are required to negotiate a landscape in which identity and knowledge are: ingrained in disciplinary situated practices; influenced and constrained by context; shaped by common understandings and expectations embedded in learning environments; and conveyed in implicit and explicit discourses. My study offers an insight into the resources, including social interaction, that students utilise to help them navigate the landscape, namely

the process of joint action, the sharing of symbolic knowledge and the development of informal knowledge networks.

In the remainder of the chapter, I consider each of the elements identified here in more depth.

6.3 Navigating the second-year landscape

In my research, the second year is considered in relation to the student lifecycle where it holds a pivotal but often forgotten position (Thompson et al., 2013). Whilst other authors suggest it is the least well differentiated of the three years of the undergraduate programme (Gregory, 2019) and hidden in the shadows by the dominant identities of years one and three (Milsom, 2015), my study posits an argument that year two in fact has a strong pre-existing and well differentiated, albeit negative, identity characterised for the students by the notion of the year two blues.

Using a symbolic interactionist lens, it is evident that this negative status is created and maintained through repeated social interaction amongst students (Carter and Fuller, 2016), which ensures that it persists and is reproduced through the next generation of students. In my study, it is apparent that symbolic meanings (mainly based on perceptions and assumptions) are assigned by students to the second year, which in turn influences the way in which they prepare themselves to act towards the year (Blumer, 1969).

This meaning is communicated through both explicit and implicit discourses resulting in a self-fulfilling prophecy (figure 6.1) whereby student beliefs influence expectations, which in turn influence behaviours and subsequently outcomes. In this way meanings are perpetuated, resulting in a reluctance to

let go of associated negative perceptions surrounding year two, thus making student transitions into and across the second year of study problematic.



Figure 6. 1. Self-fulfilling prophecy

The growing body of literature focusing on the second-year experience emphasises specific programmes of support tailored to the second year, but my study highlights the fact that the student experience in year one influences both present and future expectations and experiences. This builds on the work of Larmar and Lodge (2014) who suggest the foundations for year two are laid in year one, which provides new insights into the claims by Thompson et al. (2013) that year two extends across the student lifecycle, and cannot be detached from years one and three. These findings may therefore cast doubts on proposals to develop specific programmes of support for second year students and in fact a less fragmented approach may be required where each year is not considered in isolation.

6.4 Constructing a nursing identity

In my research, taking a symbolic interactionist perspective enabled me to consider identity from two viewpoints, self-identity and professional identity. This allowed me to demonstrate how aspects of self-identity underpin the

more generalised notion of professional identity in nursing and the reflective processes students engage with that shape their identity.

Based around Mead's (1934) work whereby mind, self and society are all constitutive parts of the same reflective process, and the mind is developed through an exchange of social acts in which people engage, my research locates 'individually constructed meaning within a co-constructed social experience' (Handberg et al, 2015, p.1025), whereby different aspects of identity are renegotiated or reshaped (by social interaction) within different learning environments. This in turn underpins the ongoing dialogue between the different aspects of self where the 'I' acts and the 'Me' reflects on and interprets the self. I suggest this process involves what Mead (1934) refers to as reference groups that serve to define situations. In line with symbolic interactionism, I have termed these reference groups, the generalized others and significant others. My study therefore establishes the link between the factors that influence the construction of both self-identity and the overall concept of professional identity in nursing.

Firstly, I position identity within the context of the study, the transition into and across the second year of the undergraduate degree programme, highlighting the temporal state of being a student (Field and Morgan-Klein, 2010) and how that process alters over the course of the year, as students balance different aspects of their identity.

Transition has been described as a continuum with three distinct phases running consecutively over years one, two and three of the undergraduate programme, and comprising different aspects of identity (Wayne et al., 2016).

Transition into university is associated with the development of a student

identity; transition through university is associated with development of an academic/disciplinary identity and transition out of university is associated with development of a professional identity. Therefore, this suggests that as students transition into and through university, they construct different aspects of their identity at given points in time.

In my study, the construction of identity emerged as a more tacit and fluid process, features of which extended throughout the findings. Building on the work of Trowler (2019) who argues that identity development is nuanced and fraught with complexities as different identities develop alongside each other, my work suggests not only the development of different identities alongside each other but a tension of loyalties between them, particularly the students' academic and disciplinary or nursing identities. Student nurses are required to move between clinical practice environments where they engage with the everyday situated practices and then switch their emphasis to being a university student (Attenborough and Abbott, 2018). In my research, the students spoke of the division between different aspects of the academic and student nurse roles, aspects they suggest require a different focus; they appeared to struggle with balancing and switching between both roles, not appearing to be able to formulate a link between the two.

In addition, some of the students highlighted difficulties associated with “making ends meet” and the need to undertake part time work, another aspect of their identity the students are required to balance in order to complete the programme. Whilst students across other degree programmes may face similar challenges, the distinct nature of nurse education was highlighted within this study and it was evident from the findings that the students

recognised their programme of study as different to other degree programmes, including both the demands of theory and practice and the mental burden associated with nursing. This may go some way towards explaining how different aspects of identity are more discernible than others. In my study, year two seems to signal the start of a reflective process whereby the students reflected on past, present and future experiences and in addition re-evaluated those experiences. This supports Sterling's (2018) claims that the second year of study is a time where the fundamental process of establishing identity becomes more pronounced, as students begin to re-evaluate their purpose and experiences.

This reflective process began at the start of the year as students reflected on their year one experiences, with particularly strong recollections regarding their clinical practice placements. The students' views of nursing continued to change to varying degrees, over the course of the year, producing both positive and negative responses regarding their future career aspirations. In addition, there was a prevailing dissonance between their pre-conceived ideals and realities of the nursing profession, this is similar to an earlier study examining the typologies of professional identity in graduating students (Hensel, Middleton and Engs, 2014). This suggests the process of re-evaluation may begin in year two but continue throughout the student journey.

The reflective process continued as students began to develop a perception of themselves within the nursing profession, which Browne et al. (2018) suggest underpins the development of a professional identity. In developing this perception of self, students appear to engage with Cooley's (1902) concept of the looking glass self, a process which involves three elements:

how individuals appear to others; how that assessment will then be judged and the feelings of pride or shame resulting from that assessment.

In my research, students' perceptions of themselves were often based on supposition, as they tried to imagine what others expected of them and how they appeared to others, namely their mentors in clinical practice. As the student narratives unfolded, particularly in relation to engagement with knowledge, which I discuss in section 6.5, the students alluded to the notion that deficits in localised knowledge would be viewed negatively by practice staff. Some students voiced the opinion that a lack of understanding of both the situation and staff expectations would result in them having to ask what Jordan referred to as 'silly questions'. Thus, their perceptions appeared to be based on what Scott (2015) termed the imagined response of others, and this influenced their formation of identity, particularly in the clinical environment where their perceptions were shaped by their mentors.

Interestingly, mentors were often referred to as collective groups, as students discussed the (often negative) impact of the mentor on their practice experience. Whilst a minority of students gave concrete examples of the assimilation of attitudes, values and beliefs through the process of positive role modelling, there is no doubt that in my study the perceived expectations of staff in clinical practice environments and the subsequent internalisation of those expectations defined and shaped the student's identity. These findings further support the idea of Serpe and Stryker (2011), that identities are assigned by others in relation to position and expectations, individuals then internalise the associated expectations. In addition, identities are tied to roles and positioned in social relationships.

Whilst the students based their perceptions of self on the imagined responses of others (Scott, 2015) and this underpinned the formation of self-identity, there was evidence that a professional identity was starting to take shape. The students in my research began to imagine and prepare for their future roles, engaging in the process of role taking (Mead, 1934), picturing themselves in the future role of nurse and viewing themselves from the standpoint of the aforementioned generalized other, in this case, their mentors in clinical practice. For some, this process appeared to coincide with the midpoint of year two as some of the students began to develop a clear vision of where they wanted to work in the future, whereas, for other students, this view of future employment started before they commenced their student journey.

Throughout the study there was a sense that students felt they should have a clear career pathway by year two, this may be associated with the fact that at the start of year two, third year students suggested year two was a point where they should be considering accepting offers of employment. Based on a symbolic interactionist perspective and interactions between individuals, this explains how those meanings are both built and modified.

In my research, it appeared that the concept of the generalized other was not just about role taking and students imagining their future role as a nurse, it holds a strong influence over the student's construction of a professional identity. This is consistent with Mead's (1934) definition of the term, whereby an individual adopts the social attitudes of other social groups, subgroups or a whole community, into a single attitude or standpoint. In my study, the students (perhaps unconsciously) internalise and adopt the social attitudes,

cultural norms, values, and situated practices. Thus, they establish an identity based on the disciplinary community and the actions of the collective social environment rather than an individual identity. By internally organising the attitudes of the generalized other, I propose that students become what Mead (1934) suggests is: 'an individual reflection of the general systematic pattern of social or group behaviour in which they are involved' (p.158).

Accordingly, for the students in my research, an identity is formed which mirrors that of those in the disciplinary community. Therefore, the suggestion that learners' identities are shaped and expressed through different ways of viewing the future (Field and Morgan Klein, 2010) may be a little erroneous. For the students in the current study, it may be that at the time when they are in the process of establishing their identity, (Sterling, 2018) there is only one vision of the future; a future where they will join a profession which is reminiscent of previous generations.

I end this section by acknowledging the second reference group that appeared to hold some influence over the students' construction of identity, their peers. A group with whom they shared opinions and whose experiences and behaviours were important to them, I termed this group significant others. In my study, the students' peers provided a significant reference group as students compared themselves to others to establish their own sense of identity. I return to this in section 6.6 as I discuss the symbolic resources students draw on to help them navigate the second year.

6.5 Engaging with knowledge

My research brings together the concept of knowledge and its different forms in the undergraduate nursing curriculum, by employing a social realist

perspective, thereby, going beyond the formal curriculum to examine how forms of knowledge are produced, recontextualised and reproduced into pedagogic practice in different learning environments, with a particular emphasis on the clinical environment.

Using Bernstein's (1999) delineation between horizontal and vertical discourse (2.7), my research demonstrates a clear horizontal knowledge base where knowledge and practices are embedded in the context and there is little evidence to support the notion of a vertical discourse, one which, as previously mentioned, enables a potential discursive gap, a site for the 'yet to be thought' (Bernstein, 2000, p.30) where the potential for critical thinking resides; a discourse which I assert is essential to address the health challenges highlighted in the aptly named NMC Standards *Future nurse: Standards of proficiency for registered nurses* (NMC, 2018a).

My study, therefore, suggests the current undergraduate nursing curriculum emphasises clinical knowledge, which the students clearly value, but which ultimately retains nursing as a practice-based profession and in turn neglects the specialised knowledge that underpins nursing practice, whereby students' conceptions of knowledge and what they value as knowledge appear to be in contention with those of the new NMC standards as well as my own vision.

My research suggests student conceptions of knowledge were influenced by their consumer status, as the cohort faced one of the greatest changes to undergraduate nurse education, the introduction of tuition fees (Department of Health, 2015). They were the first cohort to experience this change, which was a factor at the forefront of most students' experience. The participants were not directly asked if they considered themselves as consumers, although

there were several references to the fee-paying aspect. Many of them voiced an opinion about the expectations associated with their consumer status, examples of which, included a good education, value for money, choice of clinical placement and an overall knowledge base that would enable them to become good nurses.

Interestingly, other research which has examined the extent to which undergraduate students display a consumer orientation (Bunce, 2017) suggested that students were concerned with good quality teaching and a positive learning experience. In my research, students valued experiences which were not necessarily positive and often did not provide quality teaching and learning experiences. Nevertheless, it was clear that some forms of knowledge were more significant and worthwhile to them than others, that is practical knowledge which is embedded in the disciplinary practices of the clinical environment.

Throughout my study, students were asked to share their experiences of engaging with both theoretical and clinical knowledge; many of those experiences generated vivid recollections of clinical learning where they encountered negativity from practice mentors. Despite the negative aspects, it was apparent from an early stage that clinical learning held the most value for students. In the narratives they openly talked about their clinical placements and there was a sense that they felt learning in clinical practice held more relevance than their theoretical learning. This supports the assertion that in year two, there is a shift in student perspectives, and they place a greater emphasis on the applied side of their experience (Zaitseva et al., 2015).

Notwithstanding the significance of clinical learning for the students, as the student narratives unfolded, it was evident clinical knowledge was based on the students situational understanding, knowing the rules of the game and how things work, contextual knowledge rather than knowledge per se. Young (2008) differentiates between context-dependent and context-independent knowledge. Context dependent knowledge is a distinct feature of nursing, with significant dimensions of practical and procedural knowledge that differ across learning environments. To view this from a symbolic interactionist perspective, it could be contended that knowledge production or acquisition is always bound by its context or situatedness and interpretation of that knowledge is unique to each social encounter (Carter and Fuller, 2016). In my research, context featured heavily in the way students engaged with knowledge.

In order to engage with clinical knowledge, student nurses follow a varied learning journey, moving through several clinical practice environments, often with disparate opportunities and opposing pedagogic practices. In my research, the complex nature of the move between clinical learning environments appeared to cause apprehension for the students and one participant likened each new placement to starting a new job. The clinical learning spaces were often widely disconnected from their HE experiences, and the students were required to negotiate each individual learning environment and the associated disciplinary nursing practices.

My study highlights the fact that what counts as knowledge to students is bound in the social habits that occur within specific situations (Blumer, 1969) and as highlighted earlier, each situation is unique; the students therefore struggled with the nuances that exist in practices across different learning

environment often questioning if things are done differently in the new clinical context. It appeared that each clinical environment was accompanied by its own set of rules and assumptions and students often felt unprepared as they lacked an understanding of what was expected of them in each individual environment. Nonetheless, there was a sense amongst the students that they should be aware of and be able to conform with the repertoire of recognisable practices and routinised ways of knowing (Reckwitz, 2002) that prevail in each clinical practice environment. My research therefore clearly suggests that each clinical learning experience is distinct, and knowledge is embedded in disciplinary practices and localised language.

Building on Trowler's (2014) work and the following definition:

Disciplines are reservoirs of knowledge resources which, in dynamic combination with other structural phenomena, can condition behavioural practices, sets of discourses, ways of thinking, procedures, emotional responses and motivations. Together this constellation of factors results in structured dispositions for disciplinary practitioners who reshape them in different practice clusters into localised repertoires (p.1728).

My research suggests that a distinct disciplinary subculture exists within each clinical environment, associated with its own language and ways of working which I have termed 'localised knowledge and repertoires'. Therefore, students must understand the environment and the associated discourse and practices to engage with knowledge. This is examined in my research using a social realist lens and Bernstein's (1999) analysis of horizontal discourse, seen earlier, as a form of knowledge which is segmentally organised and therefore realised differently across contexts and cultures in the way that practices are organised, with no necessary relation between what is learned in different contexts. Bernstein (1999) termed this form of pedagogy as

'segmental' (p.160). Based on my research, I suggest this segmental pedagogy allows knowledge to remain static and embedded in situated practices, preventing its advancement in the discipline.

In my study, students harboured concerns that their current knowledge and practices would be different to those expected within other contexts as they moved between learning environments. This was made more problematic by both the lack of standardisation of clinical practice experiences in year one, evidenced in this study and supported by data from HEE (2018), and the move in year two into more specialised clinical areas.

Notwithstanding their concerns, it appeared that in each clinical placement the students' focus was on localised knowledge and repertoires and their sole aim of becoming conversant with everyday situated practices, that is knowing how things work in individual environments. This enabled them to operationalise localised knowledge to meet the immediate goal of navigating the individual clinical environment but denying opportunities for thinking beyond immediate goals. This reinforces my previous research (Connor, 2019) which suggests that situational learning allows students to participate in current practices, however the clinical learning environment provides little opportunity for critical thinking, or the development of research or innovation in practice.

As recognised earlier, the students appeared to value practical knowledge over theoretical knowledge. This finding was expected and supports previous research which emphasises that health care students feel other learning opportunities are incomparable to real world practice experience (HEE, 2018). Although some of the students recognised that theoretical knowledge

underpinned nursing practice, there was a sense that it did not necessarily equate with practical know-how, which the students felt they could only gain in the clinical environment, thus, prioritising the value of practical knowledge. In my study, however, practical knowledge appeared to be related to operational health needs rather than student learning, with students performing tasks associated with the everyday practices of the individual environment, supporting the notion of the knowledgeable 'doer' (my emphasis on the doer) which Fealy et al. (2018, p.2162) suggest has been prominent in nurse education discourse for several decades. These findings also build on and provide evidence to support the discourse surrounding professional education whereby the focus is on what the professional can do with knowledge rather than knowledge per se (Young and Muller, 2014).

Alongside the emphasis on practical know-how, my study highlights the importance that students place on being in a familiar environment. This is an interesting finding as, for some, it appears that their learning is less important than the familiarity, that is knowing and conforming with the routines and repertoires of the clinical environment. This highlights what Friedson (1994, cited in Krause, 2012 p.187) refers to as disciplinary territory which represents a familiar place or shelter for the students as they navigate the clinical landscape.

In addition, my study found that students continue to engage with knowledge and practices they are most familiar with and again seek out familiar learning opportunities rather than new ones, therefore, perpetuating current knowledge and reducing opportunities for the development of new knowledge. This

appears to be sustained by the ethos of the clinical environment and a discourse focused on getting the job done, thus preserving the practices of previous generations. My research suggests that each clinical environment with its own distinct disciplinary subculture, language and ways of working reproduces knowledge through the next generation of nurses.

Using Bernstein's (2000) pedagogic device, my study provides an insight into how nursing knowledge moves from the field of production, is recontextualised and transformed into curriculum and subsequently reproduced through pedagogic practice in the learning environment. This supports Clark's (2005) claims that the pedagogic device ensures that 'rather than act as an agent of change, the education system, including the curriculum taught within becomes a site of cultural reproduction that aims to reproduce the society within which it is located' (p.36).

The new standards for nurse education (NMC, 2018a) set the background against which the concept of knowledge is considered in my research. They serve as the field of production, imposing a rigid set of outcome statements, stipulating the knowledge and skills required by the nurse at the point of registration. In addition, they identify the more complex roles that nurses are now required to undertake to meet the demands of the (current and future) nursing role and the ambition of the profession.

The university nursing department and the wider university serve as the field of recontextualisation, responding to changing health care systems, practices, and priorities (D'Antonio et al., 2013) in their development of the curriculum. In

addition, the curriculum is transformed and enacted in the clinical environment.

The transformation of knowledge in the curriculum may be influenced by 'struggles between recontextualising fields' (Lilliedahl, 2015, p.42), this would appear to be the case in my research. I suggest that conflicting discourses in each clinical environment enforce their own interpretation of knowledge, thus problematising the student journey. Furthermore, the clinical environment becomes the site of (cultural) reproduction, where established practices, knowledge and culture are maintained and reproduced. Figure 6.2 illustrates how nursing knowledge moves from the field of production, is developed through curriculum and reproduced in the clinical learning environment.



Figure 6.2. Fields of production, recontextualization and reproduction.

I suggest this recontextualisation and reproduction of knowledge into pedagogic practice results in a cycle of established practices that is difficult to escape from. However, despite conforming with established practices and knowledge, students attempt to seek out further learning opportunities and take ownership for their own learning. That said, there was often a dichotomy

between the needs of the learner and the operational needs of the clinical environment. Whereas the students were encouraged in university to pursue independent learning activities, in clinical practice this competed with the staff's expectations that students would engage with everyday practices. This was reinforced by the internal hierarchical structure of the learning environment and the controlling nature of the registered nurse, who I termed the gatekeeper. Nursing staff held power over the students' learning in both negative and positive ways, with some of the practice mentors allowing and encouraging student independence and others denying opportunities for learning outside of the operational needs of the learning environment. My research therefore supports Trowler's (2014) claims that disciplines have internal hierarchies which bestow power differentially 'conferring [both] advantage and disadvantage' (p.1728).

The final part of the discussion here relates to the notion of the hidden curriculum and the forms of knowledge that I suggest are ingrained in the situated disciplinary practices of the clinical environment in particular, but which hold a powerful influence over student engagement (Karimi et al., 2014).

In my research, I utilise the concept of the hidden curriculum defined as the set of influences that function at the level of organisational structure and culture, conveying behavioural expectations, values and norms, which serve to maintain the extant culture of a learning environment (Hafferty, 1998; Mossop et al., 2013; Hunter and Cooke, 2018). This reconciles with my earlier observations surrounding identity and knowledge, and how values,

behaviours and beliefs inherent in the clinical environment result in the cultural reproduction of both identity and knowledge.

Having experienced the complex nature of navigating the explicit discourses and practices of the clinical environment and drawing on symbolic resources to exchange and develop localised knowledge, which I discuss in section 6.6, the students in my research were now faced with new challenges, attempting to make sense of the more implicit aspects of the learning environment, aspects that again vary between contexts (MacLeod, 2014). These aspects are woven into the process of professional socialisation, whereby students both observe attitudes and behaviours and translate them into their own (Karimi et al., 2014).

In my study it appeared the staff in the clinical practice environment may have been unaware of the impact of professional socialisation on students, particularly those discrete aspects that are so entrenched in the environment, they escape attention. My research suggests that both staff conversations and the enduring discourse of the clinical environment were transmitted to and internalised by students. The student narratives highlighted instances where mentors publicly shared their hostility towards nursing and their current role. In addition, mentors who could no longer cope with the nursing role left the profession. The students shared the profound effect this had on them as second year students and the impact on their motivation and engagement. In chapter two, I argued that there is a contradiction between aspects of the formal, informal and hidden curriculum that makes it difficult for students to navigate. I suggest this results from the way the curriculum is recontextualised and reproduced in the clinical environment into pedagogic practices which

shape the way students make sense of the learning environment. There are evident contradictions in my research between these different aspects of the curriculum, including tensions between the practices learned in university and those which are promoted and accepted in the clinical environment. In addition, the analysis from my study supports an obvious dichotomy between the students' existing values and those involved in everyday situated practices. Here, I do not wish to detract from the students' ability to select the values, attitudes, behaviours and practices they adopt, but the tentative way that these tensions were discussed demonstrates that they may feel obliged to adopt behaviours which are generally accepted in the clinical environment. In accordance with my study, previous research has highlighted how the hidden curriculum communicates messages that shape the way students make sense of their learning environments (Ozdemir, 2018), resulting in practices they naturally accepted as how things work (Hafferty and O'Donnell, 2014; Karimi et al., 2014). My findings are therefore unsurprising but nevertheless concerning, particularly at a point in time where students are developing a sense of identity and an understanding of different situations. I returned to Mead's (1934) work and the notion of the generalized other to help me examine this in my research. It is apparent in my study that the students assume the social attitudes of the nurses within the learning environment towards the social problems the group face, that is the realities of everyday situated practices. In turn, this renders possible the existence of a system of social meanings and a discourse which is common to that environment.

My study suggests that students internalise and adopt those social meanings and ongoing discourse into their own practices. As they are exposed daily to the realities of nursing practice, the students talked about the profound effect of staff leaving the profession, as mentioned earlier. In addition, they highlighted how they observed staff being unable to take breaks and the pressures of trying to provide nursing care without enough staff. A situation that the Royal College of Nursing (RCN, 2018) recognises as both 'self-defeating and self-perpetuating' for nursing staff.

There is evidence of this in my research as the students appeared to accept everyday occurrences as normal practices. This included the organisational constraints of short staffing and care rationing, whereby students felt time was limited to care for patients. However, this was normalised by staff as the way things are in the current climate and it appears both staff and students were reconciled to the current situation; accepting of their lot, appearing to be caught up in circumstances outside of their control, which are not acceptable, but nonetheless accepted. This is concerning, as the students use the registered nurses as a reference group to define and make sense of their world, therefore, they in turn reconcile themselves to a situation that is far from ideal. This highlights the strength of the generalized other in shaping both identity and engagement in the clinical environment, which I suggest, influences the students' sense of purpose which they actively seek to clarify during their second year (Sterling, 2018).

In addition, I suggest the reconciliation to the current situation identified here is influenced by a wider controlling organisational culture (part of the hidden curriculum) resulting in an acceptance of lack of power (de Vries and

Timmins, 2016). This lack of power resonates within the discipline of nursing, long held captive by the prescribed control of its regulatory body the NMC, with a knowledge base, as seen earlier, embedded in horizontal discourse; one that is dependent on and constrained by its context, thus unable to assert its independence or autonomy from the specific contexts of its origins which would allow it to be deemed powerful (Young, 2009). Thus, its power is confined to the interstitial spaces of the hidden curriculum, permeating the borders of the student experience.

6.6 Drawing on symbolic resources

As students move into and through their second year of study, the support mechanisms of year one are less well defined. However, they are expected to be more able to self-navigate their studies (Tower et al., 2015). In the final part of the chapter, I consider the symbolic resources the students drew upon to assist in their navigation of year two, enabling them to define, interpret, reflect on and make sense of situations and better navigate their student journey.

Zittoun et al. (2003) used the term symbolic resources to refer to those resources which enable an individual to make the transition between different social, cultural and temporal contexts, providing them with the symbolic means of making sense of situations and managing interactions with others. I adopt this definition to further examine the role of significant others, other students, and how they helped each other to define situations and establish their role and the role of others within them.

In my study, the students used symbolic resources in two ways: firstly, they engaged in a process of joint action (Blumer, 1969) where they assigned

meaning to both their own actions and the actions of others, thus allowing them to construct and legitimise accounts that accompany their lines of action (Azarian, 2017) by interpreting and defining the action of others to see where their own actions fit. Secondly, they shared symbolic knowledge, through the development of informal knowledge networks, thus enabling the basic condition for engagement in learning, that knowledge makes sense (Zittoun, 2017). Therefore, symbolic resources supported both the construction of identity and engagement with knowledge, thereby helping the students to interpret situations and design their own lines of action based on that interpretation.

By engaging in the process of joint action, students recognised and interpreted what others were doing and, in doing so, decided on their own course of action, based on Blumer's (1969) assertion that 'what one's associates are doing becomes the context inside which one's own developing act has to fit' (p.97). In my study, the students appeared to engage in a process of social comparison, whereby they evaluated their own abilities, comparing themselves and their experiences to other students, thus attempting to ascertain their own place and their own potential lines of action as they moved between learning environments.

As explained earlier, each clinical learning environment is accompanied by its own set of rules, assumptions, localised knowledge and repertoires, and students often felt unprepared as they lacked an understanding of what was expected of them in each individual environment. They also highlighted concerns surrounding their lack of understanding and how they appeared to others, namely their mentors in practice.

At the same time, some of those mentors restricted access to further learning opportunities for students. This aligns with Bernstein's (1999) concept of horizontal discourse which is subject to distributive rules regulating the circulation of knowledge, resulting in the restriction of or access to knowledge. In his analysis, Bernstein (1999) questions how knowledge is freed from the local context and agents from which it is enacted to allow it to circulate, thus providing access to knowledge across learning environments. My research provides an insight into how students attempt to reconcile the difficulties associated with the circulation of knowledge. As they developed informal knowledge networks where they compared their learning experiences and sourced potential learning opportunities, at the same time as they exchanged and developed localised knowledge. In my study, I refer to localised knowledge as symbolic knowledge, conversant with a symbolic interactionist perspective whereby individuals need to learn symbols to be able to understand their environment; symbols then translate the world from a sensed reality to a reality that can be understood and interpreted (Charon, 2007). For the students in my study, social media provided a platform in which they shared symbolic knowledge. Interestingly, the knowledge shared was more the routine information about the clinical learning environment, shift patterns, parking, what the staff were like; knowledge that would allow the students to be familiar with the environment. A similar finding was highlighted by Tower et al. (2015) in their study which examined the use of social media to address the sophomore slump among nursing students, suggesting that the sharing of experiences and routine information assists in both building a sense of community with peers and improving self-efficacy.

Notwithstanding the fact that knowledge networks allowed students to collect vital information about disciplinary practices and routines in a variety of clinical learning environments, the acquisition, and subsequent circulation of knowledge remains reduced to or equated with the interests and experiences of their peers. I propose both the sustainability and advancement of nursing practice requires a depth and breadth of knowledge that goes beyond the localised knowledge students and their peers are exposed to. In addition, I contend that by sharing and comparing practices, students can, as Scott (2015) suggests, imagine and mentally rehearse possible courses of action and anticipate likely responses to a set of routine situations. However, this limits the scope of student learning and in turn, denies students' access to the critical engagement skills they require in the second year of study (Milsom and Yorke, 2015).

6.7 Summary

This chapter discussed the outcomes of my study which help to understand how student nurses navigate into and across their second year of study, negotiating the interrelated elements of identity and knowledge. It provides insight into everyday situated practices and how identity and knowledge are embedded in those practices. The students' efforts to navigate across learning environments were problematic, as they struggled to negotiate the localized knowledge and repertoires. They in turn, drew on symbolic resources, joint action and the development of informal knowledge networks to assist in their student journey. However, I contend that the embedding of knowledge in situated practices prevents the advancement of knowledge for students and for the profession of nursing, resulting in an

undergraduate curriculum that reflects and replicates the knowledge and skills of a previous generation, resulting in cultural reproduction of both identity and knowledge.

In chapter seven, I articulate the conclusions drawn from my study and the contribution to knowledge my study makes.

Chapter 7: Conclusion

7.1 Introduction

This final chapter articulates the conclusions drawn from my study. I begin by briefly revisiting the aims of the research to set the context (7.2). Then, following the order of the previous chapters, I outline the main outcomes of the study: navigating the second-year landscape, constructing a nursing identity and engagement with knowledge, emphasising the contribution to knowledge this study makes (7.3). In the second part of the chapter, I discuss the implications of the findings in the current climate (7.4) and offer recommendations for nurse education (7.5). I close the chapter with my concluding thoughts (7.6).

7.2 Revisiting the research context

I set out with the aim of examining how student nurses navigate the second year of the undergraduate degree programme and the learning environments of both HE and clinical practice. In designing the study in line with a symbolic interactionist framework, and consistent with a constructivist grounded theory methodology and an emphasis on studying processes, I sought to explore how they navigate their journey.

My research questions asked about the perceptions and previous experiences that influence the student journey through year two; the factors that underpin the construction of identity and how both student interaction and the sociocultural environment influence how students ascribe meanings to

situations, which in turn allows them to make sense of and adapt their behaviour to those situations.

As the study unfolded, the focus of the student journey became clearer and there were two identifiable processes. The more tacit process which involved the construction of a nursing identity, which ran alongside and was influenced by and has an influence on the more explicit process, engaging with knowledge.

7.3 The study outcomes and contribution to knowledge

The data gathered in the study and presented as outcomes in chapters four and five identified several areas worthy of further investigation. Decisions regarding which outcomes to further develop were based on both the richness of participant data and those aspects of the student experience that appeared to hold the most importance for them. Therefore, the value of my contribution to knowledge is that it foregrounds the student voice through the insight of eleven second year student nurses and their perspectives, as they navigate the landscape of the second year of their degree programme.

In addition, the study responds to the need to use alternative methodologies, including longitudinal studies to explore second year perceptions (Webb and Cotton, 2019) and gain a better understanding of the transitions that students experience beyond their first year of study (Christie et al., 2016; Whittle, 2018).

7.3.1 Navigating the second-year landscape

The findings of the current study further support the distinctive character of the second year of study (Webb and Cotton, 2019). In addition, the study

contributes evidence that highlights how year two is characterised by an ongoing unfavourable reputation communicated to students through both explicit and tacit discourses, which I assert results in a self-fulfilling prophecy, whereby student beliefs influence expectations, which in turn influence behaviours and subsequently outcomes.

The findings highlight how students assign symbolic meanings to year two which in turn influences both the way they prepare themselves to act towards it and their subsequent experience of the year, and it is clear that students are reluctant to let go of negative perceptions. This has the potential to make transitions into and across the second year of study problematic.

At the same time, the study provides additional evidence with respect to the claims that year two extends across the student lifecycle (Thompson et al., 2013) by emphasising the fact that year two resides within a continuum of past, present and future, whereby year two is influenced both by what precedes and follows it. This may have implications for the development of specific support measures for second year students.

7.3.2 Drawing on symbolic resources

My study provides a new insight into the resources students use to help them navigate the second-year landscape. Whilst previous studies have tended to focus on the strategies developed by educators, my study builds on the work of Zittoun et al. (2003) and Zittoun (2017), as I refer to resources which enable students to make the transition between different social, cultural and temporal contexts, providing them with the symbolic means of making sense of situations and managing interactions with others. I foreground the process of joint action which is often 'theoretically underdeveloped and empirically

underutilised' (Azarian, 2017, p685) in studies which employ a symbolic interactionist perspective. In addition, I introduced the concepts of symbolic knowledge and how this was shared through informal knowledge networks. Therefore, providing a better understanding of how students share learning experiences and source potential learning opportunities and in addition how they learn to interpret situations in order to design their own lines of action.

7.3.3 Constructing a nursing identity

Building on the assertion that the second year of study is a time where the fundamental process of establishing identity becomes more pronounced, as students re-evaluate their purpose and experiences (Sterling, 2018), this study emphasises the dynamic, fluid process under which identity development materialises, and the tension of loyalties as students attempt to negotiate different aspects of their identity. The construction of identity is renegotiated or reshaped as students move between different settings and situations. Whilst the students try to carve out a discrete identity, the study suggests that over time they emulate the identity of the nurses in clinical practice. The study builds on previous literature examining professional identity in nursing (Walker et al. 2014; Maginis, 2018), providing additional insights through a symbolic interactionist lens and considering the factors that underlie professional identity and how students perceive themselves within the profession.

7.3.4 Engaging with knowledge

Given the paucity of research examining the second-year experience outside of the mainstream or traditional HE environment, the thesis makes an

important contribution to the field of nurse education research by providing a specific insight into how students navigate their way through different clinical practice environments and negotiate what I term 'localised repertoires and knowledge', that is the discourses (both implicit and explicit), norms, values and situated practices of each individual environment.

The study provides theoretical insights into student engagement with knowledge, building on work previously identified, including Bernstein's (1999) notion of horizontal discourse and other authors who have adopted a social realist approach, including Young (2008), in recognising the division between context dependent and context independent knowledge.

It is clear from this study that in each clinical environment a distinct disciplinary subculture exists that is accompanied by its own version of knowledge. The primary aim for the students is becoming familiar with and accepting everyday practices, knowing how things work and following the implicit rules of each environment.

Whilst it is evident that students draw on symbolic resources (identified earlier) to make sense of their experiences, develop informal knowledge networks and source potential learning opportunities, their learning is solely based on contextualised knowledge which has relevance in one context but not necessarily outside of that environment.

This finding provides some support for the conceptual premise that nursing knowledge is confined to the context of its application. namely clinical practice environments. It is clear from exploring the student narratives that nursing remains a practice-based profession (Bogossian et al., 2020) where the sole focus is on gaining knowledge to enable them to follow the implicit rules of the

clinical environment to the detriment of gaining the more specialized and theoretical knowledge that underpins professional practice (Young and Muller, 2014).

In addition, the continued engagement with contextualised knowledge risks missed opportunities for developing techniques of interrogation and moves students away from both the fundamental purpose of a university education of generating knowledge and developing critical thinking (Ashwin, 2020) and the aims of the new NMC Standards to develop nurses who have the 'confidence and ability to think critically, apply knowledge and skills and provide expert, evidence based, direct patient care' (NMC, 2018a, p.3).

In addition to examining how students engage with knowledge, the study makes a noteworthy contribution which refreshes the long-standing debate regarding knowledge in the undergraduate nursing curriculum and acts in response to the statement that nursing knowledge is scarcely investigated as 'an object in its own right' (McNamara and Fealy, 2014, p. 160).

Building on the work of McNamara and Fealy, the present study foregrounds the concept of knowledge, which I contend has experienced a demise in the nursing curriculum consistent with that noted in the education curriculum. In turn, the study confirms Deng's (2015) claims that a decrease in attention to knowledge in the curriculum is associated with a preoccupation with standards, outcomes and accountability, consistent features of the undergraduate nursing curriculum.

Perhaps of more concern is the competing ideologies evident in the clinical learning environment, based on the notion of the student as a knowledgeable *doer* (with the emphasis on the *doer*) which has long prevailed

in the undergraduate curriculum. A dichotomy exists between the student's pursuit of independent learning activities to advance knowledge and the staff's expectation of student engagement in everyday practices which perpetuates current knowledge.

The key findings from both the literature review and the analysis of new data generated from this study add to an understanding of nursing knowledge as socially and historically constructed (Williams, 2010). My work builds on the work of Brennan and Timmis (2012) by suggesting that nursing knowledge is conveyed in a discourse created and sustained by the discipline, thus preserving the practices of previous generations. I argue that the clinical practice environment, which is laden with its own values, beliefs and behaviours, perpetuates current practices and contextualised knowledge, resulting in a cultural reproduction of both elements through future generations of nurses.

Notwithstanding the important implications for the advancement of knowledge in the discipline, of significant relevance to the debate regarding knowledge is the persuasiveness of sociocultural factors present in the learning environment, and their salience in student narratives. If the debate is to be moved forward, a better understanding of these factors needs to be developed to understand their inescapable influence on the student journey.

The study also makes a contribution to the literature regarding the relationship between knowledge and aspects of the curriculum, areas that have previously received little attention (Ashwin, 2014; O'Connor, 2020). Important aspects of the curriculum in relation to the context of curriculum delivery have been highlighted, building on the premise that learning largely takes place outside

what is specified or foreseen in curriculum documents (Mulder et al., 2019).

The findings draw particular attention to elements of the hidden curriculum, whilst the analysis suggests a dichotomy exists between the academic values of the formal curriculum and the established practices of the learning environment, enacted in both the informal and hidden curriculum.

It is evident that students enter higher education with preconceived notions of nursing and whilst the importance of student expectations and their comparison to the reality of the profession have already been discussed in the literature (Brennan and Timmins, 2012; Hensel, Middleton and Engs, 2014), this study adds insights into how, as students are exposed daily to the realities of nursing practice, they adopt and accept everyday occurrences as normal practices, including the organisational constraints of short staffing and care rationing and, in turn, become desensitised to situations over time. This has important implications for the future of nursing as the students appear to be, like the nurses they work with in clinical practice, reconciled to the current situation.

7.4 Implications/recommendations for nurse education

The research is particularly relevant at a point where UK nurse education is undergoing large scale change with the introduction of the new NMC Standards and there are implications for nurse education in the findings from the study. If the ambitious aims of the NMC standards to facilitate the next generation of nurses with a knowledge and skillset that will 'enable them to deliver world class care' (NMC, 2018b) is to become a reality, nurse education needs to consider the following:

More broadly, nurse education needs to look closely at the nursing curriculum, particularly the informal and hidden aspects that are not prescribed or foreseen in curriculum documents. In particular, the study challenges those who design and deliver the curriculum to look at those aspects that may have become so embedded in the culture of nursing that they have escaped attention.

A natural progression from this study would be greater involvement from students on curriculum advisory groups and further research with students to examine more closely the links between the sociocultural factors present in the learning environment and their influence on student engagement with knowledge.

Aligning with the work of Hill and Tinker (2018) and Devine (2019), findings from the study suggest obvious benefits in providing support for second year students. However, based on the findings, there are a number of important changes that need to be made. Firstly, university policy regarding transition needs to be examined, and key priorities for transition need to be emphasised; not only transition to HE but across subsequent years of study. Secondly, a less fragmented approach is recommended, whereby the three-year degree programme is seen as a continuum of past, present and future. Thirdly, transition should align with an intentional curriculum design allowing students to understand the following year's requirements and reflect on and discuss their expectations and experiences.

7.5 Limitations

Whilst I hope this study has advanced an understanding of student perspectives as they navigate the landscape of second year of their undergraduate degree in nursing, I recognize the study has some limitations.

In using a small sample of student nurses, I make no claims that the study is representative of the entire study population. However, I feel that this is conversant with a substantive approach to theory development offered by grounded theory, whereby a theoretical explanation is tailored to a particular area or group. In that way the theory works, it explains and interprets what happened in the field of inquiry and forms a part of the criteria for evaluating grounded theory studies, fit, work, relevance and modifiability (Glaser, 1978).

The thesis is a beginning point in addressing questions of knowledge that are deeply ingrained in situated disciplinary practices and whilst the study has been undertaken in the context of nurse education, it is likely that the outcomes may be applicable to other practice-based professions.

The localized knowledge and repertoires evident in this study appear to be common across practice learning environments, and whilst the conclusions from this study are embedded in specific contexts, they may resonate across other areas, thereby providing a useful starting point for further discussion and inquiry and a theoretical interpretation that is modifiable through future research.

The different theoretical perspectives offered by symbolic interactionism and social realism allowed me to view literature that I would have otherwise not considered if I had adhered strictly to viewing my data through one lens. In addition, the data was not forced into pre-prescribed categories and as the

analysis progressed, the codes and categories which developed had a clear fit with the data.

7.6 Concluding thoughts

Whilst the research only skims the surface of the factors which influence the student journey through the second year of the undergraduate degree in nursing, it provides a useful starting point for further conversations.

The study offers some important insights into the process of learning and the subsequent development of knowledge in nurse education as it extends across learning spaces, a key aspect of which is how experiences and social contexts influence both knowledge and identity. There can be no doubt that the culture of the learning environment plays a significant part in both engagement with and advancement of knowledge in the discipline of nursing. This presents a significant challenge for nurse education if it is to respond to the call to provide the necessary learning support to empower students to prepare for independent practice (NMC, 2018b).

From a personal perspective, as both a nurse and nurse educator, the research has made me confront and reflect on some of the long-standing practices and culture that are deeply embedded in the profession. Whilst the reflection at times proved uncomfortable, there is no doubt I have developed a greater appreciation of sociocultural factors and their influence on student learning.

The thesis challenges the profession (both practicing nurses and nurse educators) to examine their role in reproducing the culture, contextualised knowledge and situated practices that are inherent in nursing, if we are to enable nursing and nurse education to be freed from its contextual

constraints, to exert its autonomy, and establish the strong and independent knowledge base that is required to 'envision a range of possible futures for the profession' (McNamara and Fealy, 2014, p.161).

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Appendix one

Interview schedule- focus group

Welcome

Welcome and thank you for agreeing to participate in my study which aims to explore the learning process of student nurses in year 2 of their studies and how experiences in university and clinical practice may influence learning and engagement with studies.

The first part of the research aims to explore some of your thoughts and expectations about year 2 and I will then follow these up in subsequent individual interviews.

Are you all happy with what the study entails? Have you all signed a consent form?

The ground rules.

I am interested in everyone's point of view and would like to hear what all of you have to say. So please respect each other, allow your colleagues an opportunity to speak.

Question: What are your initial thoughts as you move into year 2?

Question: How do you think year 2 will differ from year 1?

Prompt: Is there anything that particularly concerns you? Or anything that you are particularly looking forward to?

Question: In relation to differences between years 1 and 2, what do you think might be different in university? And in clinical practice?

Prompt: Do you think others will have different expectations of you in year 2?
e.g., tutors or mentors

Question: you all have some kind of expectations about year 2: where do your expectations come from?

Question: Were there any experiences from year 1 that may have influenced the way that you feel about year 2?

Question: Does anyone have anything they wish to add about their overall thoughts of year 2?

Appendix two

Interview Guide- Interview 1

This interview guide was based on initial data analysis from the focus group interview and the development of the following four categories:

- I. Being a student
- II. Becoming a nurse
- III. Social interaction
- IV. External influencing factors

The initial opening questions were framed around the students experiences of learning in both clinical practice and university and to further explore the following aspects:

The student's role in different learning environments and how they drew on prior knowledge and learning.

Their experience of becoming a nurse (moving forward through 2nd year).

Social interaction (interaction with their mentors and other students) and support networks.

External factors that influenced their learning, for example, work, caring responsibilities, money, extracurricular activities.

Question: Tell me about your placement.

Prompts or further questions: (as required and based on student responses to further explore topics)

Who did you work with and learn from? other students, registered nurses, newly qualified nurses, patients? Do you compare yourself to others?

What learning opportunities did you have on placement? Were the opportunities led by you or mentors/practice staff?

Did you find any of your previous expectations/assumptions came to fruition? For example, did staff expect more of you? If so, how did you deal with the situation, coping strategies?

Preparation for placement? How do you prepare? Contact the placement? Speak to other students- social networking sites.

What do you feel was your role in the clinical environment?

Question: Tell me about learning in university.

Prompts or further questions: (as required) Does the learning feel any different- based on the stepping up/starting to count aspect of level 5?

Support from tutors/peers (go to people)

Linking theory to practice

Question: How are you balancing the different aspects of your role?

Prompts or further questions: (as required) Are you working alongside your studies? How do you manage placement and university work? Any extracurricular activities? Any thoughts on fee paying?

Who do you have as a support network?

Question: Any other thoughts about year 2 so far or anything else you want to add? **Prompts or further questions:** (as required). Has your conception of year 2 changed? Does it feel any different to year 1? Future roles, areas that you would like to work? Year 2 blues (if mentioned by student)

Appendix three

Interview guide- Interview 2

This interview guide was based on the ongoing comparative analysis process but in addition, I wanted to ensure the longitudinal aspects of the study and to examine the context of the study and the effects on the participants over the year. Therefore, the final interview had a more structured guide with any probes or follow up questions devised as I proceeded through the interviews.

Interview questions

In this final interview, I would like to ask you to reflect on the year:

Question: What or who has influenced your learning or motivation to learn throughout the year?

Question: How important are your peers in your learning experience? And your educators? (Mentors or lecturers)

Question: What have been the most important elements of theory and practice?

Question: What have you valued most as a student?

Question: How do you feel you have changed over the year?

Question: Has your view of nursing changed?

Question: Overall, how would you sum up your second-year experience?

Question: Is this different from what you expected?