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**From uncertainty to belief and
beyond: a phenomenological study
exploring the first year experience
of becoming a student nurse.**

Debra Jane Porteous

Professional Doctorate (Education)

May 2015

**From uncertainty to belief and beyond: a phenomenological study
exploring the first year experience of becoming a student nurse.**

Debra Jane Porteous

A thesis submitted in partial fulfilment of the requirements of Northumbria
University at Newcastle for the Degree of Professional Doctorate
Research undertaken within the Faculty of Health and Life Sciences.

April 2015

Abstract:

As part of a high quality nursing student experience within Higher Education there is a need to access the voice of the student. By listening to the students, greater clarity and understanding from the students' perspective is proposed. The focus of this research is within the first year of an undergraduate nursing programme.

This thesis gives insight into the experiences and perceptions of undergraduate nursing students' transition into Higher Education and professional transformation, within the first year of a three year programme. In addition, the research sought to illuminate the participants' personal learning journeys and experiences. There is a dearth of literature addressing various aspects of the first year student experience and minimal literature which represents the student voice.

The first year experience is a complex and multifaceted area of study. This complexity is related to the Higher Education organisational processes that are required to enable the student to succeed and the amount of personal investment by each student who enters programmes of learning within a university setting. It has been identified that the first year is the most critical to ensuring that students engage with programmes of learning and achieve both academically and professionally (Trotter and Roberts 2006).

To develop insight into the learner's journey a theoretical framework is constructed from within an interpretive paradigm. Hermeneutic phenomenology was selected as a suitable methodology for this research, informed by the work of Max van Manen (1990). The use of hermeneutic phenomenology enabled the exploration of participants' experiences. The participants in this research were representative of a

typical nursing cohort's profile and, therefore, provided the ideal means of investigating the student nurse experience within the first year.

Ten student nurses volunteered to participate in this research and data was collected over a period of one year by use of repeated semi-structured interviews and collection of critical incidents using digital voice recorders. Data was analysed using phenomenological and hermeneutic strategies involving in-depth, iterative reading and interpretation to identify themes in the data.

Findings from this research identify that the students have developed skills to survive but there was considerable variation in the student experience which impacted on their motivation and behaviour. A key finding was the ability of students to develop their own skills of coping to deal with the demands of academic life and those of the practice setting. The skills of self-reliance and self-efficacy are evident in the findings and are explored in relation to professional transformation.

"If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning" - Mahatma Gandhi

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Glossary

GT	Guidance Tutor
HEE	Health Education England
HEFC	Higher Education Funding Council
HEI	Higher Education Institutes
LETB	Local Education Training Board
NHS	National Health Service
NMC	Nursing Midwifery Council
NVQ	National Vocational Qualification
RCN	Royal College of Nursing
RCUK	Research Council United Kingdom
UK	United Kingdom
UKCC	United Kingdom Central Council

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- Professor Kay Sambell who enabled me to seek clarity in relation to direction the dissertation was moving forward in.
- Management within the Faculty of Health and Life Sciences who supported the research

This dissertation is dedicated to my mum, Elizabeth Anne. Thank you

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's Ethics Committee.

Name: Debra Jane Porteous

Signature:

Date: 30th March 2015

Word count; 59,410 (63,715 with appendices)

Chapter One: Introduction to the Study

Introduction

The purpose of this chapter is to outline the context of the thesis and give insight into the research question and research approach adopted. The research question is set within the context of contemporary nurse education established by Nursing and Midwifery Standards (NMC 2010) within the United Kingdom.

At the beginning of this journey I knew the area of study I wished to focus on as within the course of my daily working life as an academic within a university delivering pre-registration nursing programmes, I was increasingly aware of the various needs of nursing students in particular within the first year of the programme. Attrition rates were not reducing considerably despite increase in support for students. Drop-out rate of student nurses in 2010 was 27.6% (Buchan and Seccombe 2010), increasing from comparable surveys in 2006 and 2008 (Yorke and Longden 2007). Anxiety levels amongst the student population appeared high and academics increasingly reporting students who were *challenging*.

This research is important because it is becoming increasingly evident within the literature, and from my own personal experience, that students do not have a positive experience when they start university and within the first year because there appears to be a gap between student expectations and their initial experiences (Lowe and Cook 2003, Parkinson and Forrester 2004). My interest is to develop understanding of the student experience on entering university and the first year experience from the perspective of the student because there appears to be a gap within the literature.

Background

Nurse education has been transformed since the 1980's. One of the most radical transformations was the move into Higher Education Institutes (HEI). Nurse education across the United Kingdom needed to respond to changing needs, developments, priorities and expectations in health and healthcare (Willis 2012). Nurses are required to meet the future challenges of delivering healthcare in a variety of settings and meeting complex needs of patients. They must be able to develop practice, and promote and sustain change. As graduates they must be able to think analytically, using problem solving approaches and evidence based practice (RCN 2010).

In 2010 the Nursing and Midwifery Council published revised Pre-Registration Nursing Education Standards to reflect the changes required to ensure qualified nurses are able to provide high quality care. Overall the programme requires 50 percent theory (2300 hours) and 50 percent practice (2300 hours) (NMC 2010).

Providing high-quality health care is a key aspect of governmental policies (Needleman et al. 2002, Department of Health 2006, Department of Health 2012b, Darzi 2008, Scottish Government Health Directorates 2007) which has impacted on how we educate the nurses of the future.

History of Nurse Education

Established by Florence Nightingale, apprenticeship was the model for professional nurse education in the United Kingdom (Buchan and Seccombe 2012). Established within Schools of Nursing which were normally attached to nearby hospitals, students were mentored by experienced nurses but were seen as part of the workforce. What they learned was subjective depending on the nature of the ward

and the experience of the staff on the ward. There was limited opportunity to develop critical thinking and reflective skills. There was minimal opportunity to learn outside of the acute clinical area and research was a term not widely used or understood within the nursing profession (Cooke 2006).

There was heated debate about the level of education required to be a nurse and there was a great deal of variety within training delivered by Schools of Nursing and local Hospitals (Willis Commission 2012). It was a succession of committees that eventually identified that nurses should be taught within universities in the United Kingdom (UK) but there was minimal movement until the watershed of Project 2000 (United Kingdom Central Council (UKCC) 1986). This wide-ranging reform established a single level of registered nurse, with a Higher Education Diploma as the minimum academic level. Nursing students were also to have supernumerary status and not to be just seen as another pair of hands. The National Health Service (NHS) commissioned universities to deliver nurse education at Diploma and in some instances Degree level. The old training schools vanished. Project 2000 was highly criticised (Hislop et al. 1996). Some of the criticism related to the move into Higher Education, supernumerary status of student nurses and the removal of State Enrolled Nurse (SEN) training (Macleod-Clarke et al. 1997). Critics identified that nursing was now to *theoretical* (Shields and Watson 2007).

There was the growing disquiet that the education reforms of the 1990s failed to deliver skilled nurses as reflected in the Peach Report, Fitness for Practice (UKCC 1999). Some ten years later the Nursing and Midwifery Council (NMC 2010a) began discussing the need to produce a workforce that was educated to degree level and fit for practice. The NMC, responsible for protecting the public by setting standards of education, conduct and performance for nurses and midwives, began extensive public and professional consultations on the future of pre-registration

nursing education in 2007 (NMC 2010a). See Appendix one; The evolution of nursing pg. 236 for a chronological overview of key reforms.

Nurse Education Today

The primary aim of nurse education today is to prepare nurses so that they can deliver high quality care in a variety of settings (NMC 2010). Nurse education is located within Higher Education Institutes (HEI) with strong collaborative partnerships with local Trusts whose aim is to provide quality practice experience. This collaborative working has seen the development of Practice Placement Facilitators (PPF) who as part of their role are employed to audit and develop quality practice placements, to facilitate professional development of staff as clinical supervisors/assessors and support students (Trotter and Cove 2005).

The majority of nurse education programmes within the United Kingdom are delivered today within Higher Education Institutes and lead to a degree-level qualification (from September 2012) and conform to the Nursing Pre-registration Standards (2010) to enable registration with the NMC.

For nursing the move into Higher Education brought a number of benefits. The introduction of a new academic curriculum broadened the theoretical scope and perspective of the nursing discipline. The greater intensified focus on research was welcomed by nurse educators and enabled the enhancement of evidenced based practice (Rolfe 2012). However there were also some dis-advantages identified. It contributed to a separation of nurse education from nursing practice and there are still challenges for academics working within nurse education as staff continue to juggle the dichotomy of meeting the demands of Higher Education i.e. developing a

research profile and being educated to doctorate level as well as maintaining the professional standards identified by the NMC (Happell and Cutcliffe 2011).

Reflecting on medicine and education it is worthy to note that medicine has a long and successful history of being taught in universities. However the medical curriculum within the UK has traditionally followed the technical rational model of a two year theoretical pre-clinical course followed by a three year practical clinical course. The example of medicine illustrates the challenges involved in integrating theory and practice within the traditional academic structure. This may be achievable if the current pre-registration nursing curricula was extended to four years as is the case within our other European counterparts who follow the traditional two semester system within universities (Rolfe 2012).

How funding is allocated to nursing programmes is changing and there is a greater emphasis and greater accountability for planning and developing the workforce.

There is establishment of Local Education Training Boards (LETB) within England governed by Health Education England (HEE) (HEE 2015). Nursing programmes are closely managed for value for money and quality. Targets are identified for recruitment, attrition, outputs and a range of other measures including partnership working. Given the target driven culture imposed by Local Education Training boards (LETB) there is a greater emphasis on ensuring that recruitment processes attract individuals that are caring, compassionate and motivated to join the nursing profession.

Value Based recruitment (VBR) is an approach which attracts and recruits students, trainees and employees on the basis that their individual values and behaviours align with the values of the NHS Constitution (HEE 2015). Value based recruitment

(VBR) is a core objective in the mandate from Government to HEE (April 2013 to March 2015) and is also recognised as a key priority for the Higher Education Institute in which I work.

Recruitment and attracting the right individuals into the nursing profession is paramount to ensure students are motivated to choose nursing as a career and also to ensure attrition remains minimal. As part of the strategy, recruitment campaigns and marketing aim to promote a better understanding of contemporary nursing and nurse education. Recruitment balances the need for academic excellence but ensuring the right values are evident (HEE 2015). This is addressed by inviting potential students into marketing events where they have the opportunity to find out more about nursing as a career and what the programme involves before applying. The interview process is multi-faceted and includes a written assessment following review of a care episode from a service user perspective, group interview and an individual interview. Academics, service users and practitioners are involved in the recruitment process. Overall the numbers of applicants for pre-registration nursing programmes continues to increase yearly and this reflects the national picture of nursing programmes where the number of applicants was 3% higher in 2012 (Buchan and Seccombe 2012).

The nursing graduate workforce of tomorrow needs to be educated to be competent, caring practitioners leading delivery of high quality care (Willis 2012). It is imperative that future registered nurses must be confident, effective leaders and champions of care with a powerful voice at all levels of the healthcare system. This development of a graduate nursing workforce can commence within the three year undergraduate nursing programme. Students need to be at the forefront of shaping *their* education and to actively work in partnership with HEI's. This will potentially

develop confidence and enable a competent workforce (Walsh, Larsen and Parry 2009).

Research Question and Aims

The aims of the study were to give insight into the complex nature of the pre-registration nursing students' learning trajectory within the first year of a degree programme in one university. In addition, insight into the multiple and varied challenges experienced by one group of first year nursing student's as they become accustomed to new ways of learning in both the clinical and the classroom environment potentially be identified. My research is, therefore, designed to utilise a qualitative, interpretive approach to explore undergraduate nursing students' first year experiences and the challenges encountered of *becoming* a nurse.

At the start of the study nursing within England moves towards an all-graduate profession at the point of registration (NMC 2010) it is timely to conduct a research study that explores nursing students' experiences of the first year. It aims to give insight into issues such as factors that may impact on attrition and their perceptions of a positive experience which influences them continuing. Within the literature it is highlighted a positive transition into a nursing programme can ultimately result in a positive outcome and enable student nurses to succeed (Andrew, McGuinness, Reid, and Corcoran 2009)

These areas of first year experience, listening from the student perspective about their experience, is central in the approach to my research topic in that they will influence *how* I conducted the study and will help shape my initial theoretical approach.

Qualitative research, like any other, must begin with a question, which then informs the methods and the design of the study (Streubert Speziale 2007); how best to explore the emergent themes and ultimately communicate the research findings.

According to Crabtree and Miller, qualitative research methods are usually used:-

"for identification, description and explanation-generation; whereas quantitative methods are used most commonly for explanation testing and control" (1992: page 6).

To address the identified aims the primary research question of this study was;

What are undergraduate nursing students' experiences and perceptions of the transition into Higher Education and clinical practice?

In order to answer this question the focus was to be the first year of a three year pre-registration nursing programme at one university. A number of specific research objectives were proposed:-

- To examine the first year experience of nursing students during the transition into Higher Education using data from the individual student's lived experience
- To identify and examine factors influencing nursing student's academic and clinical practice.
- To understand how students perceive the world of Higher Education and how they adapt to new roles.
- To develop insight into how students cope with academic learning and transition towards becoming a nurse.

This research explored the student nurse journey within the first year of an undergraduate nursing programme. The purpose was to develop insight into a deep

and meaningful understanding of the experiences and perceptions of undergraduate nursing students' transition into Higher Education and working towards achievement of professional transformation, within the first year of a three year programme. In addition, the research seeks to illuminate the participants' personal learning journeys and experiences.

Key areas of interest were;

- Transition into a pre-registration nursing programme
- Commencement of professional transformation-*becoming* a nurse
- Illumination of personal learning journeys
- Insight into factors influencing nursing student's academic and clinical practice

Consideration of the Research Approach

The entire notion of 'understanding experiences' points towards the adoption of an interpretive, qualitative human science research approach to data generation (Higgs 2001; van Manen 1990) rather than a positivist, quantitative, data-gathering approach. Until we understand the nature of these student experiences, we cannot possibly quantify or measure them. In deliberating about which research methodology to utilise one of the key areas to consider is to assess the central focus of the research question (Blaikie 2007). Methodological approaches considered included Phenomenology (van Manen 1997) and Grounded theory (Patton 2002). The aim was to shed light on the student experience. These approaches can be used to clarify practices as it happens rather than how it theoretically happens. This is explored in detail within chapter three. (Research Methodology)

Overview of the Research Approach

The essential methodological question is how can the researcher go about obtaining the desired knowledge and understandings in order to fulfil the objectives of the research? The principal phenomena of this research is to contribute a deep and meaningful understanding of the experiences and perception of first year nursing students during the transition into Higher Education and the first year of the programme. The approach that has been adopted is the interpretive paradigm. The interpretive paradigm encompasses a number of research approaches which have a central goal of seeking to interpret the social world (Higgs 2001).

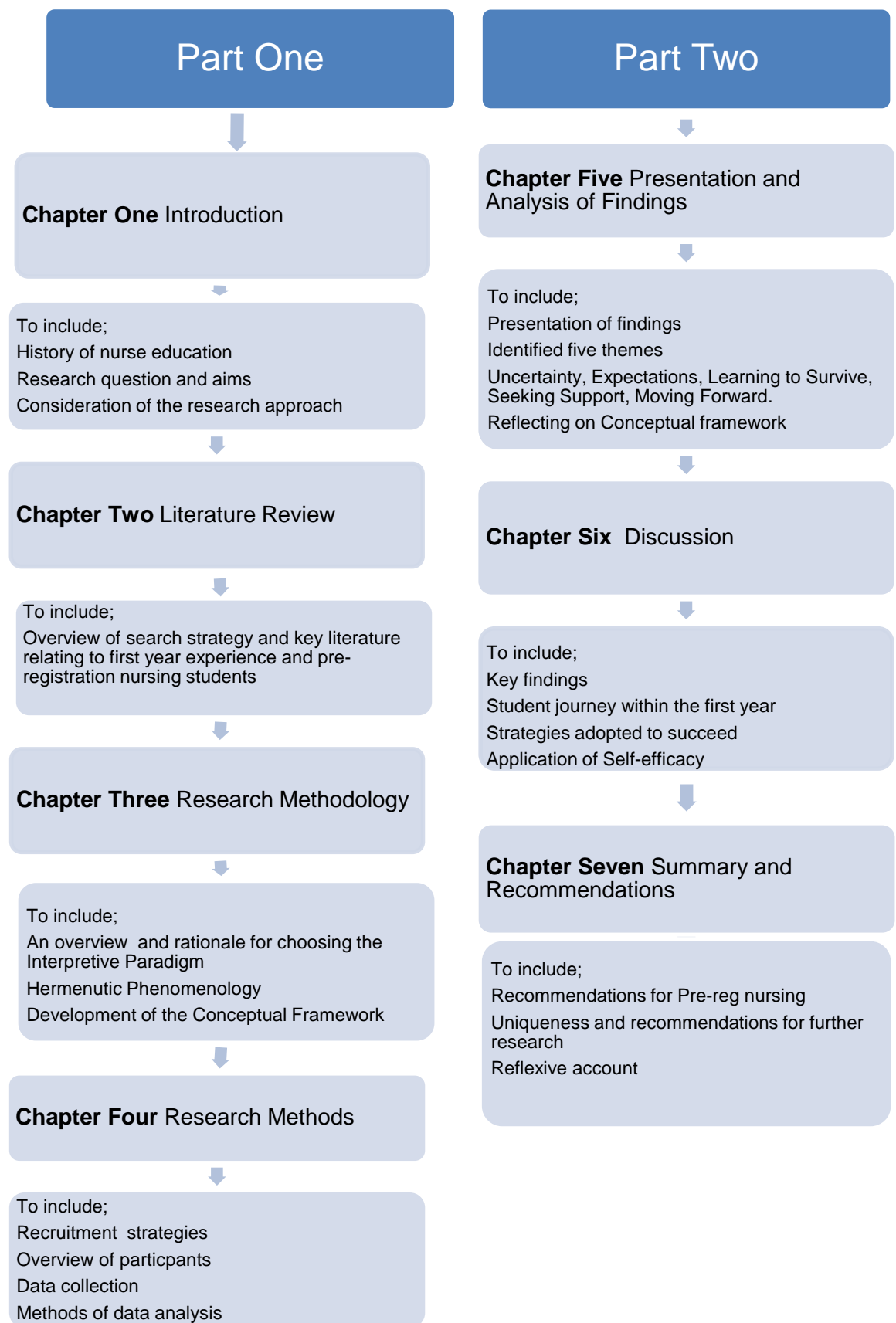
Within the interpretive paradigm there is a range of research approaches available. Hermeneutic phenomenological methodology is the chosen method to develop insight into a deep and meaningful understanding of the experiences and perceptions of undergraduate nursing student's transition into Higher Education and professional transformation. Phenomenology is a research methodology aimed at understanding and describing the experience of selected phenomena in the *lifeworld* of individuals. The aim is to gain a deeper understanding of the nature or meaning of our everyday life without taxonomising, classifying or abstracting the lived phenomena (van Manen 1997).

For the purpose of this study data collection methods include interviews; critical incident accounts (participants have used digital recorders to capture their experience *at the time it occurs*) and field notes. Data analysis was informed by phenomenological and hermeneutic methods that involved in-depth, iterative reading and interpretation to identify themes in the data. Further detail about the adopted research paradigm, methodology and methods used is provided in chapter four (Research Methods)

To utilise a quantitative approach would not have been congruent with seeking to understand in depth individual experiences. The research epistemological stance (dealing with the nature and origin of knowledge) associated with a quantitative research and ontological (dealing with what constitutes reality and being) position is not congruent with the study of in depth individual experiences from the perspective of participants. In that paradigm, truth and meaning are considered to exist independently of the knower and reside in the objects themselves (Crotty 1998). Researchers attempt to predict and explain the objects of their research using the research evaluation criteria of objectivity, reliability and validity (Higgs 2001). However, experiences and perception of first year nursing students during the transition into Higher Education and the first year of the programme cannot easily be reduced or measured as required in quantitative research.

The structure of this thesis is within two parts, part one and part two (See Figure One).

Figure One: Structure of Thesis



Summary

In this chapter, I have provided an introduction to the research question and the research approach taken. This research aims to give insight into the student nurse journey within the first year of an undergraduate nursing programme at one university. The principal phenomena of this research is to contribute a deep and meaningful understanding of the experiences and perception of first year nursing students during the transition into Higher Education and the first year of the programme. The approach that has been adopted is the interpretive paradigm. The interpretive paradigm encompasses a number of research approaches which have a central goal of seeking to interpret the social world (Higgs 2001). Hermeneutic phenomenological methodology is the chosen method to develop insight into a deep and meaningful understanding of the experiences and perceptions of undergraduate nursing students'.

The following chapter two provides insights into the underpinning literature and highlights limitations within the existing literature.

Chapter Two: Literature Review

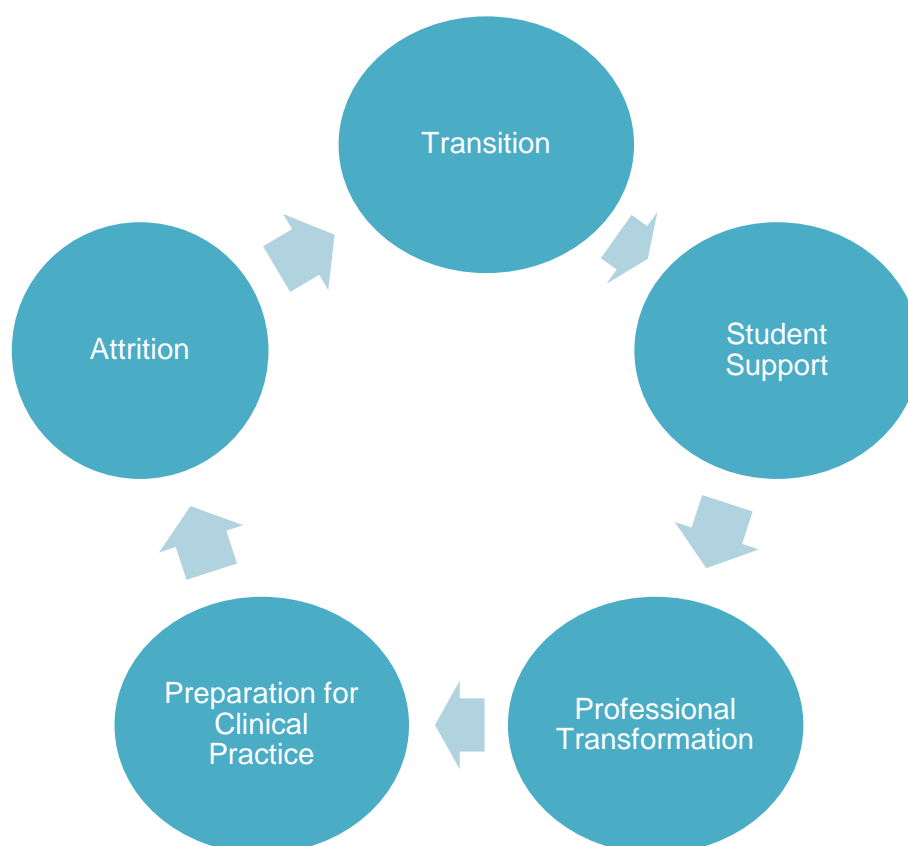
Introduction

This thesis seeks to understand undergraduate nursing students' first year experiences and perceptions of entering into a pre-registration nursing programme, the challenges associated with transition and *becoming* a qualified nurse. Within this chapter there is a critique of literature, research and theory relevant to the research focus. The aim of a literature review is to increase understanding of the subject area and align with the intended research activity within the context of existing work (Parahoo 2006). A systematic approach is considered most likely to generate a review of the relevant literature that will be beneficial in informing the research (Hek and Langton 2000).

The literature review commences with an overview of generic issues related to the transition to Higher Education and becoming a nurse. This is followed by an overview of the literature relating to nurse education. Within the literature the main focus of the first year student experience relates to the issues of student retention and withdrawal. These issues are linked to the impact of the learning and teaching experience and the growing diversity of the student population.

Within the presenting literature, key areas have been thematically identified which align with the research aim (Figure One). Broadly these key areas reflect the student journey on entering an undergraduate nursing programme. The first theme; transition includes a review of literature relating to pre-course information and induction. Theme two is student support which includes academic support. Theme three is professional transformation. Theme four is preparations for practice which includes mentorship and finally theme five, attrition.

Figure One: Key Themes within Literature Review reflecting the Student Journey within First Year



These themes relating to literature accessed are presented later in this chapter following the search strategy and overview of key messages from the literature.

Search Strategy

Searching the literature is a challenge as there is a plethora of literature which can be accessed via a variety of media. It is necessary to undertake a systematic and critical review of the content of the literature available. It is recommended that some type of structure is adopted during the literature review process (Cronin et al. 2008). Booth et al. (2012) suggest if a structured approach is not adopted this may lead to information overload and suggests the researcher must be “information

literate” to enable appropriate identification, analysis and synthesis of the literature relevant to the proposed research.

Cohen (1990) identify a simple method that is referred to as the preview, question, read, summarize (PQRS) system and it not only keeps you focussed and consistent but ultimately facilitates easy identification and retrieval of material particularly if a large number of publications are being reviewed.

Booth et al. (2012) discuss the mnemonic SALSA, which represents four key stages of a literature review; Search, Appraisal, Synthesis and Analysis. The literature search guidance provided by Fink (2010) suggests more stages, including selecting sources of literature; choosing search terms; applying practical screening criteria; applying methodological screening criteria; do the review and synthesis of the results. Within approaching the literature I will apply the process identified by Booth et al (2012). The reason is that it is a structured approach to a literature review. Keyword searches are the most common method of identifying literature (Ely and Scott 2007). Appendix Two (pg. 239) outlines the search terms utilised during this literature search.

The literature search is to be undertaken accessing computer and electronic databases. Computer databases offer access to vast quantities of information, which can be retrieved easily and quickly (Younger 2004). Examples of databases to be accessed include CINAHL, Web of Science, Medline and PubMed.

Parahoo (2006) suggest that a review of the literature should detail the time frame within which the literature was selected. A maximum time frame of 5-10 years is usually placed on the age of the works to be included. Seminal or influential works are the exception to this rule (Timmins and McCabe 2005). Sources are to include

journals, books, reports from relevant Government and Higher Education bodies e.g. Quality Assurance Agency, Nursing and Midwifery Council, Department of Education and Health. The initial search will include national and international sources prior to screening.

The inclusion criteria are to consist of:

- Literature between 2004-2014
- Literature related to the criteria identified in Figure 1 pg. 29. Broadly these key areas reflect the student journey on entering an undergraduate nursing programme: Transition, student support, professional transformation including preparation for practice and attrition.

During the research process reading and literature searching is an ongoing iterative process. During the period of my Professional Doctorate key times were identified when I need to refresh my literature search:-

- Initial project approval (March 2011)
- Completion and submission of detailed research proposal, including analysis of existing evidence base and identification of the “gap” in the professional knowledge to be the focus of my research – (August 2011)
- During the research process, simultaneously collecting data and analysing. This included RSS feeds in place to maintain knowledge base and additional searches when new concepts are constructed from the data
- *Ongoing throughout the process*
Writing up stage, renew and refresh literature searches

When potential literature was identified from search results a deductive approach was applied as identified by Booth et al. (2012); search, appraisal, synthesis and analysis. For the literature which the abstracts appeared relevant, the full article was accessed and read. The literature identified as a result of this search strategy are analysed and synthesized to form a review identifying salient themes which informs this chapter and chapter three of this thesis.

The First Year Experience: Nursing Students

Students go through a steep learning curve when they enter university. Within undergraduate nursing programmes students face many challenges. They are entering into an environment which they need to adapt to rapidly to enable them to engage in academic and soci-cultural changes (Morosanu, Handley et al. 2010). Some of the challenges they face are being away from home for the first time, a new institution, exposure to professional practice and limited support as they have left family and friends. Whittaker (2008) and Andrew et al (2009) reported on the impact of using particular tools to develop undergraduate student nurses' sense of belonging, suggesting that this can foster a sense of community in student nurses which in turn is essential for them to integrate into the profession.

It has been identified that the first year is the most critical to ensure that students engage within programmes of learning and achieve (Trotter and Roberts 2006). There is a considerable volume of literature that identifies and explores that the first year is transformational for the student experience (Tinto 1988, Pascarella and Terenzini 1991, Astin 1993, Johnson 1994, Tinto 1996, Allen 1999, Pitkethley and Prosser 2001, McInnis 2003, Yorke and Thomas 2003 and Harvey, Drew et al. 2006). It is a valuable part of the student journey in developing learner autonomy to enable students to take responsibility for their learning and develop skills of self-

reliance and self-management. Within the nursing literature specific issues that impact on the students' first year experiences include: engagement (Morrow et al. 2012), workload (including assessments) (Thalluri et al. 2009), support needed (Ooms et al. 2012), learning in practice, expectations, managing conflicting commitments (James et al. 2010), teaching and learning (Birks et al. 2013), attrition (Carolan et al. 2011) and relationship with lecturers (Fergy et al. 2011).

Today's nursing students need to be prepared at an undergraduate level to engage with the challenges of a qualified registered nurse on completion of studies. They are about to embark on a journey of academic and personal development but they require support to do so. If support needs are not addressed this can impact on academic and psychological well-being. In England as part of the Darzi review it was recommended that there should be a full review of the support offered to health care students (Darzi 2008). According to the Nursing Midwifery Council (NMC. 2010) page 23;

"Further consideration should be given to how service providers can better support students whilst on pre-registration programmes and as newly qualified nurses and midwives".

The demand for qualified nurses is nationally increasing. The RCN (2013) within Frontline First: Nursing on Red Alert identified that there has been significant cuts to pre-registration nurse training places. In 2010-11 there were 24,904 places across the UK. This decreased to 21,529 in 2012-13, a fall of 13.55%.

In 2011, the RCN commissioned research to model the future size of the workforce in England, examining the impact of changes to 'inputs' and 'outputs' (Buchan and Seccombe 2011). The report clearly identified that if student nurse places decreased and more qualified nursing staff left the workforce due to the impact of changes to pensions and retirement policies there will be a mass nursing shortage.

Under these conditions, the study showed a decrease of between 23% and 28% of the qualified nursing workforce over a ten-year period – a loss of between 81,000 and 99,000. It is identified that this could lead to a major shortage of qualified nurses to deliver high quality care.

A focus on attrition rates among nursing students has developed to try and ensure minimal wastage from the profession (Bowden 2008). Attrition represents an important and costly feature of nurse education, leading to loss of talent and investment (RCN 2013). Measurement of attrition has been highlighted as complex (Jennings 2002). In the UK, a new attrition data collection system has now been implemented by the Higher Education Statistics Agency (Buchan et al. 2005). A consistent definition has also been agreed between the NHS and the Higher Education Institutions. Additionally, a new minimum data set started in March 2006 via the Standard National Framework Contract for pre-registration education programmes. This identifies that there is a decrease in the UK attrition within undergraduate nursing programmes which varies vary between 5 and 23%. This is a decrease compared with statistics presented at the beginning of 2000 where some reports identify attrition rates as high as 50% in some areas (DOH 2012).

In comparison to attrition in other countries the United Kingdom is still seen as relatively high. The National Nursing and Nurse Education Taskforce (2005) found nursing student attrition in Australia to be only 7% for those commencing study in 1999. However, given the absence of any international measuring standards, it is difficult to make comparisons (Mulholland et al. 2008)

There is a wealth of literature which identifies factors which contribute to student nurse attrition. Dopfer et al. (2004) identifies attrition at three levels: individual

issues, institutional issues and political/professional issues. Reasons for leaving have been cited as stress, course-related issues, and personal circumstances (Glogowska et al. 2007). In addition, in a study of nurses in five countries, overall dissatisfaction with nursing was found to be a feature of nurse attrition (Aiken et al., 2001). Stress was also found to be a factor in student retention and attrition (Timmins et al. 2002).

Retention and success are influenced by sociological and psychological factors. For example, motivation theory, how motivated is the individual to achieve (Pitkethley et al. 2001). It has been identified that mature students are more motivated to succeed as they are more organised and focused. It may be a secondary career choice and, therefore, personal and professional incentives are high due to the change in profession. They may view themselves as having more to lose (Kevern et al. 2004).

It is also clearly discussed within the literature that mentors are a vital element to the student experience within the practice setting (Smith et al. 2001). Named mentors are a feature of practice placements in UK nursing. They are experienced registered nurses who have undertaken a mentorship training programme and are responsible for supervising/assessing students during that placement. Indeed good mentorship is pivotal to sustaining students in placements. Whilst students are aware that there are a range of staff that can support them in practice, in reality the mentor relationship is of prime importance and if not successful can cause considerable stress (Crombie et al. 2013).

NMC (2008) published Standards to support learning and assessment in practice settings. These standards clearly outline the competencies to be achieved by qualified nurses to support and assess students on NMC approved programmes

and deal appropriately with those students not fit for practice. This is a crucial role in safeguarding the health and well-being of the public and ensuring those entering the register are fit and competent to do so.

The First Year Experience; Key Themes

The following section presents key themes within the literature which reflect the student journey entering the first year of a under graduate nursing programme.

Transition

A crucial period for any student is the transition into the university, and the success of this is likely to have an impact on the future achievements of the following year (Haggis 2006; Hultberg et al. 2008). Transition to the first year not only requires support through a strategic and co-ordinated approach by Higher Education institutions, but support that starts well before entry to university and continues throughout the first year (Whittaker 2008). It is recognised that students have to create a new identity as Higher Education students and this offers considerable challenge if expectations of the student do not match the expectations of the university (Briggs et al. 2012).

Transitions have been defined as passages or movements from one state, condition or place to another;

*“which can produce profound alterations in the lives of individuals and their significant others and have important implications for well-being and health”
(Schumacher and Meleis, 1994, p. 119)*

The initial transition onto a pre-registration nursing programme is the commencement of a process of becoming a qualified nurse. The experience of transition is recognised as the process of making a significant adjustment to changing personal and professional roles (Duchscher 2008).

Duchscher (2008) identifies three stages of transition theory, Doing, Being and Knowing. *Doing* incorporates adjustment as you learn, *being* identifies the student nurse starting to search, examine, questioning and doubting and finally *knowing* is the student exploring, critiquing and finally accepting.

Briggs et al. (2012) suggests that allowing students time to adjust to what “is” (becoming a qualified nurse) within a context of support that allows them to adjust, develop their thinking and practice expertise will assist them to move through the stages of transition theory identified by Duchscher (2007).

Briggs et al. (2012) identify that HEI’s are still working out an effective transition process for the optimal positive experience for the student. One of the key areas identified is that there is often a mis-match between the pre-transfer expectations of the student and the reality within the first year experience (Smith et al. 2005).

Unrealistic student perceptions of nursing have frequently been considered an important reason for attrition. A number of factors are thought to be responsible for the images of nursing acquired by nursing students prior to entry into study programmes. Student perceptions of nursing are influenced by social perception and images portrayed in the media (Karaoz 2004). There may be limited understanding of the complexity of the nursing role and nursing skills required.

Induction is seen by the majority of HEI’s as important in enabling adjustment to the Higher Education culture and retaining students (Woodfield 2002). The first week of a new student’s introduction to HE can be a daunting and anxious time (Edward 2001), despite the fact that induction programmes have been designed to help new students settle in. HEI’s aim is to ensure a smooth transition to HE, but the question

is whether this is actually achieved. If the transition is not smooth, this can have an impact on attrition (White and Carr 2005).

A key element of induction is to try and create a sense of belonging, via social and academic integration activities, during their induction week (Edwards 2003).

Entering university can be a daunting time, where unfamiliar faces and places surround each student. In order for students to feel less anxious and more at ease, it is important for those involved in induction to quickly create a sense of belonging (Thomas 2002).

It is important that HEI's provide accurate pre-entry information to potential students especially in relation to the structure, content and study requirements of pre-registration nursing programmes. To provide an overview prior to commencement of the programme may minimise voluntary attrition due to unrealistic student expectations (Jeffreys 2007).

Student Support

One of the key themes identified within the literature are that student support is paramount to ensure student success and minimise student attrition. Students enter into academia from a variety of backgrounds. The recognition of the diverse student population is paramount and acknowledgement that when engaging with university life, a diverse variety of resources to support them is required (Morosanu, Handley et al. 2010).

The challenge for nursing students is that support is required within university and the practice setting. The needs of students can be so diverse depending on previous experience, expectations and support systems in place developed by the

university and placement areas. The key is a holistic integrated approach to ensure a positive experience for the student within university and practice setting (Yorke and Longden 2007).

Over the years student support offered within institutes of Higher Education has increased and is multi-faceted (Blythman and Orr 2003). Personal tutor systems, study skills centre, library, printed materials are just a few examples. Consideration also needs to be given to support outside of the university; for example, peers, flatmates, family. Confronted with this diverse range of support, the aim of this research is to develop a greater understanding of nursing students' perception within the first year of the support available and the support accessed by students.

Fredlander et al. (2007) suggest that social support includes:-

“social resources that individuals perceive to be available or that are actually offered to them by helping relations” (page 260).

The wider social network that university students maintain or develop may be rich in resources such as advice and exchange, companionship and psychological support as well as academic knowledge. There is a wide range of approaches that HEI's have developed to promote social integration as it is widely recognised that establishing a sense of belonging to a group encourages student engagement and heightens commitment to their course (Yorke et al. 2007).

Mentoring is promoted as a key initiative (NMC 2008b) within the clinical setting for supporting students (Aston and Molassiotis 2003). In the United Kingdom, mentorship in nursing is integral to undergraduate nursing education and affects every nursing student. It is a requirement by the Nursing and Midwifery Council (NMC), that all students are supported and assessed by mentors when in clinical placement (NMC 2008b). However, mentoring is not a simple activity and involves

the development of complex, bounded and purposeful relationships supported by knowledge, experience and opportunities for reflection (Gilmour et al. 2007).

The education of nursing students takes place at multiple learning environments. In the UK, 50% of the time is spent at a HEI and the remaining 50% is spent in clinical practice. While students are on clinical placement they receive support from the clinical placement and from the HEI, for example through support from practice personnel, mentors, practice educators, lecturer-practitioners, clinical tutors, and link lecturers.

Although clear guidelines have been introduced related to the accountability and responsibilities of a mentor (NMC 2008b) it has been widely agreed that mentorship includes more than supervision and also involves building professional relationships between the mentor and the mentee, consisting of nurturing, and includes educative and protective elements (Aston et al. 2003).

There is now a move to the complex role of mentoring introduced as an effective support strategy for students engaging in a programme of learning and to support the transition into university life and the role of nursing. Mentoring opportunities provide rich learning opportunities for staff and students. It encourages integration and learning between student nurses (Gilmour et al. 2007).

An individualised approach to student support and learning is an area that has developed. This involves one to one discussions with an informed academic to guide and support individuals during programmes of learning. One of the key aims is to enhance student's development as professional nurses. Guidance Tutors can offer information about Higher Education processes, procedures and expectations, academic feedback and development, personal welfare support, referral to further

information and support, support in practice settings and create a sense of belonging (Thomas 2002).

Professional Transformation

Various definitions of professional transformation exist in the literature. Within these definitions, key aspects include the social construction and internalisation of norms and values by the profession, an active pursuit of learning, and the development of professional identity (Millward 2005). Basic technical skills and knowledge, as well as the capacity to reason and make clinical decisions, are gained as part of the professional transformation process which includes both formal professional entry education and workplace learning (Richardson 1999).

Professional transformation is not a single event (Richardson 1999), but rather the ongoing development of individuals through interaction with their environment and environmental situations; it is a learning journey. This journey often commences before entering a particular profession, through natural selection, intelligence or social and family influences; it intensifies in the university and continues following graduation (Cant and Higgs 1999). Students enter as adult learners with general problem-solving skills; they then learn how the profession reasons and learn to deal with the tasks and challenges of professional practice.

Undergraduate and graduate entry students participate in the educational process of their curricula, gradually becoming members of the cultural and discursive community they are going to enter as professionals (Abrandt Dahlgren et al. 2006). They develop the tools, including language, necessary to perform in the workplace and necessary to be part of the professional community, learning to act, think and talk like other members of their profession.

Professional transformation is based on learning of the profession socially constructed norms, values and beliefs through interaction within workplace and cultural situations. This process is more complex than passive internalisation, requiring some degree of individual monitoring (Clouder 2003). Students already have their own sets of values and beliefs, which may change during the socialisation process to reflect the values the profession holds. Changes in values will lead to changes in behaviour and to the formation of a professional identity. The knowledge, skills and, in particular, the attitudes of mentors or role models will strongly influence the development of students' professional identities (Higgs 1993a).

During questioning of their own values and beliefs students will consider practices in the workplace and apply professional, ethical and critical judgements to form new meanings. This is often following communication with peers to reflect on particular situations in a response to new situations and challenges (McArdle and Coutis 2003).

Preparation for Clinical Practice

A relationship that is essential when considering social learning in nursing is that between the students and qualified health professionals. Taking a constructivist, adult view of learning, means having a mutually respectful relationship between facilitators and students. The use of a mentor or *critical companion* (Titchen 2000) in the learning process has been shown to be beneficial in the development of clinical expertise (Benner et al. 1996; Titchen 2000) and teaching expertise (Biggs 2003; Dahlgren et al. 2006). Experienced nurses may act as critical companions who facilitate the development of more novice nurses. A positive practice

experience with a motivated mentor increases student nurse motivation and engagement (DOH 2006).

The critical companion is a conceptual framework for developing expertise in patient-centred health care in clinical settings. Titchen (2000) described the expert as a critical companion who accompanies less experienced practitioners on their learning journey. The critical companion should facilitate the development of three characteristics of expertise, (a) patient-centred care, (b) the ability to create, use and critically review knowledge, and (c) being self-reflective and self-evaluative. At the core of this model is the relationship between the critical companion and the novice practitioner, which thrives on mutuality, working together in a genuine partnership.

Learning behaviours from observing others (including critical companions and peers), was termed *modelling* by Bandura (1971, 1977). According to Bandura, learning occurs by acquiring symbolic representations of modelled activities which serve to guide learners' performance. Four interrelated components are reported to govern learning through observation, or modelling: attentional, retention, motor reproduction and motivational processes (Bandura, 1971, 1977). Attentional processes are factors relating to the observer (e.g. arousal level), the modelled behaviour (e.g. complexity of the behaviour) or the environment (e.g. distractions), that focus attention and determine what is observed and extracted from the observation.

Retention processes facilitate retention of activities that have been modelled, with repeated exposure and mental practice claimed to improve retention (Bandura 1977). Motor reproduction processes involve converting symbolic representations into appropriate actions that can be divided into cognitive aspects, initiation,

monitoring and refinement of the action. The monitoring and refinement aspects of the action are important because learners usually achieve an approximation of the new behaviour by modelling. Motivational processes describe individual agency in adopting the modelled behaviour based on its perceived value to the learner. Thus observers function as active agents who transform, classify and organise modelling stimuli into easily remembered schemas, with several processes (attentional, motivational, retention and reproduction) governing whether behaviour is learned from observation.

Modelling is an important concept that explains how novices learn from observing peers and more experienced professionals within the clinical setting. Learning by being exposed to repeated behaviours that are valued by members of a profession also partly explains the socialising effect of health professional education and learning in the workplace. Modelling is likely to be an important strategy in learners developing competence within the clinical setting.

Attrition

A focus on attrition rates among nursing students has developed to try and ensure minimal wastage from the profession (Bowden 2008). Attrition represents an important and costly feature of nurse education, leading to loss of talent and investment (RCN 2013). In the context of nurse education (Glossop 2002) defines attrition as the difference between the number of students beginning each cohort and the numbers who completed that cohort. The first year of the programme has been identified when students are more likely to leave due to wrong career choice (Andrew et al 2008).

Within the literature there are multi-faceted reasons for student attrition which are complex (Sabin 2012). Hinsliff-Smith et al (2012) suggest that a combination of health problems, lack of support, academic challenges, personal demands and financial difficulties can leave students unable to meet the demands of a nursing programme.

Measurement of attrition has been highlighted as complex (Jennings 2002). In the UK, a new minimum data set started in March 2006 via the Standard National Framework Contract for pre-registration education programmes. This identifies that there is a decrease in the UK attrition within undergraduate nursing programmes which varies vary between 5 and 23%. This is a decrease compared with statistics presented at the beginning of 2000 where some reports identify attrition rates as high as 50% in some areas (DOH 2012).

Theories of attrition and retention focus on persistence, resilience, self-efficacy and belongingness. Glogowska et al (2007) researched reasons for 30 students staying and 19 withdrawing from an adult nursing programme. Within their analysis they identified 'push' and 'pull' factors (Glogowska et al. 2007). Push factors, which made it difficult to remain on the programme, included challenges of academic work, other demands, financial issues, lack of support, negative early experiences, difficulties in practice placement, perceived theory practice gap, and illness. Pull factors which supported students to remain on programmes included determination, commitment to their profession, informal and formal support (Glogowska et al. 2007). Evidence also identified that these factors tended to be inter-related. This is important to consider when providing support to maintain student engagement.

Zepke et al (2005) suggest that HEI's might usefully adapt to meet the needs of the diverse student population, rather than the traditional model of the student fitting in

with the institution. Within the current policy context of widening participation, such a shift would involve consideration of how staff could assist students who enter nursing from non-traditional backgrounds to succeed.

Summary

The range of the literature published relating to the first year experience is wide and complex but there are recurrent themes which relate to performance and retention, factors impacting on performance (including institutional, personal and external factors), support and learning and teaching.

The literature suggests that there are two key areas which are relevant, transition and adjustment plus the mass experience of being a first year (Yorke et al. 2006). The culture shock of entering Higher Education has implications for students in that they can go down one of two paths i.e. either integrate academically and socially or experience an accumulation of issues and problems which result in leaving.

The gap in the literature is that there is a lack of research studies that have utilised a qualitative approach, articulating an exploration of the students' voice and a need to explore the complex detailed understanding of why and when students require input into the learning trajectory. The key to success is to work with students and ensure students do have a voice and are listened to within educational developments. There is minimal discussion and very little known from the students' perspective what actually constitutes a positive experience when entering and engaging in a programme of learning and the challenges that arise.

The key focus of my research was to offer insight from a students' perspective and add to the existing knowledge base relating to the first year student experience.

Chapter Three: Research Methodology

Introduction

The purpose of this chapter is to describe and justify the approach adopted in this research. It details the chosen research paradigm and methodology, the strategies used to gather data and derive meaning from these data and the criteria used to ensure quality. Figure Three (pg. 49) presents an overview of the research approach and the key topics presented in this chapter.

Background to Research

As discussed in chapter two, the first year experience is a complex and multifaceted area of study. This complexity is related to the Higher Education organisational processes that are required to enable the student to succeed and the amount of personal investment by each student who enters programmes of learning within a university setting.

The principal question of this research was:-

What are undergraduate nursing students' experiences and perceptions of the transition into Higher Education and clinical practice? The focus will be the first year of a three year programme.

In order to answer this, a number of specific research objectives are proposed:-

- Examine the first year experience of nursing students during the transition into Higher Education using data from the individual students lived experience.
- Identify and examine factors influencing nursing students' academic and clinical practice.

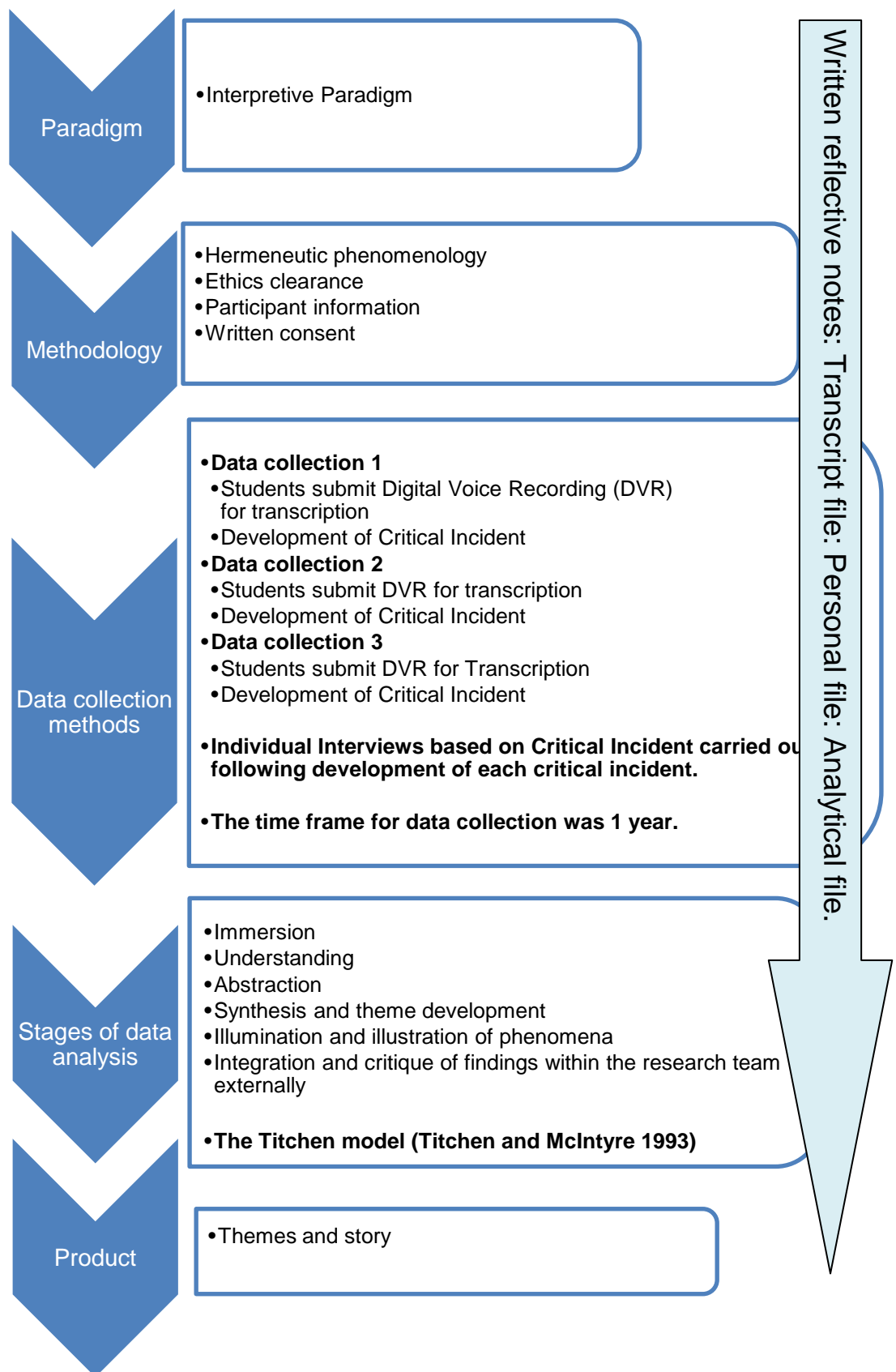
- To understand how students perceive the world of Higher Education and how they adapt to new roles.
- To develop insight into how students cope with academic learning and transition towards becoming a nurse.

The term method is used throughout this thesis to refer to the means by which data has been gathered. Qualitative research, like any other, must begin with a question, which then informs the methods and the design of the study; how best to explore the emergent themes and ultimately communicate the research findings. According to Crabtree and Miller, qualitative research methods are usually used,

"for identification, description and explanation-generation; whereas quantitative methods are used most commonly for explanation testing and control" (1992: page 6).

The choice of research style depends purely on the overarching aim and subject matter of the project and its ontology, i.e. the 'nature of its reality' (Ghauri and Gronhaug 2005; Fontana and Frey 1998). This chapter will explore in detail the research methodology applied to develop insight into the student experience.

The following Figure 3 presents an outline of the research approach adopted;



Research Paradigms

Research paradigms provide an essential framework for understanding, describing and justifying research strategies. Many research paradigms have been identified by various authors, including post-positivism, critical theory, participatory research (Lincoln and Guba 2000) and creative arts (Higgs 2001). Paradigms within health sciences research include the empirico-analytical paradigm (also known as quantitative research) and the interpretive and critical paradigms (collectively known as qualitative research). This research was conducted in the interpretive paradigm.

Although the term *qualitative research* is commonly seen in the literature, situating the present research under this umbrella term is problematic for a number of reasons. First, qualitative research is a term covering a range of research methodologies originating in various traditions including philosophy, anthropology, psychology, history and sociology (Denzin and Lincoln 2000) and, therefore, on its own lacks desired specificity. Second, qualitative research may be conducted in several research paradigms including the interpretive and critical research paradigms (Denzin and Lincoln 2000, Higgs 2001) with differing philosophical underpinnings and theoretical perspectives. Specifically, the interpretive paradigm was chosen for this research to best address the research topic and questions.

The term *paradigm* has been used to describe;

“the model in which a community of scholars or scientists generate knowledge” (Higgs 1997b, page 5).

Guba and Lincoln (1994, page 105) defined a paradigm as;

“the basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways”.

A paradigm may be viewed as encompassing four concepts: ethics, epistemology, ontology and methodology (Denzin and Lincoln 2000). Ethics is the study of morality or the moral principles that guide right conduct (Corey et al. 2003). Epistemology is defined as;

“the philosophical theory of knowledge, which seeks to define it, distinguish its principal varieties, identify its sources, and establish its limits” (Bullock and Trombley 2000, page 279)

or simply *“the theory of knowledge”* (Crotty 1998, page 3).

In other words, epistemology asks the question, “What is the relationship between the inquirer and the known?” (Denzin and Lincoln (2000), page 157). Ontology is defined as the theory of what really exists (Bullock and Trombley 2000) and is concerned with the nature of reality and the nature of human beings in the world (Guba 1990). Methodology focuses on the best means for gaining knowledge about the world (Denzin et al. 2000); it is the theory that guides the choice and use of particular data collection and analysis methods (van Manen 1997).

Why do researchers need to understand these concepts and practices when doing research? Because the aim of research is to generate knowledge, researchers need to be aware of what knowledge is and the different ways it can be generated and verified in order for it to become accepted public knowledge (Higgs et al. 1995). Also, knowledge of the philosophical underpinnings of various research paradigms helps to facilitate the design and implementation of a good research project and to maintain consistency between the questions and the approach; important requirements if the research is to be judged credible by the reader.

Description of the Interpretive Paradigm

The interpretive research paradigm is based on the epistemology of idealism and encompasses a number of research approaches, which have a central goal of seeking to interpret the social world (Higgs 2001). The idealist approaches of Dilthey (1833-1911) and Weber (1864-1920) focused on interpretive understanding to access the meanings of participants' experiences as opposed to explaining or predicting their behaviour (Smith 1983). In this paradigm, meanings are constructed by human beings as they engage with the world they are interpreting (Crotty 1998). In this way knowledge is time and context-dependent rather than universal and objective. The interpretive paradigm adopts the position that knowledge is constructed; therefore, it is neither objective nor truly generalisable, with scientific knowledge representing just one form of constructed knowledge designed to serve particular purposes (Crotty 1998). Similarly, Rothwell (1998) highlighted that science itself is a product of human culture and history.

Human beings construct meaning from their engagement with the world (rather than being passive recipients of meaning); even when they experience the same objects, people experience them in different ways. This is the notion of multiple constructed realities (Crotty 1996). That is, the ontological perspective is subjective and multiple (Creswell 1998), such that there are several versions of reality. There is no one true or valid interpretation. Interpretive paradigm research assumes;

“that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (Crotty 1998, page 42).

In this type of research, findings emerge from the interactions between the researcher and the participants as the research progresses (Creswell 1998). Therefore, subjectivity is valued; there is acknowledgement that humans are

incapable of total objectivity because they are situated in a reality constructed by subjective experiences. Further, the research is value-bound, by the nature of the questions being asked, the values held by the researcher and the way findings are generated and interpreted. Meanings and the search for truth are possible only through social interaction (Streubert and Carpenter 2007). Findings are not generalisable because there is no single truth or one way of seeing things (Crotty 1998).

Considering the value-bound nature of interpretive research and the assumption a discussion of the criteria used to address the issues of reliability and subjectivity is presented later in this chapter.

Rationale for choosing the Interpretive Paradigm

The research paradigm chosen should represent the optimal way of addressing the research questions posed and/or illuminating the phenomena being studied (Guba et al. 1994, Morse 1992). In choosing a particular paradigm certain assumptions and perspectives are accepted. The rationale for choosing the interpretive paradigm is addressed in terms of the overall aim, the lived experience of the student within the first year and subsequent objectives; factors which influenced nursing students' academic and clinical practice and to understand how students perceive the world of Higher Education and adapt to cope with academic learning and becoming a nurse.

Choosing the interpretive paradigm allowed me to explore the lived experience of students. A paradigm that embraces multiple perspectives is ideal for this research because student experience within the first year is a complex phenomenon with

various approaches to interpretation; there is no ideal reasoning process or way of interpreting any given situation.

Interpretive research is suited for investigation of individualised learning experiences while preserving the setting and the larger context (Patton 2002). The students' personal learning experiences are subjective in nature and lose their rich meaning if objectified and stripped of context. Therefore, subjectivity needed to be maintained in this research.

In summary, the interpretive paradigm was viewed as the most suitable to represent meaningful insight into the learning journey. Quantitative data would attempt to reduce or measure experiences which would lose rich features.

Research Methodology

Interpretive paradigm methodology encompasses a range of research approaches including ethno-methodology, grounded theory and phenomenology.

Ethno-methodology is an approach that is concerned with the facts at a micro level (Guba et al. 1994). For students engaged in a programme of learning it can be utilised to shed light on the student experience. It is used to clarify practices as it happens rather than how it theoretically happens. Ethno-methodology is concerned with learning about how people order and make sense of activities and this includes examining language, conversations and how people negotiate social contexts. Within this study that was not the sole aim.

Grounded theory, first described by Glaser and Strauss (1967) aims to generate theory, grounded in data, through an inductive process of data analysis. The focus

of grounded theory as a method is to conceptualize what is going on. The aim of this research was to present an accurate description of the student voice. Grounded theory has the goal of generating concepts that explain the way that people resolve their central concerns regardless of time and place. Again within this study that was not the sole aim.

Hermeneutic phenomenology was selected as a suitable methodology for this research, informed by the work of Max van Manen (1990). Hermeneutics phenomenology is attentive to the philosophies underpinning both hermeneutics and phenomenology (van Manen 1990).

It is a,

“research methodology aimed at producing rich textual descriptions of the experiencing of selected phenomena in the life world of individuals that are able to connect with the experience of all of us collectively” (Smith 1997, page 80).

Its roots are to be found in phenomenology and the

“symbolic interaction tradition of a social psychology and sociology” (Chenitz and Swanson 1986, page 3).

Phenomenologists and symbolic inter-actionists see the world in a way which is often contrasted with a positivist view (Bogdan and Taylor 1975, Duffy 1985, Hutchinson 1988, Streubert and Carpenter 2007). The positivist approach has developed from the physical sciences arena and it is built around a deductive model of knowledge acquisition.

Positivism,

“assumes that a body of facts or principles exists to be discovered or to be understood and that these facts or principles exist independently of any historical or social context” (Woods and Catanzaro 1988, page 22).

Symbolic interactionists, on the other hand, believe that there are no fixed truths to be searched for and found in human interactions because,

"people are constantly in a process of interpretation and definition as they move from one situation to another ... a situation has meaning only through people's interpretations and definitions of it" — reality is what people imagine it to be (Bogdan and Taylor 1975, page 14).

Symbolic inter-actionists use,

"inductive processes [to] generate theory from facts obtained within the natural setting of the phenomenon" (Duffy 1985, page 226).

Phenomenology belongs to the same inductive tradition as symbolic interactionism. However, phenomenology is a distinctive philosophy, theory and method for studying the lived experience. The use of hermeneutic phenomenology enabled the exploration of participants experiences with further abstraction and interpretation by the researcher based on researchers theoretical and personal knowledge.

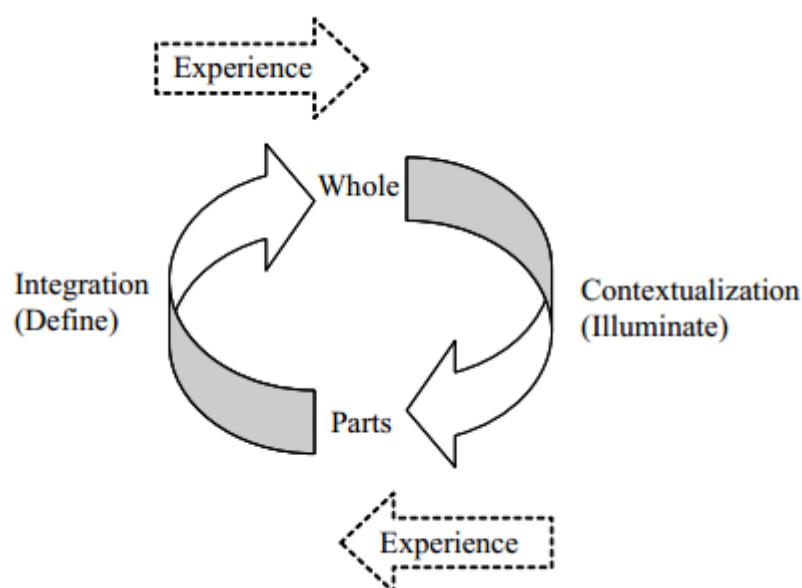
Hermeneutics adds the interpretive element to explicate meanings and assumptions in the participants' text that participants themselves may have difficulty in articulating, for example, tacit practice knowledge (Crotty 1998).

Communication and language are intertwined and hermeneutics offers a way of understanding such human experiences captured through language and in context (van Manen 1990). The use of hermeneutics within this research emphasises the importance of language in allowing the participants to express particular feelings and ways of relating. This supports the research method utilised in enabling students to utilise a digital voice recorder capturing the *here and now* of their experience. Transcriptions were developed and semi-structured interviews followed on an individual basis enabling deeper meaning and contextualisation of the experience. This will be discussed further within the research methods chapter 4.

Developing insight into the first year experience is conveyed through written interpretation by entering the 'hermeneutic circle' (Ajjawi and Higgs 2007). The hermeneutic circle (Figure Four) is a metaphor for the way in which the researcher

moves towards an understanding of the phenomenon through a series of partial understandings. Each partial understanding leads to further interpretation, moving backwards and forwards and never completing the circle. There is always room for further interpretation.

Figure Four: The Basic Form of the Hermeneutic Circle (Bontekoe 1996, page 4)



From identification of the phenomena a rich understanding of that experience is sought (Smith 1997). This occurs by the use of rich descriptive language which reflects the student experience. The following section describes the origins and historical evolution of hermeneutics and phenomenology as philosophies and human science approaches. It is necessary to explore the philosophical underpinnings and paradigmatic expectations of this approach to give meaning to the research process.

Description of Hermeneutic Phenomenology

Hermeneutics

Hermeneutics has been defined as,

“the art or science of the interpretation of texts and works of art” (Bullock and Trombley 2000, page 388).

Hermeneutics provides a means of developing the researchers' understanding of a phenomenon through the interpretation of texts. Meaning is negotiated between the researcher and the text in the act of interpretation. Hermeneutics emphasises the social and historical nature of inquiry and entails the assumption that understanding cannot be separated from the social interests and standpoints assumed by individuals within a particular culture (Thompson 1990).

Hermeneutics originated in the interpretation of biblical texts and scripture (Bullock and Trombley 2000). Through the work of philosophers including Schleiermacher (1768-1834) and Dilthey (1833-1911), hermeneutics developed into a system (or collection of strategies) for the interpretation of all forms of text, not just religious texts. In the early 19th Century, Schleiermacher developed a general hermeneutic approach that would illuminate all human understanding, in preference to a set of rules or principles for interpreting particular texts (Crotty 1998). He saw two meanings in texts: the *grammatical* and the *psychological* (Mueller-Vollmer 1985). The grammatical meaning refers to the literal meaning of the language as it was used at the time the text was written (Bontekoe 1996). The psychological meaning refers to the intentions and assumptions of the author that the reader divines through the text by personal identification with the author (readers place themselves in the author's mind) (Bontekoe 1996).

Dilthey viewed hermeneutics as a methodology for understanding the social sciences rather than explaining the natural sciences (Mueller-Vollmer 1985). Heidegger's (1889-1976) main research focus was ontological, as he searched for the meaning of being. For Heidegger, hermeneutics was not a set of principles for interpretation or a methodology for the social sciences but a method for phenomenological explication of human existence (Crotty 1998). Being is revealed through phenomenology and is further understood and grasped by hermeneutics. Heidegger is credited with the combining of Husserl's phenomenology and Dilthey's hermeneutics (Moran 2000). According to Heidegger, in the reading of text, meaning is not linked to the author of the text nor to the social and historical context but to the text as embodying the phenomenon (Moran 2000).

Gadamer (1900-2001) is recognised as a central figure in the evolution of contemporary hermeneutic philosophy (Thompson 1990). Like Heidegger, Gadamer considered hermeneutical understanding to be a mode of being rather than a way of knowing (Moran 2000). His emphasis, however, was on historical understanding, gained through language. Gadamer was interested not in developing a method or procedure of understanding but in clarifying the conditions in which understanding takes place (Schwandt 2000). These conditions of understanding include an emphasis upon language, prejudice and history (of individuals and their culture); upon the need to find ways to facilitate dialogue; and upon being and acting in our own lives (Taylor 1993).

Contemporary hermeneutics no longer offers a unified theory for interpretation, instead offering multiple perspectives and

"disparate and opposed theories concerning the rules of interpretation"
(Ricouer 1970, page 26).

Thompson (1990) categorised these “opposing theories” into three distinct hermeneutic perspectives based on the respective thinkers’ views of interpretation and understanding. These perspectives are ontological, epistemological and methodological. Researchers using *ontological hermeneutics* claim that all objects in the world exist for people through acts of interpretation and understanding; that is, interpretation is the activity that enables humans to experience the world. *Epistemological hermeneutic* interpretation refers to the way humans have access to the world or the way we apprehend reality; that is, everything that can be known is known through acts of interpretation. *Methodological hermeneutics* provides a foundation or guides methods of research in the human disciplines (Thompson 1990). Using Thompson’s categories, methodological hermeneutics most closely represents the way hermeneutics is used in this research. The value of using a hermeneutic approach within this research is to provide insight and understand the student experience.

Phenomenology

Phenomenology is a philosophical approach and research methodology aimed at gaining a deeper understanding of the nature or meaning of our everyday life without taxonomising, classifying or abstracting the phenomena (van Manen 1997). Phenomenologists seek,

“to understand and describe lived experiences” (Swanson-Kauffman and Schonwald 1988, page 97)

This is achieved by asking questions about the meaning, structure and essence of lived experiences of a phenomenon for one person or group of people (Patton 2002). In phenomenological research the emphasis is always on the meaning of human lived experience (van Manen 1997).

Key dimensions of Husserlian phenomenology include intentionality, subjectivity and bracketing. First, phenomenology recognises that all consciousness is consciousness *of* something. Intentionality is the term used to refer to this notion of the essential relation between conscious subjects and objects (Crotty 1998). Second, *subjectivity* of the researcher and the participants is valued. Therefore, the outcome of phenomenological inquiry depends on the researcher's ability to engage with the informants' reality (Swanson-Kauffman and Schonwald 1988). The third dimension of Husserl's phenomenology is *bracketing*, which involves eliminating preconceived notions in order for the experience of the phenomenon itself to shine through (Crotty 1996).

Hermeneutic Phenomenology

Hermeneutic phenomenology is a

“research methodology aimed at producing rich textual descriptions of the experiencing of selected phenomena in the lifeworld of individuals, that are able to connect with the experience of all of us collectively” (Smith 1997, page 80).

From identification of the experience of phenomena a deeper understanding of the meaning of that experience is sought (Smith 1997). This occurs through increasingly deeper and layered reflection by the use of rich descriptive language.

The combining of phenomenology with hermeneutics commenced with Heidegger, who drew on the hermeneutic tradition of Schleiermacher and Dilthey and continued with the contemporary philosophers Gadamer and Ricoeur. The works of Max van Manen (1997) represent a contemporary and useful way of using hermeneutic phenomenology as a methodology, by combining a descriptive and interpretive approach to studying lived experience. Phenomenology and hermeneutics share the assumption that questions of meaning are primary. Three main points of departure between these two approaches concern the importance of prejudices in

shaping understanding, lived experience as a source of meaning and language as a medium for understanding.

First, Husserl's views of bracketing of prejudices in order to illuminate the pure essence of a phenomenon are distinct from Gadamer's views on prejudices/traditions as essential for understanding because they form our horizon and thus cannot be eliminated. Gadamer asserted that the point is not to free ourselves from all prejudices but to examine our historically inherited and unreflectively held preconceptions and alter those that disable understanding (Moran and Mooney 2002). According to Gadamer the important thing is to be aware of one's biases so that text can present itself in all its "otherness" and thus assert its own truth against the researcher's fore-meanings (Moran and Mooney 2002).

Hermeneutic phenomenology maintains this view that researchers' prejudices and traditions are important for understanding and cannot be removed with bracketing, but need to be made obvious to allow comparison with those of the research participants. Therefore, the best researchers can hope for is to endeavour to recognise and make explicit their understandings, beliefs, biases, assumptions, presuppositions and theories that are brought to the research (van Manen 1997). A reflexive approach attempts to make the whole process transparent and open, thus providing a clear audit trail, considered by Koch and Harrington (1998) to be an important method of achieving rigour in qualitative research. This is the view maintained in this research. By written reflection, analysis and critique of the research presented I have endeavoured to bracket my biases and which I believe I have achieved.

Second, in phenomenological research human lived experiences form the basic data unit from which the findings are analysed (van Manen 1997). Phenomenology is always about human lived experience. In contrast, text forms the basic data unit in hermeneutics (these may be texts describing human lived experiences). In this research, the lived experiences of student nurses and their journey within the first year were sought.

Third, by assigning words or language to any experience or phenomenon an interpretation has already been made by the person choosing the words or using them in that particular context. Hence, hermeneutics assumes that all experiences are already meaningfully interpreted. Therefore, consistent with the philosophical roots of hermeneutics, in hermeneutic phenomenology there is no single interpretation of any phenomenon, only (re-)interpretations of interpretations, that potentially offer deeper or richer layers of meaning (van Manen 1997).

Bracketing

Within phenomenology the existence of social facts is bracketed or disregarded (Smith 1997). Within this research study context and social situations are crucial in understanding the students' perspective (Ajjawi and Higgs 2007). There is some debate, however, as to how much a phenomenologist can, or should, set aside their experiences and interpretations. According to Cresswell (2007), the researcher surrenders all prejudgements thus 'bracketing' his or her experiences. This is to suspend all judgements about what is real and adopt the naturalistic attitude until the judgements are founded on a more certain basis. Husserl (1970) refers to this suspension as 'epoche' (cited Cresswell 2007: page 52). Epoche relies on intuition, imagination and universal structures to obtain a picture of the experience.

Having obtained this picture, and by bracketing one's own experiences or understanding, the phenomenon (student first year experience) is understood through the voices of the informants (Field and Morse 1985). Whilst this sounds achievable in theory, it is very difficult in practice for a researcher to bracket their own personal experiences entirely (Cresswell 2007). As a nurse and now a nurse educator, I have a good understanding of the challenges and rewards involved in becoming a nurse. Additionally, I am a student who works full time and juggles bringing up a family. These personal circumstances do, I believe, enable a degree of empathy with others who experience similar life situations.

Maso (2007) implores that the strict bracketing of all presuppositions and prejudices about phenomena must be considered a myth. If interpretivists distance themselves as an enquirer, they cannot engage in an explicit critical evaluation of the social reality they seek to portray. The best they can do is to attempt to refrain from presuppositions and prejudices about phenomena which might 'contaminate' their experiences of it. This is the view that I have taken. I have, due to my current role, identified the phenomena of the student challenges within the first year experience; therefore, it could be argued that I am totally immersed in the experience and that I have biases. A strategy that may minimise biases is the art of reflexivity.

Reflexivity

Reflexivity is an identified means for the qualitative researcher to ensure dependability and authenticity of findings. Dowling (2006) argues for an ongoing reflexive stance in qualitative work, claiming that it brings feelings and values into the research setting. Reflexivity, however, requires researchers to operate on multiple levels (Etherington 2004). There should be continuous engagement in self-critique and self-appraisal of how the research process may have, or have not been influenced by the researcher (Koch and Harrington 1998).

Self-critique and self-appraisal can be viewed as an isolated process however, Auerbach (1993) and Lewis (2000) argue that self-reflexivity is not the achievement of 'introspection' as achieved in personal contemplation, but always involves a process of discussion with another to enable a vibrant tension between the subject and object. This is evident for example, within theories relating to clinical supervision and nursing practice.

To create this tension within the research a relationship with my research supervisor enables a critical friend who can challenge and offer differing perspectives on the research process. Following supervision sessions, detailed notes in a reflective journal enabled deeper thinking and consideration of issues that have arisen on this journey. Also by engaging in academic dialogue at research conferences and forums I have engaged in academic discourse which has challenged my thought processes.

In order to achieve reflexivity aimed at 'bracketing' biases, the use of a reflective journal is promoted (Koch and Harrington 1998). Within a phenomenological study Wall (2004) discusses three parts to maintaining a reflective journal and the approach to bracketing: bracketing 'pre' action, bracketing 'in' action and bracketing 'on' action (Wall 2004).

Prior to commencement of the research I set time aside to consider issues that may require bracketing. An example of bracketing 'pre' action is as a member of staff conducting research with students in a programme area that I work (insider researchers) I needed to apply specific ethical considerations. Key consideration relates to power imbalance. To address this power imbalance I made explicit at the initial meeting with the student my role and function was ensuring full informed consent highlighting the voluntary nature of participation. I have not been involved

in the teaching of any of the students participating in this study as they are on the first year of the programme and teaching within the first year is not part of my current role.

Rationale for Hermeneutic Phenomenology in this research

The research methodology chosen depends on the research questions and the philosophical perspectives from which the questions are to be investigated (Shepard et al. 1993). Phenomenology is concerned with lived experience, and is thus ideal for investigating personal learning journeys. However, the main focus of phenomenology is with pre-reflective experiences and feelings (the essence of a phenomenon) and my research was exploring student nurses interpretations of their transition and journey within the first year.

Using hermeneutic phenomenology meant that I could explore the participants' interpretations and add my own. Hermeneutics adds the interpretive element to explicate meanings and assumptions in the text that participants themselves may have difficulty in articulating, for example, tacit practice knowledge (Crotty 1998). Communication and language are intertwined and hermeneutics offers a way of understanding such human experiences captured through language and in context (van Manen 1997).

Development of the Conceptual Framework

The development of a conceptual framework is fundamental in guiding the research. It is to be used as a guide to plan the study. Ravvitch and Riggins (2012) defines three differing viewpoints of what is a conceptual framework. First view point is that it is a purely visual representation of a study's organisation or major theoretical themes. A second perspective is that conceptual and theoretical frameworks are

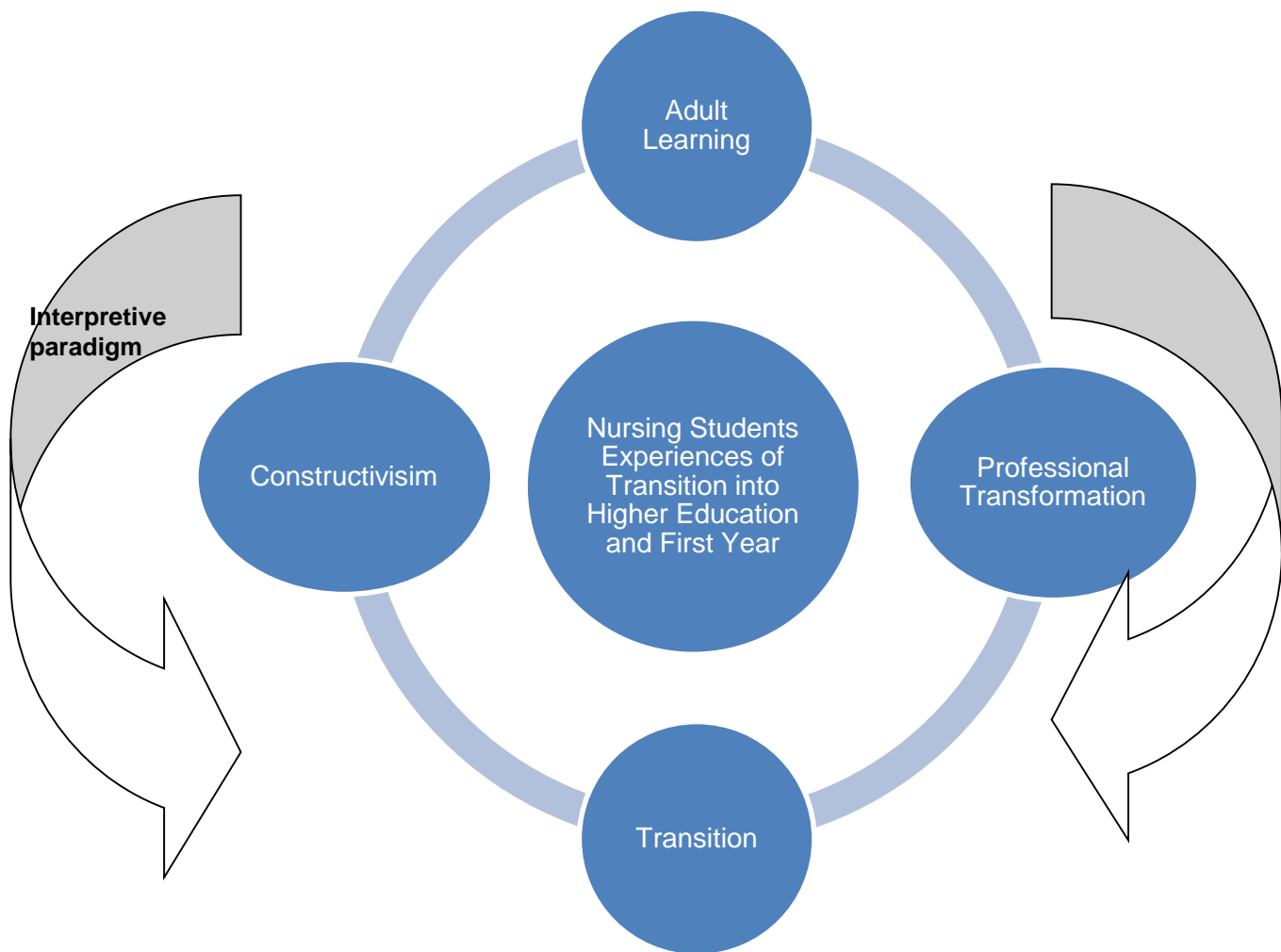
essentially the same thing. Problems can arise when the researcher is vague about definitions and does not clarify between a 'home grown' (development of own concepts) or an existing theory which guides the researcher. A third view sees the conceptual framework as a way of linking all of the elements of the research process which includes literature, theory and methods. Miles and Huberman (1994) identify that the conceptual framework underpins the building of theory defining broad central constructs which they refer to as *intellectual bin*. They argue that,

"the setting out bins, naming them, and getting clear about their interrelationships leads the researcher to development of a conceptual framework" (page 18)

Having viewed the literature and identified key concepts for consideration these concepts move from being completely abstract and unconnected to becoming a loose framework to explore and test theory. Having considered knowledge outcomes from the literature including methodological design and data collection the following figure five identifies the conceptual framework that was developed to guide the research. Each category of the conceptual framework is directly derived from the study's research question as outlined in chapter one. The following section explores the conceptual framework in more detail.

However, it is important to review the framework and synthesise data outcomes at each stage of the research process to further develop, test or confirm relationships between the variables. The theoretical framework evolves and is developmental with the end result of theoretically-based research (Anfara and Mertz 2006). Chapter five presents a review of the conceptual framework.

Figure Five: Conceptual Framework



Interpretive Paradigm

This research utilises the interpretive tradition, namely hermeneutic phenomenology, to explore undergraduate nursing student's transition into Higher Education and professional transformation. Features of interpretive research important for this research are the ability to explore complex human interactions and the preservation of context.

Within interpretive paradigm research, researchers interact with the participants in order to access their thinking and grasp the meaning of their behaviour. Rich descriptive data are collected that takes into account the context of the human behaviour that is being

interpreted. Context is necessary to make meaningful inferences about human thinking and communication. It was important for me as the researcher to develop the context of the data recorded to develop greater insight into the students' experience. Data collection methods commonly used within this research paradigm includes observation of participants with real patients, interviews, structured tasks, and review of documentation (e.g. patient records).

Constructivism

A constructivist view of learning is adopted in this research; that is, learners interpret and make meaning of their experiential world, thereby constructing their own knowledge in relation to previously constructed knowledge that is grounded in a system of social interactions (Biggs 1993, Vygotsky 1978). Knowledge is constructed that appears useful to the learner at the time or that is deemed to be useful in the future; hence, knowledge that is presented out of context with no perceived relevance to the learner will be difficult to construct and understand (Maclellan 2005). In this view, the mind cannot be considered an empty vessel that may be filled with knowledge; instead, knowledge is actively constructed by the learner in relation to society and culture. Learning is enhanced through thinking and reflection with a shift in emphasis from teaching to learning. A constructivist view of knowledge is more closely related to self-direction and autonomy (Smith 1997), the hallmarks of professional practice and necessary factors in becoming a qualified nurse.

Adult Learning

Adult learning is a useful framework within which to conceptualise the transition into Higher Education. Adult learning approaches purport that certain characteristics and abilities are necessary for effective learning in adults and calls for educators to foster these skills in learners. As adults, students in the health professions need to take an

active part in the learning process. Adult learning conditions include motivation, respect of the student as a person, acceptance of student autonomy, and emphasis on experience (Knowles et al., 1998). Educators should aim to foster these conditions in both the classroom and clinical environment. Effective adult learning behaviour includes problem solving, active participation in learning, critical reflection, active seeking of meaning and experiential learning. These are also prerequisite behaviours to enable a positive transition into Higher Education.

Malcolm Knowles' work on adult learning was foundational; he incorporated the elements of adult learning into an integrated framework. In the most recent edition of his book *The Adult Learner*, Knowles et al. (1998, pages. 64-68) listed six key assumptions or principles that underpin adult learning:

1. Adult learners need to know why they need to learn something before they learn it.
2. Adult learners maintain a self-concept of being responsible for their own decisions and of being capable of self-direction.
3. Adult learners have a readiness to learn what is perceived to be beneficial for them to cope effectively in real-life situations.
4. Adult learners' orientation to learning is life-centred (or problem-centred).
Therefore, learning occurs most effectively in the context of application to real-life situations.
5. Adult learners possess an internal drive and motivation to learn.
6. The role of the adult learners' personal experience is essential in informing what and how they learn.

A major criticism of Knowles' work concerns the lack of empirical testing and research into the effectiveness or "correctness" of these principles (Norman 1999); although as Norman

himself conceded they do seem self-evident. Despite this criticism, the principles underpinning adult theory are valuable in considering learning in professional practice.

Self-directed and adult learning abilities assist students to generate knowledge and clinical skills in order to deal both proactively and responsively with their learning needs and with changes in society's health care needs. Taking a constructivist adult view of learning means having a mutually respectful, participation perspective in knowledge generation between facilitators and students.

Guidance is essential to help students navigate the complexities of academic and theoretical practice within nurse education. Freedom to learn fosters in students a sense of responsibility for their learning and encourages the self-directed learning skills necessary for the development of autonomy and accountability. If students are continually provided with guidance without being given opportunities to regulate their learning they will continue to be dependent on their educators or supervisors for all their learning needs. Further, achieving an appropriate balance between guidance and freedom ensures that the core knowledge base of the profession is learned and not left to chance or whim; a criticism that has been made of (unguided) self-directed learning (Norman 1999).

Adult learning principles, including the need to assess the level of guidance or freedom that the learner requires, are related to the concept of *learner task maturity*. Learner task maturity refers to the level of readiness and ability of the learner to deal with demands of a specific learning task at a given time (Higgs 2001). The concept reflects the willingness and ability of learners to play a responsible and self-directed role in given learning situations. It also reflects learners' ability to respond flexibly and appropriately to the demands of the learning situation.

Learner task maturity depends on the individual's ability, attitude, readiness for self-directed learning, and past experiences (Higgs 2001). It is also specific to different goals and tasks, and changes over time as learner ability increases. As students learn to manage more complex skills their task maturity increases, meaning that they may be introduced to more complex activities, given more responsibility and freedom and less guidance to learn.

Student motivation for learning is also an important dimension for educators to consider, because intrinsic motivation is a key factor in adult learning (Knowles et al. 1998) and inherent in a deep approach to learning (Biggs 2003; Entwistle and Ramsden 1993). Students engaging in lifelong learning must remain motivated to do so. Motivation for learning how to learn and for lifelong learning is a complex concept, influenced by a range of psychosocial factors both internal to the learner and environmental (Harlen and Deakin Crick 2003). The internal factors encompass three broad principles: learners' sense of self, expressed through values and attitudes, learners' engagement with learning, their sense of control and efficacy, and learners' willingness to exert effort to achieve a learning goal (Harlen et al. 2003).

Education programmes may increase student motivation through their socialisation as they become "beginner professionals", learning the values and attitudes associated with being a professional and, as discussed above, through the design of programmes that provide a good balance between guidance and freedom. Too much guidance may interfere with students' sense of control; too much freedom may allow students to become confused and frustrated about what is important to learn, thereby diminishing their motivation.

Deakin Crick (2005) argued that self-awareness is an essential aspect of lifelong learning, because learners must accept responsibility for their learning. Adult learning theory is

based on the principle that students take responsibility for their own learning. Learning that occurs subconsciously must be reflected on, recognised as being learned subconsciously and evaluated or tested; it is then that the learner can take responsibility for what is being learned. Similarly, Boud and colleagues (1985) emphasised that the role of reflection in learning is essential for evaluating thinking and making effective decisions.

In summary, the principles espoused in adult learning theory are well suited to student nurse practice because they focus on learners being responsible and motivated to achieve deep and meaningful learning.

Professional Transformation

Key aspects of professional transformation include the social construction and internalisation of norms and values of the nursing profession, an active pursuit of learning, and the development of professional identity. Basic technical skills and knowledge, as well as the capacity to reason and make clinical decisions, are also gained as part of the professional transformation process which includes both formal professional-entry education and workplace learning.

Professional transformation is not a single event (Richardson 1999), but rather the ongoing development of individuals achieved through interaction with their environment and environmental situations; it is a learning journey. This journey often commences before entering a particular profession, through natural selection, intelligence or social and family influences; it intensifies in the university and continues following graduation (Cant and Higgs 1999). Students enter as adult learners with general problem-solving skills; they then learn how the profession reasons, and learn to deal with the tasks and challenges of professional practice.

Within clinical education students gain workplace experience and are exposed to experts as role models, expanding their professional knowledge. Undergraduate and graduate entry students participate in the educational process of their curricula, gradually becoming members of the cultural and discursive community they are going to enter as professionals (Abrandt Dahlgren et al. 2006). They develop the tools and language, necessary to perform in the workplace and those skills necessary to be part of the professional community e.g. learning to act, think and talking like other members of their profession.

Professional transformation is based on learning of the profession's socially constructed norms, values and beliefs through interaction within workplace and cultural situations. This process is more complex than passive internalisation, requiring some degree of individual control (Clouder 2003). Students already have their own sets of values and beliefs, which may change during the socialisation process to reflect the values the profession holds in esteem. Changes in values will lead to changes in behaviour and to the formation of a professional identity. The knowledge, skills and, in particular, the attitudes of senior colleagues or role models will strongly influence the development of students' professional identities (Higgs 1993a).

Transition

Transition is the process of moving from the known to the unknown. Transition to a new academic and social environment can be a stressful experience (Briggs, Clark and Hall 2012). Effective transition requires a strategic and co-ordinated approach by Higher Education Institutes that commences well before students enter programmes of learning and continues throughout the first year. It should be integral to the overall university experience. The aim of successful transition is development of the independent learner. Approaches to supporting transition should be implicit within learning, teaching and

assessment strategies. Peel (2000), Longden (2006), Smith and Hopkins (2005) discuss the importance of students' expectations matching the reality of the first year. To have a clear understanding of the programme of learning may lead to an empowered, enabled positive student experience.

Support is pivotal in enabling students to adjust to university life and develop learner identity and autonomy (Briggs et al. 2012). If support is not readily available they will experience disorientation and loss of personal identity (Scanlon et al. 2005). This can lead to abandoning of studies. Yorke et al. (2003) identify that institutions should be prepared to respond positively to the changing pattern of student engagement in Higher Education.

Student transition to university offers considerable challenges to all the parties involved but to ensure student achievement students require to be treated as individuals, not as an item in a vast system (Briggs et al. 2012).

Summary

This research was conducted in the interpretive paradigm using a hermeneutic phenomenological approach informed by the work of van Manen (1997). The aim of utilising phenomenology was to construct an animating, evocative description of human actions, behaviours, intentions and experiences as we meet them in the *lifeworld*. Phenomenological descriptions are rich and evocative, invoking in readers the *phenomenological nod* in recognition of phenomena so richly described that they too may have experienced (van Manen 1997). The conceptual framework which has guided the research was clearly outlined and will be re-visited within the discussion chapters.

Chapter Four: Research Methods

Introduction

The purpose of this chapter is to describe the strategies used to gather data and derive meaning from this data. Quality criteria are also presented to clearly identify how quality will be ensured. Figure Six (pg. 80) presents an overview of the recruitment and data strategies maintained.

Sampling

In 2008 the NMC announced that the minimum academic level in the future would be a bachelor's degree. The reason identified that nursing must become an all graduate profession is to meet the demands of complex care delivery in an increasingly fast-paced healthcare system that demands highly skilled practitioners (Willis 2012).

Within the university where the research was conducted there are two intakes a year (March and September) which have 350 students at each intake. At the commencement of the study the entry pathways include Diploma, Advanced Diploma and Degree. Within the degree pathway 80 student places are allocated. Due to the proposed changes to an all degree profession (NMC 2010) this research and sample will focus on degree students only to enable research outcomes to inform future degree programmes.

Students entering onto the programme reflect a variety of backgrounds. The average age of a nursing student is now 29 years of age with the age profile steadily growing older over the past 20 years (Willis 2012). The age profile is a potential indicator for identifying the range of flexible support that students' with different life experiences, family and financial commitments may require. In this case capturing the diverse range of students who enter onto the programme is essential to develop insight into the experience of all potential students entering the programme. An overview of the participants is presented further in

the chapter. Nursing students contribute significantly to the local healthcare economy and community by their presence as learners in healthcare environments and as graduate registered practitioners on successful completion of the course. Current trends relating to recruitment indicate a large proportion of students applying for nursing programmes are from the locality and ultimately aim to be employed on graduation in local health care.

Selection

The goal of hermeneutic phenomenological research is to develop a rich or dense description of the phenomenon being investigated in a particular context (van Manen, 1997). I chose to use a purposeful selection method, as recommended by several authors for this type of research, in order to select information-rich cases for detailed study (Denzin and Lincoln 2000, Llewellyn et al. 1999, Patton 2002). This method of sampling is consistent with interpretive paradigm research (Llewellyn et al. 1999). Random sampling is not appropriate because it is not a basis on which a relationship can be formed and not a reliable method of gaining in-depth information about a particular phenomenon (Cohen et al. 2000).

Within interpretive research, sample size is related to depth of the data sought and intensity of contact with participants (Cohen et al. 2000, Patton 2002). For example, as the intensity of contact increases, in terms of duration and frequency of contact, the size of the sample will commonly decrease. A smaller number of participants allows for and requires richer data per individual as more time is spent with each participant collecting and interpreting the data. It was determined that ten participants would allow in-depth data collection over a period of one year.

Cresswell (2007) identifies that this form of sampling is a strategy to ensure there is a conscious selection of subjects to be involved in the research. The sample participants

are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central theme of undergraduate nursing students' experiences and perceptions of the transition into Higher Education and clinical practice.

Purposive sampling groups participants according to preselected criteria relevant to a particular research question. The criterion identified within this research requires the need to include representation of all ages that access nursing programmes and representation from the four fields of nursing (Children's, Mental Health, Learning Disability and Adult).

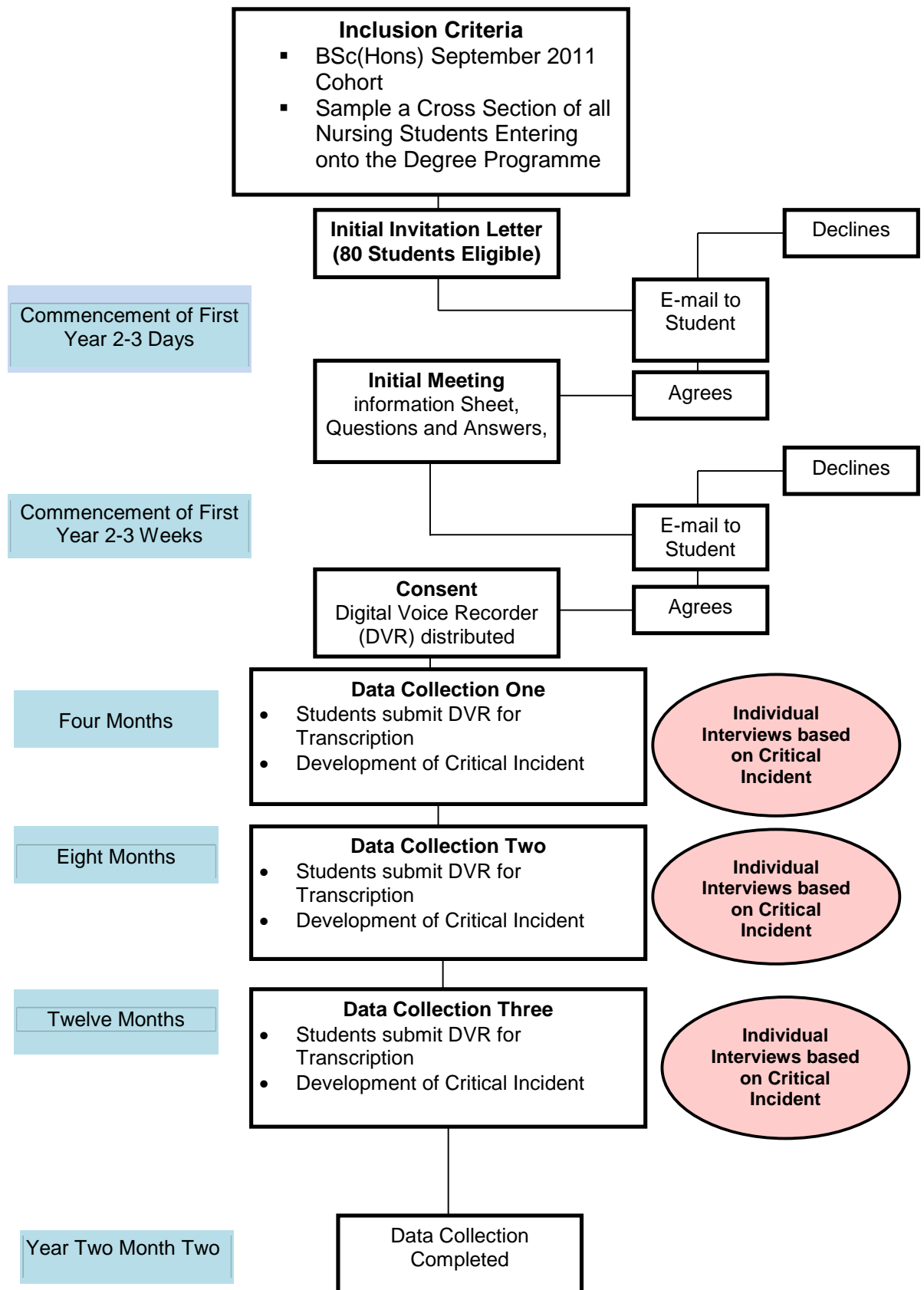
Students who have participated in the research were identified by the Admissions Team based on the criterion identified. Initially all students who were entering the degree pathway were identified and invited to participate in the study (approximately 80 students within the identified cohort). This enabled generation of eligible participants which allowed scope for selection. The key was to ensure the final sample selected were able to give insight across the first year experience.

Recruitment Strategies

Following confirmed approval by the respective ethics committee contact was made with the student nurses who were eligible as per inclusion criteria. An invitation letter (see Appendix Three, pg 240) outlining the purpose and intended process of the research was sent. Once potential participants confirmed interest a meeting took place with the students and directly discussed the purpose of the research and provided an information sheet (see Appendix Five, pg. 244). This was an opportunity to ask any further questions. At this stage approx. 50 students attended the first meeting. For all the students who attended the meeting an e mail was sent following the meeting asking for participation in the study. 10 students confirmed willingness to participate and consent was obtained.

The recruitment and data collection process is shown diagrammatically in Figure Six. This clearly outlines the process applied over the period of one year when data was collected.

Figure Six: Recruitment and Data Collection Strategies.



Data Collection

Data collection methods need to be congruent with the philosophical assumptions of the working paradigm (Crotty 1998) and need to provide relevant data about the participants' experiences of the phenomena under investigation. Data collated utilising the underpinning philosophies of phenomenology are descriptions of experience. Data sources can be spoken or written accounts of phenomenal experience in the form of conversation, interview, group dialogue, diary, autobiography and personal narrative.

Becker (1986) identify that interview is a major means of gathering data for phenomenological research. Three phases of interviewing are identified. The first phase is to ensure a good rapport is established to enable an open discussion. The second phase interview is used for data gathering, usually in the form of open-ended dialogue or interview. Caution needs to be applied to ensure that the researcher does not *lead* the participant. Open ended, minimally structured interviews tend to develop gathering of rich data. Third phase relates to active listening. More than one episode of data gathering may be needed. Hammersley (2008) argues caution when researchers rely solely on interviews as a data collection method. Interviews have a tendency to be unreflective and do create opportunity for the researcher to enable the participant to expand on meaning and its implications. Figure Three (pg. 49) presents an outline of the data collection strategies to be implemented within this research.

For the purpose of this study data collection methods include interviews; critical incident accounts (participants have used digital recorders to capture their experience *at the time it occurs*) and reflective accounts. Table one (pg. 85) identifies the sample size and the amount of data collected over the first year period. The rationale for the general design and development of the methods used to gather the data is presented, followed by a detailed/systematic description of these methods. I was conscious of the demands of this

study on the participants, considering their adaptation to the programme. Therefore, data collection was spread out over one year to capture the full student experience, with the added benefit of allowing participants time to reflect on the research phenomena between data collection episodes.

Interviews

In hermeneutic phenomenology the interview serves very specific purposes. First, it is used as a means for exploring and gathering narratives (or stories) of the lived experiences. Second, it is a vehicle by which to develop a conversational relationship with the participant about the meaning of an experience. This may be done through reflection with the participant on the topic at hand (van Manen 1997). Interviews also allow participants to share their stories in their own words. There are various ways of conducting research interviews, including structured, semi-structured and unstructured interviews (Minichiello et al. 1999).

A semi-structured interview format was chosen, to provide the advantages of both structured and unstructured interviews. Semi-structured interviews provide greater breadth or richness in data and allow participants freedom to respond to questions and probes and to narrate their experiences without being tied down to specific answers, as required in structured interviews (Morse and Field 1995). A further advantage over unstructured interviews is the ability to compare across interviews because some of the questions are standard (Minichiello et al. 1999).

In-depth interviews are similar to an informal conversation in style; they invite participants to recall, reveal and construct aspects of their subjective experiences and interpretations in a coherent and meaningful discussion (Minichiello et al. 1999).

Data is produced through a collaborative relationship developed between the researcher and participant. Each interview context is one of interpersonal interaction, findings being generated as a product of this social dynamic rather than representing an accurate account and reply (Fontana and Frey 2000). The nature of the social interaction between researchers and participants shapes the nature of knowledge generated (Fontana et al. 2000). Hence, the subjective nature of interviews and the active construction of knowledge are consistent with the paradigm and methodology as a method for gathering data.

A series of three interviews were scheduled with each participant at a date following submission of recorded critical incidents. These dates were at significant points in the first year programme i.e. following a theory and practice allocation which was approximately four months, eight months and end of first year. Transcriptions of recordings formed the basis of each semi-structured interview. The focus to explore in greater detail information identified within the transcript from the voice recordings.

Following van Manen's (1997) approach, my role during the interview was to keep myself and the participant oriented to the content of the transcript produced and focused on the participants' lived experiences. I assumed an active listening role, maintaining eye contact with the participants as often as possible while recording reflective notes. As suggested by Minichiello et al. (1995), three techniques that I found useful when conducting interviews were: *funnelling*, beginning with general or broad opening questions and narrowing down; *story-telling*, encouraging participants to tell their story; and *probing*, eliciting further details and points of clarification.

Indexicality is a key component within phenomenology (van Manen 1990) and by interviewing the participants following transcription enabled meaning of the experience to be developed, to explore thoughts, feelings *at that time* when words were spoken.

It has enabled rich and meaningful data to be developed. Indexicality is often treated as part of the study of language called Pragmatics. It studies the ways in which context contributes to meaning, gives insight into knowledge about those involved, how they were feeling at the time, the inferred intent of the speaker etc. (Have 2004).

It is an important construct within this research as it will enable powerful insight from the student's perspective in relation to their experience within the first year. I needed to ensure that the interview was not immediately after the development of the critical incident as then this could have had the potential to become *the support* system for the student. By interviewing the participants I developed greater understanding of the experience as well as the transcript itself to try and make sense of the experience (Smith 1997).

The recording of experiences and interview following reflects the diary-interview method (Zimmerman and Wieder 1977), which combines solicited participant diaries and face-to-face follow-up interviews. This technique can be a valuable source of data for qualitative research, and encourages the participant to focus on daily activities and reflections that he or she values and then explores those activities during a subsequent interview. All interviews were recorded, with the participant's consent, using a digital recorder.

Table One: Sample Size and Data Collected over the Period September 2011 -September 2012

Participants	Voice Recordings Submitted and Transcribed. (Each Voice Recording Varies in Length of Time Approximately 45-90 Minutes.)	Total Number of Individual Interviews Based on Critical Incidents (Voice Recordings) Each Interview 1-1.30 Hour in Length)	Total
No.1	3	3	6
No.2	3	3	6
No.3	3	3	6
No.4	3	3	6
No.5	3	3	6
No.6	3	3	6
No.7	3	3	6
No.8	3	3	6
No.9	3	3	6
No.10	3	3	6
Total Transcripts developed	30	30	60

Critical Incidents

Participants were asked over a period of a year to record their experiences. A topic guide (see Appendix four, pg. 242) outlined the aim of the study and potential areas to consider when recording. The recording devices were portable digital devices which were considered easy to use. As part of the preparation prior to commencement of the use of

the voice recorders and following obtained consent I spent time with each participant outlining the aims of the study, discussing the topic guide and how to use the recording device. Identified also was a time line of events i.e. when recordings where to be sent and the dates of a one to one interview.

Critical incident technique has been used widely by many researchers but there has been many variations on methodological and terminology variations (Bradbury-Jones and Tranter 2008). Within this study the term critical incident relates to the voice recordings of participants' who have recorded their experience. The use of critical incidents in conjunction with interviews evolves from an interpretive paradigm (Easterby-Smith and Thorpe et al. 2002). The term critical incidents can trigger thoughts of critical and crisis events (Benner 1984). Critical incidents, however, may be positive or negative in nature (Newble 1983). Preparing the students I was mindful of the aims of the study in that I wanted to capture the overall experience which was relevant to the student. The emphasis was placed on the student to record what was relevant *to them at that point in time*.

On listening to the voice recordings submitted by the participant prior to development of transcripts it became evident that the student had a tendency to discuss an issue that was of utmost importance to them. For example, a number of students focused quite quickly on the first formative assessment feedback and the impact that this feedback had on their experience. At the one to one interview following, this then enabled further exploration into the lived world of the participants as required to achieve some of the research objectives and in congruence with the order of philosophical perspective of the research.

For each individual participant there were a total of three digital recordings transcribed followed by three individual interviews. The total amount of data collected for each participant is six transcripts times ten participants, this equates to 60 transcripts in total.

These have varied in length for each participant ranging from 45-90 minutes. (See Table One, pg. 85).

Reflective Notes

As part of the data collection I have also developed written reflective accounts that detailed the participants, timings, interactions along with my own thoughts insights and reflections as they developed. Researchers involved within phenomenology try to get as close to the participants in the study to truly understand. To ensure that the focus is directed to the participants in the study I needed to set aside my personal experience of been a student and my experiences. Therefore, I needed to describe my personal experiences. This is an attempt then to set aside my experience (which cannot be done entirely) so that the focus than can be directed to the participants in the study (Cresswell 2007). As part of the reflective account I have also captured my journey within this study as I am a novice researcher and need to learn the *craft of doing* research. By keeping a reflective account I have recorded decision making and how it has influenced this journey. The issues of reflexivity and bias are potential areas of limitations. Reflexivity is a potent way for the qualitative researcher to ensure dependability and authenticity of findings. (Cresswell 2007) argues for an ongoing reflexive stance in qualitative work, claiming that it brings feelings and values into the research settings.

During this research I was both a researcher and an academic member of staff who was a member of the same profession that the students were working towards entering. Being an insider gave me several advantages. It helped to facilitate trust and confidence in the researcher-participant relationship and it allowed me to establish rapport with the students early in the data gathering process, providing access into their world and thoughts. Specific jargon may be a code that is hard for non-members to understand (Fontana and Frey 2000). I was already armed with the language to which the students were exposed,

which provided greater access to their world without the need to constantly ask for clarification. However, this may be a disadvantage if researchers ascribe meanings to certain words or jargon, behaviours and decisions, with which participants differ (Minichiello et al. 1995). Being aware of this disadvantage I attempted to maintain what van Manen (1997) referred to as *hermeneutic alertness*, which occurs in situations where researchers step back to reflect on the meanings of situations rather than accepting their pre-conceptions and interpretations at face value.

Ethical Considerations

Ethical approval for this research was obtained from Northumbria University Ethics Committee. Ethical considerations raised by this research were concerned with obtaining informed consent and maintaining participant confidentiality. It is a fundamental principle of research ethics for the researcher to respect the participants' human dignity. It is essential to treat participants with appropriate sensitivity, consideration and care (Oliver 2010).

Informed Consent

Informed consent is at the heart of ethical concerns. Informed consent is defined as

“a procedure widely agreed to safeguard the rights of human subjects to now that research is being conducted and to approve their own participation” (Homan, 1991, page 2).

Informed consent may be broken down into four constituent elements: disclosure (providing adequate information), comprehension (understanding of information), competence (ability of participants to make a rational decision), and voluntariness (no coercion) (Franklin et al 2012).

As a member of staff conducting research with students in a programme area that I work (insider researcher) I needed to apply specific ethical considerations. Key consideration

relates to power imbalance. Researchers do make rigorous attempts to present themselves objectively and neutrally to minimise the potential impact they may have on discussion. Within this research to address any power imbalance I needed to make explicit at the initial meeting my role and function ensuring full informed consent highlighting the voluntary nature of participation. I was not involved in the teaching of any of the students participating in this study as they are on the first year of the programme and teaching within the first year is not part of my current role. Also I was not involved in pastoral support to students and nor did I mark any of the students' academic work during the first year of their studies.

Therefore, contact with students participating in this research was as a researcher alone. To minimise any perceived power imbalance I discussed with participants and made it explicit within the Participant Information Sheet (Appendix five pg. 244) that:-

- a) My role within their course during the first year was restricted to managing programme delivery and quality assurance systems and that participation or refusal to participate would not impact on their progression on the course in any way;
- b) If the student required support they were directed to their Guidance Tutor (GT) Programme Leader or Programme Manager
- c) That, should the student disclose any issues which could be viewed as impairing their professional suitability for registration e.g. misconduct, convictions or physical or mental health problems, that information may be shared (preferably with their consent) with the relevant Programme Manager [this is a requirement of the NMC's Code of Conduct, Performance and Ethics, 2008]

Students who agreed to participate within the research were asked to sign a consent form (Appendix six pg. 249). All of the participants were informed that they could withdraw

from the study at any time. It was emphasised that withdrawal from the study would not affect their educational programme. If a participant withdrew from the study all data collected related to that individual would be destroyed to ensure confidentiality unless the participant indicates that the research team may use data collected previously but that no further participation in the study should occur.

It is worthy of note that all participants who agreed to contribute to the research remained committed for the full period of one year. No participants withdrew. On reflection clearly identifying my role and function at the outset was beneficial as on occasions when students were discussing relevant critical incidents I could have *become* their support but I directed them to the relevant support required to ensure I conformed with the ethical stance of the research and did not impact on the findings. This was accepted by the students engaged in the research as it was part of the initial consent.

Confidentiality

In interpretive research, maintaining participants' confidentiality is often a major ethical concern because of the personal nature of the research. Anonymity refers to when the identity of the participant is not revealed to anyone (Gerrish and Lacey 2006). Confidentiality refers to when the connection between the information provided and the participant is not made public (Parahoo 2006). Confidentiality and anonymity were maintained by allocation of a unique identifier to each participant.

Within the thesis reporting the unique identifier is used and as the researcher I addressed the requirement to ensure any specific contextual details were removed that could reveal the participant.

The lists of participants (and their unique identifiers) were stored securely in a locked filing cabinet in the Principal Investigator's Office. Once the final thesis has been produced digital voice recordings will be wiped and all other research documents will be retained for a period of ten years after the project has ended after which they will be confidentially destroyed as waste. Research Council United Kingdom (RCUK) Code of Good Research Conduct (2009; page 127) which says that;

"data should normally be preserved and accessible for ten years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer."

Good research data management is part of good research. It is vital for many reasons; efficient working, accountability, security, appropriate data sharing and re-use, preservation etc. As part of my development as a researcher I engaged in a project facilitated within a university environment, Project title; Datum for health: Research Data Management Training for Health Studies. The aim of this project was to develop a training programme on research data management knowledge and skills for post graduate research students. It was a training programme for a six month period which resulted in developing my skills and knowledge relating to best practice in relation to research data management requirements.

Minimise Intrusion

When a person participates in research their lives are going to be different to some degree than if they had not taken part (Parahoo 2006). Intrusion should be minimised. As the researcher I initially identified expectations in relation to points of contact during the year. I also identified the best means to contact the students to discuss development of voice recordings and also to negotiate dates and time for interviews. One of the advantages of using digital voice recordings is that the students could download and send securely to enable transcription prior to interview. This was convenient for the student particularly when they were in placement settings.

Minimise Risk of Harm

It is important to ensure that the research does not cause harm (non-maleficence) or have any undesirable outcome (Beauchamp and Childress 2009). One of the key drivers discussed with the students and value of participation in the study was the potential to benefit future students. It was possible that the voice recordings or interviews may identify particular issues which have impacted on the students' progression. At these points I would advise the student accordingly e.g. to discuss with their Guidance Tutor.

Should the student disclose any issues which could be viewed as impairing their professional suitability for registration e.g. misconduct, convictions or physical or mental health problems, that information may be shared (preferably with their consent) with the relevant Programme Manager (this is a requirement of the NMC's Code of Conduct, Performance and Ethics 2008).

Demonstrate Respect

Respect is a positive feeling of esteem for a person and specific actions and conduct is representative of that esteem (Parahoo 2006). As the researcher I spent time developing a trusting relationship with the participant and ensured that on all points of contact I acted in a professional manner. All participants were sent a thank you letter at the end of the study acknowledging their participation.

Respect is also demonstrated by being very careful not to misrepresent the views of participants (Parahoo 2006). This was to be achieved by discussing with the participants the initial outcomes of the research and the transcripts produced.

The importance of the relationship between the researcher and the participants has been recognised as paramount importance in qualitative research. The failure to achieve or maintain good working relationships with all of those involved in the research may have

impacted on data collection. This is not without challenges. Dingwall (1980) noted that formalized ethical codes and protocols are of minimal value. Of greater importance are the person and fieldwork practices of the researcher. Practices I put into place to deal with these issues to ensure I gathered rich data were as follows;

- Being genuinely interested in the students. Being friendly, self-disclosing and helpful where possible.
- Being non-judgemental and allowing participants to freely disclose their views on the digital voice recorders and then in the one to one interviews by empathising to what they had said and moving forward in enabling further clarification.

Data Management Strategies

Considering the various data collection methods used and the large volume of data collected in this research, it was essential that data is managed in a way that facilitated easy access and effective back-up and maintained participant confidentiality at all times.

Audio Recording

An Olympus Digital Voice Recorder VN-8500PC was used as the primary method of audio recording. Each student had their own device for the period of the year. The recordings were downloaded and sent via e-mail prior to transcription. A secure e-mail address was identified.

The advantage of a digital voice recorder is that it was compact enough to transport, was not obtrusive and could be used when chosen to by the students. The digital devices were also used to record one to one interviews.

Data Processing and Transcription

All digital voice recordings and interviews were transcribed ready for data analysis.

All digital voice recordings once transcribed were checked for accuracy by reading and listening to the recordings and sent to the student for verification. This was prior to the one-one semi-structured interview based on the transcript.

Storage

All data belonging to a particular participant had a unique identification label attached. A folder was created for each participant on a password-protected computer, and all data belonging to that participant were stored there, including digital audio-recording and interview transcripts.

Methods of Data Analysis

Reflecting the research methodology adopted in this research, data analysis methods were developed from phenomenological and hermeneutic principles. The data is iterative and inductive. An inductive approach to the generation of knowledge from the raw data avoids pre-empting findings and placing data into themes prematurely (Silverman 2010).

The aim of phenomenological data analysis is to,

“transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful” (van Manen, 1997, page 36).

Phenomenological themes may be understood as *structures of experience* and offer a thick description of phenomena (van Manen 1997). In this research, a systematic method of thematic data analysis was adopted, as informed by Titchen and colleagues' work (Edwards and Titchen 2003, Titchen 2000, Titchen and McIntyre 1993). This method allowed for systematic identification of participants' interpretations and constructs (first order constructs) which were then layered with the researchers' own understandings, interpretations and constructs (second order). Mind maps were developed to present the

data. (See Appendix seven, pg. 250) examples of first order construct and second order constructs.

Hermeneutic Strategies

The hermeneutic circle and dialogue of question and answer were two key strategies drawn from the hermeneutic literature and incorporated in this research (Chapter Three Research Methodology). The hermeneutic circle is a metaphor for understanding and interpretation viewed as a movement between parts (data) and whole (understanding of the phenomenon), each giving meaning to the other such that understanding is circular and iterative. Therefore, the researcher remains open to questions that emerge from studying the phenomenon being investigated and allows the text to speak; the answer is then to be found in the text. In this context, the text is a creation by the researcher from data collected from participants. Understanding emerges in the process of dialogue between the researcher and the text of the research. The act of interpretation itself represents a gradual convergence of insight on the part of the researcher and the text (Bontekoe 1996).

Stages of Data Analysis

The amount of data generated is extensive. Data analysis was approached systematically to enable thematic analysis develop. Initially I approached each individual participant's data and develop themes, then in a systematic approach preceded with analysis of cross themes.

There were six stages in the analysis (see Table Two pg. 98). Stages one to three were undertaken with the text set derived from each participant. Stages one to three formed the preliminary interpretation of the research phenomena. This interpretation was then tested out in stage four against the entire data set (cross-analysis). The fifth stage involved reconstructing the interpretations into stories of participants' learning journeys. In

the final stage a model was developed and critically reviewed (see Chapter Five and Six). Throughout all stages of the data analysis there was ongoing interpretation of the research text and the phenomenon of the student lived experience, with critical appraisal of the data and its interpretation, ensuring grounding in the data and authenticity in relation to the participants' voices. In addition, I continually tested my assumptions about the research phenomena by comparing and contrasting these assumptions with my findings in the research text.

In this way I was able to address any prejudices and "forestructures" I had developed from the literature and personal experience. By constantly cross-checking my interpretation with the original transcripts I sought to maintain closeness (or faithfulness) to the participants' constructs, grounding my interpretations in the data. This strategy to maintain authenticity was suggested by Lincoln and Guba (2000).

Table Two; Stages of Data Analysis in Progress.

The Titchen Model (Titchen and McIntyre 1993)

1. Immersion	<ul style="list-style-type: none">• Organizing the data-set into texts• Iterative reading of texts• Preliminary interpretation of texts to facilitate coding
2. Understanding	<ul style="list-style-type: none">• Identifying first order (participant) constructs• Coding of data
3. Abstraction	<ul style="list-style-type: none">• Identifying second order (researcher) constructs• Grouping second order constructs into sub-themes
4. Synthesis and Theme Development	<ul style="list-style-type: none">• Grouping sub-themes into themes across• Further elaboration of themes• Comparing themes across sub-discipline groups
5. Illumination and Illustration of Phenomena	<ul style="list-style-type: none">• Linking the literature to the themes identified above• Reconstructing interpretations into stories
6. Integration and Critique	<ul style="list-style-type: none">• Critique of the themes by the researchers and externally• Reporting final interpretation of the research findings

Stage One: Immersion – Organising the Data-Set into Texts

All data belonging to each participant were grouped together, including voice recording transcripts and interview transcripts.

I read and re-read all transcripts of voice recordings, interviews, and reflective notes for each participant to form an impression of (or familiarisation with) the data. I also listened repeatedly to the digital recording of the critical incidents along with the relevant reflective notes. This process is often referred to as *immersion* in the data (van Manen 1997) and involves engaging with the meaning of the text where the aim is to get a “sense” or preliminary interpretation of the data, which then facilitates coding. I focused on the structure, style and content of the text and recorded my analysis and emerging thoughts in the form of memos linked to the relevant section of the text.

Stage Two: Understanding – Identifying First Order Constructs

Based on my preliminary understanding of the data, I used first order constructs to highlight key findings using Mind Maps to organise data that were similar to each construct. First order constructs refer to participants’ ideas expressed in their own words or phrases, which capture the precise detail of what the person is saying (Titchen et al. 1993). First order constructs were identified first for all participants.

First order constructs were related to the four specific research objectives:-

- To examine the first year education using concept analysis and data from the individual students lived experience.
- To identify and examine factors influencing nursing students’ academic and clinical practice.
- To understand how students perceive the world of Higher Education and how they adapt to new roles.

- To develop insight into how students cope with academic learning and transition into becoming a nurse.

Stage Three: Abstraction – Identifying Second Order Constructs and Grouping to Create Themes and Sub-themes

Second order constructs were then generated using my theoretical and personal knowledge; these were abstractions of the first order constructs. Mind-mapping software was used to organize first and second order constructs. Mind maps are an effective tool to organise and assist with interpretation of large sets of data.

Each individual mind map was used to form a picture of that participant's data as a whole, which then informed my understanding of each transcript such that a richer, deeper understanding of the phenomena evolved. Thus at the end of stage three I had grouped all relevant text/data under each appropriate construct for each student in order to answer each of the four research questions.

Stage Four: Synthesis and Theme Development

Themes may be understood as the *structures of experience* (van Manen 1997). Themes were developed from the results of stages one to three of the analysis. The second order construct files were grouped together into a smaller number of broad themes both across and within the three subgroups. In this stage, themes and sub-themes were further elaborated and their relationship clarified by reading and re-reading all the data. I continuously moved backwards and forwards between the literature, the research text and the earlier analysis, moving from parts to whole following a process informed by the hermeneutic circle; from this the interpretation of the principal research phenomenon of understanding the first year lived experience of the students. I was able to identify meanings that the participants could not articulate, considering the complexity and tacit

nature of the phenomena being investigated. I searched the data for answers to my original research questions and also for what other questions the data may be answering.

"In determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is" (van Manen, 1997, page 107).

Stage Five: Illuminating and Illustrating the Phenomena

In this stage, I examined the literature for links to the themes and sub-themes identified from the entire data set. I also looked for links between the main themes to support further theoretical development. Using the themes, sub-themes and their interrelationships as a basis I produced an interpretive model to portray my composite findings of learning to communicate the lived experience of students within the first year (See Chapter five and six). I reconstructed the participants' learning journeys using their own words (or first order constructs) as far as possible in order to illuminate the journey and highlight key findings from the data.

Stage Six: Integration – Testing and Refining the Model

The final stage of data analysis involved critiquing my model, along with a final review of the literature for key developments that could impact on or increase my understanding of the model (Chapter six).

Summary

This research was planned in the interpretive paradigm using a hermeneutic phenomenological approach informed by the work of van Manen (1997). The aim of researchers using phenomenology is to construct an animating, evocative description (text) of human actions, behaviours, intentions and experiences as we meet them in the *lifeworld*. Phenomenological descriptions are rich and evocative, invoking in readers the *phenomenological nod* in recognition of phenomena so richly described that they too may have experienced (van Manen 1997). Multiple methods of data collection are proposed,

including semi-structured interviews, digital voice recordings and written reflective accounts (researchers). All data collected would be transcribed verbatim and these transcriptions comprised the texts that will be used for data analysis. Data analysis was informed by Titchen et al. thematic analysis model (Edwards and Titchen 2003, Titchen 2000, Titchen and McIntyre 1993) and hermeneutical analysis methods of the hermeneutic circle. Ethical conduct, rigour and credibility were the criteria used to ensure quality in this research. The findings of the analysis of the phenomena drawn from the participants' lived experiences are presented within Part Two.

Part One; Summary

Part one of the thesis has been involved in setting the theoretical and methodological scene for the analysis of the data in Part two. It is worth at this point summarising the previous chapters before moving onto analytical presentation of the findings.

This research aims to explore the student nurse journey within the first year of an undergraduate nursing programme. The purpose is to uncover insight into a deep and meaningful understanding of the experiences and perceptions of nursing students' transition into Higher Education and professional transformation, within the first year of a three year programme. In addition, the research seeks to illuminate the participants' personal learning journeys and experiences.

The research is important because it is increasingly evident within the literature and my personal perception that students do not have a positive experience when they start university and within the first year as there appears to be a gap between student expectations and their initial experience. Within nurse education, attrition is also identified as an area for consideration and it is recognised students are challenged as they become engaged within professional transformation.

The theoretical background of the study is based on everyday life sociology which is implicit within the research approach adopted of the interpretive paradigm. This is an appropriate means of studying the subjective aspects of the students as the interpretive paradigm seeks to interpret the social world. In this research the social world refers to the experiences and perceptions of first year student nurses. To develop insight from the students' perspective will enable Higher Education establishments and students to have a more informed perspective on the needs of students entering a nursing programme of learning. It also gives opportunity for the aims of the thesis to be met; the concern with

everyday life and application of an interpretive paradigm to understand how students perceive the world of Higher Education, how they adapt to cope with learning and professional transformation into becoming a nurse.

The methodological considerations of the study are not without challenges. Key was to ensure the voice of the student was presented and to include description of human actions, behaviours and experiences as they happen in the *lifeworld*. The challenge for me as the researcher was to find appropriate means to enable the subjective voice of the student to be heard. The hermeneutic phenomenological approach and multiple methods of data collection over the period of a year enabled a rich insight into the student world.

Looking Forward to the Analytical Chapters

To engage in a hermeneutic phenomenological approach informed by the work of van Manen (1997) is to construct a rich description of the phenomena studied. This is what I wanted to achieve from sifting through my data, to gain an understanding of the subjectivity of research participants. There are two analytical chapters in Part two of the thesis. Within Chapter five there is presentation of the findings. The chapter is to be structured within five sections which reflect the five themes identified. The purpose of this chapter is to provide interpretative insights into these findings and an attempt to reconstruct a more holistic understanding. Analysis is intended to depict a more integrated picture, and what emerges is a layered synthesis of the students' experience. The narrative includes discussion and supporting literature to reconstruct a more holistic understanding.

Chapter six, I will explore the key outcome within greater detail and shall try to capture how students perceive the world of Higher Education, how they adapt to cope with learning and professional transformation into becoming a nurse.

Chapter seven concludes the research with discussion related to implications for education and future research.

Part Two

Chapter Five: Presentation of Findings.

Introduction

This chapter will discuss the five themes identified through this research in greater detail and relate these to existing knowledge in order to bring together the outcomes that underpin the discussion, conclusion and recommendations identified in chapters six and seven. This chapter is structured into five sections which reflect the five themes identified. The purpose of this chapter is to provide interpretative insights into these findings and reconstruct a more holistic understanding. Analysis is intended to depict a more integrated picture, and what emerges is a layered synthesis of the students' experience. This decision was made to combine literature with the findings to ensure a *rich* understanding of the phenomena explored in accordance with the application of the hermeneutic circle (Ajjawi et al. 2007).

The hermeneutic circle is a key strategy drawn from the hermeneutic literature and incorporated within this research (Chapter Three Research Methodology). The hermeneutic circle is a metaphor for understanding and interpretation viewed as a movement between parts (data) and whole (understanding of the phenomenon), each giving meaning to the other such that understanding is circular and iterative. Therefore, the narrative presented emerges from the students being investigated and allows the text to speak. "The answer" is then to be found in the text. The text is presented but this is followed by discussion from me as the researcher to enable movement towards a greater understanding of the student journey.

The chapter concludes with a theoretical summary of the key findings in relation to the initial conceptual framework to produce new understanding of the student experience. As the research has evolved it is important to review the framework and synthesise data

outcomes at each stage of the research process to further develop, test or confirm relationships between the variables and the outcomes of the research. The theoretical framework does evolve and is developmental with the end result being theoretically-based research (Anfara et al 2006).

Overview

The purpose of this qualitative study was to explore pre-registration nursing students' experiences and perceptions of the transition into Higher Education during the first year of the programme. By capturing critical incident accounts (participants have used digital recorders to capture their experience *at the time it occurs*), followed by a semi-structured interview deeper exploration of the students thoughts and lived experiences within the first year was facilitated.

Making sense of large amounts of data is a challenge in qualitative research as it involves the reduction of raw data, identifying what is significant, and constructing a framework for communicating the essence of the findings. Against this backdrop this chapter will seek to analyse, interpret and synthesise the findings of this study. The use of hermeneutics within this research emphasises the importance of language in allowing the participants to express particular feelings and ways of relating. This supports the research method utilised which enabled students to capture the *here and now* of their experience.

The following data presented involved extensive reading and re-reading of students' transcripts and identification of students' interpretations (first order constructs) that were then layered with the researchers' understanding and interpretations (to produce second order constructs). These second order constructs were grouped into meaningful sub themes and then finally five key themes identified (grouping of sub-themes). Within this

chapter each of the individual themes will be presented within separate sections. (See Appendix seven, pg 250 for examples of first and second order constructs).

The data presented corresponds to second order constructs. The data was synthesised from all of the students data collated but not all of the data is presented as there was repetition on occasions. Therefore, the quotes identified provide a rich, whole description of the research phenomena as experienced and interpreted by the students collectively. Relevant literature is also presented with the narrative in order to develop the findings.

Introducing the Participants: First Year Nursing Students

The participants in this research were first year nursing students' who reflected the characteristics of a "typical" nursing students profile as they enter onto a nursing programme. Therefore, they provided the ideal means of investigating the student nurse experience within the first year.

Ten student nurses volunteered to participate in this research. Nine of the participants were female and one male. This is typical of the gender mix that is evident within the nursing profession (RCN 2010). In the sample the age range is from 19-46 years and eight participants were local (lived within a 30 mile radius from the university) and two participants live outside of this area. In addition, participants were at varied stages in their career and life ambitions, with differing life experiences, motivations and goals. All have previous caring experiences and cite entering the nursing profession as a lifelong ambition, to make a difference to society and view it as a fulfilling career. The advantages of this diverse experience are the potential for richness in the data and the multiple perspectives illuminating the phenomena.

It is worthy of note that the principles of lifelong learning are viewed as implicit in all the candidate profiles and is necessary for progress and success in their professional career. The educational entry behaviour reflected diverse academic abilities ranging from National Vocational qualification (NVQ) level three to a Masters qualification in Creative Writing. See Appendix eight, pg. 266 for an in depth view of profiles of participants.

Identified Themes

Five key themes emerged which are as follows; **Uncertainty, Expectations, Learning to Survive, Seeking Support and Moving Forward.**

Each of these key themes, which have emerged as second order constructs, will be presented within this chapter as individual sections.

In keeping with the phenomenological aspect of the methodology adopted for this research, thick descriptions of the participants' journeys are presented to portray the experiences of the participants (derived from their critical incidents and interviews) as they progressed through the first year. Students' quotes will be presented as excerpts which are indented and presented in italics to highlight the students' voices. Each quote is followed by the unique identity code assigned to the students composed of the number identifying the student, date recorded and interview numbers e.g. No. 1 Jan 12/VN 850008

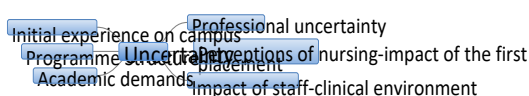
Section One

Theme One: Uncertainty

The process of transition and adjustment to Higher Education including professional transformation leads to raised levels of uncertainty for the majority of participants. It became evident that students were challenged as they encountered theory and practice and high levels of uncertainty evolved by what it meant to *be a nurse*.

The following mind map (Figure Seven) identifies second order constructs identified as sub themes, developed from the findings to present a key theme of uncertainty. The data is presented as a readable narrative which represents the research phenomena as experienced by the students.

Figure Seven Theme One: Uncertainty



Professional Uncertainty

The process of transition and adjustment to Higher Education including professional transformation led to raised levels of uncertainty for the majority of participants. Professional transformation in the field of nursing is more than learning to develop skills and gain competence in care delivery. It is the learning of the values, attitudes and beliefs of the profession (Richardson 1999, Day et al. 2005). It was clear from the participants at the first one to one interview (four months into the programme) that their own personal values and beliefs had been challenged. They all discussed what they believed to be the expected values and beliefs of the profession.

“I am the sort of person that does want to make a contribution to society, I kind of felt that nursing was maybe a way to do that. (Line 201) No. 5 Jan 12/VN 850005

Professional transformation which can lead to professional uncertainty is not a single event (Richardson 1999), but rather the ongoing development of individuals through interaction with their environment and environmental situations; it is a learning journey.

This journey often commences before entering a particular profession, through self-selection, intelligence, or social and family influences; it intensifies in the university and continues following graduation (Cant and Higgs, 1999). All the participants appeared at the beginning of the programme to have a clear understanding of what a nurse is.

“a nurse would have to be... would have to portray a professional yet approachable figure; someone who is confident and competent in the line of work that they are doing, but someone who is easy to talk to. Communication I suppose would be a very big element to the nurse patient relationship. A nurse has to be sensitive to the needs and wants of a patient. She has to be able to coax information out of a patient that perhaps they may not want to give, or may not feel comfortable with giving” (Line 6) **No. 1 Jan 12/VN 850008**

Professional transformation within nursing and developing competence in care delivery is a prime example of an ability that emerges in this way. Students enter as adult learners with general problem-solving skills; they then learn how the profession reasons, and learn to deal with the tasks and challenges of professional practice. Clinical competence and socialisation into nursing practice can increase anxiety levels and in particular the first clinical placement appears to be a source of considerable anxiety. This anxiety may lead to stress, which can have a negative impact on job satisfaction and organisational commitments (Johnston and Kochanowska 2009). One of the reasons of increased anxiety is that the participants appeared to have a clear understanding of what they perceived as essential nursing skills which included the importance of care. Participant's attitudes and views of care are discussed and clearly identify the importance of care and their interpretation of this complex concept.

“The way you would want someone to talk to you or the way you would want someone to talk to your mother.” (Line 623) **No. 2 Sept 12/VN 850001**

Within the real world of practice individual values and beliefs may be questioned. There are a number of sources identified which explore students' anxiety in the real world of practice. These include the following: reality shock (Tatano Beck 1993, Gray and Smith 2000, Pearcey and Draper 2007); the fear of harming a patient or making mistakes (Kleehammer et al. 1990, Kevin 2006); feeling incompetent (Tatano Beck 1993, Cooke

1996, Kevin 2006); and having to communicate with nurses and other professionals (Kleehammer et al. 1990, Cooke 1996).

Perceptions of Nursing-The Impact of the First Placement

The clinical nursing environment has a significant impact on the student experience within the first year. Professional identity and hence socialisation into the discipline of nursing is strengthened by the clinical experiences. The first placement though can be quite daunting as there is a great deal of uncertainty for the students. They have their own understanding of what nursing entails but this may be challenged within the first placement of the programme.

In working with a mentor in the clinical setting it has been identified that clinical staff have the strongest influence on the students adapting to a practice culture (Rush and Talley 2009).

“the whole mentoring support was brilliant. She was always encouraging me and she was always pushing me, she was always like you can do this and she went off there for a week and she had arranged everything for me. Where to go and who to look after me, and everybody she put me with was brilliant and we got on really well as well”. (Line 352) No. 7 April 12/VN 850003

“my mentor is fabulous. Her and the other girls in the surgery are very focused on permitting the students to learn as much as they want and allowing them to take a personal decision in which way their learning is to go (Line 10) No. 1 Jan 12/VN 850007

“is the best mentor you will ever have, she is just a whole person, the way she acts with the patients. I learned to treat patients the way that she treated them, like I would treat them in a certain way but then I seen the way she treated them with this professionalism, but having the ability to engage at the same level with them. She was always very much caring about them, was kind to them, she was really interested in them but then she kept this professionalism (Line 392) No. 10 April 12/VN 850005

However one participant identified how the impact of the clinical placement can have a negative effect on their perception of nursing.

“at this stage of the programme, I am less sure what a nurse is and what the function of a nurse is than I was before I started and I feel slightly at a loss and I am hoping that all of these things are going to change after the next placement, but it was quite a dispiriting experience”. (Line 583) No. 5 Sept 12/VN 850004

This was at the end of the third placement in year one. This student actually left the programme at the end of the first year. On exploring this issue further with the student at the one to one interview, following the submission of the above voice recording, the student appeared to minimise the initial recording stating that was just how they were feeling at the time. In effect the student was developing their own coping strategy for dealing with negative practice experiences.

For each individual student it is important to maximise students' learning potential while on clinical placement and identify ways to facilitate the socialisation process. van Manen and Schein (1979) focus on a systematic approach to assisting newcomers to adapt within an organisation. This includes the use of role models. In relation to registered nurse support and supervision there are various models adopted e.g. preceptorship, clinical supervision, mentorship etc. The key focus of these relationships is that it is based on mutuality and reciprocity (Woodfield 2002, Lennox et al. 2008). Half of the participants have identified that they have learned most from the registered nurse with whom they work (Condell et al. 2001). To be an effective mentor, registered nurses must have the necessary knowledge and skills to support and teach the students as they have the strongest influence on the students adapting to a practice culture (Rush and Talley 2009).

Impact of Staff in the Clinical Environment

Within the clinical environment the impact of the staff and the importance of a positive role model informs the evolving professional nursing identity. Clinical staff, have the ability to

influence student success through behaviours that are seen to be supportive such as caring, listening and demonstrating interest. The effect of observing positive staff role models reinforces the reason for entering into the nursing profession.

“The head nurse on the ward is also fantastic and he has taken the time with us students to explain different things and different areas of his expertise”. (Line 18)
No. 1 Jan 12/VN 850007

“I am studying to become a nurse and therefore certain ways of behaviour are sort of sought after and this was observed in some of the clinicians”. (Line 35) **No. 7 Sept 12/VN 850003**

Although the experience presented by the majority of participants was positive and increased their self-belief it is worth noting modelling of behaviour requires active interpretation and integration of the processes perceived as useful or relevant by the learner (Bandura 1971); this was certainly demonstrated in the participants' experience as mentors appeared to be very positive role models.

“I did want to make her proud that she has invested in me (mentor) that she has put time and effort into me and I want to prove to her and to myself that I am going to be good. But also she is a role model, like I want to be someone like her, the way that she is able to be so professional and yet be so kind with the patients’.
(Line 394) **No. 10 April 12/VN 850005**

At this stage of the nursing programme students do require assistance with active interpretation as they may not have the skills to contextualise or reflect on nursing practice. The mentor is invaluable but also academics discussing with students reflections on practice to enable deep learning have a valuable role to play in enhancing the confidence within the student.

A key consideration to be noted is that by adopting the values and beliefs of the practice area to fit in, this may discourage innovation and change in nursing practice (Ashforth et al. 1996). Another negative impact of socialisation is the dichotomy between Higher Education and the clinical practice environments to what constitutes a good role model or good nurse (Wilson and Startup 1991, Mackintosh 2006, Price 2008). Students want to

be accepted within practice and on occasions might feel obliged to socialise to norms that include the continuation of poor and ritualised practice.

One of the key features of a graduate nurse is to promote reflective skills with awareness of personal strengths and limitations. All health professionals should engage in critical reasoning and ethical conduct to act as an advocate in accordance with standards identified by Professional Statutory and Regulatory Bodies i.e. Nursing and Midwifery Council (NMC) (2010).

Students also experience uncertainty within challenging situations they may encounter within the clinical environment. To reduce stress and increase levels of performance a supportive member of staff in the clinical area can ensure a positive learning experience.

*"I just came back from placement today, had quite an aggressive patient. In the end the patient started cursing and quite aggressive with the doctor and myself and threatened to commit suicide. I had to write a statement about the incident for the doctor's sake and for mine as well I suppose. It was quite good the support that I got from the staff, I just told my mentor and she was like we will go talk to the sister about it and so went to speak to her and she said I will cross it down and write a statement". (Line 6) **No. 8 April 12/VN 850002***

*"it could have been blown out of proportion if I had no one to speak to, but, no they were there for me and they looked after me so I cannot really complain. I had the best support possible. (Line 22) **No. 8 April 12/VN 850002***

The above quotes are powerful examples of capturing the here and now. The student had captured the incident on the day it happened which enabled rich language and emotion to be captured. It also reflects how the student gained ownership of a highly challenging situation by acting accordingly and discussing with her mentor. On exploring further with the student at the following one to one interview the student relayed the incident and it was evident that the student was more confident and motivated in dealing with challenging behaviours.

Academic Demands

Half the participants discussed uncertainty in relation to the academic demands of the programme and the level required to fulfil achievement such as passing assignments. All of the participants met the required entry qualifications and had previous exposure to studying within Further Education/Higher Education programmes. The key issue identified by all participants was to have a clear understanding of what was expected in relation to an academic assignment.

"I am a bit worried about the academic side, with regards to the writing and referencing". (Line 5) No. 4 Jan 12/VN 850004

The following participants though identified strategies of how they would address the issue of expectations and academic assignments. They actively contacted a lecturer who supported their request and facilitated a group tutorial to discuss nursing context and marking criteria.

"I am wondering about the opportunity of seeing more examples of the work, maybe in your GT group or past essays so that people are aware of how to write". (Line 13) No. 7 April 12/VN 850007

"it was to see prior years' work, and he got hold of some work (Lecturer), not for the module we were looking at but just some academic work in the nursing context and we looked through that and he talked through the marks that that had got and so on. I think that was a useful scaffolding exercise for people, but that wasn't built into the programme and I think it should be. I think you give people detailed marks schemes so they know what they are up against". (Line 434) No. 5 April 12/VN 850005

The perception from the majority of the participants is that the assignments will be challenging. Prosser and Webb (1994) propose that students need to be assisted to change their understanding of what is required in an essay. Entwistle (1995) claims that students are unaware of assignment requirements. A high level of preparedness relating to assignments is identified (Wingate and Macaro 2004) as the key to adaptation and success in Higher Education.

Even though there was evidence of anxiety related to completion of assignments some of the participants did not access support for guidance to assist with completion of assignments.

Management and organisation of time appeared to be a factor which impacted on the completion of assignments.

"No, I made a mistake in that one I didn't actually seek any help for my first assignment, so I got forty percent. I am not used to getting such low grades; I am usually eighty, ninety, and ninety five. (Line 335)...that was a blow to me. But then I got an even worse one. By that time I was like 'Ahhh'. I had got so much going on, not that I disregard it, but it didn't hit me as hard, I got twenty three on one of my assignments, and I was like 'Argh' (Line 341) No. 1 Jan 12/VN 8500011

"have got a week left before I go back and I have got an assignment to do. Well, I have got three really, and I have left them all until the last minute and everybody had warned me about it but for some reason I didn't take up on their advice that they gave me, so, now I am sitting here panicking, I don't quite know what to do. My friends in the group have helped me"... (Line 3) No. 3 Jan 12/VN 850003

Peer support in relation to completion of assessments was highly valued by the participants. It appeared that peers provided instant feedback using understandable language, answered questions, and provided constructive criticism

"I found it really, really hard to balance having three essays to be due in for January as well as placement, but I managed my time well". (Line 13) No. 4 Jan 12/VN 850004

Mcdowell (2008) proposes four pathways as a vehicle to outline how to approach assignment tasks; gathering, connecting, minimalist and performing. These pathways demonstrate how students approach the challenges of assignment writing but the key is that students negotiate assignment pathways to sustain a sense of confidence, control and connection with the task. The connecting pathway supports the finding that if students are creative and engage in discussion with other students it does aid development as there is a greater increase of connection with the subject been assessed.

Academic performance of the mature student was raised by only two participants as an area of concern. Richardson (1995) identified that mature students perform any less well

than younger students and that mature student's exhibit more desirable approaches to learning.

"in relation to a course that has such a lot of mature students who may have been out of education for a long time, the in depth explanation of how to write an essay, how you approach perhaps the outcomes, you know, maybe even going through, maybe even writing a short essay together, or getting people to work as a group to write an essay, breaking it down". (Line 71) No. 7 Sept 12/VN 850003

The following student raised the issue of investing time and preparing students for the academic demands of the programme prior to commencement.

"would it be worth investing some time in mature students or anyone who wanted, prior to starting university life, to have a day, a couple of days of summer school where you are just sat down, you really look at the essays, you know, how to write an essay, because this is what can make or break you. And while you can be fantastic, one to one with a patient doing everything you know, taking in all the medical terms, really, you know, being fantastically, erm, vocational, if you are not academically sufficient, you know, to pass the essays, where will that, where will you end up because society is becoming more and more competitive". (Line 110) No. 4 Sept 12/VN 850006

The above quote highlights how motivated the student is prior to commencement of the programme and is active within pursuit of learning to enable success.

Programme Structure

Uncertainty about the programme structure impacted on the participant's engagement with respect to the programme. Curriculum development is pivotal to ensure students become socialised into nursing during an educational programme through integration with academic staff, classes and by exposure and practice within a clinical setting. As part of professional development students are encouraged to engage actively and safely in evidence-based practice and in new ways of working, critically reflecting on their own performance and on wider influences and issues in nursing and healthcare. This is achieved by developing a programme of learning that facilitates the integration of theory and practice.

Some of the participants discussed the impact of the programme structure on their learning and at times feeling that there wasn't integration of theory and practice.

*"Now the way that worked was that we had one week before Christmas, it seemed very strange to be going off, I can't remember when it was now, middle of October, middle of November, whenever we actually went out for the placement and knowing that we wouldn't be back until January and when we actually came back in January we had the two essays to be handed in. So there is like, there's a massive period of time, Christmas is in the way as well, and you have got these two pieces of work and nobody, and you're not going to see anyone from the university. It just seems poorly structured". (Line 799) **No. 5 Jan 12/VN 850004***

*"There seems to be a relatively large proportion of time up front where you spend in lectures before you actually get out on placement. Maybe people could be going out on short, on kind of, what I am trying to say is the placements could start with day, a day a week where we went to the placement much earlier on so we got to know it, and then when we went out for the block placement, then we would, we would feel more confident going out and we would know the people". (Line 73) **No. 6 Sept 12/VN 850005***

*"The way it is structured at the moment seems to be one extreme to the other, either you are always in lectures or you are always on placement, and I think a period where they are intermingled would be quite useful". (Line 83) **No. 2 April 12/VN 850001***

Opportunities to critically reflect on their own performance and on wider influences and issues in nursing and healthcare are imperative. This will enable students to explore health improvement strategies and patient safety as key skills for all healthcare practitioners. Within the above quotes the students are identifying the requirement for time to be built into the learning and teaching strategy to create opportunities to share their experience of practice in a facilitated environment with peers and academics.

There was clear indication that critical thinking and the opportunity to reflect on practice was welcomed as this enabled understanding and explained the dynamics of problem-solving and clinical reasoning in nursing practice. This supports the view that critical thinking and reflection are desired characteristics of professional practice within the nursing regulatory body (NMC 2010.)

Furthermore, the development of curricula which enables students to be engaged in critical thinking and reflection are desirable outcomes associated with effective programme planning and evaluation (Patterson et al. 2002). Critical thinking and the ability to be proficient in reflective thinking are key skills required to support clinical decisions and judgments about client care (Walker and Redman 1999). Finally, critical thinking and reflective thinking are key ingredients in a commitment to lifelong learning that characterizes professional growth and development (Brasford 2002).

The following participant had identified a negative experience within the first placement due to a variety of issues.

“There's the unevenness of the academic work, but also I think it's just good practice at the end of placement, get people in, to get them talking about it and to kind of debrief the whole situation”. (Line 831) No. 5 Jan 12/VN 850004..... and particularly because people had varying experiences, I mean I had kind of all Christmas to brood about how awful it had all been. (line 838) No. 5 Jan 12/VN 850004

This student clearly identified the requirement to create space to reflect on practice and develop confidence. Students identified it was beneficial and good practice to have the opportunity to debrief about their experiences in practice. This is strongly linked to the cognitive behavioural skills of self-monitoring, self-evaluating, and self-reinforcing goal-oriented behaviours that are essential aspects of metacognition (Bandura 1986).

Initial Experience on Campus

The students' initial experience on campus can influence students continued engagement in Higher Education. Thomas and Yorke (2003) identify the need for a supportive and friendly institutional climate and a readiness to respond positively to the changing needs of the diverse student population during transition into a programme of learning.

“I think, well, in the first fortnight, I just stumbled around in the dark”. (Line 387) No. 2 Jan 12/VN 850001

“ after starting a bit more support would have been nice...I realise that it is adult learning education and you cannot have your hands held, but then just for the first

month or two, just getting used to it because I also had other problems at home.. that was really difficult to, struggle between the two. (Line 216) No. 1 Jan 12/VN 8500011

Becoming a student is about constructing a new sense of identity and a sense of belonging (Wilcox et al 2005). Initial experience on campus can influence students continued engagement in Higher Education. The findings from the students highlight levels of fear within the first few weeks/months of commencing the programme related to finding their way around the system and accessing support.

Discussions of initial feelings featured amongst the participant's feedback and language referring to feeling nervous, isolated was used to describe how they felt in the first few days/weeks.

"my feelings starting on the course, erm, I was overwhelmed shall we say. I've waited four years to get on to the programme". (Line 3) No. 4 Jan 12/VN 850004

"I think, don't underestimate how nervous people maybe feel about coming on these courses (Line 112) No. 5 Jan 12/VN 850005

"when I came here I was on my own. I was totally on my own". (Line 226) And how did that make you feel? Isolated. (Line 234) No. 2 Jan 12/VN 850001

Some of the participants reported positively about their initial experience of support and the environment of the university.

"My initial experience on campus was good, I mean, erm, (Name campus) seems like a nice campus, everyone seems friendly, and everybody seems helpful. The staff were all helpful". (Line 3) No. 5 Sept 12/VN 850003

"I must say that I feel that that the support that I have obtained and just the general culture of (Name University) was far superior to that of the previous establishment that I studied". (Line 30) No. 7 Sept 12/VN 850006

"it was very evident in the first week that the staff were going out of their way to welcome students and to encourage a positive environment in which, you know, people would study". (Line 32) No. 3 Jan 12/VN 860004

The participants appear to require increased support within the first few months of the programme when levels of uncertainty relating to adjustment to Higher Education, unknown requirements of the programme appear to lead to increased anxiety and lack of

confidence in abilities. In this transitional phase of entering university students demonstrated an urgent need to belong and valued the supportive environment.

Summary; Theme One

What is evident within the findings is that the students were challenged by the transition into Higher Education by having to adapt to and become part of a new learning and social environment within university and practice. This raised their levels of uncertainty in particular within the first few months of the programme.

It is apparent students developed quickly strategies to enable greater learner autonomy and develop greater levels of resilience to cope with the demands of the programme. Examples of development of learner autonomy were evident when the participants approached a member of academic staff to seek guidance on development of academic work and to understand the application of marking criteria. As part of professional development students are encouraged to engage actively in new ways of working and developing responsibility for their learning. This will lead to increased self-belief and development in confidence but initially students require active guidance to interpret and integrate new knowledge received.

Section Two

Theme Two: Expectations

Managing expectations was a key theme arising from the findings. It became apparent that students would value clear articulation from the outset about the nature of nursing and the curriculum that they will be studying. All ten students expressed the need to have a clear outline of expectations prior to commencement of the programme. This included academic expectations to prepare for learning, role of the academic and clear guidance on what is expected of a student nurse on a under graduate nursing programme.

It is suggested that, a poor match between the students' expectations of the programme and the reality can lead to higher levels of withdrawal. The peak time for withdrawal from a programme occurs within the first few months and the end of the first year (Pancer et al 2000).

Within this study one student left at the commencement of year two (Participant No. 5). The reason identified by the student was personal but I am aware that challenges were encountered during the first year within the placement setting.

“at this stage of the programme, I am less sure what a nurse is and what the function of a nurse is than I was before I started and I feel slightly at a loss and I am hoping that all of these things are going to change after the next placement, but it was quite a dispiriting experience”. (Line 583) No. 5 Sept 12/VN 850004

The following mind map (Figure Nine: Expectations) identifies second order constructs identified as a sub theme, developed from the findings to present a key theme of expectations.

Figure Nine: Theme Two Expectations

Readiness to learn
Academic expectations
Role of the tutor
Support in placement

Academic Expectations- Readiness to Learn

The majority of the participants identified dissonance between expectations and the reality of the academic work. Expectations in relation to potential content of the programme featured and how preparation prior to commencement may have made a positive contribution to preparing for academic integration.

“I think I have been quite disappointed about the amount of anatomy and physiology that isn't there”. (Line 708) No. 2 April 12/VN 850001

It was interesting to note that half the participants stated that they were ready to learn. They were self-motivated in trying to access materials prior to the commencement of the programme.

“It would have been right this is what you are going to do in the first year now, and there's an overview of that, and quite a detailed overview on the website anyway, but maybe broken down under each of those sections just one book or one kind of website or something that you could look at. (Line 99) No. 6 Jan 12/VN 850005

Mortiboys (2002) argued that a teaching and learning strategy which instils learning values prior to commencement of and, during the, programme promotes a greater degree of engagement.

“It might have been nice to have kind of the beginnings of a reading list that could have been useful. I mean after I had applied, there was various bits of information sent out from the university, and I think I said this on the original tape, I found some of it quite alienating (line 56) No. 5 Jan 12/VN 850005

“it did feel like I was being sold a product rather than being guided through an educational experience. (Line 82) No. 8 April 12/850002

It was evident from the above participants that the literature provided to potential students needs to be focused and to meet the diverse needs of the student population to ensure students do not feel alienated prior to commencement of the programme.

Yorke and Thomas (2003) discuss the impact of social integration into Higher Education and discuss how students entering the programme require higher levels of academic preparedness. Various strategies are outlined by Tinto (1982), Johnson (1984), Trotter and Cove (2005) to facilitate academic preparedness and to improve the transition into university. Nursing students are in particular, required to develop the ability to engage in critical thinking and reflective styles. Reflection and self-evaluation are important sources of self-confidence or personal and professional development and innovative practice (Crookes et al. 2005).

Expectations of the Role of the Tutor

Greater access to information which communicates to the students an understanding of the role of tutors may have helped prepare students and reduce anxiety. It is evident that students expect support from the tutors but to what extent is unclear.

“just going back to the role of the tutor, I am not entirely, I am not really clear on what the role of a tutor is, I don't think that's ever truly clarified, you know, what they are there for and to the extent of the help that they are willing to give. I am not sure what, you know, as a body that examines the work that the university does, how, you know, what's viewed as being supportive and what's viewed as going over and above of what should be given so I think students would, do really deserve to have, to know what that is and maybe that would put me in a clearer position, just to know what expectations are made of for towards the tutors”. (Line 36) No. 7 Sept 12/VN 850006

What is evident is that the expectations of the student do not reflect the expectations of the lecturers and that occasionally students feel disappointed with a clear lack of support. Lecturers who did not respond to email communication and were not approachable contributed towards a negative experience for the student.

"I am really disappointed at the moment because over the past week I have emailed [GT name] twice; once because I got sick while I was on shift....I am really disappointed that that email has just gone completely unnoticed and I've had nothing back from it. Erm, so yeah, that's just not been a really good support". (Line 26) No. 3 Jan 12/VN 860002

"because I had been quite stressed by the writing of essays, I was really looking to that person to help me and point me in the right direction. This person told me about support that I could get from the library, not actually knowing where to direct me so I had to go and find that myself". (Line 21) No. 7 April 12/VN 850006

Some of the students identified a need to identify expectations of both parties. To develop the ability of self-confidence students require development of skills and positive feedback to engage in effective decision making within practice and university. The role of the guidance tutor is to actively engage on a one to one basis to give feedback and aid critical reflection (Chesser-Smyth et al, 2013).

"at the end of the day for me it's about people sort of investing their time in the students and I think if the student knows that somebody is going to invest the time in them then I think they will give back. I think that some kind of relationship should be developed, a working relationship". (Line 71) No. 6 Sept 12/VN 850004

Walsh et al. (2009) concludes that informal non-class contact between academic staff and students resulted in positive outcomes such as satisfaction with the university experience, educational aspirations, intellectual and personal development also academic achievement which enabled progression from year one to year two. Within the findings it is evident that students expect support from the tutors initially to guide them but there appears to be a requirement that clear identification of support available should be outlined at the commencement of the programme.

Support in Placement

Some of the participants gave insight into the demands and challenges of the first placement. Expectations relating to the first placement experience featured and participants discussed the importance of obtaining support in practice. The mentor was identified as the person who exerted the most influence. Self-confidence was developed

through positive mentoring experiences. Students valued being made to feel part of the team, recognition of performance and the development of clinical skills. Evidence suggests that feeling accepted and valued within the team is important for learning to take place (Anderson and Kiger 2008). Bradbury-Jones et al. (2007) alluded to supportive mentors who empower students which lead to increased self-esteem and self-confidence.. This was borne out by feedback in this study.

“some people would say I was unlucky having so many mentors, but I think in a way I was lucky because you get a more well-rounded experience, so, it didn't bother me. I mean the head nurse I thought was very good because he took the time to explain things to me, he was a very busy man, he was very, straight to the point because he didn't have time, but I am like that and I don't mind and I got to see things from his perspective”. (Line 560) No. 1 April 12/VN 850006

The ways in which participants talked about the positive experiences of mentorship demonstrated that they valued a caring, positive, friendly approach that enabled them to fit into the practice environment and learn.

“I was trying to do the other two assignments while I was on placement and my mentor was lovely but she wouldn't let us do twelve hour shifts, she said she thought it was unnecessary”. (Line 519) No. 2 April 12/VN 850001

There also appears to be a requirement for positive re-enforcement from the guidance tutor.

“I am feeling quite sort of separated from uni at the moment, we are not really having any kind of emails from our GT to check how we are doing, but I mean overall, the experience is sort of going really well so support isn't really an issue”. (Line 13) No. 3 April 12/VN 860004

Expectations relating to the first placement experience featured and the value of communication. Students expected to experience support in placement from their guidance tutor. It appears as part of integration into the different environments they find themselves in, they appear to need to feel valued and supported. As part of feeling valued feedback from mentors and guidance tutors contributes to the feeling of empowerment and leads to increase in self-belief and in their ability to fulfil the role of student nurse.

Readiness to Learn

Prior to commencement of the programme the participants discussed access to materials they encountered from the university. Examples relate to induction material on how to enrol, completion of occupational health documentation etc. There is nothing specific to the programme itself e.g. Programme Handbook. Readiness to learn includes being informed, having realistic expectations and being motivated. First point of contact for accessing information appeared to be the university website.

“University website was good on the internet and it has lots of information on there, so that was the first point of contact for me”. (Line 16) No. 5 Jan 12/VN 850005

“I think the website is nice, it’s nice when you get in, the front end of the website is glitzy glamour”. (Line 32) No. 4 Jan 12/VN 850004

Some of the participants expressed concern that the information sent was targeted at younger students and was not appropriate for all students.

“I am a mature student, and the information sent is very much geared towards young students, kind of eighteen. You know, straight from college. And it wasn't just that, that it was age inappropriate, it was off putting. It was quite a big decision to go back to university, as a mature student, and it was, and I mean seeing the stuff made me question whether it was the right decision. So, I can't really emphasise how strongly enough how awful some of that literature is and how age inappropriate it is and how you are likely to actually loose students because of that kind of literature.(Line 13) No. 6 Jan 12/VN 850005

“Its kind of shiny young people looking wonderful. But then when you get behind it then there is a decent quantity of information”. (Line 37) No. 5 Jan 12/VN 850005

Summary; Theme Two

The transition into university and commencement of the programme is viewed as a stressful period which challenged the values and beliefs of all the students.

Students' demonstrated motivation prior to commencement of the programme to seek out information related to the programme. Reflected in the findings there is the potential to alienate and de-motivate the students as the information they expected to access i.e. outline of programme content could not be accessed prior to commencement. What

became evident is that the students would value material relating to the programme of learning prior to commencement.

Also the students clearly identified the need for insight into the role of the academic and who will support them within university and practice. It is recognised that support is highly valued and provides a positive learning experience within practice and university. Students appear to value positive feedback and *expect* to receive feedback from mentors and academic staff. It is a key component in developing self-belief within their skills and achievement.

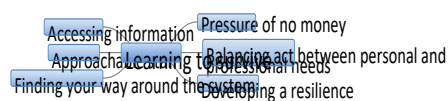
Section Three

Theme Three: Learning to Survive

The theme of 'Learning to Survive' focuses on the development of resilience amongst the students. The demands of transition include adapting to a new environment, establishing new social networks and managing the demands of day to day life identified that students need to develop a level of resilience to reduce stress and to survive. Students' perceptions of developing resilience are influenced by their self-efficacy; that is belief in their ability to succeed with particular tasks in particular situations. Development of self-efficacy is an essential component which enables them to move forward and overcome the next challenge.

The following mind map (Figure Ten; Learning to Survive) identifies second order constructs presented as a sub theme, developed from the findings to present a key theme of learning to survive.

Figure Ten Theme Three: Learning to Survive



Pressure of Limited Money

Mature students identified that in order to survive and be successful in the programme they needed increased support in place from family. The discussions identified spouses changing jobs to support shift patterns in the clinical area and juggle the demands of child-care. The focus of the student was then to ensure that they could complete the

programme as support had come from their family. Being a parent appeared to be a strong factor in resilience as well as for motivation (Crombie et al. 2013). Financial problems, in particular for the mature students are more of an acute concern.

“Tomorrow will be my first half day off since I have started university. That's due to always being busy with university, placement or work. It's an area that my guidance tutor was concerned about, [name], and it's not something that I necessarily enjoy; having no time for me or socialising. But it is due to having grave difficulty in working out my bursary, and if I don't work those long hours after my placement at university, then, well practically, then basically I won't eat and I won't have the money to even commute to and from university and home”. (Line 3) No. 1 Jan 12/VN 850004

Balancing Act between Personal and Professional Needs

Mature students within the study also identified the balancing act between personal and professional needs which included the need to juggle the demands of work, study and family life.

Student number two discussed the fact that her husband actually changed his job to one which did not involve shift patterns to enable them to share the childcare. Investment of personal and professional change does not only appear to come from the participants involved in the programme. The levels of motivation prior to commencement of the programme appeared high. Students actively ensuring that all support was in place to enable successful completion of the programme.

“I mean that was part of him changing his job as well, I said well if you change your job it will be easier for all of us”. (Line 166) No. 2 Jan 12/VN 850001

“So I mean I could always work weekend because he works weekends, and at weekends we have no childcare anyway, so it was just like trying to juggle things around the mentor and around which days I had the kids and...(Line 527) No. 7 April 12/VN 850001

“I feel like everything has been a bit of an upheaval. Finding time to do things and looking after the three children and doing their homework and my homework and life itself, family life, but I have managed”. (Line 18) No. 4 Jan 12/VN 850004

Many of the students described 'juggling' commitments and trying to establish a balance between personal and professional demands. The adjustments that students make to undertake the programme of learning are well documented (Harvey et al.2006, Glackin and Glackin 1998). Commitments included child care, work, domestic circumstances and finances. The demands of practice alongside the commitments were challenging for many of the students but had been considered prior to commencement of the programme.

The projection of students' aspirations into future success on the course and the benefits that would bring to self and, more usually family, was an important coping strategy. Traditional economic theory says that individuals make a rational choice to make current sacrifices in anticipation of future rewards (Sloman and Norris 2002).

Developing a Resilience

Development of self-belief is an essential element to enable moving forward and overcoming the next challenge.

"I think, as an older person you have the resilience, I have been in plenty of situations before which have been kind of unpleasant and you just have to put up with it and you can do that better when you are older. When you are eighteen it is difficult to do this. I was talking to her about this (fellow student), and she came in with the kind of really high expectations about what this was going to be, as I think everybody does". (Line 629) No. 5 Sept 12/VN 850004

The development of a sense of a community appears to assist in the building of resilience. By acknowledging the challenges fellow peers are also facing, students recognise they are not alone and unique. This leads to development in self-confidence regarding their own abilities to cope.

"I went to the academic writing class, and I actually found a few more of my classmates that were in there as well, and I was like I didn't know you were coming here. So it was great, I really felt like, oh, I am not alone, of course I didn't realise that, it was quite good to know that other people were struggling as well. I sound awful, but I just was glad to know it wasn't just me. I really was convinced I was like this failure". (Line 232) No. 10 April 12/VN 850005

Of the ten participants one's term time address was outside of the locality and the participant lived within university accommodation. It was the first time away from home

and the student did not live with any other students who were engaged in the same programme. Part of the university experience is having the opportunity as a “live in student” to actively engage in social as well as academic integration. It appears that living in a university residence in this instance had a negative effect on the individual.

Wilcox et al (2005) support these findings by stating that the presence or lack of social support networks and supportive interactions is a major factor for students in deciding whether to stay or leave. Within the first four months levels of uncertainty were raised and this was noted partly due to fears about making new friends. Part of social and emotional transition is promoting feeling positive from the beginning of the programme. This can be enabled by development of friendships for support and developing independence. Integrating into the university is a complex process. By relying on an ‘over attachment’ to social contacts at home can lead to a withdrawal from University.

“it’s not really loneliness, I suppose, like homesick and loneliness; it’s a bit of both. I was like no, stick by it; I don’t really sort of just go home because I am feeling lonely and miserable. University life is so like, like compared to my flatmates, you know, city life, going out, drinking, hardly doing any work, missing classes, do you know what I mean? But I think no, I have to be in class, no, I can’t come in with a hangover, no, I have to leave early if I am on a night out because I have work in the morning, do you know what I mean, and it’s so different, and they don’t quite understand that. I am the only nurse in the building, so whenever there’s not even anybody about during the holidays, it’s kind of a bit oh I am quite lonely, there’s not even like other nurses that I know in the building that I would go down and see them. So in that kind of way it is lonely and I think it would have been nice if I had lived with one other nurse, and it would be nice to know that she was coming back at the same time I was”. (Line 484) No. 10 Jan 12/VN 850005

The above quote was from a one to one interview at the end of the first four months. As the researcher I had received an initial voice recording which the student had recorded following her return from a Christmas break at home. The student had returned to an empty student residence and was feeling very homesick and chose to record her thoughts and then send them to me to listen to. As the researcher I was overwhelmed by the powerful capturing of the students thoughts, emotions at *that time* and actually emailed the student as I was concerned for her well-being. When I explored her initial recordings

of feeling lonely she actually dismissed her obvious feelings at that time. The above quote reflects the discussion.

This particular student identified her own coping strategy for dealing with being away from home for the first time. There is evidence of resilience and determination to succeed and in the first instance the student relied on support from home. As the year progressed and friendships developed this participant student no longer discussed feelings of loneliness as an issue.

Part of social and emotional transition is to ensure feeling positive from the beginning of the programme. This can be enabled by development of friendships for support and developing independence.

"I don't really know support wise; I wouldn't really know what to do about it. I would phone my mum, speaking to family back home has been a big help. If I didn't have them I don't know how I would cope. Erm, I love when I go to uni, because even just company, it's great, but I don't really know where to go for support actually whenever it comes to things like being, just being really lonely". (Line 21) No. 10 Jan 12/VN 850005

Emotional support from friends can provide a sense of belonging and can also help students when they face problems (Wilcox et al 2005). Development of a sense of a community appears to assist in the development of building resilience. By acknowledging the challenges peers are also facing it develops self-confidence in their abilities to cope as students recognise that they are not unique.

Finding your Way around the System

Support for first year students takes various forms, ranging from tailored induction programmes to specific central support departments. As part of learning to survive the participants discussed the need to *seek out* support.

"I just kind of took all the opportunities that there were. There was the library and there were various extra sessions and I went to some of those sessions". (Line 361). No. 5 April 12/VN 850005

“the girl who helped me at the library was really helpful and told me about some really good power points that the university provides for students which is fantastic”. (Line 25) No. 7 April 12/VN 850007

An interesting point to note is the high value students place on staff been helpful, caring and willing to listen to the student irrelevant of outcome. Students are actively developing a sense of responsibility for their learning and development. They appeared to be motivated.

On commencement of the programme students receive relevant programme information but there appears to be a requirement that this information is re-visited in order to direct students to relevant sources of information and support.

“Information not easily accessible I did have to search out this information myself though, it wasn't something that was broadcast very well to me. (Line 7) No. 7 April 12/VN 850007

Approachable Staff

As part of the coping mechanism in dealing with the challenges of transition participants appear to actively seek out staff that are approachable and will help them. Dennis (2002) noted that faculty behaviour and staff attitudes actively impacted on student adjustment.

“it's just finding who is supportive and then bombarding them”. (Line 740) No. 1 April 12/VN 850006

“We saw him all the time, and if you actually look at our time table for the first semester, every Friday seems to be a whole day of (Lecturer) so by the end of it, we really kind of felt like we knew him well”. (Line 387) No. 5 April 12/VN 850005

“Now that's now changed because as that module has finished and we are now moved onto other people, so in a way, that was a kind of falseness of the relationship because he is now gone”. (Line 395) No. 5 April 12/VN 850005

Students by actively engaging with staff they feel they can talk to is part of a coping strategy which may generate feelings of high self-esteem and increase capacity for success. These relationships which develop over a period of time with peers and staff are the core concepts in Social Capital Theory (Puttnam 2000). An educational experience

which recognises the need to build on social capital may go towards minimising stress and maximising retention. Taylor (2012) identifies by enhancing social capital the student community and learning culture leads towards engagement and empowerment of students.

Putnam (2000) articulates that social capital is cooperation across networks that enable participants to act together more effectively to pursue shared objectives. Social capital may benefit individuals, the community and/or wider society and is inherent within the relationships that people have. This is met in part by the placement of students at the commencement of the programme in small groups with an identified lecturer who is their Guidance Tutor. This creates a readymade peer system for support.

Summary; Theme Three.

Findings suggested a common process of evolving resilience among participants over the period of the year. With positive experiences, the students began to feel more confident and competent in practice and university. There was, however, evidence that their ideas of a professional nursing and their actual experiences in the work setting were on occasions challenged. All of the students identified how they would draw on an inner strength to ensure success. Development of self-belief is an essential strength to enable moving forward and overcoming the next challenge. For new nurses, professional resilience yields the capacity for self-protection, risk taking, and moving forward with reflective knowledge of self (Hodges et al. 2008).

Development of a sense of a community appears to aid development of building resilience. By acknowledging the challenges peers are also facing it develops self-confidence in abilities to cope as students recognise that they are not unique. This was evident as the students progressed during the first year. Initially the majority of students

relied on support from home until there was more established support networks amongst peers within the programme.

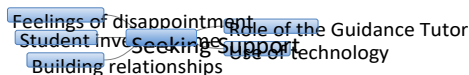
Section Four

Theme Four: Seeking Support

All of the participants discussed the need for support within university and practice setting. The key feature is that support was obtained from a variety of sources but the students valued highly, staff who listened to the students, invested time, were approachable and who were role models (practice and university setting). Students also highly valued support from peers.

The following mind map (Figure 11; Seeking Support) identifies second order constructs identified as a sub theme, developed from the findings to present a key theme of seeking support.

Figure 11; Theme Four: Seeking Support



In terms of the overall approaches to transition and learning the *expectations* of the university and practice all students identified the need for support as a key factor in their journey.

Key characteristics of the participants are that they were all flexible and willing to adapt by developing skills as independent learners. To achieve transformation though by the end of the first year all identified a degree of support was required in university and practice to achieve success.

Role of the Guidance Tutor

Institutional structures should facilitate a positive learning environment for both social and academic development. This is achieved in part by the organisation of cohorts into small groups for learning which appears to have a positive impact for the student on commencement of the programme. Students are allocated to a group of approximately 25 students with a named Guidance Tutor identified to work together for the period of the programme (three years).

The Guidance Tutor is a member of academic staff whose role it is to provide pastoral support to the student and guide them through the programme. Students are timetabled to see their Guidance Tutor, on a formal basis during the academic year. Informal support on an as and when basis is also available. This provides an opportunity to review the student's learning and experiences in both theory and practice which will inform the personal and professional development of the student. Guidance Tutors also visit students in practice to discuss progression and achievement of learning outcomes as identified by the NMC (NMC 2010).

"I was very pleased, impressed, initial conversations from my tutor, in our first GT group was to car share so that enabled me to car share with a couple of girls in my GT group, so sort of straight away I felt that I had a social network and gradually formed bonds with people in the rest of our group. So that's, having that little GT group is a great sense of community straight away and meeting your GT, tutor on the first or second day is great because you know you have got a named person".
(Line 38) **No. 7 Sept 12/VN 850003**

It is evident that an identified member of staff to contact for support is a positive experience and enables the students to feel valued and listened to.

"there was plenty of support from the university, and I always feel with (GT name), if there's a problem, she will be straight in there and she will be very much on my side. So in that sense, that's been wonderful". (Line 515) **No. 5 Sept 12/VN 850004**

The majority of participants identified qualities that made a good supporter. These included approachability, availability and a caring manner. This was true for both practice

and university support. A key factor for the student is that staff (clinical or university) acted as an advocate for the student.

"GT came out (placement) and she was very good, there had also been an issue because there was two of us on the placement, there was an issue with the other girl; she had broken or sprained her wrist, broken her wrist or something and went off and so they had to negotiate which competencies she had done and I think (GT name) was quite feisty in that meeting (Line 506) No.5 Jan 12/VN 850004

It was identified by some students that they wished there was increased contact with their Guidance Tutor in particular within lectures.

"I think it would be more useful if there was a more of a kind of linkup between the Guidance Tutor and what happens in the first year (Line 401)...it's the seminars where you actually get to interact with somebody". (Line 408) No. 9 Sept 12/VN 850001

The students appear to value in developing a positive working relationship with a named individual within the university setting.

"the Guidance Tutor support, in a way that hasn't worked because (GT name) doesn't teach us. We have had two sessions in the entire year with (GT name). So you are told this person is your Guidance Tutor looking after you, but then you don't really see them so you don't really develop much of a relationship with them. (Line 378) No. 5 Sept 12/VN 850005

It is evident that the expectations of the student and the Guidance Tutor need to be clearly outlined at the commencement of the programme so there is clear guidance on roles and function.

Not all students, however, had a positive experience and focused discussion during their research interviews on negative encounters with staff. This included difficulty in communicating with the member of staff, not feeling valued and the impact that this had on their progression and experience of the programme,

"I feel like, I understand you are busy, but if you are going to tell us that we can come and contact you when we need support, be there for the support, don't be saying that you are too busy". (Line 206) No. 10 April 12/VN 850005

Students appear to be deflated and *let down* by the organisation.

“she kind of said that she is always, you know, there if I need to contact her, but I know that in the past when I have emailed, I don't always really get a response from her. (Line 22) No. 3 Sept 12/VN 860001

“I did email one of them and it was a waste of time, a total waste of time. I got a rather abrupt email back, erm, no invitation to meet him or anything like that, and then when I have got the results back from that assignment, I have looked and thought well that is the exact opposite to what you have told me. And this one, this bloke actually interviewed me to come on this course and I looked and thought I don't believe that like. I just don't believe it”. (Line 442) No. 2 April 12/VN 850001

This concern of a lack of support appears to impact on the values and beliefs of the student and how they communicate when they are trying to deal with quite difficult circumstances in either the university or practice setting. This is reflected within the quote below where a student describes encountering a death in the clinical setting.

“one of the men on the ward, went into cardiac arrest and the crash team came and worked on him for about an hour and then he died and I laid him out and how it was the first time I have ever seen anyone die or even anyone who was dead and how difficult that was”. (Line 18) No. 10 Jan 12/VN 850005

The student within the transcript then goes on to speak about who to contact to discuss the incident with and her initial thoughts were to contact her Guidance Tutor but due to past experience she felt that she had to cope alone.

“Because it does impact on how you approach people if you feel as though you are not getting a response, you think, oh why should I bother?” (Line 210) No. 10 Jan 12/VN 850005

It appears only natural that participants exposed to a new working environment should express concern about coping mechanisms and untested abilities to cope and adapt. This is evident within the participants during and following their first placement. The ability not to cope is less evident as the students' progress through the year. This may be due to the students increased understanding of the role of a student nurse, increased experience within the practice setting and development of confidence as their knowledge increases. Students appear to be developing their *own coping strategies* to deal with the challenges of the programme.

Students are also entering into an environment where they face the challenges of being away from home for the first time and have limited support as they have left family and friends. They are seeking support and adjusting to living away from home where the support network may not be instantly available. Below is a significant event in a student's life but the influence of the Guidance Tutors behaviour may lead to increased stress which may impact on the students' learning experience.

"One of my friends, her granny just passed away there like a few days ago, she emailed [GT name]; she still hadn't got a reply three days later, her granny died. And like that should, you should be able to tell your GT that and you're told: well, your GT's not there (Line 183) No. 10 April 12/VN 850005

The above quote is extracted from a student at a one to one interview eight months following commencement of the programme. The quote relates to an incident experienced by a peer and it is evident that students are seeking support in coping with living away from home and with personal circumstances.

The ideal curriculum for nurse education is to foster enquiring minds but one which combines both guidance and freedom to learn in a meaningful manner (deep learning) (Higgs 1997b). Guidance is essential to help novices navigate the complexities of clinical practice. Freedom to learn fosters in students a sense of responsibility for their learning and encourages the self-directed learning skills necessary for the development of autonomy and accountability. If students are continually provided with guidance without being given opportunities to regulate their learning they will continue to be dependent on their educators or supervisors for all their learning needs. This is the antithesis of the goals of health professional education and the ideal of what it is to be a professional. Further, achieving an appropriate balance between guidance and freedom ensures that the core knowledge base of the profession is learned and not left to chance or whim; a criticism that has been made of self-directed learning (Norman 1999).

Within the programme Guidance Tutors are allocated to student groups at their commencement of the programme and it is partly their role to navigate and enable reflection. Reflection is an essential tool that aids in the development of professional education through the processing of past and present experiences (Boud and Walker, 1990). Some of the strategies described in the literature to foster reflective practice include journal writing (Lincoln et al., 1997, Williams et al., 2010) portfolio development (Paschal et al., 2002) and self-evaluation (Gamble et al 2001). Portfolios are a useful method to foster reflective practice in health professional students and graduates (Paschal et al., 2002). Learning is encouraged through the reflective *process* of building a portfolio and by feedback from peers and mentors on the *product* or outcome of learning (that is, the completed portfolio). In addition, discussions about learners' perceptions of their learning documented in portfolios compared with observations by teachers at university or mentors in practice may aid the development of learners' critical self-assessment skills (Paschal et al., 2002). Some of the participants identified the negative impact and feeling deflated by the lack of feedback at their progress to date.

Student motivation for learning is key but is also an important dimension for educators to consider, because intrinsic motivation is a key factor in adult learning (Knowles et al., 1998) and inherent in a deep approach to learning (Biggs 2003; Entwistle and Ramsden 1993). Students engaging in lifelong learning must remain motivated to do so. Motivation for learning how to learn and for lifelong learning is a complex concept, influenced by a range of psychosocial factors both internal to the learner and environmental (Harlen and Deakin Crick 2003).

Within one response from a participant the learner was not motivated due to the lack of interest displayed by the Guidance Tutor but there was a sense of willingness by the student to exert effort to achieve a learning goal. Such an approach is intrinsic with internal motivation and self-efficacy. Deakin Crick (2005) argued that self-awareness is

an essential aspect of lifelong learning, because learners must accept responsibility for their learning. Adult learning theory is based on the principle that students take responsibility for their own learning.

Use of Technology

It appears that students actively seek support and one of the main functions of support is the need for reassurance and confirmation of their progression within the programme. This is achieved to some extent through the use of technology.

Information technology has become commonplace in Higher Education and health care systems. It is used by students to seek information and also to share information. Social media is a forum that is widely accepted by students in Higher Education and is used to facilitate learning, sharing experiences and for support.

Examples of social media include experience and resource sharing tools such as Delicious, Word Press and Twitter that enable online/social bookmarking, blogging, and micro blogging; wiki software such as PBworks that enables the creation of collaborative workspaces; media sharing tools such as Flickr and YouTube that enable social tagging; social networking sites (SNS) such as Facebook and LinkedIn that enable social networking; and web-based office tools such as Google Apps that enable document and calendar sharing and editing among other things (Dabbagh and Reo 2011b, Kitsantas and Dabbagh 2010).

"I have found that, we did start a nursing group on facebook, just a private one between our GT and we all write to each other saying like oh have you done this yet and what did you add in this and did you mention such and such. Erm, it's been quite good because anytime that I am getting stuck on an assignment I just go there and I am left, I just look at that and I think, right, well is there anything that I feel the same or have I, somebody asked that question before me and what has other people said. Erm, so that way, it's the support of the student mainly, that's where I am getting it from, like my other class members like, I can't fault them. If anything ever goes wrong you just write to them or like I send them a wee text and I am like, right, I need some help, erm, what have you wrote about such and such, or have you mentioned this, so that way it's been really, really good". (Line 32) No.
9 Jan 12/VN 850005

The majority of the participants are actively involved in social network sites. It is common practice amongst the student population to develop a Facebook site which is solely for the purpose of the Guidance Tutor group or cohort that the student belongs to. It is *their learning community* with sole ownership belonging to the student body. One of the key functions of using Facebook is the instant feedback that is posted and the feeling that you are not alone trying to deal with the complexities of the programme.

As part of the development of skills in becoming autonomous learners the use of technology enhances the learning experience for the student and is viewed as an invaluable support to the lectures and seminars not a replacement.

"I think it's fantastic. I have never not managed to find what I was looking for (library reference) and the access, even just the online access to journal". (Line 845) No. 2 Sept 12/VN 850001

One of the participants whose home address is in Ireland views technology as essential to enable access to materials and support whilst away from university.

"it's ok, there is plenty of resources that they can get from home on the internet and through the university website, so I go onto there for help, and if I can't get it there I will ask one of the other students so, really being in a different country doesn't really make any difference because like I have had just as much support I think. (Line 26) No. 3 Sept 12/VN 850003

The use of Skype was also identified as a very positive experience by the participant who lived in Ireland to facilitate a student tutorial. Tait (2000) discusses the importance of the use of technology within the student experience but it is not to be used as a substitution for face to face support. It is seen as beneficial when it supplements existing traditional support mechanisms.

"I had my tutorial, it was actually, I couldn't get a tutorial with one of my lecturers, so I Skyped them instead, which is quite handy because I sat, it was quite early in the morning but I sat down and I went through things that I wanted to speak to them and ask questions for and he responded back via Skype.(line 27) No. 10 Sept 12/VN 850003

Building Relationships

It is evident in the findings that building relationships enables successful and meaningful integration into academic and social life. By developing relationships in the initial stages of transition into university was viewed as paramount importance to all the participants. This contributed to the participants feeling positive, motivated and supported when adjusting to Higher Education.

“met a lovely group of friends, they are very helpful”. (Line 22) No. 4 Jan 12/VN 850004

“if I didn't have her to speak to about it (fellow nursing student), I think it's because whenever someone is in the situation with you, they know how you feel, they know what's going on, they can like empathise with it really well”. (Line 101) No. 10 Sept 12/VN 850005

To support this discussion it is possible to draw on Social Capital Theory which discusses the benefits of making friendships within like-minded communities for support which contributes towards a good student experience.

Halpern (2005) discusses the issue of social capital and what could be classed as social capital. Basically it refers to the importance of social connections that people make and have; develop into networks of shared understanding and ways of being. It fundamentally is composed of three basic components. They consist of a *network*; a cluster of *norms*, *values* and *expectations* that are shared by the group members and *sanctions*-punishments and rewards-that help to maintain the norm as a network (Halpern 2005).

By developing Guidance Tutor groups on commencement of the programme this enabled creation of a network of like-minded individuals. The students identified the importance of support from group members who shared the same experience. This support enabled students to feedback to each other about how well they were achieving, reinforcing actions and listening to each other. This all contributes to increased self-belief accomplished on the programme. One student referred to the Guidance Tutor group as their “body armour” and helped develop resilience to the challenges faced.

"its developing resilience to the programme isn't it, you know, it's like your body armour is the group (line 283) No. 3 Jan 12/VN 850002

By developing relationships in the initial stages of the transition into university was viewed as of paramount importance to all the participants. This contributed to the participants feeling positive and adjusting to Higher Education.

"I think the Guidance Tutor idea is very important and I think the small groups are very important as well. I think one of the most positive things about this course has been the cohort that I am in". (Line 224) No. 9 Sept 12/VN 850003

"been kind of a really wonderful experience, and its, people from all different backgrounds, and I think a lot of us were surprised when we came, just how well the group gelled together.(Line 237) No. 5 Jan 12/VN 850005

The participants identified the value of peer support as paramount in coping with the demands of the degree programme and having an identified group supported success and achievement.

"it feels like this is my gang, do you know what I mean?" (Line 271) No. 5 Jan 12/VN 850005

Student Investing Time

Students have identified that they value staff that are approachable, appear to care and are available. Some students identified negative behaviour by staff both in the university setting and in practice. This had a hugely negative impact on the overall student experience but what the students appeared to do was to identify staff within university and practice that they viewed as positive role models and connected with those individuals. They became part of the students coping mechanism in developing resilience in order to survive.

The following participants identify staff on occasions that display a lack of respect for the students, who are unprofessional and, do not support the development of learning within the student. This has a negative impact on the motivation of the student if it appears that

the student is investing time in developing learner but they perceive support is not available from lecturers.

*“during the tutorial the tutor took a phone call and asked me to leave. Now on that day I had travelled from (Place name) to (Place name), had booked in this slot two or three weeks previous and then I was due to go and work at my placement in the afternoon. That time was precious to me and I felt that this person was not giving me the time that they had offered me. It would have been polite for that person to say erm, I am sorry I am going, I am expecting to take a call would you mind if you know, I take, or really if it wasn't a necessary call then I don't think he should have taken it”. (Line 12) **No. 7 April 12/VN 850006***

*“unfortunately I didn't feel that the support that I was given, help, information I was given from the tutor really boosted my confidence and sent me off full of enthusiasm to write an essay. (Line 8) **No. 1 April 12/VN 850006***

Being active in their learning enabled students to overcome negative experiences and turn them into positive learning experiences. Students demonstrated high levels of motivation despite obstacles that were perceived to be negative e.g. academics not appearing to value student effort.

Feelings of Disappointment

Mutual respect appears to be a key factor in engagement with lecturers. The participants discuss attempts to engage with lecturers in seeking reassurance and demonstrating to academic staff that they are motivated to learn. The following participant appears to be deflated and disappointed by the lack of feedback at their progress to date.

*“I felt that I told her that everything was great but didn't really get much back I guess, as, erm. I had my PPDF (Personal and Professional Development File) and PAD (Practice Assessment Document) and she didn't really want to look through any of it, she said that it was more for my benefit, but I guess it would have been nice if she had of looked at some of what I was doing”. (Line 12) **No. 3 April 12/VN 860001***

The roles of academics and mentors are of great importance to the student experience within the first year. Negative interaction appears to make students feel not valued and not part of the learning community which does have an impact on their sense of belonging to the university and progression.

“I had like a really major incident where I had a protection order that got breached by the person that I have got it against, and I had to call the police and it was a

really awful situation, and I emailed her (GT) saying that I possibly may need to attend court because of it. Erm, she knew the background of the situation, this is something that has been going on, and she has been around when I had to put the protection order in place and had to attend court to get it and I got absolutely no response about that. I didn't end up needing to go to court, so I didn't need to actually need to take any time off, but I was really kind of upset that with such a serious happening and an issue that I needed to talk to her about that I just didn't get any response at all". (Line 10) No. 3 Sept 12/VN 860002

The experience of the negative reaction impacted on the student in the following way.

"I just feel now that it's almost pointless emailing her if I have any issues". (Line 22) No. 3 Jan 12/VN 860002

Communication is key to developing a professional relationship between the student and academic. Students actively seek support and appear to want academic staff to have a professional attitude. Harding and Thompson identify how professional attributes in staff behaviours instil professional behaviour in the student population (Harding and Thompson 2011).

Summary; Theme Four

The value of support on commencement of the programme by staff in the university setting, mentors within the clinical area and also peer support was viewed as imperative to ensure a positive experience and enabling the student to feel valued. A key finding was the lack of understanding in relation to support available and who offered support. Taking a constructivist adult view of learning means having a mutually respectful, participation perspective in knowledge generation between facilitators and students (Etherington 2004).

The characteristics of adult learners require the student to be self-directed and autonomous (McAllister 1997). As adults, students in the health professions need to take an active part in the learning process. Adult learning conditions include motivation, respect of the student as a person, acceptance of student autonomy, and emphasis on experience (Knowles et al., 1998). Educators should aim to foster these conditions in

both the classroom and clinical environment. Self-directed and adult learning abilities assist students to generate knowledge and clinical skills in order to deal both proactively and responsively with their learning needs and with changes in society's health care needs.

The majority of the students have identified that they value staff that are approachable, appear to care and are available. Some of the participants identified that staff on occasions displayed a lack of respect for the students, were unprofessional and did not support development of learning within the student. This has a negative impact on the motivation of the student if it appears that the student is investing time in developing as a learner but they perceive support is not available from lecturers. Student engagement and empowerment was facilitated by staff that were empathetic and who were also positive role models that demonstrated caring, respectful behaviour and were approachable.

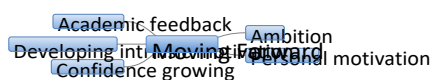
Section Five

Theme Five: Moving Forward

The final theme identified explores how students are enabled and empowered to move forward by developing their confidence as they experience the challenges of both Higher Education and the practice settings. This includes managing feedback, development of intrinsic motivation through learning new things, feeling valued and the initial impact of fears on the commencement of programme.

The following mind map (Figure 12; Moving Forward) identifies second order constructs presented as a sub theme, developed from the findings to present a key theme of moving forward.

Figure 12: Theme Five: Moving Forward



It is important to note that in the data collected university experiences were not just about the development of cognitive skills (Pascarella and Terenzi 1991), but was also the development of the students wider outlook on life in general. The social and professional relationships that ensured enabled the students to develop self-belief and confidence in moving forward.

Empowerment is viewed as a shift in the balance of power by the university to the student. The student is recognised as having a voice and a greater investment in their learning. To enable moving forward the development of self-efficacy and the belief that they can achieve the challenges of *becoming* a nurse are now more evident.

Ambition

What motivates students is instilled ambition. All of the participants discuss that entering the nursing profession has been a passion for them and they have ensured they have followed various pathways to obtain the qualifications and experience to access the programme.

“it's doing something I love, because if I hadn't, if I didn't make the move to do more training, I would have been stuck at the surgery and I would have still been there when I was ninety”. (Line 192) No. 2 Sept 12/VN 850001

Motivation is typically classified as either intrinsic or extrinsic. Students who are intrinsically motivated view learning as opportunities to satisfy their own inquisitiveness and their own desire for knowledge. An example of intrinsically motivated students might

be those students who have reported that nursing has been a lifelong ambition. In comparison, extrinsically motivated students strive to satisfy others, such as good grades to please a parent, or work on tasks because they believe it will result in a desired external reward such as praise from mentors or Guidance Tutors (Bengtsson and Ohlsson 2010).

Personal Motivation

Some of the participants when faced with challenges would focus on the future and the rewards that would accompany successful completion of the programme. These rewards for the mature students often encompassed rewards for the family and not just for the student.

“I have got an eighteen year old daughter; I have got to show her that you can't just sit on your backside, actually that is important being a role model when you are older, you know, just for your kids”. (Line 907) No. 2 Sept 12/VN 850001

Social outcomes can also be viewed in the wider sense of the impact on children and relationship with partners. Some of the participants discussed they wanted to appear as a good role model for teenagers within the family and that they were trying to better themselves for all the family to reap the benefits. These reflect findings of other qualitative studies about the impacts of adult learning on families (Schuller et al. 2004, Brassett-Grundy and Hammond 2003).

Confidence Growing

As the programme develops it is apparent amongst some of the participants that their level of confidence is growing and they are starting to believe in their ability.

“I am starting to believe I can do this; I have made the right choice and have received excellent feedback from mentors. I am ready for year 2”. No. 6 Sept 12/VN 850004

The example highlighted was receiving positive feedback from mentors. Success and positive praise raise efficacy and failures lower, but once there is a strong sense of

efficacy developed which was becoming evident by the end of the first year a failure or negative feedback may have minimal impact (Bandura 1986).

An individual also acquires capability information from others. Peer support within the guidance tutor group was viewed very positively and receiving verbal feedback on achievements to date increased belief in their abilities.

Developing Intrinsic Motivation

As students progress through year one and are succeeding they develop insight into which actions lead to success and which to failure. Anticipation of desirable outcomes, (Acquiring a 2:1 in a degree classification was identified as a desirable outcome) motivates students to persist and succeed at achieving the outcome (Schunk 1991).

“my goal is to obtain a two one in my degree and so what I am very sure about is that I wanted to sort of prepare before I started in relation to looking at different assignments, how I would approach an assignment, so I bought some books and tried to learn from them. This has definitely paid off in preparing me for the year that has passed”. (Line 17) No. 3 Sept 12/VN 860002

Academic Feedback

Academic feedback is required to ensure that the students' confidence develops as they progress within the programme. Constructive feedback is required to enable the students to learn and develop academic skills. One of the participants discusses the impact of feedback that was received from a member of staff and wasn't viewed as positive.

“with respect to the marker, I felt that the... Whilst the feedback was truthful, some of the wording I thought was quite blunt. I had been assured that any feedback would be positive or, you know, not making the person feel slighted in any way but I did feel there was a little bit of that and I was disappointed in the comments, erm, particularly as you know, I felt I had started to build up a sort of working relationship with my tutor, so in a sense, that took away from it a little bit. (Line 80) No. 7 Sept 12/850003

Formative feedback was highlighted as good practice.

“however was that being able to write an initial essay, and getting feedback and knowing that didn't actually go towards your mark really did help, and that's a real positive”. (Line 102) No. 7 Sept 12/850003

I feel like I am learning quite a bit on how to structure assignments and present it better, (Line 6)) **No. 4 Sept 12 /VN 850003**

Summary; Theme Five

Theme 5 (Moving Forward) discusses how all students at the end of the first year, have developed confidence and are enabled and empowered to move forward into the second year. There is evidence of challenges encountered along the way within the university environment and practice setting but all students displayed intrinsic motivation to succeed. Students articulated that entering into the nursing profession has been a passion for them and they have invested time prior to commencement of the programme, followed pathways to obtain the qualifications and accessed relevant caring (See Appendix eight, pg. 266). Receiving positive feedback from mentors and academic staff raised confidence and efficacy, as well as praise from peers.

Overall Summary of Five Key Themes

Five key themes were developed from the analysis of extensive data identified which encapsulate the experiences of students within the first year of a three year undergraduate nursing programme. A variety of perspectives were expressed and captured that were both positive and negative experiences for the students during the course of the first year

To conclude the findings are as follows;

Theme One (Uncertainty) students were challenged by the transition into Higher Education. To cope with the high levels of uncertainty in particular the first 4 months, early signs of developing autonomy and resilience were evident as the students began to take responsibility for their learning.

Theme two (Expectations) clearly identified that students expectations did not match experiences of the reality of what is required to *become* a nurse. Students demonstrated motivation by seeking out information relating to the programme, and actively developing an understanding of the key stakeholders within the programme who would support and develop their learning i.e. academics, mentors. Students appear to value positive feedback and *expect* to receive feedback from mentors and academic staff. It appeared feedback enhanced their confidence and self-belief in achieving.

Theme three (Learning to survive) clearly identified evolving resilience among participants over the period of the year. With positive experiences, the students began to feel more confident and competent in practice and university. All of the students identified how they would draw on an inner strength to ensure success. Development of a sense of a community amongst peers appears to aid development of building resilience. By acknowledging the challenges peers are also facing, helps develop self-confidence in the student's ability to cope and to recognise that they are not unique.

Theme 4 (Seeking support) clearly identified the majority of the students value staff that are approachable, appear to care and are available. Some of the participants identified that staff on occasions displayed a lack of respect for the students, were unprofessional and did not support development of learning within the student. This did not impact on the students to a greater degree as they actively pursued staff that were approachable and appeared to care.

Theme 5 (Moving Forward) discusses how all students at the end of the first year, have developed confidence and are enabled and empowered to move forward into the second year. There is evidence of challenges encountered along the way within the university environment and practice setting but all students displayed intrinsic motivation to succeed.

Students articulated that entering into the nursing profession has been a passion for them and they have invested time prior to commencement of the programme, followed pathways to obtain the qualifications and accessed relevant caring (See Appendix Eight pg. 266). Receiving positive feedback from mentors and academic staff raised confidence and efficacy, as well as praise from peers.

These results provide important insights into the first year experience and key aspects of the students learning journey. This includes the evolving concept of self-reliance and self-efficacy applied to professional transformation leads to the social construction and internalisation of norms and values of the profession, an active pursuit of learning, and the development of professional identity. A key responsibility of university staff, mentors in practice and peers is the ability to promote reflexivity and deepen learning by increasing self-belief and improve motivation to engage the student in a positive journey. This will lead to greater learner autonomy. What is unique about the findings presented is that there is insight into **HOW** the students cope with the transition into university and deal with day to day challenges presented. Strategies are presented that the students have engaged in to remain motivated and achieve. Within the following chapter 6 this will be explored further.

It appears that coping ability has evolved over the period of the first year and there is evidence of an increase in self-confidence and belief to enable success in acquiring the goal of registered nurse status. The characteristics displayed by the students reflect principles of self-efficacy theory espoused by Bandura (1977).

Reflecting on the conceptual framework

Within chapter three the conceptual framework was identified to guide the research. Engaging within an interpretive paradigm research has developed rich descriptive data

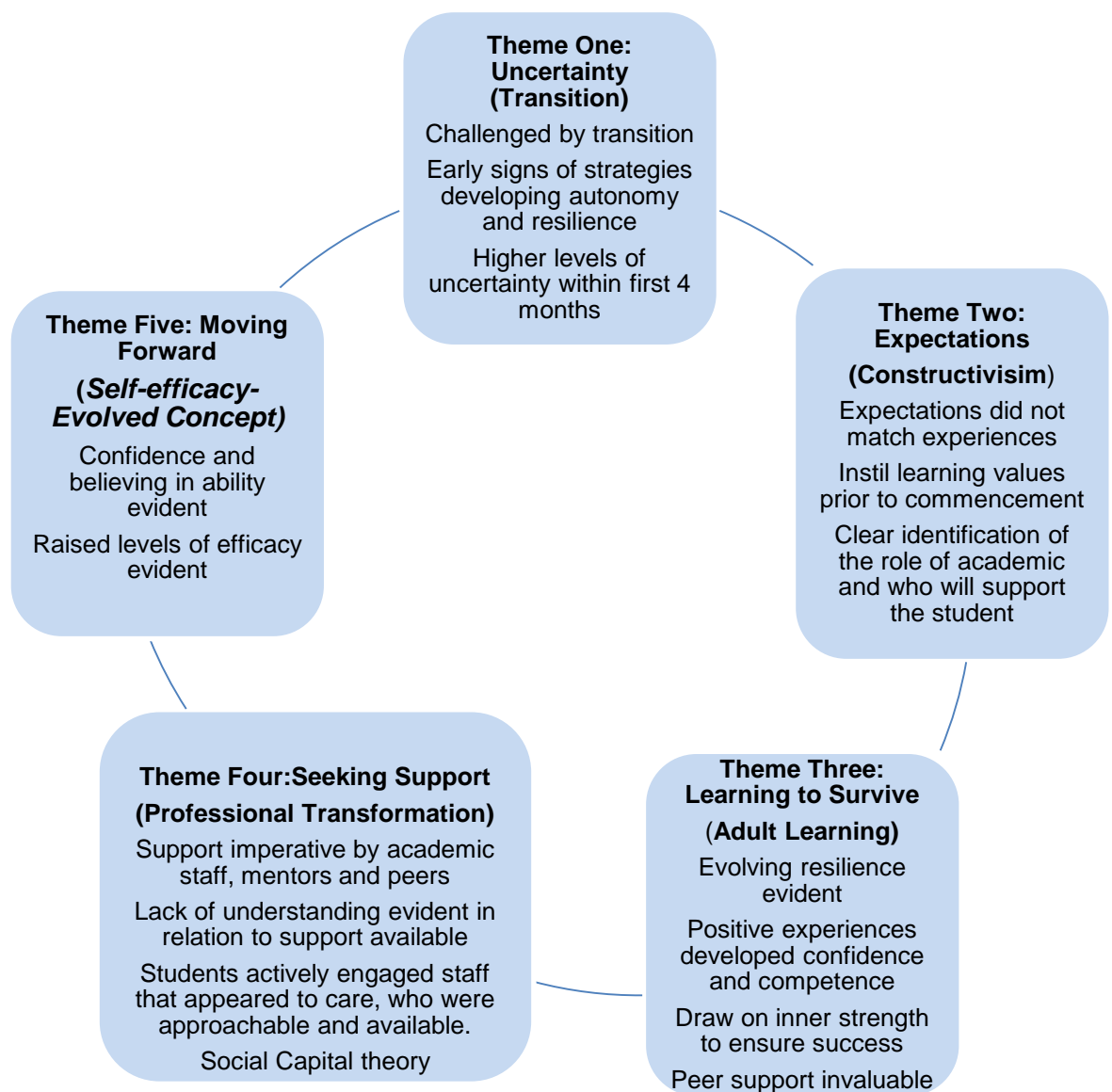
that has accessed the thinking and behaviour of student nurses within a pre-registration nursing programme.

Each category of the conceptual framework was directly derived from the studies research question outlined in chapter one. However, as the research has evolved it is important to review the framework and synthesise data outcomes at each stage of the research process to further develop, test or confirm relationships between the variables. The theoretical framework does evolve and is developmental with the end result of theoretically-based research (Anfara and Mertz 2006). The following Figure 13 maps the key findings from each theme (identified in bold) and the original concepts identified to guide the research.

Each original concept identified does not match exactly with each theme. There are evolving concepts within each theme which are an outcome of the research. For example Theme three the concept of Social Capital is discussed within the findings as an emerging concept.

Theme two; Constructivism was originally identified as a concept. Constructivism is a concept that argues humans generate knowledge and meaning from an interaction of their experiences, in this case nursing students entering Higher Education. The students clearly identified following their experience, perceptions changed in relation to what they envisaged the experience of a BSc Nursing programme would reflect. Theme four; Professional Transformation merges into Theme Five as key aspects of self-efficacy, self-reliance and self-confidence apply to professional transformation.

Figure 13: Application of Findings to the Conceptual Framework



Within Theme Five Moving Forward I have identified from the evolving research the concept of self-efficacy as a key area to emerge from the findings in relation to the first year experience. The next chapter (chapter six) will present an in depth and theoretical synthesis of the evolving concept of self-efficacy. This will enable drawing together the overall findings so as to develop discussion on the first year experience of undergraduate nursing students. Key aspects of self-efficacy, self-reliance and self-confidence applied to professional transformation appear to be pivotal in motivating students to succeed.

Reviewing the benefits of Banduras (1977) sources of self-efficacy the following chapter explores in greater detail the application of self-efficacy to the students' journey.

Chapter Six: Discussion

Introduction

Within the previous chapter there was a wide discussion of the findings which have been identified in this study. These findings provide evidence that during the first year students have developed the skills of self-reliance and self-efficacy which has enabled them to succeed in academic and practice outcomes. What this research has also shed light on is the *actual skills and strategies* that students have developed and drawn on to cope with the transition into university and deal with day to day challenges presented by an undergraduate nursing programme.

The focus of this chapter is to explore the strategies employed by students and the evolving concept of self-efficacy and application to the students' journey within the first year. This will enable drawing together the overall findings so as to develop discussion on the first year experience of undergraduate nursing students.

Key aspects of self-efficacy, self-reliance and self-confidence applied to professional transformation appear to be pivotal in motivating students to succeed. There appears to be an assumption that self-reliance and self-efficacy are part of adult learning and that it will develop naturally. This research has demonstrated that the students have developed skills to survive but there was considerable variation in the student experience which impacted on motivation and behaviour.

The students within the study found their own coping mechanism to deal with the demands of academic life and the practice setting. This provides some support for the conceptual premise that a valuable part of the student journey and a key development of learner autonomy are enabling students to take responsibility for their learning and develop the skills of self-reliance and self-management. Knowles (1978) explores the concept of adult

learners and identifies that skills relating to self-confidence develops independently and spontaneously as part of being an adult learner. Students taking responsibility for their learning reflects the values which underpin self-efficacy theory (Bandura 1995).

The chapter concludes with an overview of how the research has enhanced our understanding of the lived experience of nursing students within the first year of a three year programme.

Key Findings

The overriding finding in this study is that all the students irrelevant of their age or prior experience demonstrated by the end of the first year a degree of self-efficacy (what an individual believes he or she can accomplish using his or her skills under certain circumstances) as an important aspect of learning to be a nurse.

The focus of an undergraduate nurse education programme is to educate the nursing graduate workforce of tomorrow to be competent, caring practitioners leading delivery of high quality care. This research demonstrates that it is imperative as part of the development of a graduate nursing workforce that the students develop skills in self - management and self-reliance.

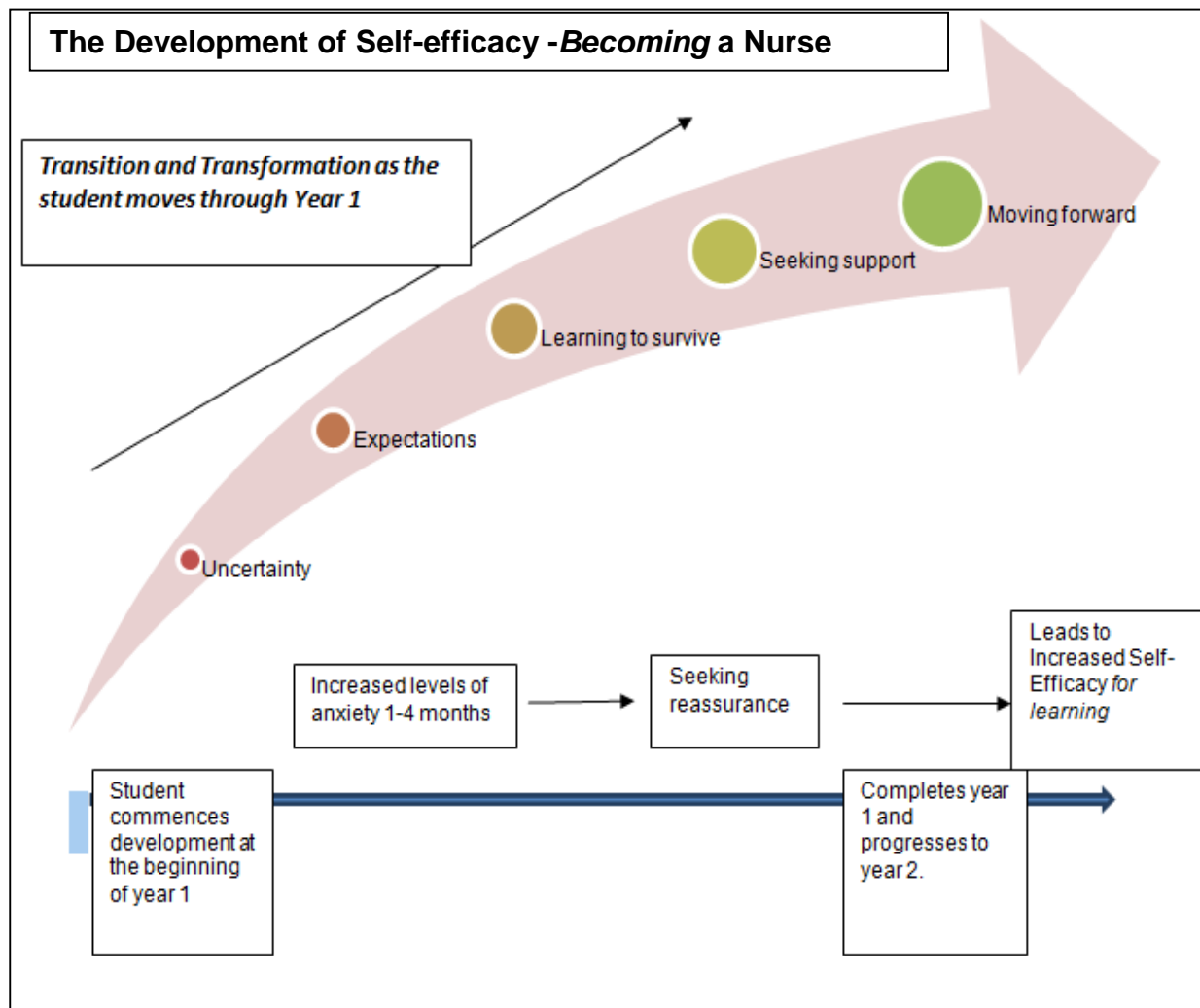
What is evident in the findings is that the students are challenged by the transition into Higher Education by having to adapt to and become part of a new learning and social environment within university and practice. This raised their levels of uncertainty in particular the first few months of year one. Learner autonomy develops as the students identify strategies to enable greater autonomy and develop greater levels of resilience to cope with the demands of the programme. This is congruent with findings by Haggis 2006

and Hultberg et al (2008) that identify transition into the university is a crucial period and is likely to have an impact on future achievements.

Self-efficacy is what an individual believes he or she can accomplish using his or her skills under certain circumstances (Snyder and Lopez 2007). It is evident within the findings that the concept of self-efficacy emerged as a key construct. The students identified of great importance was an educational approach which actively promotes engagement to ensure motivation; self-awareness and self-efficacy which will more than likely enable the student to succeed.

The concept of self-efficacy will be explored in greater detail within this chapter and applied to the first year experience presented within the previous discussion chapter. The following Figure 14 depicts the key themes identified and how they present over the period of a year.

Figure 14: Student Journey within the First Year



The above adaptation curve is a graphical representation of the relationship between the lived experience of the student and their transition through the first year. Plotted along the x-axis is the time frame over a year period and identifies how the students within the study adapted to cope with academic learning and becoming a nurse.

The curve highlights the key themes identified within the research. The initial slope of the curve upwards is significant in that the first one to four months of the transition into the programme there are increased levels of anxiety and uncertainty relating to the process of transition and adjustment to Higher Education and starting on the process of professional transformation.

Between four and eight months into the programme the majority of students began to demonstrate how they developed their own strategies in order to survive. These findings further support the idea that there is a need to develop a level of resilience to reduce stress and to survive. The stress and coping approach derives from early psychological models of the impact of life events (Lazarus and Folkman 1985). Increased anxiety and shock stems from inherently stressful life changes. To be able to cope and adapt to these life changes of Higher Education a level of resilience was evident as the students progressed within the first year. This enabled both the transformation and success as a student nurse.

All ten participants cited the demands of the programme and discussed how they needed to develop resilience in order to progress. Issues identified included the ability to balance the needs of the programme against personal needs, finding their way around the system of Higher Education and practice, how to access information and identifying staff who were supportive.

Almost all students discussed the need for support within university and practice setting. The key feature is that support and reassurance was obtained from a variety of sources but the students in particular valued highly staff who listened to the students, invested time, were approachable and who were role models both in practice and the university settings. A key strategy was to seek reassurance to increase their self-belief and confidence. This reflects the findings of Morosanu and Handley et al (2010) who identified support is required within university and the practice setting to cope with academic learning and transition.

Finally there is evidence that by the end of the first year students are developing more resilience and belief in their ability. Students' perceptions of developing resilience are influenced by their self-efficacy (e.g. belief in ability to succeed with particular tasks in particular situations). The development of self-efficacy is an essential strength to enable moving forward and overcoming the next challenge. This included insight into how feedback

was managed, development of intrinsic motivation through learning new things, feeling valued and the sense of assurance that they can function at the level expected of a first year student nurse. The following section gives insight from the data, strategies developed by the students which are viewed as instrumental in developing self-efficacy.

Strategies to succeed

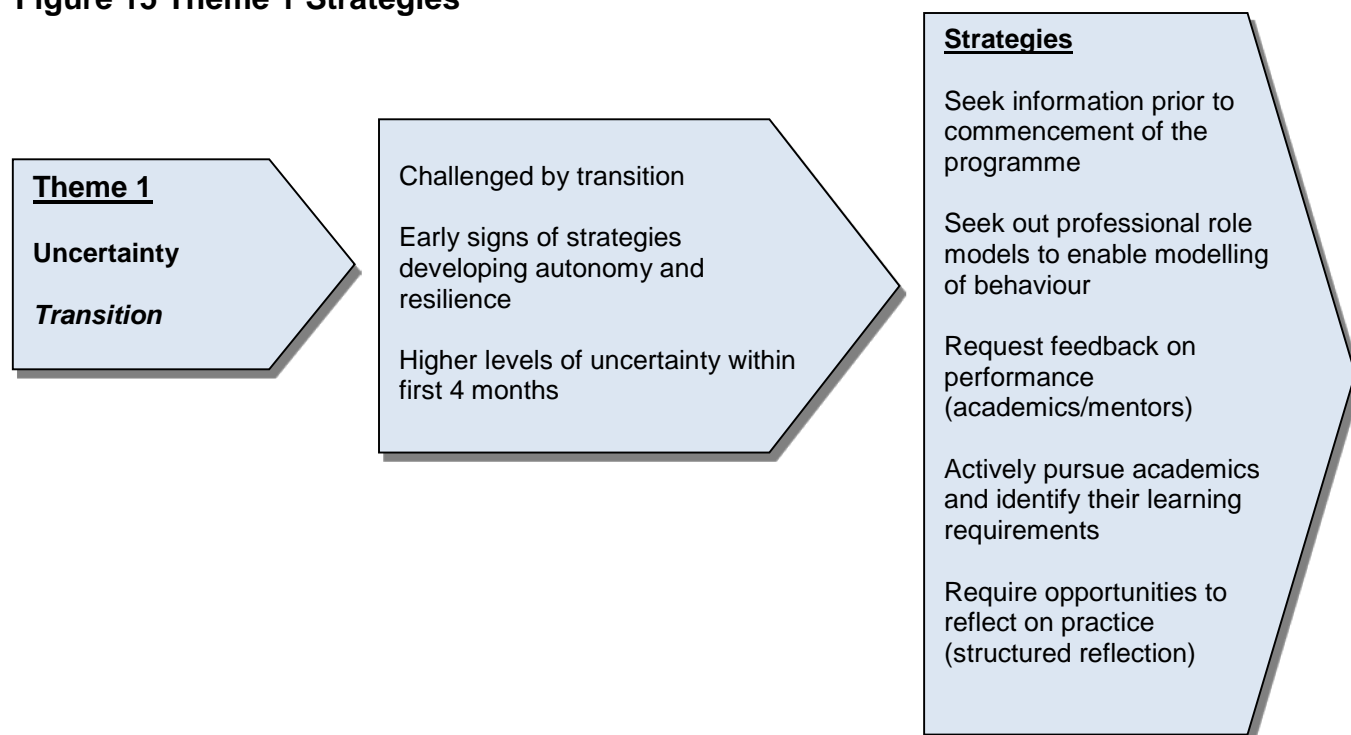
Within each theme identified there are strategies that students have adapted to enable them to become competent, confident practitioners and develop belief in their ability to succeed. Figure 15 Theme 1 Uncertainty, clearly identifies that within transition to Higher Education students actively seek information prior to commencement of the programme. They have accessed the university website, attended open days etc and are motivated to commence learning. This is clear evidence of critical curiosity which can be viewed as a catalyst for learning (Hill and McGinnis 2007).

On commencement of the programme there are heightened levels of anxiety within the first four months. Students as part of their transition strategy actively engaged with staff that are approachable, professional and responsive. Positive relationships with staff create positive personal development within the student which enhances individual motivation. If there is evidence of mutual respect the students appeared more engaged and willing to learn.

Within the practice setting as part of professional socialisation it is important to recognise in addition to knowledge and skills students' adaptation to the clinical environment is highly influenced by socialisation and development of positive relationships with mentors. This increases personal motivation and levels of self-efficacy as students are proactive in seeking information and feedback from mentors. When mentors are professional the students aspire to be like them. Supervision and feedback from mentors appears to be crucial in creating a positive clinical learning environment that creates learning opportunities for students

(Houghton 2014). There is evidence that students request feedback on their performance to inform learning.

Figure 15 Theme 1 Strategies



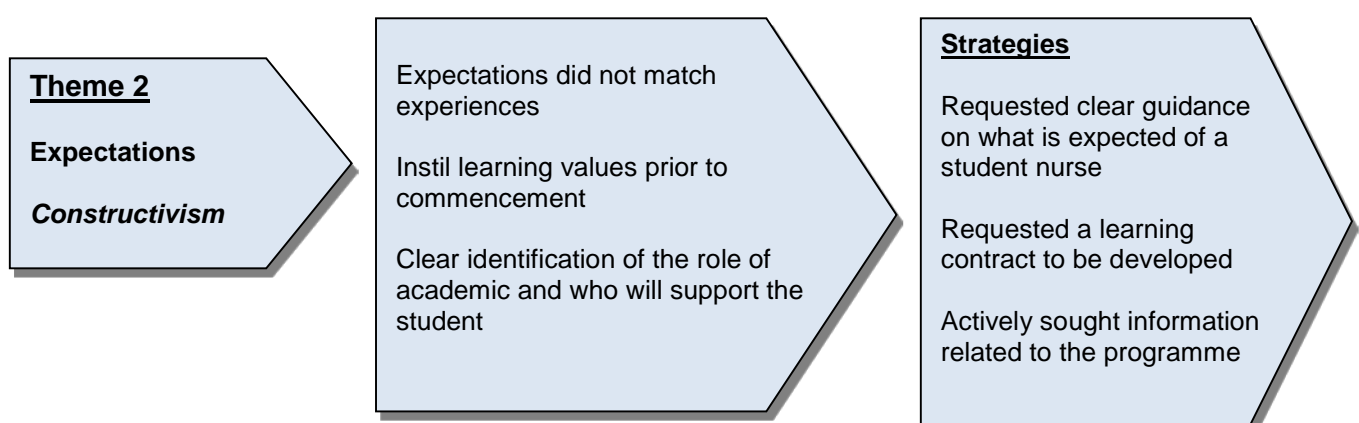
Academics and mentors need to be aware of their professional responsibilities in guiding and mentoring novice students in creating a supportive learning community of practice. It is important to acknowledge that the knowledge, skills and in particular the attitudes of academics and mentors strongly influence the development of students' professional identities (Higgs 1993c).

Within seminars good relationships with staff created a favourable learning environment. Students actively discussed their learning requirements. By enabling the students to have a voice within learning it is actively increasing their confidence and motivation to succeed. A negative environment could impact on student retention.

Opportunities to critically reflect on their own performance and on wider influences and issues in nursing and healthcare were identified as imperative. Students clearly identified the requirement for time to be built into the learning and teaching strategy to create opportunities to share their experience of practice in a facilitated environment with peers and academics. There was clear indication that critical thinking and the opportunity to reflect on practice was welcomed as this enabled understanding and explained the dynamics of problem-solving and clinical reasoning in nursing practice. Cope et al., (2005) urged experienced practitioners to provide safe environments for novice practitioners to share their experiences and enhance awareness of their practice.

Within Theme 2 Expectations (Figure 16 Theme 2), insights are provided into managing expectations of the student experience. It is evident universities should communicate clearly with students about the nature of the subject and the curriculum they will be studying. Students requested clear guidance on what is expected of a student nurse and identified a learning contract to be developed to clearly outline expectations and who will support their learning journey. Learning contracts are student centred and enable active planning in relation to achievement of learning outcomes to progress within the programme of learning. (Laycock and Stephenson 1994)

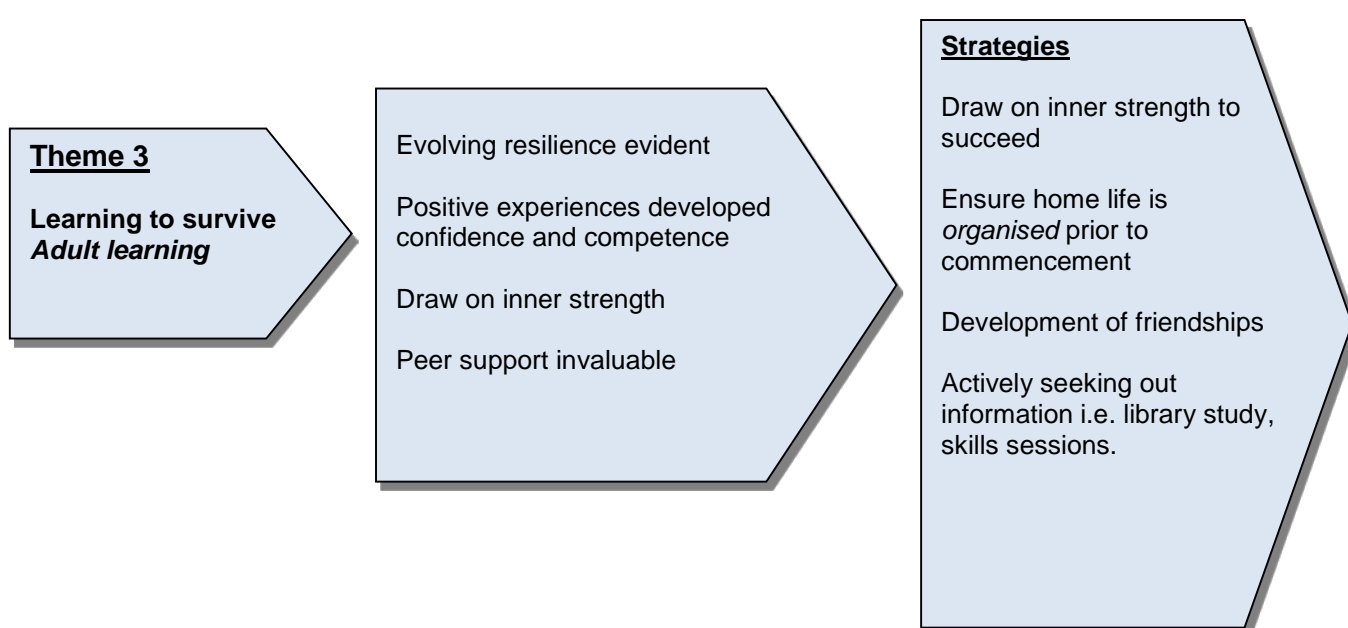
Figure 16 Theme 2 Strategies



Students clearly identified the need for insight into the role of the academic and who will support them within university and practice. It is recognised that support is highly valued and provides a positive learning experience within practice and university. Students appear to value positive feedback and *expect* to receive feedback from mentors and academic staff. It is a key component in developing self-belief within their skills and achievement.

Within Theme 3 Learning to survive (Figure 17 Theme 3), revealed a common process of evolving resilience among participants over the period of the year. Key strategies engaged to develop resilience included drawing on inner strength and development of a sense of a community which appeared to aid development of building resilience. By acknowledging the challenges peers are also facing develops self-confidence in their abilities to cope as students by recognising that they are not unique. This was evident as the students progressed during the first year. Initially the majority of students relied on support from home until there was more established support networks amongst peers within the programme.

Figure 17 Theme 3 Strategies



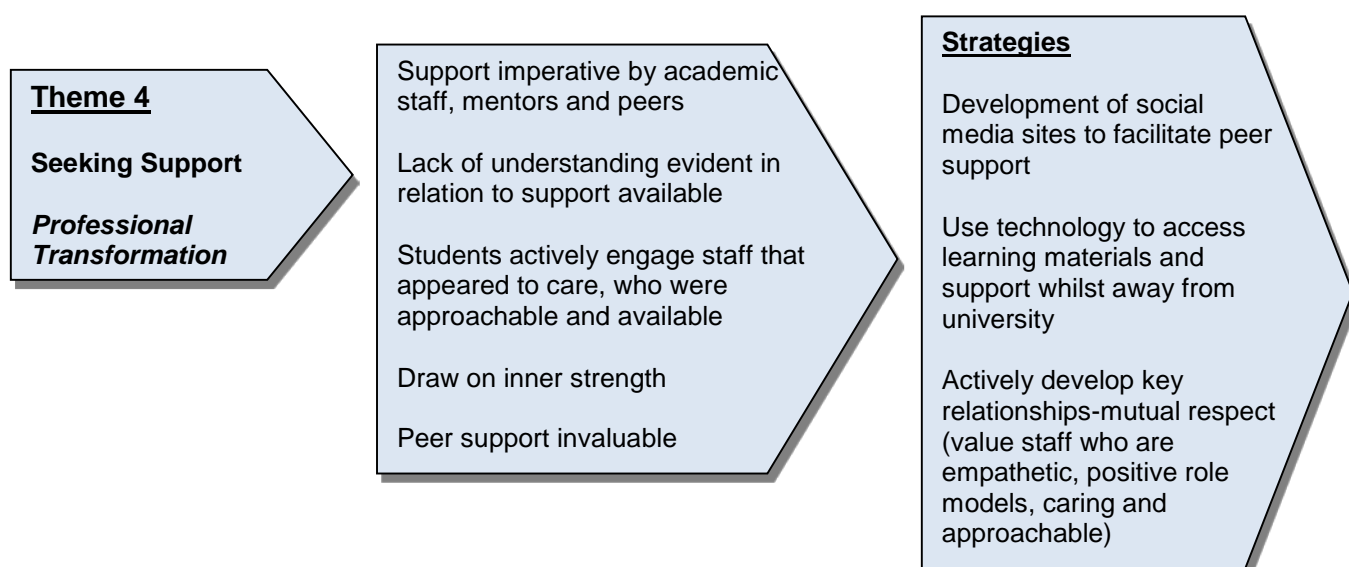
Mature students identified that as part of the coping strategy of dealing with the challenges of the programme adjustments had to be made to personal circumstances to ensure achievement of a degree award and registered nurse status. This involved ensuring support mechanisms were in place for both child care and finance. The characteristics of adult learners require the student to be self-directed and autonomous (McAllister 1997). As adults, students in the health professions need to take an active part in the learning process. This includes ensuring there is a positive balance between personal and professional life.

Within Theme 4 Seeking Support (Figure 18 Theme 4), strategies included the development of social media sites to facilitate peer support, using technology to access information and actively developing key relationships with staff.

There is empirical evidence that social networking sites are popular among university students and that students are using social networking sites specifically in connection with their studies. Caruso and Salaway (2008) found that 49.7% of US students surveyed were using social networking sites to communicate with classmates about course-related topics.

Ipsos MORI (2008) found that 37% of first-year UK students were using these sites to discuss coursework and 81% of these students found such activity useful for learning. Students reported the benefits of social networking which included peer learning was supportive and enriching. It assisted in facilitation of learning as students identified the instant response from fellow students was gratifying and enabled development of confidence if they could respond to questions posed.

Figure 18 Theme 4 Seeking Support



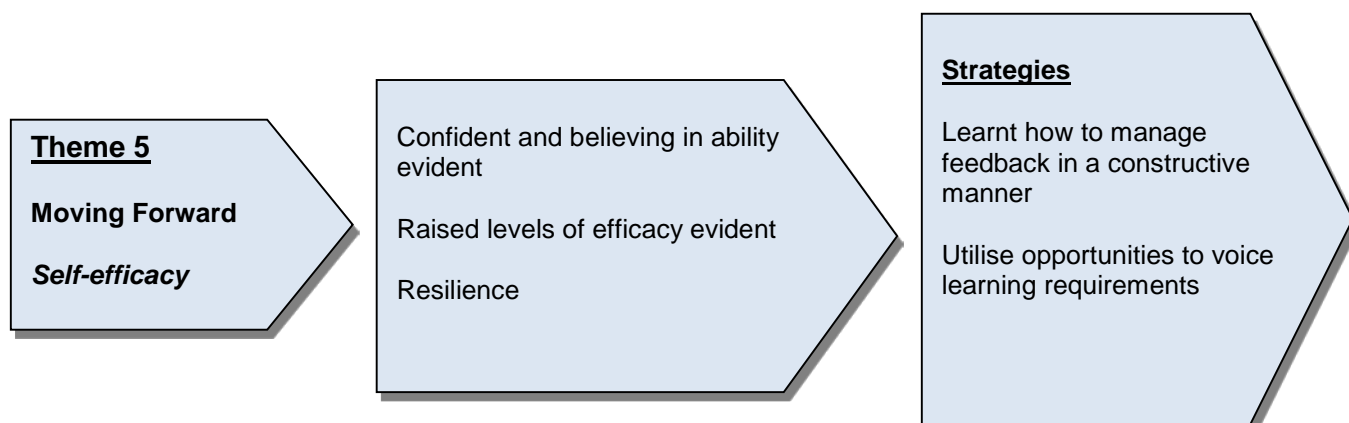
Student engagement and empowerment was facilitated by staff that were empathetic and who were also positive role models that demonstrated caring, respectful behaviour and were approachable. Within the first four months students quickly identified staff that were role models and actively engaged in positive relationships. Students valued staff that were responsive, enthusiastic and appeared to be truly interested in the individual student.

All students actively engaged in the use of technology to develop learning. As part of the development of skills in becoming autonomous learners the use of technology enhances the learning experience for the student and is viewed as an invaluable support to the lectures and seminars. It is widely regarded as not a replacement for these face to face sessions..

Finally, Theme 5 Moving forward (Figure 19 Theme 5), clearly identifies the development of resilience and belief that they can go on to achieve success. The research demonstrates that at the end of year one students are empowered and feel that they can contribute to learning in a variety of forms. They want to actively engage within the programme of learning

and seek out opportunities to have a voice. They are shifting the balance of power from university to student. To enable moving forward the development of self-efficacy and the belief that they can achieve the challenges of *becoming* a nurse are now more evident.

Figure 19 Theme 5 Moving Forward



Self-efficacy as a concept

Self-efficacy beliefs are an important aspect of human motivation and behaviour as well as influence the actions that can impact on everyday life. Bandura (1995) explains that self-efficacy:-

"refers to beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations" (page 2).

More simply, self-efficacy is what an individual believes he or she can accomplish using his or her skills under certain circumstances (Snyder and Lopez 2007). Self-efficacy has been thought to be a task-specific version of self-esteem (Lunenburg 2011). The basic principle behind self-efficacy theory is that individuals are more likely to engage in activities for which they have high self-efficacy and less likely to engage in those they do not (Van der Bijl and Shortridge-Baggett 2002). According to Gecas (2004), people behave in the way that executes their initial beliefs; thus, self-efficacy functions as a self-fulfilling prophecy.

These theoretical elements are embedded in nursing where developing skills and knowledge are based on cognitive, affective and psychomotor activities which the student nurse must experience to develop confidence and competence (Chesser-Smyth et al 2013). Reflected in the students' feedback as the student progressed throughout the year levels of confidence and self-belief are raised due to positive feedback from a variety of sources including family and peers.

A person's self-efficacy beliefs may vary on several dimensions. The first is 'level' that relates to the difficulty of the task from simple to complex. The second dimension is 'generality'. Some experiences may instil self-efficacy beliefs about specific tasks, while other experiences may carry a more generalized self-efficacy. 'Strength', the third dimension, relates to a person's perceived weakness or strength of self-efficacy towards a task (Gecas 2004).

Bandura (1977) outlined four sources of information that individuals employ to judge their efficacy: performance outcomes (performance accomplishments), vicarious experiences, verbal persuasion, and physiological feedback (emotional arousal). These components help individuals determine if they believe they have the capability to accomplish specific tasks. The sources of self-efficacy may have a positive influence on the development of self-confidence among undergraduate students and Bandura (1997) emphasized the importance of using all four sources to improve self-efficacy

Figure 20 identifies these four key areas applied to the first year of a nursing programme. It articulates how key stakeholders within the learning journey can influence positive change and motivation to enable the student to succeed. Williams and Williams (2010) note that:-

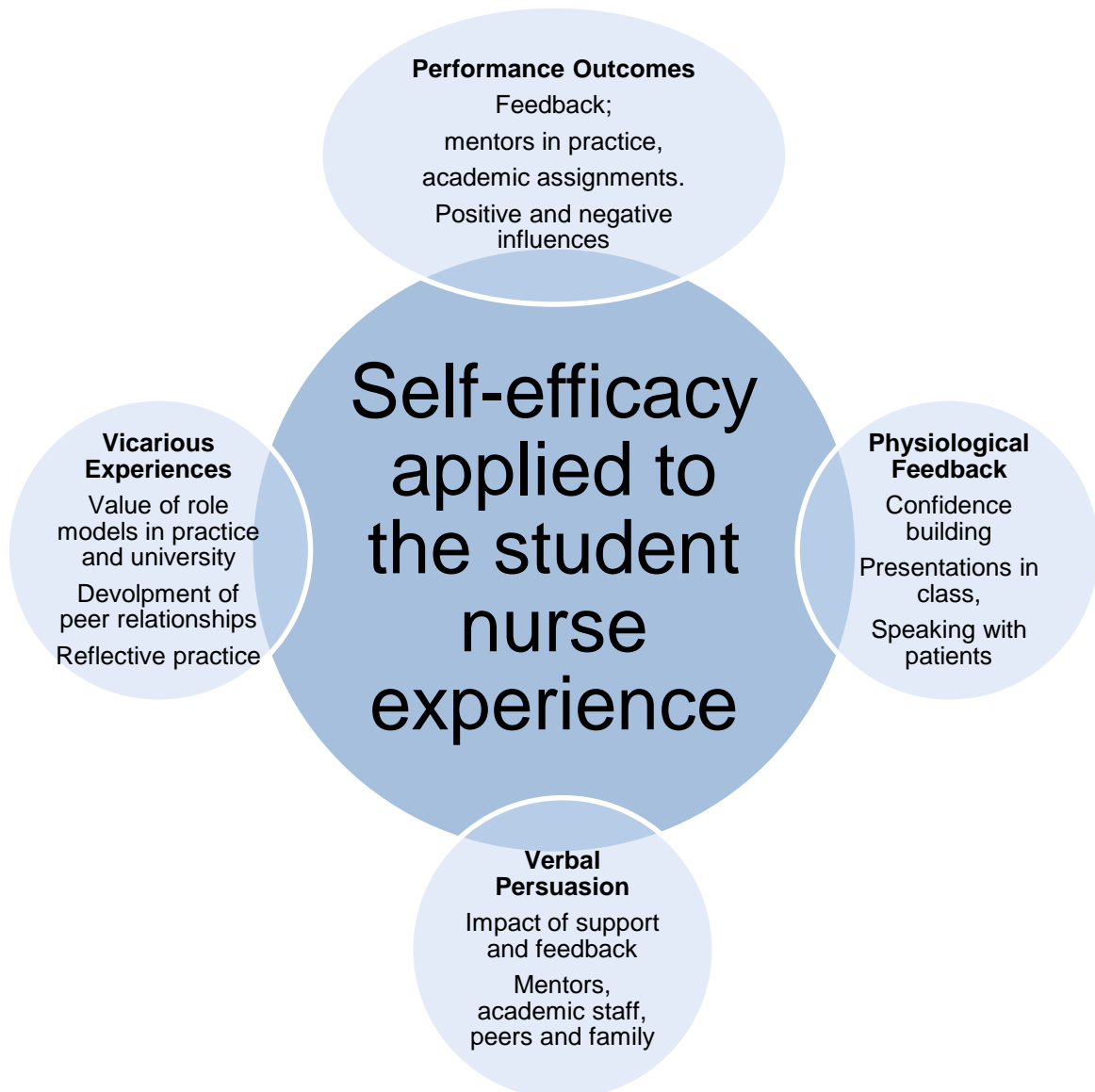
"individuals with high levels of self-efficacy approach difficult tasks as challenges to master rather than as threats to be avoided" (page 455).

It is interesting to note that the students require key stakeholders to influence their own motivation, behaviour and development. Bandura (1999) identifies that individual's increase level of self –efficacy to the greatest degree by working within,

“a network of reciprocally interacting influences” (Bandura, 1999, page 169).

Within the study this is reflected by support and feedback from mentors, peers, academic staff and Guidance Tutors. The largest network of support is evident from peers and family.

Figure 20: Self-efficacy Applied to the First Year of the Student Experience.



Performance Outcomes

According to Bandura, performance outcomes, or past experiences, are the most important source of self-efficacy. Positive and negative experiences can influence the ability of an individual to perform a given task. Within the area of nursing feedback from mentors in practice, academic (assessment feedback for example) all have positive and negative

influences. Feedback from mentors encouraged students belief that they had the ability to function at the required level of a first year student nurse. In addition, peer feedback was pivotal in enhancing self-confidence.

Within this study the experience of feeling self-confident appeared to be the catalyst that was required to develop competence and ultimately capability for effective practice that is alluded to by Watson (2006).

There was evidence though of negative feedback which impacted on self-confidence and the students' ability. Poor communication between student and academics led to feelings of disappointment. An example of a negative feedback and the impact is highlighted in the quote below;

*"one of the men on the ward, went into cardiac arrest and the crash team came and worked on him for about an hour and then he died and I laid him out and how it was the first time I have ever seen anyone die or even anyone who was dead and how difficult that was". (Line 18) **No. 10 Jan 12/VN 850005***

The student within the transcript then goes on to speak about who to contact to discuss the incident with and her initial thoughts were to contact her Guidance Tutor but due to past experience she felt that she had to cope alone.

*"Because it does impact on how you approach people if you feel as though you are not getting a response, you think, oh why should I bother" (Line 210) **No. 10 Jan 12/VN 850005***

If an individual receives negative feedback it can serve to increase self-motivated persistence when the situation is viewed as an achievable challenge (Bandura 1977).

Vicarious Experiences

People can develop high or low self-efficacy vicariously through other people's performances. A person can watch another perform and then compare his own competence with the other individual's competence (Bandura 1977). The students discuss the importance of role models and the value of peer support when considering their performance

within the clinical setting. The concept of having peers who are slightly more experienced, who can act as information providers, role models and facilitators (Bulte et. al. 2007) can enable students to believe that their own development is achievable. This humanistic approach encourages the student to take control of personal learning by building opportunities for more experienced students.

Based on the constructivist approach of Vygotsky (1978) and the concept of sharing experiences and reflection on progress are reinforced and the process of learning becomes inclusive. Students also appeared more willing to disclose their ignorance and misconceptions when attempting to replicate the behaviour of others to whom they could easily relate (Murphey and Arao 2001).

*“if I didn't have her to speak to about it (fellow nursing student), I think it's because whenever someone is in the situation with you, they know how you feel, they know what's going on, they can like empathise with it really well”. (Line 101) **No. 10 Sept 12/VN 850005***

Verbal Persuasion

Self-efficacy is also influenced by encouragement and discouragement pertaining to an individual's performance or ability to perform (Redmond 2010). The Guidance Tutor is key in delivering feedback on performance but in the initial stages of the students commencing the programme encouragement appeared to be sought from family as other forms of support were difficult to identify.

Students valued the feedback from mentors and they have the strongest influence enabling the students to adapt to the practice culture (Rush and Talley 2009). The level of credibility directly influences the effectiveness of verbal persuasion; where there is more credibility there will be a greater influence (Redmond 2010). Factors which influenced student behaviour include feedback from academic staff and mentors. If feedback was negative from mentors in practice self-confidence and the belief in their ability to practice as a nurse was quickly eroded.

A key responsibility of university staff, mentors in practice and peers is the ability to promote reflexivity and deepen learning by increasing self-belief and improve motivation to engage the student in a positive journey. This will lead to greater learner autonomy. Although verbal persuasion is also likely to be a weaker source of self-efficacy beliefs than performance outcomes, it is widely used because of its ease and ready availability (Redmond 2010).

Physiological Feedback (Emotional Arousal)

Bandura (1977) identifies that people experience sensations from their body and how they perceive this emotional arousal influences their beliefs of self-efficacy. Relating to nursing practice students experience anxiety, racing hearts, sleeplessness related to activities they engage in as part of the programme i.e. commencing the first practice placement, giving a presentation and standing in front of your class mates impact on self-belief and confidence. Although this source is the least influential of the four, it is important to note that if one is more at ease with the task at hand they will feel more capable and have higher beliefs of self-efficacy.

Summary

In summary, the students have offered great insight into *their world* of nurse education. The discussion is built around five themes identified from the data collected; Uncertainty, Expectations, Learning to Survive, Seeking Support and Moving Forward.

Various issues are raised that impact on their journey and how they actively seek support from peers, mentors, families and academics. Students themselves adapted to the transition and developed their own coping mechanisms and quickly identified staff that were role models and approachable and therefore deemed as the best support. Students appeared to have clear expectations of what a nurse is/does prior to commencement of the programme. It became evident that this was challenged as they encountered theory and practice and high levels of uncertainty were identified about *what is a nurse*.

To move forward the findings there is provided some support of the value of implementing the four sources of self-efficacy (Bandura 1977, 1982, 1997) which may enable and empower students to deal with day to day challenges by developing self-confidence.

When the needs of the students are met through the application of Bandura's framework, the potential to develop a more questioning approach may surface. Utilizing the sources of self-efficacy (performance outcomes, vicarious experiences, verbal persuasion, and emotional arousal) can improve student effort, persistence, goal setting and performance on specific tasks. Applying vicarious experiences can be as simple as shadowing another experienced student or mentor in the clinical area to act as a role model and provide feedback. Verbal persuasion can be used to give positive feedback which is appreciated by the student.

The over-arching concept that emerged from listening to the students experience is students demonstrated how they developed their own strategies in order to survive. Levels of resilience increased as the students progressed within the first year but considering the application of Bandura's framework has the potential to enhance self-confidence and self-belief in acquiring the goal of registered nurse status.

The following chapter seven will conclude the research journey and identify recommendations for further practice.

Chapter Seven: Summary and Recommendations.

Introduction

The purpose of this study was to explore the lived experiences of student nurses to develop insight and a deep and meaningful understanding within the first year of an undergraduate nursing programme. Lived experience is understood as being the ways in which people encounter situations in relation to their interests, purposes, personal concerns and background understandings (Benner 1984).

The overall aim of the study was to focus on the nursing student's experiences and perception of the transition into Higher Education and clinical practice within the first year. From this aim, objectives were developed. Broadly these looked at the lived experience of the student within the first year, factors which influenced nursing student's academic and clinical practice and to understand how students perceive the world of Higher Education and how they adapt to cope with academic learning and becoming a nurse.

Within the previous chapter there was a wide discussion on the findings presented by the students. These findings provide evidence that during the transition and transformation of the first year students have developed skills of self-reliance and self-efficacy which has enabled them to succeed in academic and practice outcomes (Figure 13 pg 157). Key aspects of self-reliance and self-efficacy applied to professional transformation appear to be pivotal in motivating students to succeed. It is evident though that an integrated partnership approach between university, practice staff and the student reinforces the student's belief in been able to succeed. The findings have also give insight into the strategies students have engaged with to go towards development of self-reliance and self-efficacy.

Self-reliance and self-efficacy applied to professional transformation include the active pursuit of learning, and the development of professional identity. This research has demonstrated that the students have developed strategies to succeed and have offered insight into the strategies adopted.

Within the research journey I have presented and critiqued the research activity undertaken to produce this thesis. This includes a review of related literature concerning the first year experience of students entering Higher Education, research philosophy, methodology and methods; data analysis, discussion and findings chapters.

The purpose of this concluding chapter is to explore my key findings and the implications of this research. In addition I will review the research contributions and implications for pre-registration nurse education and suggest future directions for research. The discussion will include a reflexive account of my research activity, highlighting strengths, limitations and challenges learnt during the research process.

Revisiting aims

My research explored the student nurse journey within the first year of an undergraduate nursing programme. The aim was to produce a detailed account of students lived experience and perceptions of undergraduate nursing students' transition into Higher Education and professional transformation. In addition, insight into the multiple and varied challenges experienced by one group of first year nursing students' as they become accustomed to new ways of learning in both the clinical and the classroom environment.

My research was, therefore, designed to utilise a qualitative, interpretive approach to explore undergraduate nursing students' first year experiences. One of the reasons I chose an interpretive approach related to the research question being asked;

What are undergraduate nursing students' experiences and perceptions of the transition into Higher Education and clinical practice?

I have researched an area of the first year experience from the perspective of the nursing student that has been overlooked to a greater degree within the existing literature. To develop insight from the student perspective is important for Higher Education Institutes, academics and mentors to enable empowerment of the student workforce to be involved in shaping nurse education and practice for the future.

This study is based on knowledge developed from theory, research and my personal experiences of nursing students entering into Higher Education and engaging within a programme of learning. A crucial period for any student is the transition into the university, and the success of this is likely to have an impact on the future achievements of the following year (Haggis 2006; Hultberg et al 2008). Transition to the first year not only requires support through a strategic and coordinated approach by Higher Education institutions, but support that starts well before entry to university and continues throughout the first year (Whittaker 2008).

Theoretical focus of the study.

The interpretive paradigm was chosen to inform this research because of its suitability for and congruence with the research phenomena. The central focus of phenomenology is the description of the lived experience of the individuals concerned. There are varying schools of thought within phenomenology which is a distinctive philosophy, theory and method for studying the lived experience. The use of hermeneutic phenomenology enabled the exploration of participants' experiences with further abstraction and interpretation by I as the researcher based on my theoretical and personal knowledge.

Hermeneutic phenomenology maintains the view that researchers' prejudices and traditions are important for understanding and cannot be removed with bracketing, but need to be made obvious to allow comparison with those of the research participants. Therefore, the best researchers can hope for is to endeavour to recognise and make explicit their understandings, beliefs, biases, assumptions, presuppositions and theories that are brought to the research (van Manen, 1997). A reflexive approach attempts to make the whole process transparent and open, thus providing a clear audit trail, considered by Koch and Harrington (1998) to be an important method of achieving rigour in qualitative research. This is the view I maintained within this research. By development of a research journal incorporating written reflection, analysis and critique of the research presented I have endeavoured to bracket my biases. Further within this chapter I present a reflexive account which details the research journey and offers insight.

Being an *insider* gave me several advantages. It helped to facilitate trust and confidence in the researcher-participant relationship and it allowed me to establish rapport with the students early in the data gathering process, providing access into their world and thoughts. I was already armed with the language in which the students were exposed to, which provided greater access to their world without the need to constantly ask for clarification.

However, this may be a disadvantage if researchers ascribe meanings to certain words or jargon, behaviours and decisions, with which participants differ (Minichiello et al., 1999).

Being aware of this disadvantage I attempted to maintain what van Manen (1997) referred to as *hermeneutic alertness*, which occurs in situations where researchers step back to reflect on the meanings of situations rather than accepting their pre-conceptions and interpretations at face value.

Ensuring quality in interpretive research

This section outlines how the issue of ethical conduct, rigour and credibility was applied to the research study. Ethical conduct is an essential criterion which has been discussed within chapter three. A number of criteria and approaches exist for assessing research quality in the interpretive paradigm. Koch (1996) argued for a pragmatic view, that criteria relevant to the given research may be selected or developed by researchers from the literature. She argued that the criteria used should be consistent with the philosophical and methodological assumptions on which the research is based (Koch and Harrington 1998, Leininger 1994).

Rigour

Ensuring quality in any research requires the rigorous use of systematic methods of data collection and analysis, transparency in documenting these methods and consistency in operating within the philosophical assumptions and traditions of the research paradigm and approach (Lincoln and Guba 2000). Several strategies have been identified in the literature as enhancing rigour in interpretive research, including congruence between the adopted paradigm and chosen methods, prolonged engagement with the participants and the phenomena, multiple methods of data collection, and auditable records. The application of each of these strategies in this research was considered.

Congruence refers to the notion of consistency between the purpose of the research, the methodology and the methods used to collect and analyse data, and the philosophical assumptions of the research paradigm (Crotty 1998, Higgs 2001). A fundamental requirement of well-designed research is close matching between the nature of the topic and the methods of inquiry used (Hammersley 2008). Throughout this thesis, I have striven to demonstrate congruence by detailing the philosophical underpinnings of the chosen paradigm and approach and their historical development and relevance to this research, and by aligning them with the methods of data collection and analysis chosen and to be implemented in this research.

Prolonged engagement with the participants and repeat interactions ensure that data collection is rigorous (Guba and Lincoln 1994). Data from each participant was collected over a period of a year, with at least three individual interviews following submission of voice recordings outlining a critical incident. Over this period I developed a good rapport with the participants and I felt gained their trust. This enabled open discussion at the one to one interviews and enabled participants to discuss their views and learning experiences with me, increasing the rigour and trustworthiness of the research findings.

Multiple methods and sources of data collection provide multiple constructions of phenomena, thereby enhancing the depth and richness of the data (Denzin and Lincoln 2000). The use of multiple data sources and strategies reduces systematic bias in the data, thereby adding rigour to interpretive research (Denzin and Lincoln 2000). In this research, data was collected using a collation of critical incidents, semi-structured interviews and reflective notes. Student nurses for the four fields of specialism (adult, learning disability, child and mental health) were recruited, offering different perspectives on the phenomenon of the lived experience within the first year.

An audit trail is a record of decision-making or turning points in the research, and the development of the research questions and design. It serves two purposes, first as a mode of transparency that enables readers to judge the quality and trustworthiness of the research and second as a methodological tool that aids the critique and development of the research process by researchers themselves (Lincoln and Guba, 2000, Brew 2003, Anfara and Mertz 2006). The audit trail for this research includes the transcript files, personal files and analytical files documenting all ethical, contextual, methodological, analytical and personal thoughts and decisions.

Credibility

Credibility refers to the vividness and faithfulness of the description to the phenomena (Koch and Harrington 1998), or trustworthiness of the findings of the research (Denzin and Lincoln, 2000). Judging the credibility of interpretive research is a decision that the reader makes of both the research process and the findings. However, certain strategies have been suggested that ensure and enhance credibility of interpretive research, including rigorous and systematic data collection and analysis methods, authenticity and transferability of findings.

Authenticity is demonstrated if researchers show a range of different realities in a fair and balanced manner (Denzin and Lincoln 1994). Denzin and Lincoln (2000) used the term *crystallisation* to refer to the use of multiple data-gathering strategies and methodological practices to secure an in-depth understanding of the phenomenon in question. In the crystallisation process, research phenomena are illuminated from different points of view;

“each telling, like light hitting a crystal, reflects a different perspective on this incident”
(Denzin and Lincoln, 2000, p. 6).

Using multiple methods and sources of data collection strengthens my claim for fair representation from the student in illuminating the phenomena using different perspectives. Multiple constructions and interpretations of events and experiences are consistent with the philosophical underpinnings of the interpretive paradigm (Crotty 1998). Lived human experiences are always more complex than the result of any singular description (van Manen 1997).

Ensuring that the voices of all the participants and the researcher are evident in the text also enhances authenticity (Lincoln and Guba 2000). This was achieved by the use of rich description and the use of participants' words to allow them to speak for themselves.

Grounding the findings in the data by using first order constructs to guide themes and participant quotes in the findings strengthens my claim for acting fairly with regard to the participants' views. The data analysis method utilised ensured that;

“faithfulness to the raw data was retained by the high value placed on the subjectivity of the research participants, by allowing their interpretations to lead the development of theory and by constant reference back to the first order constructs” (Edwards and Titchen, 2003, p. 457).

Transferability of the research

Finally, transferability of the research findings to other settings has been proposed as an important indicator of quality in qualitative research (Hammersley 2008). The researcher is responsible for describing the context sufficiently such that readers can judge for themselves the applicability of the research findings to their own contexts (Koch, 1996; Anfara and Mertz 2006)

Within this research my intention as a researcher was to give insight into the lived experience of student nurses within the first year. A limitation to be considered by researchers working in the interpretive paradigm is the non-generalisability of findings of qualitative research. The interpretive paradigm was chosen to inform this research because of its suitability for and congruence with the research phenomena. In this paradigm, findings are not generalisable because there is no single truth or one way of seeing things (Crotty 1998). Connections have to be built by readers and applicability of findings tested out in their particular contexts.

In identifying recommendations I acknowledge the dichotomy between ethical commitment to articulate the worth of the study and presenting generalised findings. Lewis and Ritchie (2003) identify,

“there is not a clear set of ground rules for the conditions under which qualitative research findings can be generalised”. p.263

Lewis and Ritchie (2003) identify three ways in which generalisation can be conceptualised:

1. *Representational generalisation*: what is found in the study participants is true of the population, from which they are drawn, in this case pre-reg nursing students within a cohort which capture the diverse range of entrants to the programme. The potential for representational generalisation is dependent on how well the sample of participants map to the larger population.
2. *Inferential generalisation*: can the findings be generalised to other settings or contexts, in this case, for example, all students entering programmes of learning within other educational institutions. Valid inferential generalisation depends on the congruence between the context of the original research and the context where it may have potential applicability.
3. *Theoretical generalisation*: do the findings have more general application, in this case, for example, by highlighting the needs of students within the first year of Higher Education programmes of learning. Lewis and Ritchie suggest that detailed study of processes such as transitioning can inform theory and permit critical examination of existing theory.

Key findings

Five key themes emerged as follows;

Uncertainty, Expectations, Learning to Survive, Seeking Support and Moving Forward.

The themes encapsulate the experiences of students within the first year of a three year undergraduate nursing programme. The findings support the notion that to facilitate personal change and to equip nursing students to be confident practitioners students do

need to take responsibility for their learning and develop the skills of self-reliance and self-efficacy which makes them more likely to succeed.

The overarching commonality across and within each theme is the ability of all the students to develop their own skills of coping to deal with the demands of academic life and the practice setting. This provides some support for the conceptual premise that a valuable part of the student journey and a key development of learner autonomy are enabling students to take responsibility for their learning and develop the skills of self-reliance and self-management.

It is evident though students cannot achieve total responsibility for development of skills; it requires partnership working with academics and mentors to achieve competent, confident nurses of the future to deliver high quality care.

The following section identifies recommendations for Higher Education and clinical practice based on the findings.

Recommendations for pre-registration nursing programmes-The first year experience.

Theme1; Uncertainty

The process of transition and adjustment to Higher Education including professional transformation lead to raised levels of uncertainty for the majority of participants. It became evident that students were challenged as they encountered theory and practice and high levels of uncertainty were identified about *what is a nurse*. This was particularly evident within the first 4 months. When students were challenged what emerged is that students developed quickly strategies to enable greater learner autonomy and develop greater levels of resilience to cope with the demands of the programme. Students were actively engaging in new ways of working and developing responsibility for their own learning.

Examples of development of learner autonomy were evident when the participants approached a member of academic staff to seek guidance on development of academic work and to understand the application of marking criteria. As part of professional development students are encouraged to engage actively in new ways of working and developing responsibility for their learning. There was evidence as the students progressed within the first year an increase in self-belief and development in confidence but initially students require key stakeholders to influence their own motivation, behaviour and development. Bandura (1999) identifies that individual's increase level of self-efficacy to the greatest degree by working within,

“A network of reciprocally influences self-efficacy” (Bandura 1999 p. 169)

Recommendations;

- To encourage students to develop knowledge of the professional values, attitudes and beliefs relating to the nursing profession. This can be facilitated within lectures,

seminars and one to one discussions with a Guidance Tutor as part of reflective practice. Within the first year of the nursing programme students do require assistance with active interpretation as they may not have the skills to contextualise or reflect on nursing practice.

- To create positive staff-student relationships. Staff that made time for students, who were approachable, engaging and positive role models within practice and university were held in high esteem by the students and assisted with development of self-belief and confidence.
- Prepare students for first clinical placement. Students to have access to information relating to practice setting and role of the mentor clearly identified prior to commencement of practice. Seminars prior to commencement of placement facilitated by a member of academic staff recommended, enabling adequate preparation of the students to maximise learning potential.
- Clear identification of academic demands of the programme. To include identification of support available, signposting to relevant on line materials which students can access and study skill sessions to be available.
- To review induction processes to include preparing students for the academic demands of the programme prior to commencement. This is to include increased levels of support from academic staff within the first four months of the programme to facilitate adjustment to Higher Education.
- Development of a programme plan which creates opportunities for nursing students to share their experience of practice in a facilitated environment with peers and academics.

Theme 2; Expectations

Managing expectations was a key theme to be raised within the findings. Students demonstrated motivation prior to commencement of the programme by attempting to access information related to the programme. Reflected in the findings there is the potential to alienate and de-motivate the students as the information they expected to access i.e. outline of programme content was not available.

The students clearly identified the need for insight into the role of key stake holders within their development. A major concern raised was who will support them within university and practice. It is recognised that support is highly valued and provides a positive learning experience within practice and university. Students appear to value positive feedback and *expect* to receive feedback from mentors and academic staff. It was evident feedback is a key component in developing self-belief within their skills and achievement.

Self-confidence was developed through positive mentoring experiences. Students valued being made to feel part of the team, recognition of performance and the development of clinical skills.

Recommendations

- Universities need to clearly articulate to prospective students about the nature of nursing and the curriculum that they will be studying. Strategies that could be implemented include; introduction of briefing days prior to commencement of programme. To be facilitated by academics to include an overview of the programme and assessment requirements.
- There appears to be a requirement to instil learning values prior to commencement of the programme. Development of literature provided to potential students that is

focused and meets the diverse needs of the student population is required to ensure students are prepared prior to commencement of the programme.

- Managing expectations; this includes academic expectations to prepare for learning, role of the academic and clear guidance on what is expected of a student nurse on a under graduate nursing programme. Clear support strategies to be identified prior to commencement and within the first four months.
- Feedback was viewed as essential to enable moving forward and developing. This includes academic assignments, feedback from mentors and guidance tutors. Guidance tutor tutorials to be implemented at regular intervals within the first year to facilitate intellectual and personal development by giving feedback and aid critical reflection.
- To communicate to students expectations at an early stage (prior to commencement) about development as learners. University website was identified as a first port of call for information but specific information needs to be available i.e. Programme Handbook.

Theme 3; Learning to Survive

The theme of 'Learning to survive' focuses on the development of resilience amongst the students. The demands of transition include adapting to a new environment, establishing new social networks and managing the demands of day to day life identified that they need to develop a level of resilience to reduce stress and to survive.

Findings revealed a common process of evolving resilience among participants over the period of the year. With positive experiences, the students began to feel more confident and

competent in practice and university. However, there was evidence that their ideas of professional nursing and their actual experiences in the work setting were on occasions challenged. All of the students within the study identified how they would draw on an inner strength to ensure success.

What evolved was the importance of development of a sense of a community which appears to aid development of building resilience. By acknowledging the challenges peers are also facing it develops self confidence in abilities to cope as students recognise that they are not unique. This was evident as the students progressed during the first year. Initially the majority of students relied on support from home until there was more established support networks amongst peers within the programme.

Within the first 4 months levels of uncertainty were raised and this was noted partly due to fears about making new friends. Part of social and emotional transition is to ensure feeling positive from the beginning of the programme. This can be enabled by development of friendships for support and developing independence.

Recommendations

- Promoting positive student-student relationships. An example of how to achieve is creating small group sizes to enable development of peer support.
- Development of a Social Capital culture between Higher Education Institutes and students. Students need to be provided with opportunities to be empowered and enabled to have a voice in their programme of learning. Opportunities to actively engage with staff need to be created. This can be formal i.e. student/staff committees or informal i.e. staff willing to listen and act as an advocate for the student.

Putnam (2000) articulates that social capital is cooperation across networks that enable participants to act together more effectively to pursue shared objectives. Social capital may benefit individuals, the community and/or wider society and is inherent within the relationships that people have. This is met in part by the placement of students at the commencement of the programme in small groups with an identified lecturer who is their Guidance Tutor. This creates a readymade peer system for support. An educational experience which recognises the need to build on social capital may go towards minimising stress and maximising retention. Taylor (2012) identifies by enhancing social capital the student community and learning culture leads towards engagement and empowerment of students.

Theme 4; Seeking Support

The value of support on commencement of the programme by staff in the university setting, mentors within the clinical area and also peer support was viewed as imperative to ensure a positive experience and enabling the student to feel valued. A key finding was the lack of understanding in relation to support available and who offered support. Taking a constructivist adult view of learning means having a mutually respectful, participation perspective in knowledge generation between facilitators and students (Cope et al 2000)).

The characteristics of adult learners require the student to be self-directed and autonomous (McAllister 1997). As adults, students in the health professions need to take an active part in the learning process. Adult learning conditions include motivation, respect of the student as a person, acceptance of student autonomy, and emphasis on experience (Knowles et al., 1998). Educators should aim to foster these conditions in both the classroom and clinical environment. Self-directed and adult learning abilities assist students to generate knowledge and clinical skills in order to deal both proactively and responsively with their learning needs and with changes in society's health care needs.

The majority of the students have identified that they value staff that are approachable, appear to care and are available. Some of the participants identified that staff on occasions displayed a lack of respect for the students, were unprofessional and did not support development of learning within the student. This has a negative impact on the motivation of the student if it appears that the student is investing time in developing learner but they perceive support is not available from lecturers. Student engagement and empowerment was facilitated by staff that were empathetic and who were also positive role models that demonstrated caring, respectful behaviour and were approachable.

As students progress within the first year they are demonstrating the ability to meet the demands of the programme. This may be due to increased understanding of the role of a student nurse, increased experience within the practice setting and development of confidence as knowledge increases. Students appear to be developing their *own coping strategies* to deal with the challenges of the programme.

Recommendations

- Institutional structures should facilitate a positive learning environment for both social and academic development. This includes the ability to promote reflexivity and deepen learning by encouraging self-directed learning skills necessary for the development of autonomy and accountability. An identified academic member of staff is required to support students in small groups to facilitate learning and offer guidance to enable learning in a meaningful manner. Seminars to be timetabled
- The students appear to value in developing a positive working relationship with a *named individual* within the university setting and practice setting.

- To enhance the use of technology. As part of the development of skills in becoming autonomous learners the use of technology enhances the learning experience for the student and is viewed as an invaluable support to the lectures and seminars not a replacement. Within this study Skype, Facebook and e-learning lectures were viewed very positively. Universities need to invest in developing an infra-structure to support the growing demand for access to technology.
- Working in partnership with academic and clinical staff. Mutual respect appears to be a key factor in engagement with lecturers and mentors. The roles of academics and mentors are of great importance to the student experience within the first year. Staff are required to be positive role models that demonstrate caring, respectful behaviour and are approachable.

Theme 5; Moving forward

The final theme developed explored how students are enabled and empowered to move forward by development of their confidence as they experience the challenges of Higher Education and practice settings. This includes managing feedback, development of intrinsic motivation through learning new things, feeling valued and the initial impact of fears on commencement of programme.

All students at the end of the first year have developed confidence and are enabled and empowered to move forward into the second year. There is evidence of challenges encountered along the way within the university environment and practice setting which include dealing with academic assignments, learning skills within practice to prepare to be a nurse, managing feedback from mentors and academic staff and the initial impact of fears on commencement of programme.

Clearly identified by all students was the importance of intrinsic motivation. Students articulated that entering into the nursing profession has been a passion for them and they have invested time prior to commencement of the programme, followed pathways to obtain the qualifications and accessed relevant caring. Receiving positive feedback from mentors and academic staff raised confidence and efficacy, as well as praise from peers.

Recommendations

- Constructive feedback (formative and summative) is required to enable the students to learn and develop academic skills. Within the study this is reflected by support and feedback from mentors, peers, academic staff and guidance tutors. This enables personal motivation to succeed. Opportunities for formative and summative feedback need to be built into the programme.
- To implement greater opportunities for confidence building i.e. presentations in class, speaking with patients. Students identify the impact of commencing the first placement and standing in front of class presenting and how it impacts on self-belief and confidence. The more students feel at ease with these essential skills they will feel more capable and have higher beliefs of self-efficacy.

Uniqueness and recommendations for further research

My findings have presented the experiences and perceptions of undergraduate nursing students' transition into Higher Education and professional transformation. There is a dearth of literature which represents the first year student experience but minimal literature (if at all) that presents the student voice within all of the first year. This has further enabled understanding of some of the complex challenges that students encounter on entering a pre-reg nursing programme.

These findings provide evidence that during the transition and transformation of the first year students have developed the skills of self-reliance and self-efficacy which has enabled them to succeed in academic and practice outcomes (Figure 13 pg. 157). This is congruent with literature relating to the positive impact of the development of self-efficacy to increase academic motivation (Chester-Smyth and Long 2013) but the uniqueness of this research is that insight has been developed relating to the strategies utilised by nursing students to enable development of self-efficacy and resilience.

Recommendations for further research

- Further research to explore the students progression from year one to completion utilising hermeneutic phenomenology methodology to gain insight into the student experience
- Further research from the perspective of the guidance tutor/personal tutor and support offered on transition into university
- Further research from the perspective of mentors and how they view students who are requesting feedback in the practice setting.

- Further research in the application of principles of self-efficacy theory (Bandura 1977) and the impact of its application to undergraduate student nurses.

Limitations of the research

Limitations of the research need to be considered within the context they have been presented. The first limitation relates to the non-generalisability of findings of qualitative research. The interpretive paradigm was chosen to inform this research because of its suitability with the research aims. Readers have to develop connections and applicability of findings tested out in their particular context.

Hammersley (1992) nominated transferability of the research findings to other settings as an important indicator. Within this research the similarities in students' learning journeys and the key identified themes of uncertainty during the process of transition and adjustment to Higher Education, managing expectations, development of resilience, importance of support and skills required by students to move forward may be transferable to a broader population of students entering Higher Education. However, this is a task for readers to determine; my aim was to give insight into the lived experience of pre-registration student nurses within the first year of Higher Education. Readers can make their own judgements if this research can be applicable to their own contexts.

Within this research the sole focus has been insights from student nurses within the first year. An area for consideration to further understand transition into Higher Education and the first year experience would be future research specifically focusing on insights from academics to give a balanced perspective into expectations of student nurses within the first year

Reflexive account

Stake (1995) writes;

“Qualitative research is highly personal research. Persons studied are studied in depth. Researchers are encouraged to include their own personal perspectives in the interpretations...The quality and utility of the research is not based on its reproducibility, but on whether or not the meanings generated by the researcher or the reader, are valued. Thus a personal valuing of the work is expected”. (p.135).

On commencement of the Professional Doctorate programme I had a general idea of researching the student experience within an undergraduate nursing programme from the perspective of the student. This area of interest had developed as within the course of my daily working life as an academic within a University delivering Pre-registration nursing programmes, I was increasingly aware of the various needs of nursing students in particular within the first year of the programme. Also reviewing the existing research there is a wealth of literature informing how to improve the first year experience as it is recognised as pivotal in enabling students to succeed.

As part of the reflective account I have also captured my journey within this study and have greatly improved my ability as a researcher. My confidence and competence has developed over the course of the journey and this includes the opportunity to share findings at peer reviewed conferences (See Appendix Nine pg. 270). Further development will include publication within peer review journals (national and international) and continued presentation at conferences to inform the existing evidence base relating to the first year experience of pre-registration nursing students.

By maintaining a reflective account I have recorded decision making and how it has influenced this journey. I found that maintaining a research journal was a valuable tool in facilitating a reflexive approach. The journal enabled me to question my values and pre-conceptions throughout the research process. In addition I brought to the research activity

particular skills, qualities and abilities, which enhanced the process, and which, in turn, were further, enhanced and developed by exposure to the research activity. For example interpersonal skills enhanced the collection of data, from ensuring informed consent, to sensitive interviewing technique and my professional insights into the area of investigation.

Within the literature review (Chapter two) I outline the literature I engaged with to underpin the focus of the study. Initially on searching the literature to enable focus of the research question I was at times overwhelmed by the amount of literature available. This however was an essential process as it enabled me to focus on the area for investigation as well as developing a broad knowledge base of the wider issues relating to the first year experience for students entering Higher Education. As outlined within chapter two a decision was made to focus on the literature which reflected the student journey on entering university and the first year experience. The focus of the literature review explores generic issues related to transition to Higher Education within the context of integration; academic transition through adapting to the university experience; personal and social transition and the student perspective on transition.

Having viewed the literature and identified key concepts for consideration these concepts move from being completely abstract and unconnected to becoming a loose framework to explore and test theory. The conceptual framework emerged from the conceptual dimensions presented within chapter three. The underlying premise of the study was to explore from the student perspective thoughts, feelings and actions from their experiences. Once I had identified the conceptual framework, I identified appropriate research methods which enabled access to students' experiences. This was a key turning point in how I conducted the research.

The challenge for me as the researcher was to find appropriate means to enable the subjective voice of the student to be heard. The hermeneutic phenomenological approach

and multiple methods of data collection over the period of a year enabled a rich insight into the student world. Within collecting the data I explored various methods which could be utilised to ensure I captured the *here and now* of the student experience. As part of capturing data I utilised digital voice recorders. I was impressed and appreciative of how well the students captured their stories and maintained motivation during the period of the year. This provided powerful insight into *their* world. This also provided recognition of the investment students were willing to contribute to the research study.

Within chapter five findings presented include discussion with supporting literature. This decision was made to offer a rich descriptive insight into the student experience. The choice of which quotes to be presented was challenging as I had a wealth of data collected over the period of the year. By implementing an iterative process to enable identification of themes mind maps were used as a tool to organise themes and quotes following extensive reading of transcripts. The quotes presented encapsulated the student experience for each theme identified. Presented is powerful insight into the first year experience of student nurses’.

Chapter six enabled me as the researcher to present actual skills and strategies that students developed over the period of the year. I was aware by capturing the voices of the student experience as it happened students verbalised great detail of their experience. When I met with the students at a later date to discuss further this enabled exploration of the experience and greater understanding of how the student had managed a particular situation. Students clearly identified strategies that they had employed to enable moving forward and succeeding.

To summarise the research journey it has been ever evolving and at times challenging. Hard work, diligence, sharing of ideas, good supervision and tenacity has kept me focused. I have learnt an insurmountable degree of knowledge and have moved part way along the spectrum of a novice researcher. First and foremost though it has been a humbling

experience to be able to listen to the student's story and I am grateful to the students for sharing with me their experiences.

Summary

The primary aim of nurse education today, is to prepare nurses so that they can deliver high quality care in a variety of settings (NMC 2010). It takes a caring, compassionate individual to be a nurse and to offer care at the point of need. Nurse education in Higher Education environments need to invest in developing nurses of the future and that commences by ensuring that students do have a voice in the development of educational programmes.

This research has provided insight into the first year experience, as well as the actual skills and strategies that students have developed and drawn on to cope with the transition into university and deal with day to day challenges presented by an undergraduate nursing programme.

Uncertainty, Expectations, Learning to Survive, Seeking Support and Moving Forward.

The overarching commonality across and within each theme is the ability of all the students to develop their own skills of coping to deal with the demands of academic life and the practice setting.

It is evident though that an integrated partnership approach between university, practice staff and the student reinforces the student's belief in being able to succeed. The development of self-efficacy within the first year experience of student nurses is an important aspect to the learning process and meeting the needs of the students. By application of Bandura's framework, the potential to develop a more questioning approach may surface. Utilising the sources of self-efficacy (performance outcomes, vicarious experiences, verbal persuasion,

and emotional arousal) can improve student effort, persistence, goal setting and performance on specific tasks. On a final note the development of self-efficacy within the experience of PhD and Professional Doctorate students is a potential area to be explored, but that is a story for another day.

“Every successful individual knows that his or her achievement depends on a community of persons working together”.

Mahatma Gandhi

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Appendices

Appendix One; The Evolution of Nursing

1860: The Nightingale Training School for Nurses opened at St Thomas' Hospital, London, establishing the pattern for professional nursing education in the UK and many other countries.

1909: The University of Minnesota bestowed the first US bachelor's degree in nursing.

1939: The Athlone report recommended that nurses should have student status.

1943: An RCN commission chaired by Lord Horder examined nursing education.

1947: The Wood Report said nursing students should have full student status and be supernumerary to ward staff during their practical training. This was not widely accepted, but the pressure to reform led to the Nurses Act, 1949.

1948: The National Health Service was founded, offering comprehensive health care for all, free at the point of delivery and funded through taxation.

1960: The University of Edinburgh launched the first bachelor's degree in nursing in the UK, and a master's degree from 1973.

1964: The Platt report from the RCN Special Committee on Nurse Education said students should not be used as cheap labour, but be financially independent from hospitals and eligible for local education authority grants.

1969: The University of Manchester offered an integrated degree programme in nursing, health visiting, district nursing and midwifery.

1971: The University of Edinburgh appointed Margaret Scott Wright to the first UK Chair of Nursing.

1972: The Briggs committee on nursing recommended changes to education and regulation. Degree preparation for nurses should increase, to 'recruit people with innovative flair and leadership qualities', and nursing should become a research-based profession.

1972: The University of Wales appointed Christine Chapman to develop the first nursing degree in Wales. In 1984 she was appointed to the first Chair of Nursing in Wales, and became the first nurse dean in the UK.

1974: The University of Manchester developed the first bachelor's nursing degree programme in England, and appointed Jean McFarlane to the first Chair of Nursing at an English university. Degree courses began at Leeds, Newcastle and London South Bank universities.

1985: The Judge report from the RCN Commission on Nursing Education recommended the transfer of nursing education to Higher Education, and said students should be supernumerary.

1986: The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) launched Project 2000, a wide-ranging reform of nursing education.

1988: The WHO European nursing conference in Vienna supported degree-level nursing education and subsequently provided detailed curriculum guidance. Nursing education in many countries worldwide continued to move in this direction.

1990s: Nursing education in the UK gradually moved to Higher Education as Project 2000 was implemented. Delivery was mostly through the diploma route.

1997: The Nurses, Midwives and Health Visitors Act was passed, requiring the UKCC to determine the standard, kind and content of pre-registration education.

1999: The UKCC Commission for Education report, *Fitness for practice*, evaluated the results of Project 2000. It recommended a one-year common foundation programme and a two-year branch programme.

2000s: The number of graduate nurses grew steadily. Some parts of the UK moved to offering bachelor programmes only.

2001: Degree-level preregistration nursing programmes began

2001: Degree-level pre-registration nursing programmes began in Wales. All its pre-registration nursing programmes moved to degree level in 2004.

2002: The new Nursing and Midwifery Council (NMC) replaced the UKCC.

2004: *Agenda for Change* set out a new pay structure for nurses and other NHS staff that was also a rudimentary career structure.

2005: The NMC register, with its 15 sub-parts, was revised to just three parts: nurses, midwives and specialist community public health nurses.

2008: The NMC decided that the minimum academic level for all pre-registration nursing education would in future be a bachelor's degree.

2009: UK government health ministers endorsed the NMC's decision.

2010: After extensive consultation, the NMC issued new *Standards for preregistration nursing education*.

2011: All pre-registration nursing programmes in Scotland moved to degree level only.

2013: By September, all UK pre-registration nursing programmes will be at degree level.

2020: A relevant degree will become a requirement for all nurses in leadership and specialist practice roles.

Willis commission (2012) *Quality with compassion: the future of nursing education*. Report of the Willis Commission on Nursing Education, pp.11-12

Appendix Two; Search terms utilised

First year	Education Pedagogy Adult learning Nursing student Experience Support Retention Withdrawal Attrition Transition/induction/orientation Adaptation Integration Expectations Engagement Communities of practice Motivation
Education Higher Education	Nurs* Policy Curriculum First year Support Empowerment/engagement
Nurs*	Policy Curriculum Education Pedagogy Retention Attrition Withdrawal/ Transformation

Appendix Three; Invitation letter

Date

Dear Student

INVITATION TO PARTICIPATE IN RESEARCH STUDY

The aim of this study is to explore undergraduate nursing students' experiences and perception of the transition into Higher Education and clinical practice within the **first year** of a three year programme. The study also aims to develop insight into how students cope with academic learning and transition into becoming a nurse

You are invited to participate in this study. Before you decide you need to understand why the research is being conducted and what it would involve from you.

The research is not directly funded but is being conducted by Northumbria University staff as part of scholarly activity.

You are being invited to participate in this study because you are a student on the BSc (Hons) Nursing Studies / Registered Nurse Programme of learning.

Enclosed with this letter is an information sheet which details the research and what you will be required to do if you agree to take part. Please read this carefully.

In 2-3 days time you will be contacted via e-mail to find out if you are interested in taking part within this research. If you are, the researcher will make arrangements to meet with you to provide further information and to answer any questions you may have.

You will then be offered a few days to consider whether you wish to be involved. If you do get involved all of the information collected from you will be held in the strictest confidence. In addition, you will be free to withdraw from the study at any time without this affecting you in any way.

Thank you for taking the time to consider being involved in this study

Yours sincerely,

Debra Porteous

Principal Investigator / Lead Researcher

Appendix Four; Topic Guide

School of Health, Community & Education Studies

Full Title of Study:

From uncertainty to belief and beyond; a phenomenological study exploring the first year experience of becoming a student nurse.

Topic Guide

The aim of this study is to explore undergraduate nursing student's experiences and perception of the transition into Higher Education and clinical practice within the **first year** of a three year programme. The study also aims to develop insight into how students cope with academic learning and transition into becoming a nurse

Key themes within the literature are;

- Students understanding of the term transition and to include pre-course information and induction
- Student support; what support had students experienced prior and during the programme of learning?
- What triggered the need for support? Identification of factors
- Professional transformation. What were the most important forms of support from the students perspective
- Preparation for clinical practice to include mentorship

Respondents are asked to record any incidents which affect the above key themes;

Recording of incidents should be done as soon as possible after the event to ensure the accurate recall of events.

Events should be dictated into the dictation recorder provided.

Areas for consideration;

- How did you prepare for the programme of learning and entering University life? Do you have any previous experience to enable transition to adapting to University life?
- What was your initial experience on Campus?
- Who and what was your greatest support at that time?
- Information and induction period. How did the information you receive enable you to adjust to University life.
- Learning and teaching (learning support)
- Preparation for practice

Please contact Debbie Porteous. Northumbria University

Telephone (0191) 2156358 or e mail debbie.porteous@unn.ac.uk for any queries.

Thank you

Appendix Five; Information sheet

Research Study Information Sheet

From uncertainty to belief and beyond; a phenomenological study exploring the first year experience of becoming a student nurse.

What is the purpose of the study?

The aim of this study is to explore undergraduate nursing student's experiences and perception of the transition into Higher Education and clinical practice within the **first year** of a three year programme. The focus will be the transition into Higher Education and academic/professional transformation. The study also aims to develop insight into how students cope with academic learning and transition into becoming a nurse

Why have I been asked to take part in this study?

You have been asked to take part in this study because you are a student enrolled on the September 2011 cohort of the BSc (Hons) Nursing Studies Programme.

Do I have to take part in the study?

No, it is up to you to decide if you wish to take part. You will be asked to meet with the lead researcher to discuss the study in more detail. You will also have an opportunity to ask any questions you may have.

Whether you decide to participate in this research or not, your status on the course will not be affected in any way.

If you agree to take part then we will ask you to sign a consent form to show that you have agreed to take part. You are free to withdraw from the study at any time, without giving a reason. Withdrawal will not affect you in any way and your decision to withdraw will not be shared with anyone outside of the research team.

Criteria to take part

Students enter September 2011 cohort of the BSc (Hons) Nursing Studies Programme from a variety of backgrounds. The recognition of the diverse student population is essential. Within this study there is a need to capture and ensure representation of all students. This will include a variety of ages, male and female, previous caring experience, ethnic background and regional location

What am I being asked to do?

If you decide to take part in the research study you will also be asked to use a digital voice recorder to record your thoughts on your experience within the first year of the programme. After each placement allocation in year one you will be invited to discuss within a one to one interview your voice recordings in further detail. This will take between 30-45 mins and will be built into your timetable whilst in University. This will total three sessions within the first year. This interview will also be recorded.

What if need support?

If you need support during the study you will be directed to your Guidance Tutor, Programme Leader or Programme Manager.

The researcher as an NMC Registrant is bound by the NMC's Code of Conduct, Performance and Ethics (2008). If you disclose anything during the interviews or when recording critical incidents that could impair your professional suitability for registration e.g. misconduct, convictions or health issues this information may be disclosed to the relevant

Programme Manager. If this did occur we would try to gain your consent for disclosure and direct you to relevant support.

Are there any disadvantages to taking part?

We are not aware of any specific disadvantages other than the potential inconvenience of having to take part in an interview which may last for up to 45 minutes on three occasions.

What are the benefits of taking part?

Individuals participating in this study will get an opportunity to discuss experiences of support on entering Higher Education and within the first year of the programme. The outcome will inform future curriculum development.

Confidentiality

Collecting the data

The data for this study will be collected using a digital voice recorder which will be transcribed and inform the basis of discussion within a one to one interview. Once the interview has ended the recording will be transcribed and a written record of our discussions will be created. The data will not contain your name etc. and any paper based record will be securely stored. This data will be kept for ten years.

Storage of the interview digital files, transcripts and other papers

The recordings and paper based data will be kept in a locked cupboard at the University until the research is completed. Once the study ends the digital files will be wiped following a period of up to ten years. The paper versions of the interviews will also be stored securely in a locked cupboard at the University. These documents are anonymised and are marked by a unique identifier (allocated to you by the researcher).

The only individual who will have access to the digital files and papers is the principal researcher.

Any information which is produced as part of the dissemination activities associated with the project will not bear your name.

What will happen to the results of the research study?

The results will form part of a doctoral research thesis which will be completed by September 2014. A project report and a short summary will be produced for wider dissemination. A summary will be made available to study participants and to other students. The results will also be published in education and health care journals. You will never be identified in any publication although your words may be published exactly as you said them during the interview.

Who is funding this study?

This research is supported by Northumbria University through its programme of staff scholarly activity

Who has reviewed this study?

The proposed research has been reviewed by the Ethics Committee of the University of Northumbria, School of Health, Community and Education Studies.

Where can I find further information about the research?

In the first instance please contact;

Debra Porteous – Principal Investigator (0191) 215 6358

If you are unhappy about this study please contact

Mrs Margaret Rowe, Associate Dean (0191) 215 6070

If I take part can I withdraw from the study at a later date?

Yes, you can withdraw from the study at any time. Simply contact the Principal Investigator identifying that you would like to withdraw. Details are at the end of this information sheet.

When you indicate your intention to withdraw from this study you will be asked if you would like your data collected up to the point of withdrawal or whether if we can continue used in an anonymised form.

Non-participation or withdrawal from the study will not affect your continuation on the course in any way.

Complaints

If you have concerns about any aspect of this study please speak, in the first instance to the Principal Investigator (details below). If you remain unhappy you may wish to contact Mrs Margaret Rowe, Associate Dean, 0191 215 6070 e-mail margaret.rowe@northumbria.ac.uk

Research Team

Principal Investigator	Debra Porteous	Northumbria University
	Telephone (0191) 215 6358	

Appendix Six; Consent form

CONSENT FORM

From uncertainty to belief and beyond; a phenomenological study exploring the first year experience of becoming a student nurse.

	Please initial the box	
	YES	NO
I confirm that I have read and understand the information sheet dated for the above study	<input type="checkbox"/>	<input type="checkbox"/>
I have had the chance to ask questions about the study and these have been answered to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to use digital voice recorder to capture my experiences	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to be interviewed	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for my comments to be recorded and my words used in the research	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can withdraw at any time and this will not affect me in any way	<input type="checkbox"/>	<input type="checkbox"/>
I know that my name and details will be kept confidential and will not appear in any printed documents	<input type="checkbox"/>	<input type="checkbox"/>

I [name of participant] understand the information presented to me by[name of researcher] and agree to take part in the research

Signature [Participant] Date

Signature [Researcher] Date

Appendix Seven; Examples of first order constructs and second order constructs

Example of First order constructs.

The following data presented involved extensive reading and re-reading of students' data and identification of students' interpretations (first order constructs) that were then layered with the researchers' understanding and interpretations (to produce second order constructs). These second order constructs were grouped into meaningful sub themes and then finally five key themes identified (grouping of sub-themes).

Stage Two: Understanding – Identifying First Order Constructs

Based on my preliminary understanding of the data, I used first order constructs to highlight key findings using Mind Maps to organise data that were similar to each construct. First order constructs refer to participants' ideas expressed in their own words or phrases, which capture the precise detail of what the person is saying (Titchen and McIntyre 1993). First order constructs were identified first for all participants.

Stage Three: Abstraction – Identifying Second Order Constructs and Grouping to Create Themes and Sub-themes

Second order constructs were then generated using my theoretical and personal knowledge; these were abstractions of the first order constructs. Mind-mapping software was used to organize first and second order constructs. Mind maps are an effective tool to organise and assist with interpretation of large sets of data.

Each individual mind map was used to form a picture of that participant's data as a whole, which then informed my understanding of each transcript such that a richer, deeper understanding of the phenomena evolved. Thus at the end of stage three I had grouped all relevant text/data under each appropriate construct for each student, in order to answer each of the four research questions.

Stage Four: Synthesis and Theme Development

Themes may be understood as the *structures of experience* (van Manen 1997, page 79). Themes were developed from the results of stages one to three of the analysis. The second order construct files were grouped together into a smaller number of broad themes both across and within the three subgroups. In this stage, themes and sub-themes were further elaborated and their relationship clarified by reading and re-reading all the data. I continuously moved backwards and forwards between the literature, the research text and the earlier analysis, moving from parts to whole following a process informed by the hermeneutic circle; from this the interpretation of the principal research phenomenon of understanding the first year lived experience of the students. I was able to identify meanings that the participants could not articulate, considering the complexity and tacit nature of the phenomena being investigated. I searched the data for answers to my original research questions and also for what other questions the data may be answering.

Stage Five: Illuminating and Illustrating the Phenomena

In this stage, I examined the literature for links to the themes and sub-themes identified from the entire data set. I also looked for links between the main themes to support further theoretical development. Using the themes, sub-themes and their interrelationships as a basis I produced an interpretive model to portray my composite findings of learning to communicate the lived experience of students within the first year (See chapter five and six). I reconstructed the participants' learning journeys using their own words (or first order constructs) as far as possible in order to illuminate the journey and highlight key findings from the data.

The following mind maps are examples of transcripts developed from voice recordings.

Example 1

Nursing as a career

every child has dreams but I remember as a child I used to cut out clippings of Mother Teresa and I loved reading about Nightingale, I know it's a cliché, but those were my two role models when growing up. (Line 33)

Factors affecting writing

I think it's also I do have a writer's block, but it could also be, possibly a little bit to do with tiredness and not getting a good grade before and but whatever, I will just keep plodding along and.(Line 403)

Support in placement-mentors

Preparation for placement-Visit prior to starting

Just so that I can get a look around the unit, talk about if a uniform is needed or not needed. In a hospital it is needed but I am not sure if it is needed out in practice placement. (Line 515)

I also worked with the health practice, eh, the health care assistants, so I just, and I worked with the nurses as well and I worked with a newbie nurse and I got a lot. (Line 596)

some people would say I was unlucky having so many mentors, but I think in a way I was lucky because you get a more well rounded experience, so, it didn't bother me. I mean the head nurse I thought was very good because he took the time to explain things to me, he was a very busy man, he was very, straight to the point because he didn't have time, but I am like that and I don't mind and I got to see things from his perspective. (Line 560)

Exposure-personal experience

Growing up In Asia, you also see all of the suffering that people go through and I used to volunteer at a, because I used to teach, so I also used to volunteer, children would go blind because of misdiagnosis or unqualified doctors (Line 42)

Guidance tutor visit-viewed as a negative experience

Well she had quite a few people to visit on that one day, and I think it was more just to do the paperwork. She had a tiny bit of a chat with us, with me, but it was mainly to do the paperwork and stuff. (Line 619)

Previous careers

I used to teach and that was just purely because that's what's in my family's profession (Line 60)

Initial thoughts that the lecturer wasn't approachable

he is actually quite nice if you go to him and talk to him and so I have, I am going to start working on that one again (line 362)

Application to universities

I actually applied a year after I arrived in England to Name University, (Line 101)

Barriers to commencing

During that time they also said that my education, because it was American, wasn't recognised, so I used that time as well just to get my HESC's and got in (Line 109)

Personal motivation

So I am very determined, I am not the brightest, but I am very determined (Line 111)

Challenges of assignment writing. No support accessed

No, I made a mistake in that one I didn't actually seek any help for my first assignment, so I got forty percent. I am not used to getting such low grades; I am usually eighty, ninety, and ninety five. (Line 335)

that was a blow to me. But then I got an even worse one. By that time I was like 'Ahhh'. I had got so much going on, not that I disregard it, but it didn't hit me as hard, I got twenty three on one of my assignments, and I was like 'Argh' (Line 341)

Support related to communication-not feeling valued

the support structure wasn't there but the teachers were excellent. (Line 136)

Types of learners

it's kinaesthetic learning, I just learn by seeing and doing. (Line 476)

Approachable staff essential

its just finding who is supportive and then bombarding them (Line 740)

Impact of groups

what I have heard there is very strong clicks. Maybe some are better at coordinating or being more integrated. Its not that people are nasty, nasty, well, there are a few of that, but I have just put it down to their youth (Line 677)

Negative experience initially. Balancing act between personal and professional needs

but after starting a bit more support would have been nice. As I said there were some areas, you know, but I realise that it is an adult learning education and you cannot have your hands held, but then just for the first month or two, just getting used to it because I also had other problems at home that was really difficult to, struggle between the two, so. (Line 216)

Personal life impacting feeling stressed

First day was alright but because my situation was, I was also responsible for three children and somebody who had mental health problems, so getting the kids to school before starting uni and getting her to her appointments and making sure she didn't forget to pick up the kids and things like that, and making sure that the kids...so some of the classes were difficult for me to get to and I did ask about it, but it's just the way that the schedules are structured, so (Line 214)

Finding your way around the system

I went to the student support on my own initiative because I thought surely they should know (Line 271)

Survival; working. Impacts on programme

Which is one of the reasons I had to work so many hours so I could help support them and be there for them. (Line 284)

The end point is the motivation

short term has got to suffer for the long term gain (Line 321)

Honesty

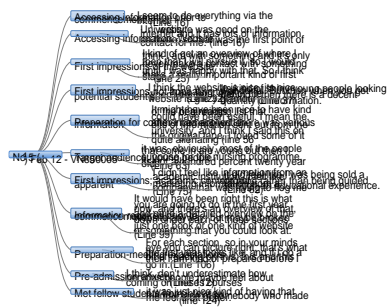
I know, it's hard, and I know my grades are not that great and I do try to study, it's just how I am, I am not very academic, but I do have a passion (Line 327)

Support from library. Self-motivated to find sessions and attend

I didn't find the essay writing very helpful. But I did find the referencing more helpful; personally, it was more helpful, like more activities in how to do it and what to do and things like that. The essay one wasn't (Line 454)

University structure to meet needs family friendly initiatives

if people who had dependants or special circumstances, if their classes could be all blocked in the same day. (Line 820)



No 5 (1) Feb 12 - VN850005

Accessing information prior to commencement

I seem to do everything via the internet (Line 16) **No. 5 Jan 12/VN 850005**

Accessing information. Website

University website was good on the internet and it has lots of information on there, so that was the first point of contact for me. (line 16) **No. 5 Jan 12/VN 850005**

First impressions of the website

I kind of get an overview of where I think I am with something and it's only then that I will pursue it, so I would never make a contact with something until I was happy with that. So I think that's a really important kind of first stage (line 25)

First impressions-not appealing to all potential student's

I think the website is nice, its nice when you get in , the front end of the website is glitzy glamour (Line 32)

Its kind of shiny young people looking wonderful. But then when you get behind it then there is a decent quantity of information. (Line 37) **No. 5 Jan 12/VN 850005**

Preparation for commencement-written information

It might have been nice to have kind of the beginnings of a reading list that could have been useful. I mean the, after I had applied, there was various bits of information sent out from the university, and I think I said this on the original tape, I found some of it quite alienating (line 56) **No. 5 Jan 12/VN 850005**

Target audience; young people

it was, obviously, most of the people that come in are young but then I suppose for the nursing programme, its not a hundred percent twenty year olds (Line 63)

First impressions; academic content not apparent

I didn't feel like information from an academic institution, it felt like marketing information from a company that was trying to flog me (Line 75)

it did feel like I was being sold a product rather than being guided through an educational experience.(Line 82) **No. 5 Jan 12/VN 850005**

Information required prior to commencement

It would have been right this is what you are going to do in the first year now, and there's an overview of that, and quite a detailed overview on the website anyway, but maybe broken down under each of those sections just one book or one kind of website or something that you could look at.(Line 99) **No. 5 Jan 12/VN 850005**

Preparation-meeting expectations

For each section, so in your minds eye you can picture right, that's what the first year looks like, and if I do a bit of reading on this, this and this then I am kind of prepared before I go in.(Line 106)

Pre-admission anxiety

I think, don't underestimate how nervous people maybe feel about coming on theses courses (Line 112) **No. 5 Jan 12/VN 850005**

Met fellow students from interview

it was just nice kind of having that friendly face of somebody who made me feel a bit better.
(line 124)

Example 3



No 10 - VN850001

Expectations; First day

Well, my mum had left me and like I had two days to like live on my own. It was dead quite and I was keen to get out, and I thought right, this'll be great, I will get settled in and get everything sorted. I hated my first day, absolutely hated it because I am really nervous about making friends because I am really like oh I have to make friends, I can't be on my own and I am really frightened. (Line 64)

True empathy-Peer support

if I didn't have her to speak to about it (fellow nursing student), I think its because whenever someone is in the situation with you, they know how you feel, they know what's going on, they can like empathise with it really well.(Line 101)) **No. 10 Sept 12/VN 850005**

she understands, it is our responsibility and we have to do things and I think its just nice having someone that really understands where you come from like more than anything else so...(line 110)) **No. 10 Sept 12/VN 850005**

Someone to talk to

But I never feel comfortable going to talk to her about myself like, we never really, like my grandma passed away, erm, in November and she, like, even speaking to her on the phone, you just didn't really feel that I wanted to speak to her about it, it sounded awful, but I just don't feel that I can speak to her about it. (Line 128)

sometimes there are situations where people need GTs, like I really wish I had one to go to because I have so many things that I could have, I need and advice and support with, and I just feel like I am not getting it at all.(Line 142)

Abandoned

we don't feel as though we have got the support, we feel a lot more panicked, things like assignments that we would like to ask advice about, well, we cant ask that because there is nobody there. Like we email other people but they are like well you are not our responsibility so why should we take you up kind of thing. So we are feeling we have been abandoned and left on our own, and we have to deal with everything ourselves and I really feel we should get more support than this. (Line 145) **No. 10 Sept 12/VN 850005**

Instant support-feeling valued, listened to

One of my friends, her granny just passed away there like a few days ago, she emailed [GT name]; she still hadn't got a reply three days later, her granny died. And like that should, you should be able to tell your GT that and you're told: well, your GT's not there (Line 183)) **No.**

10 April 12/VN 850005

Too busy to care

I feel like, I understand you are busy, but if you are going to tell us that we can come and contact you when we need support, be there for the support, don't be saying that you are too busy. (Line 206) **No. 10 April 12/VN 850005**

Because it does impact on how you approach people if you feel as though you are not getting a response, you think, oh why should I bother. (Line 210) **No. 10 Jan 12/VN 850005**

Motivation

Because like you are trying to work your butt off here and you get stuck and you want help and there is nobody there to help you, and you feel just so deflated, its like what do I do now. I have been to everywhere I can for help and nobody seems to want to give it. And you just feel like giving up, it's just like urgh. (line 218) **No. 10 April 12/VN 850005**

Community of belonging-reassurance

I went to them for the academic writing class, and I actually found a few more of my classmates that were in there as well, and I was like I didn't know you were coming here. So it was great, I really felt like, oh, I am not alone, of course I didn't realise that, it was quite good to know that other people were struggling as well. I sound awful, but I just was glad to know it wasn't just me. I really was convinced I was like this failure. (line 232) **No. 10 April 12/VN 850005**

Motivation to learn

So I went for it, I just thought I just need to build up the courage and go (study sessions at the library), and it's not about being lazy because we were in in between lectures, and I thought oh I could go on home, I could be at home in half an hour, be in my bed, and I thought no I will wait it out, I will stay and I will go, so, yeah, no, I stuck by it and I went and it was really helpful. (Line 292)

Placement and mentor support-Professionalism

the whole mentoring support was brilliant. She was always encouraging me and she was always like pushing me, she was always like you can do this and she went off there for a week and she had arranged everything for me. Where to go and who to look after me, and everybody she put me with was brilliant and we got on really well as well. (line 352) **No. 10 April 12/VN 850005**

is the best mentor you will ever have, she is just a whole person, the way she acts with the patients. I learned to treat patients the way that she treated them, like I would treat them in a certain way but then I seen the way she treated them with this professionalism, but having the ability to engage at the same level with them. She was always very much caring about them, was kind to them, she was really interested in them but then she kept this professionalism (Line 392) **No. 10 April 12/VN 850005**

Role model

I did want to make her proud that she has invested in me (mentor), that she has put time and effort into me and I want to prove to her and to myself that I am going to be good. But also she is a role model, like I want to be someone like her, the way that she is able to be so professional and yet be so kind with the patients (Line 394)

Loneliness

it's not really loneliness, I suppose, like homesick and loneliness; it's a bit of both. I was like no, stick by it, I don't really sort of just go home because I am feeling lonely and miserable.. University life is so like, like compared to my flatmates, you know, city life, going out, drinking, hardly doing any work, missing classes, do you know what I mean? But I think no, I have to be in class, no, I can't come in with a hangover, no, I have to leave early if I am on a night out because I have work in the morning, do you know what I mean, and its so different, and they don't quite understand that.. I am the only nurse in the building, so whenever there's not even anybody about during the holidays, its kind of a bit oh I am quite lonely, there's not even like other nurses that I know in the building that I would go down and see them. So in that kind of way it is lonely and I think it would have been nice if I had lived with one other nurse, and it would be nice to know that she was coming back at the same time I was. (Line 484) **No. 10 Jan 12/VN 850005**

Second order construct identified as main themes:

Moving forward

- Student empowered to have a voice
- Managing dis-appointment
- Ambition
- Personal motivation
- Confidence growing
- Fears allaying from commencement of programme
- Learning new things
- Developing intrinsic motivation
- Academic feedback
- Initial external support
- Feeling valued listened to

Learning to Survive

- Pressure of no money
- Balancing act between personal and professional needs
- Developing a resilience
- Coping mechanisms
- Finding your way around the system
- Approachable staff
- Accessing information
- Emotional behaviour

Uncertainty

- Professional uncertainty
- Becoming a nurse
- What is a nurse?
- The sort of nurse I don't want to be
- Perceptions of nursing-impact of the first placement
- Attraction to nursing
- Professional socialisation-Becoming a nurse (placement experience)
- Staff role modelling
- Academic demands
- Organisational culture
- Initial experience on campus

Seeking Support

- Guidance Tutor
- Use of technology
- Reassurance
- Approachable staff
- Building relationships

- Student investing time
- Lack of trust
- Feeling valued; listened to
- Feelings of disappointment with academic staff
- Instant support mechanisms-Guidance tutor group
- Instant support mechanisms-Social media

Expectations

- Student's expectations vs. lecturer's expectations
- Respect-Unconditional positive regard
- Role of the tutor
- Support in placement
- Academic expectations
- Readiness to learn

Appendix Eight; Profile of participants

Participants Identification	Field of Nursing.	Previous Qualifications	Previous Caring Experience	Reason for Nursing as a Profession
<u>01</u> <u>Progressed to year 2</u>	Adult	BTEC Access NVQ Health and Social Care Level Three	Teaching assistant in Indonesia Health care assistant; residential homes Live in carer for a gentleman who was quadriplegic	Subject to poverty growing up in Indonesia wanted to care for others.
<u>02</u> <u>Progressed to year 2</u>	Child	HE Foundation Degree	Health Care assistant	Lifelong ambition to be a nurse and care for others.
<u>03</u> <u>Progressed to year 2</u>	Adult	HE Foundation Degree	NHS Direct health advisor	Lifelong ambition to be a nurse and care for others.

Participants Identification	Field of Nursing.	Previous Qualifications	Previous Caring Experience	Reason for Nursing as a Profession
<u>04</u> <u>Progressed to year 2</u>	Adult	HEFC NVQ Level Three	Care worker providing care in the community for vulnerable adults.	Lifelong ambition to be a nurse and care for others. Has been working towards qualifications at FE college to meet entry criteria
<u>05</u> <u>Left programme at the end of year 1</u>	Learning Disability	Masters Creative Writing Degree English Language	Worked with children with special needs in an educational setting. Worked with vulnerable adults-prison setting teaching English	To make a difference and to give back to society. A devout Christian

Participants Identification	Field of Nursing.	Previous Qualifications	Previous Caring Experience	Reason for Nursing as a Profession
06 <u>Progressed to year 2</u>	Adult	HEFC NVQ Level Three	Medical secretary-GP Practice Care assistant in elderly care homes	Lifelong ambition to be a nurse and care for others. Has been working towards qualifications at FE college to meet entry criteria
07 <u>Progressed to year 2</u>	Adult	BA (Hons) Drama, Theatre and Law	Worked for the Care Quality Commission St.Johns Ambulance	Following insight into nursing within role at care Quality commission
08 <u>Progressed to year 2</u>	Mental health	Access to HE Diploma-Combined Studies	Community Support Worker Mencap	Following having a family wanted a career that was fulfilling.

Participants Identification	Field of Nursing.	Previous Qualifications	Previous Caring Experience	Reason for Nursing as a Profession
<u>09</u> <u>Progressed to year 2</u>	Adult	Access to HE Diploma-Combined Studies Health and Social Care	Variety of experiences as part of Diploma Programme	Family work in NHS variety of roles
<u>10</u> <u>Progressed to year 2</u>	Adult	A Levels	Voluntary work in South Africa community health clinic	Motivated to work as a nurse from a young age

Appendix 9; List of conference presentations associated with Professional Doctorate.

Presented research to date at Northumbria Post Graduate Conference May 2013

New researcher's forum at the Society of Research into Higher Education forum (Presented) Sept 2013. Abstract submitted and accepted. Research presented at a workshop

Presented at The 3 Rivers North-East Regional Learning and Teaching Conference, held at Newcastle University on the 19 March 2013. The conference title was "Students as Partners in Higher Education".

Presented main hall European First Year Experience Conference 2014 Nottingham University