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**STUDENT NURSE PROFESSIONALISM:
REPERTOIRES AND DISCOURSES USED BY
UNIVERSITY STUDENTS AND THEIR
LECTURERS**

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A thesis submitted in partial fulfillment
of the requirements of the
University of Northumbria at Newcastle
for the degree of
Doctor of Philosophy
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Faculty of Health and Life Sciences

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ABSTRACT

Professionalism can be a complex concept to define (McLachlan *et al.* 2002; Finn *et al.* 2009). Within nursing, the majority of studies have explored professionalism within the clinical environment, and very few examine how student nurses construct their talk regarding professionalism while they study at university, highlighting this as a distinct gap in the knowledge and understanding. The aim of this study was to uncover the discourses used by student nurses *and* lecturers, and offer insight into the influences on student professional language from within and outside of the nursing profession and offer an appreciation of the processes of language (discourse) adoption.

The theoretical position adopted was social constructionism, where it is assumed we jointly construct our world on shared assumptions and that language is central to this process (Potter and Wetherell 2009).

The methodological approach employed was Discourse and Social Psychology (DASP) (Potter and Wetherell 1987). Seventeen (17) interviews were conducted. Eight (8) of which were one-off interviews with lecturers. Seven (7) students from adult, child and mental health nursing were interviewed multiple times over the three years of their nursing programme. **FIGURE 1** presents an overview of the research process.

The analysis suggested that participants drew upon a number of interpretative repertoires and memes. These led to the identification of discursive threads, which were proposed as entangled within discursive knots, serving to position students and lecturers within a dynamic process of professional discourse development. The theoretical perspectives of Foucault, Goffman, Bourdieu and Harré informed the interpretation of the talk.

Initially, students were positioned in a place of high surveillance through authoritative language used by lecturers. This position informed the discursive knot of 'separation' which serves to maintain student nurses as '*different*' and '*special*', and to distance them from other university students. Clinical practice experience was seen as influencing students' talk when back in University, emphasising differences. The discursive knot of 'maintaining quality and credibility' questions the '*real*' place of nursing and the credibility of lecturers, and brings about a positioning of students that influences agency. The final discursive

knot of 'permission' is located in the talk of lecturers and final-year student nurses only. This knot illustrates students adopting the discourses of the registered nurse, including the surveillance talk used by lecturers to first-year students. This suggests that final-year students 'become' enforcers and protectors of 'difference'.

This study highlights the intricacies and complexities of the 'professionalism discourses' woven into the talk of lecturers and nursing students, and their spread via both the overt and hidden curricula. Indeed, the adoption of the 'permission' discourse by third-year students suggests the perpetuation of a discourse via a socialisation process. The discursive 'knots' seem to function to instill, maintain and perpetuate wider discourses. The 'separation' and 'permission' knots may be viewed as serving to 'other' and maintain the 'specialness' of the profession, while the 'maintaining quality and credibility' knot may indicate tensions related to academic and clinical professional sub-groups and sites of knowledge development.

FIGURE 1: OVERVIEW OF THE RESEARCH PROCESS

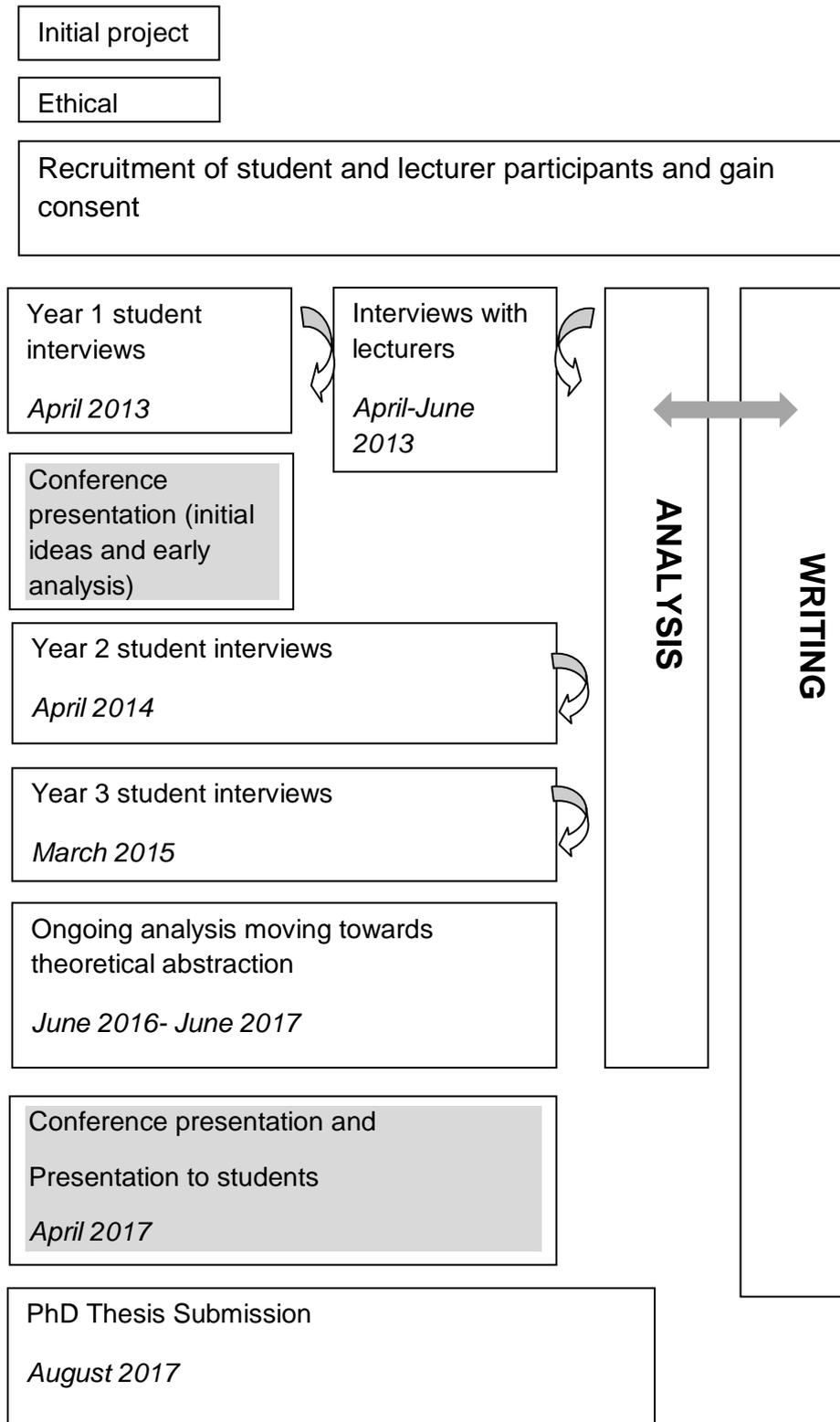


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Finally, thank you to my husband Michael, sons Thomas and Edward, and my father William Port for believing in me.

DECLARATION

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the University Ethics Committee on 27th January 2013.

I declare that the Word Count of this Thesis is 100,195 words

Signature: *Susan Patricia Jackson*

Date: 15.6.18

THESIS STRUCTURE

A social constructionist perspective underpins this study and, in keeping with that approach, many theories and perspectives have influenced the development of this thesis (Gergen 2015). Despite the iterative nature of the study, which involved reading and re-reading texts while considering its conceptual form, this thesis is presented in a traditional format for clarity. The study is presented in a number of chapters and a brief overview follows.

Chapter 1: Introduction and context of the study

The first section of this chapter sets out the rationale for the investigation, offering both a professional and a personal reflexive explanation for the choice of topic. This starts with a brief discussion of the history of nurse education, leading to nurse education today. The final section describes the pre-registration nurse education programme at the university where the study took place, outlining the learning and teaching environment and the curriculum content in relation to teaching about professionalism. The study population of interest is introduced here, alongside some demographic information about the region within which the study was undertaken.

Chapter 2: Background literature review

This chapter presents a wide range of literature pertaining to possible definitions of a profession, professionals, professionalism, professionalisation and unprofessional behaviour. The chapter draws on literature from different healthcare professional groups, professional bodies, and public perceptions, before focusing specifically on nursing and student nurse professionalism. Governmentality, professionalization, the theory practice gap, and the potential influences of the hidden curriculum are defined and discussed. At the end of this section the aims and objective of the study are stated.

Chapter 3: *Theory and methods*

In this section a variety of issues are considered in relation to the philosophical and theoretical beliefs underpinning the study. The chapter is divided into 4 sections. The first of these provides an overview of the paradigm options available for use in research in healthcare education. In the second section, the factors influencing the research are discussed, including the social construction of research and reflexivity. At this point Memetic Theory is introduced. The third section defines the research design, and the fourth section outlines the methods used to enrol study participants, how interviews were conducted and the approaches used to analyse the participants' talk.

Chapter 4: *Findings*

This chapter is presented in four sections, starting with the findings of the lecturers' talk, followed by three sets of student findings (one per each year of their programme). Each section begins within an overview of the content of talk, followed by worked examples of discourse analysis, highlighting pertinent rhetorical features, repertoires and competing ideological dilemmas. Some theoretical perspectives are introduced at this point, but are then discussed further in greater depth in section 5.

Chapter 5: *Towards a model of professional discourse adoption and embeddedness*

This chapter starts with the presentation of a proposed conceptual model of 'Professional Discourse Adoption and Embedddness' to aid interpretation of the findings. This leads to a higher level of abstraction and the uncovering of 'discursive threads', and three 'discursive knots'. The section presents details of the content of talk at the 'discursive knot', drawing on theoretical perspectives from Foucault, Goffman, Bourdieu, Harre and Langenhove, and Erikson, and theories of professional socialization from Melia (1984). Three located memes are also presented in this chapter. Throughout this chapter and the following chapter, particular features themes are colour coded to assist the reader in following the audit trail of analysis decision-making.

Chapter 6: *Discussion of the wider discourses at play*

This chapter discusses the wider influences on lecturer and student talk and has two sections. The first discusses the development of distinct nursing knowledge in clinical practice and in education. The second section discusses how the nursing profession maintains itself as distinct from other healthcare groups.

Chapter 7: *Discussions and implications*

In this final chapter, the study findings and the proposed conceptual model of discourse adoption and embeddedness are discussed in relation to the possible implications for nursing, nurse education, policy and future research. New insights into student nurse and lecturer discourses on professionalism are offered. A final conclusion draws together the suggestions and implications and presents some personal thoughts on the PhD experience.

CHAPTER 1: INTRODUCTION AND CONTEXT OF THE STUDY

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1.1 INTRODUCTION AND RATIONALE FOR THE STUDY

The study presented in this thesis is concerned with student nurse professionalism at university. In recent years, there has been criticism of the nursing profession in the wake of the public inquiry into the failings at the Mid Staffordshire NHS Trust (Francis Report 2013). The report drew attention to the inherent cultural problems within nursing; such as bullying, lack of candor, disengagement, denial, lack of leadership and the acceptance of poor professional behaviours. One of the many recommendations by Francis (2103) shone a spotlight on student nurse education, with a call for universities to recruit students who possess appropriate behaviours, attitudes and values, and who have a genuine desire to help people. Francis (2013) stressed that education and professional development of students should be invested in from both a practical and theoretical perspective. The latter point makes it clear that student nurse education is a joint venture between higher education and clinical practice, as is intended by the NMC (2010) education standards for pre-registration nursing.

My personal interest in student nurse professionalism while in university was born from observations of student behaviours, and attitudes from my position as a nurse lecturer, and in discussion with my colleagues. Colleagues talked about student behaviour in class, describing some groups of students as non-attentive, under-prepared and sometimes lacking in respect. I had witnessed some students going into the clinical skills department wearing incomplete uniform, nails painted and hair untied, despite being briefed on uniform policy at the start of their programme. Some lecturers reported difficulty in persuading students to take the clinical skills environment seriously, and to wear their uniform as would be expected of them with patients / clients. I also heard students say that being in university theory sessions was the only time they were able to dress like 'real' students. In addition, as a manager within of the adult nursing programme at that time, I had occasionally been asked to speak with students whose behaviour had caused concern regarding their professional suitability for a nursing career.

While visiting students in clinical practice however, the picture of the student nurse generally appeared different. Uniforms were worn correctly and students were respectful of their mentor, clinical staff and, of course, patients. This made me consider why the students found clinical practice and the university

environment so different, and I wondered how seriously some students appreciated the theory element of their nursing programme.

My initial interests were on how students perceived and *talked* about being professional while in the university setting specifically. It appeared, through my observations, that professional behaviours were not considered as important to students while in university as they were the clinical practice environment. When asking a group of first-year students what they thought professionalism entailed while studying, I found them hesitant, unsure of how to vocalize a definition. Finding it difficult to say what is professionalism is recognized within the literature, for example by Akhtar *et al.* (2013), Blyth *et al.* (2015) and Monrouxe and Rees (2017). I wondered how students might progress towards joining the nursing profession if they might not be able to recognize, and talk about, professionalism while they studied. I suspected that if I asked the same question to students further into their education programme they might be a little more articulate about the constituents of professionalism. Such an investigation might also offer insight into the influences on student professional language from others within, and outside of, the nursing profession.

1.2 CONTEXT, BACKGROUND AND REFLEXIVE INFLUENCES TO THE STUDY

In this section I present my own perspective of nurse professionalism, and discuss how this perspective and my position brought me to the study. Self-awareness of researcher identity is important to discourse analysis. The aim is for the researcher to position themselves within the research and social world where it takes place, which involves both self-description and self-awareness (Taylor 2003). Searle (1999) suggested that examining the personal and external factors influencing the research, in addition to the production of a detailed audit trail of the research process, will enhance the trustworthiness of a study (Searle 1999). Researcher awareness influences two particular aspects of research according to Wetherell, Taylor and Yates (2003). The first is the choice of topic, and the second is researcher identity, which may influence interviews, analysis, and interpretation of talk. I have divided the discussion into personal and professional influences below.

1.2.1 INTERNAL INFLUENCES - PERSONAL

I start this section by trying to surface and define internal influences that I recognize as having shaped my research topic choice and actions. I was drawn to this topic because it was about nursing and it focused specifically on nurse education. Nursing has had a major influence on my life, given my whole working life has been in nursing. From the age of seventeen I worked as a care assistant (then called an Auxilliary Nurse), followed by a sixteen-year clinical nursing career, before becoming a researcher in nursing and then a nurse educationalist for a further fifteen years. Due to my status I presumed that I would be able to identify with both the students nurses and lecturers equally. Afterall, I had been a student nurse and I am currently a lecturer. I recognized that this lifetime in nursing would influence my view and position regarding the study, and attempted to surface my views and opionions from the outset in order to be cognizant of them and their influences. Despite my belief of having 'a foot in each camp', my 'bias' towards the lecturers' position soon become apparent. There is no doubt that this influenced the overall orientation of the study i.e. the research focus, aims and objectives. I was conscious of the credence I was paying to lecturers' stories of what they viewed as student unprofessional behaviours. For example, lecturers talked of students handing in work late, talking, or using a mobile phone in class. I too labled this as unprofessional, and became cognizant of this tendancy. Therefore, I took time to step back and reflect on my views. I engaged in conversations with lecturers who were not teaching nursing so that I might get a sense of more diverse perspectives regarding student behaviors generally.

1.2.2 INTERNAL INFLUENCES – PROFESSIONAL, THEORETICAL AND PHILOSOPHICAL

My initial professional socialization into nursing took place in the 1980s prior to radical changes to nurse education in 1996 as discussed further in the next section. Historically, nursing has been seen as serving medicine (Cash 1997), therefore creating a gendered division of labour that favoured 'hard' science and authority over the 'soft' side of nursing practice associated with women (Millar and Billey 1992). Defence of these representative roles has come from the assertion

that women are biologically 'programmed' to nurture and care for others (Gamarnikow 1978). I was 'trained' to be a nurse at a London teaching hospital, and I spent more time in clinical practice caring than I did in formal lectures. Taught sessions were relatively formal. We often wore our uniform in class, as did our lecturers. We were often taught by clinicians brought out of the clinical environment to share their expertise. Sometimes these experts were doctors. Despite Easton (2012) saying that nurses were becoming independent from the medical profession by the 1970s, on reflection, paternalism felt alive and well in nurse education during my training. Because of my experiences of a more formal nurse training, I recognize that this may have swayed my expectation of student behavior in class. For example I always expected to have the students' full attention while I was teaching and I stressed the importance of active participation in learning activities.

Millar and Billey (1992) called for a move towards an education system which incorporates both empowerment and feminist thinking. Within the nurse education system today, I would suggest that has begun. I am also now fully immersed within an education system with an accent upon both caring *and* feminist theory that embraces a strong movement toward qualitative inquiry. My position as a woman, a nurse and an educationalist has undoubtedly shaped my engagement with this research process and, again, I tried to maintain an awareness of these influences through a research diary and during supervision, as discussed later.

Researchers are the main tool in qualitative methodology, and therefore must reflect on their influence on the phenomenon being studied (Holloway and Wheeler 2004). As a consequence, for the duration of my time as a PhD student I engaged in documenting my thoughts, decisions and supervisory debates within a research diary to help shape my thinking, while providing transparency to the direction of the research process (Clarke 2009). There appear no specific rules as to how a diary maybe constructed or used (Snowden 2015). I opted to document my reflexive thoughts within an e-diary upon a passworded tablet device, allowing me not only to type thoughts, but also verbally record ideas. I have discussed this primarily in chapter 2, but I have also integrated elements of my reflexive considerations at pertinent points to help the reader understand my decisions and thoughts behind reflexions with fellow PhD students during support and

writing group meetings, with my supervisors and during networking opportunities at conferences.

In the section below I present a more general discussion about the way that nurse education has developed. It starts with a presentation of nurse education before 2000, followed by details of nurse education after 2000.

1.2.3 NURSE EDUCATION BEFORE 2000

According to Carpenter (1993 p117) there have been three professional phases to nursing, all of which have shaped nursing practices and nurse education. The first phase starts with Florence Nightingale. Carpenter (1993) sees this phase as part of the 'pre-feminist movement' seeking to expand the social position of women in a male-dominated world. It was not until the second phase that nurse training and state registration came to realisation under the organisation of Mrs. Bedford Fenwick in 1919. The final phase resulted in educational reforms for nursing in the 1980s. Prior to this, the Briggs Committee was established to consider the quality of nurse training (Wilkinson and Miers 1999).

In the 1970s, the introduction of the Nursing Process began to impact upon nursing being viewed as independent of the medical profession, with nurses able to assess and diagnose patients' nursing needs without the assistance of the doctor (Easton 2012). At this point, nurse training continued within an apprentice-type model, attached to training schools in hospitals where student nurses would study and work on the hospital wards (Wilkinson and Miers 1999). However, in 1986 the United Kingdom Central Council (UKCC) published plans for Project 2000. This led to the supernumerary status of students, protecting their time for study rather than counting them as part of the hospital ward workforce.

1.2.4 NURSE EDUCATION AFTER 2000

In 1990, nurse education entered higher education institutions (HEIs) with Project 2000, which aimed to place the nurse at the centre of healthcare delivery. The purpose was to enhance the status of clinical nursing, increasing nurse

autonomy. According to the UKCC (1986), this freed nurse education from the demands of service provision, and changed educational culture from one of conformist students to a culture that encouraged students to question their practice and that of others.

Gaining professional legitimacy through joining universities has not been easy for nursing according to Gillet (2014), who notes the flurry of negative comments from the UK media at this time. The majority of media comments tended to take a nostalgic stance, reflecting back to the 'good old days' of nursing schools, while being critical of the standard of care delivered by nurses who were thought to be over qualified for the role. Research by Carlisle (1999) found that Project 2000 nurse education was not able to prepare students to be practitioners fit for purpose. Despite this negativity, the number of nurses joining the profession rose to an all-time high between 2000 and 2005 (Easton 2012). In September 2012, nursing became an all-graduate 'profession' with students obtaining a degree in nursing alongside registration with the Nursing and Midwifery Council (NMC).

1.2.5 NURSE EDUCATION AS A RESEARCH CONTEXT

From September 2017 the NHS Bursary for all healthcare students will be removed (NHS Bursary Reform 2016), signalling the introduction of student nurses paying for their degree. This may potentially lead to students having different perceptions and views of their nurse education experiences.

As an educationalist, and a nurse, I constantly look for ways to support students' learning, and appreciation of the professional role of the nurse. Currently, nurse education is an exciting, fertile and rapidly-changing environment within which to undertake research, as the following chapters will illustrate. There is limited literature focusing on student nurse professionalism within the university education system. This makes it an area worthy of investigation to support the development of the profession.

1.3 THE RESEARCH SETTING

In the section below, I briefly provide some background to nurse education at a University in the North of England, including their learning environment, current curriculum structure, student numbers and demographics.

In 1992, following the Higher Education Act, a North East Polytechnic amalgamated with a College of Technology to form the University. A degree in nursing had already been established at the Polytechnic in 1972 and later joined the Faculty of Health Science at the main campus. It was one of only a few such programmes in England to offer BSc. Nursing, following Edinburgh in 1960.

The Faculty of Health Sciences subsequently became too large for the main campus and nursing was transferred to the smaller campus site about 3 miles east of the city. The education environment today remains at the smaller campus and is the established site for programmes in healthcare and education. Annually there are approximately 6,072 students at this site.

For the duration of this thesis, the name of the university has been anonymised to maintain confidentiality and to protect study participants. From this point, when referring to the organisation, it will be known as 'The University'.

1.3.1 STRUCTURE AND CONTENT OF PROGRAMME

The three-year BSc nursing programme was approved by the Nursing and Midwifery Council (NMC) in 2012 and is based on Harden and Stamper's (1999) spiral curriculum, where concepts are revisited, deepening understanding and introducing new knowledge. The programme forms a framework of shared learning opportunities between different fields of nursing and with other healthcare students in physiotherapy and occupational therapy. This provides a strong basis for inter-professional working and knowledge transfer.

Attendance for students is carefully monitored to ensure that students meet the NMC required 4,600 hours on course completion, divided equally within the clinical environment and university learning.

1.3.2 PROFESSIONALISM IN THE CURRICULUM

The focus of this study was on student nurse and lecturers' use of language around professionalism. Below I provide a brief description of any teaching providing instruction on nurse professionalism.

Inspection of the curriculum documents indicates that 'personal/professional values and safeguarding' is a thread running through all module specifications. The language used in relation to this varies between modules, potentially indicating an inconsistent approach. The box below summarises the general language used within module specifications.

Personal / professional values and safeguarding	
Professional Code	Anti-discriminatory
Quality and safety	Promoting individuality / choice
Governance	Reflection / Reflexivity
Evidence Based Practice	Self awareness
Philosophy of care	Working in partnership
Concepts and values	Attitudes
Communication	Legal and Ethical

Professionalism is not taught as a separate module within the current curriculum. However, two modules make specific reference to professional attributes in lecture and seminar materials. The first is a first-year module, 'Development of Fields within Nursing'. One early lecture entitled 'Professional Identity' covers the history of the nurse profession, professional identity and philosophies of care. In the same module, professional identity workshops are held for students working with peers to present *their* nurse identity culminating in a summative assessment.

In year three, within the 'Preparation for Working Life' module, a seminar named 'Professionalism re-visited' encourages class debate of scenarios and dilemmas such as *'Is it professional to be close friends with the people you work with?'*

1.4 THE STUDY POPULATION OF INTEREST

The population of interest for this study was the March 2013 cohort of student nurses from adult, mental health and child fields. The total entry for students from this cohort was 203. Eighty-three students were aged between 18 and 20 years (41%) and 120 were classed as mature students with ages ranging from 21 to 47 years (59%). The ratio of male to female students in this cohort was 1:17, with male students representing 5% and females 95%. At the time of this study the gender profile of registered nurses in the UK was 11% male and 89% female (NMC 2016). Nationally, male student nurse numbers have remained static for the last ten years at 11.6% according to the Higher Education Statistics Agency (2016). The ethnicity of the March 2013 cohort was predominately white (95.1%), which is slightly higher than represented within the population of the North East City at 85.6% (Office of National Statistics 2011). In a survey of the ethnic mix of registered nurse population in the UK, 59% of respondents referred to themselves as white, although 27% declined to answer this question (NMC 2016). Therefore, the March 2013 Cohort were of a similar ethnic mix to the population of the North East City, but not reflective of the ethnic mix of the nursing population as a whole. This population mix (in the study and in the North East) may have led to silences in the data because the nursing population in the region has a less obvious mix of gender or ethnicity. Silences might also reflect the very nature of nursing in the UK as having fewer men and a less diverse ethnic mix than is prepresented in the UK population as a whole.

The lecturer sample was drawn from the population of 84 members of staff teaching on the pre-regiattration programme. The male-to-female ratio for lecturers within the institution was 1:3. There is a higher number of male nurses in teaching at the university than is represented within the national average for male nurses in clinical practice. According to Diamond (2014) male nurses are more likely to be fast tracked into leadership and education roles than their female counterparts. Therefore the mix of male to female lecturers in this study is over-represented when compared to male nurses in the profession as a whole. The sample does appear to embody the higher number of male nurses in senior positions (Diamond 2014). Although this over-representation is noted, the sampling aimed to achieve maximum variation rather than prepresentation in a statistical sense, and was also influenced by the characteristics of those students who were willing to participate.

Further discussions as to the potential limitations of the sample are discussed in greater detail in section 3.16.

1.5 SUMMARY

Criticism of nurses' skills, professionalism and leadership were made public during the Mid Staffordshire Hospital failings (Francis Report 2013). The recommendations from Francis (2013) have led to many changes within the nursing profession and education. The professional development of student nurses was one area of consideration. While professionalism *is* addressed within the nurse curriculum, the language used in curriculum documentation appears inconsistent and varied between modules. The teaching materials pertaining to professionalism are innovative and interactive, with student-led enquiry-based group work and discussions. This led me to consider the influence of others on students' appreciation of professionalism. In addition, my observation of students' behaviours also suggested that *'being'* professional at university might not have the same meaning for lecturers and students.

CHAPTER 2: BACKGROUND LITERATURE REVIEW

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2.1 INTRODUCTION

The initial literature review undertaken at the outset of the study focused specifically on the language students used when talking about professionalism. A search of CINAHL and Web of Knowledge was conducted using keywords 'Profession*' and 'Student Nurs*', locating 168 potentially suitable literature sources. I excluded any papers that did not display 'professionalism', 'professional' or 'profession' in the title or abstract. I further rejected papers relating specifically to e-professionalism (face-book) (9) because they appeared to be about unprofessional use, and articles on inter-professional education (11) since the latter tended to be about the appreciation of others' roles rather than focusing on the language of professionalism in nursing. Only 11 papers related directly to nursing students. This led to the conclusion that there was limited literature specifically focusing on nursing student professionalism language. I added a search of the Medline database to explore wider healthcare student professionalism. This identified a further 87 articles, of which 28 were initially considered appropriate. These tended to relate to medical students and since medical and nursing students may share similar experiences in higher education settings and working within a clinical environment, I felt these articles could contain valuable transferable information.

However, as the study proceeded (as noted within my research e-diary reflections on the initial analysis of early interviews in April and June 2013), I became increasingly cognisant that the notion of professionalism, as expressed and represented via the language used by students and lecturers, was closely linked to the concept of professional socialization. This awareness became more evident later while interpreting the findings and during the development of the discussion section of this thesis. This led me to revisit my initial literature search and extend it further to include the key terms 'Socialis*', 'Profession*' and 'Student* Nurs*'.

In the next section a review of the literature is presented. The review commences with a discussion about the definition of a 'profession', followed by debate regarding nursing's position as a profession from both an historical and contemporary position. Factors that influence nurse professionalism from inside and outside the profession are then presented, before focusing specifically on healthcare student professionalism and how it may be taught within the higher

education setting. The final section of this chapter presents a review of the literature on theories of professional socialization, which, as noted above, was not investigated until some early analysis had taken place and then more fully during deliberations about the emerging findings. The literature on socialisation is presented at this point in the thesis in order to help contextualize some of the themes arising in the talk analysed.

2.2 WHAT IS A PROFESSION?

Mrtek and Catizone (1989) define a profession as a group who '*profess*' its belief to others. Cruess and Cruess (1997) state it is about providing a recognised service to others. The service provided can be adapted to people's needs and members require specialist knowledge and training that others do not have.

The traditional 'true' professions were considered to be law, the clergy and medicine. Flexner (1910) was one of the first to characterise the key attributes of a profession. His definition stated members needed high levels of education, scientific base, specialist knowledge, self-governance, a sense of responsibility, and altruism. For Freidson (1972), what makes professions differ from other occupations is their right to control their own work.

The constituents of a profession have been studied by sociologists since about 1950. For example, Jackson (1970) listed characteristics to include a legally-recognised license, its own legislation, high power and income, attracting high-quality students, and freedom from lay evaluation. In Jackson's (1970) characteristics, members are said to be strongly identified with the profession, they tend not to leave, and students go through a rigorous socialization experience. In addition, Etzioni (1969) added that true professions require their students are educated for a minimum of five years.

Creuss and Creuss (1997) note further structural attributes shaping the membership of a profession. These include; professions choosing their own membership, educating new professionals, awarding status, monitoring quality, status, and delivering punishment.

More current perspectives from Creuss *et al.* (2004), Aguilar *et al.* (2011) and Van Mook *et al.* (2009) acknowledge the lack of consensus over one definition of a profession. Creuss *et al.* (2004) and Aguilar, Stupans and Scutter (2011) conducted systematic literature reviews to explore the most effective way to assess student professionalism. Aguilar, Stupans and Scutter (2011) concluded that with little clarity of a definition assessing students was likely to remain flawed. Creuss *et al.* (2004) also called for a more precise definition containing comprehensive lists of specific attributes, characteristics and behaviours. They argue that any definition needs to be broad enough to be recognised by a wide number of different professions. Cruess *et al.*'s definition (2004, p75) of a profession is:

'...An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a professional and society, which in return grants the profession and monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self regulation. Professions and their members are accountable to those served and to society.'

2.3 NURSING AS A PROFESSION

The debate as to whether nursing can justifiably be called a profession has continued for many years (Calder, 1997, Castledene,1998, Kinnear, 1994). The early view of nursing was one of vocation; an extension of the work undertaken by wives and mothers, demanding dedication and sacrifice. As a consequence, nursing was considered less valued than medicine (Yam 2004). Later, sociologists such as Etzioni (1969) and Goode (1960) classified nursing as a semi-profession.

In a discourse analysis of articles from the American Journal of Nursing between 1900 and 1985 by Turkoski (1995 p85), professionalism was referred to as a '*rank*'; '*an elevated position*'; '*a social status*'. This discourse placed nursing higher than that of '*mere trades*' or '*manual labour*'.

The professionalisation of nursing started to gather pace in the 1970s following the Salmon Report of 1966, which introduced an industrial model of management (Porter 1992) and, according to Dean (1983), nursing changed from a position of subordination to doctors to one of managerial equality. Professionalisation, according to Kenschaft (2012), is where an occupation or trade transform themselves into a highly-trusted and competent profession. A profession might be defined as a group with special features. As discussed earlier, the constituent parts of a profession can be difficult to determine. The process of professionalization tends to culminate in establishing acceptable qualifications, best practice, and some form of regulation to oversee the conduct of its members. Kenschaft (2012) reports that this finally leads to occupational closure, which prevents entry to the profession by those who do not meet the required criteria.

The current claim from nursing is that it does meet the requirements of a profession even though it has not been formally recognised as such, within the sociology of professions literature (Yam 2004). However, from a sociological perspective, the lack of formal knowledge, and low level of power associated with it, continues to hamper professional recognition (Yam 2004). Nursing argues that university education has helped to formalise theoretic knowledge, making it unique to the nursing profession. Formal knowledge also tightens boundaries between nursing and others, providing the profession with autonomy and some freedom from bureaucracy (Yam 2004). Today, due to the established nurse education system and professional standards, nursing continues to improve its professional status (Wynd 2003 and Hisar, Karadag and Kan 2010, Shaw and Degazon 2008), although Schlotfeldt (2011) is not totally persuaded by the status of nursing because it does not hold enough independent power and authority.

2.4 WHAT IS A PROFESSIONAL OR PROFESSIONALISM?

Professionals, according to Hammer *et al.* (2003), are those who practice within a profession. To be called professional, members are required to meet the stringent requirements set by the profession itself.

There is no shortage of discussion and proposed definitions for professionalism within healthcare. Swick (2000) calls for a normative definition grounded in the

nature of the profession and the nature of the work associated with it. These, Swick (2000) says, also need to reflect societal expectations. Wagner *et al.* (2007) conducted a qualitative study to understand the meaning of professionalism from the perspective of medical students, academic faculty, and patients. They found recurring themes of knowledge and technical skills, patient relationships, and character virtues. The definition that resulted focused on the value of skilled professionals, supported within effective relationships (Wagner *et al.* 2007). Hammer *et al.* (2003), in a discussion paper, says professionalism is defined in terms of: identity, competence, responsibility, attributes, and behavior. For McLachlan, Finn and Macnaughton (2002), a clear definition is required before it can be taught and measured.

Van de Mook *et al.*'s. (2009) research started with a comprehensive literature review, with the aim of clarifying the constitute elements of professionalism in medicine. Three themes emerged; '*interpersonal professionalism*', categorised as the pre-requisites for effective contact with patients and other healthcare professionals; '*public professionalism*', relating to the demands society places on the medical profession, and '*intra personal professionalism*', involving personal characteristics such as humility. They concluded there was inconsistency in the use of the term 'professionalism' with only four consistent elements being shared between definitions of professionalism. These were altruism, accountability, respect, and integrity.

Aguilar, Stupans and Scutter's (2011) systematic literature review of professionalism definitions sought to assist health educators' understanding of the range of professionalism characteristics. The paper categorised professionalism into desired behaviours, values, and attitudes. Examples of desired behavioural characteristics included being respectful, treating people equally and listening. These characteristics are supported by Creuss *et al.* (2006); Phelan, Obenshain and Galey (1993) and Symons *et al.* (2009). In addition, Purkerson *et al.* (2000) included attributes such as reliability and dependability, confidence, active learning, effective and courteous communication, accepting and applying criticism, and behaving ethically.

Hall (1968) initially examined the professional attributes of medicine, lawyers, stockbrokers, librarians, nurses, teachers and engineers to discern if some elements were stronger for some professions than for others. Teachers scored

highest for belief in public service followed by nurses. A sense of calling was highest in nurses followed by librarians. However, nurses scored low for autonomy. Autonomous practice by the nursing profession has been slow to evolve, partly due to the historical social values of the past where nurses were subservient to the predominantly male medical profession (Castledene, 1998, Kinnear 1994). As discussed within the section above, autonomy is considered to be a requirement of professional status.

Hammer *et al.* (2003) were critical of definitions of professionalism based solely upon behavioural attributes. However, Aguilar, Stupans and Scutter (2011) and Green, Zick and Makoul (2009) say that assessment of behaviours *is* helpful because they can be easily observed. Hammer *et al.* (2003) proposed a model of professionalism based on the shape of a wheel; the hub represents the core values of professionalism, such as altruism, service, caring, duty, and honour. The spokes consist of behaviours such as respect, empathy, and compassion. The tyre represents the resulting observable professional behaviours, such as dressing professionally, punctuality and good grooming. Hammer *et al.* (2003) called for a definition of professionalism that focuses on values at the 'hub' (the observable behaviours). McLachlan *et al.* (2009) listed professional values and attributes in healthcare as; altruism, honour, integrity, excellence, accountability, compassion, excellence and partnership working.

Using a mixed methods approach, Green, Zick and Makoul (2009) questioned patients, physicians and nurses about healthcare professionalism. Starting with numerous focus groups, they produced a 68-item inventory of professional behaviours which subsequently informed a large-scale survey. The overall result was a list of tangible professional behaviours, with effective communication being central.

According to Aguilar, Stupans and Scutter (2011), being a professional requires affirmation of certain behaviours, values *and* attitudes, while professional attitude is defined by Kanny (1993, p78) as;

'A disposition to respond positively or negatively towards an object, person, concept or situation'.

A profession's values inform the fundamental beliefs of the professional and highlight the importance of shared core values (Rowley *et al.* 2000; Ginsberg *et al.* 2002). Core values, according to Low, Omar, Thirumoorthy (2009 p16), can act as intrinsic motivators, ensuring that professionals '*do right every time, regardless of sanction risk*'.

2.5 PROFESSIONALISM IN NURSING

Miller (1985a) attempted to define nurse professionalism through a concept analysis, finding that the meaning varied between nurses, sociologists and society. The traits of professionalism may be defined by the profession's function or by historical perspectives (Miller 1985b). In an attempt to understand the constituent parts of the nurse's professional role, Furaker (2008) collected qualitative data from fifteen registered nurses in Sweden. The participants found it difficult to verbalise their professional role, defining it as 'vague'. Blythe *et al.* (2015) and Monrouxe and Rees (2017) found similar results in their studies. This is of concern, given that strong mentorship from a qualified practitioner can provide a positive role model of professionalism in nursing to students (Day *et al.* 1995; du Toit, 1995, Foley *et al.* 2002).

Akhtar *et al.* (2013 p256) reported confusion as to a shared definition of nurse professionalism continues. A sample of 11 nursing faculty and 20 pre-registration student nurses were involved in a Q-Sort methodology to identify the common viewpoints of professionalism. Four distinct viewpoints were discerned; *humanist*; *portrayers*; *facilitators*; and *regulators*. The differences between the views indicated potentially numerous contextual variables that impact upon nurses' ideas of professionalism.

An instrument to measure professionalism was devised by the sociologist Hall (1968), who asserted that individuals could be tested for degrees of professionalism by their attitudes. Later, Hall (1985) changed his perspective, writing that any study of professionalism should come from the profession concerned, and further indicating that a behavioural model, rather than an attitudinal one, should be developed by nurses for nursing, not by scholars from other professions. Hall's (1968) instrument continued to inform studies defining

and measuring professionalism by nurses. These included studies by McCloskey and McCain (1987) and Miller (1988, 1993). McCloskey and McCain (1987) used Hall's (1968) inventory to measure levels of professionalism in newly-qualified nurses. Their results highlighted that job satisfaction, organisational commitment, and levels of professionalism decreased when working within large organisations.

Miller (1988) created a nursing-specific model of professionalism and used it to explore nurse educators' professionalism. Based on Hall's (1968) instrument, with the essential attributes and behaviours of the professional code for nurses added, Miller's (1988) model was comprised of 5 categories and behaviours: *publication, research, professional organization, community service, and continuing education*. Similar to Hall (1968), the model is shown as a wheel with a central hub relating to education in university. The spokes are the attributes and characteristics above, considered inherent in the behavior of a professional nurse. A further adaptation of Miller's (1993) original work led to a behavioural inventory for professionalism, amending further Hall's (1968) instrument and producing a more sensitive tool specifically for use in the nursing profession.

Miller's (1993) model was tested on 600 nurse educators and showed that they were able to account for all the professional attributes and characteristics of the wheel model. Miller developed the model further in 1993 to include an additional 4 categories; *theory use and development; educational background; adherence to the code of ethics; communication and publication and autonomy and self-regulation*. The new model was tested via survey to a random sample of 515 registered nurses. The largest responses were for behaviours of continuing education, reading and subscribing to journals. Participants did not prioritise belonging to an organisation, and some were unfamiliar with the content of the professional code of conduct. Frustrations with a lack of support from employers, and busy working patterns, were suggested on reasons for compromised professionalism.

Wynd (2003), also applied Hall's (1968) original model to a large survey of 774 registered nurses. This study claims to be generalisable. Unlike participants in Miller's (1993) study, the highest scores for professionalism were from nurses with many years of experience, who had a degree, and who belonged to a professional organisation.

Despite a number of published articles purporting to be working towards a conceptualisation of professionalism in nursing (for example Wynd 2003, Miller 1993, Green *et al.* 2009, Ohlen and Segesten 1998, Akhtar-Danesh *et al.* 2013), there seems to be no definitive definition offered.

2.6 PUBLIC PERCEPTION OF NURSE PROFESSIONALISM

Takase, Maude and Manias (2006) surveyed 346 Australian nurses with the purpose of determining how their public image was perceived and how that image impacted upon their professional behavior. The results showed that nurses perceived themselves more positively than they perceived the public viewed them. The study concluded that the nursing profession needed to improve its public image if the self-image of nursing is to advance.

Public understanding of the nurses' role appears tainted by stereotypical images of nurses as un-intelligent, dependent upon doctors' orders, powerless, and underpaid (Rossiter, Bidwell and Chan 1998 and Hemsley-Brown and Foskett 1999 and Greenwood 1999). The popular press has also portrayed nurses as hard working, with 'a lovely smile' and lots of common sense (Leary 2014, p28). Fictional portrayal of nursing shows them as doctors' angelic handmaidens (DeVries *et al.* 1995).

2.7 NURSES' UNIFORMS AND PROFESSIONALISM

The nurses' uniform appears to be an significant object of focus for nurse professionalism. Kalisch and Kalisch (1985) classed uniform as a form of non-verbal communication, setting the scene for further interaction. Poor standard of uniform and grooming are cited as impacting negatively on perceived professionalism of the nurse (Stolk 2004).

Turkoski's (1995) discourse analysis of articles in the American Journal of Nursing reported dress as a significant symbol of professionalism. Discourses of the uniform, cap and badge remained consistent in the literature between 1900 and

1985. The language associated with the cap and badge was highly reminiscent of Christian religious orders.

A qualitative study by Lehna *et al.* (1999) explored the effect of nursing attire on nurse professionalism through interviewing 12 registered nurses, 1 student and a layperson. They concluded that the uniform helped to form part of 'the *total package*' of being a professional nurse. Kalish and Kalish (1987) found the way a nurse dresses influences their behavior. For example, if nurses look professional, they will act professionally.

2.8 STUDENT NURSE PROFESSIONALISM

The focus of the present study is on student nurses' professionalism, and while professionalism in nursing generally has been a focus for investigation in recent years, student professionalism has not received the same amount of attention as it has for medical students. Student professionalism can be defined as:

'The active demonstration of the traits of a professional'

(Hammer *et al.* 2003 p548).

Lui *et al.* (2007) explored students' understanding of their professional code of conduct, using a cross-sectional survey design. The results suggested that while they saw the code as important, some elements caused confusion and were considered difficult to implement.

The majority of studies of student nurse professional socialisation focus on the professional behaviour of student nurses within the clinical setting. For example, Secret, Norwood and Keatley (2003) used a phenomenological approach with 64 students, asking them to consider a time in clinical practice where they felt professional as a nurse. The analysis revealed three themes, '*belonging*', '*affirmation*' and '*knowing*'. Feeling professional was about belonging to the profession, being affirmed was about being valued by others within the profession, and knowing was about not being ignorant.

Following on from Secret, Norwood and Keatley (2003), William and Burk (2015) utilised a case study approach with first-year students to understand how they

develop a sense of professional identity. Students were asked to identify one time in clinical practice and write a narrative. The results highlight themes similar to those reported by Secrest, Norwood and Keatley (2003), these being, '*learning*', '*knowing*', and '*speaking*'. These themes, they say, appeared to echo the process of learning about theory, applying it, and then being confident to speak like a nurse.

Keeling and Templeman (2013) interviewed final-year student nurses for their perceptions of professionalism. The study uncovered particular vulnerability in students about to register. Alternatively, the work of O'Driscoll, Allan and Smith (2010), Allan, Smith and O'Driscoll (2011), and Allan (2010) has focused on the impact of the quality of mentoring for students in clinical practice, finding both positive and negative influence on students' professional working. Livesey (2000) studied the association between professional behaviours of baccalaureate nursing students and their perceptions of the clinical learning environment. Using valid and reliable instruments, they surveyed 272 students, finding a direct relationship between student empowerment in the clinical learning area and self-reported professionalism.

Maranon and Pera (2015) examined the influence of the theoretical and practice components of their nurse education in final-year student nurses' professional identity. Using observation and discussion groups, the participants talked about the importance of clinical learning in shaping their identity. However, some students placed greater value on theoretical learning, seeing it as vital for informing clinical practice.

2.8.1 STUDENT NURSE PROFESSIONALISM WHILE STUDYING AT UNIVERSITY

While the studies above relate to professionalism in clinical practice, very few pay attention solely to university education environments. Those that do, tend to focus on predicting professionalism, or lack of it once qualified, through examining student professional behaviours. For example, Timmins and Kaliszer (2002) were concerned that the movement of hospital-based nurse education into the university would encourage absenteeism, due to increased freedom and difficulties in monitoring attendance within large classes. Timmins and Kaliszer

(2002) considered absenteeism among nursing students as reflecting poor professional behaviour in both the clinical workplace and within the education environment.

Koh (1998) also examined absenteeism, reporting that the greater the non-attendance, the worse the student nurse performed academically. Clark (1975) found that student nurses with busy social lives were more likely to be absent. Although the latter study is rather dated, and relates to non-university-based nurse 'training', freedom associated with university life may encourage greater social participation if students live on campus. More recently, lecturers have voiced their frustrations regarding students' lack of professionalism, for example handing in work late, not preparing for seminars, and missing lectures (Lipscomb and Snelling 2010). Timmins and Kaliszer (2002) found that more students were absent for lectures at university than they were on clinical placement.

On a positive note, Brooks and Shepherd (1992) examined the correlations between student nurse critical thinking ability and professionalism. Based on a study of 200 degree and diploma students, data were collected using two valid and reliable instruments; Watson-Glaser Critical Thinking Appraisal (WGCTA) and Healthcare Professional Attitude Inventory (HCPAI). They concluded that students from higher levels of education (degree programme) demonstrated higher professionalism and critical thinking than their diploma peers.

Shinyashiki *et al.* (2006) sampled 278 student nurses, distributing questionnaires. The aim was to examine the standards and changes in professional values as a function of the professional socialisation process in university undergraduate education. The study reported that students developed greater professional socialisation between years two and three of their programme, and that university influenced values such as career choice and professional values.

Hisar, Karadag and Kan (2010) have developed the only instrument designed specifically to measure student nurse professionalism while studying at university. Their tool is adapted from Miller's (1993) 'Behaviour instrument for professionalism in nursing' and further updated with literature from Creasia and Parker (2009), Karadag *et al.* (2004, 2007) and Weis and Schank (2000). The instrument was delivered to 1339 third-year university-based nursing students with the purpose of testing the validity and reliability of the tool. A further

confirmatory factor analysis was performed in 2012 and reported the tool appropriate for purpose. To date, only the reliability and validity of the tool has been established and no further published studies have used it at the time of writing this thesis.

2.8.2 MEDICAL STUDENT PROFESSIONALISM

The initial literature search employed the term 'professional*' (as in the search strategy on page 28), however, this resulted in a limited number of articles related specifically to student nurse professionalism within the university setting. Therefore I decided to explore other bodies of literature such as that pertaining to medical education in the hope of locating relevant transferable information. There are some recognized similarities between student nurse and medical student education. Both are based within a higher education setting, and both groups of students experience clinical placements which involve working under supervision.

Much of the early research on medical education came from an ethnographic tradition and was informed by two classic studies from America (Atkinson and Pugsley 2005). The first of these, 'The Student Physician' (Merton 1957), reflects a distinct view of professional socialization whereby medical students 'acquire' professionalism through listening to, and working with, experts. This position concurs with the focus of this doctoral thesis on language and professionalism, and the notion that 'experts' pass information on to students. In this way, the lecturer might be viewed as an 'expert', someone to be listened to. An influential chapter in Merton's book, by Fox (1957) and entitled 'Training for Uncertainty', explores how medical students make sense of the vagueness in their knowledge and application to practice. Fox (1957) explains that the lack of continuity between training and practice, and between student culture and professional culture, causes confusion in their transition from student to physician. Fox (1957) subsequently viewed 'uncertainty' as something students needed to experience, and considered it therefore an important part of the professional socialization process. This could be seen as resonant of the so-called 'theory-practice gap' in nursing.

Fox's (1957) work shares some affinity with a study from the USA; the highly influential 'Boys in White' (Becker *et al.* 1961). From a sociological perspective, this study centred on the nature of medical-student culture. Becker *et al.* (1961)

proposed that students formed shared perspectives and beliefs. Both Fox (1957) and Becker *et al.* (1961) reported medical students soon realized they could not master everything they were expected to learn, leading to what Becker *et al.* (1961) refers to as 'selective negligence'.

In a later study in the USA, Bloom (1971) painted a rather bleak account of an American Medical School where student cultural and faculty ideals were far removed from one another and the school's atmosphere was one of mutual indifference and even hostility. This revealed what they call a highly-segmented institution.

The theme of segmentation also carries into the later work of Atkinson (1973). Atkinson was conscious that the classic studies from Merton (1957) and Becker (1961) appeared to present medical schools as internally homogeneous and insensitive to any variation from within it. Butcher and Strauss (1961) suggest that this is not surprising given that there is a presumed unity within professions. Indeed they note that:

'Functionalism sees a profession largely as a relatively homogenous community whose members share identity, values, definitions of role, and interests' (Butcher and Strauss 1961)

Bucher and Strauss (1961) use the term 'segmentation' to refer to occupational ideologies. Bucher (1970) developed this discussion further by noting that members of medical staff claim to be professionals with individual autonomy, while also proclaiming allegiance to different professional segments (specialities in medicine). Thus they propose that with segmentation comes potential 'specialness', which could perhaps be seen as mirrored in sub-groups or fields of nursing.

Atkinson's (1973, p81) ethnographic study of London medical students involved collecting informal conversations and a further sixty semi-structured interviews with students. He found that the experience of medical students was not homogenous but instead segmented by different '*atmospheres*' depending upon where the student was working clinically. For example, placements within the central hospital had a different atmosphere to the experiences within the peripheral one. Students were treated differently in medical or surgical ward placements and their status varied from junior doctor to one of subordination. A

later ethnographic study by Sinclair (1997) at another London Medical School looked at the collective rituals of medical student life. His findings suggest that medical students are drawn to senior figures who embody professionalism and that those who show poor attitudes and unethical behavior cause students distress and anger.

While there has been a rise in the number of studies exploring medical students' experiences phenomenologically (for example Finn, Garner and Sawden (2010) and Wagner *et al.* (2007)), some of the more contemporary studies on medical students (except for Sinclair (1997) and a further study by Atkinson (1997)) appear to have moved away from ethnographic investigations in an attempt to define and quantify professional attributes and behaviours.

McLachlan, Finn and Macnoughton (2009) and Finn *et al.* (2009) have explored the notion of conscientiousness as a measure of medical-student professionalism. McLaughlin, Finn and Macnoughton (2009) devised a Conscientiousness Index (CI) where students were awarded points at the start of the academic year. Failing to attend compulsory lectures, late submission of work and so on, meant that points were subtracted from their initial score. Conversely, voluntary work and extra study added points to the score. Interestingly, this study seems to be the only one where lecturers also commented upon students' professional behaviours, albeit to answer one brief question asking if they were happy with the professionalism shown by the student.

Finn *et al.* (2009) also used the Conscientious Index (CI) scores with medical students making peer estimates of professional behaviour. They reported a significant correlation between low CI scores and peer nominations for low professionalism. The paper suggests that although students find it hard to say what professionalism is, they appear to have a common understanding of what is not professional.

Baernstein *et al.* (2009) focused an investigation on how medical students engage with professionalism-teaching strategies. Fifty-Six volunteer medical students were interviewed regarding their experience of professionalism seminars. The analysis uncovered three key themes: '*observing what is professional*', '*being told what is professional*' and '*what I bring to medical school*'. Students who thought lecturers behaved in a professional manner were most valued. It is not clear how

professionalism was defined by Baernstein *et al.* (2009), although at the outset of this study they state that the interview questions related to a curriculum aimed at introducing professionalism to pre-clinical students.

Finn, Garner and Sawdon (2010) conducted focus group interviews with 144 medical students in phase 1 of their programme (years 1 and 2) to understand how professionalism was perceived and to aid future teaching. Students reported that professionalism was relevant in three contexts; clinical, university and virtual. Being professional required sacrifice of their freedom as they struggled with their identity as medical students and university students. These students talked about the notion of '*switching on*' professionalism (Finn, Garner and Sawdon 2010 p819). For example, going between university and clinical settings appeared to impact on their level of professionalism presented.

Monrouxe, Rees and Hu (2011) attempted to access students' understanding of professionalism through analysis of discourses. They identified 19 different dimensions of professionalism, including competence, teamwork, knowledge, rules, self-presentation, phronesis, and individual attributes. This study was conducted with medical students early in their programme, some of whom had contact with patients and others were only given opportunities to engage in conversations about professionalism in the classroom. Students with patient contact demonstrated a more complex understanding of professionalism than their pre-clinical peers, who only discussed professionalism in class.

2.8.3 PROFESSIONALISM AND OTHER HEALTHCARE STUDENTS

Although the majority of literature on student professionalism during studying arises from medical education, some studies from other healthcare professional groups are available, such as occupational therapy (OT), physiotherapy, and pharmacy. Monrouxe *et al.* (2014), having previously investigated medical-student professionalism, collected 226 professional dilemma narratives from OT, physio and pharmacy students. Dilemmas highlighted how students coped with seeing unprofessional activity in clinical practice. The paper concluded that dilemmas highlighted issues in support for students engaging in whistleblowing procedures.

From pharmacy, Hammer *et al.*'s (2003) literature review suggested that erosion of values and ethics within society had impacted upon student professional behaviour. A Taskforce on Pharmacy Student Professionalism (2000), cited in Hammer *et al.* (2003 p548), defined professionalism as;

'...displaying the values, beliefs and attitudes that put the needs of another above your personal needs'

Two studies from OT have also addressed student perspectives of professionalism. The first by Bossers *et al.* (1999 p119) explored professionalism to inform new curriculum development. Finding a lack of consensus on a definition of professionalism, they formed a working group of students and faculty to define the term. Three themes were identified from a schemata; *'professional parameters, professional boundaries, and professional responsibilities'*.

The second OT paper, from Robinson, Tanchuk and Sullivan (2012), attempted to find a definition of OT-student professionalism. Focus groups were held with second-year masters students. The result was a wide variety of aspects relating to professionalism including; responsibility, accountability, reliability, ethical working and team working. They also debated the importance of a professional image, good communication, and the importance of client-centered working.

2.9 UNPROFESSIONAL STUDENT BEHAVIOUR

Although most studies have tended to focus on trying to identify professional definitions and attributes, some have also attempted to define what unprofessional behavior consists of. Ainsworth and Szauter (2008), Timmins and Kaliszer (2002), Stern Frohna and Gruppen (2005) and McLachlan, Finn, and Macnaughton (2009) all report that lack of diligence, unreliability, absenteeism or poor contentionsness may be common features in predicting unprofessional behaviour later in clinical practice.

TABLE 1 (over) summarises four guidance documents from nursing, medicine and healthcare. The first is from the Nursing and Midwifery Council (NMC) (2012 p8) on professional conduct for nursing and midwifery students, offering eight *'common areas of concern'*. The second, from the General Medical Council and Medical School's Council (GMC 2016 and MSC 2016), presenting practical tips to

help medical students apply professional values to their study and placements. The third is from Larkin *et al.* (2002), offering advice for internship medical students. Finally, a published article from Casey (2006), a lawyer from United States of America, sets out the 'Top 10' reasons for unprofessional conduct cases with healthcare professionals.

TABLE 1: 'COMMON' AREAS OF PROFESSIONAL CONCERN

Colour coded to show similarities between documents

Nursing and Midwifery Council (NMC 2012) Guidance on professional conduct for nursing and midwifery students	General Medical Council (GMC 2009) and Medical Schools Council (MSC 2016) Guidance for Medical Students	Larkin <i>et al</i> (2002) Unprofessional behaviours for Intern medical students	Casey (2006) The Top Ten causes of unprofessional conduct healthcare professionals
Aggressive, violent or threatening behaviour'		Harasses, physically or verbally abusing students, patients, family, staff	Escalation of personal conflict
Health concerns	Seek advice if a health condition might affect your studies	Personal life interferes with work life	Personal-life affecting work-life
Dishonesty		Lying, cheating, stealing	Poor communication
Drug or alcohol misuse		Substance misuse	Alcohol and drug addictions
Criminal conviction or caution	Raise concerns about patient safety, dignity and comfort	Unkempt appearance or poor grooming	Failure to address patients concerns
Persistent inappropriate attitude or behaviour	Protect patients identifiable information	Takes risks that might harm patients or Abandon's patients	Failure to report poor practices
Unprofessional behaviour: <ul style="list-style-type: none"> • Breaches of confidentiality • Misuse of internet and social networking • Inappropriate sexual boundaries • Rudeness and discrimination. 	Be honest when you don't know something	Unwilling to learn from mistakes	Failure to maintain professional knowledge
	Do not use social media in a derogatory manner		
		Discrimination	Complacency about professional standards
Cheating or plagiarism'		Inappropriate sexual contact	Failure to seek assistance or make appropriate referrals
		Falsifies medical records or research data	Falsifying professional documentation

Examining the four guidance documents, similarities are seen, but also differences as to what might be considered unprofessional practice. Agreement can be found relating to cheating and falsifying documents, abuse of alcohol and drugs, and health issues having a negative impact upon work. Aggressive behavior does not feature within Medical Schools Council (MSC 2016) and Casey (2006), but is at the top of the list for the NMC (2012) and Larkin *et al.* (2002). Only the NMC (2012) states '*unprofessional behaviour*' as a specific category, listing specific actions.

2.10 THE ROLE OF PROFESSIONAL BODIES

The role of the professional body is formally recognized and projected as being to maintain the standards and quality of the profession. Nursing is monitored and regulated by the Nursing and Midwifery Council (NMC). The professional Code (NMC 2008), revised in March 2015, exists to safeguard the health of the public. The Code sets out a framework for professional conduct based upon ethical principles, including statements relating to upholding the reputation of the profession, ensuring adherence to professional standards, working with honesty and integrity, and operating within professional boundaries. However, professionalization may serve to make boundaries through creating a specialness to those within the profession and 'othering' those who are not. To this end, the role of the professional body could be viewed as boundary-making.

Professional bodies have taken a 'sovereign' attitude towards the conduct of health professionals by requiring them to overtly examine their ethical commitment (Trede and McEwen 2016). In the present day, this might be seen within the response to the poor nursing practices highlighted within the Francis Report (2013). Registered nurses are subsequently required to re-validate their commitment to professional standards every three years. Failure to do so results in removal from the professional register (NMC 2017), thus strengthening the notion of the professional body as the one with control over its membership through maintaining and monitoring its boundary.

In pre-registration nurse education, the NMC (2010) stipulate mandatory student attendance of 4,600 hours of education, divided *equally* between taught sessions

in university and clinical practice. Direction is also provided for student behaviour outside university (NMC 2012 p7). The document, 'Guidance on Professional Conduct for Nursing and Midwifery Students', under the heading of 'Your personal life counts to!', serves to warn students of the implications of their behaviour in the day-to-day context. The guidance starts with the sentence *'It's important that you're aware..'* which alerts students to their responsibility to act in a particular (professional) way if they wish to complete their nurse education and register as a nurse. The Code (NMC 2008 and 2015) stresses that adherence to the rules are non-negotiable. As a self-regulating profession, the NMC is responsible for the quality of those joining the register and for removing those unfit to practice, through a process of professional suitability. Unsworth (2011) expressed concerns that systems in place to monitor the unprofessional behavior of nursing students, while they are at university, may not always be as robust as those sanctioned by the NMC, or may be overturned to meet university requirements.

The discussion above can be seen as describing what some authors term 'disciplinary power' (Foucault 1991). Disciplinary power is said to originate from within a discipline with the aim of controlling activities within it and will be covered later in section 2.11 (below) and chapter 5. In this instance the proceeding paragraphs on the Nursing and Midwifery Council could be viewed as setting out some of the ways in which the NMC influences its members through disciplinary power. Defined by Rose (2010 p101), 'discipline' is viewed as the continuous exercise of power through surveillance and normalization.

2.11 GOVERNMENTALITY

I have located this section of literature on governmentality at this point in the thesis, although in reality I did not come to this body of work until I started to analyse and interpret the lecturer and student talk. Further comment on governmentality can also be seen in section 5.

The previous section (above) discussed how discipline within the nursing profession is managed through the exertion of control through monitoring of hours, standards, guidance and conduct (Trede and McEwen 2016). When professional bodies started to appear in the early nineteenth century they needed to

demonstrate that all members were responsive to the ethico-political tension that the professional body sought to address (Trede and McEwen 2016). According to Foucault (2002a), this was achieved by obligating its members through the establishment of a system of observation where the individual was surveilled by the profession and the profession surveilled by the state. Through surveillance, Foucault (1991) argued that disciplines *make* individuals. When gathered *en masse*, for example in universities or hospitals, institutions act as '*telescopes*' and '*microscopes*', establishing regimes of visibility, evaluating conduct and behavior, and defining a '*grid of codeability*' (Rose 1998 p105).

For Foucault (1990), power is viewed as being all around us. Within a democratic, state, where hierarchy has less influence on power, governance tends to influence the self-conceptions of others. Miller and Rose (2008 p22) refer to this as '*governing at distance*'. In this way '*governor and governed are two aspects of the one actor*' (Dean 2010 p19). This form of power is not viewed as 'powerful' since it originates in the individual's meaning rather than from outside, and it is considered voluntary. Rose *et al.* (2006) view this power as acting most forcefully when the individual considers himself or herself free and autonomous, thus keeping the practitioner 'compliant'. Therefore, individuals;

'produce the ends of government by fulfilling themselves rather than being merely obedient' (Rose *et al* 2006 p 89)

The aim of governmentality therefore is to 'normalise' practices so that mundane acts of self-authorisation and self-policing become part of the professional's identity (Bryant, Johnston and Usher 1997, Juritzen, Engebrestsen and Heggen 2013, Miller and Rose 1993). To this end, those within the professional boundary of nursing might view themselves as 'special' and continue to maintain the boundary by self-policing. According to Usher, Bryant and Johnston (1997 p56):

'One becomes the way one is identified and identifies oneself'.

Meanwhile, Rose (1998) states:

'The person is produced as a knowledgeable individual in a process in which the properties of a disciplinary regime, its norms and values, have merged with and become attributes of persons themselves' (p106).

The effect of governmentality, therefore, is to constitute subjects as '*competent*', '*deserving*', or '*experts*' (Usher, Bryant and Johnston 1997 p57).

The nature of power can be defined from a number of different perspectives according to Lukes (1974). The first is presented as a one-dimensional view from a pluralist perspective where those with the power have the ability to make others do something they would not otherwise do. A second-dimensional view is critiqued by Bachrach and Baratz (1962), claiming that power has two faces. The first face is the one-dimensional view (above) and the second relates to the influence of coercion. Coercion offers those with the power influence over others through the threat of deprivation. In this way, a minority and elite group maintain the status quo. Bachrach and Baratz (1962) are critical of this second-dimensional view as only seeming visible during actual conflict. A third dimension therefore represents a more effective and insidious form of power, which is capable of preventing conflict from arising in the first place. Parsons (1957) ties power to authority, consensus and the pursuit of collective goals. Power is not associated with coercion or force and therefore it depends upon the institutionalization of authority.

Drawing on the various forms of power presented above, these appear to have some resonance with governmentality as theorized by Foucault (1979a) as discussed above. Therefore, Foucault's governmentality is utilized further within the discussion section 5.

2.12 PROFESSIONAL SOCIALISATION

Professional socialization was not considered to be the key focus of this PhD investigation at the outset. However, during early analysis and reflections on the interpretation of emerging findings, it became clear that professionalism formed part of a bigger phenomenon which I considered to be part of the process of socialization into the nursing profession. This is supported by Fitzpatrick, While and Roberts (1996), who state that the principal aim of pre-registration nurse education is of effective socialization of students into the professional role. After a more indepth search of the literature and broader reading it appeared quite possible that student and lecturer talk might potentially be interpreted through the

lens of professional socialization. This next section presents some of the literature regarding socialization in nursing.

Studies of student nurse professionalism have generally centered on students' perceptions of professional socialisation, professional values and professional identity, for example Melia (1984), Mackintosh (2006) and O'Connor (2007). Having already presented definitions for a profession and professionalism from the perspectives of nursing and other healthcare groups earlier, this next section discusses how socialization into a professional role may occur.

Professional socialization has been well discussed in nursing over the last 40 years (Oleson and Whittaker 1968, Kramer 1974, Bucher and Stelling 1977, Melia 1987, Clouder 2003).

Professional socialization is described by Goldenberg and Iwasiw (1993 p4) as;

'a complex interactive process by which the content of the professional role (skills, knowledge, behavior) is learned, and the values, attitudes and goals integrate to the professional sense and occupational identity which are characteristic of a member of that profession are internalised'.

Early studies of professional socialisation in healthcare have focused on medical students from a 'structural functionalist' position, for example the work by Merton (1957), placing students as empty vessels to be filled with a professional identity through an unconscious learning process (Atkinson 1984). From this perspective, professional socialization might be considered to occur through a process of transformative learning that changes the individual from lay person to a professional by simply accepting the values and norms of the group (Shuval 1975). From an alternative perspective Becker *et al.* (1961) considered a symbolic interactionist perspective where socialization was viewed as a conscious and active decision focusing on the theme of human agency through social interactionism (Collins 1994). In this way socialization is characterized by complexity, conflict and resistance, rather than an unconscious process.

Study on nursing socialization seems to appear first within Olesen and Whittaker's (1968) seven-year phenomenological investigation which reported themes showing student nurses to be active choice-making agents, with lives outside of

the profession. Olesen and Whittaker (1968) highlighted a more feminist perspective than that presented by Merton (1957) and Becker *et al.* (1961). The latter studies describe a more male-dominated profession due to the proportion of male to female students studying medicine at that time. Olesen and Whittaker (1968) reported nursing students as having self-awareness of the differences between their nursing roles and their behaviours, causing them to question their inadequacies. This could be seen to link to Foucault's notions of governmentality, as discussed in further detail in section 2.11. Olesen and Whittaker (1968) highlighted the process of socialization as far from linear, thus rejecting the notion that professional socialization has a functionalist perspective, but instead suggesting it was influenced from the interactionalism theoretical perspective.

Davis (1975) identified a six-stage process for student socialization known as 'doctrinal conversion'. These stages followed the student from a neophyte to final internalization of the values of the profession. Davis' (1975) views have been met with criticism from those who recognize that students may bring with them some of the values of the profession they intend to join (Shuval and Adler 1980, Nicholson 1984, du Troit 1995, Fitzpartick 1996). Later, Howkins and Ewens (1999) found that the impact nurse education has on professional socialisation is influenced not only by the values students bring with them but also by their past experiences of education, and values promoted to students while they study.

However, there does appear to be agreement as to Davis' final stage of internalization which is said to result in;

'...becoming acculturated to the values, norms and expectations of the profession they are entering in to, to such a point that the individual not only recognizes the identity of the profession, but recognizes the identity within themselves'. (Davis 1975 cited in Mackintosh 2006 p 954)

Melia's (1984) seminal qualitative study examined the way that student nurses perceived their own socialization by drawing on Bucher and Strauss' (1961) notion of segmentation to conceptualise two major segments in nursing. These segments were the '*education segment*', through which a professional version of nursing is espoused, and the '*service segment*' which is concerned with getting the 'nursing work done' (p 137). Melia (1984) reported nurse education to be a

compromise between the two segments, where students were found to adjust their professional behaviours to the environment they were in with the purpose of 'fitting in' rather than learning about or from the segment. Melia (1984) also found that the transient nature of the student nurse journey, i.e. changing clinical practice placements frequently, negatively influenced their socialization process.

Segmentation of student nurses' position within education and the clinical arena might also be a contributing factor to a theory-practice gap according to Allan, Smith and O'Driscoll (2011). This is discussed further below.

2.13 THEORY PRACTICE GAP

The theory-practice gap has been much discussed within the nursing literature (Rolfe 1998, Landers 2000, Larsen et al 2002, Gallagher 2004, Stevenson 2005, Allan, Smith and O'Driscoll 2011). It is described by Gallagher (2004) as a mismatch between nursing as taught in higher education and nursing as practiced in the clinical domain. The 'gap' appears to be discussed in the literature in tangible terms rather than as an indefinable concept. Larsen *et al.* (2000) consider the theory-practice gap to be no more than a social construction and a product of history and culture. Eraut *et al.* (1995) go as far as to define several 'forms' of the theory-practice gap. For example, gaps between the real and ideal; generic and specific; abstract knowledge and specific useable knowledge; relevant and irrelevant; and finally, espoused theories and theories actually used in practice. Others talk about '*smoothing over*' the gap (Stark, Cooke and Stronach 2000); '*closing*' the gap (Larsen *et al.* 2000), '*crossing*' the gap (Rolfe 1996) and '*bridging*' the gap (Flood and Rbinia 2014).

Since the move from hospital training to university education in 1992, students have met with criticism regarding what could largely be termed 'their professionalism'. The university education system has been accused of inducing a theory-practice gap, and this gives rise to discourses that suggest graduate students no longer want to take part in 'care', preferring instead to work in advanced roles such as consultant or nurse specialist (Scott 2008). LeDuc and Kotzer (2009) compared the professional nursing values of students, new

graduates, and seasoned professionals. The seasoned professionals reported that;

“Students have no sense of professional values or professional behaviour”

“Students are not aware of nursing traditions, nursing culture, or what it means to be a nurse”

(LeDuc and Kotzer 2009 p 279)

Landers (2001) considers the theory-practice gap to be created on both sides of the student nurse education curriculum (50% in university and 50% in clinical practice). The theory aspect of nurse education is defined by Landers (2001) as the content taught in the classroom with the purpose of equipping student nurses for practice. This represents the *‘education segment’* as discussed by Melia (1984) (above). Landers’ (2001) definition seems to support the longheld view that nursing theory is transferred *from* nurse education *to* nursing practice (*‘practice segment’*), somehow privileging academic knowledge over that of practical knowledge (Briggs and Tang 2007, Evans *et al.* 2010).

Academic learning is thought to be context-free and disciplinary-focused (Burkitt *et al.* 2000), although Evans *et al.* (2010) view all knowledge as having a context from which it originated. Workplace learning on the other hand, is socially constructed through interactions with others (Levett-Jones and Lathlean 2008). From the theoretical perspective, knowledge originating from practice has been positioned as anecdotal, influenced by common sense, and consequently considered inferior (Stark, Cooke and Stronach 2000, Larsen *et al.* 2002, Rolfe 2002, and Avis and Freshwater 2006). Knowledge generated from empirical study is seen as occupying a more influential position (Avis and Freshwater 2006), and may influence the distance between academics and practitioners (Usher, Bryant and Johnston 1997, Reed and Proctor 1993). The latter position represents the technical-rationality model of practice where theoretical knowledge must be the foundation of practice because it is research-generated, systematic, scientific and generalisable (Usher, Bryant and Johnston 1997, Steven 2002).

The position above is visible in a study by Birks *et al.* (2015 p 3), who sought nurse academics’ views of the value of teaching scientific subjects to pre-registration nurses. They rated bio-sciences, and anatomy and physiology, a ‘high

priority'. For Rehnsfeldt (2016), science is not considered a priority in clinical practice and teaching it has little influence on direct patient care. For some practitioners, theory can be threatening, remote, and failing to take into account the complexities of practice (Schön 1983; Usher, Bryant and Johnston 1997, Larsen *et al.* 2002). From the student nurse perspective, they report feeling disconnected from the academic ideal taught in the classroom and the real application experienced in clinical practice (Benner *et al.* 2010).

The enduring nature of the theory-practice gap has been explained in terms of a conflict between professional and bureaucratic beliefs (Kramer 1974 and Melia 1987). Stark, Cooke and Stronach (2000 p156) call upon the notion of '*turbulence*' to describe the unrest between the two theoretical positions. For example, Maben (2006) discusses the universally-accepted individualized patient care which is taught to students but rarely used exclusively in a busy practice environment. Limitations to the transfer of knowledge can be problematic, according to Melia (2006), and might be attributed to busy mentors with excessive clinical demand, making learning in clinical practice second to workforce demands. The remote position of lecturers from clinical practice, based in Higher Education Institutes (HEIs) has formed a physical gap and an '*uncoupling*' of education and practice (Allan *et al.* 2007, Allan 2010), leading to differing principles governing nurse behaviours and a further segmentation of the profession (Maben 2006).

Students are caught at the centre of the theory-practice gap according to Landers (2001). Kramer (1974) identified the disparity between the idealized theory-driven version of nursing taught in the education setting and the reality of the clinical work situation, referring to this as a reality shock for students. The dilemma for practice is in striving for professional ideas or learning how to modify these to what is actually possible (Allen 2004). Meyer and Xu (2005), Norman *et al.* (2005) and Melia (1987) all found that the disconnections between the academic ideal and real-life expectations of nursing led to students rejecting academic theory as irrelevant or becoming disillusioned with nursing practice. Indeed, Bendall's (1975) early study of student-nurse education found that in 84% of cases there was no correlation between what students said they would do and what they actually did while caring for patients. Therefore the theory-practice gap might possibly be viewed as an aspect of professional socialization that students are

required to navigate and that it might serve to split the profession into ‘specialities’ or subgroups, each attempting to engender specialness and boundaries.

2.14 TEACHING PROFESSIONALISM TO STUDENTS

In his study of medical education, Freidson (2001) states three reasons why professionalism should be present in the nursing curriculum. The first is to counteract criticism of weak standards and poor regulation. The second is to recognise that lapses in professionalism leads to poor care. Finally, is to acknowledge that professional development is not something that can be left to chance.

Despite the importance of professionalism in healthcare education, Birden *et al.* (2013) note the lack of consensus as to the best way to teach it. Benner *et al.* (2010) call for a change in focus from socialisation to one of identity formation. Identity formation was seen as lacking within nurse education when it should be strengthening professional identity and moral resilience to improve performance and promote societal trust (Crigger and Godfrey 2014). Crigger and Godfrey (2014) and Vezeau (2006) advocate professionalism being taught early in nurse education. Vezeau (2006 p3) specifically states it should happen within the ‘*first quarter of the sequence of nursing courses*’. However, this rather assumes that once students have been exposed to the teaching, they will be equipped to become professionals. This is not supported within other literature on professional socialization which is more suggestive of a dynamic, longer-term process through which students are required to travel (Benner *et al.* 2010).

Passi *et al.* (2010) conducted a systematic review of the literature on teaching professionalism to medical students, identifying themes across the published research. Articles were related to the importance of learning patient-centred approaches to care and were either reflexive in nature, or they had an ethical focus. Passi *et al.* (2010) were critical of the quality of the research examined within their systematic review, stating the research as low-level descriptive pieces.

According to Monrouxe and Rees (2017), learning about professionalism may occur within the formal curricula through engaging with planned content. Professionalism is considered to be ‘teachable’, like any other nursing subject,

according to Hawkins (2009). However, they add that it is the hardest subject to integrate into a formal curriculum. Indeed, Monrouxe and Rees (2017 p 36) report that students defined professionalism in the formal curricula as '*pink and fluffy*', indicating they find the subject difficult to grasp. Indeed, Van de Mook *et al.* (2009) found that more explicit delivery of professionalism teaching increased student satisfaction with it. From the above points, it might be possible to consider professionalism as a threshold concept for healthcare students. A threshold concept is described as being similar to a portal which opens up a new and previously inaccessible way of thinking about something (Meyer and Land 2003). Without an understanding of the new concept, students are unable to progress further. Gaining an understanding of the new concept is likely to alter the way the world is seen (Meyer and Land 2003). However, initially, the concept might seem 'alien' or even absurd to students.

Perkins (1999) refers to this as troublesome knowledge which, once mastered, can have a transformative impact and lead to an irreversible adaptation of their understanding. A successful appreciation of the concept will conclude with the student integrating it into their working practice (Meyer and Land 2003). Therefore if professionalism is viewed as a threshold concept, it could be posited that students may need to struggle with the unclear notion of professionalism before they may 'transform' by their understanding of it. This has some resonance with Fox's (1957) recognition of the 'uncertainty' experienced by medical students, and how this needs to be experienced and managed if the student is to socialize into the medical profession.

Professionalism may also be learned informally, during opportunistic instruction within teacher and learner interaction. This tends to be more student-led with focus on what is learnt, instead of what is taught. It is well recognized that students also learn through everyday interactions, verbal and non-verbal, with others acting as teacher, mentor or role model and peers (Allan 2011). This is known as the hidden curriculum and some authors suggest that it is via this route that students are socialized into professional behaviours and practice (Allan 2011, Conroy 2001).

2.15 THE INFLUENCE OF THE HIDDEN CURRICULUM

The hidden curriculum can be viewed as a parallel education in professional socialization, and one which occurs through informal interaction (Chen 2015). Stern (1998) suggests professional values are most likely to be learnt through the hidden curriculum rather than through formal curriculum (Allan, Smith and O'Driscoll 2011).

The 'hidden curriculum' is discussed by a number of authors (Hafferty, 2006, Allan, Smith, O'Driscoll 2011, Bradley, Steven and Ashcroft 2011). Wear and Skillicorn (2013) define it as a network of;

'unwritten social and cultural values, rules, assumptions and expectations'. (p452)

The hidden curriculum refers to the;

'processes, pressure and constraints which fall outside, the formal curriculum and which are often unarticulated or unexplored'. (Cribb and Bignold 1999 p 24)

The perceived hidden curriculum places professionalism as something that might be *'caught rather than taught'* (Karamini, Ashktorab, and Ali Abedi 2014 p2), where hidden messages of professionalism are transmitted within routines and relationships (Monrouxe and Rees 2017). Character values of professionalism, including the development of integrity, compassion and courage, might appear within the hidden curriculum in a random manner (Crigger and Godfrey 2014, Vezeau 2014). Messages via the hidden curriculum can have both a negative or positive impact on students' appreciation of professionalism. For example, from the education setting, Monrouxe and Rees (2017) suggest that subjects delivered late in the timetable, or delivered in a non-dynamic way, may convey them as having less value than another subject in a more prominent timetable place.

Gofton and Reghr (2006 p 2) write that:

'we are teaching far more than we know. Every word we speak, every action we perform, every time we choose not to speak or act, every smile, every curse, every signal, is a lesson in hidden curriculum.'

According to Benson and Latter (1998), the hidden curriculum can produce conflict between different beliefs and behaviors regarding care. This conflict has been blamed for supporting a possible gap between the theory of nursing and the reality of practice delivery (as discussed earlier). Therefore the hidden curriculum may have an impact upon the clinical environment with mentors being instrumental in the professional socialization of students (Allan, Smith, O'Driscoll 2011 and Fitzpatrick, While and Roberts 1996). Positive, motivated mentors may be seen as effective teachers who are able to support students with the integration to theory and practice, and their professional development (Spouse 1998b, Smith and Gray 2001, Hall 2006). Those who are unable to connect academic theory and practical nursing may have a negative impact on student learning (Cahill 1996). By linking the notion of the hidden curriculum to the socialization process of student nurses into the profession, this adds weight to the notion of the interactionist nature of socialization in nursing as discussed by Olesen and Whittaker (1968).

Students are influenced by a number of different sources, not only via one curriculum that serves to 'pass on' professionalism through a process of education from experts, as is suggestive of the early functionalist theories from medical education. There is, therefore, some evidence that professionalism can be developed through a mix of formal education, and 'picked up' by informal routes from peers and in contexts such as clinical practice. Hargreaves (1980), Redfern *et al.* (2002) and MacMillan (2016) all note that the intangible aspects of the hidden curriculum are actually known to everyone within the profession because they have been socialized into their understanding. Therefore, Hargreaves (1980) and Redfern (2000) prefer the term para-curriculum to hidden curriculum. The para-curriculum is that which is taught and learned alongside the formal curriculum (Hargreaves 1980).

2.16 SUMMARY OF THE LITERATURE

Professionalism appears to be a complex concept to define in some professions, including nursing, and might be viewed as a threshold concept (Meyer and Land (2003). The literature reviewed showed that the study of healthcare practitioner professionalism used a variety of methodological approaches. Predominantly this

has been through experimental, survey and systematic review methodologies, measuring and searching for an understanding of professionalism against the backdrop of a pre-defined inventory of behaviours, characteristics and attributes (for example, Hammer *et al.* 2003; Adams. Miller and Beck 1993; McLaghlan, Finn and Macnaughton 2009). This suggests that the majority of studies relating to professionalism in health education are based within a positivist paradigm. There are some studies, however, that employ qualitative methods such as interviews, focus groups and observation (for example, Monrouxe *et al.* 2011, Secrest, Norwood and Keatley 2003 and Maranon and Pera 2015). These methods offer greater insight into the views and feeling associated with nurse professionalism.

Following the review of literature, the following gaps in the research literature were noted:

1. There appears very little research on *how* student nurses and lecturers socially construct their language on professionalism within the university education context specifically.
2. None of the research reviewed specifically examined student nurse language of professionalism over a period of time. Previous studies have tended to focus on one or two points in time, for example first- and/or final-year students.
3. There appears to be no studies from nursing that involve both lecturers' *and* student nurse talk on professionalism. Only McLaughlan *et al.* (2009) involved lecturers and students in a study of medical students' professionalism, but lecturer involvement was minimal.

2.17 FOCUS OF THE RESEARCH

Having reviewed the published literature, and discovered the gaps in knowledge about how students might talk about professionalism, I was able to focus on the purpose of this study.

Research on student nurse professionalism has generally been framed within the context of clinical practice, despite recognition in the literature that both education at university *and* clinical practice are important in the formation of professional identity. From the outset, I viewed the position of this study as one grounded in nurse education within university. The intention was not to actively separate education and practice, or even to consider one more important than the other. Afterall, both elements are equally required by the NMC (2010). Instead, I wanted to shine a light upon the apparently under-researched environment of university nurse education.

My interests were not in measuring students' achievements against pre-determined professionalism inventory, but instead I wanted to understand *how* students *talk* about professionalism while on their journey towards becoming a registered nurse. I wanted to understand the influences on that talk (i.e. lecturers) and if that talk changed during the course of their education programme. In other words, my premise for undertaking this research was to gain insight into how students socially construct professionalism through their talk while at university. I hoped that this would permit exploration of the ways in which the discourse of professionalism influenced, or was influenced by, factors such as the lecturer-student relationships, outside influences such as media and profession-specific ones such as professional bodies. The benefit of such an investigation would be to explore, describe and appreciate some of the language associated with professionalism used by students and lecturers, and perhaps the processes of language (discourse) adoption.

This understanding would in turn be useful in developing further; the profession's knowledge base around professionalism (and professional socialization); educational strategies for raising awareness of professionalism language (for lecturers, students and others); the tailoring of learning and teaching to meet the specific requirements of students during their professional journey; as a way of 'spotting' students who may need more help within the socialization process; and ways in which communication might perpetuate professionalism to advance the core principles of nursing and enhance the student experience.

2.17.1 STUDY AIMS

The literature review enabled me to confirm my study aims and objectives as:

To make explicit the discourses and perceptions at play in the language on professionalism used by student nurses and their lecturers.

2.17.2 STUDY OBJECTIVES:

1. To map differences and similarities in the language used to define professionalism between the student nurses and lecturers.
2. To determine if student discourses about professionalism while at university change over time.
3. To uncover the interpretative repertoires and wider discourses used to define student nurses' professionalism from the perspective of the students and lecturers.

CHAPTER 3: THEORY AND METHODS

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A glossary of terms used in this chapter

Different traditions of narrative analysis have their own terminology which can be quite confusing (Rapley 2007). This glossary provides *my* understanding and adoption of terminology used in this chapter to provide some clarity.

Term	Adopted useage
Talk	I prefer to use the word 'talk' to mean any use of language. Literature on narrative analysis uses a number of terms, such as utterances, discourses, language, text and talk. I have tried to be consistent with the use of 'talk'.
Discourse Analysis (DA)	I view this as a generic term for any analysis of talk. DA relates to many different forms of discourses analysis. My choice of methodology is DASP (defined below).
Discourse and Social Psychology (DASP)	A methodological approach to enable the study of language from a social psychological stance. It is based on the assumption that interaction between people involves language. The work of Potter and Wetherell (2013) and Wood and Kroger (2000) have informed my considerations for DASP.
Critical Discourse Analysis (CDA)	Interpretative repertoires are helpful in locating agency in talk. I have called upon a Foucauldian approach to CDA as a form of critical lens and theoretical approach to assist with the analysis of aspects of talk showing elements of agency.
Interpretative Repertoires (IR)	I draw on Potter and Wetherell (2013) work on IR to inform my writing. I use this approach to draw attention to terms used by participants that characterise and evaluate their actions. The use of metaphor in talk is helpful for locating regular terms used by groups.
Memes	I adopt Dawkins (1976) and Blackmore's (1999) definitions of memes as that being similar to genetic information replicated from one generation to the next. Memes replicate cultural and social material from one person to another through imitation and arise in the minds and talk of people.
Ideological Dilemmas (ID)	IDs are part of any culture or communities' 'common sense' understanding and are a feature of IR analysis. IDs are beliefs, values and practices that may be inconsistent and contradictory but give insight into a way of life. I draw on the work of Billig <i>et al.</i> (1988), and Edley (2003).

3.1 INTRODUCTION

The research presented in this thesis aims to make explicit the discourses and perceptions at play in the language on professionalism used by student nurses and lecturers. In the following chapter I discuss my search for an appropriate methodology to meet the research aims and objectives, and I present some of the factors influencing my decisions.

3.2 PARADIGMS AND QUALITY

The way the world is viewed and understood will have an impact on the research aims and the methods used to meet them. The following subsection describes the two main research paradigms and illustrates the rationale behind the location of the present research. In the second subsection, I introduce the issue of quality in research, discussing the influence of different paradigm concerns.

3.2.1 PARADIGMS

A paradigm can be defined as a world view, influenced by questions about the nature of reality (ontology) and the relationship between the researcher and what is being researched (epistemology) (Polit and Beck 2012). These theoretical perspectives can be viewed as lying along a continuum, which tends to be polarised between positivist and interpretivist perspectives.

Positivism is based on an objectivist or realist ontology, which maintains that universal truths exist independent of human observation. From a methodological perspective, the scientific approach means orderly procedures and tight controls of the research situation. Personal beliefs and biases are minimised to prevent contamination of the phenomena under investigation (Polit and Beck 2012).

Within the literature review, it became clear that a number of studies supported the positivist paradigm (for example Akhtar Akhtar-Danesh *et al.*, 2013; Hall, 1968, 1985; Miller, 1988, 1993; Wynd, 2003, Hisar 2010), all employing quantitative methodology to objectively investigate professionalism, through

surveys and inventories of professional behaviours. Qualitative research, primarily through the thematic analysis of interviews, were also present within the literature reviewed, albeit to a lesser extent. However, these tended to be associated with more contemporary research articles. Therefore, the objective measurement of professional attributes in healthcare appears to have been driven historically by realist ontology, aiming for generalisation of findings (Polit and Beck 2012).

Interpretivist approaches are founded on some variation of a constructionist/vist epistemology (Crotty 1998). This is viewed as meaning being constructed rather than discovered. From a relativist ontological perspective, constructionism views reality as existing in multiple forms. In other words, it is not fixed but constructed by the individual's participation in the research (Gergen 2015, Polit and Beck 2012). In epistemological terms, meaning is constructed through experience, engagement and interpretation with the world (Crotty 1998). Research based within the interpretivist paradigm aims to access and understand multiple realities and is sought through the exploration of human experiences using qualitative methods (Crotty 1998, Silverman 2010).

3.2.2 CONSTRUCTIONISM

Traditional psychological assumptions stress that language is a neutral transport medium between social actors and the world (Gergen 2015). This means that language can only be taken at face value. From an ontological perspective, the constructionist viewpoint is in direct opposition to the assumptions of positivism/realism, where the world is known through theories within a deterministic universe (Blaikie 2007). Social constructionism is a theory of knowledge within sociology that examines the development of a *jointly* constructed world based on the *shared* assumptions about realities (Leeds-Hurwitz, 2009). For the constructionist, language is therefore ontologically primary, meaning all realities and 'truths' are considered situated in an historical, cultural, and social context, making it only possible to 'know' through our representations of the world (Ashworth 2008).

In epistemology terms, social constructionism advocates that truths are created through social interactions and that there is no single reality to uncover (Wetherell

et al. 2009). As a consequence, any findings can only be partial and situated, meaning they apply to student nurses and lecturers, within a university setting or in relation to a period of time, relative to my world view and value systems (Taylor 2003). What is real and what is true is created by individuals through human activities and, therefore, reality is a collective, social product, with language at the centre to this process (Wetherell 2009, Gergen 2015). From the constructionist stance, the researcher searches for meaning and significance in the language used by participants (Banister *et al.* 1994). Gergen (2015) defines this succinctly when he writes that:

'nothing is real unless people agree that it is'.

Gergen (2015 p4)

3.3 DISCOURSE COMMUNITIES

Richardson (1990), cited in Silverman (2000), notes that groups of people are united by their use of language and the way it is used to reach shared goals. Participants of a particular group will tend to use language that is understood by others from the same cultural group (Richardson 1990 cited in Silverman 2000). These groups are referred to as discourse communities (Swales 1990). Nursing can be viewed as a particular 'discourse community' within which 'realities' are constructed.

Porter (1992) defines the discourse community as one with a defined body of texts or practices that are joined by a common focus. Within a discourse community there are unstated conventions, history, hierarchies and vested interests, and ways of wielding power (Potter 1993). Swales (1990) defines the particular characteristics of a discourse community as having a broadly agreed set of goals, defined ways for communicating with one another, mechanisms for providing and sharing information and for feedback, some language owned by the group, and having a threshold level of members with a suitable degree of relevant content. Therefore, student nurses may form one discourse community, but they may also be members of other discourse groups, such as that of university students. Lecturers occupy a discourse group as registered nurses *and* as university lecturers, and possibly many more related to personal lives. Most

people will move between many different discourse communities every day (Swales 1990).

To become a member of a discourse community one needs to learn not only the language, but also the concepts and expectations of that community (Bizzell 1992). Bizzell (1992) notes that, generally, people join a discourse community through training or personal persuasion. Student nurses do not have the relevant experience within the discourse community to be considered as having discursive expertise. Within a discourse community associated with a professional group, the language needs to be learned through socialisation (Bizzell 1992). To this end, student nurses are learning how the discourse community of nursing functions, which suggests that they are not 'full' members of it (Porter 1992).

Lave and Wenger (1991) use the term 'communities of practice' to specifically define groups within which people learn. They argue that when people learn they are not only learning a particular skill, they are also learning how to become part of a group of people who do things together. Thus, discourse communities and communities of practice can be seen as overlapping and sharing some similarities. It is within this context that this study aims to capture the process of becoming involved in a 'discourse community', by collecting student talk at progressing intervals of their nurse education programme.

3.4 ANALYSIS OF DISCOURSES

My epistemological stance will have a bearing on the research process and on the methodological approach chosen for the study (Carter and Little 2007). Language is central to the constructionist view (Gergen 2015 and Wetherell 2009) and I accept that we jointly construct our world on shared assumptions (Leeds-Hurwitz, 2009 and Gergen 2015). Potter and Wetherell (1987) state that discourse is a social practice in itself with its own characteristics, which is in line with social constructionist thought. People *do* things with their language, and language *does* things *to* people by positioning them. As a consequence, language is seen as active, dynamic, and variable, rather than neutral and passive. For example, language is used to ask for things, to justify actions, to persuade, to accuse, to clarify, and so on. The meaning of language is dependent upon broader

discursive systems within which it is embedded, such as the discourse communities within which talk is being used. Therefore, meaning is constructed through experiences with the realities of the world and the language used to express these (Crotty 1998). Discourse cannot be taken to mean an accurate description of the social action it refers to since, according to Gilbert and Mulkay (1984), any account of an experience represents a new version of reality.

To hear language on student nurse professionalism, analysis of their talk via Discourse Analysis (DA) was considered a fitting methodological approach. Only Monrouxe *et al.* (2011 and 2017) seems to have considered how medical student professionalism might be linguistically framed. Importantly, the value of examining linguistic practices can shape the way that professionalism is taught, assessed, practiced, and transmitted to others (Monrouxe *et al.* 2011).

The research in this thesis sought to make explicit the discourses and perceptions at play in the language on professionalism used by student nurses and their lecturers at university. Therefore, a Discourse Analysis (DA) methodology based on social constructionist assumptions was considered both congruent with the focus of the research aims, and also in keeping with the need to potentially redress the imbalance in methodological approach present within published research on student nurse professionalism.

As a lecturer, talk is my main 'tool' in the education setting. Students, fellow lecturers and I share conversations. Language is often overlooked because it is embedded in our everyday world (Gergen 2015), and therefore seldom problematised. As a vehicle to talk, DA was considered a suitable methodological approach for use in social contexts, enabling insight into participants' everyday talk and *how* they are constructed through their talk. The aim of the study was to make explicit the discourses and perceptions at play in the language on professionalism used by student nurses and their lecturers.

The benefit of such an investigation was to appreciate the language associated with professionalism used by students and lecturers, so that communication might perpetuate professionalism to advance the core principles of nursing and enhance the student experience.

3.5 RESEARCH QUALITY AND RIGOUR

3.5.1 TRUSTWORTHINESS AND SOUNDNESS

In this subsection, the issue of research quality is discussed in relation to positivist and interpretivist perspectives. Further discussion regarding research quality is also provided later in this section relating to researcher reflexivity and the influences on research quality and analysis.

All research needs be able to withstand scrutiny (Wood and Kroger 2000). Embedded in positivist theory, the measures of quality have been most commonly associated with the researcher's assurances about the reliability and validity of the data collection tools, and generalisability of the findings. From the interpretivist stance, alternative criteria are used to support the different epistemological underpinnings. Qualitative research raises some questions with regard to the ambiguity of the meaning of what is 'true'. This debate arises from the dominant positivist paradigm that favours objectivity over subjectivity and sees the objective world as one that can be accessed and investigated (Tracy 1995). Reliability is defined as the degree of dependability with which an instrument measures what it is designed to measure (Polit and Beck 2006). The positivist stance views reliability as something that can be judged independently of the context, while in the social sciences meaning is tightly linked to the context within which it occurs. To this end, the same words can have a different meaning in different contexts, making reality difficult to judge (Wood and Kroger 2000). Tannen (1989) challenges the notion of replication in the stability of data collection within the qualitative analysis, stating that any new talk is a repetition because it has been uttered somewhere before at some time. But each time it is said, the context is different.

Validity is defined as the degree to which a research instrument (tool) measures what it intends to (Polit and Beck 2006). Positivist research aims to produce findings using valid instruments in order to represent the state of the world, while from a constructionist research perspective, the world is constructed through language (social construction). Therefore, meanings are many and constantly changing. Any account of meaning is just *one* of many possibilities. Therefore,

meaning cannot be thought of as true or, in fact, even false (Wood and Kroger 2000).

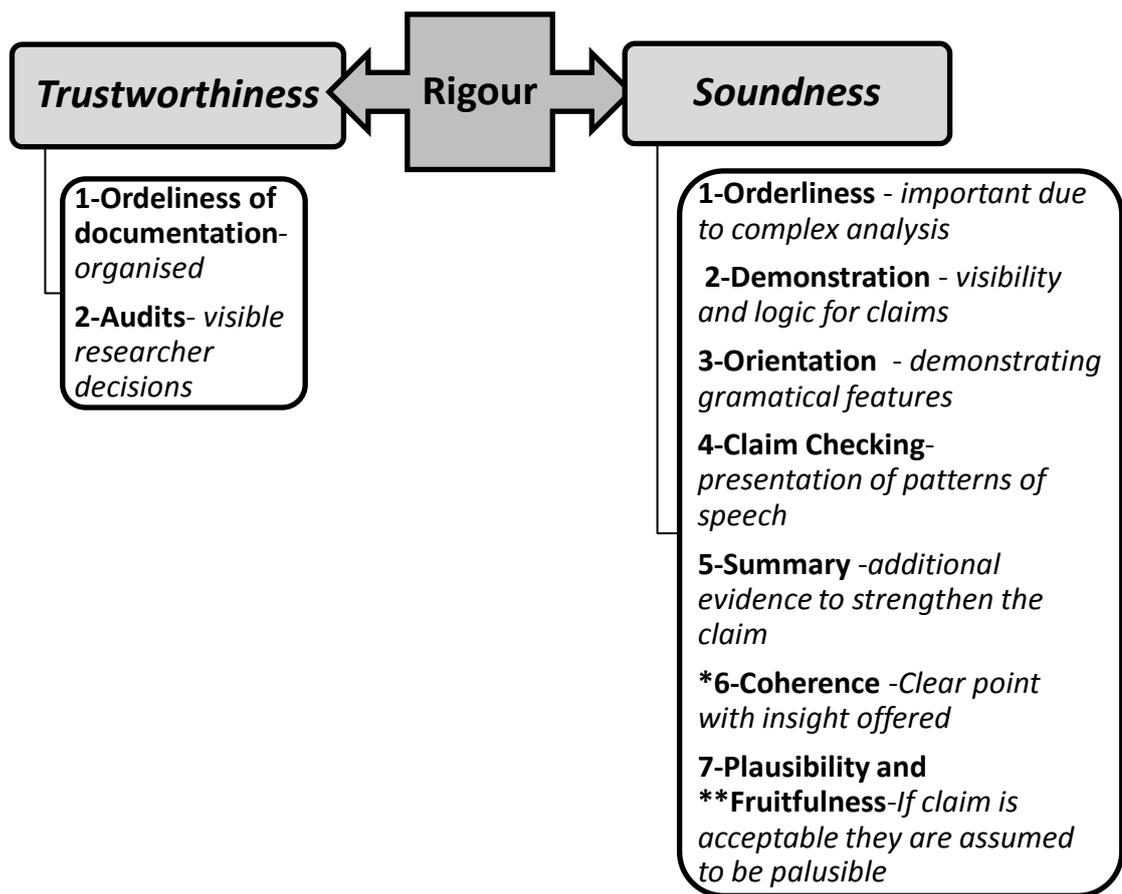
The issue of the use of triangulation to support clarity of the phenomenon from more than one perspective is not common practice within the analysis of talk (Potter and Wetherell 1987). In qualitative research generally, information from other sources, or from different vantage points, helps to identify additional information about the phenomena (Streubert and Carpenter 2011). Triangulation, Potter and Wetherell (1987) say, is not viable and not in keeping with the key principles of DA. The use of triangulation would suggest that different claims have the ability to be made into one 'correct' version. Constructionist principles say there is no single 'correct' version that exists, instead there are many different versions, all equally valid.

Streubert and Carpenter (2011) acknowledge the lengthy debate regarding the application of quantitative research quality criteria to qualitative research, which has led to the development of a specific set of well-accepted operational techniques for supporting qualitative research rigour, such as trustworthiness, credibility, dependability, confirmability and transferability (Lincoln and Guba 1985). However, specific criteria are also available for assessing rigour of research. Webster (1976), cited in Wood and Kroger (2000), define trustworthiness as;

'Worthy of trust, or confidence; dependable; reliable' (p1964).

Wood and Kroger (2000) propose the terms of 'Trustworthiness' and 'Soundness' as more suitable for assessing research rigour in the analysis of discourse. 'Trustworthiness' is assured through two criterion; orderliness of documentation, and audits. 'Soundness' consists of seven criteria. These are presented figureatically below (**FIGURE 2 over**).

FIGURE 2: RIGOUR IN THE ANALYSIS OF DISCOURSES



*Coherence is one of the main contributors to rigour according to Potter and Wetherell (1987). Analysis between different interviews can contribute to plausibility (Interanalytic Criterion) as it enables comparison between claims (Tracy 1995).

**The final criterion is fruitfulness, which is considered to be the most powerful criterion. Fruitfulness is an extra-analytic criterion, and will inform future research by reframing old ideas and raising new questions. It is defined by Potter and Wetherell (1987, p 171) as;

'The scope of analytic schemes to make sense of new kinds of discourse and generate novel explanation'.

3.5.2 REFLEXIVITY AND RESEARCH QUALITY

Taylor (2003) and Wilkinson (1988) stress the importance of discussing the researcher's influence on different aspects of the research process. This should include some self-description and account for influences behind the subject choice. Atkinson (1990) notes that it can be difficult to find just one place to write about reflexive involvement. I have already presented my personal reflexive positioning and the potential for this to have influenced the choice of research topic, methodological approach and methods in section 1.2. Acknowledging my reflexive position is also an important feature of the research quality.

Implications of my social constructionist epistemological stance include viewing the study participants as active contributors and recognising my subjective involvement within the research process. Discourse Analysis (DA) follows an interpretivist approach, valuing the personally- and socially-experienced world (Holloway and Wheeler 2004). Taking the social constructionist perspective, my position as a researcher could never be a neutral part of the research process. Neutrality would imply a 'realist' perspective, which would be impossible given that nursing is surrounded by cultural, political, and historical influences. As Nagel (1986), says; '*There is no view from nowhere*'.

How we talk about the world and interpret our understanding of it is shaped by the language that is available to us. Therefore, recognition of my influences upon the research is a necessary part of the justification of the research quality. As Taylor (2003 p17) says, reflexivity refers to:

'The way the researcher acts on the world and the world acts on the researcher, in a loop.'

Having stated my epistemological and ontological position as being one that recognises the social world and values language as central to this process, in the next section I give more detail as to my reflexive influences on this research.

Wilkinson (1988) says that epistemological, methodological and discipline reflexivity need to be addressed. This requires researchers to look at the methods they use and consider what assumptions are made about the subject area before designing the study (Willig 2008). The first domain of epistemological influences for this study have been discussed earlier, as being created socially through language. As a member of the discourse communities of nursing, nurse

education, and many others, I will always be part of, and have influence upon the social construction of the talk of my research participants and vice versa, as discussed earlier in section 1.2.

The second domain of reflexivity is related to discipline. Wilkinson (1988) calls upon researchers to look critically at their discipline with the aim of learning about its history and how it influences the wider society. The discipline of nursing and nurse education will be influenced from those communities of practice to which I belong. Discipline reflexivity explores the community within which the study is located. In this case within the discipline of nurse education, which is overseen and regulated by the Standards for Pre-Registration Nursing Education (NMC 2010).

Scott and Usher (2001) write that there are two meanings of the term 'discipline'; one is as a body of systematic knowledge, the other is a system of regulation and control. The double meaning of the term 'discipline' informs knowledge and power, and therefore it influences disciplinary knowledge and power regulation, according to Foucault (1975). My involvement with this study led me to consider my role as a registrant of the Nursing and Midwifery Council (NMC). Primarily, looking at my position in relation to 'discipline' as a body of systematic knowledge, I have areas of disciplinary expertise which I share with students during their education. However, looking at 'discipline' as a form of control, this can be positioned within my role as a registrant of the nursing profession.

At the time of undertaking the study, I was a director of programmes for a pre-registration Masters degree in adult nursing. In this role, I was required to communicate with students about any perceived unprofessional practice. My role was to ensure that students at the end of three years were fit to join the NMC register. Those not considered suitable are prevented from registering through following policies and procedures. While at the start of the study the participants did not know me in this role, by the end of the study they would have been aware of this. This was likely to have positioned talk from both students and I during interviews, particularly considering that any revelation of unprofessional behaviour would require investigation. The latter point raises some issues in relation to research ethics as discussed in section 8.18.4 and section 3.19.

To summarise, reflexivity can be an effective tool in relation to research quality if it is used honestly to deconstruct the research process and the researcher's authority. It can aid transparency of the choices and decisions and, in so doing, enhance the quality of the research (Seale 1999). However, a reflexive account is always a selective construction that may contain self-censorship, as it can allow others access to the author's version of the reality of the research (Walford 1991).

3.6 'ONE' WORKING DEFINITION OF PROFESSIONALISM

The review of background literature found that while many studies had attempted to define professionalism, these amounted to no more than the identification of lists of attributes, values and characteristics of professionalism against which to measure healthcare professionals and students against. The Scottish Government working party (2012) on professionalism in nursing, midwifery and allied healthcare professions made reference to the fluid nature of the definition of professionalism, calling it dynamic, multi-faceted, context specific and socially constructed. Given the constructionist stance taken for this present study, defining 'one' version of professionalism seemed unhelpful and unlikely to benefit the research. However, instead I offer a statement from the NMC Code (2015), point 20 'Promote professionalism and trust' to serve as one (of many possible) broad viewpoint upon which to hang the concept of professionalism given that all registered nurses (and eventually students) are beholden to the NMC Code.

'uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behavior set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public.' (NMC 2105 p 15)

3.7 STUDY DESIGN AND APPROACHES

This section outlines the methods used in the study, commencing with a discussion on recruitment of the study population, data collection through the use of interviews, ethical principles and a description of the analysis processes.

3.8 METHODOLOGICAL APPROACH

The epistemological position of relativism, embracing social constructionism, has implications for the approach taken in this study. The broad approaches to Discourse Analysis (DA) reflect a number of perspectives and disciplines, including psychology, sociology, philosophy, linguistics and literary theory. It also draws upon the principles and influences of post-structuralism, paying attention to the interaction between linguistic actors and social practice (Wood and Kroger 2000). Potter and Wetherell (1987) have used text and language not only to describe communication practices, but also as a way of looking at social practice. They note that the phenomena of interest is constructed through discourse in a continuous and ongoing way. The focus of interest in DA is not the phenomena as such, but rather the discourses used.

Wetherell (2009) is critical of DA that assumes language is neutral and transparent in a way that it simply conveys a real world. DA is used to look beyond mere description to enable a better understanding of the functions of language. As in social constructionism, reality is viewed as a collective social product, with discourse and communication being central to the process (Jaworski and Coupland 2001, Gergen 2015). The 'real world' is unconsciously built from language; therefore, different people living in different societies inhabit distinct worlds rather than the same world, but with different labels.

'The very objects (and events) in our world are constituted as such in and through discourse. There is no meaning to reality behind discourses that discourse represents: in the representation lives the constitution of what we come to accept as the real'. (Sampson 1993, p1222)

DA is not uninterested in the content of talk. The aim is to go beyond content to see how it is used flexibly to achieve particular functions and effects (Potter and Wetherell 1987). It focuses on *how* both spoken and written language is used in social contexts, and it aids insight into participants' versions of events and constructions. Given the limited research on how student nurses construct their language around professionalism while they study at university, the aim of this study was to uncover the discourses used by student nurses, *and* by the lecturers who teach them.

3.9 VARIETIES OF DISCOURSE ANALYSIS

Discourse Analysis has been used extensively in anthropology, communication, education and health; therefore, it has wide variations in its conduct (Potter and Wetherell 1987). Phillips and Hardy (2002) offer a two-dimensional framework which is helpful in appreciating and categorising the different approaches (**FIGURE 3** below). The vertical axis is concerned with the relative importance of the text versus the context. The horizontal axis relates to the degree to which power dynamics influence the focus. Schegloff (1992) divides the notion of context into 'distal' and 'proximal'. The distal context includes social class, ethnicity, institutions, sites of the study and cultural settings. The proximal context features the immediate interaction, such as an interview.

Another way to schematise DA is in terms of its relationship between the macro-analytic and the micro-analytic approaches (Heller 2001). Macro approaches are concerned with the broader social processes that manifest themselves through language (Critical Discourse Analysis (CDA)), while micro approaches examine the finer detail of the language construction (Conversation Analysis (CA)). It is also possible to distinguish between different DA approaches by considering them as 'top-up' or 'bottom-up' approaches. 'Top-up' approaches focus on the language used in relation to broad cultural codes (Wood and Kroger 2000). These are towards macro analysis and include Discourse and Social Psychology (DASP) and Critical Discourse Analysis (CDA). 'Bottom-up' approaches focus on situated talk and construction and therefore are more towards the micro-analytic position, such as Conversation Analysis (CA). Below is a brief descriptive flavour of the different forms of DA. These are also shown diagrammatically in **FIGURE 3**.

Phillips and Ravasi's (1998) model has been amended to include Schegloff's (1992) and Heller's (2001) modified versions as shown below, with the arrow locating the position taken for this study. In the next section there is a brief exploration of the different forms of discourse analysis shown in the figure.

FIGURE 3: DIFFERENT APPROACHES TO DISCOURSE ANALYSIS

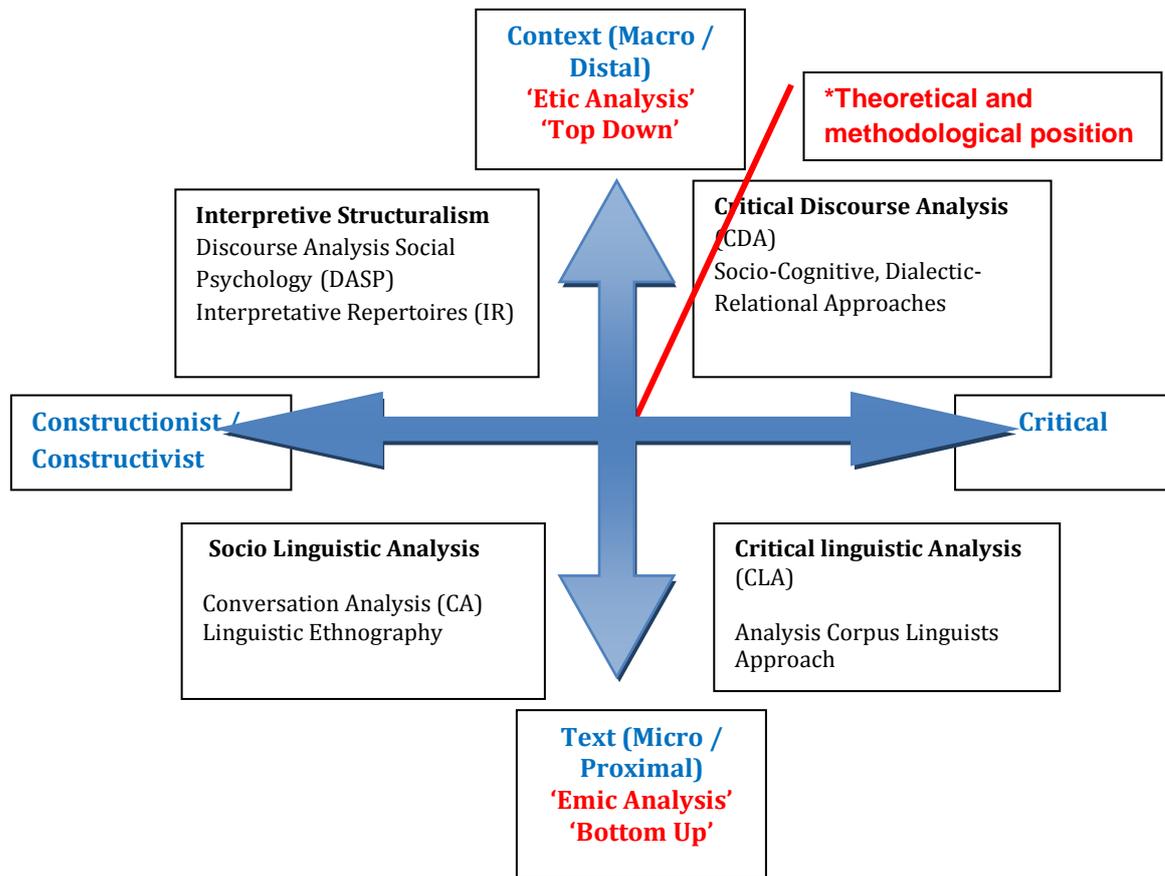


Figure adapted from Phillips and Hardy (2002) 'Different Approaches to Discourse Analysis' and incorporating Heller's (2001) Macro and micro-analytic dimensions. Schegloff's (1992) distal and proximate context are also included. Wood and Kroger's (2000) 'top-down', 'bottom-up' perspective sit with Silverman's (2010) notions of 'emic' and 'etic' analysis. The arrow indicates the theoretical and methodological position of this research study and a justification for this positioning is defined in the final section of this chapter. *The red arrow indicates my theoretical position for the purposes of this study.

3.9.1 SOCIO LINGUISTIC ANALYSIS

Socio Linguistic Analysis (SLA) is from a constructionist theoretical approach. Text from interviews or video observations are analysed at the micro level with some studies relating the talk to the proximal context. The organisation and the construction of the text are the key focus. An example of SLA would be conversation analysis (CA). Considered to be the most micro-analytic variety of analysis, CA looks at discovering the structures of talk, which have the ability to produce patterns of social interaction (Jaworski and Coupland 2001). It enables insight into the patterns of individual relationships between interactants and of the individuals' positions within a larger organisational structure. A central concept is

that of *preference*. This is the belief that at certain points in the conversation certain types of language are favoured, such as greetings, compliments, showing agreement, and disagreement (Jaworski and Coupland 2001).

3.9.2 CRITICAL LINGUISTIC ANALYSIS

Critical Linguistic Analysis (CLA) focuses on individual texts, but is also interested in the dynamics of power surrounding the text. CLA draws attention to ideologies that are built into certain vocabularies (Fairclough and Wodak 2006). Therefore, the analysis is at the micro level like CA, but it also shares similarity with the critical analysis of Critical Discourse Analysis (CDA). Exploration is at the proximate context, to help to understand the structures of domination implicated within the text (Phillips and Hardy 2002).

3.9.3 CRITICAL DISCOURSE ANALYSIS

Critical Discourse Analysis' (CDA) primary concern is the role of discursive activity in creating and sustaining unequal power relationships (Wood and Kroger 2000). CDA enables critical examination of the social and cultural practices with the intention of understanding social problems, structure, and variables such as ethnicity, gender and class within political and institutional discourses (Wood and Kroger 2000). CDA represents a set of DA perspectives that are at the most macro-analytical level and focus upon the distal context.

Being deeply political, analysis can focus on policies and how 'elites' play a dominant role in producing discourses (Morgan 2012). CDA is influenced by a constructivist position. Epistemologically, constructivism places knowledge at the level of the individual, arising from innate mental processes. Discourse is therefore socially consequential and, as a result, can influence issues of power. In this way, unequal power relationships can thrive and be maintained (Wodak and Mayer 2014). Power is defined by Weber (1980 p28) as:

'the change that an individual in a societal relationship can achieve through his or her own will against the resistance of others'.

Contrary to the constructivist position, for constructionism knowledge construction is a part of the social act (Gergen 2015). This makes CDA different from other forms of DA due to its epistemological underpinnings.

CDA has many different forms, all of which are highly theory-driven. There is no consistent approach to CDA but there are some common features (Fairclough and Wodak 2006). First, CDA is always problem-oriented. Second, the theory, as well as the methodological processes, is eclectic and integrated so as to understand social problems (Wodak and Meyer, 2014). One of the better-known approaches of CDA is the Foucauldian-type methodology. Although not a methodology in its own right, a number of CDA approaches operationalise Foucault's underpinning theories.

3.9.4 INTERPRETIVE STRUCTURALISM

Interpretive Structuralism (IS) focuses on the analysis of the social context and the talk that supports it. Discursive Psychology [Discourse and Social Psychology (DASP)] is associated with a form of IS. DASP was initially described by Potter and Wetherell (1987) as focusing on participants' discursive practice. Potter (1998b) has used the term Discursive Social Psychology to focus on both discursive practices, and on the resources that people draw upon. DASP is influenced by CA and Post-Structural Critical Discourse Principles (CDA), making it a hybrid model of DA. DASP asks *why* talk is created, and what do people *do* with it.

According to Brunner and Graefen (1994), DASP and CA are both considered to be ethnomethodologically motivated. DASP's relationship with psychology means that the interest is in talk itself (Morgan 2012). Ethnomethodology (EM) seeks to answer *how* realities in everyday life are accomplished, and looks to discover what people *do* in particular contexts, to uncover what methods *they* use to create orderliness in their social world (Garfinkel, 2002 and Polit and Beck 2012). EM is used to uncover *how* social reality is constructed (Wood and Kroger 2000), and to understand *how* people go about their normal lives, creating meaning for themselves and others (Silverman 2010). Social actors have common-sense

understanding of what they are doing when performing activities, which means light is shed upon knowledge that is ordinary, enabling appreciation of how society is organised (Turner 1972). However, social group assumptions can be ingrained so that members no longer take notice of the underlying reasons for their behaviours (Garfinkel 1967).

There are a number of different forms of EM (Psathas 1995). However, it is the 'talk-*in*-interaction' which was of value in this study, given that the interest is in how lecturers and students talk about professionalism, and how this talk informs their experiences and professional identity within the university setting. EM aims to uncover what people are doing (action) *in*, and *with*, their talk. Action is considered to be anything that can be done using words, such as speech acts, ideas, attitudes, meaning making and so on (Wood and Kroger 2000).

3.10 DISCOURSE ANALYSIS APPROACH ADOPTED

Not all research will fall neatly into the four main DA category perspectives presented in **FIGURE 3** (above) according to Fairclough (2001). There is a continuum between approaches, with some studies combining elements of text and context, and having varying levels of sensitivity to power and social construction (Fairclough 2001). DASP is influenced by Conversation Analysis (CA), Ethnomethodology (EM) and Foucauldian approaches to analysis, making it a hybrid model (Wood and Kroger 2000). DASP was considered the appropriate methodological choice for this study because I was interested in *how* the students and lecturers construct their talk about professionalism and what they *do* with it.

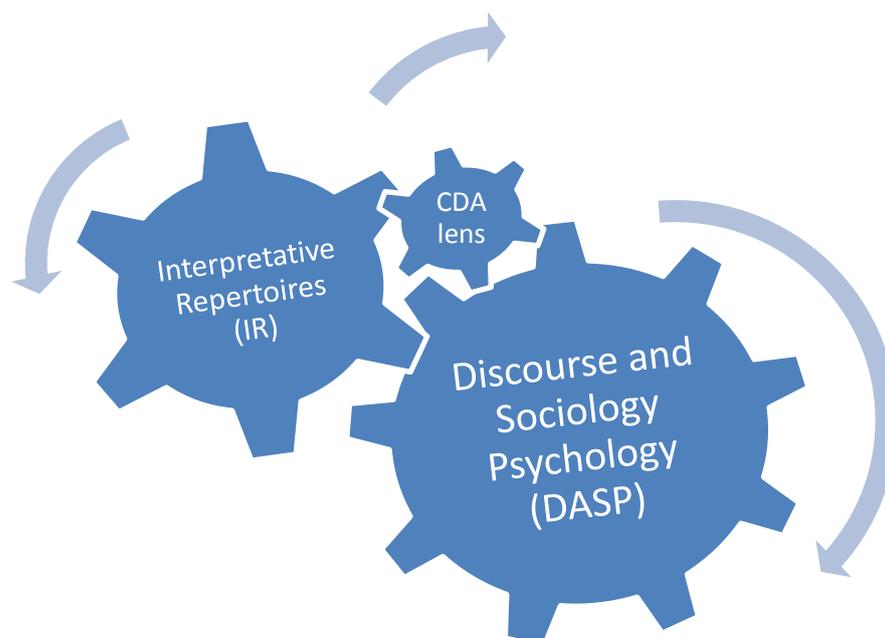
Potter and Wetherell (2013) and Wood and Kroger (2000) have criticised some forms of CDA for relying too heavily on the analyst's *a priori* understanding of the social circumstances under investigation, and that it '*mostly involves a taken-for-granted approach to power and social reality*' (Edwards 1997 p229). I had not contemplated or even anticipated any particular critical discourse perspective at the outset of the study. Therefore critical discourse analysis was not initially considered as an approach. However, during initial analysis of the year-one interviews with students and lecturers, it became possible to view elements of agency in some of their talk. It also became apparent that these particular

elements of talk required a more detailed critical analytical lens other than DASP alone might afford. While DASP analysis enables the agent-patient relationship to be located and visible, there was a sense at this point that DASP might have the potential to somehow only 'gloss over' the critical discourse within the text.

Caborn (2007) recognises that further critical focus is required when a unit of text '*feels*' important, and when there is not enough depth within the analysis to explain all the phenomena being investigated. I considered the possibility of combining discourse analysis principles. However, Wood and Kroger (2000) warn that combining different versions of DA can be problematic as some approaches are more compatible than others. That said, combining different DA approaches is starting to be recognised as a positive attribute in some circumstances. When used as a form of second-order analysis, it can provide an opportunity for greater richness and creativity than might be expected by one single approach alone (Edley and Wetherell 1997; Fairclough 1992a; Wood and Kroger 2000). Choosing approaches that are compatible can be challenging, but Wood and Kroger (2000) indicate that the best method is to 'let the text speak for *itself*'.

I investigated the analysis potential of Interpretative Repertoires (IR), given the link between DASP and IR. IR was developed by Potter and Wetherell (1995a) with the purpose of providing a post-structuralist concept for the analysis of talk. Therefore, according to Edley (2003), IR *is* sensitive to the operation of power and there is some degree of overlap with the Foucauldian concepts of discourse (Taylor 2007). This meant that I did not require a further method of critical analysis for the aspects of power, other than that of IR analysis. A further, more in-depth, introduction to IR is given below. **FIGURE 4** shows the combination of methodological approaches to DA employed within this study.

FIGURE 4: METHODOLOGICAL APPROACH



3.11 INTERPRETATIVE REPERTOIRES

Having decided upon DASP and IR as the methodological approach. This section introduces IR in more detail, showing how it features within DASP analysis.

The social constructionist position does not assume that an individual will consistently represent events in the same way over time. Indeed McKenzie (2005) writes that there can be many versions of the same account depending to whom the story is being told and depending on the function performed by the account. Despite different accounts of the same phenomena, language is used in a shifting, inconsistent way and is oriented to particular functions which have many variations (Potter and Wetherell 1987). However, a range of accounts of the same phenomenon will contain the same:

“Relatively internally consistent, bounded language units which we have called interpretive repertoires”.

(Potter and Wetherell 1987, p171)

Potter and Wetherell (2009) view the word 'construct' as particularly apt given that accounts are built from a variety of pre-existing linguistic resources. There is active selection of some resources and rejection of others until, finally, accounts construct a version of reality. This is a natural process where people are often unaware of it taking place (Potter and Wetherell 2013). Interpretive repertoires are considered to be the 'building blocks' of conversation (Edley 2003). They are made up of a restricted range of terms used in a stylistic way. Often repertoires are derived from one or more metaphors, and a repertoire can be uncovered due to particular figures of speech (Potter and Wetherell 1987). For example, any social interaction draws upon a range of linguistic resources such as metaphor, idioms, anecdote, cliché and words used through history to define a particular experience. These represent interpretive repertoires and they are coherent ways of describing a concept. Repertoires can be likened to a public library where we borrow items in everyday speech left to us from past conversations (Potter 1996). Conversations are therefore made up of a 'patchwork' of quotations from various interpretive repertoires.

Interpretive repertoires are said to have particular value in the study of occupation, since analysis of repertoires can enable insight into how individuals enact and maintain their membership of discourse communities through their talk and documentation (Traynor, 2006). What people say will depend on what they wish to achieve with their talk, according to Potter and Wetherell (1987). When an individual uses a group's central repertoire, it indicates that the person is part of that group and, therefore, a part of that particular discourse community.

Repertoires have a number of particular features which aid their detection during analysis within DASP. They usually derive from one or more key metaphors, or certain figures of speech. A repertoire may appear to enhance the positive or negative image of the whole group to which the person is associated (Potter and Wetherell 1987).

3.12 MEMETIC THEORY

I introduce memetic theory here as an additional way to consider language and behaviours shared between groups. There are some similarities between memes

and interpretative repertoires, but there are also some differences, which makes the distinction between the two potentially subtle.

Meme theory was first described by Dawkins (1976) in his book *The Selfish Gene*. While Dawkins (1976) writes that genes replicate to pass genetic information from one generation to the next, memes also replicate to transmit cultural elements from one person to another through imitation. Memes originate from within peoples' minds before they are passed on through a variety of forms, such as stories, or particular ways of doing something (Blackmore 1999). Memetic theory notes that for a meme to be successfully transmitted it needs to be easy to understand, easy to remember, and easy to communicate to others (Blackmore 1999). Meme replication is dependent upon fidelity, fecundity and longevity (Dawkins 1976), meaning that replicated memes must be copied accurately and many times, and the copies must last a long time. Effective memes will survive by continuing to replicate while evolving as they go (Blackmore 1999). Gossip is said to increase meme spread as it passes from one person to the next, but it may also alter during the process. Conversely, memes that have been passed from person to person via the internet are more likely to stay true to their original meaning longer than those that are replicated via talk. One important feature of a meme is that it does not have to be correct to spread (Blackmore 1999).

Memos help to spread cultural material within discourse groups in a similar way to repertoires and, according to Pediani and Walsh (2000), nursing has unique memes that make up myths, rituals and traditions with replication from nurse to nurse. Memes spread quickly where people are engaged in watching and copying, such as students taking instruction from qualified nurses, and therefore have a potential impact on the professional socialization of student nurses (Pediani and Walsh 2000).

Although similar, it is my understanding that memes are not repertoires, as determined by their lack of some of the defining features, for example repertoires are derived from one or more key metaphors and this may not be the case for a meme. However, I deduce that memes do seem to inform repertoires and aid the spread and perpetuation of some forms of talk. This means that they have the potential to contribute to the development of a culture. Given that discourse communities have their own cultural norms, memes are likely to replicate easily between members as part of everyday conversation (Midgley 2004). Memes also

have the potential to move between environments, for example from clinical practice and back into university, carried on the talk of students.

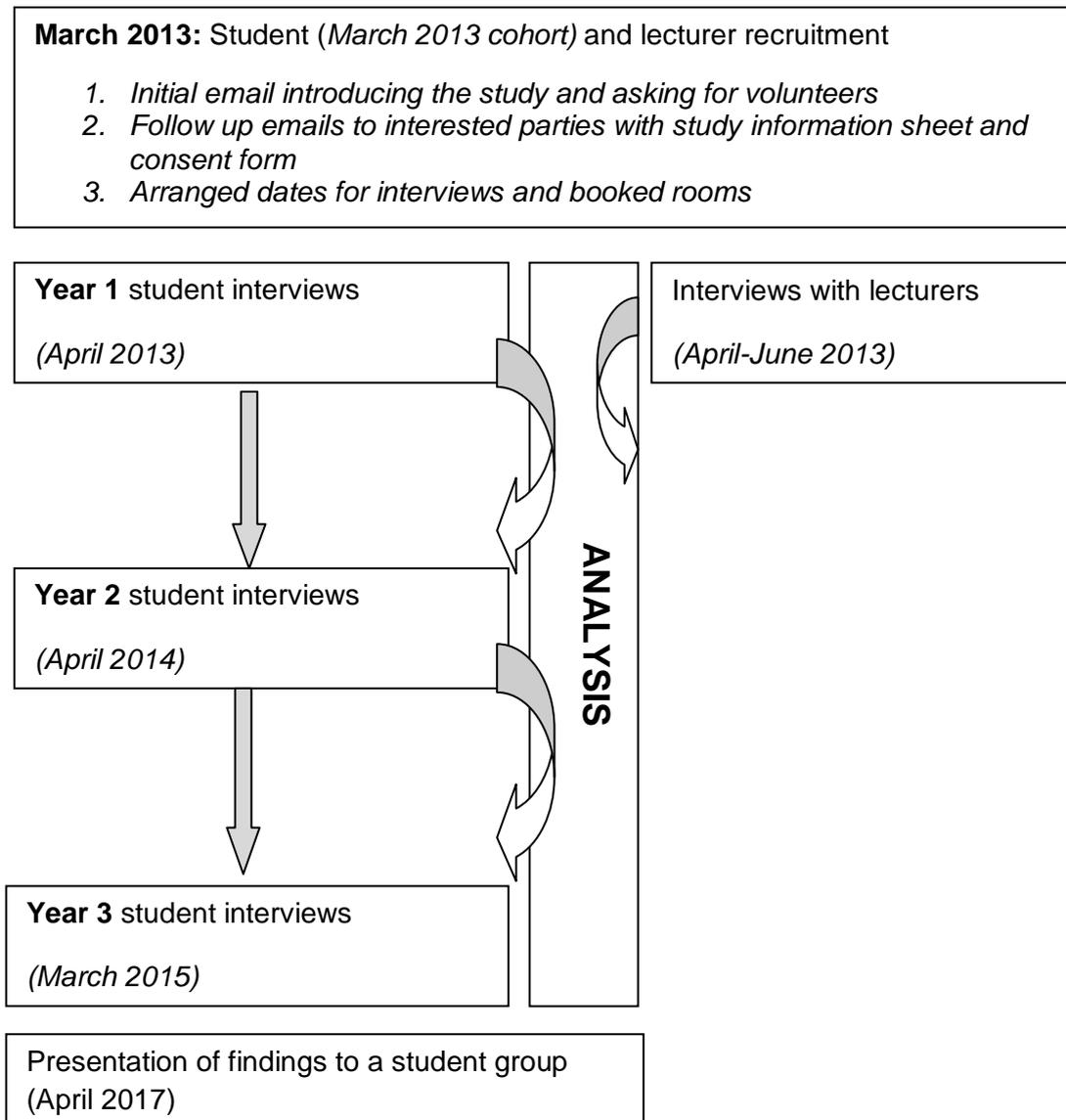
3.13 CONCLUSION

This section has set out the choice of methodological approach for the study. Discourse analysis was identified as the most appropriate way to collect data within the social constructionist perspective, thus enabling access to lecturer and student talk on professionalism. Discourse Analysis in Social Psychology (DASP) (Wetherell and Potter 1992) was the selected form of DA due to its hybrid approach, drawing on both micro and macro levels of analysis, and also enabling a critical perspective to the analysis of interpretative repertoires (IR). IRs can offer insight into how individuals maintain their membership of discourse communities and may be also influenced by memes.

3.14 METHODS AND CHRONOLOGY

This section presents the methods used in the study. **FIGURE 5** (over) shows the series of activities undertaken with the timescales relating to each step.

FIGURE 5: STUDY DESIGN AND TIMESCALES



3.15 SELECTING AND RECRUITING PATICIPANTS

3.15.1 CONVENIENCE SAMPLE

This section outlines the recruitment of participants from a convenience sample of first-year student nurses and lecturers. This study was not aiming for generalisable results, requiring a large and random sample of participants as might be expected within quantitative research. A convenience sample was therefore considered appropriate since the participants of interest were those I

had access to. Holloway and Wheeler (2004) say that sampling units are selected for a particular purpose; in other words, they meet particular criterion that supports the exploration of study objectives. The participants recruited to this study were not only drawn from a convenience sample but also a 'criterion-based' approach and 'purposively' selected. The selection criteria for students was that they had just commenced the BSc nursing programme and that they had not been on clinical placement at the time of recruitment. The lecturer participants needed to be actively engaged in teaching nursing students.

Volunteers were sought from the March 2013 BSc cohort of students from adult, mental health and child fields of nursing and nurse lecturers. An email, containing broad details about the study, was sent via the Electronic Learning Portal (ELP) a few weeks after the students commenced their studies. Lecturers were emailed via an established group address (**APPENDIX 2a, 2b**). Those responding were sent a detailed information sheet (**APPENDIX 3a, 3b**) and a consent form (**APPENDIX 4a, 4b**). The latter was emailed back before interviews took place.

Generally, the sample sizes used in discourse analysis tend to be small (Wood and Kronger 2000). The interest is on language use rather than the language user. Potter and Wetherell (1987) note that:

'for discourse analysts the success of a study is not in the least dependent on sample size. It is not the case that a larger sample necessarily indicates a more painstaking or worthwhile piece of research'. (Potter and Wetherell 2013 p161)

A total of thirty-eight (38) students expressed an interest in participating. Following the information letter, nineteen (19) continued to be happy to participate. The final seven (7) students were those who were available on the days set for the interviews. All seven students remained with the study for the full three years (**TABLE 2 over**).

TABLE 2: STUDENT AND LECTURER PARTICIPANTS

STUDENTS: Field of nursing	Number of students (n=7)
Adult	2
Child	3
Mental health	2* <i>One mental health student changed to adult nursing after year one</i>
LECTURERS: Field of nursing	Number of lecturers (n=8)
Adult	4
Child	2
Mental health	2

The total sample size for this study was fifteen (15). Lecturers were interviewed once but the students were interviewed three times over three years, once each year. This led to a total of seventeen (17) interview transcripts from lecturers and students, all equating to numerous text units available for analysis.

3.15.2 STUDY PARTICIPANTS

Student and lecturer volunteers were asked to complete a brief questionnaire regarding their previous experiences with higher education and nursing (if any) prior to interview (**APPENDIX 5a, 5b**). The purpose was to describe the participants and bring their previous experiences to life and into context during analysis and interpretation.

The Lecturers

To protect the identity of the lecturers, only limited details are presented in the table below (**TABLE 3**). Lecturers were interviewed once during the study. Between them they had a total of one hundred and nine years of experience in nurse education and many more years of clinical nursing experience before

working in higher education at the university. While developing the study, my rationale for this choice was a view that lecturers' way of talking about professionalism would probably not change over time since they were already fully engaged as members of the discourse community of registered nurses and lecturers. Therefore, I reasoned that interviewing them more than once would perhaps not further understanding to the study and may indeed place more burden on the lecturers' time. Given this consideration of benefit to burden, I decided to only interview once.

I did consider that using other data sources may have offered further richness and additional, or contrasting, perspectives. For example, if looking at this from a different methodological approach, I might have considered using observations or surveys as an alternate approach. However, as stated in the aims and objectives of the study, the focus of this investigation was on how students and lecturers used their language about professionalism, so accessing talk seemed the most appropriate method.

TABLE 3: INTRODUCTION TO LECTURER PARTICIPANTS

LECTURERS	FIELD OF NURSING	BACKGROUND
Stewart	Adult	Qualified as a nurse in the 1980s from a hospital School of Nursing. He had been in nurse education for 14 years.
Tony	Adult	Qualified as a nurse from a hospital outside of the local area in the 1980s. He had been teaching nursing for 22 years.
Anita	Adult	Finished her nurse training in the 1980s and been teaching student nurses for 14 years. Anita was studying for a doctorate at the time of the interview.
Julie	Adult	Trained at a local hospital in the 1980s. She had been working in nurse education for 18 years.
Phil	Mental Health	Did his nurse training at a large mental health institution in the 1980s outside of the local area. He had worked in nurse education for 8 years. He has a doctorate in education.
Sarah	Mental Health	Trained as a Mental Health Nurse in 1980s in a large local hospital. She had been in nurse education formally for 9 years. Sarah was studying for a doctorate at the time of the interview.

Rose	Child	Undertook her nurse training within a School of Nursing attached to a hospital. She qualified in the early 1980s and had been in nurse education for 15 years.
Linda	Child	Trained as a Registered Nurse, and Children's Nurse in 1970s and had been in nurse education for 5 years.

- *Only limited detail presented in order to protect the identity of participants within the small sample.*

The Student Nurses

Students completed background information questionnaires before their first interview. When initially interviewed they had been studying nursing at university for between five and eight weeks. From the outset of the study I did not know, or have any contact with, any of the student participants. These students were not assigned to me in any form of pastoral role and I would have possibly only very limited input into their teaching for the duration of their three-year nursing programme, if any. The background information revealed a broad range of students, from school leavers to post-graduates having attended university previously (**TABLE 4**). At the point of their first interview, the students had not been in clinical practice. However, Kim and Rachael had some experience of clinical nursing as healthcare assistants, and Jason worked for social services in a caring role previously. The sample were drawn from a population with a limited ethnic mix (see pages 23 and 24). To protect the identity of the student participants in this small sample, I am unable to reveal the ethnic details and mix of these students.

TABLE 4: INTRODUCTION TO STUDENT PARTICIPANTS

STUDENTS	FIELD OF NURSING	BACKGROUND
Kim	Mental Health	Had a degree from another university. Kim had been working as a care assistant before deciding to undertake nurse education.
Gemma	*Mental Health and later changed to	Gemma went to university briefly but left, taking up employment locally. Initially she joined the mental health nursing programme, but decided to change to adult nursing half way through year one. Having

	the Adult nursing programme	been a student before, she felt that she had ' <i>done the student experience and she was here to learn</i> '. Gemma had her own friends and social life outside of university.
Jason	Adult	Jason went to university previously but left in the first year. He said he had enjoyed the student experience ' <i>too much</i> ' which had a negative impact on his achievement. Jason spent a number of years working in a caring role, which he had enjoyed.
Rachael	Adult	Rachael was a more mature student and not originally from the UK. She was a care assistant for a number of years before deciding to do an access course to nursing at a local college of further education. This enabled her to meet the entry requirements for nurse education. No-one in her family had been to university before and she said the course was very important to her.
Stacey	Child	Stacey was 18 years old when she started the Child Field nursing programme. This was her first experience living away from home and she lived in university accommodation initially with other university students.
Jayne	Child	Jayne had a degree from another University. She was married.
Joanne	Child	Joanne entered university aged 18 and lived initially in halls of residence with other university students. This was her first time away from home.

NB *All participations remained for the duration of the study, although one mental health field student changed from mental health to adult nursing between years one and two.

- Only limited detail presented in order to protect the identity of participants within the small sample.

3.16 POSSIBLE LIMITATIONS OF SAMPLE

All the study participants were from a single university. This might be considered a limitation of the sampling strategy since the characteristics of the study population were not representative of wider populations, limiting potential transferability of the findings. For example, the sample had a female bias and a lack of ethnic diversity. This could account for a possible gendered and non-representative forms of talk – silences within the talk. Traynor and Buus (2016) also drew on a similar sample from one setting in a discourse analysis of the professional identity

in nursing. They noted that despite all the students studying at the same institution, they gained their nursing practice experiences from a number of different NHS settings and therefore their talk will have been influenced by a wider representation of society as a whole. This was also the case for the students in the present study.

A number of other authors have recruited a research sample from their own organizations. For example, Keeling and Templeman (2013) justify a small sample (n=10) of third-year student nurses as a convenience sample, while also acknowledging the limitations of a small, female-only sample. Robinson, Tanchuk and Sullivan (2012) justify the convenience sample from their institution as being a pragmatic solution to time constraints.

Drawing on a sample from a wider population within other higher education institutions may have been one method of obtaining a more diverse sample and also limiting the reflexive influence of the researcher on the participants, although given the 'influences' the researcher brings to the study, this would be limited. However, in the current climate of market sensitivity between universities operating within one geographical and subject area, access for researchers can be difficult at best, and often impeded (Springer and Clinton 2016) through overt and covert mechanisms. The ethnic population mix between the university institutions in the area is not very different. To be meaningful, a sample would have needed to be drawn from wider UK institutions and this would have been both difficult (given the amount of data collection) and time consuming given my status as a full-time lecturer and part-time PhD student.

All the lecturers in the study experienced nurse education in a similar way to me. From their pre-interview questionnaire, all had been 'trained' as a nurse within a hospital-based nurse education system between 1970 and 1990. At the time of the study, the majority of lecturers in the faculty had been 'trained' as nurses in this way. There were fewer lecturers educated as part of Project 2000 (university and practice education) within the department. From the pre-interview questionnaire, the lecturers in the sample had a great many years' experience in both clinical practice at a senior level, and in nurse education. Despite the email request for volunteers for the study, the few Project 2000-educated nurse lecturers did not respond. This meant that the sample of lecturers *might* have expressed a rather homogenous viewpoint.

Wood and Kroger (2000) write that within DA it is difficult to know what the study sample should be without doing the analysis. My assumptions for lecturer selection were based on lecturers being from a category of having experience of teaching within the university nurse education system and who were registered nurses in contact with students. At the point of selection, I did not know what the lecturers' talk might reveal, or if what they said might, or might not, be different from other categories of nurse lecturer. Selection, Wood and Kroger (2000 p79) say, is always provisional '*but not haphazard*'. Participant inclusion needs to permit discourses that are relevant to the phenomenon of interest.

From an alternative perspective, there is also a suggestion that the DA study sample should be heterogeneous to ensure that a variety of talk is heard (Wood and Kroger 2000). The aim would not be to compare different category groups, but to ensure that the relevant groups were represented. Wood and Kroger (2000) note that because finding study participants is a selective process, it is most likely to contain participants with some level of a homogenous dimension, but that any participant who speaks to the issue at hand is suitable.

3.17 DATA COLLECTION

Collecting participant talk through interviews is one method of data collection for discourse analysis. Data from different sources is also beneficial for enabling a boarder perspective of the research question. The section below describes the data collection for the present study and is divided into document archives and audio sources from interviews.

3.17.1 DOCUMENTARY ARCHIVE

Alongside the interview data, other transcripts were gathered for analysis to assist with the widest possible account of the issue of student and lecturer talk about professionalism, and to build up a broad account of linguistic practices (Potter and Wetherell 2013). Discourse is seen as any communicative event, so all materials that *could* 'communicate' on the subject were considered suitable for inclusion (Wodak and Meyer 2014). These texts were not collected for triangulation

purposes, but treated as data sources in their own right. Texts were selected because they were considered influential on the nursing profession, student nurses or university students, and because they were mentioned within the interviewees' talk.

Rapley (2007) notes that constructing a documentary data archive need not be complex. I chose key documents for nursing in the first instance, as I was certain of their value in relation to professionalism or nurse education. These included, for example, the NMC Code of Conduct (2008, 2015), nurse education standards from NMC (2010) and programme documents. Later additional materials were added in response to the iterative analysis process. Newspaper headings related to student nurses were sought via Google searches. I also remained vigilant for media talk about nursing for the duration of the study. A full list of documents can be found in **APPENDIX 7**.

3.17.2 AUDIO DATA: INTERVIEWS

Data was collected via digitally-recorded interviews with student nurses (n=7) and lecturers (n=8). The student participants were interviewed once during each year of their nursing programme. A total of seventeen (17) interviews were conducted over three years (**TABLE 5 page 122**). The initial interviews took place before the students experienced their first clinical placement. Lecturers were interviewed once. These interviews were conducted before the first student interviews. Richardson (1990) says that members of a particular cultural group, in this case qualified nurses working within nurse education, will tend to use language that is recognised by other members of that group. The lecturers interviewed in this study represent a well-established discourse community since they used similar language and professional terminology (Swales 1990). As established members of the discourse community of nurse lecturers, it might be argued that the participants already represent the nursing profession and are no longer learning to be a part of that cultural group. However, it cannot be assumed that the lecturers' talk would not alter over time. Developments within health provision, evidence-based practice, changes and challenges to nurse education, Continuing Professional Development (CPD), media reports such as the Mid-Staffordshire Inquiry (Francis Report 2013), and personal experience may continue to impact

upon and shape their views and language use. However, the main tenants of their professional role will already be present because all are registrants of the Nursing and Midwifery Council (2015). Therefore, it was felt sufficient to interview this group once.

Student and lecturer interviews were conducted in small groups of up to three, with some one-to-one interviews, depending on participant preference and availability. Technically, these interview groups cannot be classified as focus groups since it is traditionally accepted that a focus group has between 5-12 participants (Polit and Beck 2006). The groups were formed on the basis of convenience. However, the small group interviews were helpful for accessing talk between participants. All interviews were loosely structured around an interview schedule of semi-structured questions, allowing room for discussion (**APPENDIX 4a-d**). The initial interview questions were shaped by published literature on healthcare professionalism. Each interview started with broad questions, allowing space for participants to express their own views. For example, the first question at each interview was *'What is professionalism while student nurses study at university?'*; followed by questions that focused more specifically on professional behaviour, such as *'Can you give examples of student nurse professional behaviour while at University?'*

Digital recordings were transcribed verbatim and read repeatedly while simultaneously listening to the recordings. The analysis processes for DA are described in greater detail in *section 3.22*.

3.18 INTERVIEWS

3.18.1 'UNNATURAL' DATA?

Discursive psychologists and sociologists traditionally prefer to analyse data that is considered to be naturally occurring in everyday life (Potter 2012, Willig 2008 and Rapley 2007), since this offers insight into what people do in context. This has supported the preference for video and audio-recording of talk in the context within which it occurs. Interviews can be problematic since they only offer

descriptions of what people say they do, rather than what they actually do / say in context (Rapley 2007). This has led some discourse analysts preferring to analyse documents, such as reports and records, in preference to more staged interviews since the researcher comes into contact with the participants, and some have argued that this could influence the discussion (Potter and Wetherell 2013 and Potter 1997). Some discourse analysts have elected to collect talk from telephone conversations, newspapers, policy documents and social networking sites (Stokoe and Hepburn 2005, Wallwork and Dixon 2004, Goodings *et al.* 2007). However, for this study, collecting talk in natural settings was difficult. It was challenging to consider locations at university where students might 'naturally' be talking *about* professionalism, as such. I had personally observed behavior that I might consider as unprofessional (as stated in the study rationale), but this study was not focusing on actual unprofessional behavior, whatever that may be. The review of literature implied the term 'professionalism' was difficult to define, potentially making it hard to outwardly see what is, and is not, professional. If this study had been undertaken within a hospital setting, I may have been able to view what I might have considered to be professional behaviour from students. However, this is not an environment inhabited frequently by lecturers and would therefore be unsuitable. Alternatively, I could have observed students in the year-three module, where they debate professional issues through the use of lecturer-designed scenarios. However, these scenarios are dictated and facilitated by lecturers, and the primacy of student talk may be lost. In this study I wanted to hear how lecturers and students *'talk'* about professionalism in university; and to hear if, or how, their talk changed over the three years of the programme. As a consequence, none of the potential solutions above were considered suitable sources of naturally occurring data.

The lack of naturally occurring data influenced my choice to carry out interviews to generate the data required. Taylor (2001) notes that circumstances such as those above can lead researchers towards more conventional methods of qualitative interviewing. Taylor (2003) also argues that the interview is 'researcher controlled', and that there is a danger the researcher will assume all talk is about the topic. Rapley (2007) finds interviews problematic, since they rely on participants self-reporting what *they* do, rather than observations of what they *actually* do. This would make finding any data that has occurred in a natural

setting, with no evidence of researcher involvement, difficult (Silverman 2010 and Rapley 2007). However, the 'naturally' occurring data, as far as Rapley (2007) is concerned, is more about the way interactions and routines occur within the participants' natural routines within a familiar context. Being interviewed is now considered to be '*a commonplace feature of everyday life*' (Gubrium and Holstein 2003 p 22). Indeed Atkinson and Silverman (1997) refer to society as an 'interview society' withinin we are familiar with the format of being asked questions by people who seek information from us.

For the student nurses, interview-type activity happens frequently in their education processes. Students talk with peers in small groups while they discuss educational materials, and they have one-to-one meetings with their tutors. This would suggest that talking to a member of faculty a fairly 'normal' activity.

However, despite the common practices that students are exposed to, I draw upon the discursive psychological standpoint that all talk is situated and '*no talk or other practice is 'natural' in the sense of being unmediated by the context of the occasion in which it is generated*' (Griffin 2007 p428). Similarly, when people talk in a research interview, I take the position that what they say is a '*situated version of previous tellings*' (Taylor and Littleton 2006 p25). This leads the researcher and participant to draw upon shared social and cultural resources from everyday conversations (Taylor and Littleton 2006) to reach some sort of '*middle ground*' (Madill 2011 p334). Smaller group interviews have been favoured by some, as this allows participants to share their talk, rather than it being focused by the researcher (Edley and Wetherell 1997).

Even though interviews can be positioned as 'unnatural' (Potter and Hepburn 2005) when approached and analysed reflexively, taking into account my role and the context within which the data is generated, interviews were considered appropriate for accessing '*talk*' on professionalism, rather than behaviour. Importantly, it is recognized that interviews are not neutral tools for collecting data, but instead are active interactions, as discussed further below (Section 3.18.2).

3.18.2 ACTIVE INTERVIEWING

Traditionally, interviews have been seen as neutral means of obtaining information from participants, where the interviewer asks questions, and the participant answers (Holstein and Gubrium 2006). However, Holstein and Gubrium (2006) say that interviews are no more than a conversation with people about their lives, and propose that interviews should involve active engagement with participants as one might do in any social activity. From this perspective, active interviews are treated as social encounters; conversations that cultivate meaning-making (Holstein and Gubrium 2006). Attention needs to be paid to the 'how' and 'what' of an interview (Holstein and Gubrium 2006). 'How' relates to the conduct of the interview, such as the interaction between parties. 'What' pertains to the content of the questions that are asked.

I planned for relaxed conversations guided by initial research questions and delivered in a way that felt comfortable at the time. Active interviewing of the lecturer participants felt natural, since it was not unusual to meet with my colleagues over coffee with a topic in mind for discussion. Therefore, I conducted interviews in the same vein, albeit not in the canteen due to noise and risk of breach in confidentiality. With the student interviews, 'how' the interview took place required particular attention. As discussed below in the **section 3.19** on ethics, being interviewed by an unknown member of faculty could be uncomfortable for new students. I found it helpful to reflect on my experience of the pilot interview with Kim below in **section 3.18**, trying to take into account the student perspective. Particular efforts were made to make students comfortable through informality, providing drinks and snacks. The relationship between the researcher and participants is discussed further below.

I embraced the notion of the active interview, not only because I accepted the social constructionist perspective that knowledge is co-created, but also because it made for a more 'natural' and pleasant interview experience for participants, as well as for me.

3.18.3 INFLUENCES OF THE RESEARCHER ON THE RESEARCHED

As stated in the section on reflexivity and constructionism (*section 3.5.2*), I was conscious of my position as a lecturer, and how this may influence my methodological stance and the research process. The next subsection pays attention to my relationship with both the lecturer and student participants during the interview process. In the second subsection I describe a reflective pilot interview with one of the student participants, Kim. This served three purposes: first I wanted to 'test' my interview skills. Second, I wanted to be sure that the research questions within the initial interview schedule were unambiguous, and allowed space for the participants' talk to develop freely. Finally, I hoped that the pilot interview would afford me the opportunity to consider my relationship with students during the study.

3.18.4 INTERVIEWER AND INTERVIEWER RELATIONSHIPS

Taylor (2003), and Richards and Emslie (2000) note that the personal reflexive identity of the researcher can influence the study, especially in relation to data collection. For example, gender issues, age, dress, accent, and power issues can all impact on the relationship between the interviewer and interviewee. In my particular case, in talking to student nurses who are generally much younger than me, I was conscious the power dynamic was never going to be equal. Initially, the participants may not have been aware of my role as one of the directors of the adult nursing programme. However, this may have led to a power imbalance and a risk of coercion to participate. This had ethical implications, which are addressed in the ethics *section 3.19* (below).

The boundaries between the researcher and the researched are unclear, which has led to further debate regarding the insider and outsider position of the researcher (Oakley 1981). Researchers who belong to a specific intellectual community (insider) will have allegiances to that particular way of thinking and talking, and this will influence their ontological and epistemological view of the world, shaping their way of doing research (Oakley 1981). Research undertaken within the researcher's own professional group may influence the topic discussed and wording used (May 1991). Taylor (2003) suggests that the interviewer should

not attempt to *act* as an 'insider' with interviewees, but remain an outsider. Since I am directly involved in nurse education I would position myself as an 'insider' researcher, making me fully conversant with the discourse community of university lecturers, registered nurses, and, indeed, student nurses, to some extent.

The research questions were initially informed by personal observations of student attitude and behaviours, therefore the study principles and processes were recognised as arising from the insider perspective (Reed and Proctor 1995).

Reflections within my e-diary led me to think cautiously as to whether the influences of my insider position did not lead to my claims of really 'knowing' the students' position. Wetherell and Potter (1992) warn of some implications of the insider perspective during interviews given the proximity of the researcher to the study participants, and for the potential for power influences to influence interpretation. Openness as to the researcher's qualifications is of particular use in studies that involve interviewing. Clarity is also needed as to what I did have in common with participants, but also what differences there were.

The influence of the researcher on the study participants in the interview setting led me to consider my interview technique and the influences this had on those being interviewed. Each interview conducted became a learning experience, and each transcript an opportunity to consider the language I was using.

Another method to check claims is through member checking (Taylor 2003), which offers participants the chance to comment upon interpretation and findings. This is achieved in a certain sense towards the end of the study when I presented the overall findings and the proposed model of discourse adoption to the students from whom I collected the data, and on another group not directly involved with the study. This is discussed further on page 240.

Within qualitative research, and particularly in ethnographic research, there is a call to make '*the familiar strange, and the strange familiar*' (Morse 1993 p317). This issue is discussed within discourse research specifically by Lemert (1979). Certain ways of talking can turn orthodox thinking on its head, thus allowing it to be considered differently and making it 'strange' (Foucault 1977). One example of this is irony. However, while irony may introduce the unfamiliar to an insider researcher, uses of metaphor can make the familiar more familiar according to

Oswick, Putman and Keenay (2004). The location of interpretative repertoires is dependent upon the location of metaphors (see section 311). As a consequence I was looking for the familiar more than the strange much of the time. Lipson (1993 p317) writes that;

'This being strange thing is necessary, but you can be strange without being a stranger – by shifting your consciousness to a different place'.

Discourse Analysis, as defined by Wood and Kroger (2000), requires the researcher to question the way participants use language, and not to take it at face value. This means playing with the way the talk is phrased, changing the emphasis and considering why it is being read in a particular way. In this way, I was shifting the way I thought about the words, making them strange to me and questioning my initial assumptions.

3.19 A REFLECTIVE PILOT INTERVIEW WITH KIM

The first interview conducted with Kim, a first-year mental health student, was an important feature in developing the data collection skills required for Discourse Analysis (DA). Pilot interviews are seen as good practice according to Potter and Wetherell (2013). Following my pilot interview with Kim, I reported in my e-diary awareness of the research context, and of how I may have been unconsciously influencing Kim's talk.

The context within which the interview took place was as an empty classroom during teaching hours. While the classroom setting would not be unusual for Kim, talking with me in an empty classroom may have been uncomfortable. Anderson (2011) refers to university students as vulnerable research participants. Students would generally be considered competent in providing consent to participate in research. However, issues are present in the many roles of the researcher. For example, I am a registered nurse, a lecturer and I hold a leadership role within the strategic development of the nursing curriculum. The researcher must be careful not to abuse the power associated with their role and status (Wetherell, Taylor and Yates 2001). The issue for students is not in their competence to consent to take part in research, but rather in their competence to refuse to take part (Anderson 2011).

On a more practical note, during the interview, and on listening to the recording afterwards, I noted in my e-diary what I considered to be my *'over-direction'* of the questions within the interview schedule. Having had previous experience of interviewing within a phenomenological methodological approach, I found myself trying to help Kim find 'lush imaginary descriptions' by 'digging down' into her conversation, re-stating and validating her words, rather than letting her talk come more naturally (O'Leary 2005 p162). At times, I found myself over-riding Kim's words, almost putting words into her mouth, as shown in the transcribed sample of interview talk below.

INTERVIEWER: So, in that way, just to be argumentative, you are saying that care assistants' can be a bit less professional than a doctor?

STUDENT KIM: I don't think they need the same rigid boundaries because they are not dealing with the same kind of medical information that a [doctor is dealing with].

INTERVIEWER: [Yes...], but what about the public, care assistances still meet with them↑?

KIM: Yeah, I can prob..ably see that.

INTERVIEWER: I can see where you are coming from, I'm not, I'm just [being↓...]

KIM: [Ha, ha].

Pilot Interview

Being honest about the research purpose is an important ethical requirement according to the RCN (2004). I was required to inform Kim that should she disclose *any* behaviours that I might consider as unprofessional and harmful to the public, I would need to respond in accordance with the NMC Code (2008, 2015). This further served to highlight the power differences between Kim and I, and had the potential to shape what Kim might say. Further Issues related to the ethics of the study are addressed below (section 3.20).

The aim of this study was to make explicit the *discourses* and *perceptions* at play around the use of *language* on professionalism, as used by student nurses and their lecturers while the students were studying at university. At the analysis level of talk, Taylor (2003) notes that analysis should be on the talk itself, rather than the person producing it. I did not take this to mean that the research participant is

not respected, valued and listened to. Every effort was made to ensure the research conducted in an ethically appropriate way.

The outcome of this exercise did not require me to change my interview questions, just the technique I would use to deliver them. This exercise did make me consider ways in which I might lessen the influence of my position of power in relation to the students. All student participants were given the option to talk to me in groups of two or three. I also suggested that they might like to choose where they wished to be interviewed. For example, one interview was conducted with three students in a corner of the Students' Union café at the end of the day by request. For the duration of the study, I only delivered one lecture that was attended by two of the study participants. I did not mark any of their work.

3.20 ETHICAL CONSIDERATIONS AND ETHICAL APPROVAL

Approval was sought from the university Research Ethics Committee and given on 29th January 2013 (**APPENDIX 1**).

As a Registered Nurse, I am required to adhere to the Nursing and Midwifery Council (2015) Code of Professional Practice, and to pay attention to the Royal College of Nursing (RCN) (2004) Research Ethics Guidance for Nurses. In addition, the ethical principles presented by the British Educational Research Association (BERA) (2011) were used for guidance for the duration of this study.

All students and lecturers were informed of the nature of the research in an initial email inviting participants to come forward (**APPENDIX 2a, 2b**), then again via an information sheet (**APPENDIX 3a, 3b**), with an invitation to clarify any questions via email or face-to-face. Each participant signed a consent form at the start of the study and provided verbal consent to continue to participate before each of the interviews. Permission to digitally record the interview was presented within the information sheet and consent form, but permission was re-sought before commencing the interview.

There were a number of ethical concerns at the outset of the study. Some of these I have addressed above when recounting my first interview with Kim (above). Primarily, these focused on the relationship between the researcher and

the participants and the position of power I hold over their student status. The first-year students I invited to take part may have felt coerced or obliged to take part. To protect against this situation, it was made clear on the information letter their studying would not be affected should they decline to participate, and this was reiterated verbally before each interview. The dual role of lecturer and researcher had the potential to cause conflict between my desire to collect data and my role as lecturer to support students (BERA, 2011). The same situation can be applied when talking with the lecturer participants who were colleagues and well known to me. Smith (1992) and Wilde (1992) stress that the researcher's role needs to be clear, and there is a need to make explicit that professional intervention as a lecturer will not be possible during the phases of the research study.

As a Registrant of the Nursing and Midwifery Council (MNC), I am duty bound to report incidents if they have the potential to have caused harm to vulnerable people. While talking *about* professionalism, students or lecturers had the potential to reveal unprofessional behaviour. Participants were informed that if I considered talk about behaviours to be contrary to professional standards, or harmful to people receiving care, I would be required to initiate the 'Raising and escalating concerns procedure' (The University 2015) or Professional Suitability Policy (The University 2012) and, therefore, they were asked to consider if they wished to bring any incidents to light during interviews. This had the potential of limiting talk.

Qualitative research can be quite intrusive (Holloway and Wheeler 2004). With a small sample of eight (8) lecturers and seven (7) students, maintaining anonymity and confidentiality might be problematic (Johnson and Long 2010). For this reason, study participants' names were changed and only limited detail about participants' backgrounds was noted. None of the participants left the study during the three-year period, but, had this occurred, then their details and any data collected to that point would remain confidential.

3.21 RESEARCH DESIGN AND TIMESCALE

One objective of the study was to see if/how students' language might change during the time of their education programme. Therefore it was imperative that I followed the students' progress, ensuring that I remained in contact with them for the duration of their time at university. Nurse education programmes are divided equally between university and clinical practice. I needed to ensure interviews with students each year, and that the initial recruitment process was not delayed. Students were only present in university for six weeks before their first placement, meaning that I had to recruit, consent and interview students within a limited timeframe (FIGURE 5 section 3.14).

3.22 DATA ANALYSIS

The following section presents the way that talk was collected and analysed. There are five sub-sections presented, starting with detail on recording interviews and subsequent transcribing, followed by a description of the analysis processes and justification for a three-phased approach. The next sub-section addresses the construction of interview schedules, and debates issues relating to research quality. In the final section I present a breakdown of how I approached the analysis using detailed examples from interviews as exemplars.

3.22.1 RECORDING AND TRANSCRIBING INTERVIEWS

Having conducted each interview, the recordings were listened to carefully again. There are suggestions that the researcher should undertake their own transcription as this assists the immersion aspects of the analysis (Gerrish and Lacey 2010). However, due to time pressures, transcriptions were undertaken by an experienced paid transcriber, leaving me time to concentrate on the analysis and interpretation of the data. Once in receipt of the transcripts, they were read through thoroughly while listening to the recordings several times. Any inaccuracies were subsequently corrected.

The level of detail to be included in the transcript is said to be a *'thorny'* issue by Potter and Wetherell (2013 p166). For this study, the focus was not strictly at the micro level of conversation analysis, where features such as turn taking and pause length are important aspects of transcription. A less detailed transcription was used, which Wood and Kroger (2000) say is suitable when looking for discourse on a particular topic; in this case, professionalism. However, having spent time working through the analysis, it became clear that some aspects of talk required a slightly more detailed level of analysis. This was particularly important when looking at the transcript and re-listening to the recorded talk, especially when employing the critical discourse analysis lens. I noticed greater emphases on some words, and overlapping and interrupting talk was heard, giving rise to changes in overall meaning. This raised potential agency issues that could not be appreciated from the transcript without annotated additional features. An example is shown below from Stewart.

LECTURER STEWART: ... 'even though they aren't qualified, there's expectations there on them *I* think and from very early on, they **MUST** be hit[↑] with that [LA1P2]

For these more detailed elements of talk, simplified features of the Jefferson transcription style, as described in Potter and Wetherell (2013), were latterly applied to some selected places within the transcript. The features employed are shown below.

Simplified Jefferson transcribing

Transcription Feature	Meaning
[]	Overlapping talk and interruptions
'I wouldn't do <u>that!</u> '	Underlining text demonstrates emphasis
'I wouldn't do THAT!'	Capital letter shows louder talk
An arrow ↑	A rise in intonation at the end of the word
An arrow ↓	A fall in intonation at the end of the word

It was not thought necessary to include pauses and pause length in the transcription. Line numbers were not used in most instances, but to aid description of the analysis, some can be found in the findings chapters. Page numbers are also shown at the end of each excerpt, to provide orientation to the original interview transcript (details in **APPENDIX 8a – 8d**).

3.23 ANALYSIS OF TALK

This section discusses *how* the talk was analysed to uncover rhetorical features and repertoires. This section describes how I applied the analysis processes to my data set and I illustrate these methods using examples from talk in interviews.

At the initial stages of the study, Discourse and Social Psychology (DASP) was considered the most appropriate method to uncover Interpretative Repertoires (IR) and to locate any potential issues of agency. The process of analysis in DA is not particularly clear within the literature. Wood and Kroger (2000) suggest that analysis comprises two distinct stages. Potter and Wetherell (1987) do not recommend any single method of analysis for DASP, saying:

'Analysis is not a matter of following rules; it often involves following hunches and the development of tentative interpretative schemes which may be abandoned and revised'. (Wetherell and Potter 1987 p177)

The goal of DA is to explain what is being 'done' in the discourse and 'how' that has been achieved (Wood and Kroger 2000). It also looks at how discourses are structured to perform various functions and achieve consequences (Wood and Kroger 2000).

In need of direction when starting the analysis initially, I found Wood and Kroger's (2000) two phases of analysis most helpful. The first phase is about searching for patterns in the data, looking for similarities and differences in shared accounts. The second phase is a more detailed exploration of the function the talk serves, and its consequences. However, during my initial analysis exploration, I found there needed to be a third phase to the analysis, based on following my '*hunches*', as recommended by Potter and Wetherell (1987 p177). Although the phases of analyses are discussed here, the need for the third phase did not become evident

until later within the analysis process. As a consequence, the methods of phase 2 and 3 are only briefly defined, while phase 1 is discussed in greater detail at this point. Below is my interpretation and use of the phases of analysis described by Wood and Kroger (2000).

Phase 1

The first phase involved becoming familiar with the interview data (talk in text form) and involved reading and re-reading texts to appreciate the content. There is agreement in the literature that this phase is vital. This is known as a structural analysis, and aims to identify particular features in the talk, such as metaphors or frequently used words or phrases (Edley 2003, Keller 2013, Steven 2009 and Wetherell 2009).

The transcribed talk was arranged in to 'chunks' or loose themes based on features identified. Like McQueen and Henwood (2002), I chose to loosely theme all the interview data while at the same time searching for gaps and contradictions in the participants' talk. Then I searched within each theme for 'chunks' of talk for further analysis. A 'chunk', according to Wood and Kroger (2000), is the smallest workable unit of text. Wood and Kroger (2000) suggest careful reading for frequent use of particular phrases, metaphors, idioms, similes or other rhetorical devices aimed at persuading people to see a topic from a different perspective. Rhetorical devices can also help illuminate the presence of interpretative repertoires. I paid particular attention to 'chunks' of talk that were unusual or 'felt' interesting, but I also looked for talk that was ordinary and potentially more commonplace.

Phase 2

Phase 2 analysis involved closer attention to the 'chunked' talk, with the purpose of locating Interpretative Repertoires (IR) and other rhetorical features, important for DASP.

Repertoires are part of any culture or communities' ideas of 'common sense' and are suggestive of a shared understanding (Edley 2003). Ideological Dilemmas (ID) are also key features of repertoire analysis. IDs are composed of beliefs, values

and practices that make up a culture or community. They can be inconsistent and contradictory but provide insight into a way of life. Like IRs, they also contribute to that group's common sense knowledge or received wisdom (Billig *et al.*1988). The final central concept for repertoire analysis is that of subjective positions. Drawing on the work of Althusser (1971), ideology is created by drawing people into particular positions. Subject positions link talk with IR and the social construct of the self (Edley 2003). Subjects are able to change their position or that of other people, within a conversation, depending upon the IR being used.

McGuire (1985) recommends looking for talk that relates to attitude. I paid attention not only to how people position themselves by their talk (positioning), but also to their use of 'disclaimers'. These are verbal methods for warding off potentially obnoxious attributes. For example, "*I'm not being rude but...*". In this way the speaker is aware that others may not agree with what they are saying, therefore disclaimers are linked with positioning (Wood and Kroger 2000).

I was aware of the operation of power within some of the talk. The agent-patient distinction relates to what is done *by* a person and what is done *to* a person through speech acts (Wood and Kroger 2000). Agency and the relationship to power make this an important feature within Critical Discourse Analysis (CDA), DASP and IR (Wood and Kroger 2000, Edley 2003). This was of particular importance as the identification of an agent-patient distinction signaled the requirement of closer analysis using a critical discourse lens. The person with power is an agent, and they are able to make choices and be accountable for their actions. The person who is on the receiving end of the power is the patient. Therefore, the agent has power at that time and the patient does not (Wood and Kroger 2000).

Footing, a term originally coined by Goffman (1981), indicates where speakers take responsibility for their own words or merely use them to pass on the experience of others. Footing is related to the notions of responsibility, accountability and ideology and is a central feature for DASP (Potter 1996). Reported speech can also be linked to footing as a way of assigning responsibility for certain talk to another person. In DASP analysis, identification of reported speech is said to make claims stronger and more factual. The word 'like' is considered a useful functional marker for reported speech.

The locations of 'categories' can provide clues to terms not commonly used in everyday language, but used by one particular discourse community to signify something particular. Wood and Kroger (2000) say that particular groups give names to others that signify individuality, for example 'freshers' for new students starting university.

Phase 3

Phase 3 analysis is not indicated by Wood and Kroger (2000) but, as discussed earlier, was included later in the analysis, as offering a broader conceptualisation of the phase 1 and 2 analysis, and in helping to identify wider discourses. This is discussed in greater detail in **chapter 6**.

3.23.1 ANALYSIS AND THE DEVELOPMENT OF INTERVIEW GUIDES

Keller (2013) calls for data collection to be theoretically driven, and therefore theoretical questioning, as proposed by Strauss and Corbin (1998), was applied during the data collection phases of the study. The initial interview schedules were partly theoretically-driven, as they were informed from the search of literature undertaken early in the study and from personal observations. For example, there was agreement generally within the published literature that the term 'professionalism' was difficult to define (Monrouxe and Rees 2017), therefore one question that remained on all the interview schedules was one that asked participants to try to define it.

Analysis of interviews subsequently helped to inform the following interview schedule. An example was seen in the year-one students' talk, which positioned them as part of the university student experience. This theme was continued on to the second-year interviews. However, following analysis of year-two interviews, the university experience did not surface as a theme, and this questioning was not continued into year three. This enabled exploration of language development in relation to professionalism as they progressed through their nurse education

programme. The same processes were used throughout the study to prepare the interview transcripts for the analysis.

3.24 AVOIDING ANALYSIS PITFALLS

By ‘practicing’ the analysis before attempting the real thing, the aim was to avoid some of the criticism levelled at limitations in analysis processes (see below). The issues of research quality were addressed in **section 3.5**. Here, research quality specifically related to the analysis processes are discussed in more detail.

Antaki *et al.* (2003) are critical of the findings of Discourse Analysis (DA) studies with analysis limitations and interpretation processes. They outline aspects of ‘non-analysis’ as a warning to researchers. These are addressed below before the analysis section where steps have been taken to counteract pitfalls from the outset.

3.24.1 THE ISSUE OF UNDER-ANALYSIS

Antaki *et al.* (2003) identify a first pitfall, under-analysis. This can occur under several circumstances, the first being under-analysis through summary, where data is presented as a prose in the researcher’s words. Antaki *et al.* (2003) say that summarising cannot locate a repertoire, and it adds nothing to the data. Taking sides within the analysis, and in the presentation of the findings, is also a form of under-analysis. In such a case, the researcher is accenting their own moral, political, or personal stance over that of the participants, not addressing the findings from a holistic perspective (Antaki *et al.* 2003). Over-quotation or under-quotation of participants’ words is also of concern. Antaki *et al.* (2003) stress that listing quotes with very little researcher interpretation is not analysis, nor are too few quotes, left to speak for themselves.

3.24.2 THE ISSUE OF UNJUSTIFIED CLAIMS

Another pitfall in analysis applies to unjustified claims for the location of a repertoire with no additional evidence from a wider source to support the claim. The final two limitations relate to what can be implied from the data analysis and findings. When participants use the words '*I feel*' or '*I believe*', this does not guarantee access to the participant's inner thoughts. Finally, findings of DA cannot be generalised to all members of the category (Antaki *et al.* 2003).

3.25 AN EXPLORATION: 'MY' ANALYSIS PROCESSES

In the same way that I 'piloted' an interview with Kim, I undertook an exploration of the analysis processes for DASP (phases 1 and 2 only). This was to ensure I understood how analysis might work practically, and to help develop my analysis skills. Antaki *et al.* (2003) stress that anyone undertaking DA should be able to recognise, interpret, and analyse data effectively.

To start (phase 1), I carefully and repeatedly read through the interview transcripts, amending the transcript for accuracy, and introducing some of the Jefferson annotations as discussed earlier. Although Wood and Kroger (2000) note that it is not important to start the analysis process by examining the whole document, I found this a helpful starting point, offering me a broad overview of the content of transcripts, and the general messages within it. I decided to thematically code all transcripts in full, rather than focus on any particular sections of text initially. This was to ensure I did not miss any pertinent information.

For phase 2, having coded each interview (students and lecturers), codes between transcripts were compared. Some early codes were combined or collapsed to accommodate all the talk. While reading, I looked for rhetorical features or anything of interest within the text. Particular attention was paid to repeated words and use of metaphors. One example of a repeated word was '*Job*' which was used on a number of occasions within the year-one interviews with students. It appeared to relate to the way the nursing programme is perceived by students, and it seemed interesting.

Initially, I found it difficult to locate metaphors until I learned to 'tune' into them while reading transcripts. Metaphors are used so frequently in everyday speech it can make them difficult to notice (Wood and Kroger 2000). Metaphor use is important in DASP because it can signal the presence of a potential interpretative repertoire. I became more proficient at locating metaphors the more familiar I became with the interview texts, and the number of located metaphors increased with the number of times I read the transcripts. This meant that I needed to go back over earlier readings of transcripts, re-spotting metaphor use.

Text 'chunks' were then selected for more detailed analysis based on discursive features or what appeared to be 'interesting'. Not all data could be subjected to an in-depth analysis, and the sections chosen for analysis might be chosen at the expense of others (Edley 2003). **APPENDICES 8(a-d)** present the selected texts picked out from transcripts under each thematic heading.

3.25.1 SEARCHING FOR LINGUISTIC AND RHETORICAL FEATURES

Over a period of time, the transcripts were read and re-visited many times so as to increase familiarity with the content and the language forms being used. A close connection with the original interview recordings was maintained to ensure that intonation and emphasis within talk did not change the meaning as I re-read it. A link was maintained between talk and transcript using a code process. In example 2 (Jason, below), the code for his talk was [A1P7]. [A] denotes he was an adult field nursing student; [1] means he was in year 1 and this was his first interview and [7] means that the example of talk appears on page 7 of the original interview transcript.

Wood and Kroger (2000) suggest that initial questions should be asked of the talk and of the reader. For example, I needed to consider *why* I was reading the example text the way I was, and to be mindful of my reflexive position. Talk that seemed obvious to me could not be taken for granted, and I needed to be aware of my 'insider' researcher status. I asked myself questions about who was talking, and about the impact that the talk was having on others. Wood and Kroger (2000) also note that consideration should not only be paid to what is said, but also to what is *not* said, for example where something is implied. An example of this can

be seen in lecturer Julie's talk (example 1). Her talk implies that students are possibly immature, lacking responsibility for their own learning.

Example 1

LECTURER JULIE:...you're trying to say is: "You're an adult learner; we've put information in your path, through either taught materials, or through materials that you're given at the beginning of the programme and what we're saying to you is: if you'd like to appraise it; read it and if you'd like to absorb the tenants of it, then there is an assumption as a grown up, an adult, that you will then take those messages on board through that form of information". [L1P1]

Talk delivered using irony and sarcasm could have a different meaning and could produce different outcomes, as noted in example 2 from student Jason (below). Jason was being sarcastic about student nurses who do not attend 9am lectures. He was not saying that *he* would 'go in [to university] at eleven'. This was heard by the '*ha ha*' (laughter) on the digital recording of the interview. The latter point illustrated the importance of maintaining links with the recorded interview at all times, because the laughter did not appear on the original professionally developed transcription and needed to be added.

In example 2, Jason is talking about what *others* might say and do, and not what he *would* do. This is demonstrated by the word '*like*'. '*Like*' can signify possible reported speech and, therefore, Jason was not using his own words, he was passing on the words of others, trying to make *his* story more dramatic and vivid (Wood and Kroger 2000).

Example 2

STUDENT JASON: '...Maybe *like* if I just go in for eleven', like, yeah, ha, ha. [A1P7]

Wood and Kroger (2000) recommend text be played with, changing how it might have been said. Or, by changing the inference, the meaning may differ. Looking back at the same section of Jason's talk (example 2), I found that if I changed the emphasis on Jason's '*I*', it could interpret the meaning in a number of different ways. For example, he could be mocking others in a way that could sound something like; 'well if you can do it, *I* can do that ***too***, and how would ***you*** like THAT!' (example 3).

Example 3

STUDENT JASON: '...Maybe like if I just go in for eleven', like, yeah, ha, ha.

Alternatively if I removed both uses of '*like*' the utterance is then owned by Jason, rather than him reporting the words of others. This then reads that he *would* go into university late (example 4). Closer attention could be paid to the word '*yeah*' before the laughter. Frequent re-listening of the recording showed there to be a rise in the intonation, '*yeah*'[↑]. This sounded like a question and therefore had the mocking tone. When I replaced the rise in intonation with a fall '*yeah*'[↓], the meaning changed to sound as if he would turn into university late.

Example 4

STUDENT JASON: '...Maybe if I just go in for eleven', like, yeah, ha, ha.

I then re-visited all of Jason's talk within the three interviews and I found the latter to be generally uncharacteristic of the words he used throughout. Therefore I had some degree of confidence that he was indeed mocking others who he considered to be lazy, thus positioning himself as a person who would not do 'that sort of thing'. However, had I not explored Jason's talk at this level, I could not have appreciated how he was using his talk to position himself in relation to others.

An example of an ideological dilemma might be seen in the talk of lecturer Stewart (example 5). Ideological dilemmas form part of a culture's common sense. These are helpful in alerting to the possibility of more than one repertoire about the same topic being present (Edley 2003).

Example 5

LECTURER STEWART : ...we were socialised into the **culture of hospitals** in the NHS from day one, they don't get that; **they've got two cultures. Uni and then practice, and it's trying to marry the two together** and make some sense of it.. [LA1P15]

The ideological dilemma appeared focused on the two cultures to which students are exposed; nursing practice and university. Stewart's talk suggested that these are different, which causes some tensions and separation for the students. This was further supported by the use of the metaphor '*marry the two together*'.

Example 6

STUDENT JOANNE: I think it depends, and **I know it sounds really bad and I shouldn't admit it on tape**, but I am going to anyway; student nurses have a lot more, **when we have the time and when we are allowed...**[C1P11]

In example 6, student nurse Joanne used an example of a disclaimer where she suggested that she should not say what she was about to. Joanne appeared to think that nurses having a good time might be inappropriate, so was warning off negative connotations from the next part of her talk. There was also evidence of agency when she said '*when we are allowed*'. This appeared to be a 'patient' response, in that permission was somehow required from 'somewhere/someone' for student nurses to be '*allowed*' to have '*time*' to have fun.

Agency and the relationship to power were of particular importance in this study, as the identification of an agent-patient distinction helped to signal closer examination using the critical discourse lens. One indicator of an agent position (with the power) within talk was the use of the first person pronoun. The patient (without the power) could be located where the speaker is the object of the verb. Stacey (Example 7) she said she feels '*judged*'. The agent in this case appeared to be society [the public] and she was the patient. Stacey defined 'the public' as '*them*', which is a form of 'othering', suggesting that Stacey saw '*them*' [the public] as different to her.

Example 7

STUDENT STACEY: ...I feel like every time you meet someone and you tell **them** you're a nurse, you've got to... you feel like **they're judging you** and it's quite a scary thought. [C1P1]

Where speakers appeared to take responsibility for their own words, I was able to locate examples of 'footing' (Goffman 1981). This is an important feature in relation to responsibility and accountability and is central to DASP (Potter 1996). It was possible to get clues about how people position themselves within a form of talk.

Example 8, from lecturer Julie, required a level of micro-analysis to unpick the underlying meaning. Julie's example was a little unusual in that she was repeating what *she* said to students in the past. This example also included a demonstration

of reported speech, where Julie was, in effect, quoting herself. This indicated that she was taking ownership of her original words, and was restating their importance in a different context. She even used the word ‘*again*’ when starting the talk, which adds authenticity to her words and showed that these words had possibly been used before.

Example 8

LECTURER JULIE: ... **again**, I have questioned students who’ve maybe displayed less than professional behaviour and I’ve said to them: “**Would you speak to somebody like this in practice? Would you treat somebody like this in practice?**” “**Well, No↓**” “Well then why do you do that and why do you think it’s acceptable to treat us like that and, you know, be rude?” [A1P6]

The past tense is used by Julie to state the context (when students *had* displayed unprofessional behaviour), showing the talk of interest initially occurred in the past. However, the reported words in speech marks are in the present tense. This gave a sense that the particular issue of unprofessional behaviour was not new, but possibly ongoing or a continued form of activity.

On line three, “*Well No↓*” is as if in response to students’ reply to Julie at the time of the first utterance. The agent-patient distinction was also seen in this example, therefore requiring particular attention with the critical analysis lens. Julie was clearly in the agent position in this situation. Her words appeared to be reprimanding the student(s) who were the patient(s) in this case. A patronising tone to Julie’s whole utterance was also clear from listening back at the recording, which again supported the agent perspective.

Within Julie’s talk she appeared to use a particular rhetorical device called an anaphora. This is heard where Julie repeats words in a successive phrase “*Would you speak to somebody like this in practice? Would you treat somebody like this in practice?*” This device is known to have a powerful effect on transmitting a message and engaging the listener in an emotional experience. Therefore I was able to consider that Julie felt very strongly about what she was saying.

The context of talk was also considered carefully. Potter and Wetherell (2009) and Fairclough and Wodak (2006) note that context is important to ensure what is said is not examined in isolation. Heritage (1984 p242) says that context is ‘doubly contextual’, meaning that talk is shaped by context, and context shapes talk. Talk relies on the context that has gone before it (Dreyfus and Rabinow 1982) and it

may change depending upon where the talk is being generated and what it relates to (Wood and Kroger 2000). For example, I noticed that, although students said they might be a bit *'relaxed'* about their uniform standard while in the clinical practice suite at university, they would definitely wear uniform correctly in the clinical setting while attending to patients. The latter relates to the intrinsic context, where what is said about context relates directly to the talk (Tracy 1998). However, Tracy (1998) continues to say that the extrinsic context is more problematic to incorporate. It can relate to gender, age, social grouping and so on. From the DASP perspective, inclusion of external context is only of relevance if the participants talk about it (Antaki and Widdicombe 1998, and Potter 1998b). Externally contextual materials were collected from all the participants before their first interview to give some background about their previous experiences and 'bring to life' the participants when presenting their discourses (**TABLES 3 and 4**). It was not initially considered that this information might be of value as a part of the analysis process.

During interviews, issues such as gender were not commented upon, and therefore not considered in the analysis (Potter 1998b). However, student nurses talked about their age, suggesting it was important to them. The age of students was also commented upon within the lecturers' talk; therefore Potter (1998b) would say that this external context [age] is relevant. Some examples of context-specific talk from student Gemma (example 9) and lecturer Linda (example 10), are shown over.

Example 9

STUDENT GEMMA: Erm, I think for me, I am a little bit older than your average student, although not per se on this course, so I expected when I came that they would be quite professional people, because you think you know, people are going to invest a lot of time and effort into this course. [MH1P1]

Example 10

LECTURER LINDA: Rightly or wrongly because that's what springs to mind when I think of my role with the students and the word professionalism, or professionals in there. Because I see there is a... with our younger students anyway, increasingly over the last few years, they have been mostly late teens and early twenties in the field I'm in. [L1CP1]

Lecturers were less concerned with the number of years since they qualified as nurses, but they did talk about the 'method' and their experience of being *'trained'*

as a nurse (example 11 from Rose below). All of the lecturers in this study had undertaken their initial nurse education within a School of Nursing attached to a hospital, rather than within a University setting. Almost all the lecturers commented upon this, and therefore it was included within the analysis.

Rose's talk (example 11) also contained some features that appeared interesting on reading and were subjected to the more micro-analytical approach. First, Rose took particular ownership of her nursing training by saying '*my*'. She also showed herself as a passive receiver of her nurse '*training*', and portrayed herself as someone who stuck to the '*rules*'. This is further supported by the word '*conformist*', which is used twice. The first referred to her being '*probably quite conformist*' when she was a student nurse. The word '*probably*' suggested a degree of uncertainty. The second use was set in the present and more certain. She said '*I am conformist*', which was where she positioned herself now. By comparing Rose's talk over the duration of her interview, I was able to see that she expected particular behaviours from her students and that her comments had some resonance with her behaviour when she was a student nurse. From Rose's talk it was possible to see differences in the nurse education system from when she was '*trained*' and how her students behave within the current education system, confirming that I needed to pay attention to this context.

Example 11

<p>LECTURER ROSE: I wouldn't have dared do anything <u>like that in my training</u>. Now then, you know, to do anything that would break the rules etc., and I was probably quite conformist and I am conformist. [LC1P9]</p>
--

My final exploration of analysis processes was to consider talk that did not 'fit' with that of the other participants. This is known as a deviant case and can shed light upon inconsistency and diversity. Potter and Wetherall (1987) suggest that inconsistency is a feature of natural talk and, in interpretative repertoire analysis, it can signal 'boundaries' between different repertoires. In example 12 (below), Rachael (year 2 student) positions herself differently to her peers. All students except Rachael reported a relaxed and confident stance to their studies. Rachael was finding her work harder and this meant having to increase her effort as a result. Rachael maintained this position throughout her interviews, and this makes her a potential deviant case.

Example 12

STUDENT RACHAEL: I think, for me, it's gone up, like, a notch [Metaphor]. Erm, I have to be more serious and more focussed on what I do now and to think that there are others, like let's say the first year coming in and they might not know me, but I would have interaction with them; I would think to myself: I need to set the example.... [SA2P4]

Working through examples of text aided my appreciation of the analysis processes, and demonstrated a degree of transparency in approach to analysis. I was also able to take into account the criticisms associated with limited analysis, and to address these before starting the full analysis in depth.

3.26 DATA MANAGEMENT

Before collecting any data I considered the best way to manage the interview transcripts. There is debate regarding how best to manage larger data sets and there are cases for and against using Computer Assisted Qualitative Data Analysis Software (CAQDAS). CAQDAS claims to assist with many aspects of the qualitative research process; in particular, it may aid the analysis processes and overall organisation by making analysis less cumbersome and tedious (Doland and Ayland 2001 and, Lee and Fielding 1991), and may aid sorting, coding and editing (Weitzman 2000). Jung-Lu and Shulman (2008) say that CAQDAS makes a valuable contribution to the transparency of the study by enabling clarity of the analysis processes, which in turn contributes to a visible audit trail, and therefore increased trustworthiness and soundness of the findings. This has led to some unrealistic expectations of the software (Carvajal 2002).

Counter arguments as to the value of CAQDAS warn it forces researchers to count quantity rather than examine text with meaningful depth (St John and Johnson 2000) or lose sight of the context of the talk and become too distant from the text (Sandelowski 1995). MacMillan (2005) investigated published literature for the incidence of CAQDAS use, specifically for Discourse Analysis (DA), and, on finding little, blamed the software for the lack of technical facility to undertake the level of analysis required. Wood and Kroger (2000) say they have yet to find a computer package capable of analysing discourse. For DA, it is not so much about what the words said, but what the words *do*. It is not only about action,

events, and the situation, it is also about the elements of the actions (Potter and Wetherell 1987). Because of this, Van Dijk (1985) says there is little support for the CAQDAS in general analysis, and that analysis should be on smaller selections of data in greater depth. MacMillan (2005) attempted to use CAQDAS for DA research but abandoned it at the point of analysis, acknowledging some merit with regard to data organisation.

Having used various CAQDAS packages in the past (NVivo, QRS. NUD.ist and HYPER Research) I appreciate the value of the software as a tool for organising data. There appears to be no literature suggesting that CAQDAS would assist in locating Interpretative Repertoires, so the value of it was not obvious. I decided to analyse the data without assistance for CAQDAS to ensure that I did not lose sight of the context of talk within the transcript. This I achieved using Word Documents and the 'Find' button to locate aspects of talk to good effect.

3.27 SUMMARY

This chapter started with a brief overview of different research paradigms, defining ontological and epistemological underpinnings. Nurse educators and students were described as operating within distinct discourse communities, where language is shared, active and jointly constructed towards a common focus. Talk is the main 'tool' of nurses and nurse lecturers, therefore social constructionism was considered to be an appropriate methodological choice to enable access to student and lecturer talk through the analysis of discourses. Research quality and rigour were presented to attend to trustworthiness, soundness and reflexivity from the outset.

A broad working definition of professionalism was adopted, just to 'hang' the study initially. A hybrid method of discourse analysis was proposed, which had the potential to access interpretative repertoires, while also offering some degree of critical discourse insight.

Data collection via interviews and documentary archive were presented with discussion pertaining to suitable interview approaches. Attention was paid to the interviewer and interviewee relationship, from both a social constructionist stance and from an ethical position. This chapter also included a worked example of the

DASP analysis processes, for the purpose of aiding appreciation through of analysis through a 'hands on' trial. The practice analysis also provided a demonstration, and therefore transparency, of the methods used. Following 'practice' analysis, an adapted three-phase form of analysis was introduced. Phases one and two are recognised in the literature, but the third phase was introduced as a way to attempt to access wider discourses, and is discussed later.

CHAPTER 4: FINDINGS

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A Glossary of terms used in this chapter

Term	Adopted Definition
Discourse and Social Psychology (DASP)	A methodological approach to enable the study of language from a social psychological stance. It is based on the assumption that interaction between people involves language. The work of Potter and Wetherell (2013) and Wood and Kroger (2000) have informed my considerations for DASP.
Critical Discourse Analysis (CDA)	I have called upon a Foucauldian approach to CDA as a form of critical lens and theoretical approach to assist with the analysis of aspects of talk showing elements of agency.
Interpretative Repertoires (IR)	I draw on Potter and Wetherell's (2013) work on IR. I use this approach to attend to terms used by participants that characterise and evaluate their actions. The use of metaphor in talk is helpful for locating regular terms used by groups. IRs can help locate aspects of agency.
Ideological Dilemmas (ID)	IDs are part of any culture or communities' 'common sense' and are a feature of IR analysis. IDs are beliefs, values and practices that may be inconsistent and contradictory but give insight in to a way of life. I draw on the work of Billig <i>et al.</i> (1988) and Edley (2003) to inform my appreciation of IDs.
Discursive Thread(s)	I have adopted this term as a way of describing 'streams' of talk. I believe it has congruence with the discursive knot (below). A discursive thread will carry content in talk, in the form of metaphors, repertoires and memes and will 'tangle' with other threads to shape wider discourses within the discursive knot (below).
Discursive Knot(s)	I borrow the term 'discursive knot' from dispositives analysis, a form of critical discourse analysis (Jager and Maier 2014). The discursive knot is viewed as a growing mass of tangled talk fibers ('discursive threads') that forms societal discourses and social practices.
Wider Discourses	I interpret my overall findings in relation to overarching talk influenced by, and influencing, power and policy.

4.1 INTRODUCTION

This chapter starts with an overview of the interview data collected, before focusing on the findings of the lecturers' talk, followed by the student nurse findings.

A total of 17 interviews were conducted between April 2013 and March 2015. Permission was sought at each interview to digitally record, and field notes were taken to document any particular features of the interview process or context that might have influenced the talk. Participant consent was reiterated before each interview. **TABLE 5** shows the number participants, field of nursing and method of interview.

TABLE 5: INTERVIEWS GROUPINGS

Lecturers (n=8)		Year 1 Student Nurses (n=7)		Year 2 Student Nurses (n=7)		Year 3 Student Nurses (n=7)	
Field of Nursing	Number	Field of Nursing	Number	Field of Nursing	Number	Field of Nursing	Number
Adult	4 (G)	Adult	2 (G)	Adult	1* (1:1) 2 (G)	Adult	1 (1:1) 1 (G)
Child	2 (G)	Child	3 (G)	Child	3 (G)	Child	3 (G)
Mental Health	2 (1:1)	Mental Health	2 (1:1)	Mental Health	1 (1:1)	Mental Health	1 (1:1)
Total	8		7		7		7
Number of Interviews (17)	5		4		4		4

CODE

(1:1) = One-to-one interview with the researcher

(G) = Interview conducted in small group of up to 3.

*One student nurse changed from the Mental Health field of nursing to Adult Nursing between year 1 and year 2.

4.2 FINDINGS WITHIN LECTURERS' TALK

Edley (2003) states that the presentation of findings does not need to highlight the fine detail of the analysis processes, but it should provide an overview of selected findings. I wished to provide some detail regarding how I arrived at my interpretations and, in so doing, be transparent about the processes used. However, the sheer volume of texts made this prohibitive, given the space available within this thesis, for both lecturer and student analysis and interpretation. Presenting findings only as a summary would reduce transparency (Hammersley and Atkinson 1995) and risk under-analysis, as discussed previously (Antaki 2003). As a result, this section is presented as a mix of detail and summary. I work through some selected texts openly, reducing the criticism of under-analysis, while broader elements of the critical discourse analysis (CDA) are presented in prose, incorporating suitable quotations and drawing upon supplementary materials when justifying claims.

4.2.1 STRUCTURAL ANALYSIS OF THE LECTURERS' TALK

The lecturer's interviews were relaxed, which meant that there was no time needed to make the participants feel comfortable to talk. I knew all participants as colleagues, and this is clear within the first few moments of the recording and transcript, with joking comments, followed by a conversational interview style as discussed earlier. What was noticeable in the lecturers' transcripts was the 'denseness' of their talk in comparison to that of the students. Lecturers' responses tended to be long, often addressing more than one issue, leading to larger 'chunks' of talk for analysis.

The lecturers' talk contained profession specific terminology. For example, lecturers talked about '*The Code*' [NMC 2008, 2015], the '*Off Duty*' [Shift pattern], and '*Mufti*' [out of uniform]. These are known as categories and form common language used specifically by a group of people (Wood and Kroger 2000). The term category, when used as discourse analysis terminology, should not be

confused with the same term used in qualitative research for the analysis processes of forming codes and categories (Polit and Beck 2012). Another example of a category in discourse analysis is the word '*Rookie*', used to define a new student nurse within the hospital system of nurse training. This confirmed that the lecturers were already part of a community of discourse. The Francis Report (2013), in response to incidents at the Mid Staffordshire Hospital, was mentioned eight times within lecturer interviews.

The lecturers' talk had twenty three examples of metaphor use. According to Potter and Wetherell (1987), a greater number of metaphors leads to a greater number of interpretative repertoires being present within the talk. From a reflexive position, as a nurse myself, I would consider myself attuned to the language use of the lecturers since I am part of that cultural group, therefore metaphors might be easier to locate. However, initially I did not find it easy to locate metaphor use. Potter and Wetherell (2013) say that those within a discourse community often do not recognise metaphor use because they are everyday terms, and this confirmed my position in relation to the lecturers and my 'insider' researcher position.

A review of the background literature revealed that healthcare professionals find it difficult to describe professionalism, therefore each interview started with one question '*Can you tell me what you think professionalism is?*' Lecturers produced a list of terms potentially offering insight into their understanding of the term. These words have been counted, since Edley (2003) calls for recognition of frequently used words and terms. Those used more than twice are shown below. Monrouxe and Rees (2017) also asked participants their understanding of professionalism. Their results show some similarity to those proposed by the lecturers' below. Monrouxe and Rees' (2017 p20) found 'presentation', 'special' and 'rules' to be the highest reported attributes. These might equate to the lecturers' comments of 'first impressions' (presentation), 'a sense about them' (special) and 'on time' (rules).

ATTRIBUTES OF PROFESSIONALISM (LECTURERS)

Positive Attributes / Behaviours	count	Negative Attributes / Behaviours	count
Good communication	5	Lacks respect	3
Polite	5	Not engaging	3
Respectful	4	Signing others in	2
'A sense about them'	4		
First impressions	4		
Listen[er]	4		
Caring	3		
On time	3		
Smile	3		
Engage	3		
Humour	2		
Insight 3	2		
Appropriate	2		
Courtesy	2		
Compassionate	2		
Honesty	2		

4.3 FINDINGS

In accordance with the analysis described in **section 3.23**, similar talk was 'chunked' together into themes as indicated by DASP practices (Potter and Wetherell 1987) (**APPENDIX 8a-8d**). 'Chunks' of text were selected because of particular linguistic features, or appeared 'ordinary' (Potter and Wetherell 1987). Seven themes were uncovered from the 'chunks':

1. Pride and professionalism
2. The way it was
3. 'Slipped Society'
4. 'Getting away with it'
5. Respect and role models
6. 'Me' culture, 'we' culture
7. Student life or student nurse

The seven themes led to the identification of seven repertoires (**TABLE 6**). These were found to relate to two over-arching ideological dilemmas:-

- **Ideological dilemma 1:** University students versus student nurses
- **Ideological dilemma 2:** The university lecturer versus the registered nurse

During the analysis of the lecturers' talk, two potentially competing ideological dilemmas emerged, relating to the perceived differences in the roles of the university student and the student nurse, and the differences between a lecturer and a nurse registrant. It is not uncommon for ideological dilemmas to present contradictory discourses which exhibit competing arguments (Edley 2003). Each ideological dilemma contained a number of repertoires which are presented below in **TABLE 6 (over)**.

TABLE 6: LINKS BETWEEN LECTURER TALK, LINGUISTIC FEATURES, REPERTOIRES AND DILEMMAS

<p>TALK THEMES (Following transcription) <i>Selected 'chunked' talk from each theme can be found in APPENDIX 8A</i></p>	<p>LINGUISTIC FEATURES (Example of metaphor use) <i>Other linguistic features present are discussed in the analysis section</i></p>	<p>REPERTOIRES (repertoires identified following discourse analysis)</p>	<p>IDEOLOGICAL DILEMMAS</p>
<p>1: Pride and professionalism</p>	<p>[Not] a bag of mushrooms Top of our tree [Not] rolled out of the cupboard</p>	<p>A: 'New Professionalism' repertoire</p>	<p>An ideological dilemma 1: <i>The university student versus the student nurse</i></p>
<p>2: The way it was</p>	<p>Potted history Towing the Line Looking with modern eyes</p>	<p>B: 'Slipped society' repertoire</p>	
<p>3: 'Slipped Society'</p>	<p>Washing through generations</p>	<p>C: 'Unconditional professionalism in practice' repertoire</p>	
<p>4: 'Getting away with it'</p>	<p>Read the riot act</p>	<p>D: 'Divided role' repertoire</p>	
<p>5: Respect and role models</p>	<p>Vent my spleen Getting the penny to drop</p>	<p>E: 'Respecting the expert' repertoire</p>	
<p>6: 'Me' culture, 'we' culture</p>	<p>(No one)The Holy Grail (No) Production Line (Not) One size Fits All</p>	<p>F: 'Nurses hat or mortarboard' repertoire</p>	
<p>7: Student life or student nurse</p>	<p>Split Personality Culture Shock Clash of Cultures</p>	<p>G: 'Me' culture, 'we' culture repertoire</p>	

4.3.1 IDEOLOGICAL DILEMMA 1: UNIVERSITY STUDENT VERSUS THE STUDENT NURSE

This dilemma is informed by four repertoires (labeled A-D on **TABLE 6**); ‘New Professionalism’; ‘Slipped Society’; ‘Unconditional Professionalism in Practice’; ‘Divided Role’. Each of these repertoires are described below.

A: ‘SLIPPED SOCIETY’ REPERTOIRE

This repertoire presents the influences of the wider society on the students starting their nursing programme. The talk starts with lecturers comparing their experience of being a student nurse with the experience that students have today. The lecturers’ talk conveys a message that appears nostalgic in nature, although they describe rules delivered through the use of stringent discourses. Phil and Rose (excerpts 1 and 2) use their talk to paint a picture of *their* nurse training as one of unquestioning compliance to professional rules. This can be seen within the use of the metaphor ‘*Towing the line*’ by Phil (excerpt 1), which implies siding with authority. Linda’s (excerpt 3) use of the metaphor ‘*drummed into us*’ suggests that the discourses of rules and behaviour that were used toward her as a student were repeated many times to assure their effect. Therefore this implies a level of agency from those delivering those discourses and is perhaps in keeping with a more functionalist approach to education where expert instruction is delivered. This might be perpetuating the experience the lecturers had as students themselves.

Excerpt 1

PHIL: Hmm. Looking back – and it is a long time – there was a degree of compliance. There was a degree of towing the line [Metaphor]. The rules and regulations were very much actually originated from the hospital that you were working in and the culture in relation to that hospital. [LMH1P5]

Excerpt 2

ROSE: I wouldn’t have dared do anything like that in my training. Now then, you know, to do anything that would break the rules etc., and I was probably quite conformist and I am conformist. [LC1P9]

Excerpt 3

LINDA: And that, erm, maybe because, maybe, because when we trained at the sort of era we’re in, erm, we maybe did come straight from school and we were rookies and these other people were older and more respected and we had that kind of drummed into us [Metaphor] from a behavioural approach. [LC1P16]

Today's students are portrayed through the lecturers' talk as less compliant, less respectful and less professional than when lecturers were as students themselves. Rose's expectations of students are based on the values that she was exposed to as a student nurse (excerpt 4). She talks about '*standards*' and '*how I used to behave*'. Linda (excerpt 5 below) refers to '*different standards*', suggesting a perceived change to the standards she experienced as a student. Anita's (excerpt 6 below) positioned talk also gives an indication of her attitude towards current students' professionalism, suggesting standards of professional behaviour are different today.

Excerpt 4

ROSE: ...I would say things have changed and so sometimes I feel very old-fashioned and I say 'these are the standards that I expect and this is how they should behave and that is how I used to behave, and that's how I expect...' and I know that's how they are expected to behave in practice, so why are they not behaving in that way? And is it society and is it...? ...Just general politeness and erm... not just politeness, but manners and everything to do with that and you just think: has that just slipped in society [Metaphor] and are we just seeing consequences of that? [LC1P5]

Excerpt 5

LINDA: ... society has changed and you see that through the education system and there are different standards in schools, there are different standards in education colleges there are different standards in the workplace, so all those people bring that experience with them and depending on how they've been socialised, some people just see it as the norm to... you know, it's a cultural thing. [LC1P5]

Excerpt 6

ANITA: Yeah. Perhaps society's changed, because you know, students aren't the same as they were 30 years ago. Perhaps they have a different outlook and different views. [LA1P7]

One purpose of a repertoire is to enhance the status of one person or group over another (Potter 1996). Therefore, the repertoires that inform the lecturer talk seem to be ensuring that lecturers are seen as important, experienced, and different to the students of today.

On closer inspection, Rose (excerpt 4), Anita (excerpt 6), Linda (excerpt 7) and Sarah (excerpt 8) do not aim their negativity directly at the students. Linda (excerpt 7) uses a disclaimer when she says '*it's not willful... they are good and nice people*'. Her criticism of falling standards is aimed at society as a whole.

Excerpt 7

LINDA: think you are right there. It is, it's washing through [metaphor] and we are seeing it and I bet teachers in high schools are seeing it too. It's not wilful↓, because they are good, nice people, it's not wilful; it is just something that's just washing through the generations [Metaphor] while the tide waits for no one [Metaphor] = [Catachreses]. [LC1P6]

Sarah (excerpt 8) also says '*they're not bad people; they're just students*'. '*Just students*' indicates that students are expected to behave in a particular way, therefore *they* are not directly to blame. The word '*just*' can also mean merely or simply. Both these words could be associated with things considered less important, therefore highlighting potential agency between the lecturers, as more superior, and the students as simply '*just students*'.

Excerpt 8

SARAH... I mean, a couple of incidents that I'm thinking of, they're not bad people; they're just students who've made silly mistakes, thinking that they can get away with it. [LMH1P5]

Rose's use of the metaphor '*slipped in society*' in excerpt 4 (above) is also prefixed with the word '*just*', giving a sense of inevitability to the '*different standards*' and the realisation that there is little that can be done about it. The new, and less adequate, students are positioned as the '*norm*', and can therefore be viewed as culturally acceptable. Further evidence of the cultural acceptability of the discourses used by Linda (excerpt 7) can be found within her use of a rhetorical device called catachreses (mixing metaphors). Different discourses can be brought together by collective symbols representing cultural stereotypes (Drews, Gehard and Link 1985). Cultural stereotypes can be shared between members of a group and, as a result, they form the basis of a repertoire.

Jager and Maier (2014) say that a catachresis increases the likelihood of the talk being culturally acceptable and, therefore, it strengthens the plausibility of this repertoire. In Linda's talk (excerpt 7) she says '*it is just something that's just washing through the generations while the tide waits for no one*'. In this statement there is one collective symbol about slipping standards being accepted as culturally '*normal*', and another about the fact that nobody is doing, or is able to do, anything about preserving existing standards.

Although it appears there is little to be done about the *'slipped society'* and *'different standards'*, lecturers' talk serves to ensure that student professionalism is maintained to a standard which is professionally acceptable. An example of this can be seen in Rose's talk (excerpt 4 above) with the use of the word *'expects'*. The words *'expect'*, *'expecting'* and *'expected'* appear sixty seven times within the lecturer transcripts. NMC Code (2008 p15) states that registered nurse should;

'act as a role model of professional behaviour for students and newly qualified Nurses and Midwives to aspire to'.

Therefore, by using talk which openly transmits messages of expectation, lecturers are role modeling professional behaviours to students through the language they use.

According to Shotter (1993), people internalise group values so that it becomes important for individuals within that group to be seen as morally acceptable to other members. Drawing on Goffman's (1969) *Presentation of Self in Everyday Life*, people *'keep face'* by managing their performance to present acceptable selves that show them to be competent and of sound character. By behaving in accordance with the shared group understanding and principles, in a way that is comfortable with their own value systems, acknowledges connections to that group.

The NMC (2008, 2015) Code defines the professional standards of practice and behaviour for nurses. Therefore, there is a moral imperative for nurse lecturers to use talk that promotes and maintains the professional standards of student nurses. Their talk serves to amend any *'slippage'* in student behaviour and talk. Goffman (1969) also notes that there is a tendency for performers [lecturers] to give observers [students], an idealistic impression of the culture within which they belong [nursing]. The performance given by the lecturer is likely to exemplify the official accredited values of the society (Goffman 1969). He continues to say that each performance becomes a ceremony of reaffirmation of the moral values of the community.

This is demonstrated by Stewart (excerpt 9 below), where his talk sets himself apart from the students through *'othering'* (*'them'*) to distance them from

lecturers ('we'), thus indicating a top-down approach ensuring that professional standards are realised through talk. Stewart's use of the words '*try and instill in them*' appears to support a discourse of enforcement with an agent / patient distinction present. The enforcement discourse is also present in excerpt 10 (below) from Stewart, where the words '*[expectations]...they MUST be hit with that*' are used. '*Hit*' conveys connotations of force or possibly violence. The emphasis on the word '*MUST*' is heard on the recording, thus suggesting the importance of the discourses of expectations. Talk used by Stewart (excerpt 9) positions him as agent, and the students as patients, since his talk supports him as the provider of knowledge and therefore the one with the expertise. This is also seen in excerpt 10 from Stewart.

Excerpt 9

STEWART: .. try and instill in them that there are professional expectations, however, they are human and we want them to enjoy being a human; we want them to have pride in being a student nurse; we want them to enjoy being a nurse, so I have this approach, where they know what the rules are, but within those rules, there's degrees of acceptable behaviour. [LA1P3]

Excerpt 10

STEWART: 'even though they aren't qualified, there's expectations there on them I think and from very early on, they MUST be hit with that [LA1P2]

Agency can also be seen in a study by Cureton and Cousin (2012) who found that university lecturers tended to define the relationships with their students as one-way and top-down. Stewart's (excerpt 9 above) use of the word 'instill' could be said to sit within a traditional pedagogical educational paradigm where knowledge is given *by* the teacher *to* the students who merely absorb it (Usher, Bryant and Johnston 1997).

B: 'NEW PROFESSIONALISM' REPERTOIRE

The 'New Professionalism' repertoire is an alternative to that of 'The Slipped Society'. The 'New Professionalism' repertoire assumes that a changed society requires new standards for nurse education, rather than fixing students' behaviours to fit within the existing standards. Inconsistencies between the two repertoires led me to consider them as an ideological dilemma. On one hand

there may be a realist view taking the repertoire at face value, assuming the need to accept student standards have fallen, and displaying expectations that student nurses should be less stringent to be in line with society. Alternatively, it appears that lecturers' talk within this repertoire attempts to maintain 'old' and more formal standards of professionalism within the new society that no longer values them to the same degree. The latter repertoire positions the lecturers as 'superior' to students who are considered the 'other'. If it is assumed that society can be viewed in different ways by different people, then it might be possible to say that the NMC (2008, 2015) standards can also be interpreted differently.

Julie's talk (excerpt 11) recognises current professional standards of student nurse professionalism as '*old-school professionalism*' and no longer '*fit for purpose*'. Her use of the metaphor '*Holy Grail*' shows some acknowledgement that it might be difficult to define or find, and that it might represent an idealistic view of nurse professionalism (Julie excerpt 12).

Excerpt 11

JULIE: we're trying to do this kind of old-fashioned version of professionalism. It's old-school professionalism. It's not fit for purpose any longer. [LA1P6]

Excerpt 12

JULIE:we are part of the larger nursing community and nursing is supposed to reflect society, there won't be one version. We can't be looking for the Holy Grail [Metaphor] of one version. [LA1P4]

The 'New Professionalism' and 'Slipped Society' repertoires seem to be competing with one another in the lecturers' talk. The 'Slipped Society' repertoire seems to reinforce a nostalgic view of being a professional student nurse. This serves to ensure that professional standards are passed from one generation to the next, each 'instilling' and '*drumming*' the messages into the nursing students following on. This ideological dilemma comes into view as a method of enforcing professional behaviours (see Phil, Rose and Linda excerpts 1-3). It almost seems that lecturers have positioned their talk as something that *they* need to do, in order that they might be a professional.

Contrary to the repertoire above, the nostalgic elements of talk (*'reminisce(d)'*) from Stewart (excerpt 13 below) reflect on '*old traditions*' with '*modern eyes*'. This offers a clue that talk of (un)professional behaviours might be influenced by

the time and context within which they occurred. This concept can be supported by Foucault's (1969) *Archeology of Knowledge* where, within any domain of time, there are always constraints and rules on how people can think. From the vantage point of the future, the past can appear quite arbitrary. Unpicking the rules of that time can provide insight into the thinking of that time (Foucault 1969).

While lecturers' talk carried some quite critical messages about student nurse behaviour within the 'Slipped Society' repertoire', Stewart's talk (excerpt 13) shows that rule breaking, or less than professional behavior, is not a new phenomenon.

Excerpt 13

STEWART: I think it's interesting as well, 'expectations' ..., but from within the profession and out, change over a period of time, because we often reminisce about when we were students and staff nursing on the ward; the behaviours that we could get away with, you certainly wouldn't get away with now↑, I mean, there was that old tradition of: you were hosed in the bath when you were finished you last day on the ward... And basically, if you looked at it, you know, with modern day eyes, a lot of what we were doing could be termed as assault, basically, and manhandling people and tying them to chairs and all kinds of humiliating things and now you wouldn't dream of doing it, but it was acceptable 20-odd years ago↓. [LA1P4]

Stewart's talk refers to '*get(ing) away with it*', in other words, not being caught breaking the rules. In the previous repertoire the lecturers' talk positioned themselves as passive, rule abiding and professional, while Stewart's talk tells of rule breaking being a normal activity and associated with ritual and tradition which made them socially acceptable at that time. Looking at Stewart's talk, it is possible to view aspects of 'footing', as he aligns his position within the frame of the events discussed (Goffman 1981). His position then changes through his talk from remembering old times fondly, through to looking at those events from today's perspective, and reframing the same (fond) events as '*assault*', thus showing a change of 'footing'. Then, just in case we are in any doubt that he might still take part in this activity, he uses a disclaimer to position himself as someone who '*would not dream of doing it*' now. One possible justification for this talk might be that Stewart was still a student at that time and therefore not fully socialized into the nursing profession. From the position of a registered nurse he may now find that earlier behavior inappropriate. The message in this repertoire is that what was professionally acceptable once, is not now. Gillett

(2014) is critical of the nostalgic view of nursing, which only serves to sanitise the past and help people to forget the problems that once existed. Nostalgia, according to Milligan (2003), does little more than provide a group identity for those who share a past.

Some clues as to what are considered 'the rules' can be found in Anita's talk in another interview (excerpt 14). She alludes to the professional code of conduct as the focus of 'rules'.

Excerpt 14

ANITA: ...you know, people who take part in, I don't know, illicit drugs or whatever, or you know, get criminal convictions, because that goes against our professional regulatory body and so on and rules and policies, so I think that there are accepted behaviours that, you know, people have to stay within the limits of what is permissible and once they fall out of that, for example, you know, erm, codes, confidentiality, how many people do we have to speak to because they've used Facebook inappropriately, or they've disclosed something inappropriately? Confidentiality has been breached. [LA1P9]

C: 'DIVIDED ROLE' REPERTOIRE

In this repertoire a distinction is made between student nurses and students generally. The implication is that certain traditional student behaviours can be viewed as having greater negative consequences for student nurses than they might have for other university students.

Traditionally-recognised student behavior, such as late nights and drinking (Morton and Tighe 2011), can lead to different consequences for students on professional programmes such as nursing. The purpose of the talk within this repertoire seems to be to separate university students from student nurses. Evidence of this discourse can also be found in an article from The Guardian Newspaper on 1st October 2009 by the journalist Sarah Boseley, who wrote that one university had informed student nurses not to 'go too wild' in fresher's week. Boseley (2009 p1) writes that students were '*warned ominously that they should avoid anything that might have an impact on their future careers*'. Quoting the Nursing and Midwifery Council (NMC), Bosely (2009 p1) says that students can face '*a tricky balancing act when it comes to combining a fun social life with the responsibility for care for patients and vulnerable people*'. This quote raises two possible positions. The first might acknowledge that students have to operate in

a segmented sector between education and practice and moving between them can be difficult (Melia 1984). The other position however, may serve to start to actively separate students from another segment, that of the university experience.

Similar warnings can be located within the talk of the lecturers in this study (see Sarah excerpt 15). Sarah's talk, on first examination, is seemingly benevolent and is aimed at protecting students from being in a position that might compromise their nursing careers. Her talk is '*warning*' student nurses away from university student nights out and their potential engagement in excesses. However Sarah's talk demonstrates a level of control that is outside that of her role as a lecturer, and outside university education hours. Foucault (1997d) notes that those who exercise power attain legitimacy by presenting themselves as helping. In other words, caring implies controlling (Foucault 1997d). Therefore, Sarah is using talk that appears to exercise a degree of agency. Her use of reported speech serves to make her claim stronger (Potter 1996).

Excerpt 15

SARAH: But we always warn them. You know, "Be careful on Friday night".
[LMH1P4]

Students who do not heed the warning talk require punishment. This can be seen in Tony's talk (excerpt 16) where he is '*obliged*' '*to deal with*' unprofessional students, implying an imperative for him to rectify the issue (with the student nurse), therefore suggesting a level of agency.

Excerpt 16

TONY: I've had to deal with the students who've been erm, kind of cautioned for being drunk and disorderly and they've been with a group of other students, perhaps, who... it doesn't have the same level of impact on how they're assessed by the programme if you like. So I think it's very simple things like that and what I would say to students again, regulars with... again, it's the Newspaper test, you know. How would it look like on the front page of the paper, you know, 'Student Nurse Involved in Such-and-such a Behaviour' has a totally different connotation if it's a student on arts or history or whatever. [LA1P3]

The differences in the language used for student nurses, relative to other university students, is a consistent feature within this repertoire and is supported by the use of a number of metaphors, such as '*clash of cultures*' (Sarah excerpt

17), 'a split personality' and 'a split role' (Julie excerpt 19). The division, or 'split role', in student nurse positioning is also represented photographically on the front cover of a document from the NMC (2008) Guidance on Professional Conduct for Nursing and Midwifery Students. The picture shows a student nurse divided centrally by a line. One half of the picture shows the student in casual jeans and tee shirt, with her hair down. The other half shows her in her uniform dress, with her hair up.

Excerpt 17

SARAH: ... and I know we talk about professionalism out in practice, but I think erm, that can be confusing for students, because they come to university and you know, they see all other students with erm... you know, dressed like university students; not like in practice, with piercings and tattoos and all these sorts of things, so I think it can be sometimes difficult for our students on professional programmes, because they do have these kind of clash of cultures [Metaphor]. [LMH1P3]

Excerpt 18

TONY:they do have incredible difficulties with it, because they want to be as a student...the University itself sells itself on being a great student experience, a party city, all this kind of stuff and then there's the professional expectations as well. So there are tensions between a kind of student acceptable behaviours and the kind of professional set of behaviours. [LA1P2]

Both Sarah (excerpt 17) and Tony (excerpt 18) also represent this split role in their talk. Sarah uses forms of student attire to further divide and categorise the students' position. University student attire is categorised by Sarah as outward and individualistic, represented by tattoos and piercings. Sarah, a mental health lecturer, notes that students tend not to wear a uniform while in practice. However, she does not state what professional practice 'dress' is for mental health students, and in her talk she does place university student attire as something unsuitable for practice when she says '*not like in practice*'.

The word '*tension*' appears in this repertoire eight (8) times. At any time, a student nurse can be either a student nurse in university studying theory or they can be a student nurse in clinical practice working with a mentor. Both positions appear to present different challenges in the lecturers' talk, which are represented as tensions.

Julie's talk (excerpt 19) was of particular interest because of the linguistic features used, and her subject positioning within the text. In line 1-3 Julie

positions herself alongside other lecturers when she says 'we've got *that fundamental tension*'.

Excerpt 19

1 **JULIE:** The function of a university, in terms of, obviously early 20th century kind of stuff, is
2 that we've got that fundamental tension that they are student nurses and the first part of the
3 title is 'student', so there does have to be, I think, on some occasions, some scope for that
4 role. And okay, the second part is 'nurse' and that's where I think all of the vocational... the
5 vocational weight comes in on the back of it, but I think there is a fundamental tension: 'I
6 behave 'well' – in inverted commas – in practice', because obviously that's practice↓. 'I can be
7 less fastidious with my behaviour and conduct on campus because this is uni and I'm a
8 student' and it's... they've got, essentially, a split personality; a split role [Metaphor] and
9 they're not in any position necessarily to have any cohesiveness in that yet↓. [LA1P2]

Julie's use of the word '*fundamental*' is revealing since this word can be defined as something upon which everything else develops (Cambridge Dictionary, 2017 (Online)). One interpretation might be that there is a flaw in the basic premise associated with nurse education in the university setting which causes the tensions. Julie places the 'tension' within the lecturers' domain rather than with the students. Therefore, the 'fundamental' flaw requires attention from lecturers, positioning them with power and serving to 'other' students. In contrast, Sarah in excerpt 17 (above) says 'they [the students] *do have these kind of clash of cultures*'. Therefore she places the '*clash of cultures*' specifically as a student issue. Furthermore Tony, excerpt 18 (above), says categorically that '*there are tensions*', acknowledging the existence of tensions without aligning them specifically to lecturers or students. These different rhetorical features may be indicative of the difficulty there can be in determining one single cause of the 'tension'. The presence of multiple causes of the tension help to maintain its existence, perpetuating 'othering' and difference.

Returning to Julie's talk (excerpt 19 above) and looking at lines 4 – 5, a shift in her positioning is heard from that of being a lecturer to one of her being a registered nurse. Use of the words '*vocational weight*' gives value, importance or possibly heavy bearing on the expectation of being a student nurse. This term is used four times by lecturers and twice by students during the three interviews. Potentially there is a surfacing of the earlier enforcement repertoire, introduced alongside the 'Slipped Society' repertoire', which serves to ensure that student

nurses meet with lecturers' expectations of professional behaviours. In lines 5 – 8 there is evidence of footing where Julie uses reported speech from students indirectly. In other words, Julie is not saying exactly what students said to her, but paraphrasing what they might say. Her use of the words '*in inverted commas*' is a good indication of the reported speech pattern, according to Potter and Wetherell (2013). Listening to the original recording and reading line 9, it would appear the '*split role*' between university student and student nurse is not easy to resolve, but the fall in Julie's tone on the word 'yet↓' suggests students might well achieve a better relationship between student and nurse later in their nursing programme.

Evidence of talk that supports the division of student nurses from university students can be seen in the talk related to the '*vocational*' nature of the student nurse programme (Julie excerpt 19, Anita excerpt 20 and Linda excerpt 21). This talk recognises that students are at university, but that the balance with their position as student nurses is of greater standing, therefore bringing to light the possible segmented experience (as described by Bucher (1970)) of student nurses as university students. The student nurse position is portrayed as one with added responsibilities, not required of other students. The level of agency in the lecturers' position within this repertoire is clear, with these messages portrayed as important, and with the purpose of making sure the students know they are different. Within Anita's talk (excerpt 20) she states '*so we expect something different*'. Linda, in excerpt 21, says '*you can't behave like other university students*'. This talk ensures that the students are closely monitored, as seen in Anita's talk (excerpt 20) when she states '*you are being judged as a professional*'. Linda's talk (excerpt 21 below) uses this repertoire when making it directly clear that student nurses cannot be like other students because they must '*behave*' all the time, including in their own time. There is an emphasis in the recording of the words '*NEVER off duty*'.

Excerpt 20

ANITA: but I think from day one, we're saying to them "But you're on a vocational, professional course. NMC requirements, de-da-de-da... so we expect something different, because you are expected to behave professionally in uni as well as in practice, because you are being judged as a professional". [LA1P1]

Excerpt 21

LINDA: ... we're saying "You're a university student, but really, you can't behave like other university students, because this is what we expect of you and we don't only expect that of you when you're in clinical practice; we expect you to behave like that all of the time. In your own life as well as in university, 'cos it goes further than that, doesn't it↓?"It's actually your whole identity, your whole being a professional, in the same way as if you're a police officer, you're NEVER really off duty. [LA1P20]

The Nursing and Midwifery Council (NMC) (2009 p 8) professional conduct for nursing and midwifery students presents eight '*common areas of concern*' for student nurse professional behavior (**TABLE 1 page 44**). The use of the words '*common areas of concern*' suggests that the content of the list is a frequent problem (common) for student nurses, and therefore it might be considered that unprofessional behavior is not an isolated event. The word 'concern' is defined by the Cambridge Dictionary (2017) (online) as being important to someone, or a cause for worry. The list of concerns are clearly presented with large headings for each 'concern', followed by lists of more specific misdemeanors. The list includes; aggressive behaviour, cheating, criminal convictions, dishonesty, alcohol and drug misuse, health issues, and persistent and unprofessional behaviours. The latter is defined as issues regarding confidentiality, social networking, professional boundaries, rudeness and discrimination. The lecturers' talk in this present study appears only to relate to what might be seen as the more mundane activities, such as time keeping and general manners (as discussed in the 'Slipped Society' repertoire).

The next repertoire, 'Unconditional Professionalism in Practice', builds on the 'Divided Role Repertoire' through talk that acknowledges the differences in required behaviour for student nurses in clinical practice, compared to within the university setting.

D: 'UNCONDITIONAL PROFESSIONALISM IN PRACTICE' REPERTOIRE

Talk within this repertoire suggests that talk of professionalism may be influenced by the context within which it is used. The repertoire focuses mainly on talk from Phil (excerpt 22). Phil's talk carries a different message to the other lecturers regarding student behaviour while in university. This repertoire serves to support the radical student experience, that being one of freedom and

creativity. Monitoring students' attendance does not fit within this repertoire, despite its importance in relation to Nursing and Midwifery Council Education Standards (NMC 2010) requirements.

Initially Phil's talk (excerpt 22) was examined as a possible deviant case, since it conveyed different messages to other lecturers. Checking the claim of a deviant case is an important process in ensuring the testability of the repertoire, according to Potter and Wetherell (2013).

Excerpt 22

INTERVIEWER: Does it matter about dress and professionalism at university?

PHIL: No. But there are appropriate ways to dress and inappropriate ways to dress anywhere. Erm, and you know what, being students in higher education at university, surely that's an opportunity to dress in the most radical way you can think you want to, really↓. It's the place for it...

INTERVIEWER: Because it's [university]?

PHIL: [Because it's university]. It's about developing creative thinkers. And I mentioned earlier on, people who are willing to challenge the *status quo*, then there's the dichotomy of prescriptive curriculum, which is setting down rules and regulations... well some students are okay; some students come to university and say "This is my chance to do it; I know that when I'm in practice, I've got to behave like this" and that's why we can't look at their behaviour in university. But we can draw it to their attention – and I'll do it myself: "I understand maybe why you're doing that. You tell me so we can get this contextual understanding, but what you've got to bear in mind is that that can be misinterpreted by other people". And that's common sense and that is a realisation of how their behaviour can affect others and that is about, I think, becoming more self-aware.

INTERVIEWER: What about in practice?

PHIL: And erm, in practice, it's different because you're there ultimately to be a professional who's going to help and support a patient or an individual or a client, so you need to present in a way that enables that person to have confidence in you. And piercings and brightly coloured hair can frighten people, so I would say "you've got to tone that down" and the nails and everything like that. Because, to a certain extent, there is a degree of uniformity in professional practice. I don't necessarily mean wearing a uniform, but that degree of uniformity is... it's a kind of... it's a symbol that 'I realise that it's important that I dress and present myself in that image that makes you feel comfortable. [LMH1P10]

There was the possibility of also looking at Phil's words in relation to that of a troubled identity, as described by Wetherell (1998). A troubled identity is one that can be heard by others, but is challenged as implausible and is thought of as

inconsistent with other claims (Taylor 2005a). Radical student discourse can be seen within Phil's talk (excerpt 22) about university student dress as *'an opportunity to dress in the most radical way you can think... It's the place for it'*. Sarah (excerpt 17 page 140), within 'The Divided Role' repertoire, also commented upon what students wear in university, but her talk portrayed a more moderate picture. Phil's use of the radical student discursive position places student nurses alongside other university students, rather than separating them.

Wetherell (1998) suggests that troubled identity can promote repair. A repair can be seen in Phil's talk, where his position moves away from the radical student discourse to that of the more moderate talk used by Sarah within the 'Divided Role' repertoire. Through his talk, Phil acknowledges that students can dress in a more radical way in university, but the implications of radical dress within clinical practice need to be brought to students' attention.

There is a surfacing of the repertoire of enforcement seen alongside the 'Slipped Society' repertoire when Phil (excerpt 22 above) says *'you've got to tone that down'*. Consideration of how behaviour impacts on others is seen as 'common sense' by Phil. Within the previous repertoire, 'The Divided Role', Julie (excerpt 19 line 6 page 116) expressed the need for students to dress appropriately while caring for patients/clients. She says *'obviously that's practice'*, suggesting a common-sense understanding that 'practice' is where students are required to *'behave well'*, and dress appropriately. Common sense is thought to represent the wisdom of a culture (Billig *et al.* 1988), and can both contribute to, and sustain, power relationships (Fairclough 2001). Understanding the common-sense beliefs entitles a person to be part of that social group. Drawing on the talk used by the group would mean that Phil could no longer be showing a troubled identity, as his talk is seen to align with that of other lecturers. His talk at this point also ceases to appear as a deviant case when he says *'it's different because you're there [in practice] ultimately to be a professional'*, further supporting the 'Professional in Practice' repertoire.

Jager and Maier (2014) refer to a discourse limit where there are borders between what is sayable and what is not. It looked as if there might be a discourse limit in the lecturers' talk at the border between professionalism in university and professionalism in clinical practice. While lecturers' talk might position student nurses in university as being less professional at times, the

lecturers draw on the 'Unconditional Professional in Practice' repertoire as a focus for high levels of professional behaviour. One rhetorical strategy considered helpful for determining the location of a discursive limit is the use of implications (Jager and Maier 2014). In other words, if the discursive limit is over-stepped, there will be implications for the speaker. There were no clear examples of this limit being breached at this stage of the analysis. However, there were some clues that this could be the case within Julie's talk (excerpt 31 below, presented within the 'Respecting the Expert' repertoire). Her talk suggested what she does and does not find acceptable, suggesting a potential example of crossing the discursive limit, which would initiate implications. She uses reported speech when discussing how she reprimands disrespectful students. In her talk, she makes it clear that being disrespectful in practice would be highly inappropriate; *'I've said to them: "Would you speak to somebody like this in practice? Would you treat somebody like this in practice?" "Well, no"'*. This offers some support for the discourse limit within this repertoire, by intimating that unprofessional behaviour in practice would have implications. Referring back to Anita's talk (excerpt 14 page 114), unprofessional behaviours with implications appear to be those that might be classed as criminal in origin.

4.3.2 IDEOLOGICAL DILEMMA 2: THE UNIVERSITY LECTURER VERSUS THE REGISTERED NURSE

Within the previous ideological dilemma (1), the four repertoires influencing the talk focused on the relationships between the university student and the student nurse. In this section, the second ideological dilemma focuses on the conflicting roles of university lecturer and registrant of the Nursing and Midwifery Council (NMC).

This ideological dilemma relates to the delivery of the nursing programme, in line with the NMC (2010) Standards for Pre-Registration Nursing Education, and managing the university student experience in accordance with university regulations. This dilemma is informed by three repertoires (**E, F and G on TABLE 6**); 'The Nurses Hat or The Mortarboard?' repertoire, 'Me Culture, We Culture repertoire and 'Respecting the Expert' repertoire. Each repertoire is discussed below.

E: 'NURSES HAT OR MORTARBOARD' REPERTOIRE

As a regulator of nurses and midwives, the Nursing and Midwifery Council's mission is to safeguard the health and wellbeing of the public (NMC 2008 p4). The dichotomous relationship between the nurse lecturer as a registrant of the NMC, and their role as a university lecturer, presents some challenges in lecturer talk. For example, Anita (excerpt 23) appears to draw on this repertoire, which seemingly foregrounds the importance of maintaining professional standards by saying that she is '*obliged*' to reprimand '*inappropriate behaviour*' from student nurses. The word '*obliged*' suggests that this repertoire requires that she reprimand students as a registrant. This repertoire also recognises that lecturers challenging students' behaviours may compromise their university experience, and this might have a negative implications on student feedback. Phil (excerpt 24) notes the influence of the NMC requirements in requiring students to act in a particular manner, and that these behaviours are sometimes contrary to those expected of other university students. Phil uses the word '*acting*' three times within successive phrases: '*which are about acting in a beneficial way, acting in an ethical way, acting in an honest way*'. His use of this rhetorical device, an anaphora, serves to emphasise the value placed on the NMC professional standards.

Excerpt 23

ANITA : ..we're registrants and we've got to protect the public and obviously, maintain this professionalism and sometimes, the two don't sit comfortably [Metaphor] together, because we've also got the 'business end' [lecturer uses her fingers in the air to signify quotation marks] of the university, where we've got to, erm, you know, enhance the student experience and make sure they have a good time and you know, we're conscious of the NSS [National Student Survey], but on the other hand, we've also got an obligation to deal with, erm, inappropriate behaviour and sometimes that causes tension, erm, and it's what hat do you wear? [Metaphor] [LA1P2]

Excerpt 24

PHIL: What we're trying to do is... if we look at what the NMC is and we look at the code of conduct in relation to the NMC, it clearly states... and there's parameters, of there are terms that are used which are about acting in a beneficial way, acting in an ethical way, acting in an honest way, so it's already set down I suppose, in one sense. So I'm not talking about the specific rules and regulations; I'm talking about how they engage with that. They have to engage with it; I can't impose that upon them. I can remind them of it, but I can't say... "Look this is..." It's your choice. There are, from a wider organisational perspective, rules of the university which direct our behaviour also and so we're affected by them all. [LMH1P5]

The title for this repertoire surfaced following the location of the metaphor used by Anita which sums up the '*tensions*' in this dichotomous relationship within the lecturer role; '*what hat do you wear?*' The registered nurse role is about protecting the public and maintaining levels of professionalism, while an element of the university lecturer role is to help students learn and to facilitate a good university experience ('*business end*').

Further evidence of the repertoire positioning the NMC rules as vital can be located in talk about monitoring students' attendance. The NMC stipulate that student nurses must have a mandatory 2,300 hours of taught theory delivered in university and 2,300 hours within the practice learning setting (NMC 2010). As a consequence, attendance is closely monitored in taught sessions. This repertoire is used to position students as requiring to adhere to the required hours and attend taught sessions. Students who breach these rules are labeled as disobedient. This is seen in Sarah's talk in excerpt 25 (below), which recounts the time when she discovered student nurses signing in absent peers. The word '*guilty*' on line 2 is used to make it clear that the students have done something wrong. The judgements heard within the talk position students as poor professionals (on line 4), having '*lax professionalism*' and being '*arrogant*'. Sarah's talk places her as an agent. This is supported in lines 7 and 8 where she uses the rhetorical device of amplification, repeating '*I/[ve] had to*' for emphasis. Use of the latter device further demonstrates the imperative to reprimand students within this discourse. The word '*formally*' (line 7) is added to the anaphora, confirming agency is with Sarah (excerpt 25).

Excerpt 25

1 SARAH: I did a lecture the other day, there was 45 scanned and 43 in the room and then when
2 I announced that and said: "This is VERY interesting", I could see the guilty parties, 'cos they
3 went bright red. So you know what's happened and I think that... I would say to people:
4 "That's lax professionalism. That you're so arrogant that you think you can go out into
5 placement when you haven't got the theory underpinning what you do" and I think that, you
6 know, that's a professional issue. Erm, and I know it's always happened, but like I say, it was
7 easier to 'track' them before. And when **I had to talk to people about it; I've had to formally**
8 talk to people about it. [LMH1P5]

Like Sarah, who uses the word '*track*' to indicate some sort of monitoring of students' behaviour and attendance, Tony (excerpt 26) uses similar language

within his metaphor '*clocking everybody*'. This has two different meanings, but both can be associated with monitoring students within this repertoire. The first is literally watching student time-keeping. The second is watching (surveying) for particular (unprofessional) behaviours.

Excerpt 26

<p>TONY: ...<u>we're</u> clocking everybody [Metaphor], really. We just see a snapshot, don't we?, because we're busy doing <u>other</u> things. Erm... But it might be that, as [name] says; they <u>might</u> be coming in with drinks and stuff like that. Er... [LA1P9]</p>
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Tony says 'We (lecturers) *just see a snapshot*'. A '*snapshot*' is a measure of time, and Tony's talk acknowledges that students cannot be observed all the time, and he is making the assumption that when *they* (students as 'others') are not being watched, *they* '*might*' be behaving unprofessionally. Rabinow (1991), addressing Foucault's (1979a) notes on Governmentality, says that power is not only part of a top-down power of the state process, but also serves to control disciplinary institutions.

In Sarah's (excerpt 25) and Tony's talk (excerpt 26), both use language that signifies some degree of surveillance of student nurses. Disciplinary power is exercised through compulsory visibility (Rabinow 1991), and student visibility assures they hold power over them (Foucault 1975). For example, in Tony's talk (excerpt 26), unseen students might not abide by the rules and '*com[e]jing in with drinks*'. This suggests this repertoire is most effective when students are visible to the lecturers. In other words, for professional standards to be perpetuated through this repertoire, visibility of the students is required.

F: 'ME CULTURE AND WE CULTURE' REPERTOIRE

Julie's quote (excerpt 27) places students as making demands on lecturers' time in order to meet *their specific* needs. As discussed within 'The Slipped Society' repertoire (Dilemma 1), the lecturers' talk conveyed messages of compliancy, found in their use of metaphors such as '*tow[ed] the line*'. This repertoire appears to be associated with a form of collective professionalism that seems to be understood by lecturers (see talk from Phil, Rose and Linda, excerpt 1-3 page 107). Talk contrary to 'The Slipped Society' repertoire positions students not as

part of a collective voice on professional behaviour, but as placing the students' university experience above that of professional expectations. This is heard in Julie's talk below (excerpt 27) where nursing students are looking for an individual university experience, instead of the collective activity that lecturer talk associates with professionalism. One example of this repertoire can be viewed within the University Student Charter (The University 2015). Students are informed that they should seek '*academic*' and '*personal support and advice*' when needed.

Excerpt 27

JULIE: 'Me' culture. I, *I* am entitled... I want, I need. Your recent case in point about I can't do the shifts, I want to start late, I want to move placement, I, I, I... What you're trying to say is: it's a very personal journey for you, but this is a collective endeavour. You will not be practicing alone ever. So there's ostensibly this tension between consumerism. I, I, I, meaning me, my training, my education, my experience, compounded by the NSS [National Student Survey], for instance. [LA1P13]

Julie (excerpt 27) uses '*I*' and '*my*' in her reported speech repeatedly, adding dramatic effect when talking about the students' demands with '*I want*', '*I need*', '*I I I*', '*my education*', '*my experience*'. Julie calls this '*me culture*'. She uses two rhetorical devices within this talk to help stress the point she is making. The first is epizeuxis, where a word in a phrase, in this case '*I*', is repeated in immediate succession for intensity (Literary Devices, 2016). The second is an anaphora, where repetition of the first part of the sentence '*I want to start late*, *I want to move placement*' is also used for dramatic effect and emphasises the importance of the words being used (Literary Devices, 2016). The emphasis from the rhetorical devices position this talk as central to the repertoire used.

Julie's talk (excerpt 27) acknowledges the tension between talk that places nursing as a collective and professional endeavor, and talk that focuses on the students as consumers of a university education. This is acknowledged in Anita's talk (excerpt 28), which uses the same form of talk, but also shows a shift in her subjective position. On page one of her transcript, Anita uses quite direct language, conveying messages of responsibility as a registrant to monitor students' behaviour. Elements of this discourse were also heard in the 'nurse's hat or mortar board' repertoire. This form of talk ensures that professionalism is imperative to the NMC ensuring professionalism at all times. This talk is more akin to the '*we culture*' defined by Julie (excerpt 27) in supporting the collective

endeavor professionalism talk as discussed above. This suggests pedagogical influence within the curriculum, where the students are not considered to be individuals with unique goals and interests (Usher, Bryant and Johnston 1997). This point is further demonstrated by the lecturers' talk regarding the 'vocational' elements of the nursing programme (Julie excerpt 19, Anita excerpt 20 and Anita excerpt 28).

Vocational learning is synonymous with training, which is based upon meeting planned objectives and removing any distractions that might impact upon the learning process (Usher, Bryant and Johnston 1997). Distractions to student nurse learning in this case are seen in lecturer Sarah's talk (excerpt 15 page139) as being association with other university students and from influences outside the study. There is a later change in Anita's subjective position (2) (on page151) in her transcript, where there is acknowledgment of student individuality. Her talk here shows connections to the '*me culture*' discussed by Julie (excerpt 27). Anita's use of the metaphor '*They don't want to be part of a sausage machine*' strengthens this repertoire, informing the wider discourse that students are consumers of their university education and not part of a collective process. Therefore, this has similarity to the andragogical tradition where individuals' requirements and expectations are placed central to the teaching and learning processes (Boud 1989).

Excerpt 28

<p>ANITA (1): but I think from day one, we're saying to them "But you're on a vocational, professional course. NMC requirements, de-da-de-da... so we expect something different, because you are expected to behave professionally in uni as well as in practice, because you are being judged as a [professional]". [LA1P1]</p> <p>ANITA (2): [...<u>they</u> want] to be listened to; <u>they</u> want to be respected; <u>they</u> want people to have time for them; <u>they don't want to</u> be part of a sausage machine. And you think: well, is that just a general move in society too, or...[LA1P5]</p>

The tension between the talk of the collective professionalism and students as consumers of their university education can be seen in Rose's talk (excerpt 29 above). Collective professionalism could be interpreted from the traditionally expected activities of a student nurse within the clinical placement. According to Melia (1987), the reality of ward nursing involved students 'looking busy', 'being tidy' and 'pulling their weight'. There is some suggestion that this talk is used in an attempt to meet the requirement of both the profession *and* the student

experience. However, Rose (excerpt 29) shows a change to her discursive position when discussing the informal environment created by lecturers to enable a good student-learning experience. A second position change is located in this talk when using the metaphor '*victims of our own success*'. The implied outcome, positions students as university students and appears to subvert the professionalism talk by suggesting that more informal discourses supports less professional behaviour. Rose uses the rhetorical device anaphora when repeating the words '*we want*' and '*we do want*' as a method of persuading hearers of the importance of the positive student experience.

Excerpt 29

ROSE: we are a victim of our own success [Metaphor] to some extent because we do want them to be feeling comfortable, we do want them to be relaxed, we do want them to feel that we are unapproachable, we 'get' them, we want to help with their learning, formally and informally, and that we are quite approachable, and we don't want to be a scary sister in a navy blue uniform and a badge. [LC1P9]

Another example of how informal relationships change student behaviour is shown below (Tony and Stewart, excerpt 30). Connections are heard in this talk to the 'Slipped Society' repertoire, which is critical of the educational ability of students entering the nursing programme.

Excerpt 30

TONY: ... the informality of their emails, as well, like 'Hi↑', 'LOL↑' and kisses and...

STEWART: Smiley face... yeah↑, kisses and all that sort of stuff and you think, well what's that about? I mean, I've marked the second year exam papers where they've put LTR, L&R or something like that, for 'later', you know, if they're rushing [LA1P11]

Formality

Fairclough (2001) writes that formality restricts the access to a profession by generating a sense of awe amongst those who are excluded from it. Formality also has an impact on the way language is used, and can restrict how people behave (Fairclough 2001). In formal situations, the orientation of the power is overt, as discussed in the top-down approach to student education presented in Stewart's talk earlier (excerpt 9 page135). In recognising the balance of power,

there is a tendency for the person without the power to be polite (Fairclough 2001).

Nurse education today empowers students to ask questions, and to challenge care in clinical practice (NMC 2012 p13) or their education provider, via the students complaint procedure (The Student Handbook, The University 2015) and the Raising and Escalating Concerns Policy (The University 2015) if they feel it is inadequate. The Student Charter (The University 2015 p2) encourages students to provide comment on their whole university experience.

Lecturer respect

The 'Me Culture, We Culture' repertoire appears to carry messages of poor respect from students towards lecturers. This is heard in Julie's talk (excerpt 31), where she recounts a story about a student's complaint. She is the person who is dealing with the student as she says '*a student was telling me*'. Julie uses reported speech and takes ownership of her words. The last two sentences provide an indication of an agent-patient distinction, where Julie makes it clear she has authority (through her experience in nursing of 30 years) by stating the level of qualification of the lecturer (agent) to the student, while pointing out their junior position (patient). When listening to the original recording, the final sentence is delivered in a sarcastic tone of voice, therefore giving the impression of conveying derision. Unlike Rose's talk (excerpt 29 above), Julie's talk does not attempt to recognise the university student experience. Instead she draws upon some of the talk within the 'Nurse's Hat or Mortar Board' repertoire, where evidence of talk that does not meet 'expected' professional requirements are, as it were, 'trumped' by the requirement to act within the NMC guidelines, in an attempt to maintain professional standards.

Excerpt 31

JULIE: ...a student was telling me – who'd been eight weeks on the course↓ – he didn't think the way we taught something was good and he didn't agree with the clinical skill and he didn't agree with the philosophy and I said "Well I hear what you're saying and you've got perfect right to redress and you can go through the channels, but can I just say that the lecturers you're talking about are senior nurses who've been in the system for 30 years. You've been here eight weeks. You maybe need to reflect..." [LA1P13]

G: 'RESPECTING THE EXPERT' REPERTOIRE

The excerpt of talk from Julie (excerpt 31 above) positions her as an expert in nursing and, therefore, positions students as having very little power, despite them having the opportunity to present concerns about their experience at university. Her talk sounds irritated on the recording, as if annoyed at having to defend her expertise as a registered nurse. While she appears to defend the nursing element of her role, she does not appear to defend her role as an expert educationalist.

The talk from lecturers in this repertoire carries messages that present students as not valuing the lecturers' levels of professional nursing knowledge. This repertoire has some resonance with student discourses in years 2 and 3 regarding lecturer credibility. The above student repertoires inform talk that devalues university learning, suggesting the 'real' place of nursing occurs in clinical practice. Therefore, these discourses serve to support knowledge gained in practice as more credible or superior to that attained during university study. This point is illustrated further in Rose's talk below (excerpt 32) where she compares the perspectives students have to those of clinical nurses in practice.

Excerpt 32

ROSE: ...I said, erm, "I'm quite astonished! that you just did that and I know it's not normally in your nature to be rude↓, erm, would you have done that if I had been standing here in a navy blue sister's uniform with a badge on, saying 'Sister (Name and Surname)?" "Oh no, I would never have done THAT". I said "would you have done that if you were on the ward and you needed to put something in the bin, I'm not saying chewing gum, but anything, and the ward sister was having a meeting with the ward team↑?" "Oh no, I would NEVER do that" "so why have you done it here?" She said "well, it's you". [LC1P9]

In excerpt 32, Rose is describing when a student being taught got up from her seat and, without a word, walked to the front of the room to put her chewing gum in the bin. The way these actions are described by Rose suggests she did not find these actions professional and considered them '*rude*'. Rose then changes the context of this action, transferring it to clinical practice where it would not be acceptable. The change in context appears to position the level of professional behaviour differently, depending on the context within which it is enacted. Therefore, the discourse that Rose is drawing from preferences higher levels of professional behaviour in clinical practice than is expected of students in

university. The message is that the student would not treat a matron in practice the same way as she might treat lecturers. The use of this repertoire seems to promote less respectful behaviour towards lecturers' than to clinicians, and might have some bearing on student repertoires which devalue lecturers as clinical experts.

The contextual element of professionalism is also present in talk of the symbolic value of the nurses' uniform. Rose and Linda, in excerpt 33, suggest that students do not take uniform wearing in university seriously.

Excerpt 33

ROSE: If they are in Clinical Skills and they are wearing a uniform then I think they ought to look like they should in clinical practice, and I think there is a danger there that because we've brought in uniform here, but they are still sort of saying "but we are in university, this isn't real[↑]".

INTERVIEWER: [Aha]

LINDA: [We need to get that right because] I think that actually reinforces to them that this is just university, you haven't really got any patients here, you have either got to do it one way or another; you've either got to say we're just practicing, we'll not put the uniforms on, but there is a bit about if you put your uniform on, that you have to be wearing it in the right way.

ROSE: And you have to put your hair up, your earrings off, [your nail varnish off.]

LINDA: [...and you shouldn't] be standing outside smoking at the front gate in your uniform or walking home in it with your coat over the top[↓].

The talk Rose is using serves to maintain the uniform as being of significant importance in relation to professionalism, irrespective of where it is worn. Anything less than correct wearing appears to devalue its symbolic importance. Rose's reported speech conveys the words of students; "*but we are in university, this isn't real[↑]*". Linda's final comment changes the context of uniform wearing, this time to that of outside the university where students might be viewed by the public. The implications of this talk draws upon two repertoires: 'Slipped Society' repertoire (page?) and 'The Divided Role' repertoire' (page?). This talk appears to support the lecturers' imperative to ensure professional standards are maintained by making students visible, and monitoring behaviours, even when the student is not in university.

A further example of the perceived contextual nature of student nurse professionalism can be found in talk from Julie (excerpt 34). Julie's reported speech shares some commonalities with those used by Rose (excerpt 32 above). Like Rose, the word 'rude' is used by Julie to describe the students' behaviour towards the lecturers. In Julie's talk below, the 'rude[ness]' to which she refers is related to a time where she was holding a cup of coffee while opening a door when a number of students went through without saying thank you. Interestingly, the same complaint can be found in the talk from student nurses Joanne (excerpt 51) and Stacey (excerpt 52) where they agree that not holding a door or saying thank you is 'not very nice', and would be expected from a nurse.

Excerpt 34

JULIE: I question students who've maybe displayed less than professional behaviour and I've said to them: "Would you speak to somebody like this in practice? Would you treat somebody like this in practice?" "Well, no!" "Well then why do you do that and why do you think it's acceptable to treat us [Lecturers] like that and, you know, be rude?" [LA1P12]

Tony (excerpt 35), Stewart (excerpt 36) and Anita (excerpt 37) actively promote their clinical nursing expertise through language that aims to increase their credibility and respect. Like Julie in excerpt 31, they do not promote their educational and academic expertise, only their clinical nursing history. Promotion of clinical expertise conveys an example of the warranting voice, which is used to strengthen the portrayal of the ideological self (Potter and Wetherell 2013). An example of this is seen in the talk from Stewart (excerpt 36), where he states '*I would expect the same level of respect and attention and behaviour as they would give that kind of level in clinical practice*'. This talk also appears to arise within the talk that recognises the students' perceptions of the differences in professionalism between clinical practice and university. Stewart's talk seems to be trying to ensure there is a balance in the level of perceived professionalism between different contexts.

Excerpt 35

TONY: Right at the beginning..... And what I tell them all as well is that everybody they are taught by on this course has got lots of clinical experience; they all had senior positions in clinical practice and we don't just roll out of a cupboard [Metaphor]. In other words, in clinical practice, we would be modern matrons, you know?

Excerpt 36

STEWART:... a quick potted history [Metaphor] of where I've come from and emphasise that erm, if I was in a clinical area, I'd be a very senior person and er, I would expect the same level of respect and attention and behaviour as they would give that kind of level in clinical practice, albeit within an informal teaching environment. [LA1P1]

Anita's (excerpt 37 below) use of metaphors within her talk include; [we were] 'not *grown in a cupboard*' or '*in a bag of mushrooms*' and [we were] '*at the top of our tree*'. These help position lecturer seniority within clinical nursing *before* they joined nurse education. Her last sentence uses reported speech and therefore shows footing, a degree of sarcasm and emphasis of words on listening to the recording '*and that's why we're here*'. This seems to promote the lecturer expertise as equal or even *above* that of clinicians in an attempt to repair the repertoire that positions lecturers as less credible.

Excerpt 37

ANITA: Some of them think – erm, and this is perpetuated by some anecdotes from practice – that you know, we are grown in a cupboard [Metaphor], or in a bag of mushrooms [Metaphor], and that we haven't actually had any experience out there, but as we keep saying to them "But we've been at the top of our tree [Metaphor], out there and that's why we're here". [LA1P13]

4.3.3 SUMMARY

There were two competing ideologies present within the lecturers' talk ('university student and the student nurse', and 'the university lecturer and the registered nurse'). **These are suggested as the additional segmentation of the lecturer and student experience.** The 'university student and the student nurse' relates to the inconsistencies within the expectations of the position of student nurse, as opposed to the position of the university students generally. Four repertoires underpinned the ideological dilemma. The first being the 'Slipped Society' repertoire, where discourses used by lecturers serve to position their expectations of students in line with their own experience of being a student nurse. Implications within this repertoire are that current student nurses are not as dedicated to the nursing profession as the lecturers once were when students

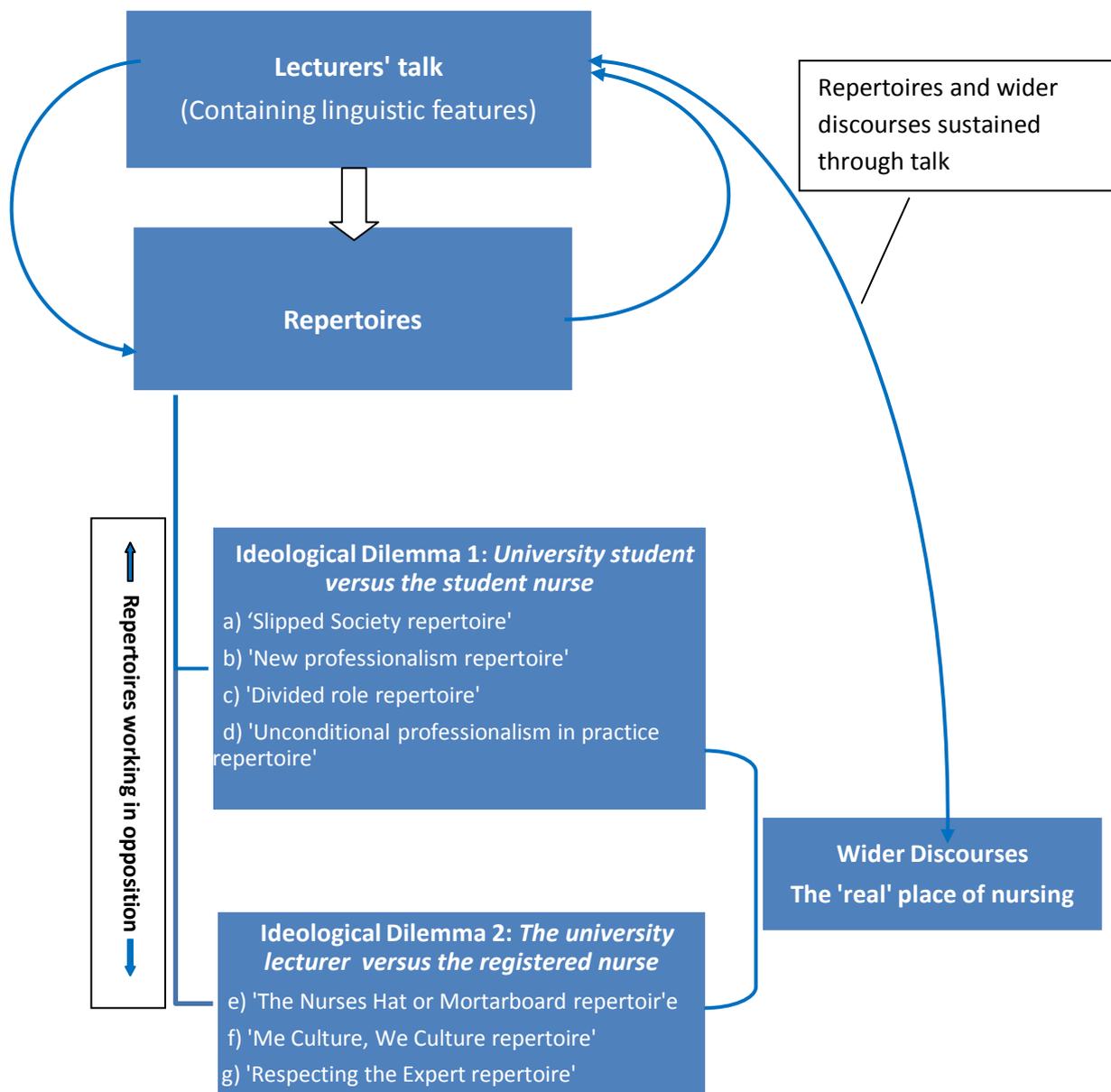
themselves. However, lecturer talk appears to blame wider societal values rather than the students themselves.

The 'New Professionalism' repertoire is an alternative discourse to that of the 'Slipped Society'. Talk within this repertoire serves to challenge the negative talk about student professionalism. Instead of using language that 'fixes' student unprofessional behaviour, this repertoire conveys messages that support a change to professional standards which are more in line with societal changes.

Within the 'Divided Role' repertoire, talk is suggestive of a '*clash of cultures*' between the university student and student nurses. This repertoire serves to detract student nurses from university student life, and supports monitoring and surveying student behaviour within university and outside. The final repertoire within the first ideological dilemma is 'Unconditional Professionalism in Practice' repertoire; which values professionalism in clinical practice above all other activities.

The second competing ideological dilemma concerns the role of the university lecturer and that of the nurse lecturer as a registrant of the Nursing and Midwifery Council (NMC). All three repertoires; 'Nurse's Hat or Mortarboard', 'Me Culture, We Culture' and 'respecting the expert', present tensions within the lecturers' talk regarding the university student experience and the nurse lecturer, as a registrant of the Nursing and Midwifery Council (NMC), in upholding professional standards. Lecturers' talk around student expectations are not always compatible with the professional requirements of the nurse education programme. Within 'Respecting the Expert' repertoire, there is talk suggesting different levels of professionalism depending upon the context within which it is used. Repertoires of professionalism appear to carry greater value within the clinical setting, where wider discourses appear to place 'real' nursing. **FIGURE 6** over shows the relationship between the repertoires, ideological dilemmas and the perpetuation of wider discourses in lecturer talk.

FIGURE 6: CONNECTIONS BETWEEN FEATURES AND INFLUENCERS ON LECTURER TALK



4.4 FINDINGS WITHIN YEAR-ONE STUDENT NURSE TALK

4.4.1 INTRODUCTION AND STRUCTURAL ANALYSIS OF YEAR-ONE STUDENT NURSE TALK (BEFORE FIRST CLINICAL PLACEMENT)

Students shared a number of similarities in their talk. However, Rachael exhibited quite traditional views about a career in nursing and used phrases such as 'dedication to the profession' and talked about more moderate behaviours. Conversely, her peer, Jason exhibited a relaxed approach in his talk and was open to student nurses having fun. Jayne, Stacey and Kim all made some reference to the Mid Staffordshire Trust Inquiry (2013), and the media interest in nursing and the health service which resulted. This was not discussed by other students.

Metaphors within the students' interviews were initially quite difficult to find. As a consequence it took many listens of the recordings and readings of the transcripts, before the eight (8) metaphors were eventually located (**TABLE 7**).

In response to the first question (asked at each interview) '*Can you tell me what you think professionalism is?*', students most frequently mentioned a professional nurse as having '*a sense about them*'. This attribute, along with being '*polite*', is shared between students and lecturers and shows similarity with Monrouxe and Rees' (2017 p20) 'dimensions of students professionalism'. The negative attributes of professionalism were predominantly behavioural or related to appearance.

ATTRIBUTES OF PROFESSIONALISM (YEAR 1 STUDENTS)

Positive Attributes / Behaviours	count	Negative Attributes / Behaviours	count
'A sense about them' *	6	<i>Late</i>	6
<i>Credible</i>	6	<i>Chatting in class</i>	6
<i>Mature</i>	6	<i>Misses lecturers</i>	6
<i>Integrity</i>	4	<i>Lacks self awareness</i>	4
<i>Authoritative</i>	4	<i>Messy</i>	4
<i>Makes an effort</i>	4	<i>Lazy</i>	4
Polite *	4	<i>Not bothered</i>	3
<i>Focused</i>	4		
<i>Sensible</i>	3		
<i>'Go the extra mile'</i>	3		
<i>Hard Working</i>	3		
<i>Committed</i>	2		

* Top attributes and behaviours also shared by lecturers

4.5 FINDINGS

Similar talk was 'chunked' together into themes, as indicated by DASP practices (Potter and Wetherell 1987) (**APPENDIX 8b**). Five themes were uncovered from 'chunked' talk:

1. Being judged
2. Presenting self
3. Professional manners
4. Having student fun
5. Student nurse job

The five themes informed four (4) repertoires related to one ideological dilemma.

- **Ideological dilemma:** Two student lives

The relationship between themes, rhetorical features, repertoires, and the ideological dilemma can be seen in **TABLE 7** below.

TABLE 7: LINKS BETWEEN YEAR 1 STUDENT TALK, LINGUISTIC FEATURES, REPERTOIRES AND DILEMMAS

TALK THEMES (Following transcription) <i>Selected 'chunked' talk from each theme can be found in APPENDIX 8B</i>	LINGUISTIC FEATURES (Example of metaphor use) <i>Other linguistic features present are discussed in the analysis section</i>	REPERTOIRES (repertoires identified following discourse analysis)	IDEOLOGICAL DILEMMA
1: Being judged	<ul style="list-style-type: none"> • Pulling your weight • <i>[Not]</i> putting a foot wrong 	<p>A: 'Their student life and our student life' repertoire</p> <p>A(i):Sub-repertoire: University student repertoire</p> <p>B: 'Being watched and judged by others' repertoire</p> <p>C: 'Judging others' repertoire</p> <p>D: 'Presenting yourself as a nurse' repertoire</p>	<p>An ideological dilemma:</p> <p><i>Two student lives</i></p>
2: Presenting self	<ul style="list-style-type: none"> • Watch your language • Keeping cards close to your chest 		
3: Professional manners	<ul style="list-style-type: none"> • Drummed in • Having it thrust upon 		
4: Having student fun	<ul style="list-style-type: none"> • A rite of passage • All in the same boat 		
5: Student nurse job			

* Other linguistic features are discussed in the findings

4.6 TWO STUDENT LIVES: AN IDEOLOGICAL DILEMMA

Analysis of student talk surfaced one ideological dilemma, which related to the differences between the experiences of the university student and those of the student nurse. The contradictory nature of the ideological dilemma (Billig 1996) can be seen within the student talk about the traditionally expected '*fun*' associated with university students. However, an element of control can also be seen to influence the talk of student nurses as they discuss student activities. This ideological position is similar to the one presented within the lecturer's talk 'The divided role' repertoire. However, the focus for students' talk was *their* experience of university, while for the lecturers the dilemma was related to the impact that students' university activities have on the levels of professionalism expected from student nurses. There is one repertoire that informs this dilemma, 'Their student life and our student life', and is discussed below.

A: 'THEIR STUDENT LIFE AND OUR STUDENT LIFE' REPERTOIRE (WITH ONE SUB-REPERTOIRE)

Jason, in excerpt 38, uses the metaphor '*rite of passage*' when talking about the university-student experience. The metaphor suggests taking part in university student activities is part and parcel of being a student.

Excerpt 38

JASON: Yeah, I think the traditional idea of a student is very much like, it's almost like a rite of passage [Metaphor] that you leave home at eighteen and you spend a lot of time drinking and, like, enjoying yourself really. [SA1P3]

Images and talk that highlight university student behaviours can be found within numerous internet memes (as discussed in section 3.12), where university students are pictured drinking alcohol, sleeping late and generally not studying greatly. However, talk from first-year students' serves to divide the expectations and experiences of student nurses and traditional university students. For example, see the words of Jayne (excerpt 39).

Excerpt 39

JAYNE: it's like their student life and our student life. [SC1P1]

Jayne's talk offers clues as to where she positions herself through her use of 'othering', 'their life' (other students) and 'our life' (student nurses). This picture of the student, and the student nurse, is also seen in the talk of the lecturers within the 'Divided Roles' repertoire.

The professional boundary

The gap, or potential segmentation, between university student and student nurse is further divided by a metaphorical '*boundary*'. Kim's talk (excerpt 40) calls it an '*extreme boundary*', appearing to suggest this repertoire shapes the difference between the two student lives, isolating them from each other by this '*boundary*'.

Excerpt 40

KIM: Erm, There are very few other professions I think that you have that such kind of extreme boundary with, but at the same point, given the press's kind of opinion, you know, there's no choice but to have it. And just because you go out every now and again doesn't make you a bad nurse at all. [SMH1P4]

Excerpt 41

1 **KIM:** ... it was drummed in [Metaphor]that you are professional when you are out,
2 you know, you act in a certain way, you never get drunk, you never do this, you 3
3 never do that, and in reality, you know, everybody's going to get a bit tipsy.
[SMH1P4]

The '*boundary*' between the students appears to be erected and maintained through lecturer talk. This can be seen in Kim's excerpt (excerpt 41), where she uses the rhetorical device anaphora to give emphasis to her words. By repeating the first part of each phrase 'you never get drunk, you never do this, you never do that', she ensures that the hearer values their importance. However, within the interview recording the tone is heard as 'sing song' and more mocking than serious. This analysis further supports the talk of the 'extreme boundary' not being fully accepted within the student talk, and that it is somehow an overreaction by lecturers. However, Kim then attempts to rationalise what this boundary might be by relating it to the media's opinion of nursing. Given the time the interview was conducted, I take Kim's comments to be in relation to the Mid Staffordshire Trust Inquiry (2013) which portrayed a negative picture of care given to patients by nurses.

Despite recognition of the 'boundary' or division between students, student nurse talk serves to perpetuate the value of the university experience. However, a change in Kim's positioning is suggestive of 'code switching', where her talk shows a change in perspective (Goffman 1981). In excerpt 41, line 3, Kim uses the words '*in reality*'. So, despite students being aware of the '*extreme boundary*' they choose to favour the discourses of the university student and to go out drinking and behaving like a traditional student, since it is viewed '*as a rite of passage*'. The university student talk serves to keep them located within the university student population, on the other side of the '*boundary*'.

A(i): SUB-REPERTOIRE OF THE STUDENT NURSE

Despite positioning themselves as associated with university student life, there is recognition of a particular student nurse repertoire in the background. I have called this 'background' repertoire a sub-repertoire as, upon reflection, it felt important and I did not want to ignore its presence. The student nurse repertoire appears to promote levels of, what might be considered, 'guiltiness'. The student nurse repertoire offers a degree of acceptance of the position of student nurse, but this repertoire is also influenced by a different level of talk that sides with a wider university student-type repertoire at this stage. There are a number of examples of talk that support this. Kim (excerpt 41) shows this in the use of a disclaimer to justify her actions, highlighting that although student nurses do go out drinking this does not make them bad nurses. Therefore, the implication is that going out drinking must make the student nurse a bad nurse, further supporting the student nurse repertoire that serves to divide university students from student nurses. Another example from Joanne (excerpt 42) is candid about her university student life, and uses a disclaimer at the start of her section of talk, stating '*and I know it sounds really bad and I shouldn't admit it on tape, but I am going to anyway*'.

Excerpt 42

JOANNE: I think it depends, and I know it sounds really bad and I shouldn't admit it on tape, but I am going to anyway; student nurses have a lot more [fun], when we have the time and when we are allowed, we actually, I think we actually do it better than most other students, simply because we value that time more, so, you know we can, we can have the student life and some people like, but that goes back to telling people that you are nurses because you shouldn't because sometimes..., we don't do anything wrong↓, but we can go, you know, we can go a bit silly but people will be like, but they don't expect it when we are with a group of other people and they are like 'you're↑ meant to be student nurses↑!' and we're like 'yes, so [sooooo], it doesn't mean anything, we haven't hurt anybody, we haven't done anything wrong, we're just having a giggle'. [SC1P11]

Joanne's disclaimer (above) suggests she locates herself within a particular dimension of judgment, and she is aware that what she is about to say might be controversial (Wood and Kroger 2000). The use of the disclaimer device wards off any potential negative attributes (Wood and Kroger 2000). Therefore, Joanne appears to be drawing upon the university student repertoire, but conversely her disclaimer might be seen as her warding off her guilty association with this discourse.

Joanne continues to set a proviso with the university student repertoire. Successful use of the university student repertoire appears to be dependent on people (outside of nursing) not knowing she is a student nurse. Joanne appears to be subverting the student nurse repertoire by choosing not to outwardly associate herself with it, instead championing the *university* student repertoire because it allows her '*to have a lot more fun*'. The tensions within the two repertoires are seen again in what appears to be a confession from Joanne, saying she has been '*silly*'.

In Foucault's *Discipline and Punishment* (1991), a confession is the result of self-examination and is at the beginning of a form of power which works through observation from a central power, thus suggesting that Joanne is aware that her behaviours are being observed and that they might not be acceptable. This is followed by disclaimers that attempt to justify her previous talk. Joanne seems to take another potential position through her talk that suggests there is a public expectation that nurses should behave in a particular way. This is also evident in Joanne's reported speech from a member of the public (excerpt 42): 'You're↑ *meant to be student nurses!*' Joanne's response brings back into play the student nurse sub-repertoire, which aims to deny any wrong doing in defense by

stating ‘we haven’t *hurt* anybody, we haven’t done anything *wrong*’. Shotter (1993 p94) says that all our actions;

‘must be performed with an awareness of how they will be judged by others’.

Narrative strategies such as denying harm can be used to convince others that the speaker has moral integrity (Presser 2004). Therefore, within the student nurse sub-repertoire, Joanne wants her talk to present herself as having desirable attributes for nursing.

May (2013) writes that people have to weigh up various options, signaling to others that they are aware of the group norms, and that they hold themselves accountable for the behaviours they display. So, while the university student repertoire is in the forefront of the students’ talk in year one, there are undercurrents of the alternative student *nurse* repertoire serving to combat negative attention from those outside of the profession. This is heard in Stacey’s talk (excerpt 43) where she draws on the student *nurse* repertoire to deride other university students who do ‘*ridiculous things*’. The boundary between student nurses and students, talked about by Kim in excerpt 40 (above), is also evident in Stacey’s talk where the negative implications of overstepping the ‘*boundary*’ is suggested.

Excerpt 43

STACEY: ... I moved over here, so I’m doing the whole like, younger student thing and people, they go out and they do *ridiculous* things and there are times when we have to... like me and my good friends have to stand back and think: this would be... you know, this is all very well, you know, if you’re doing history or something that nobody can bring it back to you, but if we get caught doing something, there’s times when we just have to walk away. [SC1P1]

‘Drumming in’ and perpetuating the student nurse repertoire

Drawing upon the *university* student repertoire serves to position students as enjoying the ‘fun’ aspects of the student experience. However, the competing repertoire is that of the student nurse, which serves to maintain distance between the student nurses and the university student ‘fun’. This competing discourse is seen within the students’ talk about lecturers, suggesting that lecturers may perpetuate the student nurse repertoire.

In terms of footing, Kim (excerpt 41) is positioning herself as a hearer of the message from a lecturer talking about how student nurses should behave. Kim's reported speech relates to how lecturers '*drummed in*' to the students. The metaphor '*drummed in*' is shared in the talk from students and lecturers (for example see Lecturer Linda excerpt 3 (page 131). The '*drummed in*' metaphor appears to be associated with a wider discourse that suggests that this message is important and that students have to hear it. '*Drummed in*' has overtones of repetitiveness and forcefulness in ensuring this message reaches students. This is seen in Jayne's excerpt (44) where she uses the '*drummed in*' metaphor and also talks about messages being '*Instilled into us*'. This message is repeated to students by lecturers many times: '*maybe four or five, repeating the same kind of things*'.

Excerpt 44

JAYNE: ...it was instilled into us [Metaphor]: this is a professional course and this is how we expect you to act and this is what our expectations are of you. And we've had... how many lectures and seminars have we had about using Facebook and Twitter. You know, we've had maybe four or five, repeating the same kind of things, so it's really been drummed into [Metaphor] us the way that we're expected to be at university and regards to the professionalism... it's definitely affected about who you are in your personal life and where you are in your life. [SC1P2]

Lecturers' talk aimed at maintaining the 'Student Nurse' repertoire can be viewed as having influence upon the time student nurses have to be students. For example, Jayne's talk suggests that lecturers' influence her life outside the university. This could be seen as a form of agency, serving to ensure that students are visible to lecturers as much as possible, thus introducing the possibility for disciplinary power (Foucault 1991). Being observed leaves less time and space for students to engage with the university student repertoire. Joanne, for example, in excerpt 42 (line 2), says '*student nurses have a lot more [fun], when we have the time and when we are allowed*'. This might suggest that for the repertoire of the 'Student Nurse' to be successful, students need to be visible to lecturers. This theme is taken further within the 'Being Watched and Judged by Others' repertoire below.

B: 'BEING WATCHED AND JUDGED BY OTHERS' REPERTOIRE

Watched by lecturers

Lecturers' talk carries expectations of student nurses, as presented within the 'Slipped Society' repertoire (page 107). Within this repertoire, lecturers used the words 'expect', 'expecting' and 'expected' sixty-seven (67) times. This talk acts as a measure of how student nurses *should* behave professionally, and serves to judge students against these. Lecturer Tony, in excerpt 16 (page 115) for example, talked of having to '*deal with*' students who do not meet the required expectations.

The students' talk of being watched supports a possible agent/patient relationship between lecturers and students. Students use the word '*judge(d)*' seven times and '*watch(ed)*' eight times. Lecturer Anita (excerpt 20 page 118) says; '*we expect something different, because you are expected to behave professionally in uni as well as in practice, because you are being judged as a professional. [LA1P1]*'. Within Discourse and Social Psychology (DASP) it is not important to determine if one party is genuinely an agent or patient, as the focus is on how the agent/patient relationship impacts upon peoples' lives (Potter and Wetherell 2013). A judge, according to the Cambridge Dictionary (2017) (online), is a person who has the knowledge to give an opinion, and who can decide if something is good or bad. Therefore, within this repertoire, it might be said that lecturers' talk conveys agency as they are the experts and consider themselves in a position to make judgments. It is the students who say that they feel judged, suggesting their position is that of patient.

Watched by the 'others'

Lecturers' talk in this repertoire conveys messages about how students *should* behave professionally (as discussed in the 'Their Student Life and Our Student Life' repertoire, where this message was '*drummed into*' students). However, Jason (excerpt 46 below) says '*people will make that judgment*'. It is not clear who he means here, but he does not say lecturers specifically. This raises the possibility that he means that other 'people' outside of the profession are also judging student nurses. There seems to be a degree of uncertainty in this talk

regarding how they [student nurses] should present themselves to those who are not in the nursing profession. This is seen in Jason's talk (excerpt 46) where he appears to be second guessing how he should *look* to other people; for example, no untidy clothes and messy hair. This surfaces another context in the students' talk about the public face of nursing, which brings to light the perceived value of nursing to those who are not nurses.

Excerpt 45

STACEY: I'm ready, but like, not that ready to be so... almost judged. I feel like every time you meet someone and you tell them you're a nurse, you've got to... you feel like they're judging you and it's quite a scary thought. [SC1P3]

Excerpt 46

JASON: Yeah, I'd say the same. It's very aware that, although I don't think I am being judged, these are my colleagues that I am going to work with for the rest of my life hopefully, so, I wouldn't want to appear, I wouldn't come in with like untidy clothes on, I wouldn't come in with like messy hair because people will make that judgment. [SA1P1]

This repertoire is demonstrated in the words of Jayne (excerpt 47). Her comments are aimed at other university students in this case (as members of the public). Her use of the word '*like*', indicates that she is passing on talk that she has heard from others. Jayne's reported talk, and the way it is delivered, conveys an element of perceived futility to her taking up a career in nursing as far as other students are concerned. Jayne uses the words '*a bit dodgy*', '*You're going nowhere in THAT job*' and '*There's no point*'. Listening back to the recorded interview, Jayne emphasises the word 'that', as she spits the word out.

Excerpt 47

JAYNE: I've had a lot of younger people, like a few people in clubs and stuff, I've had people being like "That's a bit dodgy, isn't it, with what's going on at the moment?" I've had someone come up to me and tell me: "You're going nowhere in THAT job". They said "There's no point". People... they expect... it's got to the point where some people just expect you to be nasty now. [SC1P3]

There is inconsistency between the reported speech of Jayne and Stacey (excerpts 47 above and 48 below). One interpretation is that nursing is not valued by other students. Stacey's (excerpt 48) uses 'they' to represent 'othering'

to suggest that the other people (they) are different to her or one's cultural identity (Miller 2008). Stacey's talk suggests that while in a night club, '*they*' (people in the night club) '*expect*' her to know things about nursing, even though she is new to the programme. Her last sentence looks as if she is saying the student nurses present themselves as knowing, as they have '*to have this air about you that... it's a perception isn't it?*' The rise at the end of the question gives a sense of slight uncertainty. So, despite an overarching talk suggesting that nursing is not valued by the public, the other consideration is that 'others' expect nurses to know things. The contradiction makes this repertoire vulnerable because if the students do not match up to what the public expect them to know, this will further serve to reinforce the belief that nurses are not valued (Stacey excerpt 48, below, and Kim excerpt 53 page 149).

Excerpt 48

STACEY: ...They don't know how much you've had to drink. They don't even ask how far into your course that you are. Like I said, three months, they expect you to... like if you don't know what to do yourself, they expect you to know... to have this air about you that... it's a perception isn't it? [SC1P2]

Yet another change in position occurs in Jayne's talk (excerpt 47 above), as her final sentence says that '*some people just expect you to be nasty now*'. Jayne also says '*with what's going on at the moment*'. This talk supports the perceived poor value of nursing, and appears to have originated from a wider discourse associated with the media coverage of the Mid Staffordshire NHS Trust investigations. This investigation was at its height at the time the first-year interviews. Talk here indicates dissatisfaction with the nursing profession, the media coverage further serves to position nurses as visible to the public, and therefore they are 'watched'. Similar sentiments to those of Jayne and Stacey can be found within a study of student nurses' perceptions of professionalism by Keeling and Templman (2013 p20). Narrative from a focus group discusses how the students do not think the general public view nurses as professionals at all. Another student in the same study says;

'they see you as a nurse rather than as a person'
(Keeling and Templman 2013 p 20).

It seems that the 'Their Student Life and Our Student Life' repertoire (above) and particular talk about '*being watched*' tangle at this point. Firstly, Joanne (excerpt 42 page 141) says she can have student fun if she does not tell people she is a student nurse. This means she can ignore the negative attributes towards the nursing profession because she is not presenting herself as a nurse. Secondly, there is a re-surfacing of the 'Student Nurse' repertoire, which appears to serve to separate university students and student nurses by positioning them as 'different'. This is seen in the use of othering from Stacey's talk (excerpt 48 above), indicating she is different to the other students.

Internalising professional expectations

Some indication exists that even after four to six months of nurse education, students' talk shows signs of internalising professional expectations, as laid down by the lecturers ('*drummed in*'), and that students are starting to monitor and moderate their own behaviour. Kim's talk (excerpt 49) says she is '*watching*' her behaviour and is aware of the repercussions of not behaving professionally.

Excerpt 49

KIM: Because you're having..., watching what you are saying and watching what you are doing because you are aware of the repercussions of it. [SMH1P6]

Excerpt 50

JASON: Erm, and that's why I think nursing differs greatly from other courses in that there's an expectation of you to be a professional and I don't know if that expectation comes from self or if it comes from outside sources. [SA1P4]

Jason's talk (excerpt 50) shows self-awareness regarding personal standards for his performance as a student nurse. It is not possible to tell if he has gained this insight while on the nursing programme, or if these were present when he registered for the course. However, he acknowledges that both internal and external sources influence his professional behaviour.

In this repertoire the talk is of being watched and judged by others. In the repertoire below, the student talk suggests that they also engage in watching others.

C: 'JUDGING OTHERS' REPERTOIRE

In this repertoire, the students' talk changes from being that of the observed to that of the observer. Here, student nurses express the behaviours *they* expect from other students on the university campus. Joanne (excerpt 51) uses reported speech to reiterate her own words when she implies that a (professional) student nurse would hold a door open for people. Students who do not hold a door are unlikely to be student nurses, because nurses are nice; "Oh, I wonder if you're a nurse, 'cos that's not very nice". Joanne is making a position statement with regard to her expectations, and an ideological statement about nurses being 'nice'. Stacey (excerpt 52) is part of this conversation, and both agree that students should be 'professional' with one another. Interestingly, she then separates professional behaviour on campus from behaviours at 'home' or in 'the general world in public'. Her talk supposes that student nurses are professional on campus but that they may not be when elsewhere. Stacey also singles out student nurses' behaviour as special, or different from other students, when saying that they should be 'especially' professional with each other at university.

Excerpt 51

JOANNE: Erm, but it's funny - I'm walking around the campus, I think sometimes I don't know if anyone else has experienced this... and I know it won't just be nurses on this campus, but sometimes you... like, just the simple thing of like opening doors for people and some people won't hold them or won't say thank you and I always... I'm always like "Oh, I wonder if you're a nurse, 'cos that's "not very nice". [SC1P12]

Excerpt 52

STACEY: '[Cos when you open the door] for someone and you let someone through and they don't say thank you, that really grates me; I'm like I've just done something. I just feel like as human beings, but especially as student nurses or student professionals on this campus – going back to being professionals in uni, we should be like that with each other and we should be professionals at uni and not treat it like we're at home or in the general world in public. [SC1P12]

Kim's talk (excerpt 53) is located away from the university where she describes seeing a nurse in uniform in a supermarket. She uses the word '*like*' three times, indicating reported speech. Kim is reporting her own words for dramatic effect when she tells this story (Wood and Kroger 2000), and positions herself with a particular attitude (McGuire 1985). Kim is taking responsibility for her own words, indicating footing (Wood and Kroger 2000). In this case, Kim experienced the

nurse in uniform first-hand. Therefore, she is being accountable for her words and telling us that *she* witnessed it.

Excerpt 53

KIM: I just think the nursing as a whole profession at the minute has had a hit↓ and I know what I am like if I go into a supermarket and there is a nurse in their uniform and I am thinking ‘it’s absolutely disgraceful, what are you doing?’, like, ha, ha, and it’s like ‘why, why are you here?’ and it’s probably not that much impact on infection control levels and things, but it’s just the perception, you’d be like ‘why are you doing this?’, like ‘get out, you’re making us look really, really bad’, erm, I just think we need to be associating the positive with everything that’s kind of going on with the news and stuff. [SMH1P10]

In her talk there are clues that she knows wearing a uniform in public is wrong; *‘it’s absolutely disgraceful’*. She is also aware of negative images of the nursing profession when she says that the *‘whole profession at the minute has had a hit’*. In the last sentence she comments on the media, and the need for nursing to be more positive, showing evidence of the influences of the public on the nursing profession. To Kim, the assumed nurse (this may have been another form of uniform, not necessarily a nurse) in the supermarket appears to be letting the nursing profession down, and her talk criticises the nurse’s behaviour as unprofessional, and contrary both to what she would do and what she was taught in university. Kim associates herself with the social *‘us’*, even though she had only been a student nurse for three months (although Kim had been a care assistant).

Kim’s connections to the nursing profession could be associated with another technology of power; that of normalisation. Rose (1999) says those who wish to achieve normality will work on themselves, moderating their own behaviours. Kim’s talk is clear that even as a first-year student nurse she would not behave like the nurse in the supermarket. What is considered normal is enforced through the calculated administration of shame, according to Rose (1999). Kim is ashamed of the other ‘nurse’ because of the view (‘perception’) that it is giving to the public; *‘just the perception, you’d be like ‘why are you doing this?’, like ‘get out, you’re making us look really, really bad’*. Shame can be defined as an anxiety over what is seen externally, and how behaviour and appearances are perceived by others (Rose 1999).

D: 'PRESENTING YOURSELF AS A NURSE' REPERTOIRE

When asked what professionalism was, the students tended to describe what a professional nurse might *look* like using ideological statements. They also discussed what a 'university student' might look like as a form of comparison, describing them very differently to the suggested 'sensible' image of the student nurse. Some ideological statements about the professional nurse from the students included; '*sensible*', '*dress properly*', '*speak properly*', '*look professional*', '*be nice*', 'go[ing] the extra mile' and 'neat and tidy'.

Stacey (excerpt 54 below) separates university students and student nurses with respect to appearance, with piercings and tattoos not considered suitable for a professional. For Kim (excerpt 55), being 'dedicated', speaking '*properly*', and appearing professional by '*dress[ing] properly*', offers insight into her ideological positioning.

Excerpt 54

STACEY: that's just me and I know I am maybe a wee bit old fashioned in that, and I know there are lots of people with piercings and tattoos but for me that wouldn't shout out at me like a nursing professional. [SC1P9]

Excerpt 55

KIM: Erm, they are dedicated to the outcomes that they want to achieve, erm, really aware of why they are doing it and they want to do it. They appear professional, you know, they dress properly, they speak properly. [SMH1P6]

A sense of duty

At the time of the study, the students were all eligible for an NHS Student Bursary awarded only to healthcare students (Department of Health 2016). Students mentioned their bursary as something which set them apart from other students, and this seemed to suggest a level of responsibility to attend university. The word '*job*' is used fifteen times and '*work*' twelve times. Kim, Jayne and Stacey's (below excerpts 56, 57 and 58) suggest a level of duty to attend class.

Excerpt 56

KIM: Whereas here, I kind of see it, in a way of, I get a NHS bursary, I am paid to be here you know, and so I expect to turn up. [SMH1P3]

Excerpt 57

JAYNE: It's like we have got a job; I've got to go, I have got to get here on time. And I can't miss it. ...it's like I have got a job that doesn't give me any money. [SC1P6]

Excerpt 58

STACEY: I mean we're just learning something different to other people, when we are on the wards, and when, you know, we have to be, you've got to be professional, but that's like with any job. [C1P6]

The dutiful attitude heard in the student talk has more in common with traditional views of nursing as a vocation, where students were not supernumerary, are paid a wage, and were required to be present in the clinical setting. There were some comments from lecturers that the nursing programme, although based in higher education, is *vocational* in nature.

4.7 SUMMARY

The first-year students' talk related to one ideological dilemma of the university student and student nurse. A similar dilemma existed within the lecturers' talk, but from the lecturers' perspective as registrants of the NMC ('Divided Role' repertoire). The student dilemma is indicated by the talk within one repertoire 'Their Student Life and Our Student Life'. This repertoire presents students as wanting to experience university life, while being aware that their position as student nurse inhibits this experience on the grounds of 'professionalism'.

Students portray lecturers as directors of their experience who state expectations of students and set standards against which students are measured and monitored. While students' talk indicates they recognise the importance of professional standards, they still take part in some more traditional student activities which are contrary to the lecturers' expectations.

Three further repertoires are present within the student talk. The first is 'being watched and judged by others'. Within this repertoire, students' talk is about *feeling* watched by others from within the nursing profession and from outside. Students' talk is influenced by perceived negative images of nursing, and they

express feeling challenged by the requirement to behave in a professional way within university, clinical practice, and in their personal time.

Students' talk showed early signs of socialisation into the nursing profession that identified them with professional expectations. They referred to themselves as being nurses and used the word 'us' when talking about the nursing profession.

The student nurses appeared to internalise and normalise the expectations of the lecturers and, in turn, they judged others by the same criteria. The latter is represented within the 'judging others' repertoire. The final repertoire of 'presenting yourself as a nurse' shows how students attempt to demonstrate professionalism through the way they dress and act. This repertoire allowed some insight into the ideological position of the student nurses regarding professional behaviours.

4.8 FINDINGS WITHIN YEAR-TWO STUDENT NURSE TALK

4.8.1 INTRODUCTION AND STRUCTURAL ANALYSIS OF TEXTS

There were some features in year 2 not present in year 1 interviews. In year 1, students were asked questions by the interviewer and these were answered in a turn-taking way. However, in year 2 the conversation flowed, with students initiating topics that were not pre-empted. Two unprompted topics related to the environment within which students are taught, and the impact wearing their nurses' uniform had on their talk about professionalism.

Some repeated use of certain words was also noted. For example 'aware and awareness' were heard nineteen (19) times across all the year-two interviews. There were six (6) counts of the word 'control' and eight (8) of the word 'change'. Metaphor use also increased from eight (8) in year one to eleven (11) in the year two. I had not been expecting any professional language or jargon to be used within the year-one student talk, because they had not experienced clinical practice. However, I anticipated some professional language in year-two interviews but this was not born out.

One feature of interest within year-two talk was the high number of disclaimers used. The purpose of a disclaimer is to ward off poor attributes as a consequence of what was said. Within the transcripts these disclaimers appeared as acts of contrition for their behaviour.

In response to the first question '*Can you tell me what you think professionalism is?*', the second-year students referred to being confident and knowledgeable (below). Neither confidence or knowledgeable were mentioned by lecturers or the student participants when in year one. Competence, not confidence, is noted in Monrouxe and Rees' (2017 p20) 'professional dimensions from a students' perspective'. The negative attributes relating to poor habits and behaviours remained similar, but there were no comments regarding unprofessional appearance as seen in lecturer and year-one student talk.

ATTRIBUTES OF PROFESSIONALISM (YEAR 2 STUDENTS)

Positive Attributes / Behaviours	count	Negative Attributes / Behaviours	count
<i>Confident</i>	4	<i>Late</i>	6
<i>Knowledgeable</i>	4	<i>Playing-with-phone</i>	6
<i>Punctual</i>	4	<i>Not- bothered</i>	4
<i>Respectful</i>	3	<i>Not- listening</i>	4
<i>Respected</i>	3	<i>Bored</i>	3
<i>Communicate</i>	3	<i>Limitations</i>	2
<i>Listen</i>	2		
<i>Self-aware</i>	2		

4.9 FINDINGS

'Chunked' text were related to seven themes within the year-two student talk:

1. Growing up and having awareness
2. Being watched (potential deviant case)
3. Valuing professional boundaries
4. Respecting experience
5. University students and student nurses
6. Slipping into bad habits
7. Defending the profession

The seven themes informed five repertoires relating to two ideological dilemmas.

- **Ideological dilemma 1:** The reality of clinical practice versus the expectations informed by lecturers.
- **Ideological dilemma 2:** Formality versus familiarity in university teaching.

Themes, rhetorical features, repertoires and the ideological dilemma can be seen in **TABLE 8** over.

TABLE 8: LINKS BETWEEN YEAR 2 STUDENT TALK, LINGUISTIC FEATURES, REPERTOIRES AND DILEMMAS

TALK THEMES (Following transcription) <i>Selected 'chunked' talk from each theme can be found in APPENDIX 8C</i>	LINGUISTIC FEATURES (Example of metaphor use) <i>Other linguistic features present are discussed in the analysis section</i>	REPERTOIRES (repertoires identified following discourse analysis)	IDEOLOGICAL DILEMMAS
1: Growing up and having awareness	Gone up a Notch	A(1): 'Informally professional' repertoire: <i>Clinical</i> B: 'Awareness and control' repertoire C: 'Professionalism takes time' repertoire	Ideological dilemma 1: <i>The reality of clinical practice versus the expectations informed by lecturers</i> Ideological dilemma 2: <i>Formality versus familiarity in university teaching</i>
2: Being watched (potential deviant case)			
3: Valuing professional boundaries	Feeding into professionalism Black and White		
4: Respecting experience	Hand in Hand Whistle Stop History		
5: University students and student nurses	Showing a front Jumping Hoops Thrown in at the deep end Take a different stance	A(2): 'Informally professional' repertoire: <i>University</i> D: 'Their student life and our student life'	
6: Slipping into bad habits	Fall into bad habits Slip into bad habit		
7: Defending the profession			

* Other linguistic features are discussed within the findings

4.10 RELAXED PROFESSIONALISM: TWO IDEOLOGICAL DILEMMAS

4.10.1 IDEOLOGICAL DILEMMA 1: THE REALITY OF CLINICAL PRACTICE VERSUS THE EXPECTATIONS INFORMED BY LECTURERS

The first dilemma relates to student talk of their expectations of clinical practice, based on the information given to them by lecturers in year one. Lecturers' talk promoted high levels of professionalism while in university, with the intention of preparing them for clinical practice. However, students' talk recognised and perpetuated the notion of a more relaxed environment in clinical practice. Billig (1988) states that lived ideologies, which form part of a culture's common sense understanding, can be categorised by their inconsistency. This is seen within this dilemma. For example, the informality that students found in practice appears to promote two contradictory responses in students' talk. For some students this was a pleasant surprise, but was discussed with the use of disclaimers to ensure that the relaxed behaviour was not construed as unprofessional. For another student (Rachael), finding clinical practice not as formal as she had been led to believe, resulted in disappointment. This dilemma is informed by the three repertoires presented above (**TABLE 8**).

A(1): 'INFORMALLY PROFESSIONAL' REPERTOIRE: *CLINICAL PRACTICE*

This repertoire influences both ideological dilemma 1 and 2. Here, the repertoire has a focus on professionalism while in the clinical practice setting. To year-one students, lecturers used talk that served to ensure important messages about professionalism were '*drilled in*', '*drummed in*' and '*instilled*' into students. However, student talk within this repertoire seemed to convey a different message to that presented by lecturers. Unlike the lecturers' talk, year-two students' talk lacked certainty about professional expectations. This is heard through the prominent use of disclaimers in year two. While the lecturers talk '*drum[s] in*' and '*instill[s]*' formal professional values and behaviours, the students' talk suggested an opposite experience, with talk showing surprise at

the level of informality encountered in clinical practice. This might be viewed as a 'reality shock', as defined by Kramer (1974), where expectations as taught do not meet with the reality experienced.

Jason (excerpt 59) for example, expected to 'bow' to his mentor, the ward sister, but instead his talk indicates he found a more relaxed scene, enabling the use of terms of familiarity such as 'Dude'.

Excerpt 59

JASON: Yeah, I mean my relationship with my mentor wasn't what I'd expected at all. My mentor was the sister and I remember like, the first time I met her, almost wanting to bow and like...by the end of the placement, we referred to each other as 'dude↓' and like, I didn't think that that would happen in the three months of clinical practice, but... I don't think it made me any less professional or her any less professional, but she wasn't Sister so-and-so, she was just 'dude' erm, and I think that was just part of like, how we could get along with each other... ..we developed not a friendship as such, but it was definitely like a working friendship that you could be like colloquial with each other; it wasn't...[SA2P3]

The relaxed nature of the talk about the encounter with the sister paints a very different picture to the 'scary sister in a navy blue uniform' portrayed in the talk from lecturer Rose (excerpt 29 page 152). This repertoire seems to promote friendliness but also professional uncertainty for students. The uncertainty can be heard in Jason's talk (excerpt 59) where he uses a disclaimer to ensure that the hearer does not link his informal talk with unprofessionalism, stating '*I don't think it made me any less professional or her any less professional*'. Jason emphasizes the word 'think', indicating uncertainty once again.

Jayne (excerpt 60) and Joanne (excerpt 61) also recognised the informality and friendliness when describing the relationships formed with the parents of sick children. Both use disclaimers to defend their talk, and both are reticent and unclear as to whether their actions were professional or not; stating '*I like never overstepped the mark*' and '*I'm not relating it to them and I'm not saying too much detail*'. The question at the end of Jayne's talk appears to seek confirmation about the appropriateness of her actions, stating '*you're just creating a relationship, aren't you?↑*'

Excerpt 60

JAYNE: I've surprised myself about how friendly I became. I like never overstepped the mark but how friendly I became with some parents who were in for a few days and I did see them over a few shifts. We would have long conversations and you know, I was just... You know, you're just creating a relationship, aren't you?↑ [SC2P4]

Excerpt 61

JOANNE:...., you'd just be able to chat and you know, you'd just be able to tell them a little bit about yourself, 'cos at first, I thought, well no↓, you can't tell anybody anything, then I thought, well no, we're all human. It's not... I'm not relating it to them and I'm not saying too much detail, but I was able just to you know, have a bit of a... [SC2P4]

In year one, Rachael's talk about nursing behaviours was different from the other students. Rachael's first-year talk carried what might be classed as traditional language associated with nursing; for example, she describes a professional nurse as '*dedicated*' (excerpt 62). du Toit (1995) refers to this attitude as 'Nightingale Values', usually associated with students who believe they have a 'calling' and wish to serve humanity (also see excerpt 62 below for an example of Rachael's year-one talk to illustrate this further). Unlike the other students, Rachael's (excerpt 63) voice on the digital recording suggests disappointment with the informal professional environment she encountered.

Excerpt 62

RACHAEL (Year One): Because nursing is about being dedicated to saving lives and it's about being, once a nurse, always, a nurse. [SA1P4]

Excerpt 63

RACHAEL (Year Two): I'd say that after clinical practice, I think my view probably has changed a little bit. Erm, and without going out into clinical practice, you kind of like have this ideological [idealistic] view of like, everything will be perfect; and I'm not saying it wasn't perfect erm, but I definitely understand now there's a much more humanistic sort of side to nursing and that it's not as... like, I don't want it to sound like we were doing something wrong 'cos we weren't, but erm, there was a 'fun' element to it, like the teamwork element and like, having a life and like going out on a night out and having like a meal together and that sort of thing and you saw the people, as well as the professionals, where before I went into clinical practice, these were like almost like matriarchal nurse figures that were like... were something to like idolise and that's what I wanted to be. Erm and I kind of forgot that they were people as well↑. [SA2P1]

Informal versus traditional

In Rachael's talk, there is competition between the repertoires of the traditional view of nursing and the informality she found in clinical practice. The more traditional position is that nurses are *'something to like idolise and that's what I wanted to be'*. The informality she found included nurses having *'fun'*. Rachael's ideological view of nursing was first heard in year-one comments (excerpt 62 above) where she said nursing was about saving lives. Like Jason, Jayne and Joanne (excerpts 59, 60 and 61 above), Rachael also uses a disclaimer to defend her talk about nurses having *'fun'*. The traditional nurse discourse appears to separate *'fun'* from professionalism. Rachael's disclaimer appears to recognise the traditional discourse but also acknowledges that, despite the *'fun'*, she was not unprofessional; *'I don't want it to sound like we were doing something wrong 'cos we weren't'*.

Rachael's talk also presents a change in her subjective position, where she acknowledges nurses in clinical practice are *'people as well'*. Initially, Rachael's talk appears to divide the position of a *'professional'* from that of being a person [*'people'*] in excerpt 63 (above). This division is also seen in her year-one talk (excerpt 62 above), where being a professional appears a part of her whole life. To emphasise this point, Rachael uses the rhetorical device of amplification to increase the worth of the statement when saying *'once a nurse, always a nurse.'* It is not until she is in clinical practice that she appears able to put both the person and the professional discourse together.

B: 'AWARENESS AND CONTROL' REPERTOIRE

The word *'aware[ness]'* appeared nineteen times in year-two talk. Use of this word seems most associated with the notion of change and how they *'should be'* (Jayne excerpt 64). *'Awareness'* seems to herald a change in Jayne and Stacey's talk (excerpt 66), and appears to represent an active change, *'I've changed myself a little bit, or been changed'* (Jayne's talk excerpt 64).

Changing and growing up

Being a '*child*', or child-like, also featured in the year-one student talk. However the discourse in year two supports growth. For example, Jayne and Stacey's (excerpt 66) talked of metaphorically '*growing up*' from their child-like state, with their talk moving them toward the adult role of being a nurse. This has concordance with the use of the professional attribute of 'maturity', stated by students when asked how they might define professionalism.

Excerpt 64

JAYNE: That's the thing; you become more aware of how you *should be* in yourself as well as how you should be on practice, in the professional manner. [SC2P2]

Excerpt 65

STACEY: Yeah. I just feel like a lot more aware of how I come across to people. And I think a lot of professionalism is to do with experience, 'cos you can't just wake up one day and go "I'm going to be a professional today" because it doesn't work like that. You can try, but it's about how you deal with situations and I find that I can deal with situations differently than I did at the beginning of the year. [SC2P3]

Excerpt 66

JAYNE: I just... I just feel a bit more in control. I think when I first came here, I felt a bit like I was still a child. So... Erm. I've changed myself a little bit.

STACEY: Erm, I think... I think you were right about how you have to change yourself; I think like, I've changed as a person, but then I feel like I've grown up a lot more. I wasn't immature when I came, but I feel like I've grown up more. [SC2P3]

Excerpt 67

JOANNE: ...we felt it effects everything, though. I think... well for me anyway, I still think that some of my professional encroaches on my personal.., because I always think, you know, you kind of second guess things. Especially when it comes to like social media and stuff. I mean, I'm not a big party animal or anything like that, but like, little daft things that I wouldn't question before, I still think: Ooh, should I do that? Should I do that? And it's nothing that's offensive; it's nothing that's crazy; it's nothing like that at all, but now I sit and kind of question things, so I think for me, anyway, my professionalism does encroach on my personal life. I still feel like I can go out and have fun with my friends and that, you know, and that stays private, but I think you do kind of sit and think: do I need to be... behaving kind of in this manner? [SC2P1]

The use of disclaimers from Joanne (excerpt 67) ensures that she is not conveying a negative, unprofessional view of herself when saying; '*it's nothing*

that's offensive; it's nothing that's crazy; it's nothing like that at all' and 'I'm not a big party animal or anything like that'. This is different to the talk in year one which served to make sure that, despite being aware of professional responsibilities, students' were able to enjoy the student experience by hiding their identity as student nurses. Talk in year two seems more candid, and attempts to justify behaviours which might be construed as unprofessional. According to Goffman (1969), moving upward to a higher level within a discourse community requires junior members to present a performance of behaviours suitable for that community. This can involve sacrifices to maintain the expected front (Goffman 1969). The talk above shows that students' life had been influenced by their nurse education at this point, and they were making changes to adapt to the requirements of the nursing profession. When the values of the professional group are internalised, the students embraced these values and normalisation to professional requirements can be seen (Simpson 1967).

Professional boundaries

Talk of change appears to be related to levels of professionalism within this repertoire. Surprisingly, student talk is of being more professional in year one and slightly less so in year two (see Jason excerpt 68 and Kim excerpt 69 below). Closer consideration of Kim's talk indicates a shifting position in her perceptions which, according to Billing (1994), can indicate the social development of a culture. Kim's talk (excerpt 70 below) suggests that '*awareness*' leads to greater confidence. In year one, Kim commented on the nursing programme having '*such extreme boundaries*'. Her talk positioned lecturers at the centre of decision making about professional boundaries. But within her year-two talk there seems to be a position change, with her talk indicating a change in agency. In year two, Kim is positioned by her talk as being able to make her own decisions about what is professional. Kim's use of the metaphor, '*black and white*', constructs and maintains strict boundaries and rules. Therefore this repertoire is not supporting messages that say that second-year student nurses are less professional, but rather that having awareness enables students to be comfortable in deciding what is professional, and what is not, by themselves. Thus, this suggests Kim is working on herself rather than merely being obedient in line with governmentality (Rose *et al.* 2006).

There are some contradictions in Kim's talk (excerpt 70). Despite being critical of 'extreme boundaries', she also takes a degree of comfort from them. There is an indication that rules can help students maintain a sense of control since there is 'no kind of room for people to kind of be worried about hurting your feelings or whatever and stuff like that, like when it gets a little bit more blurry-lined'. The metaphor 'blurry-lined' signifies that rules may be unclear and cause confusion. Her use of the metaphor 'black and white', conveys messages about what is professional and what is not. So, despite the 'extreme boundaries', Kim takes comfort from those that are clearer and leaves less room for ambiguity.

Excerpt 68

JASON: I feel coming in now as a second year, I'm almost like more relaxed and I don't feel as though I've got quite as much to prove. Erm, in that every time I met a new lecturer last year, I really have to prove that I am this student nurse that can do this and, erm, and now I've had a couple of essays back; I've had some feedback; I've had some feedback off my GT [Guidance tutor] and I kind of feel a bit more relaxed as if, like, this isn't an interview, I'm actually doing this now. Erm, and I think I've probably proved that to myself that I can do this and that's what's allowed me to maybe like calm down a little bit and think like, erm... and maybe show a little bit more of myself and not be this professional... Erm, and not be unprofessional at the same time, but it's a not an interview situation, like it's not there to constantly test you. Like I know that I can do this, 'cos I've done a year of it sort of thing...[SA2P4]

Excerpt 69

KIM (1): Erm... I think it's definitely developed, you know, in the space of a year. I think people are more professional and those who haven't been professional have left. [SMH2P6]

KIM (2): ... Maybe I'm slightly less professional than when I started, but not in a sense of [indecipherable 'unprofessional'] or things like that, but more... having an awareness of when it's okay to hold back on some of those boundaries a little bit, rather than it being so black and white [Metaphor]. [SMH2P6]

Excerpt 70

KIM: ... if you're professional with people you're working with and the clients that you've got, then you don't have to worry about offending somebody or their perception of you, because you are showing this front, I suppose and kind of what's expected of you. There's no kind of room for people to kind of be worried about hurting your feelings or whatever and stuff like that, like when it gets a little bit more blurry-lined [Metaphor]. ... Erm, I think when you're professional and you go to do things in line with exactly how you're meant to do them, or make clinical decisions based on the evidence you have. [SMH2P1]

C: 'PROFESSIONALISM TAKES TIME' REPERTOIRE

There appears to be talk which questions the credibility and value of lecturers compared to clinically-based nurses. Some of the student talk seems to separate lecturers from nursing, by virtue of the environment they work in and what they wear. Jayne (excerpt 71), for example, says it is easy to forget that lecturers once were clinicians, and therefore they are not given enough credit.

Excerpt 71

JAYNE: I think we forget the lecturers, like when they introduce themselves for the first time, they say where they've been, but I think we forget like how experienced they are and like you were saying before about our [not clear] of them, but I think their levels of professionalism are levels I've not ever seen in practice; they're so... which is obviously why they're lecturers and they've got to the position that they're in, because that's who they are, but I just... I think sometimes I don't give lecturers enough credit... and you're just like "Wow. I can really learn from you" whereas maybe when you're in practice, like my co-mentor had only been practicing for like three years ... [SC2P10]

The implication may be that it is only clinically-based nurses that are worthy of any credit. However, exploration of Jayne's talk (excerpt 71) reveals that lecturers *are* valued for their expertise and professionalism, if it is promoted (through lecturer talk) to students. For example, it appears easy for students to forget lecturers are nurses if they do not physically perform nursing duties and may be '*wearing jeans*' (Jason excerpt 72).

Lecturers who actively promote their clinical nursing history use this talk to command greater professional credibility and respect from students. This can be seen in Jason's talk, where he uses reported speech when talking of the lecturer's matter-of-fact position about their experience and '*get[ing] on with it*'. Linking their experience to the practice area appears to have changed the way Jason talked about this lecturer.

Excerpt 72

JASON: ... The lecturer, in the first seminar, introduced themselves as a nurse, gave themselves their title, where they've worked, kind of like a whistle-stop history [Metaphor] of what they'd done. Erm, and their last role as head of nursing for a Trust and I wonder if, like psychologically, like deep down without realising, that was why the group gave that lecturer more respect. "Look, I'm a nurse; you're here to become nurses; this is what I've done; let's get on with it". [SA2P11]

Goffman (1969) talks of managing performance and presenting a suitable front. There are two elements of importance in managing front, according to Goffman (1969), which involve the setting, and the personal front. Personal front can be sub-divided into appearance and manner. The talk above relates to the setting of a teaching session, which was away from the clinical practice area. If a performance is to be credible, the audience expects a degree of consistency between the manner, appearance, and setting (Goffman's 1969). The lecturer in uniform is talked about differently by Jason (as discussed by Jason in excerpt 78 page 167). The latter talk situates the lecturer as being professional. Lecturers who use this repertoire to influence student appreciation of their expertise appear to be successful as indicated by students' words of '*inspirational*', '*admire*', and '*brilliant*'.

4.10.2 IDEOLOGICAL DILEMMA 2: FORMALITY VERSUS FAMILIARITY IN UNIVERSITY

TEACHING

The talk related to this dilemma draws upon inconsistencies relating to the presentation of formality or informality in university education. Lecturers' talk positioned themselves as approachable for students. This talk served to create a supportive environment. This is different talk to that used by the lecturers to year-one students (as discussed in dilemma 1 above). However, the familiarity in lecturer talk appears to influence two different student responses. Firstly, informal teaching promotes student talk of less attentive behavior in class. Second, talk of more formal teaching sessions appears to position students as more attentive.

This dilemma is mirrored within the lecturers' repertoire, 'Nurse's Hat or Mortarboard?', where lecturers' talk is aimed at counteracting the challenges in managing the requirements of the Nursing and Midwifery Council, while supporting a good university experience. This dilemma is informed by the three repertoires presented below.

A(2): 'INFORMALLY PROFESSIONAL' REPERTOIRE: UNIVERSITY

This repertoire is shared between dilemma 1 and 2. In this instance, the repertoire also extends into the student talk on their university taught experience. Gemma (excerpts 73 (1)) uses *'jokey and funny'* to describe lecturers' teaching of clinical skills. The strictness defined within the lecturers' talk to year-one students appears less potent in year two.

Excerpt 73

GEMMA (1): Yeah, it's more casual [in uni]and I think maybe, you know, we're a bit used to it now, with second year, so it's like: Oh yeah, we've done this before and... I think often it's quite relaxing; it's quite a nice environment, just to, erm, you know, that... well, whenever I've been in clinical skills this year, it... the lecturer's been quite jokey and funny and that, but that's a good way to be. So maybe we are a little bit, you know, more jokey and things in that environment. [SA2P5]

Excerpt 74

GEMMA (2): Erm... I think since we've been in second year, I've noticed, even myself, when you're got your uniform on, you're not... as much as first year, where you were making sure all your hair was up and no nail varnish and In practice, you wouldn't dream of... well, I wouldn't dream of leaving my nail varnish on. [SA2P6]

The lecturers' earlier talk about the nurses' uniform positioned it as a symbol of professionalism [Linda and Rose in excerpt 33 (page 130)]. The lecturers enforced this uniform wearing by challenging students in university who flaunted the uniform policy. Incorrect uniform wearing is indicated as being less important to students, as it was stated that *'it's only university'*. Gemma's talk (excerpt 74 (2)) acknowledges the informality repertoire but she also appears to recognise that some things in clinical practice cannot be informal. This can be appreciated in her words *'you wouldn't dream of... well, I wouldn't dream of leaving my nail varnish on'*. This talk shows the rhetorical features of an amplification, therefore stressing the importance to the speaker of 'fitting in' to their environment, and knowing what is appropriate in each (Melia 1984).

In clinical skills sessions, informality seems to equate to *'fun'* where students are *'allowed to be more interactive'*. This further suggests that lecturers' talk, which was strict in year one, has relaxed a bit in year two. More relaxed and informal talk from lecturers seems to influence talk on less professional student behaviour as heard in Jason's (excerpt 75 1 and 2) and Gemma's (excerpt 76 1 and 2)

below) talk, where they independently equate the relaxed environment to ‘school’ and ‘child-like’ behaviours. There is concordance with lecturer talk in the ‘Slipped Society’ and the ‘Me Culture, We Culture’ repertoires. Lecturer Rose (excerpt 28 page 127) talks of creating a relaxed atmosphere to promote learning, but at the same time this has a detrimental impact upon student behaviour.

Excerpt 75

JASON 1: ...Erm... and it can be quite easy, especially if it hasn’t been that long since you were at school to regress back to school-like behaviour, ‘cos you’re in a classroom and there’s a teacher and... although we’re adult students and I think that environment, if it’s something that you would associate with chatting to your mates and messing about, it can be quite easy to slip into them habits. [SA2P10]

JASON 2: and probably quite like a nice teaching style, to be honest, that like it was all very friendly and as I say, I think some people have regressed back to that school sort of vibe, because it was so relaxed; it was so chilled out. It wasn’t like this sort of ‘get on with it’. Like, I suppose you have in clinical practice. There wasn’t a sense of urgency about the group to learn and engage and...[SA2P12]

Excerpt 76

GEMMA 1:... the lecturer’s been quite jokey and funny and that, but that’s a good way to be. So maybe we are a little bit, you know, more jokey and things in that environment. I don’t know if that goes back to, you know, when you’re at school and you’re doing something different, or...[SA2P5]

GEMMA 2: Yeah, you tend to go a bit maybe a bit more child-like. Maybe it comes from that. Maybe the whole being late and things comes from being like back to when I was in school and people were a little bit into... maybe a little bit more child-like mode. [SA2P6]

Structured environments

In classrooms, Kim (excerpt 77) uses the word ‘*conforming*’, which is suggestive of stricter talk used by lecturers. For example, Jason (excerpt 78 below) refers to a lecturer who appeared in class in uniform, and the dynamics of the session changed. It may be that such talk draws on the traditional nurse talk, and therefore serves to perpetuate the importance of clinical practice professionalism.

Excerpt 77

KIM:... when you have a practical session, it’ll be fun and you don’t have to listen to somebody... whereas in a classroom, you are conforming most of the time to what people want to [inform to you]. So you are sitting and you are listening or pretending to listen most of the time and in a practical session, you’re not; you’re allowed to be more interactive and I would guess, if you walked around every little group you have doing

CPR, you know, it's not going to be on the best technique or whatever; it's going to be the same kind of conversation you have when you're here at lunchtime. [SMH2P4]

Excerpt 78

JASON: Yeah, erm, I think you might have been in the class, actually, and it was a series of seminars where people weren't engaging in the seminar; they weren't really listening; they were speaking; they were on their phones. Erm, and this went on for a number of weeks and then after a particularly bad seminar, the tutor came in and... in like charge nurse scrubs, had a stethoscope on and like, looked as if you'd look in clinical practice and the group were completely different with that lecturer. [SA2P9]

The latter excerpts (Jason excerpt 75, Gemma excerpt 76 and Kim excerpt 77) were all reflective accounts of activities which occurred in class, and are suggestive of exposure to a pedagogic approach to learning and teaching. Usher, Bryant and Johnston (1997 p95) suggest that if adult learners are subjected to didactic teaching within a curriculum, it assumes them to be '*empty vessels to be filled*' rather than valuing individual experience, and thus students will revert to being children once again. This is clearly illustrated with the words of Jason (excerpt 75 page 166), in stating that '*regressed back to that school sort of vibe*', Kim (excerpt 77), who stated '*in a classroom, you are conforming*', and Gemma 2 (excerpt 76), who stated it was '*being like back to when I was in school and people were ... maybe a little bit more child-like mode*'.

D: 'THEIR STUDENT LIFE AND OUR STUDENT LIFE' REPERTOIRE

The conflict in the talk about being a university student and a student nurse was a featured in year-one student and lecturers' talk, and it continues within the repertoire of year-two students. However, the talk associated with the student nurse and university student seems to have altered slightly. In year one, student talk served to ensure that, despite lecturers' influences over their talk and behaviours, students were able to balance their talk about university student life. In year two, a change in talk is heard in the shift to beginning to become separate student nurses from other university students. This repertoire starts to convey messages that student nurses are different from other students (Stacey excerpt 79). These differences tended to be associated with more tangible differences, such as compulsory attendance and being in receipt of an NHS bursary. Stacey's reported speech (below) passes on the words of those who

are critical of university students' poor attendance. Both Stacey (excerpt 79) and Joanne (excerpt 80) distance themselves from other students by positioning their talk to define themselves as not university students.

Excerpt 79

STACEY: ... I'm at university; I don't look at myself as being in university, because I think it's really bad, because I go home and people are like "Oh, you've got loads of free time and you've got loads of money, but you hardly do anything, because you're at university" and I'm like: "No, because I'm not really at a proper... I'm doing a nursing course". [SC2P8]

Excerpt 80

JOANNE: ... I think people think they're just in university; you don't kind of link it to: actually, I'm a student nurse. It's almost kind of... It's a job... It's like, well I'm a nurse. I feel like people just don't see it. [SC2P8]

Student nurses are located on the smaller campus, located away from the main university. The physical distance between two campuses seems to strengthen opportunities for talk that carries difference and separation from other students. This difference is demonstrated in Joanne's talk (excerpt 81) when she directly compares her boyfriend's experience at the larger central campus, with that of her own on the smaller site.

Excerpt 81

JOANNE: ... Our campus is separate to the main campus, 'cos I've noticed... Like you won't find anybody walking around our campus with headphones in. I take them out when I walk through the gates. I don't know what it is; I just feel like I should... my boyfriend thinks that's really weird. He's like "You're at uni. You can do what you want; you can say what you want..." He's like... And I'm just saying "No, it's not like that here↓, because we've got a separate campus". [SC2P7-8]

Here, Joanne uses reported speech, indicating a level of responsibility for passing on her boyfriend's words. She is positioning herself as having a different perspective to that of her boyfriend, and making judgments regarding acceptable behaviour for student nurses. Joanne does not know why she feels compelled to remove her headphones when she approaches the campus, '*I just feel like I should*'. She further separates the two campuses and the student behavior by making it clear that at the campus she attends (*our campus*) students do not do whatever they wish, '*No, it's not like that here!*'. Her talk indicates there might be

some hidden behavioural expectations of student nurses at the smaller campus (*'you won't find anybody walking around our campus with headphones in'*).

Bourdieu (1977) proposes that we are most comfortable where our habitus corresponds with the social group we pertain to. Habitus relates to the learned habitual ways of doing and thinking, belonging of the individuals within a group or community (Bourdieu 1977). Bourdieu (1977 p616) calls this having '*a feel for the game*', where in a particular environment a person knows what to do, how to behave, feels 'natural' or 'normal', and operates at an unconscious level (Bourdieu 1977). This latter point can be found within Joanne's talk, when she refers to removing her headphones as something she 'just' does without offering a justification; *'I don't know what it is; I just feel like I should'*. A sense of belonging (to the campus in this instance) has to be created through identifications with social relations and material surroundings (Miller 2003). Joanne's talk portrays possible signs of belonging to one campus and not the other. The latter might also suggest the influence of the hidden curriculum, where students 'pick up' professional socialization via unwritten rules and expected behaviours rather than through formal teaching (Wear and Skillicorn 2013).

Excerpt 82

<p>KIM: I think <u>we</u> may have changed slightly the way in which we act, however, I wouldn't say that's down to practice. I would say it's about the expectations of university life and the amount of work that we've got to do. I wouldn't say that being professional in practice means that we're professional here. [SMHP2]</p>

Kim (excerpt 82) notes a change in students' behaviour in the second year. She does not relate it specifically to herself but instead speaks more generally, by saying 'we', therefore associating herself with the culture of student nurses. The change in behaviour is not specifically attributed to clinical practice experience, but to the 'expectations' of being a university student. Kim's talk also separates professionalism in clinical practice and professionalism in university, to suggest that she sees them as somehow different, in different contexts. Being professional in clinical practice does not automatically make a student professional in university.

E: 'DEFENDING THE PROFESSION' REPERTOIRE

The year-one talk showed that students were conscious of negative comments directed at the nursing professional. Like Kim (excerpt 53, year 1, page 174) in her year-one interview, Rachael (excerpt 83) also voices unfair blame for professional failures within the healthcare system as a whole.

Excerpt 83

RACHAEL: ...right now, nursing on the whole is not respected. People are saying all sorts of horrible things about nursing and who is to be blamed for that? Is it the patient? Is it good nurses, bad nurses? It's... All nurses I think getting the blame for that and if we are the future and if we are to make a difference, a change, then we've got to probably take a different stand of what professionalism means. So that people can, you know, trust us again and have that confidence. [SA2P12]

In this repertoire, the perceived negative image of nursing, mentioned in year one, resurfaces. Shame is heard in the student talk, relating to the unprofessional actions from *other* nurses. Rose (1999) describes how a 'normal' and natural state is maintained through the administration of shame. Shame might, therefore, be viewed as part of the normalisation process into the nursing profession.

Excerpt 84

RACHAEL: I think *they* don't like *their* profession. I mean it's that short, but to like what you do is to enjoy to the best that you can. Whether it's going downhill, the challenge should be able to make you feel: Look, I've achieved something at the end of the day. [SA2P7]

Jason's talk (excerpt 85 and 86) provides a different perspective to that of Rachael. Jason appears to take ownership of his beliefs, as demonstrated by the first person pronoun. He positions himself as not accepting the media view of uncaring nurses by stating '*well I care and that's where I want to be.*' During the process of socialising into nursing, Cohen (1981) says that a person gives up the societal and media stereotypes and will adopt the beliefs of the profession. This can be seen within Jason's talk (below), but is not seen in Rachael's talk (excerpt 84 above).

Excerpt 85

JASON: Yeah, and it... we're here to be like the best that we can be and it's awful like coming into that in this really early stage and like everything you read in the news is like: nurses aren't good enough; nurses don't care and... you think like: well *I* care and that's where *I* want to be and you just think: where did it start to go wrong? [SA2P9]

Excerpt 86

JASON:..., we've had one lecture that wasn't delivered by a nurse, it was delivered by a chemist and they said something like "why are you all here?" and there was a couple of answers and then his response was... or their response was erm: "Well you're certainly not here for the money" and like you saw the whole room turn and just, say like, well we're not sat here because we want to be poor forever, like, and it's this kind of... if you haven't been there and you haven't done it and it's that stereotypical view of like, what nurses are and that they are poorly paid and you think: well, it was that like, ignorance of what nursing is. [SA2P9]

The negative reported speech presented by Jason suggests that when students view their professional reputation as challenged, *all* students (present in the lecture hall) will position themselves together as supportive of nursing. Goffman (1969) refers to this as a collective front. Jason says *'if you haven't been there and you haven't done it'* [you cannot comment upon it]. This may indicate othering, and difference, from those outside of the profession.

4.11 RACHAEL: A DEVIANT CASE

Analysis of year-two talk revealed differences in the talk used by Rachael, positioning her talk as inconsistent with that of her peers. This led me to consider Rachael's year-two talk as representing a potential deviant case, which was worthy of further investigation.

Confidence

The year-two students' talk positioned them as growing in confidence, and being more relaxed in both clinical practice and their university study. However, Rachael's talk positioned her as less confident. She used the metaphor *'gone up a notch'*, which intimated that work was hard (excerpt 87), and that there is a need to be *'more serious and more focused'* (excerpt 88). Rachael's talk was delivered with uncertainty: *'I don't know if that's the right thing to think'*, further demonstrating a degree of anxiety and a lack of confidence.

Excerpt 87

RACHAEL: Erm, I just want to say that professionalism is something that we have to work hard for. [SA2P12]

Excerpt 88

RACHAEL: I think, for me, it's gone up, like, a notch [Metaphor]. Erm, I have to be more serious and more focussed on what I do now and to think that there are others, like let's say the first year coming in and they might not know me, but I would have interaction with them; I would think to myself: I need to set the example. I don't know if that's the right thing to think?, but I think I'd need to set the example, because nursing is a profession and for me to be a professional, I have to behave a certain way. Erm, that would make me a proper nurse, if I should put it that way. [SA2P4]

Being watched

The repertoire of being watched was seen within the year-one interviews. All student talk conveyed messages about the influences on their behaviour from within the profession (lecturers), and out-with the profession (public and media portrayal of nursing) at that point. However, in the year-two talk, 'watching' was no longer a key theme used by students, except for Rachael who seemed to continue to call upon this repertoire (excerpt 89).

Excerpt 89

RACHAEL: ...but it's like I'm still thinking I'm being watched. I'm being watched [rhetorical devise amplification].

INTERVIEWER: Who's watching you?

RACHAEL: Well, I could think, maybe lecturers, erm, fellow collea[gues...]

INTERVIEWER: [... What] are they looking for Rachael?

RACHAEL: Could be behaviour; is it appropriate? Could be... am I progressing? Am I showing signs of growth and development? or am I stagnant? And that would... erm, they can see the way how I communicate, if I'm interacting well in class, because I could be very quiet, but now I find myself talking even more, so I think I'm growing↓. [SA2P4]

The exchange with the interviewer above suggested she was still conscious of others monitoring her behaviours. This is seen in her use of many rhetorical questions, such as '*am I progressing?*'. Rachael used the word '*they*' when

talking about others, possibly suggesting that she did not associate herself with those watching her. 'Othering' may also highlight a potential agent/patient distinction, with the 'agent' in this case being the lecturers and peers (others) holding power over her. The rhetorical device of amplification is present in her opening words, using; *'I'm being watched'* twice in succession, showing an emphasis on these words, suggesting their importance to her. Further evidence of lack of confidence is apparent in the final sentence where her talk aims to convince herself that she *is 'growing'*. Listening back to the original recording, her use of *'I think↑'* makes this last sentence sound tentative and searching for reassurance.

Rachael's talk shows the pressure she is putting upon herself by observing her own progress closely, not wanting to be stagnant and looking for *'growth'*. *'Growth'* was used in student talk to signify change and movement towards the adult role of the nurse. However, Rachael's talk suggests that she is asking the question *'Am I showing signs of growth and development?'*, while the other students' talk indicated they had changed. Rachael's talk gives indications that she is associating with discourses that perpetuate poor levels of confidence, and that these discourses might inhibit *'growth'* toward becoming a qualified nurse.

'Fed me' professionalism

Unlike her peers, Rachael talked of being 'fed' professionalism by her lecturers (excerpt 90). Her talk seems to promote a more passive position where professionalism is received like a parent feeding a child. This interpretation supports Cureton and Cousin's (2012) one-way and top-down approach to the lecturer-student relationship, which is also seen within the lecturer talk. Oleson and Whittaker (1968) have commented that the traditional socialisation process in nurse education has focused upon a parent-child relationship between lecturers and students, with levels of 'development' in the student being equated with success. Using reported speech, Jayne (excerpt 71 page 163) describes a learning relationship where her talk serves a more active purpose in taking knowledge from the lecturer; stating *'I can really learn from you'*. The interpretation here is that knowledge is not being 'given' (fed), but instead sought out and then 'taken' from the lecturer.

Excerpt 90

RACHAEL: Yeah, because they would know where we [student nurses] are; they have that experience. They know where we're sitting and they'll know if they erm, behave professional; if they present themselves professional, the knowledge and everything professionally, they will be feeding into our professionalism for [later] days. [SA2P9]

In summary, Rachael's talk shows variation from the other student participants at year two. Her talk positions her as being monitored by others and this appears to influence her confidence. In turn, Rachael's talk serves to make her a passive recipient of professionalism, while her peers are actively searching it out and deciding what *they* consider professional and what they do not.

4.12 SUMMARY

Two ideological dilemmas were heard within the year-two student talk. The first related to talk around professional expectations of clinical practice, with anticipated formality not realised. The second dilemma focused on talk around the student experience of being taught while in university. These two dilemmas are similar to the education and service segments as described by Melia (1984).

Personal changes were heard in student talk within the 'awareness and control' repertoire. This potentially showed professional attitude and behaviour aligning towards the professional requirements of nursing for students in their second year.

Nursing knowledge, and its value within different contexts, was present in the talk of year-two students. This talk initially appears to value clinical expertise over that of lecturer nursing experience. However, close examination of the talk suggests that the clinical expertise of lecturers is not outwardly visible to students, and therefore their talk does not always equate clinical knowledge with lecturers. Lecturers who draw upon talk that surfaces their clinical nursing knowledge appear to gain greater respect from students.

The conflict within the repertoire of the university student and the student nurse continued into the year-two talk. However, year-two talk showed a shift away from the behaviours of the traditional university student, towards a greater affinity with the life of a student nurse. These repertoires serve to make student nurses

'different', and to physically 'separate' their environments and behaviours. Negative attributes aimed at the nursing profession as a whole are defended through talk aimed at preserving and protecting the profession's reputation.

Finally, through the analysis of Rachael's talk as a potential deviant case, this might suggest that levels of confidence could influence professional development.

4.13 FINDINGS WITHIN THE YEAR THREE STUDENT TALK

4.13.1 INTRODUCTION AND STRUCTURAL ANALYSIS OF TEXTS

Students were interviewed at the mid-point of the 3rd Year. The interview groupings remained the same as they were for first- and second-year interviews.

Given that students had now experienced clinical practice, I expected greater use of nursing jargon as they progressed through their programme. However, this was still not the case. A structural analysis of the transcripts showed year-three talk to be reflective in nature, for all students interviewed. Students talked about themselves as third years, and reflectively compared themselves to how they had been as first years. They also made reference to comments they recalled making in their earlier interviews, as examples of how they had changed.

The talk used by students seemed to position them as more assertive than previously. In year one, the students' talk suggested a level of responsibility, yet, passivity, placing them as recipients of nurse education (see Kim excerpt 56; Jayne excerpt 57; and Stacey excerpt 58 page 176). Year-two student discourses introduced questioning around their activities and personal beliefs. Increased numbers of disclaimers and rhetorical questioning suggested a lack of certainty in some students, but not all. However, in year three, students used language that appeared to indicate some adoption of discourses about being a registered nurse. Year-three interviews displayed a sense assimilation into the nursing profession with talk aligned to being professionals. There was evidence that students and lecturers had started to share some common discourses.

Metaphor use had increased to nineteen compared to thirteen in year two and only eight in year one. However, from my reflexive position I also recognized that I may have been more attuned to the talk of students in year three because of their level of socialization into the profession to which I associate myself. Being conscious of this I decided to re-visit the data collected in year one and year two interviews where I re-read the transcripts carefully to ensure that I had not missed metaphor use in their talk. I did not find any additional metaphors in those earlier sections of analysis which made me more confident that third-year talk did indeed contain a greater number than in previous years. The word '*act(ing)*' had a high frequency of use (18) as did the word '*respect(ful)*' (24). '*Child*' and '*child-like*' were heard eight times. In the first and second years there was talk referring to the impact of nursing upon their personal lives. In the year-three interviews this had decreased.

Talk of students being 'different' from other students had a continuing presence in all the interviews of lecturers and students. The repertoire conveying the nursing programme as a form of job was a key feature of the year-one and two talk, and this continued into year three. The word '*work(ed/ing)*' appeared thirty-two times but the word '*job*', while still present, had fallen in use to eight times. Between years one and two, *the word 'job'* featured a total of thirty eight times.

The students' response to the first interview question '*Can you tell me what you think professionalism is?*' placed 'respect' and 'respectful' high at the time of their responses. These words are shared with the lecturers when asked the same question. The only other terms to be represented in other student interviews is the word 'mature', which also appeared in year-one responses (below).

Unprofessionalism was associated with attitudes only, rather than both attitudes and appearance (for example, '*scruffiness*' or '*tattoos*', as seen in lecturers' and year-one student talk).

ATTRIBUTES OF PROFESSIONALISM (YEAR 3 STUDENT TALK)

Positive Attributes / Behaviours	count	Negative Attributes / Behaviours	count
Respect / Respectful*	7	<i>Not bothered</i>	4
<i>Honest</i>	7	<i>No evidence</i>	2
<i>Serious</i>	6		
Mature**	6		
<i>Knowledgeable</i>	5		
<i>Proud</i>	4		
<i>Intrinsic-motivation</i>	4		
<i>Relaxed</i>	4		
<i>Dressed-well</i>	3		
<i>Experienced</i>	3		

* Shared with the lecturers

** Shared with first years

4.14 FINDINGS

‘Chunked’ text surfaced seven themes within the year-three student talk:

1. Experiencing the professional journey
2. Moment of realisation
3. ‘Acting’ and becoming
4. ‘Common sense’ respect
5. Student nurses as a ‘select group’
6. Policing professionalism
7. Lecturer credibility and professionalism

The seven themes informed four repertoires and two sub-repertoires. I define a sub-repertoire as a pertinent element of a repertoire but not containing enough depth or detail to be called a repertoire. No ideological dilemmas appeared present within the interview analysis. Themes, rhetorical features, and repertoires can be seen in **TABLE 9** below.

TABLE 9: LINKS BETWEEN YEAR 3 STUDENT TALK, LINGUISTIC FEATURES AND REPERTOIRES

TALK THEMES (Following transcription) <i>Selected 'chunked' talk from each theme can be found in APPENDIX 8D</i>	LINGUISTIC FEATURES (Example of metaphor use) <i>Other linguistic features present are discussed in the analysis section</i>	REPERTOIRES (repertoires identified following discourse analysis)	IDEOLOGICAL DILEMMAS
1: Experiencing the professional journey	Gone on a journey Following like sheep	A: 'Incredible or discreditable professionals' repertoire B: 'Student nurses are a select group' repertoire C: 'Professionalism journey' repertoire C(i): 'Acting and becoming' (sub-repertoire) C(ii): 'Realising professionalism' (sub-repertoire) D: 'Stepping up to the professional line' repertoire	No visible ideological dilemmas present
2: Moment of realisation	Anchor Step up to the mark Point Crossing boundaries		
3: 'Acting' and becoming	Touching Hand Holding Base On the right lines		
4: 'Common sense' respect	Part and Parcel		
5: Student nurses are a 'select group'	In the same mind set Share the same mind set		
6: Policing professionalism	Drum it in Letting it slide Hammer it Drilled into us in Force Fed		
7: Lecturer credibility and professionalism	Off on a tangent Off the cuff Labouring a point		

* Other linguistic features are discussed within the finding

A: 'INCREDIBLE OR DISCREDITABLE PROFESSIONALS' REPERTOIRE

Loosening grip on professionalism

This repertoire is influenced by the talk within the 'Policing Professionalism (6)' and 'Lecturer Credibility (7)' themes. The repertoire also shares some resonance with the 'Defending the Profession' repertoire in year two, and might be seen as an evolution of this repertoire since both are supported by a talk that aims to separate the student from displays of unprofessional behaviour by others. Year-two discourses focus on negative behaviours from other nurses. However, in year three a new form of talk appears where students are critical of all nurses who are unprofessional, which also includes lecturers. This is discussed further in this section.

du Toit (1995) found that the personality characteristics of the faculty were an important element in the socialisation of nursing students. However, lecturers appear to promote some inconsistent messages regarding professional behaviour. This is seen in talk from Joanne, Jayne and Stacey (excerpt 91), whose talk indicates dissatisfaction and critiques lecturer professional behaviours. Lecturers' talk of importance (*instilling and drumming in*), that were present in years one and two, appear to have lost some potency by year three. Lecturers' talk conveyed messages of enforcement within the 'Slipped Society' repertoire (**section 4.3.1**) in year one, where they *'instill'* their professional *'expectations'* upon students. However, this third-year student repertoire implies a lackadaisical approach to professionalism by their lecturers. This is seen in Gemma's talk (excerpt 92 (1)) when using the metaphor *'letting that slide'*, indicating a relaxation and a perceived decline in professionalism within the lecturers' attitude towards some of the more formal practices that were once seen as essential. The student language is blaming here, as shown when Joanne states (excerpt 91) *'why are they not keeping it'* [professional standards]. Jayne too says *'in the years gone by, we would never have got away with that!'* (excerpt 90 line 1). Jayne's talk shows a timeframe which offers the possibility that time equates to professional experience. An agent/patient distinction is evident in student talk, as detected by use of the word *'they'*, as being 'other' to the students, and *'expect'*, which relates to what the lecturers say they want students to do. It also appears to position the students as more professional than

those who teach them. Gemma (excerpt 91 (2)) highlights choice to behave professionally and it is not guided by uniform practices in university.

Excerpt 91

JOANNE: I feel like they expect us to dress and look in a certain way, which we were all told in the theory in the first year. However, when we do go into the practicals, when we're supposed to be dressed professionally, they never check. They never go round and look at your nails, look at your hairline, or... if they set that out as a standard, then why are they not keeping it?

JAYNE: ...So I feel like in the years gone by, we would never have got away with that! So why is it not as strict today? Why are we not given the strict↑...? I think that's wrong, because if we learn to be more relaxed at university, will we take that into practice and be more relaxed in practice? Which you see...

STACEY: ... but there is a lecturer, who everyone's really scared of, "Oh, you've got to make sure you take your nail varnish off, she gets really like... She's really strict on it" whereas like I said, we'll go into a practical and we'll be in our uniform and the lecturer will be in scrubs tops and jeans or... Not even that, or sometimes like their hair will be down and they won't... They're not even bare below the elbow. [SC3P7]

Excerpt 92

GEMMA (1):... maybe now we are in third year don't tell us about the earrings and things, maybe they are letting that slide [Metaphor] a little bit ... [SA3P3]

GEMMA (2): Erm, I don't know, you just...you know that you're a professional person and you maybe don't worry so much if you have got a pair of earrings in, that doesn't... [SA3P3]

Relaxed or strict?

Contradictions within Stacey and Jayne's talk (excerpt 91 above) are suggestive of struggles between two competing discourses. The first discourse values the relaxed nature of lecturers who are less strict on professional standards, stating (Stacey in excerpt 91) *'I don't feel like they'd get as angry'*. The competing discourse situates relaxed teaching as less professional, as seen in Jayne's talk when she states *'Why are we not given the strict↑...? I think that's wrong'*. Jayne's talk is a question, and is asking why lecturers are not being 'strict' with students. From a micro-analytical perspective the word 'strict↑' has an emphasis with a rise in tone, demonstrating that she is asking a question. Jayne is not actually asking a lecturer this question but she is voicing it, almost rhetorically, to her peers at the interview. The words *'I think that's wrong'* further demonstrate the dissatisfaction and an ideological position.

The 'real' site of nursing

Talk of strict and relaxed professionalism serves to differentiate between the 'real' site of nursing, as being presented as within clinical practice. One might postulate that the 'service' segment, where 'the job gets done' (Melia 1987), is favoured in this instance over the lesser segment of education. Therefore, the university might be considered as a 'proxy' site. Within this repertoire, the university, as a site for *learning about* nursing, is less valued by students and by lecturers, as far as Stacey (excerpt 93 below) is concerned. Her talk appears to place clinical skills in practice as the 'real' nature of nursing knowledge. This appears to contradict the talk in year two where 'strict' talk from lecturers did not match the more relaxed environment of clinical practice (**section 4.10.1**). Jayne expresses this section of talk as a question, giving the impression that she is not sure about this, and is asking her peers to add to her comment.

Stacey: *It's not as big a deal either, because you're not doing anything clinical'. (excerpt 93 below)*

Jayne: *Because if we learn to be more relaxed at university, will we take that into practice and be more relaxed in practice? (excerpt 91 above)*

Jayne's comments (excerpt 91 above) support previous student talk from years one and two about the context of professional behaviours. For example, talk of being 'professional' was focused to a greater extent on the clinical environment than the university setting. The suggestion in Jayne's talk is that relaxed behaviour in university *might* somehow spill negatively into practice, and this is contrary to what was said in years one and two. The students' talk places 'real' nursing with the 'real' clinical context and seems to be playing into wider discourses that sustain the notion of the gap between the theory of nursing (obtained within university learning) and practice (hospital and community settings where registered nurses work with patients).

Uniforms and professionalism

Lecturers Linda and Rose (excerpt 33 page 155) also utilise the repertoire above when making reference to the 'correct' way of wearing the nurses' uniform. Talk from lecturers and students about uniforms promote them as being symbolic of professionalism, serving to provide an identity which sets nurses apart from others. Talk of uniforms not being taken seriously in university (Linda and Rose

excerpt 33), further perpetuates the notion of a difference in professional attitude within theory and clinical environments. In response, lecturer talk re-surfaces some of the '*strict*' talk used on year-one students. For example, Rose and Linda state how students '*ought*' to behave.

Excerpt 93

STACEY: They're (lecturers) more aware with students, you know, so if they catch you using your phone, then they don't like... I don't feel like they'd get as angry. It's not as big a deal either, because you're not doing anything clinical. But erm, I think they just... They're more appreciative that you are students and you're at uni and it's a bit more of a relaxed environment. [SC3P6]

Strict lecturers

Talk on lecturer strictness is presented by Joanne and Jayne (excerpts 94 above and 95) when discussing contrasting approaches to teaching; the relaxed tutor and the strict tutor. Jayne's contradictory talk (excerpt 95) expresses a preference for a more relaxed lecturer in class, but then she notes that the behaviour of a '*very strict*' lecturer, who she describes as demonstrating especially high levels of professionalism, as someone she could learn from. The repertoire that serves to promote '*strict*' control and monitoring of students serves to ensure that they adhere to professional behaviour. Elements of the '*strict*' discourse surface in talk where informality in the form of '*tomfoolery*' is not conducive to learning. Joanne's use of the word '*seriously*' offers further indication of this discourse at play here (excerpt 94). Joanne is questioning the value of '*joking around*' in class when she needs to be taking her work to a more serious level. There are two questions in her talk which give an indication that she is not sure if joking is something she can do or not. Her concern is further shown in her last sentence, '*I think it's difficult*'. Joanne's commitment to the discourse promoting professionalism as '*strict*' and '*serious*' may not be fully formed, but there are indications that she is relating to it at some level.

Excerpt 94

JOANNE: I would prefer that they're more formal and I agree; there's probably a balance, but when you get into lecturers who are... You know, have a bit of tomfoolery and joking around, are we taking everything as seriously as we should? Or are we learning as much as we should? I think it's difficult... [SC3P11]

Excerpt 95

JAYNE: ...there was a teacher we had in third year who I thought was quite strict and from the moment you went in, you were like: “Oh my goodness!”. But I learned a lot from her, so I don’t think it’s as simple as that; I think it depends on their personality. I think it ties in with that; I don’t think either’s wrong, because I’ve learned from both a relaxed tutor and a very professional, very strict tutor as well and I think I just... [SC3P11]

Lecturer credibility

Talk from students related to the level of knowledge and clinical experience of their lecturers. Some student talk valued lecturers who were current with the clinical environment, while others talked about the value of wealth of experience lecturers can draw upon from their previous practice experiences (Jason and Gemma excerpts 97 and 98 below). Stacey’s talk (excerpt 96) is critical of lecturers who have been out of the clinical area for some time.

Excerpt 96

STACEY: They don’t know what it’s like now and so many of them will say something and you’ll be like: That doesn’t happen. And they know... I’m sure lots of lecturers know that... ‘Cos it probably never happened, but at the same time, it’s really frustrating, ‘cos you’re... I mean I’ve had really embarrassing moments where I’ve gone into practice expecting things to happen and they haven’t and been like: well at uni they said this and people laugh at you ↓ and they’re like “well at uni, they say lots of things”. People get angry at you, cos you think they think you’re criticising and you’re not, you’re just like “But the lecturer said this ↑”, so I don’t know whether... [SC3P9]

Excerpt 97

JASON: When you know where someone’s worked and what they’ve done and some of the achievements in their career, you see that lecturer in a different light. I’m thinking: there are some lecturers that maybe haven’t spent as long in practice, erm, they don’t have that anecdotal evidence and they’ve got the knowledge; they’ve got the NICE guidelines; they know the policy and how to do things, but as far as having experience, that ‘lived’ experience, erm, yeah, it does make a... It changes my opinion of a lecturer, really. [SA3P6]

Excerpt 98

GEMMA: ...you can forget, you know, they are not just lecturing on this, they have been there, they’ve done that and if they have got a story, for me it helps me remember them, everybody likes stories, and I like it if it’s something that maybes they’ve made a mistake, because I always think that’s quite helpful to make you feel like we’re only human and we’ve all got to learn and they have been there. The honesty, I really like the honesty, yeah, I think rather than them sort of painting a picture that they were really good and did everything well, I like the little human element. [SA3P4]

Being informed of outmoded clinical instructions challenged Stacey's own professional credibility in one instance of talk, and the criticism she received operated to make her feel inadequate and embarrassed in front of qualified nurses on placement. She says *'People [clinicians] get angry with you'*. Stacey also uses reported speech, signified with the word 'like', to recount what was said to her by a clinically practicing nurse; *"well at uni, they say lots of things"*. On listening to the recording of the interview, this talk is delivered with a tone appearing to discredit the lecturer's experience, and to highlight the gap between what students are taught and what actually happens in practice. Stacey's use of the word 'they' suggests that clinical nurses view themselves as different to lecturers, and Stacey is passing this on within the context of the research interview. Her words serve to support the discourse that university lecturers lack clinical credibility, thus accrediting clinical practice over that of the education segment.

There appears to be two entangled repertoires concerning different types of knowledge within Stacey's talk (excerpt 96). The first concerns the value of academic knowledge (in the form of theory). This repertoire seems to under-play the value of theoretical knowledge, since the theory presented by lecturers *may* not be contemporary and, therefore, may have less value to students when in practice. This repertoire strengthens the meme that the 'real' learning occurs in practice while doing the job of a nurse. The second discourse surfaces within lecturer Sarah's talk (excerpt 25 originally shown on page 148), as this brings language to the fore that positions the counter discourse to Stacey's (excerpt 96) reported speech from practitioners.

Excerpt 25 (Originally shown page 148)

SARAH (LECTURER): ... I would say to people: "That's lax professionalism. That you're so arrogant that you think you can go out into placement when you haven't got the theory underpinning what you do" and I think that, you know, that's a professional issue. [LMH1P5]

The value of knowledge as theory is centred in Sarah's talk, whereas for the practitioners in the reported speech it was the clinical practice that was perceived as being of greater value. Foregrounding theory in this repertoire appears to strengthen the professional credibility of lecturers by implying that students are unable to function in clinical practice without the theory to underpin

it. There is an undercurrent that *might* suppose students will not receive the theoretical knowledge in practice, because the practice-based nurses cannot supply this as they may not have an academic background. So, this repertoire seems to be diametrically opposed to the talk that serves to label lecturers as clinically incompetent. In contrast, the second form of talk serves to strengthen the lecturers' position over that of the clinicians, as they are holders of the theoretical knowledge that must be studied 'before' clinical practice, as required by the NMC (2008, 2015). Lecturer Sarah (excerpt 25 shown above) goes as far as to say that without the underpinning theoretical knowledge, students are not professional. Her use of the word '*arrogant*' towards students who do not value this form of knowledge ensures that agency is positioned with the lecturer as knowing best.

Role models

According to Shuval (1980), from a sociological perspective, the concept of the role model is a stereotypical ideal professional practitioner. However, Shuval (1980) also notes that students reach a maturation stage, causing them to be critical and selective about their professional role models. Therefore, for students who believe that up-to-date knowledge of practice makes a lecturer credible, they will not choose to role model a lecturer whom they consider to be contemporaneous (Chow and Suen 2001). Pfeil (1997) notes that, initially, student nurses role model the academic staff, but as they progress towards gaining registration, their focus moves towards nurses working clinically. Indeed, Hammer *et al.* (2003 p552) say that students see practitioners as those who are 'doing' the role of a registered nurse. Therefore, practitioners have achieved what student nurses want to be. Consequently, it may mean that students will see clinical nurses as the most creditable role models. If this is the case, then students' use of the discourses of the theory or practical knowledge may change depending upon the discourses at play within a given place or time in the nursing programme. In other words, while in practice they may draw upon different repertoires to those used in university. This, once again, gives credence to the impact of context over professional talk. Since this study was conducted when students were in university, and the focus was specifically on the language used,

particularly within the academic setting, it is not possible to explore this further within the bounds of this study, but might be a useful future investigation.

In university-based aspects of nurse education, Kim (excerpt 99) is critical of lecturers who use their personal (knowledge) opinion while teaching, rather than presenting a more theoretical base. This is signified by her use of the metaphor '*goes off on a tangent*'. This talk suggests that theoretical knowledge continues to be valued at this point in year three. However, Kim shows a change in footing when talking about the value of lecturers who *do* offer their own opinion in their teaching, and she considers these lecturers to be more '*honest*' and '*genuine*' in what they say.

Excerpt 99

KIM: I think sometimes it goes off on a tangent [Metaphor] for a long time and sometimes, you can tell that it's heavily influences on their opinion and I think if you have a slightly different one, or you've not worked in the area they're talking about, then it can be quite difficult. [SMH3P4]

Excerpt 100

KIM ... They are slightly more informal in the way that they speak and able to give their honest opinion, as opposed to an opinion of something they feel they ought to say, because that's the right thing to say. So perhaps be more genuine, I guess. [SMH3P3]

Goffman (1969) writes that when a performer [the lecturers in Kim's talk above] is fully taken in by their own act, the audience will be convinced by their impression of reality. However, if the audience does not see the performance as real, then it will be discredited by the audience. So, the lecturer in excerpt 100 was accepted by Kim as '*genuine*' for their performance and was, therefore, credible.

Unlike the year-one student and lecturer interviews, where the discourses served to ensure that students understood and valued professional attributes through '*instilling*' and '*drumming in*' before they went into clinical practice, Kim (1) (excerpt 101 below), in year three, appears to be applying new forms of talk to make sure *her* individual educational requirements are met.

Excerpt 101

KIM (1): I think I have slightly less tolerance slightly of lecturers than perhaps I would have had in the first year. I would have thought: great, you know, if I've got a bit more free time, then that's great. I'll go and do something. Whereas now, I think I have less tolerance of that in terms of: I want to develop and I'm here and I expect you to bring something if I turn up. [SMH3P1]

KIM (2): ...and you go through the traffic, get here and then someone says: "Oh, there's a PowerPoint here; I don't like using PowerPoint, so I'm not going to bother using that. I'll speak about something for 45 minutes and let you go." That, I think I have less tolerance of, whereas in the first year, I probably would have thought: Great, I'm going to be in the sun and that's over with, whereas I think now I'm kind of more: That's not acceptable. I'm here. Teach me something. Because apparently in a year's time, I'm meant to be qualified and I don't know how I'm going to do that. [SMH3P1]

Kim's talk (excerpt 102 (1) above) is more assertive than is seen from students in year one and two. Kim uses the first person in her talk, showing more egocentric talk presenting as individuality when she states 'I want to develop and I'm here and I expect you to bring something if I turn up'. Her position is further demonstrated in the next example of text (2), where she continues to express her lack of tolerance of any lecturer(s) who do not deliver teaching in a way that she finds acceptable. The reported speech shows her recounting the words of the lecturer who decided not to use any visual teaching materials and who did not teach to the required allotted time. This talk was delivered with exasperation. Kim's talk has the purpose of driving her learning forward and it is fed by what appear to be time pressures. Her use of the words 'not acceptable' is indicative of a discourse with the purpose of meeting her educational requirements before she registers.

The student gaze

Student talk here also shows a different gaze to that used in the first year. The 'Incredible or Discreditable Professionals' repertoire focuses upon what the lecturer needs to do for students to help them qualify. Earlier discourses reflect talk about what the student *must* do before they can qualify. Kim's talk (excerpt 101 above) positions her as disappointed by lecturers who do not help her meet *her* needs. This is demonstrated within her last sentence where it appears that Kim is under self-imposed pressure to accrue as much knowledge as she can before she becomes a registered nurse; as 'in a year's time, I'm meant to be

qualified and I don't know how I'm going to do that'. Synonyms for '*meant*' [to be qualified] include 'destined' and 'inevitable'. Kim's talk carries with it tension surrounding completing her nurse education, and this talk appears to operate to make sure that she is exposed to what *she* needs to meet the requirements for registration. Kim's talk shows the potential effects of governmentality as described by Rose et al (2006), where the influence of power is from within the individual. The force of power influencing Kim (to behave as a professional and register as a nurse) might be effective because her talk positions her as an autonomous agent, rather than someone who is being obedient. Kim seems to be 'fulfilling' her *own* needs by requesting / demanding particular actions from lecturers. Kim's vulnerability in light of her impending professional status is also recognised in the findings of a study by Keeling and Templeman (2013). They found third-year student nurses reported increasing awareness of their future responsibilities as qualified nurses and their need to learn as much as they can to increase their confidence. Kim's talk is different to that of lecturer Julie's talk (excerpt 27 page 150). which is influenced by the 'The 'Me Culture' and 'We Culture"' repertoire, and informs talk that does not support individualism. Year-one students are expected to '*tow the line*'. Kim, in year three, is seeking a more personal experience.

Respect

There are Twenty-Four (24) counts of the word 'Respect(ful)' within the third-year interviews. Respect is centrally placed in Jayne's, Joanne's and Stacey's talk (excerpt 102), as they reflect upon when they were first-year student nurses. The implication of the talk below is that respect is not something the students accrue as they go on their professionalism journey, but that it is something that they brought with them when they joined the nursing programme in the first instance. according to Shuval (1980) This is contrary to the lectures' talk within the backdrop of the 'Slipped Society' repertoire, which serves to counteract the disrespectful society from which the students come, and ensure that professional standing is introduced and maintained.

Excerpt 102

JAYNE: ... Like, I'm not totally naïve when I got here. But erm, you just know that you should act a certain way. This is somebody else's life you're dealing with. It's not... I think it's just a respect thing to start with anyway.

JOANNE: Yeah. You're just brought up to respect aren't you and then if you've had... 'Cos you have worked as well, so you will know from your working that you... You know, for instance, you respect your boss. It's like an authoritative thing, so you sort of do just go in and you simply think... You know, part of it's an authoritative thing; part of it's just a human being sort of thing; you just respect other people, you respect their opinions, you respect their decisions...

STACEY: And you want them to respect you, so... [SC3P5]

The 'Incredible or Discreditable Professionals' repertoire might indicate that *their* professional standards and those of their lecturers do not always concur. There also appears to be a potential change in the position of agency between students and lecturers. Year-one and year-two student repertoires were influenced by agency from within the profession (MNC, lecturers, mentors in practice), and from outside the profession (members of the public and the media). The talk from year-three students shows a degree of shift in the direction of power, away from the lecturers and towards the students themselves. Their talk serves to allow them greater independence and responsibility, possibly indicating a change towards the adoption of discourses that have greater resonance with those of the registered nurse.

Students were influenced by lecturers who instructed or '*Instilled into them*' (Stewart excerpt 9 and 10 page 135), monitored ('*Track(ed)*' – Sarah excerpt 25), and even reprimanded and cautioned them ('*Warn them*' – Sarah excerpt 15, '*Deal with*' – Tony excerpt 16) for any unsuitable professional behaviour. The year-two talk showed that the surveillance was inducing the desired internalization of the values of the nursing profession through students changing their talk on behaviour to accommodate professional requirements (Stacey and Jayne excerpt 66 and Jayne excerpt 44 page 168). Rose (1999) discusses the technologies of power and, in particular, technologies of the self which refer to practices by which individuals' represent their own ethical self-understanding. One of the main features of technologies of the self is that of expertise. This operates through the self-regulating language of the individual which can be seen in the process of normalisation (Rose 1999). Rose (1999) says that to achieve normality, people will work on themselves, inculcating the norms expected by the society which they are part of.

Lecturer talk that aims to change student behaviour through monitoring seem less pervasive within the third-year student talk. It seems over-ridden by the students' own, more individual talk, serving to bring knowledge together as they travel towards being a registered nurse. Therefore, lecturer talk gives the impression of having less power over the students than it once had. This does not mean that students no longer take notice of the lecturer discourses '*instilling*' professional values. Instead, students appear able to decide what lecturer talk they do, or do not, wish to internalise. Some student discourses emulate the talk of lecturers, re-tuning the power balance from the lecturer to the student. This can be heard in the talk from students about (un)professional attributes demonstrated by some lecturers that can influence the way students position their talk on lecturer credibility (Kim excerpt 100 page 186). Third-year students' talk re-promotes professional values back towards their lecturers.

B: 'STUDENT NURSES ARE A SELECT GROUP' REPERTOIRE

Throughout all the student interviews (year 1, 2 and 3), one constant repertoire at play has stressed, through their talk, that they do not feel like university students. Third-year student nurses continued to use the word '*work*' (32 times) rather than study or education (excerpts 103 and 104).

Excerpt 103

KIM: To be honest, I don't really feel like I'm a student at all, because I work as well and I'm here and I think I come here now and it's like going to work. ...So I wouldn't say that I was coming in as a student. [SMH3P5]

Excerpt 104

GEMMA: Erm, it's difficult because sometimes you don't see yourself as a student, depending on what, you know, if you're on a placement and you're working your thirty seven and half hour week, you don't really feel like a student. [SA3P6]

Students' talk appears to serve to separate them further from other students by reinforcing them as '*special*' and '*different*'. This can be seen in Jason's (excerpt 105 below) and Stacey's talk (excerpt 105). Jason (excerpt 105) categorises student nurses by giving them a group name of the '*student nurse gang*' and a '*select group*'. Stacey's categorisation is based upon the physical positioning of student nurses on a different campus to other students. The use of

categorisation in discourse analysis is not focused upon how groups are named, but rather how the categorisation is used (Wood and Kroger 2000). The word '*select*', when used as an adjective by Jason, means that student nurses are carefully chosen from a larger group and are particularly valued. In other words, this discourse perpetuates the assumptions that student nurses are superior and 'different' to other students.

Excerpt 105

JASON: 'Cos it's so different to being a student. 'Cos I've been a student.... I don't feel like a student. I don't know if that's because we're on a different campus to like city campus, but I don't feel like a part of that big student body. Not necessarily in a negative way, because I feel like part of this like 'select group', like I'm in like the 'student nurse gang'. Yeah. Erm, yeah, so I don't know what it feels like to be a student, because I don't necessarily feel like one. [SA3P9]

Excerpt 106

STACEY: ..because it's more like a community; because it's so small. Like I'll wander around and I can say hello to lots of different people, because we know more people because the campus is so small and there's not as many people here and I think it's better; I think we need somewhere that's more kind of as a community, because what we're doing requires support, but it also requires everyone to kind of be in the same mind set [Metaphor] and I think if we were on [the larger] campus, I don't think that would happen. [SC3P14]

Being different

Student nurses' talk of being different can also be found in Stacey's talk (excerpt 106 above), which refers to the '*community*' feel of the '*small*' campus where student nurses study. The members of Stacey's categorised group are those who are part of the '*community*' of nursing and share '*the same mind set*'. Stacey associates herself with this community when saying she feels part of it, as she is able to say '*hello*' to people that *she* knows. This talk conveys the picture that other students do not share this '*mind set*', are not in a position to know each other well, and are not as friendly as student nurses. In addition, the talk makes nursing students '*special*' because they require a level of particular help not available to other students. Stacey (excerpt 106 above) says student nurses need attention '*because what we're doing requires support*' [caring for patients – my assumption]. Stacey's emphasis can be heard on the word 'we're', which further separates them [student nurses] from 'other' university students, thus

demonstrating othering and re-surfacing the notion of the additional segments experienced by student nurses as university students.

The repertoire of student nurses being 'special' also surfaces when Stacey (excerpt 107 below) points out the difference between '*getting*' a degree and '*qualifying*' to be a nurse. She uses othering when talking about non-nursing students, referring to them as '*they*'. Using words such as '*us*' and '*we*', she positions herself with the views of student nurses belonging to the student nurse group. The word '*like*', used to indicate reported speech, suggests that this discourse has a presence in the talk of this group of students. On listening to Stacey's self-reported talk in excerpt 106, she conveys her words in a sarcastic and somewhat patronizing tone; "*Oh [ooohh!], I've got a degree, yay!*" The 'Difference' repertoire serves to belittle other students' achievements and amplify their own 'special' position. The conveyed message is that nursing is a harder course to study because, not only do student nurses get a degree like other students, they also qualify as registered nurses.

Nursing is seen in Stacey's excerpt (107 below) as having a different value to that of other students, as she states '*it's a different kind of motivation for us*'. Being a registered nurse appears to supersede or trump the value of the degree. This can be seen when Stacey (excerpt 107) categorises impending nurse registration as '*really scary*', thus giving it a reverential-like status over that of the degree attained by other students. Therefore, this discourse carries the message that a university degree is a good thing, but student nurses are different and special because they get a nurse registration as well as a degree, which is harder to achieve than a degree alone and thus carries more value. There is some similarity with lecturer discourses present within the 'Nurse's hat or mortarboard repertoire', where lecturers also use language that places nurse registration above the importance of university regulations (see Lecturer Anita excerpt 14 page 138).

Excerpt 107

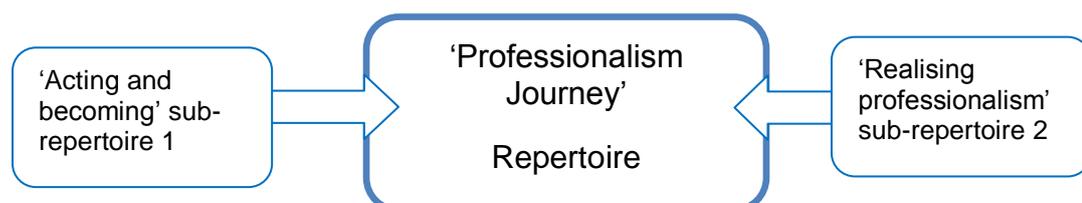
STACEY: They don't qualify, they graduate. They don't understand it when I say 'qualify', they get really confused. Because they graduate. So to them, it's not that much of a leap – do you know what I mean? "Oh, I've got a degree, yay". It's a really good thing, whereas we would like 'qualified', actually, to us, that's really scary. Most people getting a degree, they'd be like "Oh, I've got my degree" and we're like "we've qualified; we're actually on a register now to do things". Like that's really scary and I think it's a different kind of motivation for us. I'm really proud of what I do. [SC3P13]

Therefore, the repertoire of 'Difference' serves to deny access to the nursing community to other students, because they do not meet the requirements to be part of it. According to Young (1990), communities tend to be conceived by those with similarities and a common cultural set of norms. A sense of community is also constructed in relation to 'other' communities that are seen as different and de-valued, known as 'out-groupings' (Young 1990). Therefore, Stacey's talk calls upon this discourse to 'out-group' other students.

C: 'PROFESSIONALISM JOURNEY' REPERTOIRE (WITH TWO SUB-REPERTOIRES)

The discussion below presents the findings from analysis of the student talk that defines the journey that students have been on since starting their nurse education.

The repertoire is accessed through the student talk as they reflect on their experiences from first to third year. Their talk represents a process of change, demonstrated by the use of the word '*journey*' (excerpt 108 below). This repertoire is further informed by two less visible sub-repertoires. I use this term to describe talk that is less prominent than a repertoire, but, while reflecting, it 'felt' too important to disregard. So, rather than subsume the content of the sub-repertoire talk into the one 'Professionalism Journey' repertoire, I decided to keep these separate to ensure that their distinctive features had a presence. The sub-repertoires are 'Acting and becoming' and 'Realising professionalism'. The themed talk that influences the 'Professionalism journey' repertoire, and the sub-repertoires, are shown below and in **TABLE 9** (Page 203).



Jason's talk (excerpt 108) about the professional nurse has changed over the three years of interviews, and it is Jason who talks of having '*gone on a journey*'.

This is similar to Benner *et al.* (2010) who also defined the process of socialization as a form of journey that needs to be travelled.

Excerpt 108

JASON: I think my opinion of like the professional nurse has changed so much, from the initial interviews that we had, erm, and just... I don't know if that's as we've gone on the journey. [SA3P11]

Stacey's talk (excerpt 109), conveys some kind of metamorphosis during the nursing programme, which appears to inform a discourse of change or development. Her reflective talk on her early exposure to professionalism in university is defined as '*dull*' and '*boring*', but a change in that initial discourse is seen through her use of the analogy of being a '*child*', or '*child-like*', early in the programme. In year three she calls herself '*more mature*', and says '*I've got to be like a grown up*'. The emphasis on the recording is on the word 'got', suggesting an imperative to be adult. This talk supports the discourse of change leading to the end result being '*a grown up*'. Stacey also uses the word '*mature*', which can be defined as fully developed (Cambridge Dictionary 2017 (Online)), further maintaining the metaphorical change from student developing into registered nurse. Stacey (excerpt 112 below) talks about actually *becoming* a professional, rather than just knowing about being a professional.

Excerpt 109

STACEY: ...I suppose you understand what it [professionalism] is more than when I first got here. 'Cos when you first... Coming straight out of school, like I said, I feel a bit like a child and when someone says professionalism, you kind of think of like... I don't know; it sounds a bit boring. Is that the wrong word? But when you're that age, you're just a bit like: Oh, so I've got to be all dull and stuff. But now, it's just... I don't know, it's just about being a bit more mature. Oh, so I've got to be like a grown up. Do you know what I mean? And [like...]

JOANNE: [Sensible]. [SC3P1]

Changing

Talk of change is supported by the presence of a number of metaphors throughout all the student interviews, which appear to sustain the discourse that student nurse professionalism is not acquired passively, but rather that it has to

be forced or pushed into students, at least in the early stages. There appear to be degrees of this enforcement talk which seems to be more potent earlier in the students' nursing journey. The metaphors used are verbs and all have an assertive or insistent nature, suggesting that the information being carried to the students is of significance and not easily understood. This is viewed in Jayne's talk (excerpt 110) about learning the rules and regulations for nursing, and how this information prevents students from making mistakes or '*getting told off*' (Gemma in excerpt 111 (1)). The metaphors seen include '*drum it in*' (Jayne excerpt 110), '*drumming it in*' (Joanne excerpt 112) and '*drilled into us*' (Joanne excerpt 112). There are a further three (3) repetitions of '*drum it in*' from Jayne (Child Field) and Kim (Mental Health Field).

Excerpt 110

JAYNE: But I think part of it is a simple case of: start as you mean to go on as well. Because if they didn't drum it into us in the second year and we went all though the first year, you would look back, you'd either a) be embarrassed, b) be ashamed, or you'd have instances where in practice, you'd be pulled up for things, rather than... You can kind of pre-empt. [SC3P9]

Excerpt 111

GEMMA (1): Erm, but has it changed since first year Just different ideas, I mean in first year there was a lot more worry about doing something wrong and doing something right, erm, getting told off but it's not so much like that anymore now↓. [SA3P1]

GEMMA (2): In uni in first year I think you are very much aware of what the lecturers are telling you about and the rules and regulations, and what you should and shouldn't do and you're a little bit worried and then I think as you progress you become a little bit more comfortable and you less worry about those things but being professional, erm, should be the same I suppose, but maybe you don't realise as much in first year about different ideas and things that you maybe wouldn't realise was unprofessional. [SA3P2]

Excerpt 112

JOANNE: I think 'cos we've had the theory about it and it's been drilled into us every year – maybe not this year as of yet, but erm, every year, it's been drilled into us about professionalism and I think 'cos we have a theory behind it, erm, ...you have this image of what a professional is, but now we've become – I hope – we have become a professional ourselves. [SC3P1]

In Stacey's talk below (excerpt 113) she says that lectures no longer provide such active and enforced direction on professionalism. Within year three, the 'Incredible or Discreditable Professionals' repertoire (discussed earlier) students also drew upon this discourse, albeit in a slightly different way.

Excerpt 113

STACEY: ...I think it's just a nice little reminder, but by third year... 'Cos I think: last year, yeah, they had to be... Oh, it's like *your* professionalism. It's just like... They don't hammer it in [Metaphor], they just kind of lightly drop it in [Metaphor]. ...whereas now, we know what we're doing. I think it would be a bit insulting if they started questioning our professionalism now. We wouldn't have got this far...[SC3P9]

Therefore, these two repertoires are diametrically opposed but also running simultaneously. Within the 'Incredible or Discreditable Professionals' repertoire, students used talk of dissatisfaction and critique to convey lecturers as less professional due to their lack of enforcement of professional requirements, which they introduced in years one and two. In this current repertoire, student talk promotes a discourse of professional responsibility and change. Further indication of this repertoire can be found in Stacey's talk (excerpt 113), within her use of two metaphors; stating that '*they (the lecturers) don't hammer it in*', but instead they '*lightly drop it in*'. There is a change in professional responsibility shown in the above metaphors, from being led by the lecturer (*drummed in*) to that of being left to the students to decide what is professional, with lighter lecturer prompts as required.

Jason (excerpt 114 below) also acknowledges the early direction from the lecturers. He uses the metaphor '*hand holding*' to signify this close support. This metaphor resonates with Stacey's talk (excerpt 108) about being '*child-like*', and Jason's '*hand holding*' metaphor fits with the language of guidance being shown within talk of change. '*Hand holding*' implies proximity, with students kept close to the lecturers. The talk in excerpt 114 also reflects a change in lecturer direction that is less protective, with words such as '*guide*' and '*keep it right*' being used. Even though Jason's talk presents a greater level of control over his own learning, there remain snippets of lecturer agency, as seen earlier in student talk in year one.

Still being watched

It appears that students' talk positions them as still being watched in year three, as they were in year one and, to a lesser degree, year two, although lecturer talk suggests that their gaze is not as stringent as it was. The slight change in distance between students and lecturers can also be seen within a critical point

in the student talk, where lecturer talk is back-grounded to enable the students' own professional position to surface. This is seen in Stacey's talk (excerpt 112) where challenging student professionalism in year three results in an insult. This is because, like Joanne's talk (excerpt 111 above), Stacey sees herself as a professional in her own right.

Excerpt 114

JASON: Erm, so in first year, I feel very much that you were directed... There was an element of hand holding [Metaphor], almost. Erm, which was necessary for like your learning process. And then that's changed now in third year, very much like we lead the learning and the lecturers just kind of guide that and yeah, keep it right, but our knowledge is valued...[SA3P5]

Excerpt 115

JOANNE (1): Our appearance and our conduct and then if you maybe look at what the definition of professional is, erm, I wonder that we would have satisfied that on day one in first year. In practice, once, we'd had the theory, 'cos we did have the theory of professionalism before we started our first placement on the wards, so therefore we had the knowledge of what professional is and how we were expected to act and conduct ourselves and I feel that a high percentage of us will probably have done that from day one... [SC3P5]

JOANNE (2): I think we become... a more confident professional in our third year because if what we're talking about, the experience again. But I do still think that on our first day of practice in the first year, we were professional in our conduct and our...[SC3P5]

Being a confident professional

In excerpt 115, Joanne (1) talks about '*on our first day of practice in the first year, we were professional*'. However, when Joanne (2) talks about what *they* (students) are like now she says, '*I think we become... a more confident professional in our third year*'. Using the past tense suggests that being a professional takes time. Hammer *et al.* (2003) also note the aspect of time and professional competence. They say that professionalism is a life-long commitment to a journey that must be travelled. Graduating into a profession is just one part of that journey. The links between time and professionalism can also be seen in the lectures' talk (Respecting the Expert Repertoire), and in year-two student interviews where they start to acknowledge that being a professional is a lengthy process (Professionalism Takes Time Repertoire). A different form of

talk is used for '*being professional*' (acting in a professional manner) and '*being a professional*'. The discourse appears to have shifted to that of one talking the position of the professional.

Talk that implies change is heard in talk from Jason (excerpt 116) and Jayne (excerpt 117). Jason defines different personas ('Mes') and how these have joined together. Jayne notes a difference in the way she feels. Kaiser (2002 p95) defined the process of becoming a professional as a breaking down of individuality and uniqueness, and replacing it with professional ideology. Successful professionalisation, according to Kaiser (2002), results in radical change in self identity and normalisation of the professional discourse. Haas and Shaffir (1991) describe how, once a student is socialised, they gradually adopt the symbols that represent the new culture, such as language, clothes, and demeanor, and they begin to separate themselves from the outsider (those not in the profession).

Excerpt 116

JASON: ...so there was 'me' that I have. Then the 'me' that I present in clinical practice, and probably a little bit different from the 'me' that I present in university as well. Erm, maybe a little bit more relaxed in university, just because it's a safer environment to be relaxed in and over the course of the three years, those three people have all met each other and come together as one... Now when I go into practice, I wouldn't be frightened to show a little bit of myself, a bit of my own personality. Erm, and certainly in university, I'm not frightened to do that anymore, so yeah, it feels a lot less serious. It happened at a time when I felt I had enough knowledge to have something worth saying maybe. Definitely. [SA3P7]

Excerpt 117

JAYNE: I just feel like... A different person. [SC3P2]

'Getting' the jokes

Gemma (excerpt 118) acknowledges that, as a result of exposure to clinical practice, she appreciates some of the profession-specific language, including terminology and 'in-jokes' that are shared with qualified nurses. This indicates an element of socialisation into the role of a nurse, a greater level of inclusion and a feeling of being embedded in the discourse community of nursing.

Excerpt 118

GEMMA:... in lectures, the ones that I have had, everybody has been professional, maybe a little bit more jokey and things now we are third year because, they know that we understand those jokes a bit better as well because we have been in practice and but I quite like that, I like a lecturer to be like that, erm, a few little anecdotes and... [SA3P3]

Within two elements of talk the idea that professionalism as not being conscious is indicated (Stacey excerpt 119 below and Rachel excerpt 130 page 230). Belonging to a culture is largely unconscious according to Felski (2002). Indeed, Bourdieu (1997) says that our habitus fits a specific social field, and while we remain in that field we are not aware of it because it feels natural. However, this does not happen automatically according to (Miller 2003), as reflexive thought is required. Only through this process can a sense of social, relational, and material identification with surroundings happen. Therefore, it is possible that the language conveyed within the discourse of change has been informed through the students' reflections and reflexivity over the three years of their nursing programme.

Excerpt 119

STACEY: But it's not even a conscious thing; just, you just don't think about it anymore. [SC3P1]

Further evidence for subconscious professionalism can be seen within Stacy's talk (excerpt 119), where she recognises that year-three students no longer notice themselves being professional as it is an everyday requirement, and therefore it has become a 'common-sense' part of their talk. Joanne (excerpt 120) refers to it as 'common sense'. Common-sense assumptions are an important feature of interpretative repertoires that form part of the lived ideology and condensed wisdom within a group (Wetherell, Taylor and Yates 2003, Billig *et al.* 1988).

Excerpt 120

JOANNE: For most of us, is it not just common sense?↑ [SC3P5]

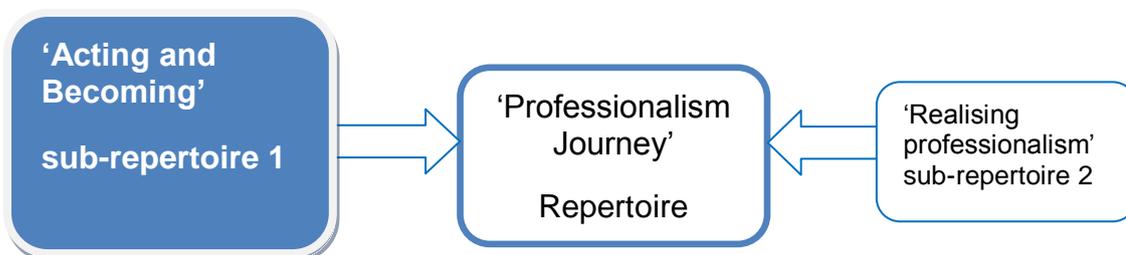
The way that Joanne uses her talk above shows a matter-of-fact assumption that professionalism is somehow normal by the way she says '*is it not just...*'. The

rise in tone at the end of the question offers clues that this is certainly of no surprise to her.

SUB-REPERTOIRES

The next section examines what appear to be two sub-repertoires which also inform the discourses of change within the professionalism journey. The first of these is the 'Acting and becoming' sub-repertoire. This draws on the discourse of acting the part. The second is 'Realising Professionalism', which offers some clues as to the point where students' language emulates that of being a professional.

C(I): 'ACTING AND BECOMING' SUB-REPertoire



Jason's reflective talk (excerpt 121) uses the word '*act(ing)*' to describe his journey to becoming a nurse. By third year, acting is not required, as being a professional becomes reality (to Jason). The word '*act(ing)*' is repeated eight (8) times during the third-year interviews as the students reflect on their early experiences of professionalism. This word is not used in year-one or year-two interviews so it appears that, only with hindsight, students talk about becoming a professional. It is worth noting that *acting* professionally, according to Hammer *et al.* (2003), is not the same as *being* a professional.

Excerpt 121

JASON: ... And it was almost like in first year, you were trying to be something that you weren't yet, 'cos you were... You were trying to be that professional nurse and you're not there, academically, physically, you're not and you can't be there and then I think the closer I've got to that point, the more comfortable I feel in that sort of environment, so... Almost as if first year was like... I started a bit of acting and like, I'll act like the professional nurse and then maybe I'll feel like one and then come third year, it's not acting, it's true; this is who I am, yeah. [SA3P2]

Rachael (excerpt 122) talks about '*imitating the nurse*' as a way of allowing herself insight into the role. The words '*act*' and '*imitate*' have slightly different interpretations. Synonyms for act include 'perform', 'operate', 'proceed' and 'work'. Whilst synonyms for imitate include 'copy', 'reproduce' and 'mimic'. 'Act' can be identified with doing, or trying to do the job, while 'imitating' is about copying those who are doing the job. The discourse of acting and imitation appears to function as a way for students to engage with professional nursing practices, without the responsibility of the registered nurse. In effect, this talk allows students to be able to nurse in a supported way. This discourse appears to bind students to their clinical mentors, supporting role modeling, but also ensuring that students are observed for professional attributes.

Excerpt 122

RACHAEL: ... And it's just like imitating the nurse, just to get a full picture of it and in time, it grows. Second year was much better. You're able to give more of it, really. But now in third year, it's like, you know, this is who I am. I have to embrace this; I've got a new identity, so... [SA3P3]

Joanne's use of '*act*' (excerpt 123) provides a slightly different perspective. She is using language critically, which serves to highlight her own professional stance.

Excerpt 123

JOANNE: Yeah. You get it from experience though as well; being out in practice, you see certain behaviours; you think: yes, you know, you can tell they're professional. But then, you also see certain behaviours and go: Oh, well I'm not going to act like that; I'm not going to act like that!↓. [SC3P2]

Here, Joanne's talk makes it possible for her to pick and choose what kind of nurse she might want to imitate and ultimately become (Jayne excerpt 124). Her talk has some resonance with that found in the earlier year-three analysis in the

‘Incredible or discreditable professionals’ repertoire, where she displayed a level of cynicism in her words towards lecturers (qualified nurses) who did not demonstrate clinical currency. However, Joanne’s talk is critical of nurses in *practice*, perhaps suggesting that talk exists to raise awareness towards the end of their nursing programme, serving to exhibit heightened expectations of the role they may play once they qualify.

Excerpt 124

JAYNE: I feel like it’s just been a progression over the years. ...I feel like it’s just over the three years and observing other nurses and other professionals that we work with that I guess I’ve built up my idea of what professional is in my own mind and then transferred that into my own practice. [SC3P4]

C(ii): ‘REALISING PROFESSIONALISM’ SUB-REPERTOIRE

This sub-repertoire informs the ‘Professionalism Journey’ repertoire, with student talk offering some clues as to the point at which professionalism might be realized through their talk.



There appears a point within student talk where a change in abilities and confidence is heard. However, not all the students articulate the same process of change through their talk. For Stacey (excerpt 125), Jayne (excerpt 126) and Jason (excerpt 127), they recount specifically feeling and behaving professionally in their second year.

Excerpt 125

STACEY: Mine was in my second year, ‘cos I remember it; it was one day and I remember it happening. It was weird, but I’d had a day where... I mean I’d always kind of being building up to it, but I became aware when I had a day and I had my own patients and it was the first time I had my own patients like properly and they were like: “Off you go” and then I remember, the parents were asking me questions and up until that point, I’d always thought: I’m just a student and I always felt a little bit like a child, just following everyone around and just kind of staying back and not really knowing

what's going on and from that moment, I was like: hang on a minute. I'm actually kind of in charge of these people now and they're expecting an answer and I actually know the answer and it was at that moment where I suddenly felt like a nurse and I was like: Oh. And from then, that kind of interaction just kind of made me... I don't know what it was; it was weird and I suddenly felt like I was involved, rather than just standing back and watching. I was part of it now because I was trusted. [SC3P3]

For Jason and Stacey, the moment of realisation resulted from a particular episode in time, in clinical practice. From Stacey's talk (excerpt 125 above), her moment of realisation is recognised in her talk by her use of the words '*hang on a minute*'. At this point, the talk indicates a change in awareness and readiness for professional responsibility. Stacey reflects on her experiences in year one, using talk indicative of a more passive status of '*following everyone*' and '*standing back and watching*'. She talks of being '*like a child*'. Jayne (excerpt 126) also uses similar talk, regarding '*following people*' and '*feeling like a sheep*'.

Excerpt 126

JAYNE: 'Cos I think first year, you very much feel a bit like a sheep. Which is not... I found that very very hard. I found it very hard to follow people round, but you have to accept that for a certain period, that's exactly what you've got to do. Whereas towards the end of your first year, second year, you know a bit more and you can answer a few more questions and you get the confidence to turn around and say: Do you know what; I'm not the best person to answer this. I'll either go and find out, or I'll get someone to come straight to you and you do that. [SC3P5]

Part of the flock

There is a sense in Stacey's and Jayne's talk of not having attained full membership of the group. Jayne's talk serves to place her outside the nursing community, following *like* a sheep but she is not being one (a sheep) as yet. Therefore, it might be thought that she is not a member of the flock (of nursing) and her access to it is being limited. It is not clear from Jayne and Stacey's talk if *they* are avoiding involvement, or if they are being held back by others. However, reported speech is used to define the moment Stacey is expected to work more independently. She is told '*off you go*', which appears to be a significant release from a passive position to a more active place ('I was involved'). '*Off you go*' therefore takes the form of permission to be more independent, thus enabling a discourse of release or permission.

It might therefore be possible to say that it is the registered nurse who decides when the student can move closer to working within the 'flock'. Release into practice appears to not happen quickly, which further suggests this discourse acts to monitor and assess a student's abilities before they are allowed to do more than follow and watch. This talk indicates that Stacey had been '*building up to it*'. Jason (excerpt 127) also presents talk of growing professional capability and independence. This discourse indicates that they time the release to coincide with being '*trusted*' by clinicians.

The 'Professionalism journey' repertoire is seen again in talk from Jason (excerpt 127), where his talk perpetuates the importance of professional standards and practices being '*force-fed*' to students by lecturers. However, a change is heard in year-three talk which appears to support a release to more independent learning. Jason uses the metaphor '*touching base*' with lecturers to make sure he is '*on the right lines*'. Olsen and Whittaker (1968) write that a critical element within the process of professional socialisation occurs when those around the learners affirm that they are actually developing an identity as a member of their chosen profession.

Excerpt 127

JASON: See, I'm trying to pinpoint the point at which that changed and it was some point in second year where I didn't feel like I needed that direction; I felt safe without that direction, ... 'Cos I remember the very first module, it was like 'Read the code' and you were like "Oh, the code. I'll read the code" And that needed to happen; I needed that direction, I needed that... And going back to like your intrinsic and extrinsic motivation, I needed someone to be like: "You need to do this, to achieve this" and then comes second year and even more so this year, there's no one telling me that I need to go and read something or that I need to research this, because I want to do it and I know... I've got the skills and tools within myself to do it and just every now and then, touching base [Metaphor] with a lecturer and they'll be like "yeah, that's good, you're going along the right lines [Metaphor]". Yeah, erm... It's not as 'force fed' [Metaphor] on to you.
[SA3P5]

D: 'STEPPING UP TO THE PROFESSIONAL LINE' REPERTOIRE

The final repertoire for the year-three students is 'Stepping up to the Professional 'Line''. This repertoire appears to highlight a professional boundary within the students' talk which serves to demark what is professionally acceptable.

In the previous repertoire the language suggests a purposeful forward movement towards a particular direction through the use of the metaphor '*going along the right lines*' (Jason excerpt 127 above). References are also made to a metaphorical '*line*' (Jayne and Stacey excerpt 128 below), and a '*boundary*' (Jayne excerpt 129). The word '*boundary*' conveys greater connotations with prevention or limitations (Oxford Dictionaries on line).

Excerpt 128

JAYNE: So you're almost very aware of certain things and like you say, there's a line. So you'll go to a certain point and there's a line and you think: right. That's it.

STACEY: And I don't think it's a line professionally; I just think it's a line as like as a person, there's some things that I'm just not comfortable with any more. [SC3P3]

This talk conveys messages suggesting that anything before the '*line*' or '*boundary*' is acceptable professional behaviour, while crossing the '*line*' would be unprofessional. This is illustrated by Jayne (excerpt 129) when discussing her relationship with lecturers, defining them more like friends.

Excerpt 129

JAYNE: ...so say if we've had this tutor for a subject every year, you then gradually get to know that subject tutor better. They don't ever cross a boundary; they're always professional in terms of their teaching role. However, they may talk to you about certain personal things they have. You know? Or they might give examples from families or...

The use of a disclaimer in Jayne's talk signifies the relationship did not cross the '*boundary*'. In other words, the relationship stayed within the professional domain; the right side of the professional '*line*'.

It is at this '*line*' that professional and personal language appears to converge. This can be seen in Stacey's talk (excerpt 128 above), and in Jason's description of three '*Mes*' (excerpt 116 page 197), within the '*Professionalism Journey*' repertoire). The metaphorical '*line*' is somewhere to work towards, and this is also illustrated in Rachael's use of the idiom (excerpt 130) '*Step up to the mark*'. This means raising one's efforts, working towards a higher level of attainment, or to do something expected of you (English Language Smart-Words On Line).

Excerpt 130

RACHAEL: Yeah, it's an expectation really, that you know, you step up to the mark [Metaphor]. It's like your clothing now. Yeah. [SA3P3]

This metaphorical '*line*' or '*boundary*' can be seen within the talk of lecturers and students at each year of their nursing programme. Lecturer Phil (excerpt 1 page 107) talks of students needing to '*tow the line*'. Jayne (excerpt 60 page 157), in year one, says she '*never overstepped the mark*' in her relationship with patients' families. Kim (excerpt 70 page 162) in year two refers to a '*blurry line*' where professional standards are not clear to her.

The talk above supports a discourse of demarcation, which appears to have a degree of longevity throughout this study. It appears to serve to highlight levels of tolerance of particular professional behaviours. It also provides a place ('*a mark*', '*a line*') to work towards. Finally it offers a '*boundary*', defining a space which professional nursing inhabits which cannot be entered without undertaking the journey to get to it.

4.15 SUMMARY

The year-three student talk resulted in the identification of four repertoires and two sub-repertoires. The first of these ('Incredible or discreditable professionals' repertoire) relates to the talk about lecturers' professional credibility and their role as gatekeepers of the professional standards. The talk showed some discrepancy between the expectations of students and lecturers. There also appeared a change in agency in the relationship between students and lecturers. In first-year talk, agency was with the lecturers and was used as a way of promoting and ensuring professional standards. In the year-three talk, a shift of agency signifies a change in discourse to one of critique by students. The students use more critical language about lecturers who do not honour the standards they set for them in year one.

The students' talk was also critical of lecturers' contemporary clinical knowledge and of their approaches to education delivery ('*strict*' or '*relaxed*'). This latter discourse re-surfaced the meme that came to light within the lecturers' talk ('Respecting the expert' repertoire), where clinical nurses' use of language serves to de-value lecturers' nursing skills.

The 'Professional journey' repertoire appears important in the third-year talk. The 'Professional journey' is broken into three phases represented within two sub-

repertoires: 'Acting and Becoming' and 'Realising Professionalism'. The 'Professional Journey' surfaces talk of change during the process of the metaphorical journey, on both a personal and professional level for students. This repertoire may also influence the 'Student Nurses are a Select Group' repertoire, since without going on the journey, it is not possible to join the nursing profession. This further serves to reinforce the special nature of nursing.

The final repertoire is 'Stepping up to the Line', where a metaphorical line of professionalism is supported by the discourses of demarcation which function to further separate nurses from others not in the profession. This repertoire, in conjunction with the 'Realising Professionalism' repertoire, informs a wider discourse about being released after travelling the journey into the nursing profession.

To this point, lecturer and students' talk has been analysed in isolation. The next section demonstrates how the talk from the lecturers and students are linked through what they say and how that language is used.

4.16 CONNECTIONS BETWEEN THE LECTURER AND STUDENTS' TALK

At the start of the study I elected to interview lecturers only once (see section 3.2.1). The rationale being that I considered lecturers to be well established members of the discourse community and thus I did not anticipate changes in their talk about professionalism over time. Reflecting upon the consequence of this decision, it is clear that it had the potential to restrict my ability to link lecturer and student talk in terms of the timing of the data generation. In hindsight, lecturer interviews immediately after student interviews may have offered the potential to transfer or link some of the key discursive points between the student and lecturer data.

Alternatively, as discussed within **section 3.18** (unnatural data), I might have video-recorded lectures and seminars given that professionalism pervades all. However, the latter was challenging given that 'professionalism' is not taught overtly as a subject. I would also need to 'select' lectures where *I thought* professionalism might arise. In hindsight this might have allowed the interactive

element of talk to be observed and then analysed, thus offering another dimension. However, the original research was focused unilaterally on *how* students and lecturers talk *about* professionalism.

Within a lecture scenario, the interaction in talk between students and lecturers is limited, given that, traditionally, the flow of talk comes *from* the lecturer *to* the student. There is slightly more potential for shared talk between lecturers and students in seminars, however most interaction is between students working together to problem-solve and discuss issues. Since I was interested in the way lecturers and students *talked about* professionalism, it was unlikely that this approach would have yielded much talk focused on professionalism.

The literature presented at the start of this thesis used a variety of methodological approaches to access data about professionalism. For example, Van de Mook *et al.* (2009) and Aguilar, Stupans and Scutter (2011) completed systematic reviews of literature to expose the range of professionalism characteristics. Hall (1968), Hammer *et al.* (2003), Miller (1985a, b, 1993), Akhtar *et al.* (2013) and Wynd (2003) employed quantitative survey methodologies to inform inventories of professional behaviours. Those using a qualitative approach included Furaker (2008) and Secrest, Norwood and Keally (2003) to examine experiences of being a professional. Very few researchers, it would appear, have used a mixed methods approach in the the study of professionalism.

I had considered how additional data might serve to support some perspectives through triangulation. However, as discussed on page 70, triangulation is not considered congruent with the epistemological and ontological tenants of discourse analysis (Potter and Wetherell 1987). In a similar way to this doctoral study, Keeling and Templman (2013) [who focused on nursing students] and Monrouxe and Rees (2017) [who focused on medical and nursing students] were interested in the way students *talked* about being a professional. Both sets of authors used a discourse analysis approach, and neither used additional methods to triangulate their findings.

I reflected on this issue in more depth within my e-diary and in supervision meetings. The resulting considerations led me to decide to work further with the data I had collected, and to re-visit lecturer and students transcripts. On doing

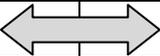
so, I became aware of the similarities within some of the talk of the two groups. For example, lecturers and students shared the use of some words on occasions (see examples below). I also noticed that some sections of talk contained direct and indirect reported speech (in quotation marks), where talk is attributed by one speaker to another (Wood and Kroger 2000). Tannen (1989) finds reported speech helpful in creating vivid and dramatic stories, and also in showing the involvement of others. Reported speech also figures in DASP as a way to make claims stronger and more factual (Wood and Kroger 2000).

There were four particular areas where the student and lecturers' talk appeared to have particular, and obvious, 'connection'. Similar words and phrases below are suggestive of lecturers and participants potentially sharing some form of experiences and some forms of talk. These are described below, although a more detailed analysis of particular excerpts of talk are presented within the analysis and interpretation sections.

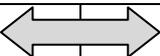
1] Language that serves to impress professional behavior upon students ('Drummed in')

LECTURERS	STUDENTS
<p>...we had that kind of <u>drummed into us</u> from a behavioural approach. [LC1P16]</p> <p>...try and <u>instill in them</u> that there are professional expectations [LA1P3]</p> <p>... 'even though they aren't qualified, there's expectations there on them I think and from very early on, they <u>MUST</u> be hit with that [LA1P2]</p>	<p>...it was <u>drummed in</u> that you are professional when you are out, [SMH1P4]</p> <p>...we've had maybe four or five, repeating the same kind of things, so it's really been <u>drummed into</u> us the way that we're expected to be at university and regards to the professionalism. [SC1P2]</p> <p>...been <u>drummed into</u> us the way that we're expected to be at university and regards to the professionalism.... it's definitely affected about who you are in your personal life and where you are in your life. [C1P2]</p>

2] Language that serves to strengthen the value of educators having an expert clinical nursing history (Respect)

LECTURERS		STUDENTS
<p>... I always give them a quick potted history of where I've come from and emphasiseI'd be a very senior person and er, I would expect the same level of respect and attention and behaviour as they would give that kind of level in clinical practice, albeit within an informal teaching environment. [LA1P1]</p>		<p>... The lecturer, in the first seminar, introduced themselves as a nurse...kind of like a whistle-stop history of what they'd done. Erm, and their last role as head of nursing for a Trust and I wonder if, like psychologically, like deep down without realising, that was why the group gave that lecturer more respect. "Look, I'm a nurse; you're here to become nurses; this is what I've done; let's get on with it". [SA2P11]</p>

3] Student nurses foremost (Expectations and Differences)

LECTURERS		STUDENTS
<p>... "But you're on a vocational, professional course. NMC requirements, ... so we expect something different, because you are expected to behave professionally in uni as well as in practice...". [LA1P1]</p> <p>... "You're a university student, but really, you can't behave like other university students, ... we expect of you and we don't only expect that of you when you're in clinical practice; we expect you to behave like that all of the time. In your own life as well as in university.....It's actually your whole identity, ...being a professional. [LA1P20]</p> <p>...so we expect something different, because you are expected to behave professionally in uni as well as in practice, because you are being judged as a professional". [LA1P1]</p>		<p>...people are like "Oh, you've got loads of free time and you've got loads of money, but you hardly do anything, because you're at university" and I'm like: "No, because I'm <u>not really at a proper</u>... I'm doing a nursing course". [SC2P8]</p> <p>.... And the lecturer said that this is how we expect you to act and "this is what our expectations are of you". [SC1P2]</p>

4] The Impact of Uniform (Expectations and Differences)

LECTURERS	STUDENTS
<p>...and we don't want to be a scary sister in a navy blue uniform and a badge. [LC1P9]</p> <p>...when we wore uniforms, your uniform was a symbol of status and we wore it with pride because, like it or not, as ridiculous as it may seem, it was a symbol of status and you were proud to wear your hat or your badge... [LC1P10]</p>	<p>...I know what I am like if I go into a supermarket and there is a nurse in their uniform and I am thinking 'it's absolutely disgraceful, what are you doing?' ... [SMH1P10]</p> <p>...I've noticed, even myself, when you're got your uniform on, you're not... as much as first year, where you were making sure all your hair was up and no nail varnish and... In practice, you wouldn't dream of... well, I wouldn't dream of leaving my nail varnish on. [SA2P6]</p> <p>... but there is a lecturer, who everyone's really scared of, "Oh, you've got to make sure you take your nail varnish off ... She's really strict on it" whereas like I said, we'll go into a practical and we'll be in our uniform and the lecturer will be in scrubs tops and jeans or... Not even that, or sometimes like their hair will be down and they won't... They're not even bare below the elbow. [SC3P7]</p> <p>...the tutor came in and... in like charge nurse scrubs [theatre uniform], had a stethoscope on and like, looked as if you'd look in clinical practice and the group were completely different with that lecturer. I think it's quite easy to forget ...these have been heads of nursing and you wouldn't dream of like chatting away to your mate while you're on your phone if the matron walked on the ward... [A2P9]</p>

CHAPTER 5: TOWARDS A MODEL OF PROFESSIONAL DISCOURSE ADOPTION AND EMBEDDEDNESS

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5.1 INTRODUCTION

This chapter presents the interpretations and theoretical underpinning that led to the development of a conceptual model of 'Professional Discourse Adoption and Embeddedness'. The model is shown at the start of this chapter to orientate the reader to the discussion sections. Following the model, there is a brief description of how students and lecturers position themselves within each of the proposed phases of professional development.

This conceptual model was presented to two groups of students before thesis submission. The first presentation was to the seven student study participants just before they left the university. They were invited to comment upon the overall study findings and the development of the model. This offered them an opportunity to consider, challenge, discuss and question the model and the analysis behind it. The students were keen to view their input and were curious as to how analysis and interpretation had been undertaken. Using selected sample sections of talk I was able to demonstrate the basic underpinning analysis approaches (as shown in section 3.2.5 of this thesis). When presented with the conceptual model, the students all found resonance with the idea of the 'journey' towards professionalism and of the differing levels of involvement they had with the lecturers while on their journey. The opportunity to present findings back to the students served as a member-checking exercise, as suggested by Taylor (2003) as a way of negotiating the interpretations of their words by a researcher from an insider status. A second presentation to students was to a group of pre-registration masters students (MNurs). They too felt they could relate to the process of socialisation described in the conceptual model. Some of their feedback can be found in **appendix 9**.

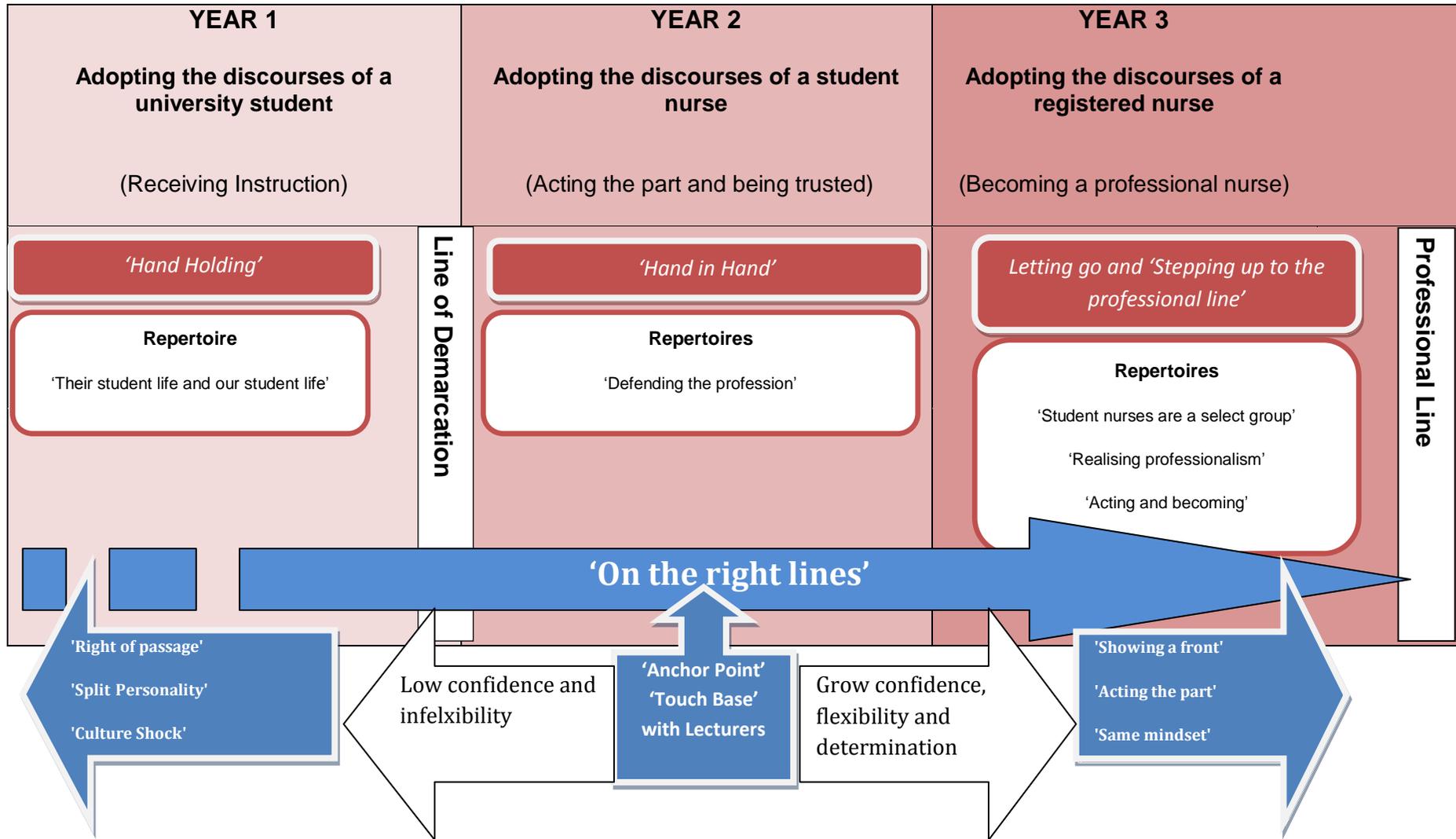
A further presentation of the model was given to lecturer peers during a departmental meeting. As with the students, the lecturers were able to relate to the process of socialisation presented in the model and were in particular agreement with the talk delivered to students in year one that served to protect them from activities that could influence their future career development.

5.2 MODEL OF PROFESSIONAL DISCOURSE ADOPTION AND EMBEDDEDNESS

Analysis of lecturer and student discursive knots can be summarised with the assistance of the conceptual model below (**FIGURE 7**), showing how the discourses of professionalism are adopted and embedded by student nurses as they progress through their nurse education programme.

The figure shows each year of the nursing programme as a process with a blue arrow marked '*on the right lines*' which moves student discourses towards the position of registered nurse. The presence of metaphors ensures the discursive nature of this research stays true to the participants' voice. For example, student metaphors are incorporated within the two large blue arrows at the base of the figure. These demonstrate how the adoption of some discursive practices can influence the student's movement within the process of their education, and ultimately their adoption of professional discourses.

Figure 7: The process of professional discourse adoption and embeddedness



YEAR ONE: ADOPTING THE DISCOURSES OF A UNIVERSITY STUDENT

Receiving Instruction

In year one, lecturer repertoires position students as lacking in the expected professional standards on entry to the nursing programme. Lecturers position themselves as the protective guardians of professional values and expectations. This places lecturers in a position of agency where they are vigilant to student behaviours, 'warning' and reprimanding against perceived unsuitable professional behaviours. Lecturers' expertise within clinical nursing is displayed as highly valuable. The excerpt below illustrates the lecturer position in stage one.

JULIE: whereas I think for **first years** starting out, you're right. It's information overload. They don't... they're not able to contextualise it; they don't understand; they don't see how it all comes together, but we expected them to and I think it's not that I'm condoning: well, maybe they can be forgiven for not being professional, but I think it's because they don't see the potential consequences that makes them think it's got nothing to do with them and going back to what I said before, unless they've been in the situation, the it really hits home and sometimes, that's when it sinks in with some of them. We have just got to make sure they have that understand and they really get it. [LA1P14]

Students adopt the discourses of other university students and engage in student life activities, some of which could be construed by some lecturers' talk as less than professional. This, in turn, requires lecturers to guide students with authoritarian discourses that serve to separate student nurses from other university students in order to protect them from perceived unprofessional activities. The blue arrow below the year-one section contains metaphors used by students that have greater association with a university student way of life. These appear to serve as potential 'brakes' on the development of professional discourses in the eyes of the lecturers. Despite lecturer agency and surveillance, the student nurses continue to relate their talk to the university experience, and they engage in university student activity.

Student nurses do position their talk in line with the required professional behaviour '*expected*' by their lecturers. However, student discourses also convey messages that position them as entitled to a university student experience ('right of passage'), while also recognising they are *different* to other university students. There is

tension within the student talk as they sit between two discursive positions, that of the student nurse and as a university student.

The influence of lecturer agency appears to impact upon the student nurse experience, and student discursive practices start to change in year one. A split, or 'demarcation', is heard between the student nurse and university student before they go into their first clinical placement. By this time, the students' discourse adoption shows changes from those of the university student to those of the student nurse with professional attributes.

YEAR TWO: ADOPTING THE DISCOURSES OF A STUDENT NURSE

Acting the part and being trusted

Going into clinical practice, students are exposed to two different discursive approaches. From the university, students are positioned as needing to be 'moulded' by lecturers, '*drill[ing] in*' professional attributes. In reality, however, the 'moulding talk' from lecturers is somewhat more relaxed and friendly. Students are caught between the expectations and experiences of both positions (university and clinical practice), evidenced by the presence of some tension and confusion in their talk.

Within the year-two section, lecturers position themselves in a shared position between their role of university lecturer and registered nurse. They accept student behaviours more readily and are more flexible in their approach with students. However, this does not mean they are necessarily comfortable with this, as the excerpt below demonstrates.

STEWART: ...everybody's got erm, different approaches, depending what the session is. I don't know that I've come across anybody who's consistent with the approach in terms of scene setting. I think we all chop and change between taking control and having a bit of a laugh depending on the size of the group, the task at hand, or what the learning event is. You can be going a long nicely then you have to step in when someones on a phone or chatting. It happened in XXX module [2nd year module] this week. One at the inside of the row headed out for the loo or phone call or something I guess. Everyone had to stand up and then again when she came back in. I think we just have to sort of, like, move around your teaching to cope with it and adopt different...[C1P12]

On return to university, lecturer talk is more relaxed about professionalism. They no longer position students as requiring instruction on professional attributes. Instead, the lecturers' position is on a more equal footing with students, working '*with*' not '*on*' them. Through their talk, students position the university context as less professional than clinical practice. '*Real*' nursing is placed within the realms of clinical practice. Lecturers whose talk demonstrates clinical expertise are valued as experts. Lecturers whose talk places them as 'out of date' with clinical nursing are de-valued by students.

The discourses surrounding the positions of student nurse and university student are still present within this stage, although students start to show talk that preferences the position of the student nurse above that of university student. Talk that expresses 'belongingness' to the nursing profession is presented and there is criticism of other nurses and students who do not behave professionally.

YEAR 3: ADOPTING THE DISCOURSES OF A REGISTERED NURSE

Becoming a professional nurse

Within the year-three section of the model, lecturer talk is characterized by its similarities with that of students. Lecturers are positioned as more flexible in their relationship with students and professional behaviours.

As students' talk moves them towards the 'Professional Line', contact and direction from lecturers is apparent to students. However, this conveys discourses of student dissatisfaction with lecturers' poor monitoring of professionalism. Students turn to the '*strict*' discourses they were exposed to in year one and utilize these when talking about others' professional behaviours. Confidence is compromised by anxious talk of being qualified, although lecturers are on hand to 'touch base' with and are valued. Students' talk positions them as professionals. Their professional confidence arises through being trusted within clinical practice.

At this final part of their professionalism journey, student nurse talk separates them from other students and focuses in on nursing as a '*select*' group' with their own professional values. Trust bestowed on students from clinical practice increases

confidence to undertake the role of the registrant. 'Permission' to practice as a nurse ultimately comes from practice.

The example of talk from Rose (below) is indicative of the change in positioned behavior and talk between students and lectures over three years.

ROSE: ...in those meetings we had **first second and third years** and it's been commented on by the PPFs [Practice Placement Facilitator] before, and they have a sense of pride about them as well in the, erm, the **first year** in one of the meetings said... obviously quite nervous about bringing a criticism of the programme, and erm, didn't quite know how to word it and here she was sitting with all the, you know, the lecturers and the PPFs and, erm, and she very tentatively said "*well, we just don't understand why we are being taught this and it doesn't seem that important and I am only saying it because our other, you know, my other students have asked me and I am the rep*" and it was all very nervously done and **a third year**, before we had chance to say "*these are the foundations of what you are expected to learn, this is important and there really is no choice*", which was the answer we were going to give. Before I opened my mouth to speak, the **third year** jumped in and went "*oh we thought that in first year as well, but what you'll find is: it all comes together and it all... there's pieces, and you think you can't make the connections and then all of a sudden it all falls into place and I can say even from **second year to third year**, I found a difference and now it's all there and I really can see the value of it but at the beginning you can't, I agree you can't at the beginning*" and the **first year** looked totally satisfied with that from the **third year** compared to if we, I think, we might have looked defensive and they would feel that maybes we weren't taking account of their opinion, whereas the **third year** saying it was absolutely spot on. And erm, afterwards the PPF said "*that was great, wasn't it? Because I've seen that **third year** be a rep from **first, second and third year**...*" so she'd seen this transition through to **third year** and being able to speak like that. The **year three students** just 'get it' really. You know, and it's just like that...they don't need any propting from us. [C1P6]

5.3 INTERPRETATING THE FINDINGS

In the following section I describe the interpretation of the findings of lecturer and student talk, leading to the conceptual model presented in **FIGURE 7** (above). The

analysis required a three-stage process, as discussed in chapter 3 (**FIGURE 8** below). Although the original intention was to follow the two-phase processes proposed by Wood and Kroger (2000), the organic nature of the analysis led to consideration of the additional phase to support higher levels of critical abstraction.

Similar repertoires and memes across the interviews from lecturers and students were considered together, paying close attention to the content of each. This led to five key overarching themes, which I call 'Discursive Threads' of talk, being identified, as shown in **TABLE 10**. Each thread is informed and influenced by figures of speech, and repertoires.

1. The 'real' nature of nursing knowledge
2. Difference
3. Enforcement and demarcation
4. Monitoring and judgement
5. Permission

Threads showed elements of inter-connectedness, forming a loose entanglement of talk. Phase three analysis enabled closer inspection of the inter-relatedness of the content of the five threads. Some threads appeared to show a degree of inter-dependence, making them difficult to disentangle from each other and to discuss independently. To help describe the overlap between threads I have borrowed the term 'Discursive Knot' from dispositives analysis, which is a form of critical discourse analysis from Jager and Maier (2014). Jager and Maier (2014) view talk as a growing mass of tangled language fibers ('Discursive Threads') that forms societal discourses and social practices. The 'discursive knot' has a life of its own that grows as new discourses are added to it. The notion of the discursive knot was adopted for this study because it was hoped that by untangling the mass of language at the knot, it might offer the potential to surface metaphors, repertoires and locate broader discourses to shed light upon *how* the lecturers and students use language about professionalism and what *effect* this language has.

On inspection of the discursive knot, it became clear that some threads within the knot appeared to work together to influence similar purposes. Other threads appeared to serve just one purpose when working more independently. When threads twisted within the knot, they seemed to serve a slightly different purpose to that of their independent state. For example, complementary discursive threads

appearing to work together were 'Monitoring and Judgment' and the 'Enforcement and Demarcation'. Working together, the purpose of these discursive threads appeared to ensure professional standards were monitored and enforced.

As far as it was possible to tell through analysis, the thread of 'Permission' was an example of a thread that appeared to have an independent function. This thread only appeared in the talk from year-three students at the point where they prepared to become registered nurses, therefore it seemed to be temporally located.

One repertoire that had an enduring presence within all the talk from lecturers and students concerned the student nurse being different from other university students ('Difference'). This repertoire appeared consistently within all discourse threads identified. This offered a clue as to the potential significance of this thread in talk of professionalism generally.

It was observed that some elements of the discursive threads shared characteristics. This meant that despite drawing on elements of the same thread, the effect of the thread could serve to position the participants in different ways (**TABLE 10**). For example, lecturers called upon the thread of 'Monitoring and Judgment' to enforce and monitor student professionalism. The first-year student nurses also drew on this thread but, rather than using it for the purpose of enforcement, expressed it as a form of agency from lecturers aimed at subjugating their university student experience. Year-three students also used this thread, but their use is different again, as it served to position them as having greater control over their nurse education, and ensured that they were fit for purpose as registered nurses.

TABLE 10 shows all the repertoires and dilemmas within the student and lecturer talk, and demonstrates the links between these and the discursive threads. From this point forward, discursive threads are shown in representative colour. This is to facilitate reading, and provide clarity of the audit trail.

FIGURE 8: THE ANALYTICAL PROCESSES USED TO UNCOVER DISCURSIVE FEATURES AND WIDER DISCOURSES

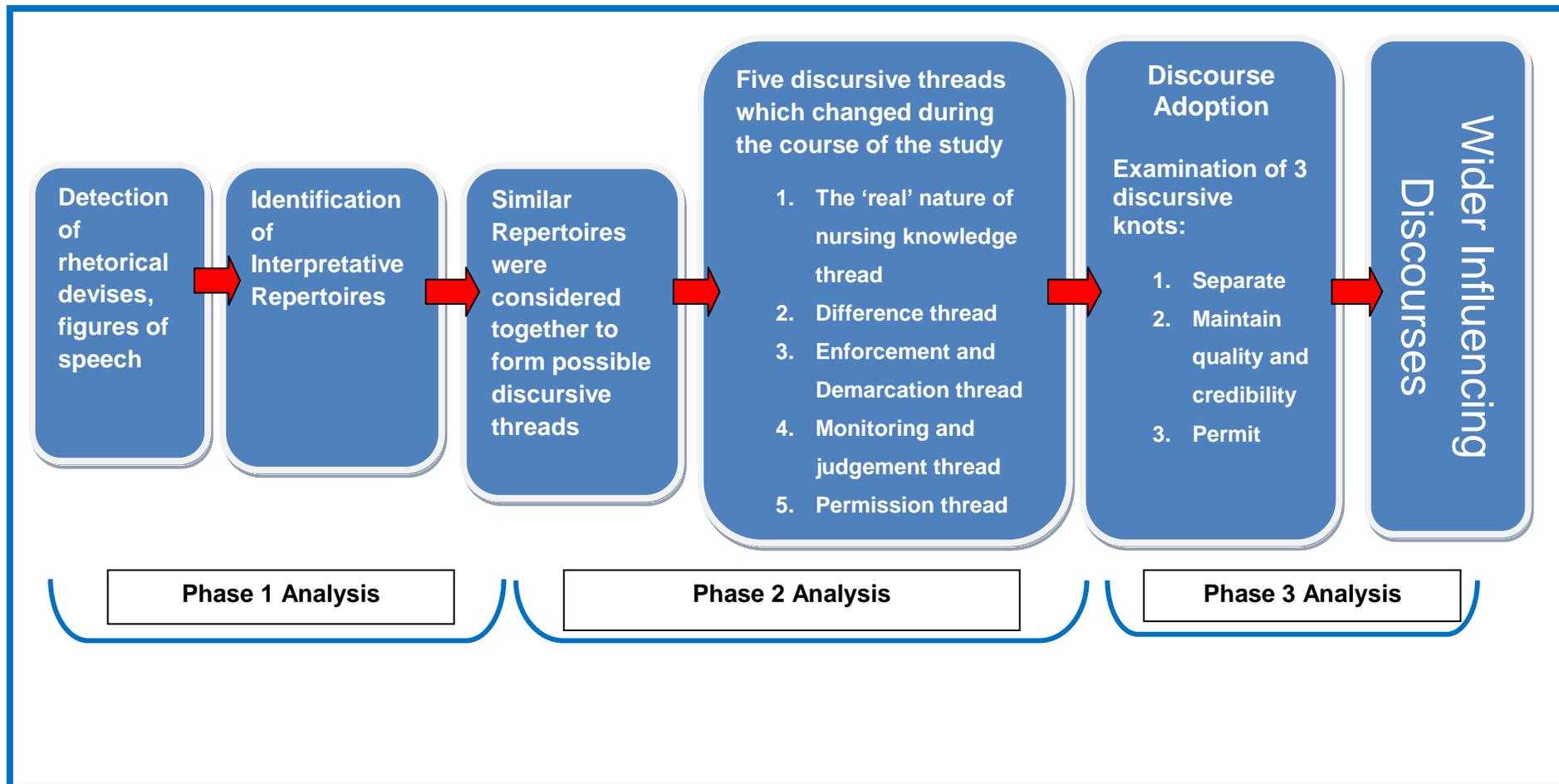


TABLE 10: CONTENT OF DISCOURSE THREADS (REPERTOIRES AND DILEMMAS)

(See tables 9,11,13,15 for links between 'chunked' talk, linguistic features, repertoires)

LECTURER	YEAR 1 Students	YEAR 2 Students	YEAR 3 Student	DISCURSIVE THREADS
REPERTOIRS and DILEMMAS				
Respecting the expert		Informally professional Professionalism takes time. Ideological dilemma: <i>The reality of clinical practice versus the expectations informed by lecturers.</i>	Incredible or discreditable professionals	1: The 'real' nature of nursing knowledge thread
The divided role Unconditional professionalism in practice The nurse's hat or mortarboard? Ideological dilemma: <i>The university student versus the student nurse</i>	'Their student life and our student life' Presenting yourself as a nurse Ideological dilemma: <i>Two student lives</i>	'Their student life and our student life' Defending the profession Awareness and control Professionalism takes time Ideological dilemma: <i>The tensions between formality versus familiarity in university teaching</i>	Student nurses are a select group The professionalism journey The acting and becoming	2: Difference thread
The 'slipped society' The divided role The nurse's hat or mortarboard? An ideological dilemma: <i>The university lecturer versus the registered nurse</i>			Student nurses are a select group	3: Enforcement and Demarcation thread
New professionalism Unconditional professionalism in practice	Being watched others Judging others		Incredible or discreditable professionals	4: Monitoring and Judgement thread
			Realising professionalism Stepping up to the professional 'line'	5: Permission thread

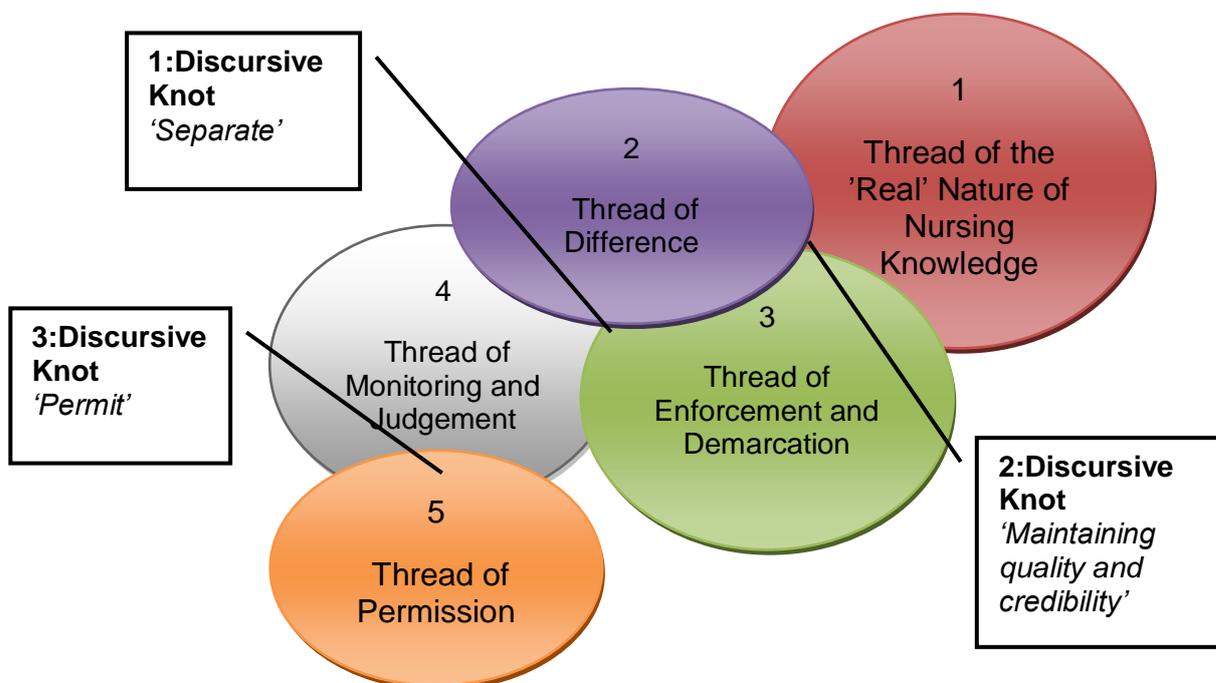
5.4 DISCURSIVE THREADS AND KNOTS

Combinations of the five discursive threads (**TABLE 10 above**) lead to the formation of three distinctive discursive knots. **FIGURE 9** indicates how the combined threads are identified. The three discursive knots carried talk that appeared to serve to:

1. Separate
2. Maintain quality and credibility
3. Permit

FIGURE 9: DISCURSIVE THREADS IN COMBINATION AND THE IDENTIFICATION OF THREE DISCURSIVE KNOTS

**Colours are coded in accordance with TABLES 16, 17 and FIGURE 9 to highlight content and entanglement of discursive thread combinations*



5.4.1. BRIEF DESCRIPTION OF DISCURSIVE THREADS

This section starts with a helicopter-like perspective of the content of each discursive thread and how the threads inform the discursive knots. Phase three analysis enabled a further level of conceptualization and highlighted some wider overarching discourses, which are discussed in chapter 6.

Although I have said that threads working together are difficult to separate into individual entities, for the purpose of this section the constitution of each of the five threads are described briefly below, before combining threads and presenting the content of talk at each of the three knots. Following this, I present a discussion of the influences of the discursive knots on the wider discourses within nursing and nurse education.

1: THE 'REAL' NATURE OF NURSING KNOWLEDGE' THREAD

This discursive thread was found in the talk from lecturers, second- and third-year student nurses. It appeared not to surface within the first-year student talk, suggesting a potential link to exposure to clinical nursing practices. Although this thread was also present in lecturer and student talk, it seemed to operate to serve different purposes.

Lecturers' talk within this thread situated some students as disparaging of the level of the lecturers' clinical nursing expertise. Talk that situated students as disrespectful was also found within the 'Monitoring and Judgment' thread and the 'Enforcement and Demarcation' thread.

Students' use of the "Real' Nature of Nursing Knowledge' thread served a different purpose to that of the lecturers' use. The purpose also varied when utilised by year-two or year-three students. For example, year-two students' talk situated 'real' nursing with the clinical area and not the university. They also used this thread to divide, compare and contrast their experiences of being taught in university with what they actually experienced in clinical practice.

Year-three students' used the thread to position themselves as critical of lecturer clinical credibility and of their level of contemporary nursing knowledge. The year-three student talk was influenced by the 'Monitoring and Judgment' thread.

More discussion as to the influence of other discourses can be found in the section on the discursive knots below.

2: THE 'DIFFERENCE' DISCURSIVE THREAD

The 'Difference' thread was located throughout elements of talk of both students and lecturers. The threads of 'Enforcement and Demarcation' and of 'Monitoring and Judgement' were closely related to the notion of difference also. It appeared that the use of this thread had different connotations depending upon the context within which it was used. For example, for lecturers, this thread was associated with maintaining professional nursing standards, but was also associated with the talk of students being the product of a less-respectful contemporary society. There was tension heard in the talk of lecturers who were required to maintain Nursing and Midwifery Council standards (as registrants of the NMC), while also ensuring student nurses have a good student experience. Lecturers' use of this discursive thread positions them as the managers of the university student experience. The purpose of managing the students' experience appeared to be to protect student nurses from unprofessional behaviour that might be associated with traditional university experiences. This latter point was presented within lecturer talk that warned students that their position as healthcare students could be effected by activities that might breach aspects of the NMC Code of Conduct (2008, 2015).

For year-one students, this thread served to position them as university students trying to engage within the university experience. Year-two and year-three students called upon this discursive thread to separate them from other university students. For them it conveyed messages of responsibility and professional behaviour which seemed juxtaposed with the traditional student experience. Talk from student nurses disassociated them from other university students, and they appeared to use this thread to move themselves away from the traditional university student experience.

The 'Difference' thread emphasised a level of responsibility to enact their role as student nurses, both within the university and outside it. Year-three students used this thread specifically to actively disassociate themselves from other university students. This can be heard within the *'Student Nurses are a Select*

Group' repertoire, where students' language categorised their position as being '*different*' and '*select*' or special from other university students.

In summary, this discursive thread appeared to be used with increasing intensity as students progress through their nurse education programme. The purpose of this thread seems to be in separating them from other university students and positioning them as '*different*'.

3: THE 'ENFORCEMENT AND DEMARCATION' THREAD

This thread is only located in the talk of lecturers and year-three student nurses. It could be posited, therefore, that this form of discursive thread is associated with the process of socialisation into the nursing profession. It had links with the 'Monitoring and Judgment' thread, the 'Difference' thread, and with the thread of the 'Real' Nature of Nursing Knowledge'.

This thread may further exclude others from outside the profession, protecting students against negative influences, as discussed above in relation to the thread of 'Difference'. Its use conveyed talk that made nursing 'special', 'different', more important and valuable than other university programmes. The thread presented tensions in the talk of lecturers who were required by the university to ensure students had a good student experience, and by Nursing and Midwifery Council (NMC) requirements to ensure that professional standards were maintained. Thus, lecturers appeared positioned between two larger discourses, caught in the middle.

Students used the 'Enforcement and Demarcation' thread slightly differently to that of the lecturers. For students, its use had similarities with the 'Difference' thread (above). The different place of study was used to further separate student nurses from other students. The thread gave rise to a sense of community, or belonging. This physical and metaphorical separation supported the demarcation and separation from those outside of the profession. Third-year students using this thread were being positioned into a way of thinking about what *they* saw as professional, and what *they* do not, thus representing a level of confidence not heard elsewhere.

4: THE 'MONITORING AND JUDGMENT' THREAD

Present in lecturers' talk, and students in year one and year three, this thread appeared to work alongside the threads of 'Enforcement and Demarcation' and of 'Difference' (above). As with the discourse thread of 'Difference', it seemed to have an organic nature in that it carried different messages according to when and how it was used, and by whom. The general purpose of the thread seemed to be to preserve the professional standards of the nursing profession.

For lecturers, it acted as an 'all-seeing eye', looking, judging and monitoring student behaviours within, and outside, of their university education. This thread's purpose was to prepare students for the professional demands of clinical practice. Lecturers use of this thread offered strict observations of students unprofessional behaviours. Therefore, the thread positioned students as influenced by lecturer agency. The lecturers' use of this thread carried important information and positioned lecturers as the experts. The language used was strong and persuasive (*'instilling', 'drumming in', 'drilling'*), impressing professional standards upon students. Students not abiding by professional rules and regulations were reprimanded (*'dealt with'*). This rather dramatic language presented a level of importance and imperative to the messages conveyed in this thread.

First-year student nurses used the thread to position themselves as being observed by others, not only by lecturers (acting as agents of the NMC) but also by the public. In year two, this thread was less prominent, returning in year three but with slightly different positioning attributes. While in year one, students' talk was influenced by lecturers, year-three students turned their gaze back towards the professional behaviours of the lecturers. Students positioned themselves as the experts of *their* education and in defining *their* needs before they registered as nurses. The change in gaze position placed the students as agents, when previously the lecturers were positioned as experts and agents of the nurse education.

5: THE 'PERMISSION' THREAD

This connects with the thread of 'Monitoring and Judgment' and only appeared in the talk of the year-three students. Within it, student talk appeared to take on the

talk of practitioner, suggesting the adoption or embeddedness of the wider professional discourses of nursing. The thread appeared to help students prepare and shape their talk to be befitting to the role of a qualified nurse. Talk in this theme served to move students toward the end of their nursing programme. This was seen in the use of the metaphorical '*line*', which appeared to act as a finishing line and as a line that separated students from qualified nurses. This '*line*' may also be part of the discursive threads that position student nurses as separate from other university students.

5.4.2 PRESENT MEMES

Within the lecturer and student talk there were features of the discursive threads that appeared to require further exploration. Three particular memes were heard in the lecturer and student talk that were difficult to classify as repertoires. Repertoires share key elements which aid their detection, namely that they may contain at least one metaphor or other figures of speech, they may serve to positively or negatively influence the image of one group over another (Potter and Wetherell 1987) and they offer insight into a particular discourse community (Traynor 2006). While the three memes had some of the characteristics of a repertoire, they did not fully meet the brief. Metaphor or other rhetorical features were not always obvious, but they did appear to contain the potential to negatively influence or enhance one group over another (this is further discussed below). **TABLE 11** (below) shows the use of these memes, and where they appeared within the discursive threads discussed earlier. It seemed that the memes were carried on the back of the discursive threads. This suggested that they possibly needed to be treated differently to other forms of talk. The next section looks at the three memes in greater depth before returning to discussions regarding the discursive threads.

TABLE 11: MEMES LOCATED WITHIN LECTURER AND STUDENT TALK

MEME USE				
LECTURERS'	YEAR 1 Student	YEAR 2 Student	YEAR 3 Student	DISCURSIVE THREADS
MEME (1): Lecturers are not credible clinical practitioners			MEME (1): Lecturers are not credible clinical practitioners	1: The 'Real' Nature of Nursing Knowledge thread
MEME (2): Student nurses are less capable and less respectful than when lecturers were student nurses themselves.				2: Difference thread
MEME (2): Student nurses are less capable and less respectful than when lecturers were student nurses themselves.				3: Enforcement and Demarcation thread
	MEME (3): Nurses are not valued by the public			4: Monitoring and Judgement thread
				5: Permission thread

MEME 1: LECTURERS ARE NOT CREDIBLE CLINICAL PRACTITIONERS

The “Real’ Nature of Nursing Knowledge’ thread seems to contain the meme that says that lecturers are not credible practitioners, and this is perpetuated by talk from lecturers and third-year students. Lecturers acknowledge this meme, but do not appear to ‘pass it on’. They recognise where it originates from (clinical practice). Like a repertoire, this meme conveys and replicates negative

messages that offer a degree of perceived superiority to clinical nurses by downgrading lecturers' clinical credibility. There are indications that this meme has been communicated effectively, and that it has been heard in talk for a number of years, as reported by Gillespie and McFetridge (2005) and Felstead (2013). Therefore this meme seems quite successful with its spread and has longevity of use.

For third-year students, the meme appears to be carried effectively from talk in clinical practice back in to university, transported by students. This is suggestive of a meme that not only has longevity, but is also easy to understand by students. It has been passed on effectively from practice, and is still being copied and passed on. This meme has significant influence within the discursive knot 'Maintaining Quality and Credibility' (section 5.5.2) and in a wider discourse regarding the knowledge development in nursing which is discussed in further detail later (section 6).

MEME 2: STUDENT NURSES ARE LESS CAPABLE AND LESS RESPECTFUL THAN WHEN LECTURERS WERE STUDENT NURSES THEMSELVES.

Located on two threads, 'Enforcement and Demarcation' and 'Difference', this meme was only used by lecturers. It may influence, or be influenced by, the 'Slipped Society' repertoire where students are seen as influenced negatively by unprofessional activity from within the wider society.

A search for evidence of this meme was undertaken via the internet rather than a library database since memes can be located within less formal communication and fueled by media reports, such as gossip (Blackmore 1999). One report within The Independent Newspaper, 24th May 2006 wrote that university students cannot write decent English and find it hard to plan their work. The University Workplace Survey of University Lecturers for The Times Higher Education (THE) (2016) reported lecturers complaining about the low academic standards of students they were required to teach. One lecturer is quoted as saying:

'It does not make me proud to work in an institution where very many students lack literacy and numeracy skills and have little regard for learning' .

This possible meme does not look to be specific to student nurses, but is about university students generally. However, it is clearer from the lecturer talk that they are making specific reference to student nurses. For a meme to be effective it needs to have longevity (Dawkins 1976). From the dates on the two media reports above, this meme has been in existence for at least ten years, although its focus is not specific to nursing.

MEME 3: NURSES ARE NOT VALUED BY THE PUBLIC

Heard in the year-one student talk only, this meme's potential mode of travel seemed to be within the 'Monitoring and Judgment' discursive thread. Since it is only heard in year one, the longevity of this meme could not be proven. However, an internet search for evidence led to a very similar position from a student nurse reporting in the media. Student nurse Rachael Starkey, writing in the Nursing Times in 2014, also expressed concerns amid the changing landscape of nursing careers and negative press portrayal of the profession. She called her future nursing career 'daunting'. The wider discourses at play portrayed nursing as 'battered' from outside of the profession. This is discussed further within the discursive knot that serves to 'Separate', and in the wider discourse regarding keeping nursing 'special'.

5.4.3 SUMMARY

The three consistent messages carried within the discursive threads can be thought to represent memes rather than repertoires, and that these memes have the ability to inform repertoires and the wider cultural discourses at play.

The next section focuses on the combination of discourse threads as they influence and form with each other within a discourse knot.

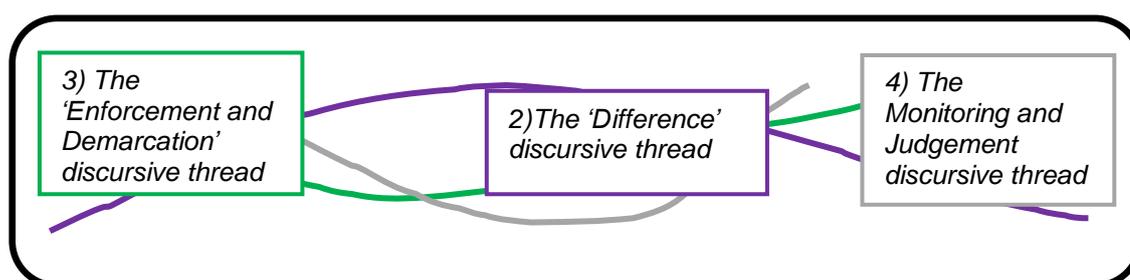
5.5 .THE DISCURSIVE KNOT

Having briefly described each of the discursive threads and associated memes, closer attention was then paid to the discursive knots where threads appeared to become enmeshed. Threads at the knot influenced one another with the effect of manipulating different discursive practices to those of the single thread alone. Just as the discursive threads tangle within the knot, so do the theoretical lenses that inform this discussion. Therefore, theoretical positions may appear in more than one of the knots. Please refer to **FIGURE 10** (below) when reading this section.

5.5.1 THE DISCURSIVE KNOT THAT SERVES TO ‘SEPARATE’

This discursive knot contains three intertwined threads as shown below. In this section I introduce the characteristics of the knot, drawing upon a theoretical lens to help interpret the discursive purposes of the interwoven threads.

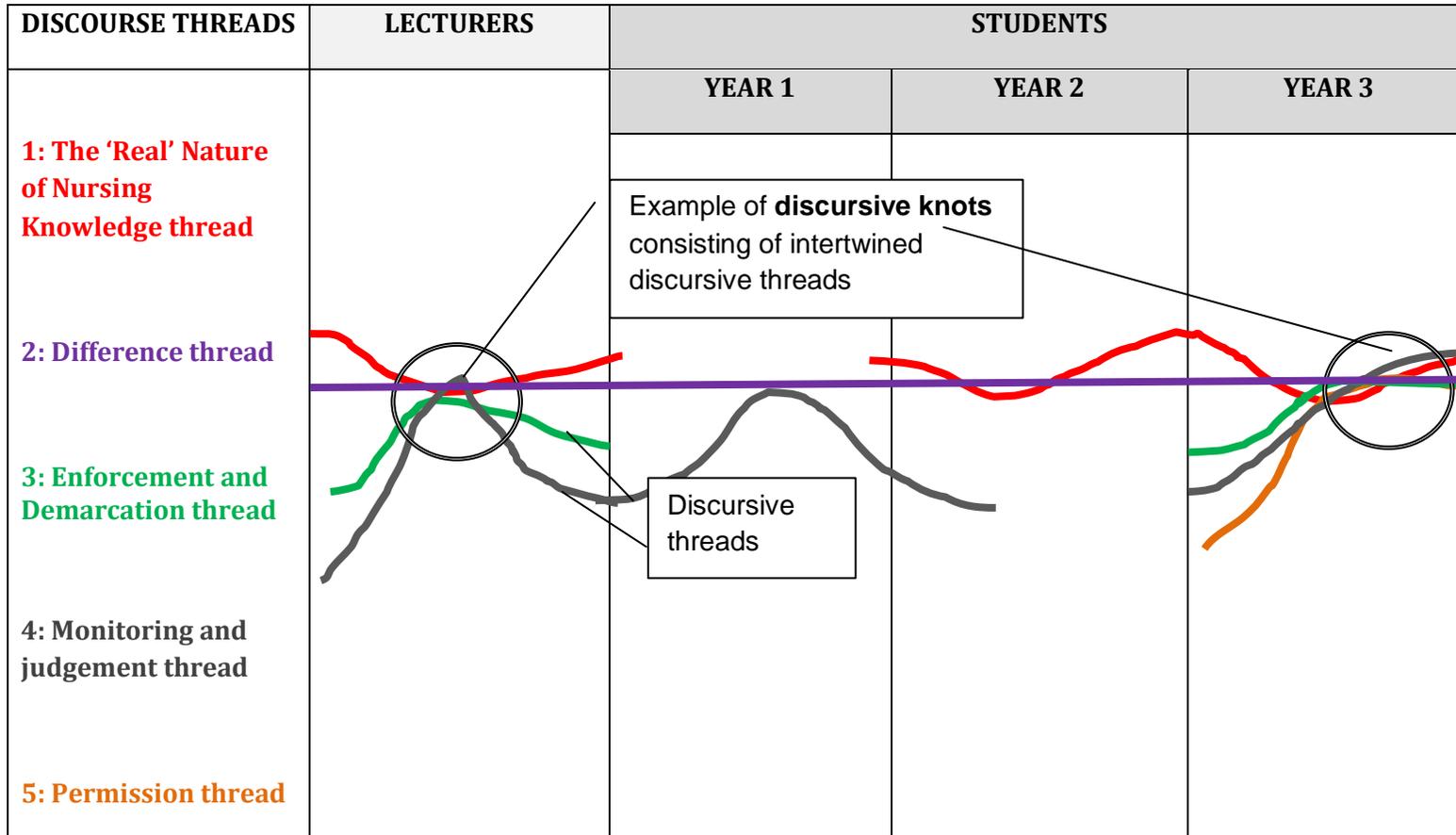
KNOT 1: The discursive knot that serves to ‘separate’ student nurses from others outside of the profession



Both lecturer and students' talk are discernible in this knot. When combined, the purpose of these threads appears to limit contact with other university students by promoting student nurses as being '*different*' or '*special*' in comparison. The 'difference' is maintained, in the first instance, by lecturers' talk that '*instils*', '*drums*' and '*drills in*' professional behaviours. This discursive thread might be viewed through two conceptual theories. The first is that of segmentation, as originally defined by Bucher and Strauss (1961) and Atkinson (1973), then further explored in nursing by Melia (1984). The second is from the conceptual lens of governmentality.

FIGURE 10: DISCURSIVE KNOTS OF PROFESSIONALISM

This table shows the changes in discursive features used by lecturers and student nurses over time. The influence that discourses have upon others is also shown.



Initially, student nurses positioned themselves through their talk as university students. However, this position shifts in years two and three, when their talk positioned them as student nurses who are 'different' from other students because they study for nurse registration as well as a degree, are awarded a bursary, and are educated at a separate campus. Student talk suggested a perceived identity, positioning them as having a level responsibility not expected of other university students. This is heard within the student talk (see Kim (excerpt 56), Jayne (excerpt 57) and Stacey (excerpt 58 page 176). The same sentiment is also found in student participants in Keeling and Templeman's (2013) study. However, one might also consider other healthcare students to have the same level of perceived 'responsibility' as student nurses.

A 'line of demarcation' marked a separation between university students and student nurses during year one, when professionalism discursive practices started to embed before the first placement after six weeks. By year three, students had adopted the discourses of the professional nurse, and their talk subsequently positioned them as the surveyors of professional behaviours, rather than involving themselves in the behaviours associated with other university students. Melia (1984) recognises the separation between the education and practice sectors, describing this as 'segmentated'. Bucher (1970) notes that with segmentation comes specialness. Therefore it might be posited that students who segment their nurse education as different from other university students, and who study not only for a degree but also registration, are making themselves 'special'.

The 'Difference' thread also maintained a monitoring and surveying process by lecturers of student professional behaviours. Surveillance and monitoring was not limited to the university setting and can influence students' personal time. As students progressed through their nursing programme, the intertwined threads presented within this knot remained the same, but the purpose of the threads appeared to evolve. For example, talk from lecturers about surveying student behaviours seemed to lessen once students had completed their first year. However, there seems to be some evidence of the first-year students' talk appearing to support student self-monitoring behaviours and surveillance of others. Discourse adoption by students was influenced by lecturers, but it appears to also be influenced by the wider society's view of nursing as agency.

During the analysis, there were examples of agency visible in both the lecturer and student talk. One way agency is demonstrated by lecturers is via talk of *'watching'* and *'monitoring'* students' professional behaviours. However, the agency changed with year-three students seemingly taking responsibility of their learning, and being critical of lecturers who do not support their requirements. Reflecting on this led to me to consider the theoretical perspectives from Foucault as a critical lens, in particular his works on Disciplinary Power (Foucault 1991) and Governmentality (Foucault 1975). Governmentality and Disciplinary power were introduced within the early literature on page 46, but it was not until this stage of the analysis and interpretation that I started to consider the influence of governmentality on student talk.

Disciplinary Power was evident, particularly in the talk from lecturers in relation the students' early education on the nursing programme. This was achieved through the managing of students' space and time (timetables, lecturers, monitoring attendance and so on). It was also evident within year-one students' talk about being watched and monitored, therefore possibly acknowledging the influence of disciplinary power. This supports Usher, Bryant and Johnston's (1997) notion that the most effective forms of power are those viewed as power, but also seen as enabling, for example enabling them to become a nurse.

Governmentality, however, operates through different practices to disciplinary power. In this way, knowledge and power are inseparable according to Foucault (1979). Moreover, regulatory power functions through the practice of observation and surveillance with the aim of producing 'normalisation'. This leads to individuals self-policing behaviours, and taking on the persona with which they identify. Foucault (2008) conceptualizes this as 'bio-power' which demonstrates how societies are governed, and how individuals govern themselves. Power exists without the powerful and acts as an independent force (Juritzen, Engbrechtsen and Heggen 2013). In this way, power through governmentality is perceived as productive rather than prohibitive force, and rarely thought of as power at all because it is located inside the individual. According to Rose (2006), it is considered most effective when the individual feels an autonomous agent. In light of theories of governmentality, it might be possible to see where governmentality might work in relation to the data analysis in this study. One could interpret the findings as showing how students are positioned, and how

they might become agents of governmentality. Language use from lecturers 'drills in' professional behaviours and appears to function to indicate how lecturers try to keep student nurses 'special'. From the perspective of the panopticon lecturers observe for student self-surveillance. In this way, one might be able to say that students are worked on in a manner as described by Foucault's (1975) notion of the docile body.

Students showed signs of adopting some of the professional discourses from their lecturers as early as six weeks into their nursing programme. For example, Student Nurse Kim (excerpt 49 page 172) was 'watching' her own behaviour and was aware of the repercussions and implications of not behaving professionally. Although it was not stated what these repercussions and implications might be, Stacey (excerpt 43 page 167) alludes to the negative outcomes of being caught (with other non-health professional students) doing 'ridiculous' things. The influence of disciplinary power appeared present within this talk. Being mindful of my reflexive position, further consideration noted within my e-diary led me to be mindful of my position as a lecturer and how this will have influenced my interpretation of Stacey's talk. I was led by my experiences as a nurse and a lecturer to interpret Stacey's comments in terms of leaving the programme and not registering as a nurse.

Different forms of talk could be heard in year two. These were suggestive of more self-regulated behaviours. For example, Gemma (excerpt 74 Page 190?), would 'not dream' of wearing nail varnish in clinical practice and Jason (excerpt 85 page ?) was clear about the type of professional he was going to be despite negative reports about uncaring nurses in the press. The talk above is not contrary to the disciplined talk from lecturers to students, but instead shows students' engagement and self-discipline. Foucault (2002) describes this form of power as a force that rules individuals.

Revisiting some of the earlier lecturer and students' talk, and drawing on the discourses analysis archive (**APPENDIX 7**), the NMC (2012) Guidance for Students Nurses, serving to support student professionalization through 'change' by providing helpful tips on being professional in clinical practice and in their life outside of nursing. This document also serves to further differentiate student nurses from other students who do not receive this sort of information when they start university. Surveillance of professional behaviours appears to be an

important feature in the talk of lecturers and students within this discursive knot. Therefore, I explored Foucault's (1991) conceptualisation of Bantham's design for the Panopticon prison as a way of understanding the aspects of agency appearing to be active here. The aim of Foucault's (1979) Panopticon is to demonstrate, through constant visibility, how the automatic functioning of power can be assured (Foucault 1975). The outcome, according to Foucault (1975), is that the individual will conform to the requirements of the power and will internalise it so as to become self-monitoring. Norris and Armstrong (1999 p6) call this state '*habituated anticipatory conformity*'.

Bantham's Panopticon prison design features a central watchtower encircled by separate prison cells, thus making prisoners visible to each other but unable to communicate with one another. The observer within the central tower is not visible to the prisoners. Since the observer is able to gaze into any cell at any time, the principle of the control is not the fact of being observed but the possibility of being observed. The prisoners have no way of knowing when they will be observed so they must always assume they are being watched and moderate their behaviour to meet with expectations. The result is to;

'induce [in] the inmate a state of consciousness and permanent visibility that assures the automatic functioning of power'.
(Foucault 1991, P 201)

Within the analysis of talk, students positioned themselves as being watched by lecturers, especially in year one (Kim Excerpt 49 page 172). The lecturers positioned themselves as the ones with the power, observing students' behaviours (see Tony excerpt 26 page 149). Therefore, as holders of the power, lecturers can be viewed as the jailers within the Panopticon analogy. The influence of the lecturers' gaze is also shown to be far-reaching since they '*warn*' students about their behaviour when not in university (see Lecturer Sarah excerpt 25 page 148). Students who do not abide by professional rules and regulations are reprimanded ('*deal[t] with*'). Student discursive threads confirm that their personal lives are changed as a consequence of the lecturers' discourses, which Foucault (1991) would attest to the result of surveillance leading to normalisation.

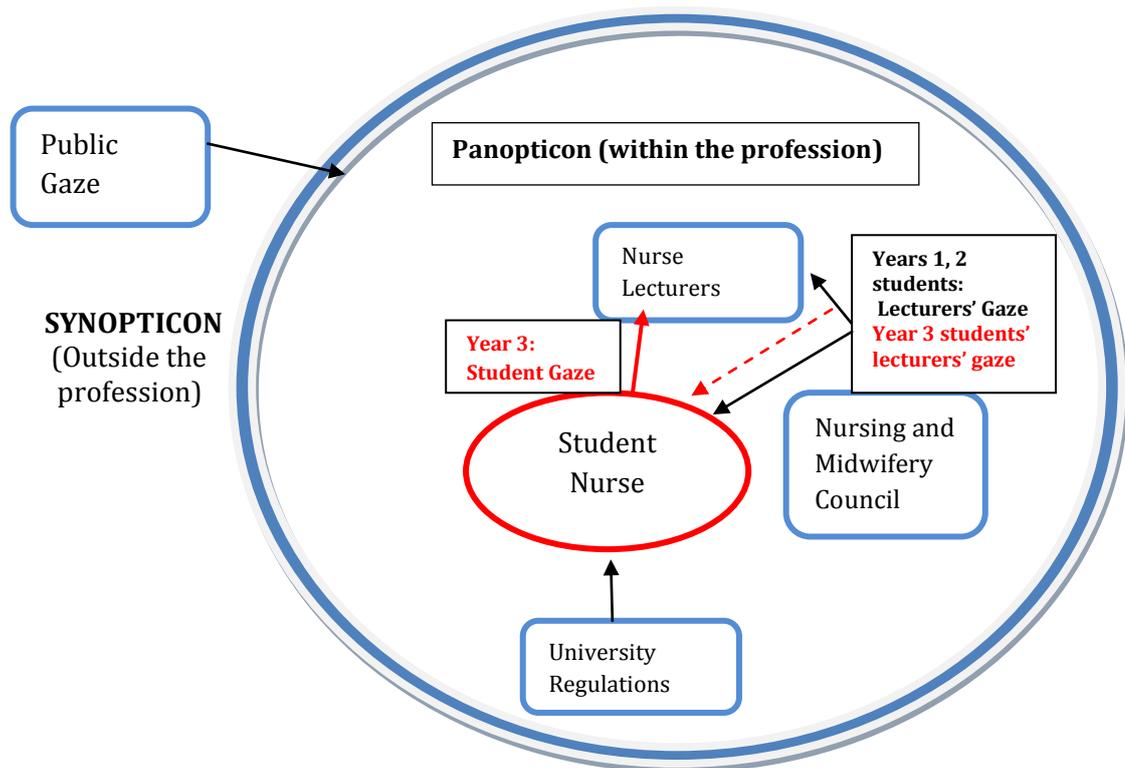
Students' talk positioned themselves not only as judged by lecturers, but also by the public. There was acknowledgment of expectations from '*outside sources*' (Student Nurse Jason Excerpt 127 page 229). However, since the idea of governmentality is of control from within the individual, the idea of external influences on student behaviours shows a diversion from the concept of the Panopticon because the hierarchies of visibility are different (Haggerty and Ericson 2000). In other words, it is not only the experts with the agency in this case (lecturers as registrants of the NMC), but also the masses (the public). A further analogy can be seen with the Post-Panopticon concept of the Synopticon (Mathiesen 1997).

Unlike the Panopticon, where one observer watches many, the Synopticon is the surveillance of the few by many. Advances in technology, such as digital media, social networking sites and close circuit TV, make it easy for the public to have their say (Haggerty and Ericson 2000). There was awareness by students as to the negative portrayal of nursing (Student Nurse Jayne excerpt 47 page 170). Jayne's reported speech referred to nursing as being '*a bit dodgy*', and how the public expect nurses '*to be nasty*'. Hammer *et al.* (2003 p 547) goes as far as to say that some practitioners advocate aspects of their professionalism are '*under attack*' from elements of the wider society. Stewart (2005) argues that the social context of nursing has been negatively affected by media reports. This view is also reflected in an article in the Daily Mail newspaper (2011) that reported complaints made by the public about medical and nursing staff. Readers were invited to share their comments, leading to 687 responses with the vast majority using negative language.

The highlighted agency within the talk offers some evidence of disciplinary power (Foucault 1991). Disciplinary power originates from within a discipline with the aim of controlling activities within it, such as space, time and activities. Relating this to the nursing programme, space is regulated within the teaching room. Time is regulated by strict attendance to timetabled teaching. Activities, such as student life outside university, are influenced by warning students to attend to their professional persona at all times and to be careful within their social time (Sarah excerpt 15 page 139). These discourses carry messages that aim to 'judge' the students' ability to be a student nurse and eventually a qualified nurse (Anita excerpt 20).

FIGURE 11 shows both the Panoptic and the Synoptic influences on the lecturer and student nurse talk. From within the Panopticon, the lecturers' gaze is focused upon student behaviours. However, a change in discourse adoption, and therefore in agency, shown in the year-three student talk is suggestive of a different gaze from student to lecturer. In this example, the students, who were once the observed, are now the jailers. This gaze has further representation within the Discursive Knot of 'Permission' (below).

FIGURE 71: INFLUENCES OF AGENCY ON LECTURER AND STUDENT TALK



There are some limitations to Foucault's perceptions of the Panopticon. Yar (2003) is critical of Foucault's (1980) reduction of the norm to a pernicious normalising power. Goffman (1963, 1969, 1972) and Garfinkel (1984) debate this reductionist approach also. From their sociological viewpoint, the everyday life of moral order is maintained through the dynamics of visibility; seeing and being seen. For Foucault, the object of the normalising gaze is a passive object, docile. A docile body is one which is malleable and can be worked upon within the process of normalization (Foucault 1975). Yar's (2003) argument is that subjects

are not passive, but active and creative, able to manage their own visibility, and of cultivating a demeanor in line with requirements at any given time. Within this study, students' repertoires position them as active members of university culture, especially in year one. Student talk conveys stories of activities that might not be considered professional by some, but they are performed out-with the gaze of the lecturers. For example, Kim (excerpt 41 page 164) stated how discursive talk from lecturers regarding professional behaviour was '*drummed in*' but counteracted this when she said '*everybody's going to get a bit tipsy*'.

Further criticism is placed upon the impact of power on the subject within the Panopticon model. Foucault (1980) notes that any exercise of power will produce resistance. Yar (2003) does not support this, given that the objects of Foucault's gaze are so enveloped by their malleable and 'incarcerated' state they can never sustain any resistance equal to the power being enforced. In an excerpt of talk from Joanne (excerpt 42 page 166), she comments on the notion that student nurses have *even* more fun than other students do. However, she then says '*When we're allowed*', indicating a level of gaze and control over her time and space, but not enough for her to change her behaviour, thus demonstrating some aspects of resistance. The role of the nurse is a social one where contact with society is valued. Student talk indicates that they *do* manage the dynamics of their social world, and that they still go on to adopt the discourses of the registered nurse.

There are some similarities in Foucault's (1991) perspectives on power with those from Bachrach and Baratz (1962). Their definition of power has a degree of concordance with the position of the participants of this study. They say, power is:

'a set of predominant values that operate systematically and consistently to the benefit of certain persons and groups at the expense of others. Those who benefit are placed in a preferred position to defend and promote their vested interests. More often than not, the 'status quo defenders' are a minority or elite group within the population in question'.

Bachrach and Baratz (1962: cited in Lukes 1974 p 17)

Relating this study to the above quote, the group without power might be the student nurses or other university students. The lecturers represent the '*status*

quo defenders' in their attempt to maintain professionalism by separating students and student nurses. The authors recognise coercive and manipulative elements to this version of power. Like Foucault (1991), Bachrach and Baratz (1962) remark that conflict between those with, and those without, the power will result in sanctions: in the case of this study, students will be '*deal[t] with*' (Tony excerpt 16 page 139).

Bachrach and Baratz (1962) define power from the perspective of a group, while Foucault's (1991) description of the jailer in the Panopticon central tower is viewed as a metaphorical single elite watching the many. Power, according to Arendt (1970 p44) is never the property of the individual; it belongs to a group and is associated with the pursuit of collective goals. The power in this instance belongs to the '*institutionalisation of authority*'. In this study, the omnipresent influence of the Nursing and Midwifery Council (NMC) is seen as prominent in the talk from lecturers, leading to the shared repertoire of the 'The Nurse's Hat or Mortarboard?' This repertoire positioned lecturers between the discourses of the requirements of a university lecturer, and the conflicting discourses of the lecturer as a registrant of the NMC (see for example Anita excerpt 28 page 151). The influence of the institution (NMC) may also account, in part, for the change in student gaze and agency in year three, as shown in the **FIGURE 11** of the Panopticon. Student adoption of the discourses of a registered nurse would support their alignment with the pursuit of collective goals, as indicated by Arendt (1970).

Therefore, while I propose the Panopticon as a model of student normalization into the role of the professional nurse, the shortcomings of this are appreciated. However, it is helpful as a way of viewing the change in gaze between lecturers and students, especially between talk in years one and three. An additional theoretical perspective, Positioning Theory from Harré and Langenhove's (1998), is also presented as a theoretical lens on page 271.

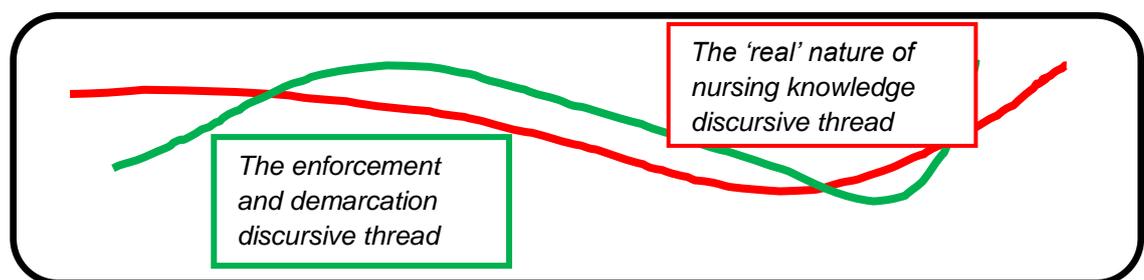
In summary, this discursive knot draws upon three discourse threads. When combined together, these threads position student nurses as 'different' and 'special' compared to other students, and suggest that they function within a segmented education system where they are expected to 'fit' in (Melia 1984). Lecturers are positioned as agents of maintaining the discourse of difference, by being 'defenders of the status quo' (Bachrach and Baratz 1962). When explored

through a Foucauldian theoretical lens, it can be seen how agency influences early student professional language adoption, and how this changes as students become more socialized to the role of the nurse through exposure to clinical practice. Alternative views of power from Bachrach and Baratz (1962) and Arendt (1970) highlight the influence of the power inherent within groups. Criticisms of Foucault's (1991) Panopticon as being reductionist lead to the potential value of Harré and Langenhove's (1998) Positioning Theory as an additional theoretical lens.

5.5.2 THE DISCURSIVE KNOT OF MAINTAINING PROFESSIONAL QUALITY AND CREDIBILITY

This discursive knot contains two threads as shown below. This knot is first introduced, then explored in greater depth with the assistance of two theoretical perspectives.

KNOT 2: The discursive knot that serves to maintain professional quality and credibility



The tangled discursive threads at this knot were used by both lecturers and student nurses. Students' use of these threads varied according to their year of study. For example, it was only lecturer and year-three students who made reference to the thread of 'Enforcement and Demarcation'. Year-one and year-two students did not use this thread, and this might be attributed to them not being 'normalised' or embedded within the nursing profession at this point. The 'Real' Nature of Nursing Knowledge' thread is used by all except the first-year students. These students had not experienced clinical practice which, it might be argued, could influence discursive threads.

Discursive content relating to the credibility of lecturers as expert nurses appears in analysis of the student talk. This thread does not contain the quantity of anticipated negative attributes I had expected.

Second-year students' talk shows that they admired the lecturers' previous clinical experience (see Jayne excerpt 79, and Jason Excerpt 80 page 193). Third-year students, however, were more critical (see Stacey Excerpt 96 page 208) and Kim excerpt 101 page 211). The latter might show how the discourse threads of 'Enforcement and Demarcation' and the "Real' Nature of Nursing Knowledge' entangle and influence the discursive event. Stacey's negative impression of the lecturers' contemporary nursing knowledge, for example, might be accounted for by her critical gaze back towards lecturers, as presented in the discussion of Foucault's Panopticon in the previous section.

The meme that de-values lecturers as expert clinical nurses was introduced when it surfaced within the discursive threads. One possible result may be that this might influence the impact of what could be termed the theory-practice gap. The method of travel for this meme, back in to the university, appeared to be via students after their clinical placement experience. This echoes the work of Gallagher (2004), who defines the theory-practice gap as a mismatch between nursing taught and nursing practiced. The degree of longevity of the use of this meme can be traced back as far as 1992, when nurse education moved in to the Higher Education sector (Gillespie and McFetridge 2005). It is also found in a fairly recent journal article by Felstead (2013).

The tangle of the two discursive threads provides an indication that the lecturers are aware of this negative meme emanating from clinical practice, and that efforts are made to counteract any negative implications using two forms of discursive practices. The first of these is the use of the discourses that '*instill* professionalism into students before they go into practice (as discussed in discursive knot 1). The purpose of the thread seems to prepare students for practice with the *correct* theoretical information required. These discursive practices could be classified as 'strict'. Student talk portrays a more relaxed environment in clinical practice than the 'strict' discursive threads delivered to them at university. Lack of alignment between the two discursive practices potentially leads students to question lecturer authenticity, and serves to further highlight the potential gap between theory and practice. University is accused to

inducing the gap according to Scott (2008), and Evans *et al.* (2010) note that the flow of knowledge tends to be consistently seen as a flow from theory to practice, rather than the other way as is suggested here. The polemic of the theory-practice gap has been present within the literature on clinical practice and university-based nurse education for some while, with a call for nurse education, rather than clinical practice, to address the issue (Gallagher, 2004).

Given the separation between the two education sites for student nurses, until they go into practice (university and practice placement) students seem likely to adopt the discursive practices of the lecturer. After clinical practice placement, however, they also adopt the discursive threads from that environment. First-year students seem caught between two discursive practices; the 'strict' discursive threads from the lecturers and those from the relaxed clinical area. The result of this tangle appears to cause a tension within the student talk as to where these discourses might position the students. This is heard in the talk from Jason (excerpt 59 page 182), Joanne (excerpt 61 page 183) and Jayne (excerpt 60 page 183), in their use of disclaimers that appear to serve as confession-like discursive practices, seeking permission or absolution for their relaxed professional behaviours. The tensions in talk uncovered here would appear to be slightly different from those discussed by Melia (1984) which suggest that students are able to adapt and 'fit in' to whatever environment (segment) they find themselves in.

Truth telling is highly valued in our society, and Foucault (1997a p282) talks about the coercive relationship between the subject and 'truth games' as part of normalisation. Confessional practices, such as those shown in the disclaimer use above, suggest that the students are already self-regulating behaviours and governing themselves. Therefore, externally-imposed discipline and regulation is not needed (Usher, Bryant and Johnston 1997). This latter point may be seen in year two and three of the students' programme, where the lecturers adopt more relaxed discursive practices rather than the authoritative 'strict' talk used on students in year one. These position their discursive alignment more with that of the lecturer than the registered nurse. At this point, the discursive threads appear to change, with year-three students giving the impression of adopting the discourses of the registered nurse. Surprisingly, their talk carries messages of

dissatisfaction with the relaxed attitude of lecturers. Dissatisfaction in lecturers seems to re-surface critical talk about credibility and heralds a re-visiting of the meme generated from practice. Student nurse Stacey (excerpt 96 page 208) found *her* clinical credibility challenge when she conducted a procedure as taught in university, only to find it outdated in practice. The 'turbulence' in the theory-practice gap, as described by Stark, Cooke and Stronach (2000), might be visible in this example. Lecturers who are professionally credible to students are those who do not contravene the standards they once set and monitored when students were in year one. Support is for the 'strict' discursive practices that were dismissed once students went into their first placement.

The second discursive practice the lecturers use to ensure they are portrayed as experts is in promoting their experiences. As stated earlier, some year-two students valued lecturers' expertise and saw the significance of this in terms of their own learning. However, students were unaware of the lecturer's expertise unless it was promoted to them. In other words, students do not necessarily see lecturers as registered nurses.

Here I draw upon Goffman's (1959) *Presentation of Self in Everyday Life*, and Harré and Langenhove's (1998) *Positioning Theory*, as the theoretical lenses with which to explore lecturers' self-promotion of expertise. When the lecturers present themselves as expert nurses, they request that the students both take them seriously and accept that they *do* have the attributes they are presenting (Goffman 1990). Goffman (1990 p45) uses the word 'front' to describe the part of the individuals' performance which is fixed, such as age, gender, looks and so on. On a social front, there can be expectations as to the collective representation of the role a person is playing (Goffman 1990). Nursing has its own established role, so anyone performing as a nurse will need to take on the characteristics of the corresponding front in order for them to be believed by their audience. Goffman (1969) notes that there is a tendency for performers [lecturers] to give observers [students] an idealistic impression of the culture within which they belong [nursing]. The performance given by the lecturer is likely to exemplify the official accredited values of the society.

Goffman (1990 p29) defines some problems with performance at two extremes. The first is where the performer is fully convinced that their act is real. In which

case, their audience will also be convinced and there will be no doubt as to the authenticity of it. This is important if students are to adopt the discourses of the profession. However, the second extreme is where the performer is not convinced by their own act, which is then transferred to the audience who are also not taken in by it either and, therefore, the performance is viewed as lacking credibility. Wearing jeans in class, or not having contemporary nursing knowledge, for example, can influence students' perceptions and have the potential to discredit the lecturer. A qualitative study by Gillespie and McFetridge (2005) found that lecturers' isolation from practice fueled negative rumours from clinical practice, such as the suggested meme mentioned earlier, which seemed to serve to influence the performers' audience (students) or even the performer's performance.

How the lecturers present themselves to students can also be examined through an alternative lens to that of Goffman. Harre and Langenhove (1998) stress that all conversations involve participants positioning themselves, or being positioned by others. A position is a:

'metaphorical concept through reference to which a person's 'moral' and personal attributes as a speaker are compendiously collected'.

(Harre and Langenhove 1998 p 217)

A person may position themselves as knowledgeable, powerful, powerless, confident and so on. Positions are not fixed, so people can adapt their position many times over one discursive event. Positions can be first or second order. The first-order positions are those where a position is not challenged. Their 'right' to position themselves in that way is clear to the hearer and is therefore not contested. Second-order positioning is where the first-order position is not taken for granted and challenged, forcing the speaker to change their position.

Third-year students' discursive threads appear to challenge lecturers' expertise. Harré and Langenhove (1998) note that people can be positioned with regard to the moral orders they perform within society. In this case, lecturers are morally charged with teaching nursing students, ensuring that future nurses are fit for practice, and able to protect the public and the integrity of the nursing profession (NMC 2008, 2015) (also see Anita excerpt 22 page 142). In this respect, lecturers hold the agency.

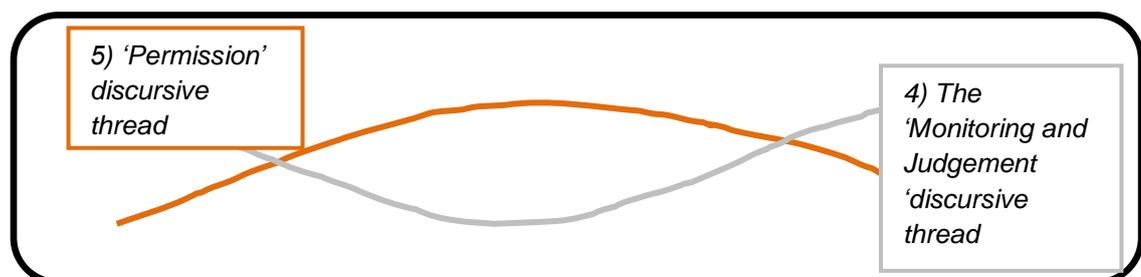
Challenges to position are said to cause the speaker to shift from their moral position to a personal one, to account for their deviance. There is no evidence of this within the lecturers' talk which appears to hold fast within their moral position (for example see Sarah (excerpt 25 page 148) Julie (excerpt 27 page 150) and Julie (excerpt 31 page 153). There are different methods open to the lecturers to enable them to intentionally state their position. The first is stressing one's agency. This is clearly heard in the recordings and transcripts with the use of certain words such as *'we expect'*. Or, lecturers are able to refer to their past clinical nursing working life. This approach is taken by Stewart (excerpt 36 page 156), who presents a *'potted history'* of his career, highlighting his level of clinical seniority before coming in to teaching. The purpose of this discourse serves to position him not only as an academic, but also as a credible clinician, surfacing the ideological dilemma of the lecturer and registrant, as discussed in section 4.14.

For year-two students, lecturer self promotion appears to be effective, with no further challenges until year three.

5.5.3 THE DISCURSIVE KNOT THAT 'PERMITS' STUDENTS TO REGISTER AS A NURSE

This discursive knot contains two threads as shown below.

KNOT 3: The discursive knot that serves to 'permit' students to register as a nurse



The combination of discursive threads signifies an adoption of discourses not heard until later in the interviews which are particular to third-year student

nurses, those '*Stepping up to the mark*' and reaching a metaphorical '*line*' in their journey, thus signifying the last steps towards becoming a registered nurse. However, the combination of these threads appeared to carry some mixed messages for students. In the first instance, the thread of 'Permission' enabled a degree of freedom for students. 'Permission' signified the right to travel forward to be a nurse, and positioned students as more confident and more able to move away from the lecturers' pervasive gaze (see the earlier discussion in the discursive knot of 'Separation' (**section 5.4.1**)). However, in direct contrast to the above comments, when the 'Permission' threads twist with those of 'Monitoring and Judgment', the result was to position students as anxious, needy and lacking in confidence (Kim, excerpt 101 page 211). Rather than wanting independence, greater lecturer attention is required. Nevertheless, having gained their attention, some students were then critical of lecturer professionalism. There was further evidence here that these discursive threads positioned students as agents or even jailers in relation to Foucault's Panopticon (as discussed above). While lecturers '*expected*' particular behaviours from year-one students, a mirror image thread was heard in student talk expecting particular behaviours from their lecturers. This may well demonstrate the successful effects of governmentality and normalisation into the profession of nursing, since the talk appears to position students as those who have taken over the monitoring characteristics from lecturers and are attempting to 'instill' professional values in others. As Usher, Bryant and Johnson (1997) note, the effects of governmentality is to constitute subjects as competent, deserving, experts.

A study by Shinyashiki *et al.* (2006) found that most notable changes in students' professional socialisation occurred between years two and three. This can also be heard within the student comments recognising the '*seriousness*' of practice, as seen in Kim's talk (excerpt 101 page 211) where anxiety-driven discursive threads support the 'cramming' of information as students get ever nearer to the finishing '*line*'.

In a phenomenological study by Keeling and Templeman (2013 p19), final-year student nurses also recognised the vulnerability of their position. Direct quotes from Keeling and Templeman's (2013) study also showed this vulnerability in words such as '*very overwhelming*', '*big responsibility*' and '*on your own*'. This

discursive thread appears to promote a hunger for information that positions students as consumers wanting more, not as students ready to register as nurses. The two conflicting discursive positions of confidence and anxiety appear contrary to theories of professional socialisation as espoused by Simpson (1967), Shuval (1980), Cohen (1981) and du Toit (1995), all of whom recognise increasing confidence in a more independent professional role. Stage 3 of du Toit (1995) and Shuval's (1980) model relates to a post-socialisation phase, where students have fully internalised the attributes of the nursing profession. Only Cohen's model (1988) has a fourth stage, which can be equated to some student talk from this study. This stage is where the student feels comfortable with their professional role and this forms part of their self-concept. There is some indication that the discursive threads of 'Monitoring and Judgment' serve to support this stage of professionalism through promoting the internalisation of professional values. Lecturers who challenge student professionalism appear to offend students who have reached this phase of socialisation. For example, Stacey (excerpt 112 page 220) would find it insulting to be questioned about her professionalism '*at this stage*'.

The 'Realizing Professionalism' repertoire that informs this discursive knot, shows evidence of the students' professional socialization into the nursing profession through '*growing*' and moving away from the '*child-like*' state found within the student talk. In her later interviews, Stacey's (excerpt 65 page 185) talk positions her as more '*mature*' and '*grown up*'. Jayne (excerpt 64, page 185) says how she has changed *herself*. From a Foucauldian (1997a p282) perspective, Jayne's comments could be classed as an 'ascetic' practice of self-formation. This is essentially work she has done on herself to induce change, thus suggesting a move towards successful normalisation into the desired role of the nurse. The metamorphosis from child to adult, described by Jayne, also shows some resonance with Erikson's (1985) theory of psycho-social development, which, according to Ohlen and Segesten (1998), can offer some guidelines for understanding professional development in parallel with human growth and development. From this perspective, Erikson (1985) would suggest that professional identity might not be reached until the student nurse has experienced inception, infancy, growth and industry. Growth, in this case, includes the development of trust, autonomy, and initiative. Elements of the growth of autonomy and initiative can also be viewed in Jason's talk (excerpt

121, page 225) when he talks of self-motivation (*'intrinsic motivation'*), possibly offering support to Collins (1994) and Colsen and Whittaker's (1968) views that socialization is a conscious and active process.

This discursive knot positions students' talk as not being as dependent upon lecturer support to the same extent they were earlier in their programme. This is supported by research from Fitzpartick, While and Roberts (1996) who suggest that the closer students get to registration, the more they call upon practitioners as mentors. The discursive threads all position students as growing in their independence. However, full independent 'adulthood' may not be fully recognised, given that anxiety-laden talk can be located. Comfort from the adult position (the lecturer) is still required. This can be heard in Jason's talk (excerpt 127, page ?), where he feels the need to *'touch[ing] base'* from time to time for reassurance.

In summary, to examine the content of this discursive knot, the theoretical lenses of professional socialisation from Shuval (1980), Cohen (1981) and du Toit (1995) were considered alongside Erikson's (1985) theory of psycho-social development. This knot is focused upon the journey that students take towards becoming a registered nurse. There are some similarities with Erikson's (1985) theory of psycho-social development with students' talk, which is suggestive of their positional change and growth. However, the students' positioning is less clear when discussed in terms of professional socialisation theory, given the level of anxiety appearing in student talk in year three.

CHAPTER 6: THE WIDER DISCOURSES AT PLAY

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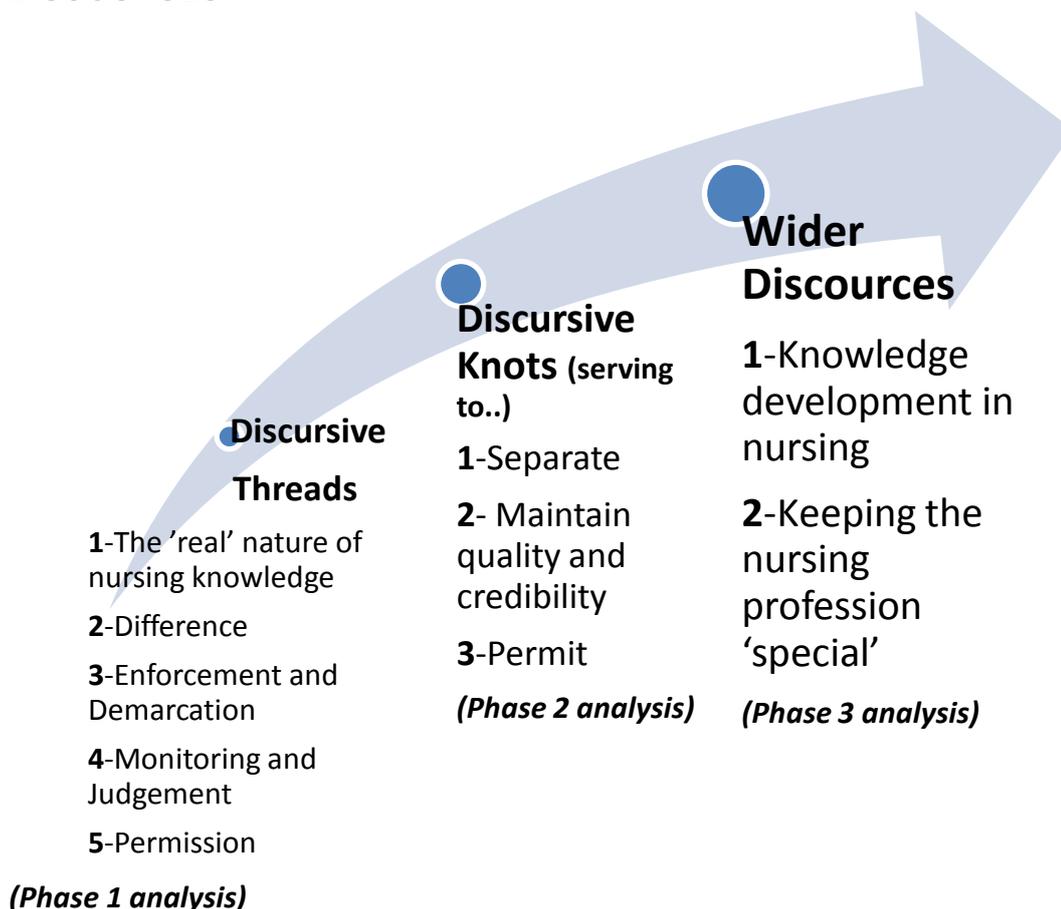
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6.1 WIDER INFLUENCING DISCOURSES AT PLAY

The analysis and interpretation of lecturer and student talk surfaced three discursive knots, influenced by a combination of five discourse threads. In this chapter, the intricacies and complexities of the ‘professionalism discourses’, woven within lecturer and student talk, are explored in relation to the possible wider, influencing and perpetuating discourses at play. **FIGURE 12** shows the relationship between the discursive threads, discursive knots, and these wider discourses.

The first of the wider discourses is ‘Knowledge Development in Nursing’, which conveys messages around the role and position of pre-registration nurse education and its place within the ‘Real’ nature of nursing knowledge. The second discourse, ‘Keeping the Nursing Profession ‘Special’’, shows how lecturer discourses serve to keep nursing and nursing knowledge particular to the profession, protecting and maintaining its professional reputation.

FIGURE 8: THE RELATIONSHIP BETWEEN THREADS, KNOTS AND WIDER DISCOURSES



6.2 WIDER DISCOURSE 1: KNOWLEDGE DEVELOPMENT IN NURSING

Integrating nursing in higher education

There is a palpable 'split' present within the talk of both lecturers and students regarding the '*real*' value and place of nursing knowledge. This division is represented not only in the physical difference of place (university and clinical practice) but also in talk surrounding the value of theoretical and practical domains of the profession. This 'split' might be interpreted as segmentation between the education and service sectors of healthcare, according to Melia (1984). Since nurse education transferred from a hospital-based system to higher education (HE) in 1996 (Pope, Garrett and Graham 2000), Barton (1998) recognises that one of the difficulties encountered in integrating nursing into higher education has been the anti-academic culture emanating from clinical practice.

Despite nursing having a presence within academia, the professional nature of the student nurse programme might *appear* to act as a bridge between its theoretical and clinical components. Vocational practices are primarily coordinated to meet an NHS market need through setting behavioural competencies, which can be passed or failed. Value placed on 'vocational' learning can be heard in lecturer Julie's talk (excerpt 18 page 140) when referring to it as a 'weight', possibly suggesting the historically heaving bearing it has had upon the nurse education system, which precedes the introduction of nurse education into higher education. This term is used by two lecturers and one third-year student nurse.

Lecturers appear to work their talk between two distinct discursive positions; vocational and theoretical. This further serves to support the 'split' and segmentation within the talk of both the lecturers and students as to the value of nursing knowledge.

The origins of nursing knowledge

All professions have a body of theory to which they relate (Usher, Bryant and Johnston 1997). Professions such as nursing have arisen from within the

modernist tradition (Porter 1998), where theory from the natural sciences is favoured to produce rigorous and generalisable answers. To support this, nursing has adopted some education practices from medicine, where academic theory is valued and tested through examinations (Porter 1998). Rolfe (2002) identified Project 2000 as forming part of the push towards academic responsibility and professional recognition in nursing, where teaching of theory was introduced to students in higher education, away from clinical practice. This mode of knowledge transfer is referred to by Schön (1983) as technical-rationality.

The theory-practice gap

The theory-practice gap is introduced in general terms in chapter 2. In this section the notion of the theory-practice gap is discussed in relation to the student and lecturer talk. Larsen *et al.* (2002) and Steven (2009) found that healthcare professionals involved in an academic setting appeared to situate their talk within academia, while those working in clinical practice display talk more strongly associated with practical discourses. Rolfe (1996) notes that it is the practitioners who have tended to get the blame for the so-called theory-practice gap; being considered unable or unwilling to implement new theory. On the other hand, Rolfe (1996) also notes a lack of consideration from academics regarding the inadequacy of out-of-date theories and their usefulness in practice.

The academic-situated discourses in this study appeared to arise from that of the technical-rational perspective as described by Schön (1983). This is heard in lecturer talk regarding the imperative for students to be exposed to nursing theory in university, before they go into practice. Therefore, theory might be interpreted as being generated *in* the academic environment by lecturers and applied *to* that of the practice environment by students (Schön 1983). The suggestion is that, without the theory, practice cannot occur, or would be of less value. This is also reported by Miller (1993), Maben, Latter and Macleod (2006), Allan and Smith (2010) and Allan, Smith and O'Discoll (2011), who express concerns about the quality of the educational support for students going into practice, fearing conflict between theoretical and practice-driven knowledge.

According to Usher, Bryant and Johnston (1997), when students fail to *apply* theory to the practice setting correctly, criticism is aimed at the student. However, in this study, an alternative discourse appeared to be present. When theory from university is applied in practice, but considered incorrect or outmoded by practitioners, student talk apportioned blame on those who taught them the theory (lecturers) (see below).

‘...well at uni they said this and people must laugh at you and they’re like “well at uni, they say lots of things”.

(Student Nurse Stacey year 3)

‘Real’ nursing happens in clinical practice

For Rolfe (2002), the introduction of evidenced-based nursing (EBN) might isolate academic and practice nursing knowledge further. EBN is a continued feature of the NMC’s (2008, 2015) professional requirements for all nurses, but its uptake has been challenged by some saying that it de-values expert clinical knowledge, reduces practitioners’ creative clinical decision-making, (Rafferty, Allcock and Lathean 1996, Rolfe 2002, Avis and Freshwater 2006), and can restrict the direction that nursing knowledge development can take (Porter and O’Halloran 2009). This has led to discourses that are counter to the dominant discourses of theory over practice knowledge, with higher regard given to knowledge arising from practice. The discourses of knowledge arising from practice come from the interpretive tradition of nursing theory, and they combine elements of common sense *and* practical wisdom (Fealy 1997). Benner and Wrubel (1989) uphold the expert practitioner as the theorist. This leads to intuitive, and reasoned, decision-making, using a range of evidence, including research and critical reflection (Avis and Freshwater 2006, Porter and O’Halloran 2009). The suggestion, within this discourse, is that *‘real’* nursing knowledge occurs in, or is predominantly influenced by, clinical practice. Indeed Allan and Smith (2010 p478) believe that pedagogies should emerge from and influence practice. In the findings of this doctoral study, this discourse is present and it is shared by both students *and* lecturers. Lecturers’ support for the ‘real’ place of nursing knowledge might be attributed to their professional role, as a registrant,

more than to their role as an academic. Tension between their divided roles was heard in the lecturer talk. Lecturers' talk consistently positioned themselves as expert nurses, who had moved *into* a position of teaching *from* practice. Therefore, their relationship with the 'real' nature of nursing might represent a priority over that of academia and theory generation. Murphy (2016) presents an evaluation of an initiative for a lecturer and clinician to jointly summatively examine students while working with 'real' clients in the community. An 'unexpected outcome' is reported as being that the academic *enjoyed* being 'out in practice'. Conversely, the practitioner, working alongside the academic, had initial reservations about the value of the activity. This might indicate that the academic was comfortable with both the educational situation, and the clinical one.

Use of the 'expert' discursive position serves to place clinical practice as *the area* where behavior and attributes, considered to be professional, are imperative. Despite lecturer talk valuing the place of clinical knowledge, lecturers (as registrants) do not appear to receive the same level of respect reflected in students' talk about those working in clinical practice with patients. The latter may have some bearing on the previously-discussed meme that denies credible clinical skills to some lecturers (also heard in Stacey's talk earlier). This discourse, from students, may be serving to perpetuate the difference between theory and practice, thus serving to maintain the concept of the so-called theory-practice gap through their talk. The memes located in this study appeared to have one-way travel, arising in practice and then carried back in to university within the discursive threads of student nurses.

Influencing memes

The theory-practice-gap concept may be perpetuated by the meme that is critical of lecturer clinical credibility. The same meme shows a presence within the published literature (Gillespie and McFetridge 2005). Most nurse educators, having been possibly isolated from practice, are not considered expert clinicians according to Wakefield (2000). Unlike the findings from Wakefield, the lecturers in this study not only positioned themselves as academic educationalists but *also* as expert practitioners who had transcended senior clinical nursing roles

into the perceived elevated levels of theoretical knowledge required to teach within a higher education setting. Students' talk however, showed greater accord with the meme that positioned lecturers as less competent than clinicians in practice [however, this was not the case for year-two students who did value lecturer expertise in their talk]. Such a meme may also serve to differentiate between the two professional groups (lecturers and clinicians), thus making clinicians appear 'special'. Lecturers' talk in this study seemed to confirm *their* awareness of this meme and of its perceived origins from within clinical practice.

Pediani and Walsh (2000) present a meme that positions nurses as not needing university educated students to look after patients. This meme has the potential to damage the reputation of lecturers and raise the profile of clinical nurses, in the eyes of student nurses, further serving to make clinical nurses 'special'. Wakefield (2000) attributes the initiation of this meme to a response to professional jealousy, when clinical nurses feared that they would be less attractive to the labour market without a higher education qualification. The meme is further fueled, according to Pediani and Walsh (2000), when clinicians are faced with student nurses who do not demonstrate 'common sense' knowledge of clinical skills. This can be heard again within Stacey's talk above, where clinicians were critical both of her, and of those who taught her the theory that she was trying to apply to her practice. This same meme has been shown to be effective by its further spread via media reports, to wider audiences outside the nursing profession and into public consciousness. For example, The Telegraph Newspaper, 11th May (2004), printed '*Young Nurses 'too posh to wash'*', written by the Medical Editor Celia Hall, amid fears that the considered core activities of nursing (feeding and washing patients), would be beneath graduate nurses. The 'too posh to wash meme' is still showing a presence in media platforms, thus proving its longevity [a key feature of an effective meme according to Blackmore (1999)].

This same meme has even made the title page of the 2020 health.org (2013) publication, which reflects upon the future of nursing in the light of the Francis Report (2013). While it is made clear that degree nurses are of value in changing the culture of nursing, criticism continues regarding aspects of quality and leadership. It might be that this meme is serving political agendas that discredit

the university-educated nurses, in support of more value for money apprenticeship models of nurse education.

The table below shows the level of media interest in the ‘Too posh to wash’ meme. Continuing interest in the meme comes from both critical stance, and in responses that aim to protect the profession. Irrespective of how it is discussed, the spread of this meme serves to fuel professional and public consciousness and maintains the discourse.

Media interest in the ‘Too Posh to Wash’ Meme

Author and Publication	Meme Spread
Lister (2004), The Times – ‘Too posh to wash’	
Salvage (2007). The Independent – ‘Too posh to wash’	
Fletcher (2009), Daily Express – ‘Could get too posh to wash’	
Ford (2012) Nursing Times – ‘Degree Nurses ‘not too posh to wash’, says Willis Commission	
Chapman (2013), Daily Mail – ‘Too posh to wash’	
Blackhouse (2013), Nursing Standard – Learned Resentment at the heart of ‘too posh to wash’	
Nursing Students (2015), Poem, ‘Too posh to wash’ University of Dundee Website	

Props from practice

Talk of the use of authentic artifacts from clinical practice by lecturers, as ‘props’ within university teaching, appears to evoke a different kind of talk from students. Talk from students about a lecturer in uniform within a lecture hall appeared to position that lecturer as receiving greater respect than those in their own clothes. The uniform ‘prop’ seems to tie together the talk between university and clinical practice by outwardly showing lecturers as nurses. However, in other elements of talk, students’ reference to items associated with clinical practice elicited quite a different response. Once again, the uniform is the focal point of this discourse, with students’ talk serving to de-value their professional dress while in the

academic environment. Uniform is therefore positioned as *belonging* directly to clinical practice and *not belonging* to university. In the same way, the uniform is seen as not belonging, and not being 'real' when used in university, so clinical skills, taught in university, are also viewed as 'unreal' (Stacey expert 93 page 207).

The suggestion above is that there is a possible division in the use and contextual understanding of the student nurse uniform, as heard in both student and lecturer talk. It might be posited that this conceptual understanding might perpetuate the gap (or segmentation) between the university learning environment and the practice environment. There have been many attempts to reduce the 'gap' over the years (Rolfe 2000). One method has been through offering what Rolf (2000), Rafferty *et al.* (1996) and Shon (1983) describe as 'authentic' learning experiences based on reflections from practice. Enquiry-based learning approaches to promote student-centred learning are often based on exploring practice-related scenarios (Goldring and Wood 2009). Wearing a uniform while practicing clinical skills has been used by the researcher's institution for time time as a method of capturing authentic simulated learning. However, Steven (2009 p196) argues that the use of simulation within university may serve to perpetuate the technical-rational model of education, since it could be viewed as an attempt to 'scientise' practitioner knowledge and skills. Simulation could also be viewed as another form of 'authentic practice prop' as it attempts to replicate 'real' clinical practice.

6.2. SUMMARY

Lecturers are enveloped by two adopted discourses that portray nursing knowledge. One appears to advantage lecturers as the keepers of theoretical nursing knowledge, while the other values the knowledge, skills, and behaviours that some might view as professionalism in practice, thus endorsing the vocational position of the student nurse and appearing to de-value the lecturer position. Both discourses are reflected in the lecturer status as nurse academic and NMC registrants. Within these two discrepant discourses, the memes that convey and fuel talk that discredits lecturers appear to have one direction of travel; from clinical practice into university via students' talk on the back of

discursive threads, which are themselves informed by memes and repertoires. There were no memes detected in the lecturer talk that might serve to de-value clinical nurses. In fact, lecturers' talk actively promoted the behaviours and attributes that may well be constructed as professional by some in clinical practice.

Discourses concerning the position and place of 'real' nursing knowledge are perpetuated and endorsed by students and lecturers as being within clinical practice, despite the counter-discourse that undervalues theoretical knowledge and impacts negatively on perceived lecturer clinical credibility.

6.3 WIDER DISCOURSE 2: KEEPING THE NURSING PROFESSION 'SPECIAL'

Public satisfaction with nurse professionalism

Interviews with students and lecturers were conducted within the shadow of the publication of the Francis Report (2013). The document was mentioned by eight lecturers and three students, all associating it with a negative portrayal of nursing from the wider population. A YouGov survey (2011) reported that 47% of British people considered nurses to be less caring and 41% considered them less professional than they once were. A later Kings Fund survey (2015) found that trust in nurses had fallen significantly from 30% in 2002 to 21%. First-year student talk positioned them as vulnerable to society's views. Their talk gave insight into acute awareness of public talk. The new students attempted to reposition nurses in a more positive light. Repositioning was heard in talk from a personal perspective and also as representatives belonging to the group of nurses. The latter suggests 'belonging' talk offered 'specialness', even at this early stage.

The lecturers' repertoire, 'Slipped Society', positioned new student nurses entering nurse education as less capable, and less respectful, than lecturers themselves were as student nurses. Ruddy (2001) notes that the nursing profession will only permit entry to those considered worthy. Therefore, managing the reputation of the profession was indicated, in lecturer talk, as of concern. Given the backdrop of the Francis Report, depleting respect for nurses, and potentially a less respectful future nursing workforce, lecturer discourses

appeared to attempt to protect and maintain nursing's professional reputation from erosion.

Lecturer and registrant tensions

Lecturer discourses show conflicted talk relating to their position as university lecturers and registrants of the Nursing and Midwifery Council (NMC). This tension appeared to shape lecturers' talk when positioning student nurses within the higher education system as 'different' or 'special', while 'othering' university students not studying nursing. Potentially, this wider discourse conveys risk of dilution of student nurse socialisation *if* student nurses align their talk with that of the 'other' university students. The proposed model of discourse adoption and embeddedness (page 240) shows an arrow that moves students away from their direction of travel to registration if they engage with some students' activities in year one.

The presence of the Nursing and Midwifery Council (NMC) adds a further dimension within this wider discourse by placing, what might be thought of as, 'professional' values above those of the university rules and regulations to some extent (Unsworth 2011). Lecturer talk supports the position that NMC rules and regulation [The Code (NMC 2008, 2015)] 'trumps' all. As NMC registrants, lecturers' talk constructs them as fierce protectors of the reputation of the profession, which signifies their belonging to the group, and consequently their talk serves to keep students '*in line*' with NMC-required behaviours and attributes. This is achieved through talk that impresses upon students the professional expectations of importance, and 'plays down' their university student experience. Segmentation of the student experiences of the education setting, as described by Melia (1984), has already been discussed. However, the relationship lecturers experience between their educational and professional role might also be considered another form of segmented practice.

Maintaining the professions reputation

Further evidence of the maintenance of 'specialness' of the nursing profession can be seen in the words of the recently launched 'Enabling Professionalism'

NMC framework (June 2017). This document was not released until this doctoral study was nearing completion, hence it was not considered and commented upon earlier. The purpose of the document appears to be to promote the NMC Code (2015). The language in this publication is of a particular style, with a strong focus on leadership and professional identity. Within the document, the word 'professionalism' is used as if it were a concrete, tangible term. There is no attempt to define or clarify the use or meaning of the term, although there is acceptance that *'Professionalism means something to everyone'* (p1). This suggests that there is some aspect of received wisdom, and general acceptance of the term 'professionalism', within the discourse community of nursing. However, I have acknowledged within the initial literature review at the start of this study that the term 'professionalism' is in fact *not* clear to nurses (Furaker 2008, Monrouxe and Rees 2017). From a social constructionist perspective, professionalism is not one 'thing', as it will mean different things to different people, at different times and in different contexts. The NMC document is called 'Enabling Professionalism', implying that nurses are not *able* to do this on their own, and that they have to be *'enabled'*.

Two forms of discursive practice appear to dominate the NMC (2017) document. The first is in the use of the words *'requirement'*, *'responsibility'* and *'critical role'*. These words are used throughout, and resonate with talk from lecturers in the present study in relation to the imperative to maintain professional standards, quality, and reputation. Other forms of discursive practice are seen within words that appear 'softer', yet empowering, more subtly promoting the required direction of travel expected by an NMC registrant. For example, *'nurses will want to facilitate change'* and *'will want to celebrate'* (p2). Through the language in the document, the nursing profession seems to categorise itself as self-controlling and self-monitoring, suggesting that 'others' are not in the same position, thus making nursing 'special' and different from others.

*'Enabling professionalism in nursing and midwifery practice will be of interest to the **entire spectrum** [my emphasis] of stakeholders at political, strategic, operational, practitioner and public levels across the health and social care system in the UK'. (NMC 2017 p 2)*

Further exploration of the language and illustration used in the NMC (2017) document is suggestive of attempts to maintain or even increase disciplinary power. In this case, it demonstrates the control from within the nursing profession by the NMC. For disciplinary power to be effective, the participants will need to be compulsorily visible (Rabinow 1991, MacLellan, Levette-Jones and Higgins 2016). Visibility, and 'specialness', is perpetuated through a three-yearly review (revalidation), where nurses have to demonstrate and document their accountability and achievements before being permitted to re-register (NMC 2017 p5).

Schlotfeldt (2011) was not convinced about nursing being a true profession because of limited independent power and authority. Indeed, a study by Scott (2013) asked nurses what they thought of their profession, and found a connection between low morale and the perceived shift in culture away from original caring foundations. Participants blamed a lack of leadership, causing boundaries of practice to be directed by political drivers requiring increasing productivity, measurability, and value for money.

The aspirations of the nursing profession are visible on page 4 of the NMC document (NMC 2017), where pictures at the centre of the page show a mountain with a flag on top and a ladder with a star shown at the last rung, both suggestive of upward movement, attainment and reward. A picture of a clenched fist is indicative of struggle and strength, while a hand holding coins suggests wealth, power and/or financial stability. A target with an arrow at the bulls eye is representative of achievement, of hitting targets and goals. These visual representations have some concordance with the definition of a profession proposed by Jackson (1970) as being recognised by a legal license, legislation, high power and income, and members that have a strong identification with the profession. Thus, perhaps the tensions and discourses at play can be seen as serving to reinforce the elements above, and so are perceived as making up, or signifying, a true profession. The discourses at one level perhaps serve to perpetuate nursing's specialness and status as a profession.

This study has located three memes that run through the talk of the students and lecturers. It has also surfaced the 'too posh to wash' meme that has a continuing presence in the media, as discussed earlier. Wright (2017) expresses concerns about the spread of memes relating to nursing. Although he notes that some

might be considered amusing, he also stresses that they may also be damaging to the reputation of the nursing profession, and serve to reduce public trust.

6.3.1 SUMMARY

The discourse that makes nursing 'special' arises in response to potential erosion of the professional reputation of nursing as a result of a fall in public trust, and changes to societal behaviours that risk recruitment of new students with different, or lower, standards. There were also challenges within the role of the university lecturer who is a registrant responsible for managing the expectations of the NMC, and for ensuring the quality of the university student experience. The recent NMC Professionalism Framework (NMC 2017) sets out the requirements of the NMC Code (2015), making explicit the relationship between the standards, behaviours, and attributes that might be constructed as 'professionalism'. This document serves to strengthen the standing of nursing as a profession, and keep it 'special' by highlighting professional standards and expected behaviours.

CHAPTER 7: DISCUSSION AND IMPLICATIONS

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7.1 SUMMARY OF OVER ARCHING FINDINGS

As this study was nearing completion, newly published literature on healthcare student professionalism (for example, Monrouxe *et al.* 2017, and Monrouxe and Rees 2017) which suggest a contemporary and continuing interest in the subject of student professionalism became available. Both publications by Monrouxe and colleagues utilise discourse analysis methods. However, narratives are set within the clinical practice setting, and not the higher education setting as here.

Monrouxe *et al.* (2017) explored differences in cultural understanding of professionalism relating to medical students in Taiwan and Sri Lanka, while Monrouxe and Rees' (2017) 'Healthcare and Professionalism' focuses on a variety of healthcare students' experiences of workplace dilemmas through the analysis of clinical-based reflections. Student nurses are included in their research, but the book does not have a specific nursing focus.

The aim of this present research was to make explicit the discourses and perceptions at play in the language on professionalism, as used by student nurses and their lecturers in the university setting. My findings show some congruence with what is already known about student nurse professionalism. These are presented below.

Similarities with other studies: From the perspective of student nurses;

- Student nurses struggle to define professionalism initially (Monrouxe, 2017, and Lui *et al.* 2007).
- Students early in their education programme are influenced by lecturers' professionalism but once in clinical practice they tend to favour clinicians as role models (Maben 2006 and Fitzpatrick, While and Roberts 1996).
- Student nurses experience a highly-segmented programme of learning between education delivery in higher education and in the clinical environment (Melia 1984).
- The students' talk in this study reflects a process of professional socialization that needs to be experienced for it to be effective (Benner *et al.*2010).

- Third-year students feel vulnerable as they are nearing completion of their nurse education (Keeling and Templeman 2013).

Similarities with other studies: From the perspective of nurse lecturers;

- There are challenges to the identity of the university lecturer nurse education and their roles as educator and registrant of the Nursing and Midwifery Council (NMC) (Adams 2010, Andrew *et al.* 2009, Wakefield 2000, Gillespie and McFetridge 2005, Felstead 2013).

Monrouxe and Rees (2017 p20) define nineteen dimensions of students' understanding of professionalism. The five most commonly-mentioned by all healthcare students were individual attributes (*manner, integrity, honesty*), presentation (*clothes and talk*), special (*privileged, self-regulated group*), competence (*knowing limits, competent at the right level*) and rules (*policy and code of conduct*). Student and lecturer talk in this doctoral study closely echo Monrouxe and Rees' (2017) dimensions. Further down Monrouxe and Rees' (2017) list of professional dimensions is 'segregation' (*separating professional and personal life and setting boundaries between the two*). This dimension had a more significant presence in the findings of the present study, especially within students' use of the repertoire 'University student and student nurse'.

7.2 POTENTIAL NEW INSIGHTS

The findings of this study bring to light a number of potentially new insights regarding the language used by student nurses and their lecturers about professionalism while at university. It is hoped that these will encourage further debate and further study.

- Both lecturer and student talk of professionalism appears to change over the duration of their programme, as demonstrated by the proposed model of discourse adoption and embeddedness (**FIGURE 7**).

- Third-year student nurse talk shows the greatest similarity with lecturer talk, and may serve to indicate successful professional socialisation and their joining the discourse community of registered nurses.
- There is limited research, to my knowledge, that explores how student nurses and lecturers construct their talk on professionalism in a higher education setting, particularly with the purpose of highlighting how their related talk and learning and teaching serves to influence the socialization process.
- The findings may offer the potential to further explore how some forms of talk might support the professional socialisation of students, while other talk might have a negative influence.
- Like Melia (1084), this study finds the student nurse experience to be segmented between the sectors of education and clinical practice. However, student and lecturer talk is also indicative of additional segmentation between the students' position as a student nurse and a university student. In addition there may be further segmentation of the role that lecturers play as university lecturer and registrant of the Nursing and Midwifery Council (NMC).
- Lecturers' talk that serves to make nursing 'special' may offer some insights into the ways in which knowledge types are tied to professional sub-groups, and how discourses around knowledge types might function to maintain this 'specialness'.
- Uncovering interpretative repertoires and memes have enabled some conceptualisations in terms of *how* professionalism might be socially constructed at any given point in time, *how* it is linguistically framed, and *how* the language of professionalism might be perpetuated. From the social constructionist stance, defining 'one' form of professionalism will never be possible. This may offer a potential insight into why students were unable to describe or define 'professionalism' clearly.

7.3 THE EMERGING MODEL: PROFESSIONAL SOCIALISATION THROUGH TALK

This study was born out of my observations and interactions with students and colleagues. I chose to listen to student and lecturer talk as one way of exploring how *they* socially constructed what might be considered professionalism. The presented model of 'professional discourse adoption and embeddedness' (**FIGURE 7**) was seen to have some similarities with the theories of professional socialization, but there were also some differences. For example, confidence in student talk might offer insight into students' level of comfort with their socialisation into the role and identity as a nurse. Third-year students' talk positioned them as anxious, rather than confident, before they register with the NMC. Their talk also turned a professionalism lens back towards their lecturers, positioning them as the keepers of professional standards.

The NMC's (2017) 'Enabling Professionalism in Nursing and Midwifery Practice' stresses the importance of professional socialisation. Students *start* to prepare for working as a professional while studying and undertaking clinical placements. The proposed model for 'professional discourse adoption and embeddedness' (**FIGURE 7**) suggests a process of language use that equates well with some of the theoretical material on professional socialisation. For example, there are similarities with Erikson's (1985) theory of psycho-social development, notably with students' talk being suggestive of positional change and growth. Shuval (1980), Cohen (1981), and du Toit (1995) all recognise that professional socialisation is most noticeable in year two. However, student Rachael's talk, examined as a deviant case, positioned her at a lower level of confidence than her peers. Unfortunately Rachael did not complete the nursing programme, having experienced academic failures in year three, and was discontinued from the programme at the final award board. This finding suggests that there might be potential to explore, in more depth, the issue of student confidence, and possibly student resilience, and how these might impact on their journey to professional socialization. Shuval (1980), Cohen (1981), and du Toit (1995), all concur that confidence increases as students travel towards their professional registration. However, as found in this study, confidence decreased briefly in year three, where student talk positioned them as vulnerable and under-confident. The pre-registration nurse curriculum is designed to maximise student

involvement in clinical practice in year three, resulting in fewer contact experiences with lecturers as placements lengthen.

A recent study by Klaeson, Berglund and Gustavsson (2017) presents some findings that appear to support the proposed model of discourse adoption and embeddedness. Interviewing students at the end of their nursing programme, they reported three themes within the student reflections; 'Being open to change'; 'Distancing oneself'; and 'Challenging one's understanding'. 'Being open to change' represents how students perceive their professional and personal development or '*their growth*' and '*develop[ment] as a person*' (Klaeson, Berglund and Gustavsson 2017 p5). There is some congruence here with the year-two talk, where students positioned themselves as '*growing up*'. Klaeson, Berglund and Gustavsson's (2017) theme 'Challenging one's understanding' noted students appreciation of the nature of '*ideal nursing*' and the challenges as to what is possible. In addition, they wanted to ensure a positive image of nursing. This theme has some fit with year-two and year-three talk, which served to defend the nursing profession from negative attributes.

Several other issues were apparent within the development of this study. The section below deals with these issues and explores the possible implications for research, education, policy and theory.

7.4 SUGGESTIONS FOR NURSE EDUCATION

The NMC's (2017) 'Enabling Professionalism in Nursing and Midwifery Practice' document has a primarily clinical-practice focus, with just two elements that reflect professionalism discourses within pre-registration nurse education as shown below.

'Maintaining professionalism. Registered nurses and midwives practicing at graduate level are prepared [emphasis added] with the behaviours, knowledge and skills required to provide safe, effective, person-centred care and services. They are professionally socialised to practice [emphasis added] in a compassionate, inter-professional and collaborative manner...' (p3)

The former section (above) is indicative of a discourse perpetuating the need to 'prepare' graduate nurses through education and professional socialisation. The latter is aimed directly at pre-registration students and appears to focus on programme content. In response to this guidance, there may be a need to make explicit *what*, and *how*, students are professionally socialised into nursing. The proposed model of discourse adoption and embeddedness might suggest that insights into student socialisation may be possible through their socially-constructed talk, as they progress on their journey towards registration.

Both quotes from the NMC (2017) above assume that the word 'professionalism' is fully understood through received wisdom, and that it is made of *one* tangible product that may be used *on* students functionally to 'prepare' them to be a professional. However, from a constructionist stance, there will be no single version of professionalism to ascribe to. Instead, if professionalism is viewed as a socially-constructed term involving many discourses, then each definition will serve many different agendas. This perspective can be seen within the wider discourses discussed earlier in this thesis, where professionalism is constructed contextually and socially differently by lecturers, students, clinicians and researchers. It may also be seen as serving to keep sub-groups of nursing (i.e. academics and practitioners) 'special' in some way, by virtue of the types of knowledge each profess. Lecturers, for example, may profess ownership of academic knowledge, while practitioners profess ownership and expertise in experiential knowledge. *If* 'professionalism' *is* viewed as a 'thing', or as a set of practices which can be taught and learned, and socially constructed through linguistic practices (such as repertoires and memes), then some implications can be perceived for nurse education.

7.4.1 THE HIDDEN CURRICULUM

A general discussion of the hidden curriculum was presented within chapter 2 where it was introduced as a parallel education in professional socialisation through informal interaction (Chen 2015). Hargreaves (1980), Redfern *et al.*

(2002) and MacMillan (2016) all note that there are no rules to a hidden curriculum and that the content can be hard to define and challenge (Chen 2015). This study might offer some potential glimpses into the hidden curriculum as heard within talk of the students in this study. For example, expectations of certain behaviours were heard in relation to how to conduct themselves while on campus, i.e. opening doors for each other and removing headphones before entering the campus confines. These potentially 'hidden' yet accepted behaviours were suggested as understood by all and therefore the term para-curriculum, as defined by Hargreaves (1980) and Redfern (2000), seems more appropriate to the term hidden curriculum, since students' understanding may be linked to their socialization process.

Further possible access to the content of the hidden / para-curriculum might be possible through the analysis of used repertoires and memes.

I would suggest that the hidden curriculum provides a fertile ground for the spread, development, and perpetuation of various memes, including those discussed in this thesis:

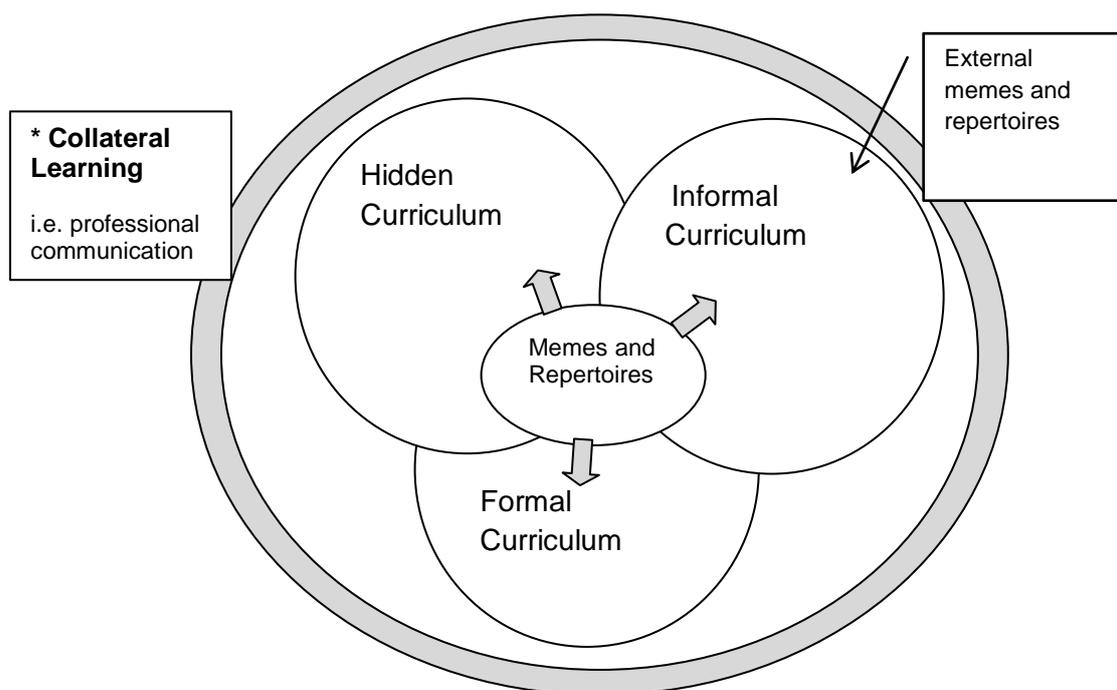
- **Meme 1:** *Lecturers are not credible clinical practitioners.*
- **Meme 2:** *Student nurses are less capable and less respectful than when lecturers were student nurses themselves.*
- **Meme 3:** *Nurses are not valued by the public.*

Below is an adapted version of Hafferty's (1998) three inter-related spheres of influence that shape students' learning. A fourth dimension has been added to indicate how memes might also infiltrate all aspects of the nurse education curriculum (formal, informal and hidden). Dewey's (1938) notion of collateral learning is also included in the figure, as encircling the learning influences, suggesting that influences from outside the nursing profession also impact on student learning and support memes 2 and 3 (as also noted in **FIGURE 11**). Collateral learning is said to be learning that is not the result of explicit lessons. For example, Chen (2015) notes that professional communication might be the result of collateral learning in nurse education. In this study, written emails from newer students to lecturers were reported (in lecturers' talk) as being

uncomfortably informal, with ☺ and XXs. Some lecturers' talk served to position students as disrespectful. This talk acted to support and strengthen the meme that students were less able than lecturers when they were students.

The hidden curriculum may also result in unintended messages to students. One example of this is the value of different knowledge types (academic and experiential), as discussed in the wider discourses section. These could be postulated as talk which can be viewed as positioning, othering and/or giving value to certain nursing sub-groups. MacMillan (2016) also proposes that the sequence of teaching in the formal curriculum can influence the hidden curriculum. In the pre-registration nursing programme, fundamental nursing skills, such as hand washing, moving and handling and resuscitation are taught in year one. A lecture on 'professionalism' is also present at this stage, possibly indicating to students that it is important to know about being professional before the first clinical placement. The latter point supports the study findings where lecturer talk to year-one students is very directive regarding their behaviours before they go into clinical practice (*FIGURE 13*).

FIGURE 9: SHAPING STUDENTS' LEARNING: MEME INFLUENCES



Adapted from Hafferty's (1998) three inter-related spheres of influence that shape students' learning. *Dewey's (1938) Collateral Learning added

7.4.2 LECTURER ROLE MODELS

Felstead (2013), Bandura (1963) and Fitzpatrick, While and Roberst (1996) all assert that the most appropriate way to learn professional socialisation is to see it in action. The majority of learning professionalism, according to Charters (2000), is through informal role modeling. A role model is said to exemplify behaviours or roles so that others might emulate a positive example (Price and Price 2009; Perry 2000). New nursing students are thought to role model academic staff (Pfeil 1997 and Campbell *et al.* (1994)) and this is echoed in student talk here, especially year one. However, Pfeil (1997) and Fitzpatrick, While and Roberst (1996) say that students' choice of role model moves towards practitioners as they progress into clinical practice.

New students will enter nurse education with already formulated views as to what a nurse does and what they might look like. However, others (Chow and Suen 2010, Illingworth 2006 and Felstead 2013) note that students do not necessarily have pre-conceived views about their lecturers. Difficulties are also known to arise when academic staff are viewed as distant from practice and lacking in clinical credibility (memes indicated in this study, as discussed within the wider discourses in chapter 7). According to Felstead (2013), students are most likely to role model those with clinical expertise, because they are considered credible practitioners. This sentiment was also heard in the talk of year-two and year-three students in this study.

Role modeling can be difficult in nurse education since lecturers teach *about* nursing practice while not actually role modeling it. This is unlike teacher education, where lecturers teach *how to* teach, while modeling teaching behaviours at the same time (Felstead 2013). Nurse lecturers teach *about*, rather than *through*, practice enactment. There is the potential for academic nurses to need to show, through talk, their 'specialness' and credibility as part of the nursing profession. Since nurse education arrived in the higher educating setting through Project 2000, it might be postulated that nurse lecturers are required to 'talk up' their clinical expertise, clinging on to their credibility as nurses. This point was illustrated in the lecturers' talk in this study, where talk of expertise was heard through offering students a '*potted history*' of their extensive nursing achievements (Stewart excerpt 36 page 156). Even within a clinical skills environment, the focus is more about psychomotor skills development

rehearsal, than 'real' care (Felstead 2013). According to Ettinger (1991) and Felstead (2013), students *do* learn what might be considered 'professional' from their lecturers, even if it is not outwardly discussed, as it is exemplified through behavior, action and attitudes. Interestingly, Kassenbaum and Cutler (1998) report that students will only repeat what the educators *do*, not what they *say*. This is not reflected in the talk of students in this study, as students *did* adopt the talk of lecturers. This was particularly clear in years one and three.

The findings here would suggest that lecturers need to be attentive to students' talk around professionalism, since it may indicate appreciation of perceived professional behaviours through the adoption of certain discourses. Students' stage of study might also offer some insight into what influences their 'professionalism' talk. For example, looking at the proposed model of 'Professional Discourse Adoption and Embeddedness' (**FIGURE 7** page 240), year-one student talk is influenced by lecturers' communication, behaviours, and attitudes. Later in their programme, role models in clinical practice show greater influence on student talk, resulting in a separation in students' association with other university students. The latter position of students' talk is also influenced by the meme that serves to discredit lecturers' clinical ability. This suggests that student talk has greater association with 'real', experiential, nursing knowledge than academic knowledge generated within university.

7.4.3 PEER TO PEER ROLE MODELING

McKenna and William (2017) and Roberts (2008) discuss peer learning as a way of supporting professional development. Students in Robert's (2008) study commented that peers helped them 'learn the ropes'. In this study there was little talk of peer support for professionalism, despite a well-established scheme already embedded within pre-registration nursing at the university. Students' talk, however, was critical of peers who did *not* display positive attributes, therefore positioning students as knowing what 'unprofessionalism' might look like. Year-three student talk was reflective in nature, enabling them to recount and position their nurse education 'journey'. Reflective talk could support peer-to-peer professionalism with more junior students. This, in turn, would help the more senior students to crystallise *their* construction of professionalism before

they register, become mentors, and share their talk with students in clinical practice. The latter point may help students position *their* professionalism discourses, offering some clarity, which Furaker (2008) reported as missing by registrants.

7.4.4 DEFINING PROFESSIONALISM

Participants in this study found the concept of professionalism hard to define. This is no surprise given the constructionist lens which assumes there is no ‘one’ version of professionalism. When asked what professionalism is, participants presented characteristics in terms of behaviours and attributes. Drawing on the words they use might offer some insight into what attributes they expected from themselves, and each other, at that point in time. Five words/phrases are shared between both lecturers and students for what might be professional behaviours; *‘respect[ful]’* and *‘honest[y]’*, *‘polite’*, *‘reliable[ability]’* and finally *‘a sense about them’*. Words for unprofessionalism included; *‘lack respect’*, poor attendance (*‘signing-in’* others, being *‘late’* and *‘missing lectures’*), *‘not engag[ing]ed’*, and *‘not bother[ing]ed’*. Words related to physical appearance were also shared (*‘messy’* and *‘scruffy’*), which is supported in the literature as being constructed as a trait of unprofessionalism (Monrouxe *et al.* 2017).

7.4.5 CAN PROFESSIONALISM BE TAUGHT?

Lecturer talk constructed professionalism in terms of the impact of unprofessional student behavior and attributes. These were promoted as a series of *‘don’ts’*, rather than *‘do’s’*, as heard in lecturer Stewart’s talk below;

“ ..we read them the riot act and I think it’s a list of *‘don’ts’*”. [LA1P1].

This talk appears to serve to perpetuate the wider pervasive discourses associated with lecturer imperative to convey agency in their talk, controlling student behaviours in and outside of university. In so doing, agency-laden talk might protect the reputation of nursing from negative attributes arising from the clinical areas and from the public as heard within the student and lecturer talk. However, Hammer *et al.* (2003) writes that if professionalism is defined and

talked about only in terms of what it is *not*, students may not intuitively know which behaviours *are* constructed as suitable within the wider discourses of the nursing profession. In addition, both Kassenbaum and Cutler (1998), and Handelsman, Knapp and Gottlieb (2009) suggest that positive feedback in the classroom will help support students' 'professional personaility' and improve individual performance. Therefore, it would appear that positive praise, and positive promotion of the behaviours that might be constructed as professionalism, may be a more effective form of talk from lecturers rather than that of '*drumming in*' and '*instilling*' warnings of the consequences of perceived unprofessional behaviours.

The published literature suggests that the *notion* of professionalism should be introduced early in the education programme (Crigger and Godfrey 2014 and Vezeau 2006). Students enter the nursing programme with an outsider's view of nurse professionalism that will be transformed into an insider view through their education journey, and this echoes the notion of socialization (as seen in the model of Professional Discourse Adoption and Embeddednesss (**FIGURE 7**).

The findings of this study suggest that lecturers' talk positions themselves as experts in both clinical nursing *and* nurse education. The lecturer role, as portrayed through talk, is to shape new students' views and protect the professional reputation of nursing, thus supporting a technical rationalist view of nurse education. Purdy (1994), however, recommends a more humanistic model of nurse education, with lecturers acting in a facilitative position, supporting student growth and self-development. A perspective such as this might change the focus from lecturer as the expert, to a more student-centred approach (Purdy 1994).

Both McCammon and Brody (2012) and Benner *et al.* (2010), together with the NMC's (2017) professionalism framework (discussed above), all appear to use the term 'professionalism' as if it were the one version of a 'thing', rather than a socially constructed concept. *If*, what might be termed as, 'professionalism' is thought of as a 'thing', it might be possible to postulate how *it* could be taught. However, it has to be recognised that the concept can always be contested.

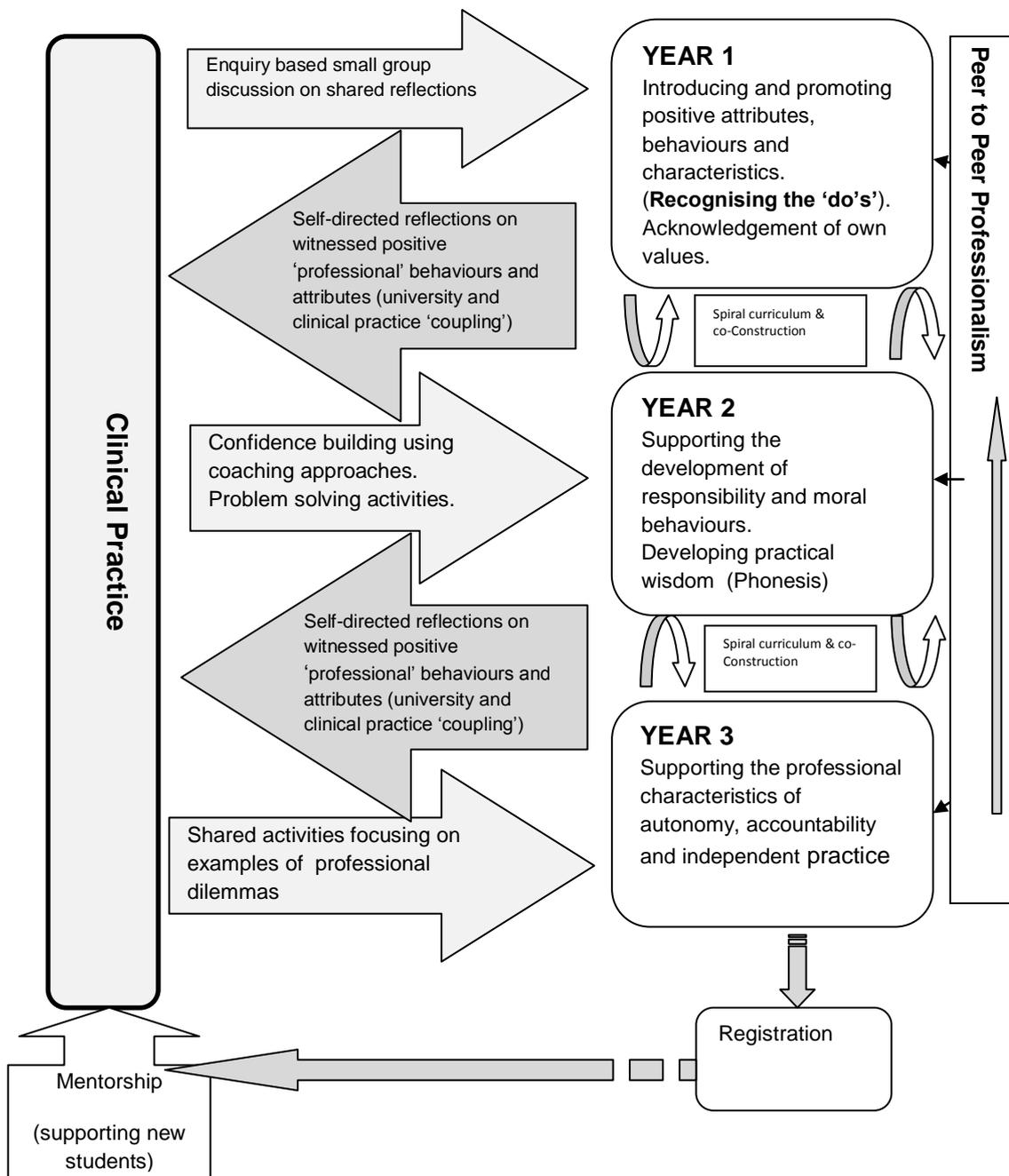
If teaching professionalism is looked at in relation to the literature, it could be posited that including certain features within the curriculum may be beneficial to

students' process of professional socialization. For example, the findings of this study and the published literature suggest that students can find it difficult to define professionalism (Furaker 2008, Blythe *et al.* 2015 and Monrouxe and Rees 2017). One might consider professionalism to be as a threshold concept, as defined by Meyer and Land (2003) (as discussed previously on page 55). Consequently, students studying within the early parts of the curriculum may benefit from greater exploration of what it means to be professional based on personal reflections and 'learning conversations' with professionals (Evans *et al.* 2010). A spiral curriculum design, as suggested by Harden and Stamper (1999), enables concepts to be re-visited, deepening understanding before introducing new knowledge content. Such a curricula design may be useful in continually revisiting the 'threshold concept' of professionalism and thus enabling continual discussion and spiral exploration.

Melia's (1984) work has suggested that the segmentation between education and service sectors is apparent to students because they have cause to move frequently between the two. Students in Melia's study reported receiving an 'idealised' version of nursing while in the 'school of nursing' but within the service sector segment they were expected to work differently. Although I elected to focus this study within the education environment of the nurse education programme, it is well recognized that both the education and practice areas are vital to successful socialization of students (Fitzpartick, While and Roberts 1996). Evans *et al.* (2010), Allan and Smith (2010) and Allan, Smith and O'Driscoll (2011) call for greater connection between the two segments, recontextualizing the theories generated within practice. This includes greater 're-coupling' between lecturers, practitioners and students, with all parties involved in different sector segments (Allan and Smith 2010).

Taking into account the findings from this study and evidence from published literature, *one* possible model for teaching professionalism, 'promoting positive behaviours' is presented below (**FIGURE 14 below**).

FIGURE 10: PROPOSED MODEL OF ENHANCING POSITIVE ATTRIBUTES AND BEHAVIOURS WITHIN THE STUDENT NURSE CURRICULUM 'PROMOTING POSITIVE BEHAVIOURS'



The proposed teaching approach (above) offers the potential to change the dominant discourses found in this present study. For example, in year one, '*instilling*' professional behaviours into students may not succeed if they cannot recognise positive behaviours. Therefore, the curriculum plan above presents a more humanistic approach, where positive behaviours and attributes are viewed

from the student lens in an appreciative way, sharing with peers in discussion. Year two is shown, in both the literature and in the talk of this study, to be a time of development and confidence growth. Year two of the proposed curriculum would aim to increase confidence through problem solving of 'real' nursing issues arising *from* clinical practice. Referring to the proposed model of Professional Discourse Adoption and Embeddedness (**FIGURE 7**), year three is where students prepare to '*step up to the [professional] line*' and register as a nurse. The educational approach presented here would require students to challenge so-called 'professional' behaviours through the use of authentic clinical dilemmas, and engage in 'learning conversation' with experts in the field, thus possibly influencing the so-called theory-practice gap.

However, the wider ramifications of such a humanist and enquiry-based approach to the learning and teaching curriculum above also needs to be considered. There is the potential to engender a change in talk and, subsequently, to alter repertoire and meme use. For example, the model above does not support the influence of the more directive repertoires heard in the lecturer talk to year-one students, such as the 'Slipped Society', 'Nurse's Hat and Mortar Board' and 'Divided Role' repertoires. A knock-on effect of positively re-framing so-called 'professionalism' might be to reduce, or change, the 'specialness' of the nursing sub-groups (academic and practitioners), positioning lecturer agency differently and reducing their influence and lessening their status as a group.

It is possible that the discourses around 'specialness' within the sub-groups of nursing will always exist. If, however, each sub-group discourse serves to maintain their own 'specialness', might another approach be to lessen the competing discourses by bringing both groups closer together? Benner *et al.* (2010), for example, call for more meaningful integration of professional learning between practice, simulation, and classroom contexts. The discourses of both groups (academics and practitioners) place high value on 'real' nursing, such as being positioned in the clinical environment and working with clients. Therefore, one way to limit competition between discourses of 'specialness' would be to house both sub-groups in clinical practice, with all parties developing theory to underpin practice while working with clients and students.

7.4.6 SUMMARY OF SUGGESTIONS FOR NURSE EDUCATION

1: From the findings of this study, criticism of lecturer clinical credibility has been suggested as potentially arising in clinical practice and spread, via memes, via students returning to the education setting. This may be an artefact of the split of education between higher education institutions and clinical practice, or through 'segmentation' as described by Melia (1984). Both academics and clinicians call upon discourses that position themselves as 'special', knowledgeable experts. There is a possible opening for further discussion regarding greater shared roles between academics and practitioners within the clinical environment (Allan and Smith 2010) [it is recognised that shared posts do already exist in some services].

2: An example curriculum for teaching professionalism has been presented (above). However, this can only be possible *if* 'professionalism' is constructed as one tangible 'thing'. Given the social constructionism lens used for this study, any understanding will be influenced by historical, cultural and individual factors, and will change. Based on student and lecturer talk (at that time), and informed by published literature, *one* potential way to teach professionalism could be through co-construction of talk around positive behaviours, taking into account the wider discourses within the nursing profession as a whole. However, greater re-coupling of the connection between education and practice, as discussed by Allan and Smith (2010) and Evans *et al.* (2010), may ensure that what students are taught, and what they learn, are of value to the professional role of the nurse.

3: Confidence within student talk may offer some insights into one way that students socially constructed professionalism. Some forms of talk give power to some, but disadvantage others. Therefore, students who do not use the discourses of, what might be considered as within the bounds of, professionalism could potentially be positioned differently from those who do.

4: Lectures and students need to acknowledge the presence, origins, and influence of the memes within nursing. These may offer insight into the content of the hidden curriculum, and to the contents of the so-called 'theory-practice gap'.

7.5 SUGGESTIONS FOR POLICY

7.5.1 THE COMMODIFICATION OF NURSE EDUCATION

The discursive position of student nurses is possibly caught between two competing discourses; that of the university student and that of the student nurse. These discourses seem to have some congruety with Melia's (1984) notion of the segmentation of nursing between the education and service sectors. However, once students attend clinical practice their professional selves appear to come in to play. Talk stresses how *they* wish to behave, and how *they* wish to be seen, within *their* professional capacity.

As long as student behaviours are within the bounds of NMC requirements, nursing students should have equal access to the full university student experience; it is, afterall, *their* choice, and *their* money. Students' talk seemed to disassociate them from the university experience after year one of the programme, where talk positioned them as consumers of the university student experience prior to that. Lecturer talk that served to downplay and deter students from engaging in the wider university experience, for fear on breaching NMC guidance on professional behaviour, may prove to negatively influence the National Student Survey (NSS) results and influence future student enrolment.

Tensions are heard in student talk as owners of their education experience. Student nurses are taught to be assertive advocates for their patients (NMC 2015). They are required to evaluate their own learning and to feedback on their placement experience (NMC 2010). However, this study suggested that when students used talk to advocate for themselves, lecturer response was dismissive and agency-laden (Julie excerpt 31 page 153). This may influence the so-called hidden curriculum, and dissuade student nurses from being education consumers for fear of being labelled a troublemaker. This highlights the balance needed in lecturer talk to ensure NMC requirements are met, while also encouraging and enabling a full university experience.

The UK Government has identified university students as consumers of their education (Dearing 1997). Subsequent to this, tuition fees were increased to an average of £9000 per annum (Browne 2010). The Student As Consumer (SAC) approach has been further consolidated with the inclusion of students and

universities under the Consumer Rights Act (Gov.Uk 2015). The SAC approach has been linked to a culture whereby students seek to have a degree rather than to be learners (Molesworth, Nixon and Scullion 2009). Bunce, Baird and Jones (2016) studied the influence of SAC on student learning, finding that students with a lower learning identity (seeking to have a degree) were associated with higher consumer activity (make demands regarding value for money). The latter point was also recognised by Greatrix (2011), who predicted a change in university student behavior to being more demanding. Anonymous Academic (2015), writing in the Guardian newspaper, tells of experiences where students have requested tutorial support at evenings and weekend because university hours did not suit. Greatrix (2011) also tells of a student who felt aggrieved by their 2:2 degree classification because of the money spent on attending university.

In September 2017 student nurses will no longer receive the non-means-tested bursary of £1000 per year and will have to pay tuition fees like other students (DoH 2016). It will not be possible to evaluate the true impact of this measure for some time; however, UK universities are already experiencing a drop in applications for nursing by 23% as a result (UKAS 2017).

The relationship between the lecturer and student talk in this study appeared complicated by the dual roles of lecturer as an employee of the university and registrant of the Nursing and Midwifery Council (NMC). Lecturers' talk positioned them as gatekeepers for the NMC as well as providers of a good university experience. The debate regarding the status of nursing academics, and where they should be located, is recognised in the national and international literature (Andrew *et al.* 2009). Adams (2010 p889) refers to the nurse educator's position as being in 'role crisis'. Nurse educators will always identify with belonging to a body of practitioners, or community of practice. Teachers also belong to their community of practice. This appears to highlight the further segmentation of nurse education provision exposed within this study. The combination of the two discourses positions them as unsure of their concrete authentic identity in either community (Adams 2010). This latter point challenges the 'specialness' of the sub-group of nursing academics, as discussed earlier.

7.5.2 ALTERNATIVE STUDENT JOURNEYS

New routes into nursing have just been recently announced. Nursing apprenticeships (DoH 2016) are to provide a work-based route to registration and degree. The Nursing Associate Initiative, proposed as part of the Shape of Caring Review (HEE, NHS 2015), sits alongside the roles of care support worker and registered nurse in both health and social care. This initiative aims to widen access into healthcare, assuring a flexible workforce and valuing the role and function of care assistants. Both the Apprenticeship and Associate programmes have the potential to provide different forms of socialisation into nursing than university enrolled students. This initiative appears to be replaying into the discourses of nursing as vocational activity. The wider discourses place clinical nursing within the 'real' nature of nursing knowledge, therefore nurse education based within practice perpetuates the discourses positioning clinical practice as superior to that of theoretical nursing knowledge. This supports the notion that the sub-group of clinical nurses is 'special', by virtue of their position within the 'real' place of nursing practice. However, such initiatives might help to manage the competing discourses of nursing sub-group 'specialness' by helping to bring together academic and clinical responsibilities in the education of practice-based students.

Another concern regarding the alternative journeys into nursing might be that these new routes could be viewed as 'dumbing down' nursing to purely an experiential/apprenticeship model, lessening the attention on the analytical and critical-thinking element present within a current under-graduate programme. There is the risk that nursing knowledge could be depleted, reducing the nurse's role to one of a skilled helper. The latter buys into the well-established meme that says a university education is not needed for nursing, therefore possibly serving a political agenda to make nurse education less expensive.

7.5.3 AN UNDERVALUED PROFESSION

First-year student's talk in this study positioned them as entering a profession that was not valued by the public. This perception has the potential to negatively influence student recruitment. Although public trust is said to be on the rise now, Cummings (2017) has recently stated that nursing should not become

complacent. An association with Cummings' (2017) sentiments can be heard within the wider discourses that serve to keep nursing 'special'. Negative public perceptions might be considered an assault to nursing's professional reputation from an external perspective. As discussed above, the new routes into nursing may serve to devalue the profession further if professional education is no longer considered of value.

7.5.4 SUMMARY OF SUGGESTIONS FOR POLICY

1: Recent changes in student nurse funding, and new routes into the nursing profession, have the potential to alter the relationship between lecturer and student talk, especially in relation to agency. These initiatives may also bring about changes in nursing sub-group 'specialness', by focusing nurse education within the perceived 'real' place of nursing knowledge. Memes located in this study that position the 'real' nature of nursing knowledge as occurring in practice, have the potential for greater close quarters spread, also perpetuating talk that might de-value theoretical knowledge in nursing. Apprenticeship students, recruited directly from clinical practice, may experience a different form of socialisation into nursing than university recruited students.

2: The professional nursing reputation may need to be repaired and strengthened following the negative influences of the Mid Staffordshire Inquiry (2012). Negative portrayal of nursing from public discourses found in the media seems to have seeped into the first year student talk in this study. The impact may be to negatively influence the wider discourses about maintaining the 'specialness' of the nursing profession.

7.6 SUGGESTIONS FOR RESEARCH

The following suggestion for future research is informed by the discussion about the wider discourses at play in nurse education and also in relation to nurse education and policy (above).

1: The literature review revealed a number of attributes and behaviours associated with healthcare professionalism. Only a few studies have focused on student nurse discourses around professionalism while within the university

setting (i.e. Keeling and Templman (2013) and Monrouxe and Rees (2017)). Given the constructionist underpinnings of this current study, it will not be claimed that *one* definition of student professionalism is possible to locate. However, *if* professionalism is considered to be an important element of the nursing curriculum, as seen in the NMC (2017) framework, then a working definition may be of value. The findings may be used to shape learning and teaching and form guidance on positive attributes supported by both students *and* lecturers.

2: Tensions appear present in the talk of the student nurses as university students, and university lecturers as NMC registrants. Both groups appear caught between segmented discourses that might be considered to compromise the position of nursing, in the light of the wider discourses as to the 'real' place of knowledge, and the perceived 'specialness' of certain sub-groups in nursing. Future research is needed to determine *how* students and lecturers locate, utilize, and manage these competing discourses within the different segments of their position so as to enable insight into how they balance their experiences and responsibilities.

3: Further discourse analysis might bring to light the nature, location of origin, influences, forms of spread, and impact of additional memes located between university based and clinical based nurse education. This could also shed some insight into the potential content and function of the so-called hidden curriculum, thus influencing what, and how students learn about behaviours considered to be professional outside of formal teaching.

4: New routes into the nursing profession present opportunities to investigate alternative processes of socialisation into the nursing profession. This has the potential to support a comparison of talk that positions them in relation to their role as a student nurse.

7.7 STUDY LIMITATIONS

Throughout this doctoral study, I have attempted to explain and justify my choice of actions, in an attempt to ensure trustworthiness and soundness of the findings through an on-going reflexive process. Below I describe how, and where, this

study might be evaluated from the perspectives of alternative paradigms and in terms of potential limitations influencing the data and interpretation.

7.7.1 LIMITATIONS OF FINDINGS

Within a positivists approach, researchers aim for generalisability of findings to other groups and settings. This is achieved using valid and reliable data collection tools, large random samples, and randomization of data sets in order to reduce bias (Polit and Beck 200). From a positivist perspective, some might say the sample size in this study is not large enough to produce generalisable results. In response, I would say that generalisability has never been the purpose of this study.

The search for background literature as to the notion of professionalism located no shortage of quantitative research. This study, however, was about gaining *new* sights and opening up discussions, rather than applying some of the existing theories around professionalism to different populations. This study was undertaken to gain insight into *how* students and lecturers linguistically frame professionalism. Replication of a study based on constructionist principles will always be difficult, as discourses cannot be taken to mean an accurate description of any social action. Any account of an experience represents a new version of reality, and one that cannot be recaptured (Crotty 1998). As Heraclitus was said to say;

“No man ever steps in the same river twice, for it’s not the same river and he’s not the same man.”

Heraclitus [535-475 BC]

7.7.2 THE INFLUENCE OF MY REFLEXIVE POSITION

Many of my lecturer colleagues experienced a similar structure of nurse ‘training’ as me. This ‘shared’ experience is apparent within some of their recorded talk during this study. Therefore I need to acknowledge my view point as being similar to that of my peers in some respects and less related to those of my students. The difference in nurse education in the 1980s and 1990s compared to today, may have been influential in shaping the lecturers’ talk and in my talk and interpretations. But, of course, this will always be the situation given that as

generations pass, so do changes in education and context. With this in mind, it would never be possible to have lecturers who underwent exactly the same educations as their students.

It is recognized that students and lecturers from other universities may have reported differently. Some of the features of talk might be the result of the way the data was collected, for example, in small groups or one to one with the researcher. For student participants there was always the influence of the power imbalance between the researcher (as a lecturer) and the student. This is discussed within the ethics section 3.19 (Traynor and Buus 2016)

7.7.3 LIMITATIONS TO THE SAMPLE

The sample size for the study might be considered to be small in terms of the potential generalisability as discussed above (Polit and Beck 2006) . However, the words of fifteen participants culminated in seventeen interviews, each generating a large number of talk instances that Potter and Wetherell (1995a) would view as suitable in the analysis of discourses.

In this study, the student and lecturer participants were all volunteers. Volunteers are recognized as having something they wish to say and therefore their viewpoint may not be representative of others (Polit and Tatano Beck) From the positivist perspective, some might view such a sample as introducing bias. Careful attention was required to my reflexive influence on the talk being collected and analysed throughout the study, making me mindful of these influences (as discussed on page 311) in relation to research quality and my reflexive influences on those being interviewed).

- **The student sample**

The student sample was drawn from my own institution. While other researchers have also drawn on student samples from their organizations (see page 91), this might be viewed as a limitation within the student sample because they may lack variation in their experiences which might influence their forms of talk. As presented on pge 90, the student participants were not known to me and from the outset and I did not believe I would be in the position of teaching them.

However, on one occasion I was conscious of two child field students present in one lecture I delivered in year two.

As discussed in section 3.18.4 ,the relationship between the interviewer and interviewee and in the section on ethics (3.19), I was conscious of the possible power imbalance between students and myself and of the influence that this could have on the student's experience of the research process and how this may impact on the talk she had with me. While I may not have had close educational contact with any of the participants, by their third year they will have known me better. Students were fully aware from the outset of my senior position within the leadership of the nursing programmes. Therefore a power imbalance needs to be recognized but that this was managed carefully and sensitively as discussed in section 3.18.1.

- **The lecturer sample**

Lecturer volunteers were all from a similar nurse education experience to myself. I clearly state in my reflexive audit trail in Section 3.15, that locating lecturer representative from all 'ages' of nurse education would be of little benefit within a constantly evolving nurse education system.

I elected to interview lecturers only once in this study. The rationale for this decision was the reasoning that lecturers were already members of a discourse community and I would not expect to see further professional language development. This choice may appear to have limited the study by omitting data regarding communication between lecturers and students. It might have been that such data could have offered greater insight in to how students and lecturers share and develop their talk about professionalism. However, revisiting the data during the study enabled me to pay attention to the similarities and differences in particular language used by lecturers and students (page 234). Later presentation of the findings to a group of students and to a group of lecturers confirmed that both parties were able to recognize the study findings.

- **General sampling issues**

The student and lecturer sample was drawn from one institution as discussed above, thus potentially limiting a wider inclusion of ethnic and gender differences and other institutional experiences. In addition the population of the North East of England is not as culturally diverse as other parts of the UK, leading possibly to a sample restricted in the voice of some (see below). The population from which the study sample is framed is discussed in detail in with the intention of offering enough detail to facilitate some transferability of the findings section 3.15. A study of a similar nature in another area of the UK may well show some different discourses to those reported here.

7.7.4 POTENTIAL SILENCES IN THE DATA

Although this study does not aim to provide generalisable findings, recognition of the make-up of the sample population is important because it could inhibit certain forms of gendered or cultural talk. Some researchers who have attempted to make sense of silences in data have generally considered literal silence or unusual conversation moves (Morison and Macleod 2013). As I have noted on page 89, in *Discourse Analysis in Sociology and Psychology (DASP)* inclusion of external context might be considered important if the participants talk about it (Antaki and Widdicombe 1998, and Potter 1998b Tracy 1998). Since there was no talk specifically related to gender or ethnicity / culture in the student or lecturer talk, therefore initially I did not 'hear' it. However, having reflected upon what was not said and what I did not 'hear' I realized that this did not mean that talk was not open to other discursive positions given a different set of circumstances.

Above I have acknowledged the limitations to the cultural diversity of the sample. There was a gender imbalance in the sample also (as discussed on page 53) but this was reported as being similar to that represented in nursing as a whole. For example, fewer male student nurses than female and more male qualified nurses in what might be considered as higher leadership and educational roles. Silences might also reflect the very nature of nursing in the UK as having fewer men and a less diverse ethnic mix than is represented in the UK population as a whole.

7.7.5 METHOD AND LOCATION OF DATA COLLECTION

The method of data collection was discussed on page?. There I reported challenges of accessing talk *about* professionalism specifically, where limited opportunities were available to hear student and lecturer talk within naturally occurring activities. As a consequence I classified my data collection approach as 'unnatural'. Having reflected on this point however, there were a number of alternative data sources and analytical lens (e.g. memetic theory, interpretative repertoires, data from other publish studies, policy and media) that all come together to support the facets of the phenomena under investigation.

7.8 JUST 'ONE' POINT OF VIEW

Some might criticise this study as representing just one viewpoint. This is true, but I do not view this as a point of criticism. The findings of this study is just one of many and shifting possibilities of interpretation. As Gergen (2015 p3) says, how we view the world depends on our relationship within it. I have been reflexive and transparent in my justification of choices and interpretations. An important feature of research quality is the examination of trustworthiness and soundness. This was an ongoing process as highlighted in **section 3.2**. In addition, emerging findings were presented at different stages to wider audiences, offering further opportunity to justify claims. These included conferences and poster presentations, presentations to colleagues and to students (**APPENDIX 9**). A lecture to students on discourses analysis methodology, included examples of findings from this thesis. Two students made email contact with me to say they were able to relate *their* experiences to the study findings, thus supporting a degree of confirmability as to the findings (**APPENDIX 10**).

7.9 FINAL REFLECTIONS

The development of this thesis is based upon the social constructionist perspective where meanings are influenced by many factors, and these are

continually being constructed and reconstructed through social interaction (Gergen 2015). I have drawn on many different sources of literature and theory to support my thinking and interpretations. For example, I have called upon an eclectic mix of interpretivist ideas, post-modern perspective, and evolutionary biology (memes), in the construction of this work. This thesis is also a construction, and being a construction, other interpretations would be equally valuable. Therefore, this thesis is particular to time, place, and culture. In section 3.5.2 I explored some of the influences I brought with me to the study, and how my multiple roles as a nurse, academic, lecturer, director of the education programme and a PhD student, will have influenced my understanding and the language I used with different participants (students and lecturers).

The proposed model of 'discourse adoption and embeddedness' arose, quite literally, out of the participants words, offering potential insight into how lecturers and students construct professionalism through their talk interactions. The model does not represent *the* 'right' theory. It can only be *one* way of thinking about and presenting the findings. However, I hope that the model presents 'another' view of student and lecturer talk on professionalism, and that this view might be of value in understanding the ways in which sub-groups of nurses (lecturers, clinicians, and student nurses) are positioned and constructed through talk. New insights might encourage further debate about the nature and content of nurse education.

7.9.1 PERSONAL REFLECTIONS

My journey through the study was not always organised or linear. I went down many blind alleyways before deciding on my methodological choice. Each journey took me out of my comfort zone, but was never time wasted or valueless as something new was always learnt.

The course of this PhD has been interesting, challenging and frustrating, both from a methodological perspective, and also in offering me insight into how 'I' have managed the experience of full time working and part time study. I have made some big leaps in my thinking and understanding of research development and project management. In turn, the PhD process has informed my teaching of research, and also opened my eyes and ears to the student nurse voice.

I was fortunate that this study was not complicated by factors beyond my control. Interviews occurred within the timescale required to 'catch' students at the correct position in their nurse education. I thank the students for making themselves available for the full three years.

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APPENDICES

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APPENDIX 1: CONFIRMATION OF ETHICAL APPROVAL



Professor Kathleen McCourt CBE FRCN Dean

This matter is being dealt with by:

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Date 29 January 2013

Dear Sue

Faculty of Health and Life Sciences Research Ethics Review Panel

Title: Repertoires used by student nurses and lectures while discussing student nurse professionalism while they study at university'

Following independent peer review of the above proposal, I am pleased to inform you that the ethics panel met on 29 January 2013 and University approval has been granted on the basis of this proposal and subject to compliance with the University policies on ethics and consent and any other policies applicable to your individual research. You should also have recent CRB and occupational health clearance if your research involves working with children and/or vulnerable adults.

The University's Policies and Procedures are available from the following web link:
<http://www.northumbria.ac.uk/researchandconsultancy/sa/ethgov/policies/?view=Standard>

All researchers must also notify this office of the following:

- Commencement of the study;
- Actual completion date of the study;
- Any significant changes to the study design;
- Any incidents which have an adverse effect on participants, researchers or study outcomes;
- Any suspension or abandonment of the study;
- All funding, awards and grants pertaining to this study, whether commercial or non-commercial;
- All publications and/or conference presentations of the findings of the study.

We wish you well in your research endeavours.

Yours sincerely

Jim Clark

Chair, Faculty Research Ethics Review Panel

APPENDIX 2A: INTRODUCTION EMAIL FOR STUDENTS

Email introducing study to potential participants [students]

Dear [insert name],

I am emailing you to ask if you might be interested in taking part in a research study. The research is trying to uncover what it means to be professional while you are studying for a nursing qualification. I picked your name at random for the registers for your cohort of students.

The study would involve you attending a small group discussion [like a group interview] with about 8 others from your branch of nursing. You would need to attend one interview for each of your three years of your nursing programme only. The interviews would be at The University Coach Lane Campus and would be arranged for when you are in university so you would not need to make any special journey to attend. Each small group discussion would last no more than about 1 ½ hours if that is acceptable to you. I am unable to pay you for your time, so your participation would need to be voluntary – I would however provide refreshments.

I have attached more information about this study with this email. Please have a look at this information before you decide to take part. If you think you would like to be involved, fill in the consent form (then save it to your computer) and email me a copy. I will follow your reply with the date of the first session.

Please do not feel that you HAVE to take part. If you decide to participate, I can promise that everything discussed will be confidential and you will not see your name in reports or presentations (unless you want to).

If you have any questions about this study, please do not hesitate to contact me on xxxx.

I look forward to hearing from you,

With Best Wishes,

Sue Jackson

Principal Lecturer

APPENDIX 2B: INTRODUCTION EMAIL FOR LECTURERS

Email introducing study to potential participants [Lecturers]

Dear [insert name],

I am emailing you to ask if you might be interested in taking part in a research study. The research is trying to uncover what it means to be professional while students are studying for a nursing qualification. I picked your name because, as a lecturer, you have a guidance tutor group in the March 2013 cohort of students.

The study would involve you attending a small group discussion with about 8 of your fellow lecturers. You would need to attend one interview. The interviews would be at The University, Coach Lane Campus and would be arranged for when you are in university so you would not need to make any special journey to attend. Each small group discussion would last no more than about 1 ½ hours if that is acceptable to you. I am unable to pay you for your time, so your participation would need to be voluntary – I would however provide refreshments.

I have attached more information about this study with this email. Please have a look at this information before you decide to take part. If you think you would like to be involved, fill in the consent form (then save it to your computer) and email me a copy. I will follow your reply with the date of the first session.

Please do not feel that you **HAVE** to take part. If you decide to participate, I can promise that everything discussed will be confidential and you will not see your name in reports or presentations (unless you want to).

If you have any questions about this study, please do not hesitate to contact me on xxxx.

I look forward to hearing from you,

With Best Wishes,

Sue Jackson

Principal Lecturer

APPENDIX 3A: INFORMATION SHEET FOR STUDENTS

Study Information Sheet [Students]

Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university

Thank you for considering taking part in this research study. This information sheet should provide you with the information you might need to know before you decide to take part. If you have further questions please feel free to contact Sue Jackson (contact details below).

Professionalism 'slippery concept' which is difficult to define according to McLachlan et al (2002). A number of research studies have focused upon the professional activity of student nurses within the clinical setting but few have examined students' understanding of professionalism *while* they are studying at university.

The aim of this study is to find out how students and lectures talk about student nurse professionalism during their three year study programme at university. It is hope that by listening to both student and lectures group discussions about professionalism will enable a better understanding of how students appreciate professionalism. It is hoped that this will enable nurse lecturers and students to work together effectively to ensure that students are able to work professionally in both the clinical and education setting.

Your views will be really valuable and I would like you to consider taking part in the small group discussion to share your thoughts with others. Below are some questions you might like to know answered:

Why did you select me?

Your name has been selected because you have a student group in the March 2013 cohort and this cohort of students has been invited to participate in this study because you are at the very start of your nurse education programme.

Why are you interested in my views?

The study aims to look at how student nurses and lecturers use language when they talk about professionalism and as a lecturer your views are important to this research.

What will my part in the research involve?

A small group discussion will be conducted once a year for each of the three years of the March 2013 nursing programme. You will be in a small group discussion with between 8 - 10 other lecturers representing all the branches of nursing. The interview will be digitally recorded providing the group all agree. Each small group discussion will last approximately 1-1.5 hours.

What's in it for me?

Your taking part in this study is unlikely to change things for you but it might be of value to the way that students are taught in the future.

Will it be possible to identify me specifically in the results?

No, your name will not appear in any documents or presentations. We might give you a pseudonym so that you cannot be recognised. Therefore you are free to talk about whatever you want to. While the study is ongoing, the transcripts of the small group discussion will be kept in a locked cabinet at The University and will only be accessible by the researcher. Once the research is over, all information given by you will be destroyed.

Will taking part have any negative effects on my career?

No, taking part in this study will not change the way that you study currently.

What if I agree to take part and then change my mind?

You can withdraw from the study at whatever point you wish. If you decide to withdraw *after* your interview has taken place, you can be assured that your contribution will not be included in any reports or presentations related to this research study. However, it will not be possible to dispose of your input at this stage because your words will be alongside those of others at the small group discussion.

Where will the small group discussion take place?

The small group discussion will take place at The University, XX Campus during working hours.

Will I get paid for my time and get travelling expenses?

No travelling expenses will be needed as you will already be in University of the day of the small group discussion. Your participation needs to be voluntary. However, tea, coffee and biscuits will be provided for you at each small group discussion.

Has this study got ethical approval?

Yes Ethical approval from the The University Ethics Committee was confirmed on 29th January 2013.

If you are happy to take part in this study please email the consent form back to Sue Jackson [Sue.Jackson@XXXX.ac.uk] who will then contact you soon to arrange a date and time for interview.

If you have any further specific questions please either email your queries to the above email address or telephone me on extension xxx.

Best Wishes,

Sue Jackson

Principal Lecturer

APPENDIX 3B: INFORMATION SHEET FOR LECTURERS

Study Information Sheet [Lecturers]

Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university

Thank you for considering taking part in this research study. This information sheet should provide you with the information you might need to know before you decide to take part. If you have further questions please feel free to contact Sue Jackson (contact details below).

Professionalism 'slippery concept' which is difficult to define according to McLachlan et al (2002). A number of research studies have focused upon the professional activity of student nurses within the clinical setting but few have examined students' understanding of professionalism *while* they are studying at university.

The aim of this study is to find out how students and lectures talk about student nurse professionalism during their three year study programme at university. It is hope that by listening to both student and lectures group discussions about professionalism will enable a better understanding of how students appreciate professionalism. It is hoped that this will enable nurse lecturers and students to work together effectively to ensure that students are able to work professionally in both the clinical and education setting.

Your views will be really valuable and I would like you to consider taking part in the small group discussion to share your thoughts with others. Below are some questions you might like to know answered:

Why did you select me?

Your name has been selected because you are a lecturer who teaches pre-registration student nurses.

Why are you interested in my views?

The study aims to look at how student nurses and lecturers use language when they talk about professionalism and as a lecturer your views are important to this research.

What will my part in the research involve?

A small group discussion will be conducted once a year for each of the three years of the March 2013 nursing programme. You will be in a small group discussion with between 8 - 10 other lecturers representing all the branches of nursing. The interview will be digitally recorded providing the group all agree. Each small group discussion will last approximately 1-1.5 hours.

What's in it for me?

Your taking part in this study is unlikely to change things for you but it might be of value to the way that students are taught in the future.

Will it be possible to identify me specifically in the results?

No, your name will not appear in any documents or presentations. We might give you a pseudonym so that you cannot be recognised. Therefore you are free to talk about whatever you want to. While the study is ongoing, the transcripts of the small group discussion will be kept in a locked cabinet at The University and will only be accessible by the researcher. Once the research is over, all information given by you will be destroyed.

Will taking part have any negative effects on my career?

No, taking part in this study will not change the way that you work currently.

What if I agree to take part and then change my mind?

You can withdraw from the study at whatever point you wish. If you decide to withdraw *after* your interview has taken place, you can be assured that your contribution will not be included in any reports or presentations related to this research study. However, it will not be possible to dispose of your input at this stage because your words will be alongside those of others at the small group discussion.

Where will the small group discussion take place?

The small group discussion will take place at The University, Coach Lane Campus during working hours.

Will I get paid for my time and get travelling expenses?

No travelling expenses will be needed as you will already be in University of the day of the small group discussion. Your participation needs to be voluntary. However, tea, coffee and biscuits will be provided for you at each small group discussion.

Has this study got ethical approval?

Yes Ethical approval from the The University Ethics Committee was confirmed on 29th January 2013.

If you are happy to take part in this study please email the consent form back to Sue Jackson [Sue.Jackson@XXXX.ac.uk] who will then contact you soon to arrange a date and time for interview.

If you have any further specific questions please either email your queries to the above email address or telephone me on extension xxxx.

Best Wishes,

Sue Jackson

Principal Lecturer

APPENDIX 4A: CONSENT FORM FOR STUDENTS

Informed Consent for Student Nurses

Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university.

Please read the statements and initial the boxes next to them if you agree.

- I confirm that I have read and understand the information sheet for the above study.
- I have had the opportunity to ask questions about the study and these have been answered to my satisfaction.
- I am willing to take part in a group discussion and activity.
- I am aware that my comments will be anonymised and typed up.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
- This will not affect my place as a student at XXX University.
- I know that my name and details will be kept confidential and will not appear in any printed document
- I agree to take part in this study

Consent of Participant

Signature _____ Print _____

Date _____

Researcher

Signature _____ Print _____

Date _____

APPENDIX 4B: CONSENT FORM FOR LECTURERS

Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university.

Please read the statements and initial the boxes next to them if you agree.

- I confirm that I have read and understand the information sheet for the above study.
- I have had the opportunity to ask questions about the study and these have been answered to my satisfaction.
- I am willing to take part in a group discussion and activity.
- I am aware that my comments will be anonymised and typed up.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
- This will not affect my work at The University.
- I know that my name and details will be kept confidential and will not appear in any printed document
- I agree to take part in this study

Consent of Participant

Signature _____ Print _____

Researcher

Signature _____ Print _____

Date _____

APPENDIX 5A: PRE- INTERVIEW QUESTIONNAIRE FOR STUDENTS

Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university

CONFIDENTIAL

Background Questionnaire (Students)

Name

What is your date of birth?

What field of nursing are you studying?

GT group

What qualifications did you have before you came on the nursing course?

GCSEs A Levels BTech Degree

Masters Other (s)

Did you have any nursing experience before you joined the nursing course?

No

Yes (please describe briefly)

APPENDIX 5B: PRE- INTERVIEW QUESTIONNAIRE FOR LECTURERS

Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university

CONFIDENTIAL

Background Questionnaire (Lecturers)

Your name (*If you wish*): _____

Your Qualifications: _____

Where did you undertake your initial nurse training / education?

Was your initial registration undertaken in a hospital or a further education facility?

Hospital

FE / University

In what year did you qualify as a nurse? _____

How long have you been working in nurse education? _____

Thank You

APPENDIX 6A: INTERVIEW PROMPTS FOR YEAR ONE STUDENTS

Small Group / Individual Discussion Prompts for Year One Students

These core set of questions will be asked at each small group / individual discussion over the three years, however, questions will be added or explored in detail depending on the student responses (Theoretical sampling).

Before the small group / Individual discussion:

- Introduce myself giving details the purpose of the study
- Ensure that all participants have completed their consent forms
- Re-iterate that students can change their mind and decide not to participate at anytime (on-going consent). They are able to leave at anytime without any negative impact on their studies at XXX University.
- As permission to record the discussion
- Reassure participants that everything discussed will be treated with strict confidence; their names will not appear on any documents resulting from this study (unless the student especially wants this).
- Mark ideas from the discussion on a flip chart

PROMPTS

1. Can you tell me what you think professionalism is ?
2. What is professionalism while student nurses study at xx university?
3. Can you think of examples of professionalism at xx university?
 - a. -and non-professionalism at xx university?
4. Should nurses be professional ALL the time?
 - a. why?
 - b. why not?
5. What is it like being a university student and a student nurse?

APPENDIX 6B: INTERVIEW PROMPTS FOR YEAR TWO STUDENTS

Small Group / Individual Discussion Prompts for Year Two Students

These core set of questions will be asked at each small group / individual discussion over the three years, however, questions will be added or explored in detail depending on the student responses (Theoretical sampling).

Before the small group / individual discussion:

- Introduce myself giving the detail and purpose of the study
- Ensure that all participants have completed their consent forms
- Re-iterate that students can change their mind and decide not to participate at anytime (on-going consent). They are able to leave at anytime without any negative impact on their studies at the university.
- As permission to record the discussion
- Reassure participants that everything discussed will be treated with strict confidence; their names will not appear on any documents resulting from this study (unless the student especially wants this).
- Mark ideas from the discussion on a flip chart

PROMPTS

1. Can you tell me what you think professionalism is ?
2. What is professionalism while student nurses studying at xx university?
3. Can you think of examples of professionalism at xx university?
4. -and non-professionalism at xx university?
5. Tell me about your experiences of being a student nurse and studying at xx university?
6. What are the professional behaviours and attributes of a good nursing lecturer?
7. What professional behaviours and attributes in lecturers do you think are less professional (remind about confidentiality)

APPENDIX 6C: INTERVIEW PROMPTS FOR YEAR THREE STUDENTS

Small Group / Individual Discussion Prompts for Year Three Students

These core set of questions will be asked at each small group / individual discussion over the three years, however, questions will be added or explored in detail depending on the student responses (Theoretical sampling).

Before the small group / individual discussion:

- Introduce myself giving detail and purpose of the study
- Ensure that all participants have completed their consent forms
- Re-iterate that students can change their mind and decide not to participate at anytime (on-going consent). They are able to leave at anytime without any negative impact on their studies at XXX University.
- As permission to record the discussion
- Reassure participants that everything discussed will be treated with strict confidence; their names will not appear on any documents resulting from this study (unless the student especially wants this).
- Mark ideas from the discussion on a flip chart

Theoretical sampling was used to create these interview prompts.

1. Can you tell me what you think professionalism is?
2. How do you see student nurse professionalism now you are a third year?
3. Reflecting back, are there any differences between 1st, 2nd and 3rd year student nurse professionalism?
4. Are there any differences in the professional behaviour of lecturers and clinicians in practice?
5. What is a less professional lecturer like, and what is a more professional lecturer like?
6. Would you say that you know about your lecturers' nursing background? Is it important or not?
7. Are the lecturers different with you in year one as they are with you in year three?
8. How did you feel in first year?
9. What is life like as a student nurse?

APPENDIX 6D: INTERVIEW PROMPTS FOR LECTURERS

Small Group / Individual Discussion Prompts [Lecturers]

These core set of questions will be asked at each small group / individual discussion over the three years, however, questions will be added or explored in detail depending on the lecturer responses.

Before the small group / individual discussion:

- Introduce myself and detail the purpose of the study
- Ensure that all participants have completed their consent forms
- Re-iterate that lecturers can change their mind and decide not to participate at anytime (on-going consent). They are able to leave at anytime without any negative impact on their employment at XXXX University.
- As permission to record the discussion
- Reassure participants that everything discussed will be treated with strict confidence; their names will not appear on any documents resulting from this study (unless the lecturer especially wants this).

PROMPTS

There is quite a bit written about student nurses being and feeling professional while they practice in the clinical environment, but there is little discussed about professionalism while student nurses study at university.

1. Can you tell me what you think professionalism is?
2. What is student nurse professionalism while they study at xx university?
3. Can you think of examples of student professionalism at xx university?
 1. -And examples of non-professionalism?
4. What are the attributes of a professional student nurse?
 1. -A less professional student nurse?
5. Would you expect a student nurses to be professional ALL the time?
6. What do you think it is like to be a university student and a student nurse?

APPENDIX 7: DOCUMENTARY TEXTS USED FOR AS PART OF THE ANALYSIS

Full references shown within the reference list.

FORM OF TEXT	SOURCE
<p>Nursing and Midwifery Council The Code NMC Standards for Nurse education The Student Code Enabling professionalism in nursing and midwifery</p>	<p>NMC (2008, 2015) NMC (2012) NMC (2012) NMC (2017)</p>
<p>University Documentation Pre Registration Nursing Curriculum Documentation Teaching materials</p>	<p>University Curriculum (2012) documentation Module materials (E-Learning Portal) <ul style="list-style-type: none"> • PowerPoint Slides from taught sessions that refer to professional behavior and standards. </p>
<p>Television and News Reports</p> <ul style="list-style-type: none"> • The Francis Report (2013) • Media stories regarding student nurses and nurse education 	<p>Independent Newspaper 24th May (2006) The Guardian Newspaper on 1st October 2009 Lister (2004), The Times – ‘Too posh to wash’ Salvage (2007). The Independent – ‘Too posh to wash’ Fletcher (2009), Daily Express – ‘Could get too posh to wash’ Ford (2012) Nursing Times – ‘Degree Nurses ‘not too posh to was’, says Willis Commission Chapman , J(2013), Daily Mail – ‘Too posh to wash’ Blackhouse (2013), Nursing Standard – Learned Resentment at the heart of ‘too posh to wash’</p>
<p>Internet memes portrayal of nursing and university students</p>	<p>World Wide Web [for copyright reasons, unable to include within thesis]</p>

APPENDIX 8A: TYPICAL TEXT FRAGMENTS: SELECTED THEMED LECTURER TALK

Key to interview transcript location: [LC1P8] = Lecturer Child Field, first interview, located on page 8 of the original interview transcript.

LA – Lecturer Adult Nursing; **LC**- Lecturer Child Nursing; **LMH** – Lecturer Mental Health Nursing

1-Interview 1; **P and number**- Location of talk on the original interview transcript.

NB: These are ‘selected’ texts, therefore do not read as a continuous interview

THEMES resulting from ‘chunked’ text	TEXT FRAGMENTS (Chunks)
<p>1: Pride and Professionalism</p>	<p>ROSE: And I think when we wore uniforms, your uniform was a symbol of status and we wore it with pride because, like it or not, as ridiculous as it may seem, it was a symbol of status and you were proud to wear your hat or your badge or whatever. Or some people were. But that’s all gone and I kind of said: it’s a different culture; it’s a different era. [LC1P10]</p> <p>STEWART: ..but some of them, as [name] says, they will push things; they will wear the uniform partly, really and maybe have a bizarre pair of shoes on, or something like that. [LA1P6]</p> <p>TONY: Yeah, so it’s like a token effort to wear it; it’s an element of conformity, but, like, with a hint of rebelliousness, I guess. [LA1P6]</p> <p>STEWART: ..is try and instil in them that there are professional expectations, however, they are human and we want them to enjoy being a human; we want them to have pride in a student nurse; we want them to enjoy being a nurse, so I think that’s perhaps where... [Name] and I have this approach, where they know what the rules are, but within those rules, there’s degrees of acceptable behaviour and I always use personal experience about: well you know, I’m considered to be a professional person, professional standards, however, you know, I like a beer, go to the football match, vent my spleen, but the behaviour I exhibit is within, you know, acceptable boundaries, if you like. [LA1P3]</p> <p>ANITA: I would get very courteous interaction in class with third years, I get thank yous at the end; I get people hanging back at the end to chat; I’m very very glad when people laugh at my jokes, – but people do, so that’s very pleasing, so they do the courtesy of laughing when they’re supposed to. Erm, so yeah...[LA1P6]</p>

<p>2: 'The way it was'</p>	<p>ROSE: I think, having worked in practice and then back in education and... over many years, so I think historically looking back as well, I would say things have changed and so sometimes I feel very old-fashioned and I think these are the standards that I expect and this is how they should behave and that is how I used to behave, and that's how I expect... and I know that's how they are expected to behave in practice, so why are they not behaving in that way? And is it society and is it...? You know, the mobile phone thing comes up all the time and being rude and...Just general politeness and erm... not just politeness, but manners and everything to do with that and you just think: has that just slipped in society and are we just seeing consequences of that? [LC1P5]</p> <p>JULIE: And now we're in this sort of post-functional era, where we're trying to find a new way and because there are so many of us in the faculty and we are part of the larger nursing community and nursing is supposed to reflect society, there won't be one version. We can't be looking for the holy grail of one version. [LA1P4]</p> <p>JULIE: This is a very individualised approach to behaviour and conduct. It's not a universal one and it's to do with primary socialisations. It's primary socialisation within family units, within social class, as per gender, as per race, so I think, because of somebody's primary socialisation and the underpinning individual's approach to stuff – and then obviously, as I said: we're trying to do this kind of old-fashioned version of professionalism. It's old-school professionalism. It's not fit for purpose any longer. [LA1P6]</p> <p>STEWART: I think it's interesting as well, 'expectations', but from within the profession and out, change over a period of time, because we often reminisce about when we were students and staff nursing on the ward; the behaviours that we could get away with, you certainly wouldn't get away with now, I mean, there was that old tradition of: you were hosed in the bath when you were finished you last day on the ward... And basically, if you looked at it, you know, with modern day eyes, a lot of what we were doing could be termed as assault, basically, and manhandling people and tying them to chairs and all kinds of humiliating things and now you wouldn't dream of doing it, but it was acceptable 20-odd years ago. [LA1P4]</p>
<p>3: 'Slipped Society'</p>	<p>ANITA:And I think it was the '90s where we started to change... the culture of nursing started to change; the hierarchies dissolved. They're still there; they're just different. [LA1P7]</p> <p>STEWART: Smiley face... yeah, kisses and all that sort of stuff and you think, well what's that about? Is that just... maybe a societal change where they've...? I mean, I've marked the second year exam papers where they've put LTR, LT8 [L8R] or something like that, for 'later', you know, if they're rushing and you think: well, is that just a general move in society too, or...[LA1P11]</p>

	<p>JULIE: whereas I think for first years starting out, you're right. It's information overload. They don't... they're not able to contextualise it; they don't understand; they don't see how it all comes together, but we expected them to and I think it's not that I'm condoning: well, maybe they can be forgiven for not being professional, but I think it's because they don't see the potential consequences that makes them think it's got nothing to do with them and going back to what I said before, unless they've been in the situation, the it really hits home and sometimes, that's when it sinks in with some of them. We have just got to make sure they have have that understand and they really get it. [LA1P14]</p> <p>ROSE: I think, having worked in practice and then back in education and... over many years, so I think historically looking back as well, I would say things have changed and so sometimes I feel very old-fashioned and I think these are the standards that I expect and this is how they should behave and that is how I used to behave, and that's how I expect... and I know that's how they are expected to behave in practice, so why are they not behaving in that way? And is it society and is it...? You know, the mobile phone thing comes up all the time and being rude and...Just general politeness and erm... not just politeness, but manners and everything to do with that and you just think: has that just slipped in society and are we just seeing consequences of that? [LC1P5]</p> <p>LINDA: ... You get the minority who are rude, but again, it's going back to what I said about society; I think that, you knew, society has changed and you see that through the education system and there are different standards in schools, there are different standards in education colleges , there are different standards in the workplace, so all those people bring that experience with them and depending on how they've been socialised, some people just see it as the norm to... you know, it's a cultural thing. [LC1P5]</p>
<p>4: Getting away with it</p>	<p>TONY: ...we're clocking everybody, really. We just see a snapshot, don't we, because we're busy doing other things. Erm... But it might be that, as [name] says; they might be coming in with drinks and stuff like that. Er... [LA1P9]</p> <p>SARAH: I did a lecture the other day, there was 45 scanned and 43 in the room and then when I announced that and said: "This is very interesting", I could see the guilty parties, 'cos they went bright red. So you know what's happened and I think that... I would say to people: "That's lax professionalism. That you're so arrogant that you think you can go out into placement when you haven't got the theory underpinning what you do" and I think that, you know, that's a professional issue. Erm, and I know it's always happened, but like I say, it was easier to 'track' before. And when I had to talk to people about it; I've had to formally talk to people about it and they're not... I mean, a couple of incidents that I'm thinking of, they're not bad people; they're just students who've made silly mistakes, thinking that they can get away with it. [LMH1P5]</p>

	<p>STEWART: ..but some of them, as [name] says, they will push things; they will wear the uniform partly, really and maybe have a bizarre pair of shoes on, or something like that. [LA1P6]</p>
<p>5: Respect and role models</p>	<p>ANITA: Some of them think – erm, and this is perpetuated by some anecdotes from practice – that you know, we are grown in a cupboard, or in a bag of mushrooms and that we haven’t actually had any experience out there, but as we keep saying to them “But we’ve been at the top of our tree out there and that’s why we’re here”. [LA1P13]</p> <p>STEWART: I don’t think we read the riot act, but I certainly point out to them, if there are students... er, before each lesson, I point out what’s expected in terms of behaviour er, and language, ‘cos once or twice, we’ve done a session and students have sworn at a task, which was a new kind of experience for some. Now, we make the ground rules quite clear and I’m very fond of telling my students that... I always give them a quick potted history of where I’ve come from and emphasise that erm, if I was in a clinical area, I’d be a very senior person and er, I would expect the same level of respect and attention and behaviour as they would give that kind of level in clinical practice, albeit within an informal teaching environment. [LA1P1]</p> <p>LINDA: And that, erm, maybe because, maybe, because when we trained at the sort of era we’re in, erm, we maybe did come straight from school and we were rookies and these other people were older and more respected and we had that kind of drummed into us from a behavioural approach. [LC1P16]</p> <p>LINDA: But is there something there about, erm, it’s still back to society, but in terms of rules and, erm, in the past, people in authority, erm, and people who made the rules, there was a respect for those rules and so even if you didn’t agree with them, you stuck by them so I’m thinking of sort of the sisters that I worked with when I was a student nurse...[LC1P9]</p> <p>PHIL: Hmm. Looking back – and it is a long time – there was a degree of compliance. There was a degree of towing the line. The rules and regulations were very much actually... originated from the hospital that you were working in and the culture in relation to that hospital and I cannot remember... even though we had the General Nursing Council anyway... Yes, so even though we looked at it, the actual rules and regulations were: who’s in charge in the hospital and it was that kind of... That professional probably wasn’t. There might have been just by chance that the values that nursing officers were espousing might have been professional. I don’t think they were particularly negative values, but it wasn’t so much about being professional, it was kind of towing the line. [LMH1P5]</p> <p>JULIE: I question students who’ve maybe displayed less than professional behaviour and I’ve said to them: “Would you speak to somebody like this in practice? Would you treat somebody like this</p>

in practice?" "Well, no" "Well then why do you do that and why do you think it's acceptable to treat us like that and, you know, be rude?" [LA1P12]

JULIE: ...I make a point of... you know, from day one: "These are your lecturers; this is who we are; we are experienced people" a student was telling me – who'd been eight weeks on the course – he didn't think the way we taught something was good and he didn't agree with the clinical skill and he didn't agree with the philosophy and I said "Well I hear what you're saying and you've got perfect right to redress and you can go through the channels, but can I just say that the lecturers you're talking about are senior nurses who've been in the system for 30 years. You've been here eight weeks. You maybe need to reflect..." [LA1P13]

ROSE: Yeah. in those meetings we had first second and third years and it's been commented on by the PPFs [Practice Placement Facilitator] before, and they have a sense of pride of them as well in the, erm, the first year in one of the meetings said... had brought, was obviously quite nervous about bringing a criticism of the programme, and erm, didn't quite know how to word it and here she was sitting with all the, you know, the lecturers and the PPFs and, erm, and she very tentatively said "well, we just don't understand why we are being taught this and it doesn't seem that important and I am only saying it because our other, you know, my other students have asked me and I am the rep and I think that's what I am meant to do" and it was all very nervously done and a third year, before we had chance to say "these are the foundations of what you are expected to learn, this is important and there really is no choice", which was the answer we were going to give. Before I opened my mouth to speak, the third year jumped in and went "oh we thought that in first year as well, but what you'll find is: it all comes together and it all... there's pieces, and you think you can't make the connections and then all of a sudden it all falls into place and I can say even from second year to third year, I found a difference and now it's all there and I really can see the value of it but at the beginning you can't, I agree you can't at the beginning" and the student looked totally satisfied with that from the third year compared to if we, I think, we might have looked defensive and they would feel that maybes we weren't taking account of their opinion, whereas the third year saying it was absolutely spot on. And erm, afterwards the PPF said "that was great, wasn't it? Because I've seen that third year be a rep from first, second and third year..." so she'd seen this transition through to third year and being able to speak like that. The year three students just 'get it' really. You know, and it's like that...[C1P6]

STEWART: You change it in a [indecipherable] fashion as they're going along, so I think everybody's got erm, different approaches, depending what the session is. I don't know that I've come across anybody who's consistent with the approach in terms of scene setting – and always scene setting – I think we all chop and change between taking control and having a bit of a laugh depending on

	<p>the size of the group, the year, the task at hand, or what the learning event is. You can be going a long nicely then you have to step in when someones on a phone or chatting. It happened in XXX module [2nd year module] this week. One at the inside of the row headed out for the loo or phone call or something I guess. Everyone had to stand up and then again when she came back in. I think we just have to sort of, like, move around your teaching to cope with it and adopt different...[C1P12]</p>
<p>6: 'Me' culture and 'We' culture</p>	<p>JULIE: 'Me' culture. I, I am entitled... I want, I need. Your recent case in point about I can't do the shifts, I want to start late, I want to move placement, I, I, I... What you're trying to say is: it's a very personal journey for you, but this is a collective endeavour. You will not be practicing alone ever. So there's ostensibly this tension between consumerism. I, I, I, meaning me, my training, my education, my experience, compounded by the NSS, for instance. [LA1P13]</p> <p>LINDA:... and we are a victim of our own success to some extent because we do want them to be feeling comfortable, we do want them to be relaxed, we do want them to feel that we are approachable, we 'get' them, we want to help with their learning, formally and informally, and that we are quite approachable... and we don't want to be a scary sister in a navy blue uniform and a badge..[LC1P5]</p> <p>ANITA : ..we're registrants and we've got to protect the public and obviously, maintain this professionalism and sometimes, the two don't sit comfortably together, because we've also got the business end of the university, where we've got to, erm, you know, enhance the student experience and make sure they have a good time and you know, we're conscious of the NSS, but on the other hand, we've also got an obligation to deal with, erm, inappropriate behaviour and sometimes that causes tension, erm, and it's what hat do you wear? [LA1P2]</p> <p>TONY: ... the informality of their emails, as well, like 'Hi', 'LOL' and kisses [LA1P11]</p> <p>ROSE: ... a victim of our own success, the informality, we have encouraged people also to challenge everything. [LC1P9]</p> <p>ANITA: but I think from day one, we're saying to them "But you're on a vocational, professional course. NMC requirements, de-da-de-da... so we expect something different, because you are expected to behave professionally in uni as well as in practice, because you are being judged as a professional". [LA1P1]</p> <p>ANITA: ...they want to be listened to; they want to be respected; they want people to have time for them; they don't want to be part of a sausage machine. [LA1P5]</p>
<p>7: Student life and student nurse</p>	<p>STEWART : ...we were socialised into the culture of hospitals in the NHS from day one, they don't get that; they've got two cultures. Uni and then practice, and it's trying to marry the two together</p>

and make some sense of it.. [LA1P15]

JULIE: The function of a university, in terms of, obviously early 20th century kind of stuff, is that we've got that fundamental tension that they are student nurses and the first part of the title is 'student', so there does have to be, I think, on some occasions, some scope for that role. And okay, the second part is 'nurse' and that's where I think all of the vocational... the vocational weight comes in on the back of it, but I think I think there is a fundamental tension: I behave 'well' – in inverted commas – in practice, because obviously that's practice. I can be less fastidious with my behaviour and conduct on campus because this is uni and I'm a student and it's... they've got, essentially, a split personality; a split role and they're not in any position necessarily to have any cohesiveness in that yet. [LA1P2]

SARAH: ... and I know we talk about professionalism out in practice, but I think erm, that can be confusing for students, because they come to university and you know, they see all other students with erm... you know, dressed like university students; not like in practice, with piercings and tattoos and all these sorts of things, so I think it can be sometimes difficult for our students and professional programmes, because they do have these kind of clash of cultures [LMH1P3]

TONY: Erm, certainly having talked to students and engaged with them on lots of levels, erm, they do have incredible difficulties with it, because they want to be as a student – the University itself sells itself on being a great student experience, a party city, all this kind of stuff and then there's the professional expectations as well. So there are tensions between a kind of student acceptable behaviours and the kind of professional set of behaviours. [LA1P2]

LINDA: ... we're saying "You're a university student, but really, you can't behave like other university students, because this is what we expect of you and we don't only expect that of you when you're in clinical practice; we expect you to behave like that all of the time. In your own life as well as in university, 'cos it goes further than that, doesn't it?"It's actually your whole identity, your whole being a professional, in the same way as if you're a police officer, you're never really off duty [LA1P20]

TONY: I've had to deal with the students who've been erm, kind of cautioned for being drunk and disorderly and they've been with a group of other students, perhaps, who... it doesn't have the same level of impact on how they're assessed by the programme if you like. So I think it's very simple things like that and what I would say to students again, regulars with... again, it's the [Newspaper test], you know. How would it look like on the front page of the paper, you know, 'Student Nurse Involved in Such-and-such a Behaviour' has a totally different connotation if it's a student on arts or history or whatever. [LA1P3]

LINDA: ... we're saying "You're a university student, but really, you

can't behave like other university students, because this is what we expect of you and we don't only expect that of you when you're in clinical practice; we expect you to behave like that all of the time. In your own life as well as in university, 'cos it goes further than that, doesn't it?"It's actually your whole identity, your whole being a professional, in the same way as if you're a police officer, you're never really off duty [LA1P20]

SARAH: But we always warn them. You know, "Be careful on Friday night". [LMH1P4]

TONY: So it's those different things as well and of course, I think post-Francis now, the profession is now under so much scrutiny that I guess, erm, they are under that much more scrutiny and pressure to conform to this idealistic media image of what it is to be a student nurse, I think. [LA1P6]

PHIL: Because it's university. It's about developing creative thinkers. And I mentioned earlier on, people who are willing to challenge the *status quo*, then there's the dichotomy of prescriptive curriculum, which is setting down rules and regulations... well some students are okay; some students come to university and say "This is my chance to do it; I know that when I'm in practice, I've got to behave like this" and that's why we can't look at their behaviour in university. [LMH1P10]

APPENDIX 8B: TYPICAL TEXT FRAGMENTS: SELECTED THEMED STUDENT TALK
(YEAR 1)

Key to interview transcript location: [SC1P8] = Student Child Field, first interview, located on page 8 of the original interview transcript.

A – Student Adult Nursing; **C**- Student Child Nursing; **MH** – Student Mental Health Nursing

1-Interview 1 year 1; **P and number**- Location of talk on the original interview transcript.

***NB:** These are ‘selected’ texts and therefore they do not read as a continuous interview*

THEMES resulting from ‘chunked’ text	TEXT FRAGMENTS (Chunks)
<p>1: Being Judged</p>	<p>STACEY: I’m really scared ... that we’ve got to be professional, has really really scared me because I’m at uni, I’m 18, I’m not... I mean you know, I’m ready, but like, not that ready to be so... almost judged. I feel like every time you meet someone and you tell them you’re a nurse, you’ve got to... you feel like they’re judging you and it’s quite a scary thought. Like I looked at my Facebook page when I first joined and I was like: “Is this appropriate?” I hadn’t done anything wrong, you know, there’s nothing on there that’s that bad, but just the little things like, you’re with someone who’s like... It’s not me, but the person next to me might be like sticking their fingers up or something and you think: can I be associated with that? It’s a lot of pressure. [C1P3]</p> <p>KIM: Because you’re having, watching what you are saying and watching what they are doing because you are aware of the repercussions of it. [MH1P6]</p> <p>JOANNE: I think it depends, and I know it sounds really bad and I shouldn’t admit it on tape, but I am going to anyway; student nurses have a lot more, when we have the time and when we are allowed, we actually, I think we actually do it better than most other students, simply because we value that time more, so, you know we can, we can have the student life and some people like, but that goes back to telling people that you are nurses because you shouldn’t because sometimes, we don’t do anything wrong, but we can go, you know, we can go a bit silly but people will be like, but they don’t expect it when we are with a group of other people and they are like ‘you’re meant to be student nurses’ and we’re like ‘yes, so, it doesn’t mean anything, we haven’t hurt anybody, we haven’t done anything wrong, we’re just having a giggle’. [C1P11]</p> <p>STACEY: Yeah, it’s very difficult. It’s especially difficult if you’re on a night out, which we’re not on about, but it’s what students do, isn’t</p>

	<p>it? I mean, we go on them and [people are like] “Oh, what course do you do?” Now, we’ve started making things up purely because as soon as you tell someone you’re a nurse, if anything goes wrong, anything, somebody on the other side of the nightclub falls over and hurts themselves, they’re like “Oh no! I’ve met someone, it’s fine...” and they bring them over to you and you’re like... But you can’t say “Oh, I don’t know anything” because that looks bad and you feel like you should, but... I don’t know. Like, a lady had an epileptic fit and they were like “Quick!” and we were like “We’ve been at uni three months... I’m sorry”. But they obviously expect a level of, like... no matter how much you’ve had to drink; they expect you to go into... [C1P2]</p> <p>STACEY:They don’t know how much you’ve had to drink. They don’t even ask how far into your course that you are. Like I said, three months, they expect you to... like if you don’t know what to do yourself, they expect you to know... to have this air about you that... it’s a perception isn’t it. [C1P2]</p> <p>JASON: Erm, and that’s why I think nursing differs greatly from other courses in that there’s an expectation of you to be a professional and I don’t know if that expectation comes from self or it comes from outside sources. [A1P4]</p> <p>JASON: Yeah, I’d say the same. It’s very aware that, although I don’t think I am being judged, these are my colleagues that I am going to work with for the rest of my life hopefully, so, I wouldn’t want to appear, I wouldn’t come in with like untidy clothes on, I wouldn’t come in with like messy hair because people will make that judgement. [A1P1]</p> <p>JOANNE: They hear that you’re a nurse and they have suddenly all these kind of ideas that you’re going to be able to do this, do that, you’re going to act in a certain way and I also think that’s why you have to be careful on a night out as well, because if you meet someone and you tell someone you’re a nurse, if you happen to bump into them again, or they know a friend of a friend or whatever, they can say “well hang on, she’s a nurse, but she did this... and I can also come back if you’ve made a mistake or if you’ve done something daft...”, something like that, they remember purely because it didn’t fit in with the perceptions that they have of how you’re supposed to be. [C1P1]</p> <p>JAYNE: I’ve had a lot of younger people, like a few people in clubs and stuff, I’ve had people being like “That’s a bit dodgy, isn’t it, with what’s going on at the moment?” I’ve had someone come up to me and tell me: “You’re going nowhere in that job”. They said “There’s no point”. People... they expect... it’s got to the point where some people just expect you to be nasty now. [C1P3]</p>
<p>1.1: Professional manners (smaller theme)</p>	<p>JAYNE: As I said before, just from the very first day that we came in and we had all those lectures that it’s really instilled into us how to behave in the university. Like only putting your uniform on directly before a practical and changing straight away after. Erm, but it’s</p>

	<p>funny - I'm walking around the campus, I think sometimes I don't know if anyone else has experienced this... and I know it won't just be nurses on this campus, but sometimes you... like, just the simple thing of like opening doors for people and some people won't hold them or won't say thank you and I always... I'm always "Oh, I wonder if you're a nurse, 'cos that's not very nice". [C1P12]</p> <p>STACEY: 'Cos when you open the door for someone and you let someone through and they don't say thank you, that really grates me; I'm like: I've just done something. I just feel like as human beings, but especially as student nurses or student professionals on this campus – going back to being professionals in uni, we should be like that with each other and we should be professionals at uni and not treat it like we're at home or in the general world in the public. [C1P12]</p>
<p>2: Presenting Self</p>	<p>STACEY: that's just me and I know I am maybe a wee bit old fashioned in that, and I know there are lots of people with piercings and tattoos but for me that wouldn't shout out at me like a nursing professional. [C1P9]</p> <p>JOANNE: ...she always just looks professional, in the sense that she is not heavily made up, her hair is always tied back, so she kind of follows the basic kind of hygiene rules if you like, like that, so she'll like I say, hair is always back, she's not heavily made up and I haven't seen her in her uniform since she studied, but... [C1P5]</p> <p>STACEY: Not wearing, say high heels or anything or wedges, you know, just sensible. [C1P12]</p> <p>KIM: Erm, <i>they</i> are dedicated to the outcomes that <i>they</i> want to achieve, erm, really aware of why they are doing it and they want to do it. <i>They</i> appear professional, you know, <i>they</i> dress properly, <i>they</i> speak properly [MH1P6]</p> <p>JAYNE:it was instilled into us: this is a professional course and this is how we expect you to act and this is what our expectations are of you. And we've had... how many lectures and seminars have we had about using Facebook and Twitter. You know, we've had maybe four or five, repeating the same kind of things, so it's really been drummed into us the way that we're expected to be at university and regards to the professionalism.... it's definitely affected about who you are in your personal life and where you are in your life. [C1P2]</p> <p>KIM: I just think the nursing as a whole profession at the minute has had a hit and I know what I am like if I go into a supermarket and there is a nurse in their uniform and I am thinking 'it's absolutely disgraceful, what are you doing', like, ha, ha, and it's like 'why, why are you here' and it's probably not that much impact on infection control levels and things, but it's just the perception, you'd be like 'why are you doing this', like 'get out, you're making us look really, really bad', erm, I just think we need to be associating the positive with everything that's kind of going on with the news and stuff. Page</p>

	<p>[MH1P10]</p> <p>KIM: ...wards it was drummed in that you are professional when you are out, you know, you act in a certain way, you never get drunk, you never do this, you never do that, and in reality, you know, everybody's going to get a bit tipsy, but you'll notice the kind of people that at more aware of their professional kind of obligation, the people who act a bit more responsibility and aren't you know, tripping over chairs and tables and getting to that point, and if they do, they go home. [MH1P4]</p> <p>JAYNE: ...Like only putting your uniform on directly before a practical and changing straight away after. [C1P12]</p> <p>P2: Yeah. And they're role models that you can't get away from and in those meetings we had first second and third years and it's been commented on by the PPFs before, and they have a sense of pride of them as well in the, erm, the first year in one of the meetings said... had brought, was obviously quite nervous about bringing a criticism of the programme, and erm, didn't quite know how to word it and here she was sitting with all the, you know, the lecturers and the PPFs and, erm, and she very tentatively said "well, we just don't understand why we are being taught this and it doesn't seem that important and I am only saying it because our other, you know, my other students have asked me and I am the rep and I think that's what I am meant to do" and it was all very nervously done and a third year, before we had chance to say "these are the foundations, this is important, these are threads that will come through and it will become more apparent later", which was the answer we were going to give. Before I opened my mouth to speak, the third year jumped in and went "oh we thought that in first year as well, but what you'll find is: it all comes together and it all... there's pieces, and you think you can't make the connections and then all of a sudden it all falls into place and I can say even from second year to third year, I found a difference and now it's all there and I really can see the value of it but at the beginning you can't, I agree you can't at the beginning" and the student looked totally satisfied with that from the third year compared to if we, I think, we might have looked defensive and they would feel that maybes we weren't taking account of their opinion, whereas the third year saying it was absolutely spot on. And erm, afterwards the PPF said "that was great, wasn't it? Because I've seen that third year be a rep from first, second and third year..." so she'd seen this transition through to third year and being able to speak like that and I said "and she is working in your Trust". The year three students just 'get it' really. You know, and it's like that... [C1P6]</p>
<p>3: Having student fun</p>	<p>STACEY: I'm really scared ... that we've got to be professional, has really really scared me because I'm at uni, I'm 18, I'm not... I mean you know, I'm ready, but like, not that ready to be so... almost judged. I feel like every time you meet someone and you tell them you're a nurse, you've got to... you feel like they're judging you and it's quite a scary thought. Like I looked at my Facebook page when I first joined and I was like: "Is this appropriate?" I hadn't done</p>

	<p>anything wrong, you know, there's nothing on there that's that bad, but just the little things like, you're with someone who's like... It's not me, but the person next to me might be like sticking their fingers up or something and you think: can I be associated with that? It's a lot of pressure. [C1P3]</p> <p>KIM: ...wards it was drummed in that you are professional when you are out, you know, you act in a certain way, you never get drunk, you never do this, you never do that, and in reality, you know, everybody's going to get a bit tipsy, but you'll notice the kind of people that at more aware of their professional kind of obligation, the people who act a bit more responsibility and aren't you know, tripping over chairs and tables and getting to that point, and if they do, they go home. [MH1P4]</p> <p>JASON: And I think, I, I wouldn't think any less of a nurse for knowing that they do go out and let their hair down. [A1P6]</p> <p>STACEY: ... I moved over here, so I'm doing the whole like, younger student thing and people, they go out and they do ridiculous things and there are times when we have to... like me and my good friends have to stand back and think: this would be... you know, this is all very well, you know, if you're doing history or something that nobody can bring it back to you, but if we get caught doing something, there's times when we just have to walk away. [C1P1]</p> <p>JAYNE: it's like their student life and our student life. [C1P1]</p> <p>KIM: Erm, There are very few other professions I think that you have that such kind of extreme boundary with, but at the same point, given the press's kind of opinion, you know, there's no choice but to have it. And just because you go out every now and again doesn't make you a bad nurse at all. [MH1P4]</p> <p>STACEY: Yeah. You say children's nursing and it gets better. I think it's the Mid-Staffs and stuff. It's left a bit of a mark, hasn't it and people are a little bit like "Oh..." and then they think "Oh, you're only doing it 'cos it's free, 'cos the NHS are paying for it" and it's like I would not be doing this just because it was free. [C1P11-12]</p>
<p>4: Student Nurse Job</p>	<p>KIM: Whereas here, I kind of see it, in a way of, I get a NHS bursary, I am paid to be here you know, and so I expect to turn up. [MH1P3]</p> <p>KIM: And you should be here and you should turn up to lectures and appropriate things and things like that. [MH1P3]</p> <p>STACEY: I mean we're just learning something different to other people, when we are on the wards, and when, you know, we have to be, you've got to be professional, but that's like with any job. [C1P6]</p> <p>JAYNE: It's like we have got a job; I've got to go, I have got to get here on time. And I can't miss it. To me it is, but that's like I have moved house to be here, this is the sole reason I am here, I mean,</p>

	not the sole reason, but pretty much the reason I am here, so to me, it's like I have got a job that doesn't give me any money. [C1P6]
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APPENDIX 8C: TYPICAL TEXT FRAGMENTS: SELECTED THEMED STUDENT TALK
(YEAR 2)

Key to interview transcript location: [SC2P8] = Student Child Field, second interview, located on page 8 of the original interview transcript.

A – Student Adult Nursing; **C**- Student Child Nursing; **MH** – Student Mental Health Nursing

1-Interview 2 year 2; **P and number**- Location of talk on the original interview transcript.

NB: These are ‘selected’ texts and therefore they do not read as a continuous interview

THEMES resulting from ‘chunked’ text	TEXT FRAGMENTS (Chunks)
<p>1: Becoming aware and relaxing</p>	<p>GEMMA: Yeah, it’s more casual [in uni]and I think maybe, you know, we’re a bit used to it now, with second year, so it’s like: Oh yeah, we’ve done this before and... I think often it’s quite relaxing; it’s quite a nice environment, just to, erm, you know, that... well, whenever I’ve been in clinical skills this year, it... the lecturer’s been quite jokey and funny and that, but that’s a good way to be. So maybe we are a little bit, you know, more jokey and things in that environment. I don’t know if that goes back to, you know, when you’re at school and you’re doing something different, or...[A2P5]</p> <p>GEMMA: Yeah, you tend to go a bit maybe a bit more child-like. Maybe it comes from that. Maybe the whole being late and things comes from being like back to when I was in school and people were a little bit into... maybe a little bit more childlike mode. ...[A2P6]</p> <p>JASON: ...Erm... and it can be quite easy, especially if it hasn’t been that long since you were at school to regress back to school-like behaviour, ‘cos you’re in a classroom and there’s a teacher and... although we’re adult students and I think that environment, if it’s something that you would associate with chatting to your mates and messing about, it can be quite easy to slip into them habits. [A2P10]</p> <p>KIM:... when you have a practical session, it’ll be fun and you don’t have to listen to somebody... whereas in a classroom, you are conforming most of the time to what people want to [inform to you]. So you are sitting and you are listening or pretending to listen most of the time and in a practical session, you’re not; you’re allowed to be more interactive and I would guess, if you walked around every little group you have doing CPR, you know,</p>

it's not going to be on the best technique or whatever; it's going to be the same kind of conversation you have when you're here at lunchtime. [MH2P4]

GEMMA: Erm... I think since we've been in second year, I've noticed, even myself, when you're got your uniform on, you're not... as much as first year, where you were making sure all your hair was up and no nail varnish and In practice, you wouldn't dream of... well, I wouldn't dream of leaving my nail varnish on. [A2P6]

KIM: [In] a practical session, it'll be fun and you don't have to listen to somebody... whereas in a classroom, you are conforming most of the time to what people want. So you are sitting and you are listening or pretending to listen most of the time and in a practical session, you're not; you're allowed to be more interactive. [MHP4]

STACEY: You can't be... Professionalism isn't about being formal with people. [C2P3]

STACEY: Yeah. I just feel like a lot more aware of how I come across to people. And I think a lot of professionalism is to do with experience, 'cos you can't just wake up one day and go "I'm going to be a professional today" because it doesn't work like that. You can try, but it's about how you deal with situations and I find that I can deal with situations differently than I did at the beginning of the year. [C2P3]

JAYNE: That's the thing; you become more aware of how you *should be* in yourself as well as how you *should be* on practice, in the professional manner. [C2P2]

KIM: Erm... I think it's definitely developed, you know, in the space of a year. I think people are more professional and those who haven't been professional have left. [M2P6]

KIM: ...Maybe I'm slightly less professional than when I started, but not in a sense of [indecipherable, possibly 'unprofessional'] or things like that, but more... having an awareness of when it's okay to hold back on some of those boundaries a little bit, rather than it being so black and white. [MH2P6]

JASON: I feel coming in now as a second year, I'm almost like more relaxed and I don't feel as though I've got quite as much to prove. Erm, in that every time I met a new lecturer last year, I really have to prove that I am this student nurse that can do this and, erm, and now I've had a couple of essays back; I've had some feedback; I've had some feedback off my GT and I kind of feel a bit more relaxed as if, like, this isn't an interview, I'm actually doing this now. Erm, and I think I've probably proved that to myself that I can do this and that's what's allowed me to maybe like calm down a little bit and think like, erm... and maybe show a little bit more of myself and not be this professional... Erm, and not be

	<p>unprofessional at the same time, but it's a not an interview situation, like it's not there to constantly test you. Like I know that I can do this, 'cos I've done a year of it sort of thing...[A2P4]</p> <p>RACHAEL: I think, for me, it's gone up, like, a notch. Erm, I have to be more serious and more focussed on what I do now and to think that there are others, like let's say the first year coming in and they might not know me, but I would have interaction with them; I would think to myself: I need to set the example. I don't know if that's the right thing to think, but I think I'd need to set the example, because nursing is a profession and for me to be a professional, I have to behave a certain way. Erm, that would make me a proper nurse, if I should put it that way. [A2P4]</p> <p>KIM: ...you're not going to be able to be 100% professional 100% of the time. [MH2P3]</p> <p>KIM: I think we may have changed slightly the way in which we act, however, I wouldn't say that's down to practice. I would say it's about the expectations of university life and the amount of work that we've got to do. I wouldn't say that being professional in practice means that we're professional here. [MHP2]</p> <p>JAYNE: I just... I just feel a bit more in control. I think when I first came here, I felt a bit like I was still a child. So... Erm. I've changed myself a little bit. [MHP2]</p> <p>STACEY: Erm, I think... I think you were right about how you have to change yourself; I think like, I've changed as a person, but then I feel like I've grown up a lot more. I wasn't immature when I came, but I feel like I've grown up more. [C2P3]</p> <p>JOANNE: I think it's a lot about being in control and being polite and being... Just... being there to do your job as well. And doing our job, part of it is to be nice to people, I suppose. In a simplistic kind of form. [C2P3]</p>
<p>2: Respecting Experience</p>	<p>JASON: There's some [Lecturers] that you know were brilliant nurses and they would be brilliant nurses that they could go and get changed and put on a nursing uniform and walk into a ward and they could do it and I think that's something that I really admire. Erm, and then looking at how much people have achieved in their careers and you think: they're nurses; that's why they've started and yeah, I suppose that's quite aspirational, to think like: yes, they have sat where I'm sat and look at everything that they've done. [A2P8]</p> <p>RACHAEL: Erm, I just want to say that professionalism is something that we have to work hard for. [A2P12]</p> <p>RACHAEL: Yeah, because they would know where we [student nurses] are; they have that experience. They know where we're sitting and they'll know if they erm, behave professional; if they present themselves professional, the knowledge and everything professionally, they will be feeding into our professionalism for</p>

	<p>[later] days. [A2P9]</p> <p>JASON: ...The lecturer, in the first seminar, introduced themselves as a nurse, gave themselves their title, where they've worked, kind of like a whistle-stop history of what they'd done. Erm, and their last role as head of nursing for a Trust and I wonder if, like psychologically, like deep down without realising, that was why the group gave that lecturer more respect. "Look, I'm a nurse; you're here to become nurses; this is what I've done; let's get on with it". [A2P11]</p> <p>JASON: Erm, and was just as knowledgeable and should have commanded just as much respect, but I think it's that initial introduction was very chilled out and... and probably quite like a nice teaching style, to be honest, that like it was all very friendly and as I say, I think some people have regressed back to that school sort of vibe, because it was so relaxed; it was so chilled out. It wasn't like this sort of 'get on with it'. Like, I suppose you have in clinical practice. There wasn't a sense of urgency about the group to learn and engage and...[A2P12]</p> <p>JAYNE: I think we forget the lecturers, like when they introduce themselves for the first time, they say where they've been, but I think we forget like how experienced they are and like you were saying before about our [paying] of them, but I think their levels of professionalism are levels I've not ever seen in practice; they're so... which is obviously why they're lecturers and they've got to the position that they're in, because that's who they are, but I just... I think sometimes I don't give lecturers enough credit...[C2P10]</p> <p>JAYNE: Because we had a lecturer for the first time, was it yesterday? And she went through what she'd done and it was like, whoa, all these different areas in such intensity and you're just like "Wow. I can really learn from you" whereas maybe when you're in practice, like my co-mentor had only been practicing for like three years ...[C2P10]</p> <p>GEMMA: I think we're not always made aware... and I love anecdotes and stories. You know, I like to learn that way, so... I like to know where people come from and if they can give some anecdotal story from a time when they were in practice and it makes you remember that they have come from that background and they're not just lecturers. [A2P7]</p>
<p>3: Informal Professional Behaviour</p>	<p>RACHAEL: I'd say that after clinical practice, I think my view probably has changed a little bit. Erm, and without going out into clinical practice, you kind of like have this ideological [idealistic] view of like, everything will be perfect; and I'm not saying it wasn't perfect erm, but I definitely understand now there's a much more humanistic sort of side to nursing and that it's not as... like, I don't want it to sound like we were doing something wrong 'cos we weren't, but erm, there was a 'fun' element to it, like the teamwork element and like, having a life and like going out on a</p>

	<p>night out and having like a meal together and that sort of thing and you saw the people, as well as the professionals, where before I went into clinical practice, these were like almost like matriarchal nurse FIGURES that were like... were something to like idolise and that's what I wanted to be. Erm and I kind of forgot that they were people as well. [A2P1]</p> <p>JASON: Yeah, I mean my relationship with my mentor wasn't what I'd expected at all. My mentor was the sister and I remember like, the first time I met her, almost wanting to bow and like...by the end of the placement, we referred to each other as 'dude' and like, I didn't think that that would happen in the three months of clinical practice, but... I don't think it made me any less professional or her any less professional, but she wasn't Sister so-and-so, she was just 'dude' erm, and I think that was just part of like, how we could get along with each other... ..we developed not a friendship as such, but it was definitely like a working friendship that you could be like colloquial with each other; it wasn't...[A2P3]</p> <p>JAYNE: I've surprised myself about how friendly I became. I like never overstepped the mark but how friendly I became with some parents who were in for a few days and I did see them over a few shifts. We would have long conversations and you know, I was just... You know, you're just creating a relationship, aren't you? [C2P4]</p> <p>JOANNE:...., you'd just be able to chat and you know, you'd just be able to tell them a little bit about yourself, 'cos at first, I thought, well no, you can't tell anybody anything, then I thought, well no, we're all human. It's not... I'm not relating it to them and I'm not saying too much detail, but I was able just to you know, have a bit of a... [C2P4]</p>
<p>4: Uniform and Professionalism</p>	<p>JASON: ..the tutor came in and... in like charge nurse scrubs, had a stethoscope on and like, looked as if you'd look in clinical practice and the group were completely different with that lecturer. I think it's quite easy to forget when you see someone in like jeans and a shirt that these people are matrons; these have been heads of nursing and you wouldn't dream of like chatting away to your mate while you're on your phone if the matron walked on the ward, so why is there this difference in university? [A2P9]</p>
<p>5: Valuing Professional boundaries</p>	<p>KIM: ... if you're professional with people you're working with and the clients that you've got, then you don't have to worry about offending somebody or their perception of you, because you are showing this front, I suppose and kind of what's expected of you. There's no kind of room for people to kind of be worried about hurting your feelings or whatever and stuff like that, when it gets a little bit more blurry-lined. ... Erm, I think when you're professional and you go to do things in line with exactly how you're meant to do them, or make clinical decisions based on the evidence you have. [MH2P1]</p> <p>KIM: Erm, I think when you're professional and you go to do things</p>

	<p>in line with exactly how you're meant to do them, or make clinical decisions based on the evidence you have as opposed to worry about what member of staff's going to be upset if you send them out with this person on observations or on leave. [MH2P1]</p>
<p>6: Students and Student Nurses</p>	<p>STACEY: ... I'm at university; I don't look at myself as being in university, because I think it's really bad, because I go home and people are like "Oh, you've got loads of free time and you've got loads of money, but you hardly do anything, because you're at university" and I'm like: "No, because I'm not really at a proper... I'm doing a nursing course". [C2P8]</p> <p>JOANNE: ... Our campus is separate to the main campus, 'cos I've noticed... Like you won't find anybody walking around this campus with headphones in. I take them out when I walk through the gates. I don't know what it is; I just feel like I should... my boyfriend thinks that's really weird. He's like "You're at uni. You can do what you want; you can say what you want..." He's like... And I'm just saying "No, it's not like that here, because we've got a separate campus". [C2P7]</p> <p>STACEY: ... people just don't have that idea of university being like that professional and that structured. [C2P8]</p> <p>JOANNE: ... I think people think they're just in university; you don't kind of link it to: actually, I'm a student nurse. It's almost kind of... It's a job... It's like, well I'm a nurse. I feel like people just don't see it. [C2P8]</p> <p>JOANNE: ...we felt it effects everything, though. I think... well for me anyway, I still think that some of my professional encroaches on my personal, because I always think, you know, you kind of second guess things. Especially when it comes to like social media and stuff. I mean, I'm not a big party animal or anything like that, but like, little daft things that I wouldn't question before, I still think: Ooh, should I do that? Should I do that? And it's nothing that's offensive; it's nothing that's crazy; it's nothing like that at all, but now I sit and kind of question things, so I think for me, anyway, my professionalism does encroach on my personal life. I still feel like I can go out and have fun with my friends and that, you know, and that stays private, but I think you do kind of sit and think: do I need to be... behaving kind of in this manner? [C2P1]</p> <p>JAYNE: It's hard, I think, because we were taught a lot about professionalism before we went into practice and now we've had a year of placement, you see a lot of people not conforming to that and so either you yourself can fall into bad habits and erm, join in with your mentor and the fellow colleagues on the ward. I do think it encroaches into your personal life, because I've found myself in the past year, also, even not just Facebook and all that, but even my thoughts... [C2P2]</p> <p>JOANNE: ...I'm not somebody who goes out a lot, drinking or</p>

	<p>anything like that; I don't do anything like that, so... I don't know what it... I think it's because I'm now a year into it, I sit and think any daft mistake could actually cost you. I think that's what it is. [C2P1]</p>
<p>7: Defending the Profession</p>	<p>RACHAEL:right now, nursing on the whole is not respected. People are saying all sorts of horrible things about nursing and who is to be blamed for that? Is it the patient? Is it good nurses, bad nurses? It's... All nurses I think getting the blame for that and if we are the future and if we are to make a difference, a change, then we've got to probably take a different stand of what professionalism means. So that people can, you know, trust us again and have that confidence. [A2P12]</p> <p>JASON: Yeah, and it... we're here to be like the best that we can be and it's awful like coming into that in this really early stage and like everything you read in the news is like: nurses aren't good enough; nurses don't care and... you think like: well / care and that's where / want to be and you just think: where did it start to go wrong? [A2P9]</p> <p>RACHAEL: I think <i>they</i> don't like <i>their</i> profession. I mean it's that short, but to like what you do is to enjoy to the best that you can. Whether it's going downhill, the challenge should be able to make you feel: Look, I've achieved something at the end of the day. [A2P7]</p> <p>JASON:..., we've had one lecture that wasn't delivered by a nurse, it was delivered by a chemist and they said something like "why are you all here?" and there was a couple of answers and then his response was... or their response was erm: "Well you're certainly not here for the money" and like you saw the whole room turn and just, say like, well we're not sat here because we want to be poor forever, like, and it's this kind of... if you haven't been there and you haven't done it and it's that stereotypical view of like, what nurses are and that they are poorly paid and you think: well, it was that like, ignorance of what nursing is. [A2P9]</p>
<p>8: Being Watched</p>	<p>RACHAEL: ...but it's like I'm still thinking I'm being watched. I'm being watched.</p> <p>INTERVIEWER: Who's watching you?</p> <p>RACHAEL: Well, I could think, maybe lecturers, erm, fellow colleagues...</p> <p>INTERVIEWER: What are they looking for?</p> <p>RACHAEL: Could be behaviour; is it appropriate? Could be... am I progressing? Am I showing signs of growth and development? or am I stagnant? And that would... erm, they can see the way how I communicate, if I'm interacting well in class, because I could be very quiet, but now I find myself talking even more, so I <i>think</i> I'm growing. [A2P4]</p>

APPENDIX 8D: TYPICAL TEXT FRAGMENTS: SELECTED THEMED STUDENT TALK
(YEAR 3)

Key to interview transcript location: [SC3P8] = Student Child Field, third interview, located on page 8 of the original interview transcript.

A – Student Adult Nursing; **C**- Student Child Nursing; **MH** – Student Mental Health Nursing

1-Interview 3 year 3; **P and number**- Location of talk on the original interview transcript.

***NB:** These are ‘selected’ texts and therefore they do not read as a continuous interview*

THEMES resulting from ‘chunked’ text	TEXT FRAGMENTS (Chunks)
<p>1: Experiencing Professionalism: The journey</p>	<p>STACEY: ...I suppose you understand what it [professionalism] is more than when I first got here. ‘Cos when you first... Coming straight out of school, like I said, I feel a bit like a child and when someone says professionalism, you kind of think of like... I don’t know; it sounds a bit boring. Is that the wrong word? But when you’re that age, you’re just a bit like: Oh, so I’ve got to be all dull and stuff. But now, it’s just... I don’t know, it’s just about being a bit more mature. Oh, so I’ve got to be like a grown up. Do you know what I mean? And like... JOANNE: Sensible. [C3P1]</p> <p>JAYNE: But I think part of it is a simple case of: start as you mean to go on as well. Because if they didn’t drum it into us in the second year and we went all though the first year, you would look back, you’d either a) be embarrassed, b) be ashamed, or you’d have instances where in practice, you’d be pulled up for things, rather than... You can kind of pre-empt. [C3P9]</p> <p>GEMMA: Erm, but has it changed since first year Just different ideas, I mean in first year there was a lot more worry about doing something wrong and doing something right, erm, getting told off but it’s not so much like that anymore now. [A3P1]</p> <p>GEMMA: In uni in first year I think you are very much aware of what the lecturers are telling you about and the rules and regulations, and what you should and shouldn’t do and you’re a little bit worried and then I think as you progress you become a little bit more comfortable and you less worry about those things but being professional, erm, should be the same I suppose, but maybe you don’t realise as much in first year about different ideas and things that you maybe wouldn’t realise was unprofessional. [A3P2]</p> <p>JASON: I think my opinion of like the professional nurse has</p>

	<p>changed so much, from the initial interviews that we had, erm, and just... I don't know if that's as we've gone on the journey. [A3P11]</p>
<p>2: The Process of Professionalism</p>	<p>STACEY: Mine was in my second year, 'cos I remember it; it was one day and I remember it happening. It was weird, but I'd had a day where... I mean I'd always kind of being building up to it, but I became aware when I had a day and I had my own patients and it was the first time I had my own patients like properly and they were like: "Off you go" and then I remember, the parents were asking me questions and up until that point, I'd always thought: I'm just a student and I always felt a little bit like a child, just following everyone around and just kind of staying back and not really knowing what's going on and from that moment, I was like: hang on a minute. I'm actually kind of in charge of these people now and they're expecting an answer and I actually know the answer and it was at that moment where I suddenly felt like a nurse and I was like: Oh. And from then, that kind of interaction just kind of made me... I don't know what it was; it was weird and I suddenly felt like I was involved, rather than just standing back and watching. I was part of it now because I was trusted. [C3P3]</p> <p>STACEY: ...I think it's just a nice little reminder, but by third year... 'Cos I think: last year, yeah, they had to be... Oh, it's like <i>your</i> professionalism. It's just like... They don't hammer it in, they just kind of lightly drop it in. ...whereas now, we know what we're doing. I think it would be a bit insulting if they started questioning our professionalism now. We wouldn't have got this far...[C3P9]</p> <p>JASON: See, I'm trying to pinpoint the point at which that changed and it was some point in second year where I didn't feel like I needed that direction; I felt safe without that direction, ... 'Cos I remember the very first module, it was like 'Read the code' and you were like "Oh, the code. I'll read the code" And that needed to happen; I needed that direction, I needed that... And going back to like your intrinsic and extrinsic motivation, I needed someone to be like: "You need to do this, to achieve this" and then comes second year and even more so this year, there's no one telling me that I need to go and read something or that I need to research this, because I want to do it and I know... I've got the skills and tools within myself to do it and just every now and then, touching base with a lecturer and they'll be like "yeah, that's good, you're going along the right lines". Yeah, erm... It's not as 'force fed' on to you. [A3P5]</p> <p>JAYNE: 'Cos I think first year, you very much feel a bit like a sheep. Which is not... I found that very very hard. I found it very hard to follow people round, but you have to accept that for a certain period, that's exactly what you've got to do. Whereas towards the end of your first year, second year, you know a bit more and you can answer a few more questions and you get the confidence to turn around and say: Do you know what; I'm not the best person to answer this. I'll either go and find out, or I'll get someone to come straight to you and you do that. [C3P5]</p>

	<p>JAYNE: I feel like it's just been a progression over the years. ...I feel like it's just over the three years and observing other nurses and other professionals that we work with that I guess I've built up my idea of what professional is in my own mind and then transferred that into my own practice. [C3P4]</p> <p>JOANNE: I think 'cos we've had the theory about it and it's been drilled into us every year – maybe not this year as of yet, but erm, every year, it's been drilled into us about professionalism and I think 'cos we have a theory behind it, erm, ...you have this image of what a professional is, but now we've become – I hope – we have become a professional ourselves. [C3 P1]</p> <p>STACEY: But it's not even a conscious thing; just, you just don't think about it anymore. [C3P1]</p> <p>JOANNE: I think we become... a more confident professional in our third year because if what we're talking about, the experience again. But I do still think that on our first day of practice in the first year, we were professional in our conduct and our...[C3P5]</p>
<p>3: 'Acting' as a Professional</p>	<p>JASON: ... And it was almost like in first year, you were trying to be something that you weren't yet, 'cos you were... You were trying to be that professional nurse and you're not there, academically, physically, you're not and you can't be there and then I think the closer I've got to that point, the more comfortable I feel in that sort of environment, so... Almost as if first year was like... I started a bit of acting and like, I'll act like the professional nurse and then maybe I'll feel like one and then come third year, it's not acting, it's true; this is who I am, yeah. [A3P2]</p> <p>JASON: I feel in first year that, like, it was never an intention to be unprofessional, but the motivation for that was very extrinsic; it was like pressure from the university, pressure from the Trusts and the expectations of the Trusts that this is how you're going to act, where in third year, I feel it's an expectation of myself that this is how I'm going to act, so instead of being told that this is how to do it, it's an intrinsic....[....]</p> <p>RACHAEL: Yeah, it's an expectation really, that you know, you step up to the mark. It's like your clothing now. Yeah. [A3P3]</p> <p>RACHAEL: ... And it's just like imitating the nurse, just to get a full picture of it and in time, it grows. Second year was much better. You're able to give more of it, really. But now in third year, it's like, you know, this is who I am. I have to embrace this; I've got a new identity, so... [A3P3]</p> <p>JASON: Erm, so in first year, I feel very much that you were directed... There was an element of hand holding, almost. Erm, which was necessary for like your learning process. And then that's changed now in third year, very much like we lead the learning and the lecturers just kind of guide that and yeah, keep it</p>

	<p>right, but our knowledge is valued...[A3P5]</p> <p>KIM: Yes, definitely. I think in the first year, it was about going on and doing what you feel you should be doing. Or what other people were telling you to do.and as long as, you know, you turn up and you look smart, then you're okay. And I think as that develops, your level of autonomy I guess increases and I think I have a heightened awareness now of when I go somewhere that actually being slightly different sometimes is okay and as long as I'm professional in what I consider to be professional, that's acceptable. Because there are some places I'd go that I would deem people to be unprofessional, that perhaps in my first year, because I didn't know anything else, I hadn't seen anything else, that I probably would have thought was acceptable and professional. [MH3P2]</p>
<p>4: Policing Professionalism</p>	<p>JOANNE: I feel like they expect us to dress and look in a certain way, which we were told all in the theory in the first year. However, when we do go into the practicals, when we're supposed to be dressed professionally, they never check. They never go round and look at your nails, look at your hairline, or... if they set that out as a standard, then why are they not keeping it?</p> <p>JAYNE: ...So I feel like in the years gone by, we would never have got away with that. So why is it not as strict today? Why are we not given the strict...? I think that's wrong, because if we learn to be more relaxed at university, will be take that into practice and be more relaxed in practice. Which you see...</p> <p>STACEY: ... but there is a lecturer, who everyone's really scared of, "Oh, you've got to make sure you take your nail varnish off, she gets really like... She's really strict on it" whereas like I said, we'll go into a practical and we'll be in our uniform and the lecturer will be in scrubs tops and jeans or... Not even that, or sometimes like their hair will be down and they won't... They're not even bare below the elbow. [C3P7]</p> <p>GEMMA:... maybe now we are in third year don't tell us about the earrings and things, maybe <i>they</i> are letting that slide a little bit ... [A3P3]</p> <p>GEMMA: Erm, I don't know, you just...you know that you're a professional person and you maybe don't worry so much if you have got a pair of earrings in, that doesn't... [A3P3]</p> <p>STACEY: They're (lecturers) more aware with students, you know, so if they catch you using your phone, then they don't like... I don't feel like they'd get as angry. It's not as big a deal either, because you're not doing anything clinical. But erm, I think they just... They're more appreciative that you are students and you're at uni and it's a bit more of a relaxed environment. [C3P6]</p>
<p>5: Relaxed or Formal</p>	<p>JAYNE: ...there was a teacher we had in third year who I thought was quite strict and from the moment you went in, you were like: Oh my goodness. But I learned a lot from her, so I don't think it's as simple as that; I think it depends on their personality. I think it</p>

	<p>ties in with that; I don't think either's wrong, because I've learned from both a relaxed tutor and a very professional, very strict tutor as well and I think I just... [C3P11]</p> <p>STACEY: ... You know, some of the things you could say to them... You know, is quite relaxed in terms of... But I still don't see that as not being professional. Because I would quite happily... Like I'm sure I've used a rude word before in a lecture. Not offensively, not directly, but like just... Just kind of off the cuff and... With a lecturer and it's something like I would probably not do in practice, but I didn't feel it was unprofessional, because we were all kind of on the same understanding level. It was kind of a bit of a joke and I wasn't being rude about it, you know what I mean? [C3P11]</p> <p>JOANNE: I would prefer that they're more formal and I agree; there's probably a balance, but when you get into lecturers who are... You know, have a bit of tomfoolery and joking around, are we taking everything as seriously as we should? Or are we learning as much as we should? I think it's difficult.... [C3P11]</p> <p>GEMMA: Erm, I don't know, you just...you know that you're a professional person and you maybe don't worry so much if you have got a pair of earrings in, that doesn't... [A3P3]</p> <p>GEMMA: Yeah, a little bit, erm, I think now they know that we are in third year and the people that are going to work hard are still here, you know, maybe the ones that were chatting and doing bits and pieces in the first year are probably maybe dropped out or whatever, I think like in third year they know that the people who are still there really want to do the job and are working hard to get to third year, I think you've had to do quite a bit so I think that they are a little bit more relaxed with you for that reason. [A3P5]</p> <p>KIM: ... They even mention their children in conversation, they are slightly more informal in the way that they speak and able to give their honest opinion, as opposed to an opinion of something they feel they ought to say, because that's the right thing to say. So perhaps be more genuine, I guess. [MH3P3]</p>
<p>6: Student Nurses, a 'Select' Group</p>	<p>KIM: To be honest, I don't really feel like I'm a student at all, because I work as well and I'm here and I think I come here now and it's like going to work. ...So I wouldn't say that I was coming in as a student. [MH3P5]</p> <p>GEMMA: Erm, it's difficult because sometimes you don't see yourself as a student, depending on what, you know, if you're on a placement and you're working your thirty seven and half hour week, you don't really feel like a student. [A3P6]</p> <p>JASON: 'Cos it's so different to being a student. 'Cos I've been a student.... I don't feel like a student. I don't know if that's because we're on a different campus to like city campus, but I don't feel like a part of that big student body. Not necessarily in a negative</p>

	<p>way, because I feel like part of this like ‘select group’, like I’m in like the student nurse gang. Yeah. Erm, yeah, so I don’t know what it feels like to be a student, because I don’t necessarily feel like one. [A3P9]</p> <p>STACEY: ..because it’s more like a community; because it’s so small. Like I’ll wander around and I can say hello to lots of different people, because we know more people because the campus is so small and there’s not as many people here and I think it’s better; I think we need somewhere that’s more kind of as a community, because what we’re doing requires support, but it also requires everyone to kind of be in the same mind set and I think if we were on [the larger] campus, I don’t think that would happen. [C3P14]</p> <p>STACEY: They [not nursing students] don’t qualify, they graduate. They don’t understand it when I say ‘qualify’, they get really confused. Because they graduate. So to them, it’s not that much of a leap – do you know what I mean? “Oh, I’ve got a degree, yay”. It’s a really good thing, whereas we would like ‘qualified’, actually, to us, that’s really scary. Most people getting a degree, they’d be like “Oh, I’ve got my degree” and we’re like “we’ve qualified; we’re actually on a register now to do things”. Like that’s really scary and I think it’s a different kind of motivation for us. I’m really proud of what I do. [C3P13]</p>
<p>7: Being a professional changes you</p>	<p>JASON: ...so there was ‘me’ that I have. Then the me that I present in clinical practice, and probably a little bit different from the ‘me’ that I present in university as well. Erm, maybe a little bit more relaxed in university, just because it’s a safer environment to be relaxed in and over the course of the three years, those three people have all met each other and come together as one... Now when I go into practice, I wouldn’t be frightened to show a little bit of myself, a bit of my own personality. Erm, and certainly in university, I’m not frightened to do that anymore, so yeah, it feels a lot less serious. It happened at a time when I felt I had enough knowledge to have something worth saying maybe. Definitely. [A3P7]</p> <p>JAYNE: So you’re almost very aware of certain things and like you say, there’s a line. So you’ll go to a certain point and there’s a line and you think: right. That’s it. (C3 P3)</p> <p>STACEY: And I don’t think it’s a line professionally; I just think it’s a line as like as a person, there’s some things that I’m just not comfortable with any more. (C3 P3)</p>
<p>8: Lecturer credibility and professionalism</p>	<p>STACEY: They don’t know what it’s like now and so many of them will say something and you’ll be like: That doesn’t happen. And they know... I’m sure lots of lecturers know that... ‘Cos it probably never happened, but at the same time, it’s really frustrating, ‘cos you’re... I mean I’ve had really embarrassing moments where I’ve gone into practice expecting things to happen and they haven’t and been like: well at uni they said this and people must laugh at</p>

you and they're like "well at uni, they say lots of things". People get angry at you, cos you think they think you're criticising and you're not, you're just like "But the lecturer said this", so I don't know whether...[C3P9]

JASON: When you know where someone's worked and what they've done and some of the achievements in their career, you see that lecturer in a different light. I'm thinking: there are some lecturers that maybe haven't spent as long in practice, erm, they don't have that anecdotal evidence and they've got the knowledge; they've got the NICE guidelines; they know the policy and how to do things, but as far as having experience, that 'lived' experience, erm, yeah, it does make a... It changes my opinion of a lecturer, really. [A3P6]

GEMMA: ...you can forget, you know, they are not just lecturing on this, they have been there, they've done that and if they have got a story, for me it helps me remember them, everybody likes stories, and I like it if it's something that maybes they've made a mistake, because I always think that's quite helpful to make you feel like we're only human and we've all got to learn and they have been there. The honesty, I really like the honesty, yeah, I think rather than them sort of painting a picture that they were really good and did everything well, I like the little human element (A3 P4)

KIM: I think sometimes it goes off on a tangent for a long time and sometimes, you can tell that it's heavily influences on their opinion and I think if you have a slightly different one, or you've not worked in the area they're talking about, then it can be quite difficult, I think and as a result of that, you kind of make an impression of somebody that perhaps isn't a true one, but it's what's been presented based on that. [MH3P4]

KIM: I think I have slightly less tolerance slightly of lecturers than perhaps I would have had in the first year. I would have thought: great, you know, if I've got a bit more free time, then that's great. I'll go and do something. Whereas now, I think I have less tolerance of that in terms of: I want to develop and I'm here and I expect you to bring something if I turn up. [MH3P1]

KIM: ...and you go through the traffic, get here and then someone says: "Oh, there's a PowerPoint here; I don't like using PowerPoint, so I'm not going to bother using that. I'll speak about something for 45 minutes and let you go." That, I think I have less tolerance of, whereas in the first year, I probably would have thought: Great, I'm going to be in the sun and that's over with, whereas I think now I'm kind of more: That's not acceptable. I'm here. Teach me something. Because apparently in a year's time, I'm meant to be qualified and I don't know how I'm going to do that. [MH3P1]

KIM: Maybe at the beginning, my professionalism was more based on respect, I suppose. I expected people to be respectful of each other, so people not to talk over other people, people to be on

	<p>time and things, whereas now, I think it's kind of more... I have a higher expectation of what's provided, I suppose, because that impacts me and my knowledge is more important.... [MH3P2]</p> <p>GEMMA:... in lectures, the ones that I have had, everybody has been professional, maybe a little bit more jokey and things now we are third year because, they know that we understand those jokes a bit better as well because we have been in practice and but I quite like that, I like a lecturer to be like that, erm, a few little anecdotes and... [A3P3]</p> <p>JAYNE: ...so say if we've had this tutor for a subject every year, you then gradually get to know that subject tutor better. They don't ever cross a boundary; they're always professional in terms of their teaching role. However, they may talk to you about certain personal things they have. You know? Or they might give examples from families or...</p> <p>STACEY: ... I know where you're coming from, 'cos you know them better, so it's almost like you're friends with them.[C3P6]</p>
<p>9: Being professional is just a matter of 'common sense'</p>	<p>JOANNE: For most of us, was it not common sense? [C3P5]</p> <p>JOANNE: Our appearance and our conduct and then if you maybe look at what the definition of professional is, erm, I wonder that we would have satisfied that on day one in first year. In practice, once, we'd had the theory, 'cos we did have the theory of professionalism before we started our first placement on the wards, so therefore we had the knowledge of what professional is and how we were expected to act and conduct ourselves and I feel that a high percentage of us will probably have done that from day one... [C3P5]</p> <p>JAYNE: ... Like, I'm not totally naïve when I got here. But erm, you just know that you should act a certain way. This is somebody else's life you're dealing with. It's not... I think it's just a respect thing to start with anyway.</p> <p>JOANNE: Yeah. You're just brought up to respect aren't you and then if you've had... 'Cos you have worked as well, so you will know from your working that you... You know, for instance, you respect your boss. It's like an authoritative thing, so you sort of do just go in and you simply think... You know, part of it's an authoritative thing; part of it's just a human being sort of thing; you just respect other people, you respect their opinions, you respect their decisions...</p> <p>STACEY: And you want them to respect you, so... [C3P5]</p>

APPENDIX 9: PRESENTATION OF EMERGING STUDY FINDINGS 2012-2017

DATE	PRESENTATION	AUDIENCE	COMMENTS and REFLECTIONS
21/3/13	<p>POSTER:</p> <p>A methodological approach for investigating repertoires used by student nurses and Lecturers when talking about Professionalism.</p>	XXX University Post-Graduate Conference	The poster displayed my early thoughts on the discourse analysis methodology and process of analysis.
2/4/14	<p>ORAL PRESENTATION:</p> <p>Repertoires used by student nurses and lecturers while discussing professionalism during university study</p>	RCN International Research Conference 2014, Glasgow University	Questions for the audience focused upon the value of exploring the data with a more detailed critical discourse lens. Comments were positive and I was heartened by the response.
11/5/14	<p>ORAL PRESENTATION:</p> <p>Repertoires used by student nurses and lecturers while discussing professionalism during university study</p>	XXX University Post-Graduate Conference	This presentation was the same as the RCN presentation the month before. The audience response was very different. This was a very challenging presentation where I needed to defend discourses analysis methodology to an audience with a positivist mindset. Concerns were expressed over the small sample size, research bias and lack of generalisability of any future findings.
2/6/15	<p>ORAL PRESENTATION:</p> <p>Emerging themes and consideration: Repertoires used by student nurses and lecturers while discussing professionalism during university study</p>	PhD Study Group XXX University	A presentation to PhD student / lecturer peers. This presentation enabled me to present some emerging findings and to note their response to these. Three members of the audience had been interviewed for the study. Confidentiality was maintained throughout. The feedback was positive and there was interest regarding the emerging

			findings from an educationalist perspective.
17/3/17	<p>PR0700 Lecture:</p> <p>Narrative Analysis</p> <p>(Using 'real' example of data analysis and presentation of the emerging model of Discourses Adoption and Embeddedness).</p>	<p>XXX University. A lecture delivered to final year MSc pre-registration Nursing Students as part of their module leading to the production of a research proposal.</p>	<p>This lecturer afforded me the opportunity to talk to students about discourses analysis methodology and also to present my findings back to a student audience. (See appendix 10 for student feedback)</p>
5/4/17	<p>ORAL PRESENTATION:</p> <p>Student Nurse Professionalism: repertoires and discourses used by university students and their lecturers</p>	<p>RCN International Research Conference 2017, Oxford, Examinations Hall</p>	<p>This was the first opportunity to present the overall findings.</p>

APPENDIX 10: FEEDBACK FROM STUDENTS AFTER PRESENTATION OF STUDY FINDINGS (31ST MARCH 2017)
[MNurs students with previous degrees]

To Sue.

Email: 3/4/17 14.17

I am one of the MNurs (Child Route) who was in your lecture today. Just emailing to give some feedback about your PHD research as I know how valuable it can be to receive feedback.

I found the data you had gathered and discussed with us today incredibly interesting as I believe it is a true representation of the reality between the differences of University Students and Nursing Students.

I believe that as Nursing Students, we do have more of a responsibility to act in a responsible manner and this is something that is always in the back of my mind when it comes to things like nights out and social media. As a university student, I never acted in an inappropriate manner, but I did feel as though I had less of a responsibility and probably never took my degree as serious as I do now, I definitely made more of the social aspect of University first time round.

I definitely agree that as a student nurse when it comes to university students it is kind of a 'them and then us situation' and that there is a divide. However this is something as an MNurs student I was fully prepared for but it was really interesting to hear the opinions of students at different points in their training.

Good luck with the rest of your PHD, it is a very interesting topic and I really enjoyed the lecture today.

Kind Regards

A Student

Sent from my iPhone

Hi Sue,

Email: 3/4/17 14.21

I was in your research lecture yesterday and I just wanted to say that I found it extremely interesting and I agree with all of your findings as a representative of nursing. I also thought I'd say that **my previous degree was an accredited degree with a professional body too, but, I would say that the findings are not transferable to that degree**, at least in my opinion. I thought you might find that of interest.

Thanks ,

B Student (Adult Nursing)