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"The experiences of student nurses (adult field) who encounter child abuse or neglect whilst on their first community placement.
An interpretive phenomenological study"

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Professional Doctorate (Education)

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"The experiences of student nurses (adult field) who encounter child abuse and neglect whilst on their first community placement.

An interpretive phenomenological study"

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University of Northumbria

for the degree of

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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 faculty ethics committee 19th July 2011.

I declare that the word count of this thesis is 61509 words.

Name: Julie Tweedlie

Signature:

Date: 11th August 2016

Abstract

The prevention and appropriate professional response to children at risk of or experiencing child abuse and neglect has been identified as a national priority within the United Kingdom. Nurses (adult field) are likely to come into contact with children during their professional career and need to have the skills to detect and refer children who they suspect are suffering or at risk of suffering significant harm.

However, there remains a dearth of evidence examining how nursing students (adult field) are prepared and supported and what their experiences are when they encounter child abuse or neglect in the clinical area. Therefore, the intentions of this study were:

Research aim:

     To explore the experiences of student nurses (adult field) when they encounter what they perceive to be child abuse or neglect during their first community placement.

Research questions:

- How do student nurses (adult field) interpret, respond and learn from their experiences of encountering perceived child abuse or neglect during their first community placement?

- How well are student nurses (adult field) prepared for encountering abuse and neglect?

- How can they be better supported?

Hermeneutic phenomenology was employed to guide the research design and processes, including data collection and analysis. The data were collected using narrative-style in-depth interviews from a purposeful self-selected sample of nine first-year nursing students (adult field) who perceived they had encountered child abuse or neglect during a community placement. Ethical approval was gained from the University ethics committee.

Mezirow's theory of transformational learning was used as a framework for analysis. Three overarching themes were identified: 1) Encountering disorienting events, 2) Reflecting on responses, assumptions and pre-conceptions and finally 3) An expanded worldview. The first theme reflected the student nurses' initial thoughts as they encountered actual or perceived situations involving child abuse or neglect as well as deprivation. The second theme encompassed the student nurses' initial feelings and responses to the experiences they encountered. This included feelings such as shock, anger, frustration and fear. Finally, the third theme outlined how the students reflect upon their practice experience, developing professional and personal insights. This is conceptualised as a transformational learning episode.

The students' journeys were idiosyncratic with variations in educational growth and transformation. The findings of this study suggest that student nurses (adult field) who encountered perceived child abuse or neglect during their first community placement felt unprepared for these encounters and would have welcomed the opportunity to reflect on their experiences when they returned to university. This has implications for the BSc Nursing studies (adult field) in considering the preparation and support of student nurses before, during and after their first community placement.

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Acknowledgments

Writing this thesis has been one of the most significant academic challenges I have ever undertaken and it would have been impossible without the enthusiasm, commitment and support of the following people who always believed I would complete this journey

- Firstly, the students who participated in the research who gave their time and shared their experiences. Without them, the research could not have been undertaken.

- Dr Valerie Larkin who, as principal supervisor, unfailingly supported and guided me through each step of the journey, sharing her knowledge and willing me to succeed.

- Dr Sharon Vincent, whose expertise in child protection came at just the right time.

- My husband John and my two children, Lucy and Jonathan, without whom I know I would not be at this point.

Finally, this work is dedicated to all the vulnerable children who need protecting. I hope in some small way it makes a difference.

Chapter 1: Introduction to the Study

1.1 Introduction

This initial chapter introduces and provides an overview of the thesis. It will include consideration of contextual and background factors from which the study originated and clarification of key terms and concepts. The rationale for the study will be outlined and the research intentions presented. As this is a professional doctorate in education, the adult learner is a central theme in the thesis with the experiences of the student nurse (adult field) highlighted throughout. Finally, the chapter concludes with an overview of the structure and content of the thesis.

Whilst all children have the right to be protected from harm, official statistics highlight that child abuse and neglect continues to be a significant problem within the United Kingdom (Department for Education, 2015; Scottish children's reporter administration, 2015; StatsWales, 2015a, 2015b; Waugh, 2015). It is well documented that if a child is subjected to abuse or neglect, the consequences for the individual and society can be far-reaching and life-long (Flaherty et al., 2008; Kendall-Tackett, 2002; Scannapieco & Connell-Carrick, 2005). In August 2016, the Office for National Statistics published statistics on abuse during childhood, collected for the first time via a nationally-representative sample of 35,248 adults in England and Wales. The findings showed that an estimated 567,000 adult women aged 16 to 59 experienced sexual assault by rape or penetration (including attempts) during their childhood, compared with an estimated 102,000 adult men aged 16 to 59. 42% of adults who had survived abuse during childhood had suffered 2 or more different types of abuse; however, over half of all survivors of sexual assault experienced no other form of abuse (Office for National statistics, 2016).

The multi-agency statutory guidance 'Working together to safeguard children' HM Government (2015) identified it is the responsibility of all healthcare and social care practitioners to ensure that a child is kept safe. As registered general nurses may be the first contact a child will have with a health professional, they have a key role to play in protecting children (Powell, 2016). Therefore, to prepare students for this role the 'Standards for Pre-Registration Nurse Education' state that:

> *"Adult nurses must be competent in recognising and responding to the needs of all people who come into their care, including babies, children and young people…"*
> (Nursing and Midwifery Council, 2010a, p. 17)

In addition, the 'Nursing Midwifery Council Code of Professional Conduct' also clearly states that nurses have a duty of care, including ensuring that they are knowledgeable with regards to detecting whether a child is in need of safeguarding (Nursing and Midwifery Council, 2015).

1.2 Definitions

In the United Kingdom, student nurses are prepared to practice in a specific field of nursing. They can apply to be registered with the Nursing Midwifery Council (NMC) as a nurse in one or more of four fields, these being adult, mental health, learning disabilities and children's nursing (Nursing and Midwifery Council, 2010a). For the purpose of this study the terms 'student' and 'nursing students' refer to the nursing student (adult field) only and the term 'nurse' relates to the registered adult nurse.

Professional guidance identifies that all professionals, including nurses, have a role in protecting children (HM Government, 2015; Nursing and Midwifery Council, 2015). However, the literature consistently reports that health professionals are often unclear as to what constitutes child abuse or neglect, what their role is and who takes responsibility when they

encounter a child they suspect is at risk of harm (Haynes & Hann, 2016; HM Government, 2015; Parton, 2014). Harm is a multifaceted concept and different descriptions are often used to describe it, such as safeguarding, child protection, child maltreatment, significant harm and child abuse and neglect. For the purpose of this thesis, the definitions of these terms are taken from the Working Together document (HM Government (2015) as detailed in appendix 1.

'Safeguarding' is a relatively new term encompassing the importance of promoting the welfare of the child as well as child protection, and it is now used widely in guidance for practitioners. The term became prominent following the Children Act 2004 (HM Government (2004) and it is a much broader concept than child protection. Working Together (HM Government (2015) stated that safeguarding is 'everyone's responsibility'. As outlined in appendix 1, in addition to 'protecting children from maltreatment', safeguarding is also associated with promoting the general welfare of children. Following the death of Peter Connelly in 2007, debate arose around the use of the term 'safeguarding' with Parton (2011) suggesting that this term undermined the concept of significant harm. In response to this, Working Together (HM Government, 2015) reemphasized the term 'child protection', which is 'the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm' (HM Government, 2015). Child protection is part of safeguarding and promoting children's wellbeing, but it focuses specifically on significant harm and includes measures and processes that are put in place by professionals with the aim of preventing and responding to abuse and neglect (Royal College of Paediatrics and Child Health, 2016). Child abuse is defined in the United Kingdom as:

> *"Abuse: a form of maltreatment of a child. Somebody may use or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional community setting by those known to them or, rarely, by others*

(e.g. via the Internet). They may be abused by an adult or adults or by another child or children"

(HM Government, 2015, p. 92)

Child abuse includes physical abuse, emotional abuse and sexual abuse which are defined in appendix 1. Neglect is defined as:

> *"Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born neglect may involve a parent or carer failing to:*
>
> - *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
> - *protect a child from physical and emotional harm or danger;*
> - *ensure adequate supervision (including the use of inadequate caregivers); or*
> - *ensure access to appropriate medical care or treatment.*
>
> *It may also include neglect of, or unresponsive to, a child's basic emotional needs"*

(HM Government, 2015, p. 93)

Child abuse or neglect can occur in all social classes, all cultures and all ethnicities. The reasons for child abuse and neglect are complex and may include an interrelation of various factors, such as parental capacity to care for a child, environmental or neighbourhood factors, adult risk factors such as domestic violence, substance misuse or parental mental health and family stressors such as poverty or unemployment. There are subtle differences between child abuse and neglect, and identifying if a child is neglected because their needs are intentionally not being met due to poor parenting or whether this is due to unintentional factors, such as poverty, can be challenging for professionals (Bywaters et al., 2016). Neglect can be particularly difficult to identify and professionals have on occasion been criticised for not acting when they suspect neglect. Gardner (2008) highlights that professionals who raise concerns about neglect sometimes feel they are blaming parents who are not intentionally abusive.

Another term related to child protection, safeguarding and abuse or neglect is 'child maltreatment' which is defined by the World Health Organization as:

5

"All forms of physical and /or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's physical health, survival, development or dignity in the context of a relationship of responsibility, trust or power".

(Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 59)

The concept of maltreatment refers to the infliction of harm and failing to take action to prevent harm (HM Government, 2010).

For additional clarity, a glossary of terms is included at appendix 2

1.3 Background and rationale for the study

The rationale for this study developed from a personal and professional perspective. As a registered midwife, registered nurse and senior lecturer I teach nursing students, act as a guidance tutor and support students through the three-year BSc Nursing programme. I previously worked as a community research midwife in a very deprived inner-city area that enabled me to witness the devastating impact of poverty and deprivation on children and their families (Davies & Evans, 1991; Smith, Bartley, & Blane, 1990; Townsend, 1979). This role exposed me to cases that involved child abuse or neglect, and I realised that I had little appreciation of the complexities of such issues and had had minimal theoretical or practical preparation to deal with this phenomenon.

Working as a community midwife mentoring students on their first community placement enabled me to gain an appreciation of how students were affected by what they were exposed to, which often included encountering situations involving child abuse or neglect. Leducq, Walsh, Hinsliff-Smith, and McGarry (2012) identified that the initial clinical placement is one of the most difficult and demanding situations a student nurse will encounter. For the pre-registration students I support and who constitute the participants for this research, this is their

first placement in a community setting and to prepare them for this prior to the placement all students should have a two hour lecture on child protection. Although it is, in fact, their second placement, because it takes place in the community this can bring additional challenges as the students encounter a new and different environment through visiting individuals in their own homes. During these visits, they may see children who they perceive as not having their physical or psychological needs met, perhaps because of child abuse or neglect. Nursing students, therefore, need to be prepared for this but evidence suggests they may not be. For example, Ridley (2012) found that student nurses were unprepared and experienced a range of negative emotions during their community placement with health visitors including surprise, shock and sadness, which they related to experiences of safeguarding.

There is a growing body of evidence highlighting that working in the area of child protection can have a negative impact on professionals' emotional and psychological wellbeing (Bradbury-Jones, 2013; Ferguson, 2011; Keys, 2009; LeBlanc, Regehr, Shlonsky, & Bogo, 2012; Rowse, 2009; Taylor & Bradbury-Jones, 2015). In addition, stress is often compounded when there is a deficit of knowledge in the area of practice (Papaefstathiou, Rhind, & Brackenridge, 2013; Rowse, 2009). As outlined above it may be difficult for nurses to judge if a child is neglected or if they are encountering a situation of material deprivation (Barlow et al., 2016; Bywaters et al., 2016). Whilst there is a strong association between children experiencing family poverty and being a victim of child abuse and neglect Bywaters et al. (2016), students may not always be able to ascertain whether they are encountering child abuse or neglect, or witnessing the manifestations of material deprivation. We, therefore, need to ensure they are knowledgeable about neglect as well as physical abuse, sexual abuse and emotional abuse.

The Nursing and Midwifery Council (2015) code of practice makes it very clear that, upon registration, part of the role of the adult nurse is to be able to:

> *"17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection*
>
> *To achieve this, you must:*
>
> *17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*
>
> *17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information, and*
>
> *17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people"*
>
> (Nursing and Midwifery Council, 2015, p. 13)

Preparing student nurses to feel more confident when dealing with a suspected case of child abuse or neglect is a key responsibility of the educational institution to which they belong (Nursing and Midwifery Council, 2010a; Tarr, Whittle, Wilson, & Hall, 2013). It is part of the role of a senior lecturer on the BSc Pre-registration Nursing programme to prepare students for registration, to ensure they are safe to practice and that they achieve the required competencies in a range of areas. Students need to have access to good-quality practice placements where the environment is conducive to learning and where they are exposed to real-world contexts (Levett-Jones, Fahy, Parsons, & Mitchell, 2006).

Clinical placements are known to be a challenge for students Chesser-Smyth (2005), and working as a guidance tutor and senior lecturer has enabled me to recognize that it may be possible to do more to meet the emotional needs of student nurses, particularly in the first year of their educational programme. This suggestion is as a result of having to support nursing students (adult field) who regularly commented on the anxiety they felt following their first community placement, especially if they witnessed scenes of perceived material deprivation or encountered cases that involved child abuse or neglect for which they perceived they were not adequately prepared for.

Many student nurses (adult field) do not anticipate that during their pre-registration education programme they may be working with professionals such as health visitors, school nurses or midwives who work with children, some of whom will have potential child welfare concerns. The experience of working in the community with health visitors and other professionals can bring many benefits to pre-registration students given that contemporary literature highlights the focus of care is moving from acute to primary care (Perrin, 2016). Primary care can also give significant insights into a child's life, a context that is not always visible to professionals working in the acute setting (Alderman, 2016). However, Lowe and Cook (2003) also suggest that disparity can exist between students' expectations and their initial experiences when they enter higher education.

This study is important as it provides evidence that student nurses (adult field) feel unprepared and want more support to cope with their experiences of encountering what they perceive to be child abuse and neglect when they are on placement in the community. If student nurses are not being prepared for the theoretical or practice demands placed upon them, this is a significant concern as it can contribute to stress and attrition rates within the pre-registration nursing programme (Good governance Institute, 2015). Furthermore, if they feel unprepared for what they encounter this may undermine if and how they develop their professional knowledge and skills concerning child protection and safeguarding, which in turn may impact on how they practice as a registered nurse.

A number of serious case reviews have suggested that health care staff, including adult nurses, continue to demonstrate deficits in their knowledge and skills on how to protect vulnerable children. This can have serious implications for clients and their care (Birmingham Safeguarding Children Board, 2010; Butler-Sloss, 1988; Laming, 2003a; Local Safeguarding

Children Board Haringey Council, 2009; Lock, 2013; Macleod, Hart, Jeffes, & Wilkin, 2010; Walsall Healthcare NHS Trust, 2014).

1.4 Aim and Research Questions

My study attempted to respond to the concerns outlined above. It aimed to explore the experiences of student nurses (adult field) when they encounter what they perceive to be child abuse or neglect during their first community placement.

To fulfill this aim the following research questions were posed:

- How do student nurses (adult field) interpret, respond to and learn from their experiences of encountering perceived child abuse or neglect during their first community placement?
- How well are student nurses (adult field) prepared for encountering perceived cases of child abuse or neglect?
- How can they be better supported?

1.5 Overview of the thesis:

<u>Chapter 2</u>

The literature review chapter details the systematic search process that was undertaken to identify and analyse literature relevant to the study. It is structured around three key areas: 'Child abuse and neglect', 'Pre-registration nurse education' and 'The adult learner'. The chapter outlines the existing body of work in this field and highlights how my work aligns with and complements this.

Chapter 3

The methodology chapter outlines the research approach, discusses the chosen research paradigm and explores other methodologies that might have been used. The rationale for choosing interpretative phenomenological analysis (IPA) is detailed together with a discussion of the main elements of IPA. I also discuss quality principles and acknowledge the limitations of IPA.

Chapter 4

The research design chapter outlines the ethical considerations, sample, and recruitment strategy, and discusses how the data were collected and analysed using interpretative phenomenological analysis (IPA). It also addresses how I ensured quality and trustworthiness throughout the study. This chapter takes a reflexive approach, highlighting my position as a researcher including the challenges I faced and how these were overcome resulting in personal and professional development.

Chapter 5

This is the first of three findings chapters, which presents the disorienting events that the participants encountered in their first community placement.

Chapter 6

This is the second of the findings chapters, and illuminates the students' reflections on their responses, assumptions and pre-conceptions as a result of the challenges they faced whilst undertaking a community placement. It examines the conflicting emotions generated and the feelings of vulnerability and frustration felt by the participants when they encountered child abuse or neglect.

Chapter 7

This is the final findings chapter presenting the theme 'An expanded worldview'. The data suggests that when participants reflect and debrief on their experiences they gain professional and personal insight, make meaning and take this new-found knowledge with them into the next stage of their professional education.

Chapter 8

The discussion chapter considers the findings of this study in the context of the national and international evidence. It highlights the potential significance of the findings and the implications for pre-registration nurse education. In addition, the key findings are also explored in relation to their alignment with the transformational learning theory, illuminating how the participants altered or modified their schema during their first community placement when they encountered cases that they perceived as involving child abuse or neglect.

Chapter 9

This is the concluding chapter of my thesis and revisits the aim of the study and the research questions outlining how the findings have given insight into the student nurse's journey when encountering perceived child abuse or neglect. This chapter also outlines the limitations of my research, and ends by presenting recommendations for pre-registration nurse education, practice education and further research. It also highlights the uniqueness of the study and outlines its contribution to knowledge.

The chapter concludes with a reflexive account outlining the journey I have taken whilst studying for a professional doctorate and what I have learnt. It considers the research process from writing the initial research proposal through to gaining ethical approval, undertaking the fieldwork, analysing the data and finally writing up the thesis.

Chapter 2: Literature Review

2.1 Introduction

This chapter presents a critique of the literature and research pertinent to my research. The aim of the literature review was to develop an in-depth understanding of the subject area and align the intended research within the context of existing work (Parahoo, 2006). An integral aspect of this activity is to highlight limitations in the evidence base (Oliver, 2008). To identify the best evidence available in the field, a narrative review was undertaken where the aim was to:

> *"seek to identify what has been accomplished previously, allowing for consolidation, for building on previous work, for summation, for avoiding duplication and identifying omissions or gaps".*
>
> (Grant & Booth, 2009, p. 97)

It was important to approach all available literature in a systematic way as this minimises omissions, ensuring key texts are identified and included (Jesson & Matheson, 2011). I undertook two simultaneous searches, the first related to identifying specific evidence to my intended research focus concerning student nurses' experiences of encountering child abuse and neglect, and secondly a wider narrative-style search which embraced the wider evidence base.

By initially appraising the subject area a number of key areas were identified, and were then used to develop a structure for the review (Jesson & Matheson, 2011). Three significant interrelated key areas were found, which are presented sequentially in this chapter:

- Child abuse and neglect
- Pre-registration nurse education
- The adult learner

2.2 Method (Search Strategy)

The overarching process of my literature review consisted of **S**earch, **A**ppraisa**l**, **S**ynthesis and **A**nalysis (SALSA), presented in Figure 2.1 below, (Booth, Papaioannou, & Sutton, 2011). Within each activity identified in SALSA various tools were used, the first being SPIDER which guides the researcher to appraise a large volume of literature reviewing the **S**ample, **P**henomenon of **I**nterest, **D**esign, **E**valuation and **R**esearch Methodology and assists in generating key words. Following the use of SPIDER and to gain more depth, the most appropriate literature was synthesised and analysed further using PROMPT, exploring **P**resentation**, R**elevance, **O**bjectivity, **M**ethod, **P**rovenance and **T**imeliness. The use of a combination of these three tools proved to be beneficial as they gave a well-defined method to undertake a thorough review of the literature. These tools do have some similarities with those within the Critical Appraisal Skills Programme (CASP) but I decided to use these methods as I had gained knowledge of them through attendance at several workshops on searching for literature.

Figure 2.1: Stages of the Literature Review
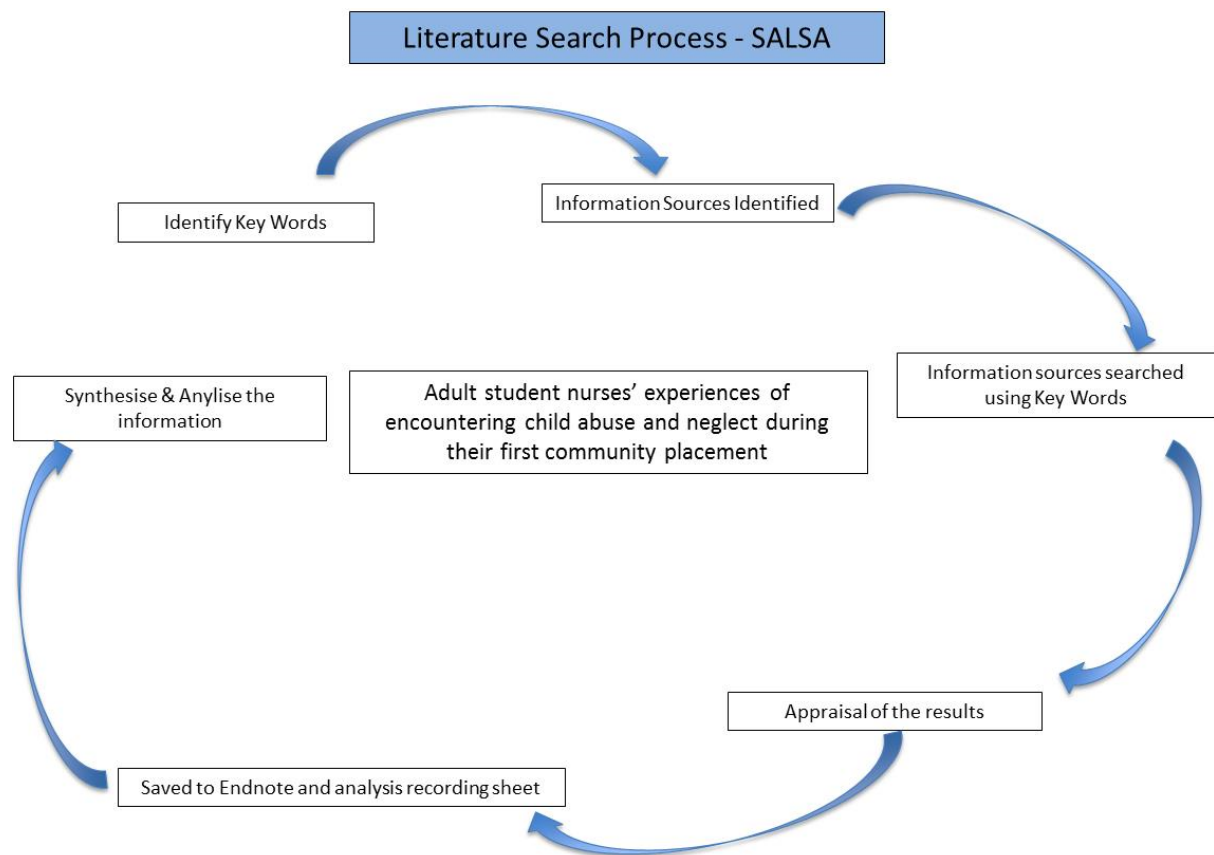
A wide selection of material, including theoretical literature, research literature, practice literature, grey literature and policy, was reviewed (Aveyard, 2014). Primary sources were searched to ensure credibility and contemporary information was considered. It was important to keep up to date with any current literature relating to my research question during the study period and the writing of my thesis (Oliver, 2014). I therefore constantly updated and refreshed my literature review in an ongoing manner by setting up alerts for a range of up-to-date literature relevant to the subject area. A range of journals was searched monthly and I also received RSS (Rich Site Summary) feeds from professional organisations, such as the Nursing Midwifery Council, Royal College of Nursing, and the National Institute for Clinical Excellence.

Search

Aveyard (2014) urged the researcher to promote caution, impartiality and objectiveness when considering the topic areas. In order to negate this concern, an appropriate appraisal tool was utilised and in order to help define, reaffirm and give more detail to the subject area, SPIDER (**S**ample, **P**henomenon of **I**nterest, **D**esign, **E**valuation and **R**esearch Methodology) was used. The first stage of my search strategy consisted of using the SPIDER framework (Cooke, Smith, & Booth, 2012). This allowed me to generate keywords that translated my broad research topic into a workable search strategy (appendix 3).

To expand and reduce the data, I used Boolean operators and truncation, and searched a combination of relevant reliable electronic subscription databases in health, social care and education (appendix 4), for example ASSIA, Proquest Hospital Collection, ERIC/Australian Education Index, CINAHL and Medline, as these were the most appropriate for health and social research (Aveyard, 2014). As well as being appropriate for my study, these databases gave an insight into other disciplines such as social work, medicine and dentistry. The databases were searched using keywords examples of which are AB ("Student nurs*" OR "pre-registration" OR "nurs*" OR "health visit*" OR "doctor"). Further details of additional search terms are given in appendix 5. The timespan for the literature search was 1988-2015. I felt this would allow for the inclusion of significant literature prior to the 1989 Children Act and include major inquiries and reviews that have led to significant reforms in child protection. The search language was limited to English**.**

These key words were the filters used in the search and were a direct consequence of thinking deeply about the initial aim of my research (Cottrell, 2005). Table 2.i highlights the inclusion and exclusion criteria used. This is a necessary element of the search process to assess whether

the information retrieved is relevant to the research question and to reduce the data to make it manageable (Aveyard, 2014).

Table 2.i: Inclusion/Exclusion criteria

Inclusion/Exclusion questions	
Is there a relevant adult sample as described in SPIDER framework?	If yes include, if no exclude
Does the article focus on child protection/child abuse/neglect?	If yes include, if no exclude
Does the article include an evaluative aspect as described in SPIDER framework?	If yes include, if no exclude

The seven database searches yielded 1007 references that were subsequently downloaded into an Endnote Library. Of these papers, 370 were discarded as 302 were duplicated, 48 were out of date-range, seven were not written in the English language and 13 were the wrong format, (only abstracts available). The remaining 637 unique titles and abstracts were then appraised for relevancy. The 637 references were examined against an inclusion / exclusion checklist compiled from the SPIDER framework. This resulted in a further 584 references being excluded.

<u>Appraisal</u>

I appraised the full text of the remaining 53 references using the PROMPT (**P**resentation, **R**elevance, **O**bjectivity, **M**ethod, **P**rovenance, **T**imeliness) framework Open University Library Services (2012), drawing out and organising the data ready for analysis.

No studies were found that explored the specific challenges that adult student nurses may encounter in practice situations involving child abuse and neglect. Very little literature was identified exploring nurse students or students from any profession in relation to other aspects of child abuse and neglect. Some studies highlighted concerns regarding students developing knowledge in relation to child abuse and neglect (Al-Jundi, Zawaideh, & Al-Rawi, 2010; Barnard-Thompson & Leichner, 1999; Feigelman, Dubowitz, Lane, Grube, & Kim, 2011; Hashim & Al-Ani, 2013; Narayan, Socolar, & St Claire, 2006; Orhon, Ulukol, Bingoler, & Gulnar, 2006; Poreddi et al., 2016; Shor & Haj-Yahia, 1996; Thomas, Straffon, & Inglehart, 2006). Other studies focussed upon practice experiences generally and may mention safeguarding issues (Baglin & Rugg, 2010; Beccaria et al., 2013; Bradbury-Jones & Broadhurst, 2015; Elarousy, Houaida, & Louise, 2012; McKee & Dillenburger, 2009; Ridley, 2012; Thomas, 2010).

The 53 papers identified from the literature search contained relevant, though not specific, material, for example qualified nurses' experiences of encountering child abuse or neglect or studies exploring student nurses' knowledge or attitudes towards child abuse and neglect. These studies were used to inform the remainder of the literature review and develop the themes for this chapter. In addition, I broadened my search further, exploring what students' responses were, in general, to challenging clinical situations in practice. The rationale for this was to identify any transferrable themes relevant to my research interest and provide additional evidence that the intent of my research study was credible. The review process is detailed in Figure 2.2.

Figure 2.2: The review process:

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┌─────────────────────────────────────────────────────────┐
│               The Review Process                         │
└─────────────────────────────────────────────────────────┘

                  ┌──────────────────────────┐
                  │   Key Word Search Via:   │
                  │  • Electronic Databases  │
                  │     • Grey Literature    │
                  └──────────────────────────┘
                              ↓
┌────────┐        ┌──────────────────────────────────────┐
│        │        │ a) Theoretical Literature  b) Research│
│        │        │ Literature                            │
│        │        │ c) Practice Literature     d) Policy  │
│ Search │        │ Literature                            │
│        │        └──────────────────────────────────────┘
│        │                      ↓
│        │        ┌──────────────────────────────────────┐
│        │        │      1007 References Downloaded       │
│        │        └──────────────────────────────────────┘
│        │                      ↓
│        │        ┌──────────────────────────────────────┐
│        │        │ Remove duplicates, out of date,       │
│        │        │ wrong format                          │
│        │        └──────────────────────────────────────┘
│        │                      ↓
│        │        ┌──────────────────────────────────────┐
│        │        │        637 References Remain          │
│        │        └──────────────────────────────────────┘
├────────┤                      ↓
│Appraisal│       ┌──────────────────────────────────────┐
│(SPIDER)│        │ Check against SPIDER for relevancy    │
│        │        │ using inclusion/exclusion criteria    │
│        │        └──────────────────────────────────────┘
├────────┤                      ↓
│Synthesise│      ┌──────────────────────────────────────┐
│and     │        │        53 References Remain           │
│Analyse │        └──────────────────────────────────────┘
│        │                      ↓
│        │        ┌──────────────────────────────────────┐
│        │        │ Analysis of references showed that    │
│        │        │ ZERO references referred to Student   │
│        │        │ Nurses experiences of working with    │
│        │        │ Child Abuse and Neglect               │
│        │        └──────────────────────────────────────┘
│        │                      ↓
└────────┘        ┌──────────────────────────────────────┐
                  │ Dearth of literature provides the     │
                  │ rationale for the study               │
                  └──────────────────────────────────────┘
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Synthesis & Analysis

As the search broadened away from the direct subject area into related fields, critical regard was also given to the credibility and transferability of concepts and outcomes from other sources, such as data from the grey literature and voluntary organisations. Grey literature is an important source of information as it is generally up to date and, although not peer reviewed, it is often produced by researchers. Examples of some of these resources include Ethos (The British Library's Electronic theses online service), government publications such as the National Institute of Clinical Excellence, the Department of Health, Department of Education, the Kings Fund library, the Royal College of Nursing, Nursing and Midwifery Council and voluntary organisations such as the National Society for the Prevention of Cruelty to Children (NSPCC) and Barnardo's. I remained vigilant for useful articles which, although not directly related to my research topic, were explored to ensure a degree of thoroughness (Ryan & Bernard, 2003). The resulting body of work informs and shapes the remainder of this chapter.

2.3 Key Areas
2.3.1 Child Abuse and Neglect (CAN)

Prior to exploring child abuse and neglect and the role of the adult nurse, it is important to put this phenomenon into context by presenting information with regard to the incidence of child abuse and neglect.

Incidence

According to the United Nations Convention on the Rights of the Child, children have a right to a childhood that is free from abuse and neglect (McGoldrick, 1991). In the UK however, NSPCC prevalence study statistics indicate that in many instances children are still not adequately protected (National society for the prevention of cruelty to children, 2015). This data is supported by statistics from the Office of National Statistics (ONS) which compiles

figures from the Department for Education on the number of children who are in need of protection. The most recent figures for England available at the time of writing identify that 635,600 children were referred to children's social care in 2014-15, down 3% on the previous year, and a quarter (26.4%) of referrals came from the police whilst 14.9% of referrals originated from health services (Department for Education, 2015).

Of the total 635,600 referrals, 391,000 children were identified as being in need, representing a 2% decrease from the previous year. For 49.7% of children, abuse or neglect was identified as the primary concern. The number of children subject to a child protection plan on 31st March 2015 was 49,700, an increase of 2.9% from 2014 and a large increase of 27% since 2010. To put this into context, the total number of children in England under the age of 18 years is 11.6 million (as at mid-2014), meaning 0.43% of all children are suffering or at risk of suffering abuse or neglect (HM Government, 2014). This information is given in table 2.ii with comparative figures for Scotland, Wales and Northern Ireland and the UK as a whole.

As the location of my research is England, I will focus on the statistics from England; the aim was not to compare the figures between regions as they vary in their thresholds for reporting. It is important to highlight that official reported statistics present one representation of abuse and neglect, whilst prevalence data such as that from the NPSCC prevalence studies are based on self-reported abuse and neglect and identify much higher levels (Radford et al., 2011). However, the NSPCC self-reporting system is based on individuals reporting abuse and neglect, and their perceptions may not equate with the official definitions of child abuse and neglect. The limitation of self-reporting is that it is up to the individual victim to take responsibility to disclose their abuse which for many can remain impossible due to factors such as fear of not being believed, shame, the fear of the abuse to themselves intensifying or the

threat from the perpetrator of targeting other family and friends (Tener & Murphy, 2015).

Another significant aspect to clarifying the extent of child abuse and neglect is that the four

UK countries still lack a common and consistent definition or measure of child abuse and

neglect. Additionally, there is still no data available on individual variables affecting children

who are abused such as disability and ethnicity (Bywaters et al., 2016).

Table 2.ii: Incidence of child referrals in the UK

2014-15

		A	B	C	D	E
		Population under 18 years of age	No of Children referred	No of Children deemed 'In Need'	No of Children on a Child protection plan or register.	Percentage of Population (D/A)
1	England	11591701	635600	391000	49700	0.43%
2	Scotland	1033183	27538	17357	2751	0.27%
3	Wales	629609	35423	18240	2310	0.37%
4	NI	433161	38418	23834	1969	0.45%
	Total	13687654	736979	450431	54930	0.40%

Sources:

1A, 2A, 3A, 4A	Table MYE2 in Population estimates for UK, England and Wales, Scotland and Northern Ireland, mid-2014 (zip) (Office for National Statistics, 2015).
1B, 1C, 1D	Characteristics of children in need in England, 2014-15, final. DfE (Department for Education, 2015).
2B	Online Statistics 2014-2015 (Scottish children's reporter administration, 2015).
2C, 2D	Children's Social Work Statistics Scotland, 2014-15 (Scottish Government, 2015)
3B	Referrals by local authority and measure (StatsWales, 2015b).
3C, 3D	Children in need by local authority and age group (StatsWales, 2015a).
4B, 4C, 4D	Children's Social Care Statistics for Northern Ireland 2014/15 Belfast: Northern Ireland, DHSSPS (Waugh, 2015).

The role of the adult nurse

The recent statistics identify that 14.9% of referrals of abuse and neglect originate from health

services (Department for Education, 2015). It is every nurse's responsibility to ensure children

are safe, and this should not be exclusively the role of children's nurses, midwives or those

who have direct contact with children (Department for Education, 2015; Taylor & Bradbury-Jones, 2015). Indeed, Powell (2016) commented that if nurses state that they do not encounter any child abuse or neglect during their careers then they have either knowingly or unknowingly failed in their duty of care to protect children. Nurses therefore need to be aware of how to detect abuse and neglect in order to be able to determine whether a child is suffering or likely to suffer significant harm (Nursing and Midwifery Council, 2015). An associated concern is that Crisp and Lister (2004) found that some nurses needed to be convinced that they had a role to play when protecting children once they were registered.

The literature highlights that nurses have a considerable opportunity to make a difference in the life of a child who is in need of protection as they work in areas such as the community and the acute services, and this gives them access to children and young people. This is supported by Huston (2013), who stated that nurses have a significant and unique role to whistle blow if they suspect abuse. Community nurses are key to identifying child abuse and neglect as they visit families in their own homes. They are therefore in a good position to detect early warning signs of abuse or neglect, such as a child becoming withdrawn, behaving in a cruel way towards animals, failing to reach developmental milestones or displaying inappropriate sexual behaviour (Burke & Hodapp, 2014; McEwen, Moffitt, & Arseneault, 2014).

As nurses come into contact with children, young people and families, they are in an important position to identify areas of concern or patterns of behaviour that are outside what would be expected as normal. As registered professionals, nurses need to be aware of risk factors and signs of child abuse and neglect. The first step should be to share any concerns they may have with other professionals, whilst at the same time following organisational guidelines especially in respect to documentation (Taylor & Bradbury-Jones, 2015). The Royal College of

Paediatrics and Child Health (RCPCH) intercollegiate document Royal College of Paediatrics and Child Health (2014) also gives guidance into the skills and knowledge that are expected from professionals, stating that nurses and midwives who have any contact with children need to be trained to a minimum of level 2. This document described a series of core competencies, supported by a list of knowledge, skills, attitudes and values, which all clinical staff who have contact with children, young people and/or parents/carers should have in order to achieve the following learning outcomes:

- *To be able to understand what constitutes child maltreatment and to be able to identify any signs of child abuse or neglect.*
- *To be able to act as an effective advocate for the child or young person*
- *To be able to demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the well-being of the child or young person in order to be able to identify a child or young person at risk.*
- *To be able to identify your professional role, responsibilities, and professional boundaries and those of your colleagues in a multidisciplinary team and in a multi-agency setting.*
- *To know how and when to refer to social care if you have identified a safeguarding/child protection concern.*
- *To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately.*
- *To know how to maintain appropriate records including being able to differentiate between fact and opinion.*
- *To be able to identify the appropriate relevant information on how to share it with other teams.*
- *Practice will be informed by an understanding of key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.*
- *To be aware of the risk of Female Genital Mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and be able to refer for further care and support.*
- *To be aware of the risk factors for radicalisation and will know who to contact regarding preventative action supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist -related activity.*
- *To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation.*

(Royal College of Paediatrics and Child Health, 2014, pp. 66-67)

Inquiries and reviews into child deaths from abuse and neglect

The many inquiries and serious case reviews that have been undertaken in the UK highlight that when a child is subjected to abuse and/or neglect, the consequences can be far reaching and have implications for professional practice, including nurses (Brandon, 2009; Brandon et al., 2012; Sidebotham et al., 2016). Government inquiries and reviews into child deaths from abuse and neglect have resulted in significant reforms to the child protection system in England. The first inquiry into the death of a child from abuse or neglect took place following the death of Dennis O'Neill, who was killed by his foster parents in January1945, at a time when statutory guidance and interagency working was weak (Morris, Brandon, & Tudor, 2012). This inquiry led to the introduction of the *Children Act* 1948. Over the following decades, and as a result of numerous high profile inquiries into various child deaths, recommendations from these inquires have shaped changes in social policy and legislation. There have been many more inquiries and reviews which have led to significant reforms, for example, the *Laming Report (*Laming (2003b) report into the death of Victoria Climbie led to *Every Child Matters* (Department for Education (2003) and *The Children Act 2004* (HM Government, 2004). Many of these inquiries and review reports have emphasised the importance of multi-agency working, particularly with reference to effective communication between agencies, a greater focus on the child, confidence to question other professionals including medical staff and an awareness of cultural and religious beliefs. Appendix 6 outlines the findings from some historic key inquiries and reviews which have made specific recommendations for nursing.

Challenges to detection

It can be difficult to identify actual or potential harm (Bradbury-Jones & Broadhurst, 2015; Sidebotham et al., 2016; Solebo & Sidebotham, 2009).Therefore child abuse and neglect can often go undetected by professionals. Several reasons exist as to why this is the case, such as

identifying what is good/bad parenting, what the threshold of abuse should be and different styles of parenting (Appleton & Cowley, 2004). Professionals also need to be aware of the risk factors associated with child abuse and neglect, including poor housing, unemployment and poverty, given that the relationship between these and child abuse is well documented (Drake & Pandey, 1996; HM Government, 2015; Jose, 2005).

Children may have limited material goods but may not be neglected, and it is important to remember that most children living in poverty or deprivation will not experience child abuse or neglect. However, a recent report funded by the Joseph Rowntree Foundation in 2016 states that the greater the economic hardship, the greater the risk that a child will suffer child abuse and neglect (Bywaters et al., 2016). It is often a challenge for professionals to ascertain whether a child is being neglected and therefore needs protection or whether they are living in a situation of deprivation (Barlow et al., 2016). This is also compounded by the lack of an agreed definition and measure of what constitutes child abuse and neglect between the UK countries and internationally, making it even more difficult for professionals to distinguish the difference between neglect and deprivation (Bywaters et al., 2016)

It may also be difficult for a child to recognise and subsequently disclose if he or she is being abused, with many disclosures not occurring until children are in their adult years (Townsend & Charleston, 2016). Burke and Hodapp (2014) found that individuals will not reveal abuse until they are asked specific questions related to the experience. Although student nurses (adult field) would not be expected to question individuals about suspected cases of child abuse or neglect themselves, it is suggested that if nurses are not encouraged to develop the skills to undertake such questioning during their pre-registration nurse education then their ability to detect children who may be at risk of harm may be compromised. Additionally, as students

they may still communicate with children when working with their mentors in the community and therefore need to have an awareness of the signs and signals of suspected child abuse or neglect. Significantly, the literature highlights that when safeguarding a child is not effective, the consequences can be dramatic, ranging from concerns of neglect to death (Anderson, Ambrosino, Valentine, & Lauderdale, 1983; Brandon, 2008; Breiner, 2013; Laming, 2003a).

It is has also been recognised that individuals who work regularly and for several years with child abuse and neglect can become de-sensitised and, as a result, fail to detect if a child is at risk of harm (Berger, Polivka, Smoot, & Owens, 2015). A similar finding was found by Stanley and Goddard (2002), where social workers became so used to being intimidated by aggressive clients they became de-sensitised to this, not recognising the disabling effect this can have on their practice. There is a danger that the same outcome could happen in nursing, where staff may be exposed to similar events when visiting clients in their own homes. The intimidating nature of working with child protection is also highlighted in the literature where it is common amongst professionals to want to remain anonymous when reporting abuse to not risk losing a working relationship with their clients (Russell, Lazenbatt, Freeman, & Marcenes, 2004).

<u>Deficits in confidence, knowledge and skills</u>

Mathews, Walsh, Coe, Kenny, and Vagenas (2015) highlighted that very often professionals who have a responsibility to report child abuse and neglect consider themselves as having a lack of knowledge to fulfil this role. This lack of knowledge is specifically to do with not having the skills to detect abuse, not understanding their role and not knowing how to report any concerns they may have.

While some organisations and institutions have excellent child safeguarding procedures in place, some inquiries into cases of abuse in settings such as hospitals and schools in the UK have found that individuals were aware that child abuse might have been happening but failed to take effective action to protect children (Laming, 2003b; Munro, 2011).

Long (2006) found nurses do not always feel in a position to act in the best interests of the child, especially if they lack confidence and are working with professionals who have had several years' experience of dealing with child abuse or neglect cases. Nurses highlight that it is often a fear of offending other members of the multidisciplinary team that influences how they respond to child abuse (Bennett, 2010). Abuse and neglect can go unreported by the health professional if an assumption is made that someone else is taking responsibility for it (Munro, 2010). Hackett (2013) identified that school nurses were confused about their role in child protection. This was a small qualitative study in which six school nurses revealed issues concerning the lack of clarity regarding their role in relation to child protection and said they lacked knowledge in report writing, child trafficking and legal issues.

Interestingly, Russell et al. (2004) found in their large cross sectional survey of 979 nurses, doctors and dentists (response rate of 44%) that nurses who had the lowest professional status and were predominantly female were more likely to report child abuse, but they also sometimes held the view that someone else would do the reporting. This study involved nurses, doctors and dentists working in a primary care setting in Ireland where contact with the whole family was more evident. Significantly, it is suggested that community nurses in particular should be confident in their ability to protect a child as the primary healthcare setting is often the first point of care for families in crisis, where general practitioners and public health nurses often have valuable information about vulnerable children (Alderman, 2016).

Nurses need the knowledge and skills to be able to detect potential child abuse and neglect (Royal College of Paediatrics and Child Health, 2014). However, in the United Kingdom nurses lack knowledge and skills in identifying the potential indicators of abuse (Keane & Chapman, 2008). In exercising the need to detect and respond, nurses must also consider that many children do not disclose abuse because they are afraid or because they assume what is happening to them is normal. Abuse can therefore result in the individual feeling isolated and not having the confidence to disclose (Allnock & Miller, 2013; Berelowitz, Firmin, Edwards, & Gulyurtlu, 2012; Browne, 1995). Skarsaune and Bondas (2015) highlighted nurses are uncertain and anxious around their role of detecting child abuse. In their study of eight nurses, it was found that there was a lack knowledge about the signs of child abuse, working collaboratively with other professionals, documentation and how to report their concerns in this group. This reveals that more is needed to be done to raise awareness in nurses, encouraging them that they have a responsibility when they encounter suspected child abuse.

Brandon, Bailey, Belderson, and Larsson (2013) found a significant number of at-risk young children do not come to the attention of the social care services and all professionals need to take a shared responsibility in protecting children. Other serious child abuse cases reveal that nurses lack skills to detect if a child is being repeatedly harmed or neglected (Birmingham Safeguarding Children Board, 2010; Laming, 2003b; Lock, 2013; Newcastle Childrens Safeguarding Board, 2016). While these reviews highlight lessons that can be learnt and identify where practice could have been improved, they often conclude that little could have been done to avoid the death or harm of the child. In addition, one limitation of serious case reviews is that they are based on a single case which places limitations on the transferability of

their findings. Therefore, serious case reviews do not provide enough evidence to change policy and practice (Brandon, 2008; Sidebotham et al., 2016; Vincent & Petch, 2016).

Fraser, Mathews, Walsh, Chen, and Dunne (2010) study indicates that nurses feel less confident in reporting emotional abuse and neglect in comparison to reporting suspected cases of physical or sexual abuse . It also highlights that life experiences such as being a parent and education all play a part in a nurse's ability to recognise the seriousness of child abuse and neglect, and can therefore influence the degree of confidence they have when it comes to reporting their concerns (Fraser et al., 2010). Like the Natan, Faour, Naamhah, Grinberg, and Klein-Kremer (2012) study which highlighted that nurses were more likely to be sensitive to the signals that a child was being abused if they had children themselves, Fraser et al's large cross sectional survey of 930 registered nurses working in Queensland Australia also found that personal parenting experiences affected nurses' likelihood of reporting child sexual abuse. However, a criticism of this study is that the authors do not provide any evidence around why nurses who are parents respond in a different way to cases of child abuse and neglect. This study also highlighted a positive attitude to mandatory referral, and they suggested that this should be considered within the educational preparation for nurses to improve the detection and referral of abuse cases. Mandatory reporting has operated for many years in the USA, Canada and Australia, however some confusion remains as to who are the mandated reporters and what types of abuse or neglect should be reported. The feasibility of introducing mandatory reporting of abuse and neglect continues to be debated in the UK (National society for the prevention of cruelty to children, 2014). In July 2016 the UK government launched the debate "Should there be a legal duty to report child abuse?" Researching Reform (2016), however at the time of writing the results of this debate had still not been published.

Concerns remain around introducing mandatory reporting in the UK as it may lead to unintended adverse events such as establishing a culture of reporting in a system that is already overstretched, and the important question remains as to what behaviour should be the subject of reporting (National society for the prevention of cruelty to children, 2014).

A recent large quantitative study of 158 nursing students in India suggested their knowledge of child abuse and neglect was inadequate and that nursing education programmes needed to improve the curriculum content in relation to assessment and reporting of suspected child abuse and neglect Poreddi et al. (2016), although it is acknowledged that there are significant differences between nurse education in India and the UK. Kiesel, Piescher, and Edleson (2016) revealed the there is a clear link between domestic abuse and child abuse, whilst Bradbury-Jones and Broadhurst (2015) explored whether student nurses and midwives in the UK had adequate knowledge and confidence in respect to recognising and responding to domestic abuse. This latter paper highlights that student nurses (a total of 55 students, 32 student midwives and 23 student nurses) felt that they had a good theoretical understanding of domestic abuse, however they lacked confidence in recognising and responding to abuse. This has relevance for my study as it highlights the students were concerned about the implications of this lack of knowledge for their future practice as registered practitioners. However Bradbury-Jones (2015) also found in her study that student nurses are not taught about domestic abuse in universities and that they may not have the opportunity to learn about this in the clinical area.

Other studies from a range of professions have identified similar findings. Eight quantitative studies with participant numbers ranging from 145-1302 involved under and post graduate students within the fields of paediatrics, mental health, social care and dentistry (Al-Jundi et al., 2010; Barnard-Thompson & Leichner, 1999; Feigelman et al., 2011; Hashim & Al-Ani,

2013; Narayan et al., 2006; Orhon et al., 2006; Shor & Haj-Yahia, 1996; Thomas et al., 2006). Notably, these studies did not include student nurses. The methods used in these eight studies were self–administered questionnaires and surveys. A consistent theme emerging from this literature was the students lacked adequate knowledge about how to identify and report suspected cases of child abuse, and they:

> *"….did not know where to report this serious matter."*
>
> (Thomas et al., 2006, p. 443)

This is substantiated by Al-Jundi et al. (2010) whose quantitative study based on a self-administered questionnaire found that two thirds of the total study population of 441 students did not know where to report suspected cases of child abuse.

The literature also highlights that child protection workers, including nurses, can experience anxiety, which may result in them working defensively, and not acting on their suspicions to avoid the risk of being wrong. Even when professionals are aware of how to detect and refer suspected cases of abuse, some individuals may fear wrongly suspecting child abuse and the possible litigation (Russell et al., 2004). Nurses may be concerned about the repercussions of reporting suspected cases of child abuse because they are reluctant to jeopardise the nurse-client/patient relationship (Nayda, 2002). In addition, professionals need to be sensitive when coming into contact with children living in different situations from those which they are used to, and it is important to remember they may be observing a variety of parenting styles and material deprivation and not necessarily child abuse or neglect (Bywaters et al., 2016).

The importance of initial and ongoing safeguarding education for nurses has highlighted that there is a need for these professionals to become more confident in detecting child abuse and neglect, as failure to do this will result in child protection cases continuing to be missed (Carter,

2014). However, in order to fulfill this requirement, students need to be provided with the learning opportunities to develop the knowledge and skills to detect and refer cases of suspected child abuse and neglect. Therefore this needs to be embedded in the pre-registration adult nurse curriculum at the very outset of their professional education (McGarry, Baker, Wilson, Felton, & Banerjee, 2015).

2.3.2 Pre-registration Nurse Education

Having examined the role of the adult nurse in relation to child abuse and neglect, the following section explores the key concepts that underpin the preparation of adult student nurses to become competent practitioners. The literature highlights that education and support are all pivotal to preparing nurses for the role they have to play in protecting children (Bradbury-Jones, 2013; Fifield & Blake, 2011; Forge, 2010; Laming, 2003b; Munro, 2008; Powell, 2003; Taylor & Bradbury-Jones, 2015).

There is an abundance of literature defining what the outcomes of this preparation must be. Once registered, there is an expectation that nurses conform to *The Code: Professional Standards of Practice and behaviour for nurses and midwives* (NMC, 2015). It is this code that is at the centre of all educational programmes and where students are prepared to:

> *"Act to safeguard the public…"*
>
> (Nursing and Midwifery Council, 2015, p. 5)

It is the responsibility of the educational institution where these programmes are validated and delivered to prepare students to be able to act in accordance with the code. In the United Kingdom, students can only apply to be registered with the Nursing and Midwifery Council when they have completed a recognised three-year period of study. In order to achieve the competencies set out by the Nursing and Midwifery Council, the programme of study

undertaken by nursing students must consist of at least 4,600 hours, and 2,300 of these hours must be in practice placements. At present the standards for the Pre-registration programmes are under review by the Nursing Midwifery Council and although it will continue to be the responsibility of the educational institution to provide practice experience, where and when this happens in the curriculum may change. The Council of Deans of Health highlight in a discussion paper entitled 'Educating the Future Nurse' the importance of preparing graduate registered nurses to be able to work flexibly across practice settings, recognising the importance of multi-agency team working (Council of Deans of Health, 2016). These new standards need to be adopted by all education institutions by September 2019 and are due to be published in early 2018.

At the end of three years newly qualified nurses, must be able to:

> "*Act on their understanding of how people's lifestyles, environments and the location of care delivery influence their health and well-being*"
> > (Nursing and Midwifery Council, 2010a, p. 5)

In preparing to meet these standards, adult student nurses must achieve specific competencies related to the wider concept of safeguarding and child protection, including the field standard competency 1.1. An element of Nursing practice and decision-making where:

> "*All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse*"
> > (Nursing and Midwifery Council, 2010b, p. 19)

Nursing students must also be able to achieve competency in assessing and meeting the needs of people of all ages, which is included in the competency:

> "*Adult nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people…*"
> > (Nursing and Midwifery Council, 2010b, p. 17)

To practice safeguarding effectively student nurses must also recognise the importance of working within a multidisciplinary team (Babenko-Mould, Ferguson, & Atthill, 2016). They must achieve the competency:

> *"All nurses must work effectively across professional and agency boundaries, actively involving and respecting others contributions to integrated person centred care... They must know when and how to communicate with and refers to other professionals and agencies... promoting shared decision-making..."*

And

> *"Work in partnership with other health and social care professionals and agencies, service users, carers and families..."*
>
> (Nursing and Midwifery Council, 2010b, p. 21)

Students are regularly assessed whilst in practice and the Nursing and Midwifery Council identify the skills and professional expectations that they must achieve. These are reflected in competencies and essential skills clusters and include:

> "*Safety, safeguarding and protection of people of all ages their carers, and their families*"
>
> (Nursing and Midwifery Council, 2010b, p. 97)

The learning outcomes for student nurses are clearly defined in the guidance issued by the professional body governing nurse education. It is the role of educational institutions to deliver these requirements through various learning opportunities linking theory to practice.

Facilitating learning in the practice context

A key component to delivering optimum learning in the practice context is having a supportive mentor or practice educator. This is essential for the integration of theory and practice between the university and the clinical area (Maxwell, Black, & Baillie, 2015). Indeed it is highlighted within the Nursing and Midwifery standards that to support learning and assessment in practice

students must be supported and assessed by mentors, where they must work with these professionals for a minimum of 50% of the total time when on placement (Nursing and Midwifery Council, 2008).

The role of the mentor in the practice environment is to act as an effective role model, showing how theory translates into practice by offering a varied experience. They are also expected to undertake the role of teacher and assessor (Baglin & Rugg, 2010). In the community, this mentorship role can be more demanding than mentoring in a hospital environment. The reasons cited include workload demands and the intensity of the relationship they have with the student (Babenko-Mould et al., 2016; Baillie, 1993). To prepare clinicians for the role of mentor, a mentorship programme is undertaken which highlights the importance of encouraging and helping students (Aston & Molassiotis, 2003; Nursing and Midwifery Council, 2010b).

Coyne and Needham (2012) state that an important element of the student experience involves working alongside mentors in a supportive clinical learning environment where they feel welcomed and where the emphasis is on effective two-way communication. The clinical staff should have an awareness of the individual student's needs in order to avoid a mismatch between the perceived and preferred expectations of students (Brown et al., 2011). Such a welcoming environment can be instrumental to the students having a positive learning experience (Henderson, Cooke, Creedy, & Walker, 2012). Whilst Chan (2001, 2002); Chan and Ip (2007) identified that students feel a degree of satisfaction when they accomplish a task, this may be difficult to achieve when they are working in the community and encounter child abuse or neglect, as they may be unable to conduct 'hands-on' tasks. In acknowledging this difficulty, it is however suggested that any experience is a learning opportunity for students

and the important issue is how the experience is internalised, reflected upon and used for future practice (Dahl & Eriksen, 2016).

<u>Stress in the community context</u>

Clinical placements should offer students the opportunity to develop skills and competence in complex settings (Killam & Heerschap, 2013). Working in the community for the first time could be seen as being a critical learning episode for students in a complex setting and very different from working in the hospital environment. Even if students enter a practice placement that welcomes them, the emotional impact of working in an environment such as the community, where child abuse and neglect may be more evident, can be stressful (Bradbury-Jones & Broadhurst, 2015). Indeed Ferguson (2011) discussed the impact of visiting homes where child abuse and neglect may be suspected and where even getting through the front door can be stressful for the professional. While Ferguson was writing about social workers, this experience is likely to be equally stressful for adult nurses, perhaps more so as social work education is more likely to prepare social work students for this kind of challenge.

Practicing in the real world can bring particular challenges to students as highlighted by Graham, Lindo, Bryan, and Weaver (2016), and student nurses are not exempt from such stresses. Stress in clinical practice is highlighted by Gibbons, Dempster, and Moutray (2011) as having an effect on nursing students' sense of satisfaction and subsequent wellbeing. A systematic review identified potential causes of workplace stress for student nurses including:

> "*fear of unknown situations, mistakes with patients or handling of technical equipment.*"
>
> (Pulido-Martos, Augusto-Landa, & Lopez-Zafra, 2012, p. 15)

A significant concern highlighted by Hoel, Giga, and Davidson (2007) is that where students suppress their feelings when faced with clinical challenges, they risk developing emotional coldness as a coping strategy. This has possible implications for their personal wellbeing, as this response is in opposition to what is expected from the caring profession of being a nurse (Leininger & McFarland, 2006). This may result in students experiencing cognitive dissonance where they have feelings of discomfort and confusion which develop from having two conflicting beliefs (Aronson, 1969). Whilst emotional coldness could be described as a decision not to connect emotionally, another aspect of stress in the workplace was highlighted by Conrad and Kellar-Guenther (2006) who explored compassion fatigue (trauma suffered by the helping professional) and burnout among child protection workers. They found that 50% of the 363 participants had high levels of compassion fatigue. Bradbury-Jones (2013) acknowledged the significance of stress by promoting the Peshkin approach, where practitioners working within child protection are given the opportunity to meaningfully pay attention to their emotions and reflect through supervision. This is supported by Lo (2002) who stated that students need to be taught how to manage their emotions effectively in order to take responsibility for their own wellbeing and recognise that this is an important element of their personal development.

Stress may be exacerbated when working in the community with individuals fearing for their own personal safety and where, for example, nurses are afraid of or intimidated by an offender who may be present in a client's home (Baxter & Beer, 1990; Russell et al., 2004). A similar finding was also described by Burke and Hodapp (2014), where it was identified that working in the area of child protection can be more of a challenge for community practitioners, citing issues concerning the isolation of working alone and fear for their own safety. With students exposed to similar challenges, fear may also be a concern for them. However, it was found that having a supportive relationship between the student and mentor enhances the feeling of safety

in students (Killam & Heerschap, 2013). In contrast, Reeve, Shumaker, Yearwood, Crowell, and Riley (2013) identified that when students felt stressed in the clinical area they often turned to their peers, spouse/significant other or parents for support. This contact occurs rather than consulting the educationalist or mentor, bypassing the opportunity to benefit from the support of an experienced professional who is likely to have had the same experiences. However, Baglin & Rugg (2010) highlighted that students in community placements missed the regular contact and support they would normally have had from their peers when in a hospital setting, which then resulted in feelings of stress.

The literature highlights potential confidence, knowledge and skill deficits in adult nurses regarding neglect and abuse. In addition, the literature also highlights the significance and challenges of facilitating learning in the practice context, including students reporting feeling stressed. These factors highlight the need to consider means to best facilitate learning for student nurses.

2.3.3 The adult learner

Educationalists are responsible for ensuring the most appropriate teaching methods are employed to engage the adult student nurse in becoming a competent practitioner (Crookes, Crookes, & Walsh, 2013). Learning can either be at an individual or group level and consists of knowledge acquisition or developing a skill which can then be used to either do something that could not be done before or have a new understanding about the world (Crick, Broadfoot, & Claxton, 2004).

Adults tend to engage in a critical learning process when they are motivated to create change (Brookfield, 2005). Student nurses are no exception to this, entering nursing for various reasons

such as wanting to establish a career, to make a difference, care for others and obtain job security (Wilkes, Cowin, & Johnson, 2015). In order for this to happen, educationalists must recognise that adult learners bring with them preconceived ideas of a subject area which in turn may influence their level of engagement in the learning process (Taylor & Cranton, 2012). The subject of child abuse and neglect is highly emotive and individual learners may bring a degree of preconceived ideas about this subject, some of which can be influenced by personal experience. Therefore, it is often the role of the educationalist to help adult learners address any preconceived ideas, to the point where Kolb (2004) suggested adult students may even be asked to unlearn what they think they know about a subject. This could be even more pronounced when exploring the emotive subject of child abuse and neglect where individuals often have rigid views as to what this entails (Mathews & Collin-Vézina, 2016). To help the students address any pre-conceived ideas and to re-appraise their assumptions, a range of holistic teaching strategies should be employed to engage learners effectively (Yorks & Kasl, 2002). These strategies include active participation, problem-solving, critical reflection, active seeking of meaning and experiential learning (Knowles, Holton, & Swanson, 2014).

In addition, to maximise learning and engage the adult student, a range of teaching strategies and different learning styles and preferences must be taken into consideration. Being aware of different learning styles and preferences acknowledges that adults have a variety of approaches to education, namely by being visual, auditory or kinesthetic learners, and assisting adults to gain the maximum out of education involves the educationalist combining these three approaches (Merriam, 2001). In support of this, Dirkx (2006, 2008) observed objections from adult students when they were exposed to what they perceived as inappropriate teaching methods. He highlighted that when a group member felt that they were given too much group work they had the power to disrupt the group dynamics, resulting in what he terms as the whole

group becoming emotionally deflated or anaemic. Dirkx discussed the importance of the adult educator being sensitive to the learner's needs, and he suggests that transformation theory can be useful Cranton (1994); Mezirow (1991b) can be used to understand different forms of communication, where learning comes to frame the meaning of the students' experiences. Similarly, Dirkx (2008) believed emotions are significantly involved in the process of transformative learning as the adult learner has the capacity to reflect on their previously-held assumptions which may be accompanied by various emotions such as guilt, fear shame or anxiety.

Merriam and Bierema (2013) highlighted that many theories and debates concerning adult learning exist. Interestingly, Coffield, Moseley, Hall, and Ecclestone (2004) proposed that for adults to learn effectively the focus needs to be upon encouraging these learners to be active, by using critical reflection on their learning journey (Boud, Keogh, & Walker, 1985; Coffield et al., 2004; Kolb & Kolb, 2005; Kolb & Fry, 1975). In support of this, the Standards for pre-registration nursing education Nursing and Midwifery Council (2010b) state any educational programme needs to be flexible in its approach by blending a range of adult learning styles through combining theory and practice.

The twentieth century scholars Dewey, Piaget, Knowles and Rodgers suggested that knowledge is gained from understanding and transforming an experience (Dewey, 1986; Knowles et al., 2014; Piaget, 1951; Rogers, 1983). A number of adult learning theories place emphasis on the importance of observation and participation (Boud & Walker, 1990). However, a fundamental element of this approach to learning is the process of self-reflection that encourages the assimilation of theory and practice, and promotes the reflective practitioner (Argyris & Schön, 1978; Johns, 1995; Kolb & Fry, 1975; Rolfe, 2014). Schon (1983) placed

significant emphasis on reflection, namely reflecting on action and in action, where it is suggested that reflection is dependent on the experience, resulting in a degree of surprise and therefore creating a feeling of unexpectedness in the student. Kolb and Kolbs's theory of experiential learning stated that by combining experience, perception, cognition and behavior, learning becomes a continuous process for the adult (Kolb & Kolb, 2005).

<u>Transformative learning</u>

A principal contributor to the development of theories of adult and experiential learning is Jack Mezirow (1923-2014), an American sociologist and Emeritus Professor of adult education, viewed as the founder of the concept of transformative learning. In 1975 Mezirow conducted a large qualitative study in America, using grounded theory to identify the factors that influenced women's progress back into postsecondary study or the workplace (Mezirow & Marsick, 1978). His initial study was based on observation of and informal and structured interviews with 83 women experiencing 12 re-entry programmes across three distinct geographical locations. He followed this up with a national telephone survey of 24 programmes in 11 states and finally a postal enquiry to 1172 colleges. Mezirow concluded that as a result of their experiences the women in the study had undergone personal transformation (Mezirow & Marsick, 1978). This was at a time when adult learning focused mainly on the mastery of basic skills, whereas he proposed that as a result of significant experiences individuals may change their belief system (meaning perspective) and that perspective change is fundamental to the theory of transformative learning (Mezirow, 1991b).

Mezirow and Marsick (1978) first published their initial theory of transformational learning, which was based on 10 phases of transformation. However, it was Mezirow who was credited as the main theorist who developed and added a lesser discussed phase 11 in 1991 (Kitchenham,

2008). Mezirow (2000b) suggested that for meaning making and personal transformation to occur, adults need to face either, some or all 11 phases.

The 11 phases of Mezirow's transformational learning theory are summarized in the following table 2.iii as:

Table 2.iii: Mezirow's 11 Phases

MEZIROW'S 11 PHASES	
Phase	Explanation
1 A disorienting dilemma	An individual experiences a dilemma resulting in them developing a different view to their own and becoming disoriented about their own beliefs and life choices.
2 Self-examination with feelings of fear, anger, guilt or shame	When they consider this new view in contrast with their previously held view of the world, feelings such as fear, anger, guilt or shame can arise.
3 A critical assessment of assumptions	This self-examination leads to a critical assessment of basic beliefs.
4 Recognition that one's discontent and the process of transformation are shared	Rational discourse allows the individual to find that the new worldview is not alien to others. It can also reveal that others have had similar responses to learning.
5 Exploration of options for new roles, relationships, and actions	Through discussion with friends and colleagues, alternatives are explored via rational discourse.
6 Planning a course of action	This phase sees the individual planning to move forward which accommodates and encompasses their new worldview.
7 Acquire knowledge and skills for implementing one's plan	The individual actively seeks new knowledge and skills to facilitate their plan.
8 Provisional trying of new roles	The new approach is trialed, reflected upon and modified as required.
9 Building competence and self-confidence in new roles and relationships	Confidence in the approach grows and utilises it in an expanding range of situations.
10 A reintegration into one's life on the basis of conditions dictated by one's new perspective	This new way is assimilated into the individual's interactions with those they encounter in such a manner as to be respectful to their own expanded worldview.
11 Renegotiating relationships and negotiating new relationships	Reflecting on personal connections, adapting taking into consideration new knowledge.

Whilst there is some variability in the presentation of his work (for example 10 or 11 phases), in publications, Mezirow consistently referred to three major elements, shown in the following Figure 2.3:

Figure 2.3: Mezirow's three Major Elements
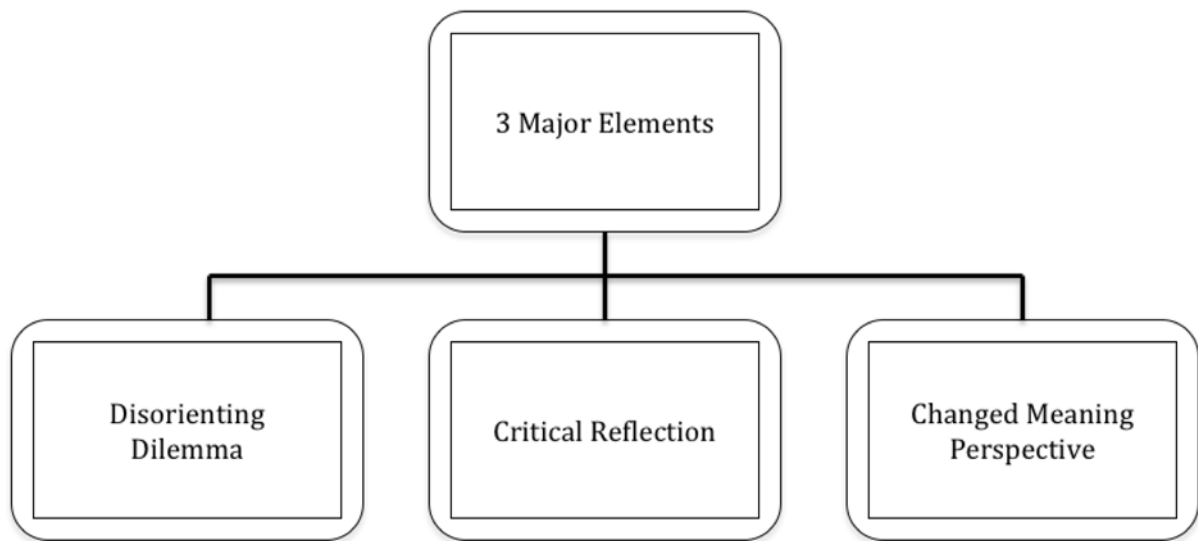
Transformational learning theory is based on meaning making and making sense of experiences, and not just about acquiring knowledge but more importantly:

> "*meaning is making sense of or giving coherence to our experiences*"
>
> (Mezirow, 1991b, p. 11)

Mezirow (1991b) proposed that reflection is pivotal, and that if adult learners are given the opportunity to return to the experience, they attend to their feelings (reflexivity), and re-evaluate their views, which in turn offers an opportunity for meaning making. Meaning making in transformative learning differs from everyday learning, in that normally when we learn something we attribute an already-held view to a new experience. However, in transformative learning old or new experiences are reinterpreted with a new set of expectations (Mezirow, 1991b). In a later revision of his work he explains that:

> "*...transformative learning refers to transforming a problematic frame of reference to make it more dependable in our adult life by generating opinions and interpretations that are more justified... We often become critically reflective of our assumptions of those of others and arrive at the transformative insight.*"
>
> (Mezirow, 2000b, p. 20)

<u>Influences on Mezirow's transformative learning theory.</u>

Mezirow himself acknowledged antecedents to his work and amongst those theorists who influenced his thinking were Thomas Kuhn's paradigm shifts, Paulo Freire's theory of conscientization and Habermas' critical theory domains of learning (Kitchenham, 2008).

Kuhn's paradigm

In 1962 Kuhn made popular the presently-used definition of the term paradigm, which he defined as being a collection of ways of seeing methods of inquiry, beliefs, ideas, values and attitudes. It was his view that students were not freethinkers, but rather that they will accept what is taught until a 'revolutionary moment' appeared. Kuhn's ideas on paradigm shifts, based on the progress of scientific knowledge, highlighted that transformative learning happens as a consequence of interacting with others. Kuhn (1962) clearly influenced Mezirow's theory of transformative learning as his ideas on paradigms became Mezirow's frame of reference, which comprised of meaning perspectives and views/assumptions (known as habits of mind) leading to perspective transformations (Kitchenham, 2008).

Freire's conscientization

Freire's ideas of conscientization also influenced the development of Mezirow's theory. Freire, a philosopher and Brazilian educator, is best known for his influential work 'Pedagogy of the Oppressed'Freire (2000), in which he defined conscientization as something that individuals need to develop so that they are able to perceive social, political and economic contradictions. In doing this they are then able to develop a critical awareness in order to take action against the oppressive ideas of reality (Freire, 1970). Freire believed that:

> *"The more students work at storing the deposits* (knowledge) *entrusted to them, the less they develop the critical consciousness which would result from their intervention in the world as transformers of that world"*
>
> *(Freire, 1970, p. 101)*

Freire believed the aim of education should be to liberate individuals from unjust social structures, empowering them to develop consciousness and transform their culture. Freire's 'conscientization' proposed three levels of consciousness growth. Mezirow aligned the highest level, critical transitivity, where critical thought and action merge, with his ideas of disorienting dilemmas and critical self-reflection. Similarly, in his theory of transformational learning, Mezirow stated that by using critical reflection individuals are able to liberate themselves from passive unquestioning habits of mind or meaning schemes (Mezirow, 2000b).

Change is central to Mezirow's transformative learning theory where the view is that as a result of an experience and reflection the adult changes their belief system about how the world works (meaning perspective) and subsequent behavior (Mezirow, 1991b). Mezirow's theory states that individuals must take part in critical self-reflection, reflective dialogue and reflective action for transformative learning to occur, which results from either a significant event or incremental events which happen over a period of time (Kitchenham, 2008).

Habermas' Theory of Communicative Action

Habermas (1971, 1984), in his theory of communicative action, emphasised the importance of discourse and communication in encouraging learning, and explained that this involved a range of forms of learning experiences and domains, including emancipatory learning, involving learning about one's self and engaging in critical self-refection. Mezirow also described the attempt to facilitate transformative learning as emancipatory education, where the aim is to assist the learner to challenge presuppositions, explore alternative perspectives, transform old ways of understanding and act on new perspectives (Mezirow, 1990).

Mezirow assimilated the fundamental ideas from these theorists into the development of his initial theory in 1978. The influences on Mezirow's early transformative learning theory and its related facets are given in table 2.iv:

Table 2.iv: Influential theorists and their relationship to Mezirow's theory.

Influence	Commonality	Influence
KUHN	Perspective transformation Frame of reference Meaning perspective Habit of mind	Kuhn's paradigm influenced Mezirow's Frame of Reference which comprise Meaning perspectives and Habits of Mind leading to perspective transformation
FREIRE	Disorienting dilemma Critical self-reflection Habit of mind	Freire's 'concientization' proposed 3 levels of consciousness growth. Mezirow aligned the highest level, Critical Transitivity, where critical thought and action merge, with his ideas of Disorienting Dilemmas and Critical self-reflection.
HABERMAS	Learning processes Perspective transformation Meaning scheme Meaning perspective	Mezirow's analysis of Habermas' 3 domains of learning, technical, practical and emancipatory, helped him define his processes as instrumental, dialogic and emancipatory and allowed him to define his perspective transformations

However, Mezirow has not been without his critics. A major criticism of his work suggests it fails to take into account the cultural context of learning and that he did not take into consideration the link between meaning and experience (Clark & Wilson, 1991). Additionally, Taylor (2008) highlighted that transformative learning theory overlooks the role of spirituality, gender, race, class and sexual orientation.

Mezirow addressed these criticisms Mezirow (1991a) by stating that critical reflection and rational discourse, which is a fundamental component of his theory, are manifestations of culture and therefore do not sit independent of the cultural context in which they develop. Therefore, as students articulate their experience the language they use and the story they give

is already embedded within their cultural history. Transformative learning theory remains as one of the most researched and discussed theories in the field of adult education and Mezirow's work continues to have a practical impact on adult learning (Taylor & Cranton, 2012).

Mezirow's transformative learning theory continues to provide a structure to explore adult learning, as it gives the educationalist a framework to consider how individuals become aware of their prior assumptions, critically reflect on those assumptions and develop approaches to take action to transform those assumptions so that distorted or underdeveloped frames of reference can be adapted. Mezirow's theory has regularly been used to inform curriculum developments in adult education, pre-registration and post nurse education because of its focus on reflection, adult learning and reflexivity. In a study of forty-two post-registration UK nursing students, reflective journals were analysed to determine the level and extent of reflection that takes place in practice using a model based on the work by Mezirow (Chirema, 2007). This study highlighted that reflective journals are a useful tool to aid reflection and can be used as a teaching and learning strategy, which has also been supported by additional authors (Chirema, 2007; Christie, Carey, Robertson, & Grainger, 2015; Kear, 2013; Morrall, 2005) .

Kear (2013) applied the three major elements of Mezirow's transformational learning theory, disorienting dilemma, critical reflection and changed meaning perspective, as an analytical framework to her research. She explored the experiences of 10 student nurses in the last semester of their pre-registration nurse education, utilizing individual interviews to explore experiences that had contributed to their learning, particularly those that had changed their view or perspective in some way. Kear (2013) identified 5 interconnected narrative themes from her analysis of the research interviews with transformative learning being the central theme.

Collectively, Kear labels these themes as threads, where each one weaves and connects, developing a tapestry of learning. These are presented in Figure 2.4:

Figure 2.4: Kear's transformative learning model

Multi-factorial Learning

Intertwining Experiences

Transformative Learning

Human Interactions

Experiential Learning
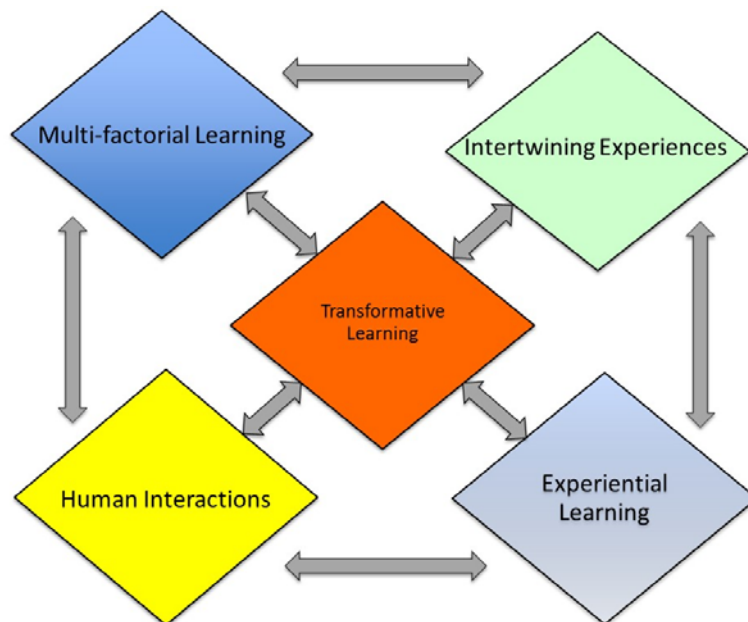
Kear (2013) summarised that students often found clinical practice to be a transformative experience and that the three major elements of Mezirow's work were found within the students' narratives.

Garneau (2016) also found Mezirow's transformational learning theory a useful tool to develop a framework for critical reflection for undergraduate nursing students, with the elements of experience, critical reflection and rational discourse being particularly useful. Garneau (2016) suggested it may be possible to enhance areas of planned learning for pre-registration nursing students by encouraging critical reflection where they write a narrative of a significant clinical experience that created a disorienting dilemma. By doing this Garneau suggested that students are able to undertake subjective reframing, thinking back to what they did and identifying

patterns of unintentional and intentional discrimination. She then proposed that it is the role of the nurse educator to provide opportunities for students to participate in a discussion where they are given the opportunity to share, validate and reframe their perspectives. Through in-depth and quality reflective thinking, nurse educators can facilitate student nurses to challenge and critically assess taken-for-granted beliefs and assumptions (Garneau, 2016; Mezirow, 1991b).

After this detailed exploration, I concluded that Mezirow's transformational learning theory had the greatest resonance with the intentions of this research as it explores the relationship between students' practice experiences and learning which I also intended to explore. Mezirow's theory was selected as a framework to present this study due to the plethora of empirical research spanning decades and the focus of his research on higher education. In contrast to Kear's work, however, my study will focus upon students in their first year when first encountering specific practice encounters. I intend to explore the experiences of first-year student nurses (adult field) when they encounter child abuse and neglect during their first community placement and Mezirow's transformational learning theory will provide a lens through which to explore these events.

2.4 Conclusion

This literature review highlighted that nurses often lack the skills, confidence and knowledge to know how to detect and refer cases of suspected child abuse and neglect. They may be afraid to acknowledge personal suspicions that a child is being abused or neglected for fear that they may be wrong or because they believe they may make the situation worse. It also revealed that personal parenting experiences could influence their response to such situations. There is an expectation that during their professional education student nurses are prepared to become

competent registered practitioners, capable and confident of knowing what to do when they encounter child abuse and neglect, yet they might not possess the skills to do this. However, it is not clear whether adult nurses always fully appreciate that they have a role to play in respect of safeguarding children, which has significant implications for pre-registration nurse education and the preparation of student nurses for registration.

Whilst there is no research exploring adult nursing students' experiences of abuse or neglect when undertaking community placements, research findings from other disciplines suggest that dental and medical students who encounter these situations are not confident in detecting or reporting their concerns. The evidence also suggests that working in the community has its unique demands and that encountering such cases can place additional emotional pressure on nurses, highlighting the critical nature of effective support and supervision.

My study aims to fill this research gap by exploring adult student nurses' experiences of encountering perceived child abuse and neglect when they are working in the community, and investigating how these experiences enhance their learning. I believe this topic needs to be examined so that we can better prepare and support adult nursing students so that they know what to do when they are faced with such challenges. This may require influencing the pre-registration nurse curriculum to improve the student experience.

Chapter 3: Methodology

3.1 Introduction

This chapter presents the underpinning research philosophy and theories that have influenced the methodology, and hence the direction and focus of this research. Qualitative researchers can be viewed as philosophers or behavioral scientists who are guided by highly abstract principles, who are essentially interested in learning (Bateson, 1972). Prior to undertaking a qualitative study, it is important for the researcher to present and critique their underpinning philosophical intentions as these may lead to the use of different methodologies depending upon the aim of the research.

This chapter commences by exploring potential paradigms to position the research. This exploration begins with an examination of qualitative research, which was determined to have the most appropriate alignment for my research aim and questions. Qualitative research involves an interrelated process encompassing the three key elements of ontology, epistemology and methodology (Denzin & Lincoln, 2008). Each of these elements will be discussed sequentially and applied to the research aim, outlining how the paradigm and methodology worked together to form my research study (Mackenzie & Knipe, 2006). This will culminate in the clarification and substantiation of the chosen research methodology, interpretative phenomenological analysis.

The following figure (Figure 3.1) presents an overview of the research approach used, highlighting the significant components of each phase.

Figure 3.1: The research approach

The Research Approach

VALIDITY AND ETHICAL CONSIDERATIONS	**PARADIGM**	Interpretative Paradigm • Acknowledging the theory of educational constructivism
	METHODOLOGY	Interpretative Phenomenology, Emphasis on • Hermeneutics • Phenomenology • Idiography

	METHODS	• Ethics
		• Participant Information: -
		    How participants are selected
		    Homogenous
		• Written Consent
		• Interviews
		• Data Collection: -
		    Commitment to participant experience

	DATA ANALYSIS	**Interpretative phenomenological Analysis**
		
		• Reading and Re-reading
		• Note Taking
		    Key objects of concern, relationships, processes, places, events.
		• Interpretative noting
		    Participants' thoughts on how and why

	QUALITY ASSURANCE	• Sensitive to content - Idiographic and the particular • Commitment – Degree of attentiveness • Rigor – Thoroughness of the study • Transparency & Coherence
	THESIS DEVELOPMENT	• Super-ordinate Themes • Writing Up • Discussion and Recommendations • Educational relevance - Dissemination of findings

REFLECTIVE NOTES

3.2 Qualitative or Quantitative approach

Some authors suggest that research may be viewed as simply having two key divisions to study a subject, quantitative and qualitative (Polit & Beck, 2004). Where quantitative research is defined as:

> *"Explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics)"*
> (Aliaga & Gunderson, 2002, p. 15)

My research aim was not to measure how many students experienced a specific practice phenomenon, as this would not give me an insight into what the encounter consisted of, as I wanted to have a more in-depth understanding of the experience rather than just having numerical / statistical facts. Qualitative research is defined as:

> *"…a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretative, material practices that make the world visible"*
> (Denzin & Lincoln, 2011, p. 3)

In determining whether to use a qualitative or quantitative methodology it was important to reflect on the intention of my study, where the emphasis would be on analysing the subjective experiences of students. My intention was to understand how students interpreted a particular event and by asking in-depth, emotive questions I was hoping to gain an understanding of what influenced the process of them making meaning from that experience (Willig, 2013). Therefore, I concluded that a qualitative approach would best answer my research questions. I then considered different paradigms, the aim being to identify which would be best suited to answer my research questions.

3.3 Research Paradigms

A research paradigm is a set of practices and beliefs that guide the research, and form the basis of the intention, motivation and expectation of the research (Mackenzie & Knipe, 2006). An additional aspect of paradigms is how they influence the way knowledge is studied and interpreted (Mertens, 2014). Paradigms guide the decisions made relating to how the research is to be carried out. I had a responsibility as the researcher to make my own philosophical beliefs explicit and to give a sound rationale as to why a certain paradigm was selected. The underlying principle to this approach is that research is often influenced by the researcher's motivation and philosophical intent to undertake the study (Cohen, Manion, & Morrison, 2013).

Bateson (1972) stated that, as human beings, we are guided by a set of principles. In conducting this research these are a combination of ontology (which examines the nature and relations of being), epistemology (which describes the relationship between the inquirer or researcher and the known) and, finally, methodology (or how we gain knowledge from the world) (Denzin & Lincoln, 2011). The paradigm informs the research methodology which is defined as:

> "*the choices we make about appropriate models. Cases to study, methods of data gathering, forms of data analysis in planning and executing a research study*"
> (Silverman & Marvasti, 2010, p. 436)

This therefore entailed exploring different aspects of the research process, initially thinking broadly about the available methods to undertake the study before making a decision as to what might be most suitable, always keeping in mind the aim of my research. In the absence of a paradigm or theoretical framework it is suggested that there is no basis for the choice of methodology, methods, literature search or research design (Mertens, 2014). This is also supported by Denzin and Lincoln (2011) who emphasised that "the best tool for the job is

chosen". It was important that my choice of paradigm should reflect the aim and subject matter of the project (Ghauri & Grønhaug, 2005). Jaccard and Jacoby (2010) suggested that, before selecting the most appropriate paradigm, the researcher must return to the overall aim of the study, and I ensured that this remained constant throughout the whole research process.

Denzin and Lincoln (2011) suggested there are four major researcher paradigms: positivist/post-positivist, constructivist/interpretative, critical (Marxist, emancipatory) and feminist post-structural. However, this was contradicted by Blaikie (2009) who stated that only two very different paradigms or theoretical frameworks exist, positivism/post-positivism and interpretivism. Further reading illuminated additional paradigms such as transformative, emancipatory, critical theory, pragmatism and de-constructivist, which were found not to fit with my research aim. I wanted to hear the student voice to enable their interpretations of a personal experience, and following careful consideration of a range of potential paradigms, positivism/post-positivism (where the aim was to make generalisations) were easily dismissed, as these would not allow the student voice to be heard. Additionally, positivist paradigms do not take into consideration the subjective lived experiences of the individual as the ontology and epistemology involves being logical, deductive and grounded, and is written more as a scientific report (Denzin & Lincoln, 2011).

As a result of personal professional knowledge and expertise in child protection, safeguarding and nurse education, I was aware that I could not claim to be able to distance myself from the focus of the research. This would have been demanded from a more positivist approach, where the researcher needs to distance themselves from the core of the research in order to test a theory or measure an experience (Chan, 2001).

3.5 Research philosophy and the chosen paradigm

My interest in the individual lived experience of the student led me to the more naturalistic paradigms, where the emphasis is on the researcher taking a holistic and humanistic view of an experience. I therefore felt the interpretive research paradigm would be most appropriate (Langridge, 2007).

The interpretative/constructivist paradigm assumes a relativist ontology (that there are multiple realities) and a subjectivist epistemology (that the researcher and participant develop a combined understanding) (Denzin & Lincoln, 2011). Given that all students bring with them a range of life experiences and vary in age and gender, the interpretative constructivist paradigm was viewed as the most appropriate as it acknowledges the individual and their relative experience. The aim of my research was to explore the specific experience of a group of student nurses when they encounter the emotive subject of child abuse and neglect. Furthermore, the literature review illuminated there was a gap in knowledge and that little was understood as to how student nurses felt when they were faced with this phenomenon. The interpretivist, constructivist paradigm was felt to be the most suitable to undertake this study as it allows the researcher to interpret the interpretation of individual participants when they encounter an experience.

3.6 The Interpretative /Constructivist paradigm

Langridge (2007) highlighted that exploring individual experiences or phenomenology has become increasingly popular with researchers. The interpretative paradigm was developed following the work of Husserl (Husserl, 1927a). He suggested a phenomenological approach involves being reflexive by turning our attention from an object of the world and towards our perception of that object, where in order for an individual to understand or internalise an

experience they had to go back to the phenomena. Husserl also proposed that to understand an experience we must step outside our natural attitude in order to examine the occurrence and, in doing so, essential features such as elements of an experience would be illuminated and could be passed on to others (Crotty, 1998; Hugh-Jones, 2010; Langridge, 2007; Shaw, 2010a; Silverman & Marvasti, 2010).

Although Husserl is seen as laying the foundations for examining an experience (phenomenology), Heidegger, who was a student of Husserl's, is credited as being the founding theorist of hermeneutic phenomenology. In his significant work 'Being and Time', he focused on Dasein (being there), the significance for researchers being that Dasein considered that individuals are 'thrown into' a world of objects, relationships and language and these things cannot be separated from the interpretation or perception of that experience (Heidegger, 1996). Heidegger's phenomenology is therefore viewed through a particular lens and takes into account the aforementioned elements when inquiring about an individual's experience, whereas interpretivist approaches to research have the intention of understanding:

"*the world of human experience*"

(Cohen & Manion, 1994, p. 36).

This approach takes the ontological view that reality is socially constructed and the interpretivist / constructivist researcher relies on the participant's view of what is being studied (Creswell, 2013). As my intention was to explore the lived experience of the student I recognised that the interpretation of this experience could not be separated from the fact that the students were already in the world and had a perception of that world.

When considering constructivism, the literature highlights two different terms that can be easily confused. The first, constructionism, emphasises the significance of shared meaning and how

people interactively make sense of their environment (Gallagher (2004). The second, constructivism, focuses on individuals generating knowledge and meaning from interacting between their experiences and their own cognitive processes / ideas (Gallagher, 2004). As the aim of this study was to explore the individual experiences of the student rather than focus on the shared generation of meaning, a constructivist view of learning was adopted. Learners interpret and make meaning of their experiential world, constructing their own knowledge whilst reflecting on previously constructed knowledge that is grounded in a system of social interactions (Mezirow, 1991b).

The aim of my study was to explore the experiences of student nurses (adult field) when they encounter what they perceive to be child abuse or neglect during their first community placement, and to examine whether working in the community resulted in them changing their interpretation of what this meant to them, including whether and how they had made sense of the experience in relation to their own philosophical opinion. This has relevance for pre-registration nurse education as knowledge is constructed when it appears to be useful to the learner at that time or in the future (Maclellan, 2005). In addition, this knowledge could be used for the future education of student nurses and the curriculum development of other fields of nursing.

This paradigm takes the ontological approach that reality results from the developing of a pattern of meaning with the intention of attempting to illuminate understanding (Creswell, 2013). Smith (2008b) highlighted that the idealist approaches of the significant theorists Dilthey and Weber focused on interpretative understanding and, rather than explaining or predicting behaviour, the emphasis was in accessing what a particular experience meant to the individual.

Ontology is concerned with the theory of what is reality and already exists (Higgs & Titchen, 1998). Whereas Crotty (1998) discussed epistemology as involving the theory of knowledge, it is suggested that with constructivism individuals construct meaning from interacting with the world around them. Rather than passive recipients of meaning, these meanings are unique to the individual even when they experience the same or similar events as others, also known as multiple constructed realities (Crotty, 1998). Within the interpretative / constructivist paradigm the epistemological perspective is viewed as subjective and, as such, there are several versions of reality (Creswell, 2009). Denzin and Lincoln (2011) stated the focus is therefore on the relationship between the inquirer and the known, where the aim is to uncover insight into a lived experience. Therefore the epistemology of the constructivist paradigm is that knowledge is created subjectively as individuals interact with those around them (Denzin & Lincoln, 2011).

As applied to the intended research, meaning lies in personal experience (phenomenology) and the participant (the student) and the researcher (the second order interpreter) interpret this experience. There is no one true or valid interpretation and the interpretative / constructivist paradigm is therefore the most appropriate paradigm for this study, recognising that meaningful reality is dependent on the individual interacting with the world around them (Crotty, 1998). When research is undertaken within the interpretative paradigm the findings are illuminated from the interactions between the researcher and the participants (Creswell, 2009). Smith, Flowers, and Larkin (2009) go further, stating that the researcher may be able to uncover the meaning of an experience even if the individual is not aware of it themselves. Subjectivity is valued and the findings cannot be generalised, as there is no one way of seeing things (Crotty, 1996). The intention of this research was to explore the individual experiences of students, focusing on personal meaning and sense making, and therefore it was essential that subjectivity

remained constant throughout the process. Additionally, Larkin, Watts, and Clifton (2006) stated that interpretative research is suitable for investigating individualised learning experiences while preserving the setting and larger context. Equally, the research was influenced by the values of the researcher and the questions that are developed which culminate in these values influencing the way the findings were interpreted and presented.

3.7 Exploring potential methodologies.

The interpretative paradigm is associated with a number of potential methodologies that might have been relevant to use, depending upon the detail and focus of the proposed research study. These include: grounded theory, ethnography, action research and phenomenology (Denzin & Lincoln, 2011). The following table (Table 3.i) presents key features of other methodologies considered with examples of research questions.

Table 3.i: Key features of other methodologies

Example research question	Key features	Suitable approach
What are the main experiential features of being afraid?	The focus is on the common structure of 'afraid' as an experience.	Phenomenology
How do individuals who have complained about their medical treatment make sense of being afraid?	The focus is on personal meaning and sense-making in a similar context.	Interpretative phenomenological analysis
What sorts of story structures do people use to describe events which made them feel afraid?	The focus here is on how narratives relate to sense-making (e.g. via genre, structure, tone or imagery).	Narrative psychology
What factors influence how people manage being afraid?	Looking to develop an explanatory level account (factors, impacts, influences, etc.).	Grounded theory
How do people disclose 'being afraid' in close relationships?	The emphasis is on interaction over and above content and the caution about inferring anything about being afraid itself.	Discursive psychology
How is 'fear or being afraid' constructed in incident reports from a residential home for Older People?	This is about being prepared to use a range of data sources, and the focus on how things 'must be understood' according to the conventions of a particular setting.	Foucauldian discourse analysis

(Larkin & Shaw, 2017)

Consideration was given to grounded theory methodology, which is a qualitative approach to research that aims to develop a theoretical understanding of a psycho-social phenomena that is grounded in data, which is collected from the lives and contexts of individuals. It was initially developed by two American sociologists, Glaser and Straus, who in 1965 collaborated on a study looking at the process of dying in hospital. Following this study they published 'Discovery of Grounded Theory' which formalised this as a research methodology (Glaser, Strauss, & Strutzel, 1968).

The aim of grounded theory is to generate a theory which is 'grounded' in data through the inductive analysis process, reducing the experience to one constructed whole. The intention of my study was to explore and uncover the meaning of the students' individual experience, giving a more detailed and nuanced analysis of this. Due to the sensitive nature of the phenomenon, my study would involve a smaller number of participants in comparison to grounded theory, which has a broader approach to research and therefore tends to use a larger number of participants (Strauss & Corbin, 1998). Traditional grounded theory involves the researcher having no prior knowledge of the subject area where bracketing was undertaken. Bracketing was first described by Husserl (1927b) as putting to one side the taken for granted world and concentrating on how the world is perceived. This therefore would have required me as the researcher to suspend any views and presuppositions I had, holding back any knowledge or beliefs about the phenomenon under investigation (LeVasseur, 2003). However, even though I was not going to add any bias or presuppositions to the findings, this was a professional area where I already had professional insight and needed to gain ethical approval. I therefore needed to explore the area in advance to enhance my understanding of the phenomena under investigation, thus deeming bracketing impossible.

Ethnography was also considered as it is a significant methodology within the interpretative paradigm (Denzin & Lincoln, 2011). This was not however viewed as appropriate for my study as it would involve observing students in practice, where they could potentially be visiting children who were living in abusive environments. Due to the issue of confidentiality, I deemed it inappropriate for me to request access to families who were being visited by the student and their mentor and may already be under considerable stress and intrusion.

Action research is another methodology that was considered, as this is often used in education (Mertler, 2016). This often involves practitioners studying their own practice to solve practical problems and may involve working collaboratively with other researchers to undertake an investigation. This was not appropriate for my study as the intent was to interview individual students about their experiences that could be potentially traumatic for them to recount. In addition, the aim of my research was not to solve a problem. Given that I had already identified that I wanted to explore the students lived experience, I therefore considered different phenomenological approaches.

3.8 Phenomenology

Phenomenology has a long history, focusing upon studying human experience. The most eminent theorists associated with this approach include Husserl (1927a), the founding theorist and Gadamer (1990); Heidegger (1962); Merleau-Ponty (1956); Sartre (2012), all of whom discuss various philosophical approaches of phenomenology. By using this research methodology, the aim is to gain a deeper understanding of a particular individual experience.

> *"Phenomenology appeals to our immediate common experience in order to conduct a structural analysis of what is common, most familiar and most self-evident to us. The aim is to construct an animating, evocative description of human actions, behaviours, intentions and experiences as we meet them in the life world"*
>
> (Van Manen, 1990, p. 19)

The central concern of phenomenological research is to explore the experiential meaning for the individual, attempting to uncover a vivid description of a phenomenon. There are three types of phenomenology: realist, transcendental and existential (Langdridge, 2007). My study views phenomenology as existential as, again due to the sensitive nature of the phenomena, it is suggested that the students would be unable to separate themselves from the world and what they witness.

My intention was to uncover what it was like for a student nurse when he or she experienced clinical situations that involved children who they perceived had been or were at risk of being abused or neglected. I was interested in exploring each student's individual experience, looking for common themes in order to construct a story that could inform educational theory and practice, rather than developing a specific theory. Finlay and Evans (2009) liken this to the researcher setting out on a journey not knowing what the result will be, but remaining open to the possibility of discovering new knowledge.

Phenomenological research methodologies within education can be used to explore the concepts that support new learning and teaching within the curriculum (Trigwell, 2006). The phenomenon under exploration is that of learning through knowledge acquisition as a result of clinical experience. If an event is viewed as significant to the adult then this may result in the cognitive process of internalisation and lifelong learning (Jarvis, 2004). Villatoro, Andrighetto, Conte, and Sabater-Mir (2015) described this cognitive solution to internalisation as the ability to become conscious of a significant event as an individual, as well as having a shared understanding of a similar event with others. This definition aligned strongly with my intention of giving students the opportunity to think in depth about what they have witnessed and to consider if this was significant and, if so, how this has influenced their learning.

One approach to conducting a phenomenological study is descriptive phenomenology, where there is an appreciation that interpretation plays a part in how individuals perceive the experience. However, descriptive phenomenologists believe that it is achievable to minimise this interpretation and that this is similar to grounded theory, where researchers are guided towards the possibility of bracketing all their past knowledge (Silverman & Marvasti, 2010). Rather than bracket my previous experience I was interested in using this knowledge to contribute to the meaning making of the students' lived experience to form new knowledge (Smith et al., 2009).

3.9 Hermeneutics and Interpretative phenomenology

The work of Husserl (1927b) centers upon the exploration of the essence of an experience and, although this is at the core of phenomenology, Heidegger (1962) went further by stating hermeneutics, or the interpretation of the experience, is what is important to our understanding. Phenomenology and the interpretation of significant events can therefore offer an insight into the lived experience of individuals (Banonis, 1989). Heidegger's (1962) hermeneutics takes into account the interpretation of the human experience of what we see and feel, which can all be used as prompts with the questions chosen to discuss the students' knowledge of the phenomenon during in-depth interviews.

Schleiermacher and Bowie (1998) discussed the concept of the researcher interpreting an experience involving grammatical and psychological interpretation, exploring the exact words used by the person and at the same time staying true to the individual's interpretation of those words (Schleiermacher & Bowie, 1998). Additionally, Gadamer (1990), in his major work *Truth and Method,* helped to put this into context as he discussed the concept of understanding what is being said and at the same time attempting to understand another's interpretation of the

meaning of the words used. Gadamer emphasised that we are influenced by our own histories and life events and that a person's past individual experiences puts meaning to words (Gadamer, 1990). He also proposed that it is only possible to understand the content of what is being said and that we cannot understand another individual's meaning of an experience (Gadamer, 1990). However, I would suggest that my professional expertise both from an educational and practice perspective can enhance the quality of the interpretation.

Whilst reading the literature it became evident that many of the writers who discussed the concept of hermeneutics refer to the hermeneutic circle, which is defined as the relationship between the whole and the part at different levels (Smith et al., 2009). An example of this would be that the meaning of the word only becomes clear when it is seen within the whole sentence and the whole sentence only makes sense when there is an accumulation of words. When interpreting the data, the hermeneutic circle involves moving backwards and forwards within the text, taking into account the individual meaning of individual words.

Double hermeneutics views the researcher as being part of the analytical process. The action of double hermeneutics developed as I attempted to make sense of participants' interpretation of what they had experienced (Shaw, 2010a, 2010b). However, I acknowledged that I am different from the participant and could never claim to own their experience. What I could do was take part in second-order sense making of the experience (Eatough & Smith, 2008; Eatough, 2006). This was made easier as I had first-hand experience of encountering child abuse and neglect similar to those of the participants. Over the years I have spent as a practitioner and senior lecturer my experience has grown to a position where I hoped to be able to draw significant themes from the interview data while, at the same time, not adding any bias (Brooks, Te Riele, & Maguire, 2014). Following the exploration of different research

methodologies and evaluating the merits of each, as discussed earlier in this chapter, the most appropriate for my study was deemed to be interpretative phenomenological analysis.

3.10 Rationale for choosing interpretative phenomenological analysis (IPA).

Interpretive phenomenological analysis (IPA) has become increasingly popular as a qualitative methodology within health and educational research. It relates to the detailed examination of the individual's lived experience, the meaning of the experience and how an individual makes sense of the experience. It was outlined by Smith (2008b) and has since been described as:

> *"IPA is an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and ideography"*
>
> (Smith et al., 2009, p. 11)

Additionally, Van Manen proposed that:

> *"The phenomenological 'facts' of lived experience are always already meaningfully (hermeneutically) experienced. Moreover, even the 'facts' of lived experience need to be captured in language (the human science text) and this is inevitably an interpretative process"*
>
> (Van Manen, 1990, p. 180)

The key features of IPA are that it is a qualitative methodology rather than simply a method or a tool (Shaw, 2010a). This methodology focuses on exploring a personal lived experience for an individual, an experience of existential import. The emphasis is on what the experience means to the participant, where the participant and the researcher are both interpreting, and where the researcher looks for similarities and differences between cases. Interpretive phenomenological analysis is an appropriate tool to uncover participants' personal and social worlds having two important components, the first being the phenomenological requirement, which means giving voice to the participant's experience, and the second is the interpretive requirement, which is the making sense of the data (Larkin et al., 2006). An IPA study can be

undertaken with a small number of participants as it recognises the risk of sacrificing breadth for depth, where the underlying assumption is that 'less is more' (Reid, Flowers, & Larkin, 2005). I was interested in listening to the individual stories of students who had experienced a very sensitive area of practice and therefore I wanted a methodology/method that would allow me the time to interview participants on a one-to-one basis. This, I anticipated, would be difficult to do with a large sample.

The aim of my research was to attempt to make sense by interpreting and understanding how students make meaning when faced with what they perceive to be child abuse or neglect. During the application of interpretative phenomenological analysis Smith and Osborn (2008) described this as:

> "*a two stage interpretation process... a double hermeneutic... which combines an empathetic hermeneutics with a questioning hermeneutics*"
>
> (Smith & Osborn, 2008, p. 51)

I was attracted to the two-stage process of interpretation of IPA using double hermeneutics. I felt I needed a structure and a framework to provide guidance as I developed my research skills and IPA had a detailed procedural guide which is discussed in more detail in the next chapter on research design (Eatough & Smith, 2008; Eatough, 2006; Smith, 2011b; Smith et al., 2009). A fundamental supposition of IPA is that individuals constantly self-reflect. I therefore aimed to use the process of interpretation to explore and interpret the students' self-reflection. Being interpretative in IPA involves double hermeneutics, where the researcher is trying to make sense of the participant trying to make sense of an experience. It allows for an insider perspective involving hermeneutics of empathy, for example the researcher attempting to think what it is like to walk in the shoes of someone else. It also allows for an outsider questioning perspective or hermeneutics of suspicion where the goal is for the researcher to try to

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understand and make sense of an event that happens to another individual (Shaw, 2013). The following model (Figure 3.2) highlights the interpretative elements of IPA:

Figure 3.2: The interpretive elements of IPA
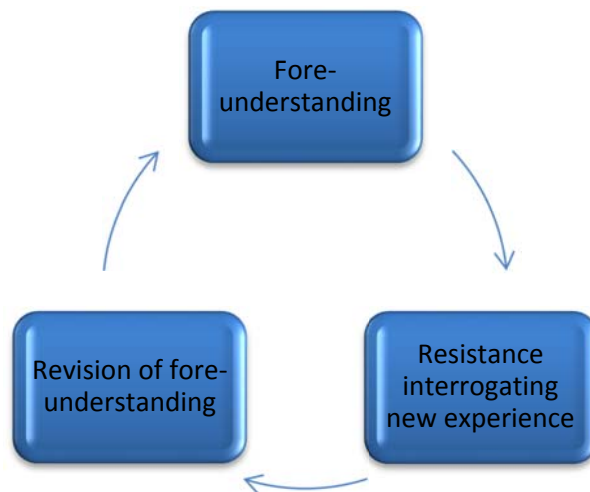
IPA is also an appropriate methodology to use because it is idiographic in its approach, allowing the researcher to concentrate on how individuals make meaning following a specific situation or event in their life (Robson & McCartan, 2016). This connects with the constructivist view that individuals generate knowledge and meaning from interaction between their experiences and their own cognitive beliefs.

The appropriateness and uniqueness of IPA as the selected methodology is enhanced by the importance it places on ideography as well as allowing the researcher to engage in double hermeneutics (Smith, 2008a). The aim of this study was to explore a particular event (encountering perceived abuse or neglect) by a group of individuals (students) in a particular context (the first community placement). IPA gives significance to the student's individual lived experience, taking into account the influence of the social context (Smith, 2008a; Smith et al., 2009). It is important at this point to state that the experience still 'belongs' to the

individual and at no point is any claim made in this study that the experience belongs to the researcher, or that they will fully understand the participant's position.

The following figure (Figure 3.3) highlights all aspects of the IPA process. Most of these aspects have been discussed in this chapter. The importance of transparency, reflexivity and presenting a quality study, will be discussed in the next chapter, which outlines my research design.

Figure 3.2: The elements of IPA
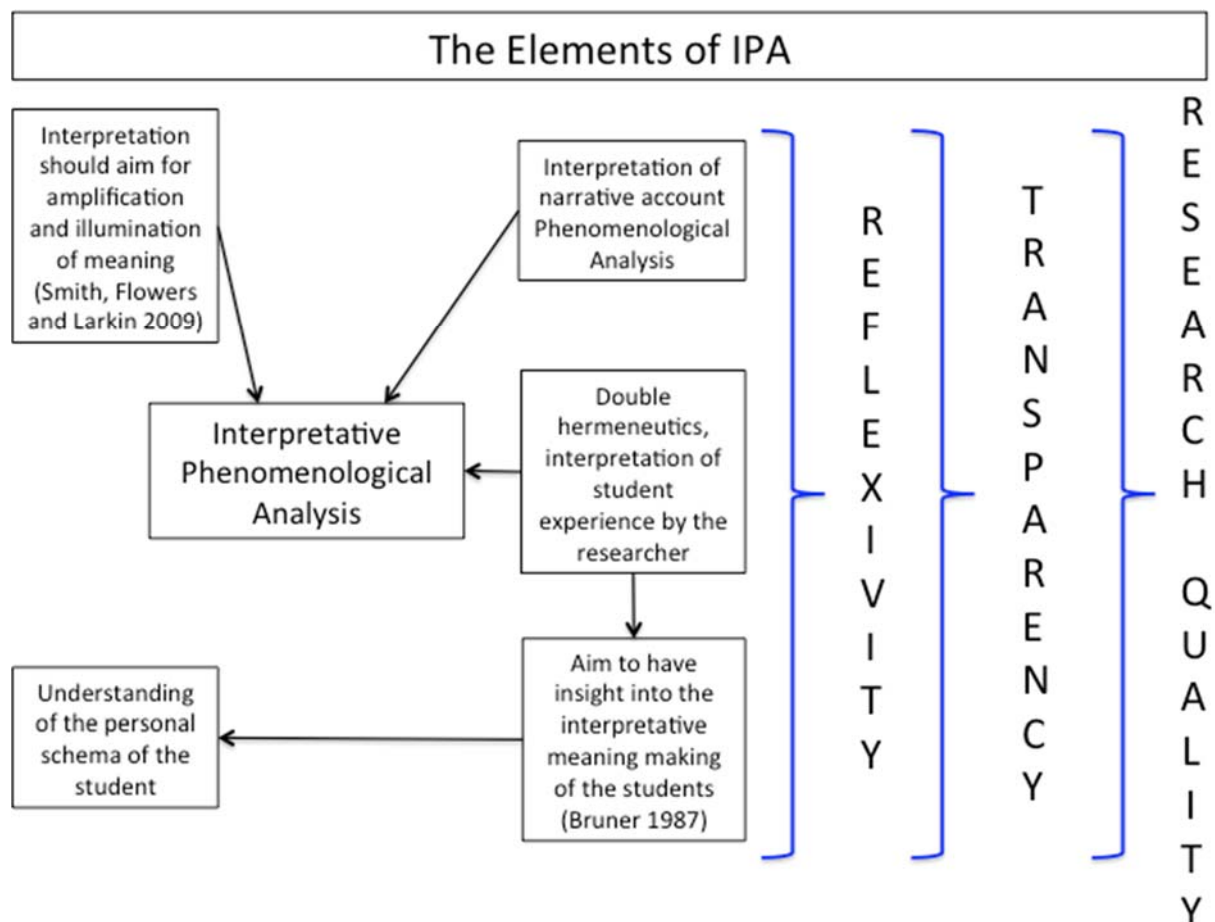
Adapted from Smith et al. (2009).

3.11 Conclusion

This chapter provided the reader with a detailed critique of the philosophy underpinning this research study. It included an exploration of qualitative and quantitative research methods and the benefits and limitations of each, together with my chosen paradigm. It also offered a detailed account of potential methodologies and justification for my decision to use interpretative phenomenological analysis (IPA). One of the most popular methods to collect data when using IPA is undertake one-to-one semi-structured interviews with the participants and this can be done in a secure environment so that they felt able to disclose their experience, which may be sensitive in nature. By using IPA and having a small sample size, I was able to analyse the data in depth, paying attention to the individual journey of each participant. As encountering cases of suspected of child abuse or neglect is a sensitive phenomena, IPA was an appropriate methodology as I was able to think deeply about how the participants made sense of what they were encountering, whilst staying true to their accounts, and thus I was able to explore their meaning making by undertaking double hermeneutics.

Chapter 4: Research Design

4.1 Introduction

The purpose of this chapter is to present and discuss the development and implementation of the data collection method and analysis employed in this study, including ethical principles, sampling and recruitment. I will evaluate my choice of strategies for collecting and analysing the data using interpretative phenomenological analysis (IPA), whilst also addressing the practicalities of ensuring quality and trustworthiness (Dale Bloomberg & Volpe, 2012) . This chapter takes a reflexive approach, highlighting my position as a researcher, and illuminating the questions I had and the action I took when fulfilling the aim of my study. The chapter is presented sequentially in the following sections:

- Research approach

- Sampling and recruitment strategies

- Ethical considerations

- Data collection methods and analysis

- Ensuring quality and trustworthiness

- Reflexivity

Figure 4.1 below provides an overview of the research process

Figure 4.1: The Research Process

ETHICAL CONSIDERATIONS

| Inclusion / Exclusion criteria established |
| Guidance Tutor Group (GTG) selected | → | Email sent to selected GTG inviting their participation |
| Information sheet sent to selected GTG | → | Information Sheet explained, Question and Answer session held, consent discussed, decision making time established at the pre-placement briefing |
| Students commence placement |
| Participant fulfils inclusion / exclusion criteria |
| Participants attend university for interview | → | consent obtained and forms signed Interviews held and then stored |
| Data prepared for analysis | → | Interviews transcribed and stored. Participant validation undertaken |
| Data analysed |

4.2 The Research approach

The guiding principle in adopting the most appropriate approach to the research came from wanting 'to illuminate the experience of the student', focusing on the interpretative, qualitative human science research approach to data generation as opposed to a more positivist quantitative, data gathering approach (Robson & McCartan, 2016). My research aimed to contribute to knowledge by having a deep and meaningful understanding of the experience and interpretation of first-year nursing students during their first community placement when they encounter perceived child abuse or neglect.

Shaw (2010a) presented interpretive phenomenological analysis (IPA) as both a methodology and method, which includes the following three key areas underpinning the philosophy of knowledge: phenomenology, hermeneutics and ideography (Smith et al., 2009).

Data collection was undertaken using semi-structured individual interviews, which are defined as:

> *"A semi structured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from under the person by asking questions although the interviewer prepares a list of predetermined questions, semi structured interviews unfold in conversational manner offering participants the chance to explore issues they feel are important."*
>
> (Longhurst, 2003, p. 143)

The data were then subjected to IPA with the aim of moving from a particular to the shared, and from the descriptive to the interpretive, maintaining a commitment and understanding of the participant's point of view. This method included in-depth iterative reading, coding and categorising of themes and development of super-ordinate themes with the view of telling the participant's story. The approach to data analysis will be further explored later in this chapter.

4.3 Data Collection methods and analysis

Crotty (1996) stated data collection methods need to be consistent with the philosophical supposition of the working paradigm, which was outlined in the previous chapter. I wanted to collect data about the participants' experiences and to explore fully the phenomenon under consideration. Several methods of data collection exist within the qualitative paradigm, for example asking participants to keep a diary, and obtaining data from case studies, video or voice recordings, structured or semi-structured interviews and focus groups (Creswell, 2009). Focus groups were discounted as a method of data collection due to the sensitivity of the material discussed because some of the content that participants disclosed may be confidential. There is also a danger with focus groups that some individuals may dominate at the expense of quieter members, therefore risking the loss of valuable data (Silverman & Marvasti, 2010).

Semi-structured interviews

Phenomenology is concerned with the significance to the individual of a particular experience, and data collection for an IPA study should aim to elicit individual responses to identify patterns of behavior from an individual perspective (Shaw, 2010a). Additionally, Finlay (2014) clearly presented in her paper on engaging phenomenological analysis that the research method must do justice to the phenomenon. It is the role of the researcher to explore the detail and have commitment to the particular (Conner, Tennen, Fleeson, & Barrett, 2009).

Therefore, in the selection of my methods, it was relevant that I chose a method which would allow me to focus on the areas that were important to the study. It was apparent to me that the most appropriate data collection method for my study would be semi-structured interviews, as this is a well-respected data collection method which gives the researcher an opportunity to ask open-ended questions (Silverman & Marvasti, 2010). I would be conducting these interviews

on a one-to-one basis, which also addressed concerns regarding sensitivity of the subject area. Semi-structured interviews enabled me to use prompts to clarify any responses given by the interviewee (Denzin & Lincoln, 1994). I was keen to ensure that the questions asked would capture the uniqueness of the individual's experience and would therefore be 'meaning' questions, as suggested by Van Manen (1990), framed around developing a better understanding of that experience.

Appendix 7 presents a matrix that maps the interview questions against the research questions, which I developed to ensure that the interview questions fully addressed the research aim. Appendix 8 details the prompts used if clarification was needed. My study used individual semi-structured interviews to obtain detailed accounts from participants where the underpinnings of IPA were applied, and therefore the questions were not theory-led but instead driven by gaps in the literature (Willig, 2013). As the questions were open-ended this encouraged participants to give their interpretation of their experience where both broad and detailed answers were given (King & Horrocks, 2010).

Interview procedure

Interviews are now viewed as social interactions creating data (Kvale & Brinkman, 2009). Previously, the interview existed as a simple process of retrieving information (Hugh-Jones, 2010). In order to minimise intrusion and disruption the participants were asked to return to their base university to be interviewed. This was due to the sensitivity of the subject matter and, if necessary, student support could be accessed at the university. I wanted to ensure that there would be no disruption to the dialogue which could inhibit the flow of the discussion and impact on the richness of the data (King & Horrocks, 2010). Semi-structured interviews were deemed to be the most suitable method of data collection for my study as participants needed

to feel comfortable when discussing their experiences with me and, as highlighted earlier, I was unaware of the exact nature of any personal information they may disclose during this process.

The aim therefore was for me to facilitate an interaction where the participant felt free to talk as I listened. One benefit of collecting data via one-to-one, semi-structured interviews was that this allowed me to demonstrate commitment to the interviewee by not forcing the interview along any pre-determined route. I could respond sensitively and flexibly to whatever the participants thought was important (Hugh-Jones, 2010). The emphasis was on open communication where interaction between the student and myself was relaxed and, as long as the research questions were being addressed, I could be flexible. My questioning was therefore dependent on the response of the student (Hugh-Jones, 2010). During this process individual participants were encouraged to articulate their experiences and discuss the significance of what they had been exposed to in relation to their learning and the emotional impact these experiences had had upon them (Whiting, 2008).

The role of the interviewer is seen as crucial to acquiring good quality data. Hays and Singh (2012) stated that the role of the interviewer is to try and

> *"make the interview not feel like an interview"*
>
> (Hays & Singh, 2012, p. 245)

Undertaking an effective interview was dependent on me establishing a good rapport with participants where they needed to feel comfortable, have an understanding of what was expected from them and feel that they trusted me. The communication skills of the researcher are an important element of eliciting rich, meaningful data (Shaw, 2010a). These skills were especially significant when exploring the sensitive, emotive subject of child abuse and neglect.

As I was aware of the sensitivity of being exposed to the experiences, I always gave the participants time to reflect before moving on to the next question.

During the individual interviews it was acknowledged that participants needed time to process the questions and therefore a certain amount of time was given where neither of us spoke; Smith et al. (2009) reinforced that this is acceptable within IPA. I was also sensitive to how I spoke with the participants, especially as these were students and I was aware that the purpose of the interview was not to lead the dialogue. My tone was one of calmness, speaking slowly and clearly, and by doing this the participant had time to think about the experience before he or she answered my questions, thereby adding to the richness of the data (Robson & McCartan, 2016).

At times, it was necessary to probe participants further in order to find out more about a subject that they were highlighting, which entailed listening attentively and probing at crucial points using statements such as 'How did you feel when…?' or 'Can you remember exactly how you felt when you saw or heard…?', 'What was particularly significant about that experience, what and why do you remember it or why is it important…?' If the participants were fully engrossed in what they were saying, I would not interrupt their narrative but instead make short notes or bullet points so that these could be followed up before the end of the interview, consent to take notes during the interview having been obtained from the participant prior to commencing the questions. There was no fixed sequence to the questions and they acted more as a reminder of topics that needed to be covered (Hays & Singh, 2012).

I was also aware that not every question needed to be asked. At first, I found myself adhering to the interview schedule feeling that I needed to ask every question in order. However as my

confidence increased I was able to feel more relaxed and allow the interview to be less structured. I was conscious, however, that I should only ask one question at a time, as asking multiple questions can be difficult for participants to answer.

The participants were given the opportunity to bring written accounts of their experience to the interview which they could use as prompts to remind them of any significant event they would like to discuss. Shaw (2010a) highlighted that this may be useful if participants feel uncomfortable discussing what they have been exposed to or if they cannot remember all the detail (Hays & Singh, 2012; Hugh-Jones, 2010). Only two participants used written prompts alongside the interviews, using them as memory prompts.

The interviews were undertaken between September 2011 and March 2013 when the participants were on their community placement. Interviews lasted between 34 and 56 minutes.

Recording and transcription

All the interviews were recorded following consent from the participants as it was anticipated that this would allow for a fuller interaction with the interviewee, to be able to focus on the content of the dialogue and have eye-to-eye contact with the participant (Biggerstaff & Thompson, 2008). I recorded additional information such as the participants' body language, as well as emotions such as crying or laughing, in my interview field notes, with the aim of this to act as an aid memoir during the data analysis stage, enhancing the accuracy of the participants' 'stories' and adding to the richness of the data (Denzin & Lincoln, 2008; Silverman & Marvasti, 2010).

Methods of data analysis

IPA is a method which takes the view that reality exists but that we only have access to this reality through a particular lens (Shaw, 2010a, 2010b). When analysing the data using IPA the researcher is aiming to illuminate participants' individual experiences by exploring their every word. Smith (2011a) suggested the researcher is acting as a detective, slowly peeling back layers. Finlay (2014) also highlighted that the researcher undertaking phenomenological analysis must be prepared to see things afresh, engaging in the minutiae of the data and attempting to uncover new meaning with the aim of transforming the analysis into a rich description of the phenomenon with all its unique layers.

Mezirow's educational theory of transformational learning was used as a lens to analyze the data relating to the experiences of the participants as I was interested not only in how or if the students had acquired knowledge but also in how they made sense of or gave coherence to their experience (Mezirow, 1991b). Transformative learning according to Mezirow is viewed as an enhanced level of awareness of personal beliefs and feelings, where individuals undertake a critique of their previously-held assumptions, which results in them making an assessment of an alternative perspective (Mezirow, 1991b). This theory was therefore appropriate for exploring the findings as it aligns well with interpretative phenomenological analysis, where the focus is on how people make sense of major life experiences (Smith et al., 2009). The IPA researcher is interested in looking at the detail of how someone makes sense of a major transition in his or her life, and what sense he or she makes of this experience. IPA is idiographic and similar to Mezirow's transformational learning theory. The aim is for the researcher to uncover in detail what a particular experience means to an individual and be committed to understanding the participant's point of view (Smith et al., 2009).

The first step of the analysis was to complete an initial reading of one transcript before conducting a second reading of the same interview (Shaw, 2010a). The transcripts were read a number of times to allow me to become fully immersed in the data (Shaw, 2010a; Smith et al., 2009; Willig, 2011). During data analysis, attention was paid to the language used by the participants, exploring each word and sentence to assimilate the meaning of what was being said. This was done alongside reading my field notes.

Initially this reading was extremely difficult, as the temptation was to move straight into identifying common themes without thinking deeply about what the participant was actually saying. However, by listening to the audiotape of the interview whilst simultaneously reading the transcript and reading my field notes, the task of focusing on the specific language used by the participants became more thorough. For the meaning to become evident, it is essential to maintain this enduring engagement with the text so that long periods of dis-engagement with the data do not result in losing the 'full' story (Shaw, 2010a, 2010b; Silverman & Marvasti, 2010; Smith et al., 2009; Willig, 2011). I coded line by line, then initial codes were grouped and amalgamated into emergent themes and then these ideas were developed more analytically and theoretically across the data to develop super-ordinate themes.

My comments on significant issues were noted directly onto the transcript in the right-hand margin (exploratory notes). From these exploratory notes, emergent themes were illuminated, determining coherent meaning from the text. These were documented in a second column area on the right-hand side of the transcript. The aim was to take the analysis to a higher level of theoretical description, as suggested by (Smith et al., 2009). The framework outlined in table 4.i was used to organise and record the data analysis. This is a sample from two of the participant interviews, including questions and responses.

Table 4.i: Extract from two interview transcripts

Page 2	Step one: Original transcript (Donna)	Step two: Exploratory comments	Step three: Emerging themes	Step four: Super-ordinate themes
04 05 06 07 08 09 10 11 12 13 14 15 16 17 18	I've came in absolutely blank, for me it's learning the diverse kind of how people live like for me it's am hoping well I am getting more of an understanding of people's backgrounds and the way people live cos I've obviously lived in a bubble I've not experienced having to go into somebody else's house	Lived in a bubble No prior experience, lack of knowledge, Gaining understanding of diverse range of peoples backgrounds and contexts	Inhabiting a different world Feeling unprepared Gaining professional insight	Encountering disorienting events Reflecting on responses assumptions and preconceptions Expanded Worldview

Page 7	Step one: Original transcript Rebecca	Step two: Exploratory comments	Step three: Emerging themes	Step four: Super-ordinate themes
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	I think it depends where you work in a hospital. I think in the community it's more you there, it's more, you're there in that moment. If you don't know you can't just look behind you and say, hang on a second I'm going to get another opinion here. You're very much vulnerable and I think you've got to be clued up on what you're doing and what you need to do It's quite different, people get close to people don't they, it's normal, it's emotional it's quite a thin line between getting too close to a family and then treating them more like a friend rather than a client.	Professional isolation working in the community. Dynamic working Vulnerable, concerned, need an awareness of context. Knowledge of abuse and neglect needed Emotional impact Awareness of professional boundaries	Challenging contexts Feeling isolated Understanding the referral process Community experience-different Developing insights into the role of the adult nurse	Encountering disorienting events Reflecting on responses, assumptions and preconceptions Expanded worldview

The aim of the data analysis was to uncover concepts and consolidate specific experiences, while also ensuring that this still reflected the individual experiences of the research participants. Each super-ordinate theme had subthemes, which were numbered on the transcript with an identifier such as page number, line number, and the corresponding quote. The identifier related back to the original transcript, allowing traceability and transparency of the original text should clarification be required.

An IPA study is idiographic rather than nomothetic in its approach, as the participants are selected to give the researcher access to exploring individual experiences which happen in a particular context (Larkin, 2015). A nomothetic approach involves collecting data and transforming this in a way that prevents the abstraction of individual detail and is more in line with the quantitative paradigm (Shaw, 2010a). Data analysis for an idiographic study needs to follow a logical path, where the emphasis is on extrapolating detail from the individual experience of the participant by taking a thorough and systematic approach. My study was idiographic as it used a small purposeful sample who had experienced a similar phenomenon (perceived child abuse and neglect) in a similar context (the first community placement) (Willig, 2013). However it is acknowledged that a study taking an idiographic approach can only explore the insight of a particular person offering a personal unique perspective of an experience (Smith et al., 2009).

This type of data analysis entailed consideration of the language used to describe the experiences (Shaw, 2010a; Silverman & Marvasti, 2010; Smith et al., 2009; Willig, 2013). This involved exploring what may be obvious in the transcript through to what is suggested and, eventually, articulating from the analysis what is not always transparent or obvious (Eatough & Smith, 2008; Hugh-Jones, 2010; Shaw, 2010a; Smith, 2011a; Smith et al., 2009; Willig, 2013). Interpretative phenomenological analysis involves the researcher attempting to 'unravel' the participant's experience through in-depth analysis and double hermeneutics (Smith, 2011a). This was addressed in more detail in the methodology chapter. In addition, at this stage of the analysis the aim was to become as familiar as possible with the interview data and identify any abstraction (similarities), polarisation (differences), contradictions or amplifications.

<u>Abstraction and Polarisation</u>

Shaw (2010a); Smith et al. (2009); Willig (2011) all advise the researcher to look for abstraction within the data when undertaking IPA, that being to ascertain patterns between the emergent themes, to put like with like. The aim of this is to develop 'super-ordinate' themes in order to develop a conceptual representation of an experience. Polarisation involves the researcher looking for opposing relationships between the emergent themes illuminated from the transcripts in order to identify the differences, rather than similarities, emerging from participants' experiences (Willig, 2013).

As someone who has a visual processing condition, using the computer package (Nvivo) to help organise the data proved beneficial, as it generated a pictorial output of the coding process which helped me to revisit the initial analysis and code more thoroughly (Jirwe, 2011). It also allowed me to question every super-ordinate theme, ensuring that each quote used was appropriate. It also gave me the opportunity to produce a very valuable diagrammatic representation of the suggested super-ordinate themes. Through Nvivo, it became evident that too many super-ordinate themes had emerged and that these needed to be condensed to render writing up of the findings manageable and crystalise and enhance the explanation of the data (appendix 9)

<u>Participant characteristics</u>

I recruited nine participants, eight of whom were female and one male, with ages ranging from 20 to 35. In the United Kingdom in 2014, 90% of nurses were female and 10 % were male Nursing and Midwifery Council (2014), so I had expected to recruit a smaller proportion of males than females. Whilst acknowledging the small size of the sample I collected demographic and personal information from participants so I could explore the extent to which

common themes might be attributed to issues such as age or having dependents (Smith et al., 2009). All of the participants were white British. This is a limitation of the study which is addressed further in the final chapter of this thesis. The participants' characteristics are described in table 4.ii.

Table 4.ii: The characteristics of my participants:

Name	Age	Dependents	Ethnicity
Brini	20	None	White British
Lorraine	27	1	White British
Adam	26	None	White British
Mandy	20	None	White British
Linda	34	2	White British
Lucy	19	None	White British
Rebecca	23	None	White British
Donna	35	1	White British
Kay	22	None	White British

4.4 Sampling and recruitment strategies

The aim of my sampling and recruitment strategy was to obtain a sufficient sample to address the aim of the research and collect sufficient data to answer my research questions (Silverman & Marvasti, 2010).

Sampling is the method chosen for selecting units from a pre-specified population. There are many different types of sampling but for this study purposeful and convenience sampling were employed (Creswell, 2009). Curtis, Gesler, Smith, and Wasburn (2000) identified that purposeful sampling ensures a conscious selection of subjects involved in the research. Participants are chosen because they have particular features or characteristics that enable detailed exploration and understanding of the central theme. Therefore, I purposefully sampled student nurses in year one of the pre-registration adult nursing programme who were undertaking their first community placement.

Convenience sampling was utilised because I had easy access to the potential participants (Cohen, Manion, & Morrison, 2007). However, this did not impact on the quality of my study as all the students from two guidance tutor groups could participate in my study. This type of sampling is consistent with the interpretative paradigm as random sampling is not recommended for gaining in-depth information about a particular phenomenon (Silverman & Marvasti, 2010).

Including all of the students from the first-year cohort (approximately 320 individuals) could potentially have resulted in an unmanageable number of participants, therefore two first-year guidance tutor (GT) groups were purposefully selected, one from the March 2011 cohort (25 students) and one from March 2012 (25 students). Two groups were selected across two years to reduce any potential bias resulting from relying on one group or one year. This, therefore, reduced the number of potential participants down to a more manageable number of 50, and I hoped up to 10 students would volunteer to participate.

All students undertake an eight-week community placement where, as outlined in the introduction chapter, they are most likely to encounter what they perceive to be child abuse or neglect. Students studying adult nursing are less likely to nurse or have contact with children in the clinical environment of the hospital, and the adults they will be nursing in the hospital are more likely to be separated from their children. During the community placement they are mentored by a health visitor, school nurse or midwife, health professionals who are at the frontline in terms of safeguarding practice (Hall, 2007). Whilst on this placement students visit clients in their own homes which are very different environments to those in which they see patients in the hospital, and this may expose them to very new social and cultural experiences (Karen, 2011). The subsequent two years of the pre-registration programme allows nursing students to gain experience in acute and chronic care, working, for example, in operating theatres, accident and emergency and ward placements where exposure to child abuse or neglect may be more limited.

Sample size

Qualitative researchers commonly recruit fewer individuals than quantitative researchers as they explore into individuals, settings and cultures more deeply and aim to develop a subjective understanding of how and why people perceive, reflect, interact or interpret a particular experience in the way they do (Baker & Edwards, 2012). A general rule guiding sample size in qualitative research is that enough data must be collected to allow the researcher to reach data saturation Low (2013), which occurs when the data starts to be repetitive or is not adding more clarity to the research aim (Hammarberg, Kirkman, & De Lacey, 2016). A smaller number of participants allows for more time to be spent with each individual, giving the opportunity for participants to talk freely and in depth (Hugh-Jones, 2010). This facilitates the collection of richer data per individual (Creswell, 2009).

Central to my study was the concept of quality of data, not quantity, focusing on the subjective experiences of the nursing students (Crotty, 1996). As a guide to sample size guidance was sought from key texts on undertaking qualitative research (Langdridge, 2007; Shaw, 2010a; Silverman & Marvasti, 2010). Smith et al. (2009) suggests that four to 10 interviews should be the aim of the researcher undertaking (IPA) for the purpose of a professional doctorate. This suggestion has come from the emergence and development of numerous IPA studies undertaken over the years where Smith who first developed this approach during his own doctoral research on the transition to motherhood and has since published 121 articles and undertaken 6 research projects (Smith, 2017). This number is based on Smith's experience of undertaking doctoral research on the transition to motherhood using IPA, and six subsequent IPA studies where he developed the approach further.

 Having a small sample size avoids being overwhelmed with data, which is a danger for those undertaking qualitative research, especially if the researcher is inexperienced in setting up and executing a research study (Polkinghorne, 2005). Encountering perceived child abuse or neglect can be a difficult and stressful event for healthcare professionals (Robinson and Hyrapetian (2016b). Therefore, concentrating on a smaller number of participants allows for an in-depth interaction where individuals can describe their unique experiences and are given time to tell their story. I acknowledge, however, that the 'best' the IPA researcher can hope for is to gain some insight into the issues that may evolve from the experience (King & Horrocks, 2010). Interviewing a small number of participants gave me the time to listen attentively and pay attention to every word that was spoken. IPA also allowed me to have a flexible approach to interviewing where I could probe small numbers of participants on areas arising (Smith, 2017). At the same time I was aware that I needed to collect enough information about the participants' lived experiences as the aim of my study was to develop a deep, meaningful

understanding about what they perceived they had encountered so I could answer the research questions (Shaw, 2010a). Further discussion of when I perceived I had reached data saturation point is provided below.

Gatekeepers

Gatekeepers are individuals who give the researcher access to research participants (Hays & Singh, 2012) . I only needed a small sample but this still entailed thinking about the importance of gatekeepers as without their support recruitment may have been affected. My study involved gaining access to potential participants who were working as supernumerary and therefore could attend the university to be interviewed within their working week, if their mentor agreed to this. I was aware that my research should not interfere with working practices and, although not absolutely definitive, it could be viewed that if the participants attended the university to be interviewed within their working week then this would be less of an inconvenience to them. Therefore, I ensured guidance tutors, practice placement facilitators and mentors were all aware of my study.

The rationale for informing the guidance tutor was two-fold. Firstly, I thought I might need the assistance of those academics who would be visiting the potential participants whilst they were working in the community. I was aware that I might need to rely on guidance tutors to encourage potential participants to contact me if they had experienced the phenomenon under investigation. However, this was not needed as participants responded without the need to do this, as discussed in the following section of this chapter. Secondly, I also wanted to make guidance tutors aware of the study and invited them to an information session so they could provide support to participants if my study evoked any personal memories.

Therefore, professional etiquette for this study deemed it necessary to inform gatekeepers of the research. I wanted to ensure that I had strong rapport with these individuals in order to avoid obstacles in obtaining participants for my study (Silverman & Marvasti, 2010). Additionally, to negate any confusion or misunderstanding the guidance tutors and mentors whose students were invited to take part in the study were given a copy of the detailed information sheet. This was particularly necessary as some participants were asking to be released from practice to be interviewed and, as a safety issue, mentors needed to be aware of the location of their student during work hours.

Silverman and Marvasti (2010) highlighted the negative influence of some gatekeepers and I did have some reservations. I thought mentors might limit the opportunity for the participants to take part in my study due to workload concerns. Taking part in the research should not have impacted on the working practice of the participants as they are classed as supernumerary to the working team (Nursing and Midwifery Council, 2008). However this is not always the case in reality as some registered mentors do not always appreciate this role of the student. Indeed Chesser-Smyth (2005) pointed out that student nurses on their first clinical placement find it particularly difficult to be supernumerary as they always feel obliged to be actively involved in patient care. In an attempt to respond to this potential concern, students were given a secondary line of access, namely if they wanted to participate they could independently contact me via email or telephone to be interviewed in their own time, as I wanted to be flexible about the timing of the interviews.

Recruitment

Once I had identified the sample I required for my study, I explored how the participants could be ethically recruited whilst avoiding coercion (Marshall & Rossman, 2011). An essential

element of ensuring quality in research is to have a clear and concise recruitment strategy so as not to confuse any potential participants (Creswell, 2009). Part of this entailed having clear inclusion and exclusion criteria to ensure that the data remained manageable by not getting too many recruits and including only those participants who could offer the researcher insight into the particular experience (Smith et al., 2009). My inclusion and exclusion criteria therefore consisted of:

Inclusion criteria

- First-year student nurses, registered on the Pre-Registration Nursing Programme at the University of Northumbria, who perceived that they had encountered child abuse or neglect (no official definition of child abuse and neglect was provided in the information given to students, with inclusion being based on an individual's perception that they had encountered child abuse or neglect).
- Undertaking their first community placement.
- All students over the age of 18 years.
- Both genders were eligible.

Exclusion criteria

- All other Adult Nursing students in year 2 or 3 of their educational programme or on a hospital placement.
- All fields of nursing such as children's nursing, health and learning disabilities and allied health, with the exception of adult, because these fields have more preparation in respect of child abuse and neglect, especially midwifery and children's nursing. For consistency I focused on one particular field (adult nursing) as this was my area of expertise.

- Any student undertaking a period of supervised practice, or phased return to work following a period of sickness / absence, in which case the additional pressure of an interview may be deemed inappropriate.

My recruitment strategy consisted of identifying two groups of first-year students, one from the March 2011 pre-registration nursing programme cohort and one from the March 2012 cohort. Six participants were interviewed from the 2011 cohort. A further three participants were recruited from the March 2012 cohort. Analysis was ongoing throughout the data collection process, constantly informing subsequent interviews. When it became evident that no new themes were being found I concluded that data saturation had been achieved. I therefore concluded that I had sufficient data to answer the research questions and fulfill the aim of my study (Altheide & Johnson, 2011).

4.5 Ethical Considerations

Ethics concerns the norms governing behaviour, focusing in particular on those which govern morals, promoting good and avoiding harm (Cavan, 1977; Department of Health, 2005; Northumbria University, 2009, 2013-2014). All researchers must ensure ethical considerations are paramount when commencing a new study and must be alert to the protection of all people involved in the research process, which in my study consisted of participants and myself as the researcher (Marshall & Rossman, 2011). It was therefore necessary for me to be able to justify the study on the basis that it would promote good and non-maleficence by not causing any harm, in the belief that pursuing the study afforded the opportunity for important new insights (National Institute of Nursing Research, 2016). The literature review also identified a knowledge deficit, which supported the need for my research so this confirmed that I was not subjecting students to unnecessary intrusion.

To ensure ethical approval was obtained from the appropriate agencies, I sought guidance by consulting the Health Research Authority (HRA) website and decision making tool (Health Research Authority, 2016). This clarified that my study would be classified as a research project and, although the participants in my study would be working in the community, my interaction with them would not entail direct contact with patients or staff of the National Health Service, thereby negating the need for ethical approval from the HRA. In addition to guidance from the HRA Health Research Authority (2016), Northumbria University's Research Ethics and Governance Handbook was the main guiding framework towards successful ethical approval (Northumbria University, 2009, 2013-2014). The appropriate documentation was completed and ethical approval was sought and successfully obtained. The letter of confirmation from the chair of the ethics committee is detailed in appendix 10. Kvale and Brinkman (2009) identified several core elements of ethics that need to be considered when undertaking qualitative research, namely informed consent, the risk of coercion, the consequences of research, confidentiality and anonymity, each of which will now be examined.

<u>Informed Consent and the risk of coercion</u>

Consent involves providing information and asking individuals to voluntarily take part in a study (Rohleder & Smith, 2015a). It was essential to provide relevant information prior to asking for consent in order that the research participants were fully informed and had time to reflect on the purpose of the study (Bradbury-Jones & Alcock, 2010). By providing information and gaining informed consent from the research participants I ensured that no individual felt pressurised or coerced into taking part in my research (Cohen et al., 2007).

Thompson and Russo (2011) highlighted that patients often take part in medical research thinking they will be viewed as 'good' patients and it is suggested that students would do the same in an educational setting, especially if they knew the researcher. Therefore, prior to gaining consent the possibility of coercion (explicit or implicit) arising in situations where there is an unequal distribution of power between individuals was considered. Such imbalances within research interactions are unavoidable, given the hierarchical structure of research institutions within universities (Maijala, Astedt-Kurki, & Paavilainen, 2002). It was therefore my responsibility as the researcher to maintain an insight into such concerns and minimise any power imbalances as much as possible so as not to cause distress to the participants (Hays & Singh, 2012).

I was sensitive to the fact that these power imbalances could arise throughout my research as I wear "multiple hats" within the university, including being a guidance tutor, a senior lecturer, the marker of assignments, and a researcher. It was therefore essential to ensure that potential participants did not feel they lacked power or felt coerced into taking part in my study in the false belief that not taking part may affect their student status.

To respond to this concern, potential participants were given information regarding the aim of the study via email (appendices 11 and 12) so that they were informed of the study, detailing what would be expected from them well in advance of volunteering. Once the guidance tutor group had been selected, they were seen face-to-face, in a pre-arranged 30-minute seminar two weeks prior to them starting their community placement. The purpose of the seminar was to present the details of my study verbally, to ensure potential participants were fully aware of the study and, if needed, could ask me questions about my research. The information (appendix 12) which had initially been sent to all potential participants via email was revisited, the

importance of consent was discussed and it was made clear that any participant could withdraw at any time (Brooks et al., 2014). This was to allow sufficient decision-making time for individuals to think about what they were being asked to do so they could make an informed decision and not feel under pressure to take part (Creswell, 2009; Morse, Barrett, Mayan, Olson, & Spiers, 2002). It was also made clear during the seminar that the research interview was not a debriefing exercise for participants and, if needed, student support, who were aware of my study, could be contacted by individuals if they needed counselling.

I did not want to provide this information too early before starting the community placement as this may have resulted in some students not remembering the details of my study (Creswell, 2009). Willig (2011, 2013) reinforced that the researcher should make it clear that there will be no negative consequences to not taking part in any research. The participants in my study may have felt intimidated by being interviewed by a senior lecturer, and so it was explained to them that my role as a researcher would have no influence on my duties as a senior lecturer and that no preferential treatment would be offered to those involved. Larkin (2013) highlighted the issue of power and a perceived hierarchy in a research interview by the interviewee, which may have a negative impact on the data collection process. The concern was that the participants may give answers that they thought I wanted to hear. To minimise this risk, I attempted to put the interviewee at ease, building a relaxed rapport and taking a reflexive approach to the interview process where I constantly evaluated my own behavior. Additionally, all students' academic work is now marked anonymously, significantly reducing possible bias in this area (Brooks et al., 2014). A guiding principle for minimising coercion is that participants should receive only nominal compensation, if any, for their time and effort (Rohleder & Smith, 2015b). None of the participants in my study were given financial or other incentives to take part.

The participants were invited to sign the consent form (appendix 13) at the beginning of their one-to-one interview. However, Elliott, Ryan, and Hollway (2012) suggested that it is impossible for participants to subjectively appreciate how they will experience the research interview until after the event. Therefore, at the end of each individual interview, I returned to the subject of consent, ensuring the participants were fully informed and were still prepared for me to include their experiences as research data. In addition, following transcription, individual meetings were held with each participant to verify and approve the written account of their interview, which was then signed and authorised for use as data, generating a clear audit trail to the direct quotes when they were used during analysis and the writing of the findings chapter (Brooks et al., 2014). No participant withdrew their consent for the use of their experiences as research data at any time during the interview or afterwards. My efforts to provide adequate information in multiple formats, and sufficient time to make a decision, contributed to minimising the possibility of coercion in gaining consent (Brooks et al., 2014).

Consequences of research, confidentiality and anonymity

Participants often agree to take part in a qualitative study because they believe their story may benefit others, but many seek to remain anonymous (Rohleder & Smith, 2015b). In research, confidentiality requires not sharing the personal details of or disclosing any personal information identifying who has taken part in the study (Waterman, 2013). To ensure the participants in my study remained anonymous I assigned them all pseudonyms. Willig (2011) claimed that this is needed to ensure that there is no link between individual responses and participants' identities. Only I had access to the requisite links between names and pseudonyms. It was also necessary to remove any and all identifiers of the placement location from the interview data, again to ensure anonymity.

There was only one male student in this study, however this was not an identifier. I have taken care to ensure that I only refer to the overall cohorts and the year I undertook the research. There were 18 male students within the first cohort and because the individual guidance tutor group cannot be identified, no-one would know which of these 18 males participated.

One final important element to ensuring confidentiality and anonymity was to ensure the secure storage of the large volume of data recorded and transcribed. To achieve this, I adhered to Northumbria University's policy on data storage (Northumbria University, 2013-2014). Hard copies of consent forms, information sheets, and transcripts were stored in a locked filing cabinet and will be kept for 10 years after completion of the thesis and will then be confidentially destroyed as 'sensitive waste' (Northumbria University, 2013-2014; Research Council United Kingdom, 2009). Willig (2013) also highlighted that the researcher must adhere to keeping all electronic data, including typed transcripts, stored in a folder on a password-protected computer. Again I have endeavored to ensure that all data are protected and confidential.

Conversely, as I am a registered nurse and senior lecturer, there was a limit to confidentiality (Nursing and Midwifery Council, 2015). As a researcher and a member of staff of the university, if I had concerns about a student/participant I would consult the safeguarding policy for staff (Northumbria University, 2016). To support this policy the University provides staff training and issues guidelines to ensure there is a procedure in place to deal with child and vulnerable adult protection concerns. Additionally, there is a Raising and Escalating Concerns Policy and Procedure (2015), which is relevant to the whole organisation and the people who work or study in it, including students. Due to the sensitivity of the research, if a participant revealed that a child or adult was or had been at risk of harm and this was not already known

to relevant agencies I would have explained verbally and in written format that I had a professional duty of care to act accordingly. This would have involved reporting suspected cases of abuse or neglect to children's social care or the police, and involving the safeguarding children and vulnerable adult co coordinators at the university (HM Government, 2015; Northumbria University, 2016; Nursing and Midwifery Council, 2015). I also had a duty of care as a researcher and member of staff to protect the participant (Rohleder & Smith, 2015b). This was done by assessing if there was any risk of harm to the participants when I interviewed them (King & Horrocks, 2010). In practice, the role of the student nurse in terms of child protection is purely observational as the child protection responsibility remains with the registered practitioner, who constantly supervises the participant. Students do however have a responsibility to 'whistle blow' Nursing and Midwifery Council (2011) if they are concerned that they have witnessed unprofessional behaviour. If this occurs they are encouraged to contact either their personal guidance facilitator at the university or their practice placement facilitator (Northumbria University, 2015).

I was very aware of the sensitive nature of my study and knew that some students may have personal experiences of abuse or neglect. They were therefore given the contact number of student support services during the pre-placement seminar where they could self-refer if they needed support. This important consideration was addressed again during the interview and post interview so all individuals felt well supported. As part of professional etiquette, student services were informed, by email, of my pending study (appendix 14) and advised that participants might contact them confidentially for additional support. Interestingly, Bourne and Robson (2013) suggested that individuals who are interviewed about sensitive subjects find it to be a cathartic process and several of my research participants alluded to this, both during the interview and when I met them to sign and approve the transcript of their interview. I was also

mindful of how Thompson and Russo (2012) highlighted a potential ethical dilemma for researchers who undertake qualitative research, in that having contact with individuals, either on a one-to-one basis or as a group, may result in it becoming a therapeutic session for the participants. Therefore, I ensured that all potential participants understood what my role was and what the boundaries were if they chose to share their experiences.

4.6 Ensuring quality and trustworthiness

Quality and trustworthiness should permeate all aspects of the research process, including the research question, methodology, methods used and data analysis (Silverman & Marvasti, 2010). During all stages of my study, this entailed upholding the highest ethical standards, from the planning and implementation stages through to the final stages of writing up my findings.

A number of approaches are available for assessing research quality in the interpretive paradigm. These must however be consistent with the philosophical and methodological assumptions on which the research has been developed (Rolfe, 2006). As my research was a qualitative study situated within the interpretative paradigm I chose to use Guba's four criteria of credibility (transferability, dependability and confirmability) to address trustworthiness (Guba, 1981). Additionally, I also informed this decision with the use of Yardley (2008) and Smith's (2011b) work, as discussed in detail below.

1.Credibility According to Guba (1981) ensuring credibility involves the qualitative researcher demonstrating that the findings are congruent to reality. A fundamental requirement of a well-designed study is therefore to ensure a good match between what is being investigated and the methods of inquiry used (Smith, 2011b). To promote congruence throughout my study I adopted the well-established research method of semi-structured interviews to obtain the data,

and I also had some understanding of the context of the research to make a valued judgement and appropriate claims following analysis of the data that could then make a contribution to knowledge.

I was equally aware that having too much insight may make me an insider and could impact on the data analysis and subsequent findings, but as I was working as an academic and no longer in practice I believe I am now an outsider. Throughout the thesis I have made it clear that I had prolonged engagement with the data, and provided evidence that the findings were clearly derived from the data by having a clear audit trail (Yardley, 2008). As I developed my own interpretation of what was said in the interviews, validity was ensured by constantly referring back to the transcripts to ensure that the interpretation stayed true to the data (Cohen et al., 2013; Smith, 2011b; Yardley, 2008). Additionally, during the writing up of the findings I had regular meetings with my supervisors to discuss the structure of each super-ordinate theme, which helped to reinforce the development of an accurate representation of each participant's story, resulting in academic challenge and debate as I was constantly questioned about my developing ideas and assumptions (Hays & Singh, 2012).

To enhance the quality of my study I also undertook peer scrutiny and exposed my findings to others to invite comments via a poster presentation at two research conferences (appendix 15), one of which mainly involved quantitative medical researchers where I was asked some very challenging questions on subjects such as validity and sample size. Finally, an important element of credibility which will be outlined in the discussion chapter has been my commitment to present how the findings from my study relate to the existing body of knowledge (Silverman & Marvasti, 2010).

2. Transferability involves having a well-described study to enable the reader to determine if the findings could be related to another study in another context (Silverman & Marvasti, 2010). To address the concept of transferability I have made the components and specifics of the data and analysis open and transparent to enable others to review and potentially consider if it could be transferable to their context. However, a weakness of this type of study is that, due to the idiographic nature of the analysis, generalisations cannot be made. The data was subjective and, additionally, due to the small sample size it was difficult to establish which variables were significant. Willig (2013) advised IPA researchers to think about theoretical transferability rather than generalisability.

3. Dependability To address the issue of dependability the processes undertaken to conduct this study have been reported in detail to promote rigour (Yardley, 2008). Ensuring quality and trustworthiness in research requires the rigorous use of systematic methods of data collection, and analysis, and transparency in documenting these methods. The aim of this is to enable any future researcher to be able to repeat the work, but not necessarily get the same results (Silverman & Marvasti, 2010). I have described what was planned and executed, how the data were collected and undertook a reflexive attitude (this is addressed in more detail below) throughout the whole study process so that I could respond to change.

4. Confirmability Finally, to enhance confirmability, one activity to ensure quality and trustworthiness may be to include end-user involvement (Treharne (2015) or respondent validation (Silverman & Marvasti, 2010). This was incorporated into my study by inviting participants to return to the university following the analysis of all transcripts. The participants were presented with the super-ordinate themes and the main aspects of my findings. It was very reassuring to hear them appreciate my analysis of their experiences.

Huberman and Miles (2002) considered that another key criterion for confirmability is for the researcher to admit their predispositions. I have done this through being reflexive, giving a sound rationale for undertaking this study and presenting my beliefs that underpin any decisions that were made, whilst at the same time presenting limitations and challenges in chapter 9 the conclusion.

4.7 Reflexivity

Reflexivity, which is the explicit evaluation of oneself Woolgar (1988), evokes an interpretivist ontology which views individuals and the world as interrelated beings engaging in a dialogic relationship which then constructs multiple versions of reality. Engaging in reflexivity during the IPA process has allowed a more holistic approach to my research. Denzin and Lincoln (2008) highlighted that the researcher is not a neutral research instrument, but he or she makes decisions about who is to be interviewed and what questions are to be asked to fulfil the aim of the study. As both myself and the participants in my study are of the same order, in that we are both human beings, it is necessary to reflect on how this may influence the research process (Shaw, 2010b).

This entailed reflecting on my own background and experience as a nurse, community research midwife and academic at the very commencement of the study and considering how this may influence the research. The risks were that my background and personal experience would over influence and add bias to my study, and by being reflexive I was hoping to reduce this to a minimum by being aware and open about any predispositions I may have. Smith (2004) proposed that it is impossible to suggest that qualitative researchers remove or bracket themselves completely from their study and, as researchers, we can use our subjectivity to our advantage. It is suggested that my experience as a clinician who spent several years working

with health professionals dealing with child abuse and neglect, and as an academic, has enriched the outcome of this study.

Given that I am a student undertaking a doctoral programme, simultaneously balancing the time pressures of a full-time role as a senior academic and student researcher, I believe I have empathy with the participants as students, and an understanding of the time pressures placed on them whist they undertake clinical work and academic study. I have maintained the quality of my study by working independently outside of my working week, demonstrating the commitment I have to my study and my own professional development.

Reflexivity involved me thinking deeply about the experience of others (the participants) with the aim of learning more about humankind. In doing this, I ensured that I stayed true to their 'stories' while at the same time acknowledging the role of reflexivity (Shaw, 2010b). Being reflexive essentially entailed a continuous process of being self-aware, thoughtful and critical of my own background, assumptions, positioning and behaviour towards the research (Finlay & Gough, 2008). As I was using IPA, where the researcher is implicated in the research, a reflexive attitude had to be adopted throughout the study (Smith, 2011a). To do this throughout the process of double hermeneutics it was essential that I gave an appropriate explanation of my analysis to demonstrate that I had not made assumptions about the participants' experiences (Clancy, 2013).

During the data analysis stage it was critical that the initial comments and emerging themes gave an accurate reflection of what the students experienced and not what I thought they had experienced (Jirwe, 2011). Providing a clear connection between the super-ordinate themes and appropriate quotes presented in the findings allows for thorough transparency. This is

encouraged as it demonstrates that the researcher has taken into consideration what a particular respondent thinks or believes about a topic (Willig, 2011).

I also used a reflexive diary, an extract of which is presented as appendix 16, to record my thoughts and concerns from the outset of my research journey so that I could return to these when I was planning, implementing and writing up my study (Silverman & Marvasti, 2010). This also enhanced the audit trail, highlighting what I had done and why. I used Gantt charts regularly to help plan and organise each phase of my research process (appendix 17).

4.8 Conclusion

IPA was selected as the most appropriate methodology for this study as it recognises the importance of what is said and emphasises the voice of the participant (Hays & Singh, 2012). Using a small, purposeful convenience sample and undertaking individual semi-structured interviews gave me the opportunity to develop a deep and meaningful understanding of a specific experience of a group of student nurses. The power dynamics between myself (as a lecturer) and the students did initially concern me and I had reservations that this could affect recruitment to the study and how the students would interact with me. However, neither of these concerns materialised, as recruitment was adequate and the participants commented that they appreciated taking part in my study. They welcomed the opportunity to discuss their experiences and reported that they hoped this study would help future students.

The ethical tensions I encountered mainly involved recruitment. As this was a qualitative study, only small numbers of students could take part and some may not therefore have been afforded the opportunity to discuss their experiences. A further ethical concern was the fact that I required the participants to have been exposed to stressful, potentially disturbing experiences

involving encountering perceived child abuse or neglect. To reconcile this, I used reflection and reflexivity throughout the research process and directed participants to support services if necessary, ensuring quality and trustworthiness throughout the whole study process.

Having considered methodological issues and outlined the processes of data collection, the following three chapters present the findings of this study.

Chapter 5: The Findings - Encountering disorienting events

5.1 Introduction

This is the first of three chapters in which the findings of the data will be presented. This chapter will commence with an overview of the three findings chapters to orientate the reader and clarify how transformational learning theory has provided a lens for analysis.

Analysis of the data suggested that when the participants commenced their community placement the experiences they encountered were far removed from what they had anticipated. Individuals categorize experiences, beliefs, people, events and the self by using previously held frames of reference, which are structures of assumptions and expectations on which feelings, thoughts and habits are grounded (Mezirow & Taylor, 2009). Their experiences were so different from their normal frame of reference it resulted in them critically reflecting and changing their meaning perspective. Three super-ordinate themes of 'Encountering disorientating events', 'Reflecting on responses, assumptions and preconceptions' and 'An expanded worldview' have been derived from the data but are closely aligned with the Transformational Learning Theory (TLT) of Jack Mezirow (Mezirow, 1991b). Mezirow presented transformational learning as a linear process. However, he also highlighted that the learning phases may often be non-sequential and the completion of each phase may not be dependent upon the completion of another. Taylor and Cranton (2012) similarly highlighted that transformative learning is more individualistic, fluid and recursive. The findings from my study suggest that the participants experienced individual learning journeys, these are represented in appendix 18 which presents the proportion of comments the students gave to each super-ordinate theme. Although this is not a quantitative study it is recognised that it is not wrong to count in qualitative research as these figures are useful to give a succinct illustration demonstrating that each participant had a varied experience. The 'All Participants' chart highlights that as a group, the participants gave equal focus to all phases of their journey,

encountering disorientating events, reflecting on responses, assumptions and preconceptions and expanded worldview. However, there were elements of similarity and difference, which will be presented in the following three chapters. The three super-ordinate themes which together constitute the participants' journeys relate to the three major elements of Mezirow's transformational learning theory: Disorienting Dilemmas, Critical Reflection and Changed Meaning Perspective, which were presented in Figure 2.3 on page 45. In the previous chapter, Research Design, I outlined how Mezirow's transformational learning theory informed the data analysis and was used as a lens to analyze the individual learning experiences of the participants. At the same time, however, I remained mindful of the intentions of interpretative phenomenological analysis, which stipulates that the researcher should be interested in uncovering how individuals make sense of events (Smith, 2017).

Chapter 5 is the first of three findings chapters and presents the first super-ordinate theme 'Encountering disorienting events', illuminating the challenges the participants experienced during their community placement when they encountered perceived child abuse or neglect. Encountering disorientating events aligns with Mezirow's disorienting dilemmas, as challenges which evolve from an experience where an individual transforms his or her meaning schema following an acute or personal crisis; this process is often stressful and painful and can threaten the core of one's existence. These disorienting dilemmas are seen as the catalyst for perspective transformation and, without these, individual change cannot occur (Mezirow, 1997). There were similarities in my data to what Mezirow describes as disorienting dilemmas as the participants revealed that when they encountered what they perceived to be cases involving actual or potential child abuse or neglect their meanings and values were challenged. There appeared to be a dissonance between what the participants expected and what they encountered,

creating disorientation or confusion in which they questioned their personal expectations and beliefs.

Questioning of assumptions or personal expectations is the first step in transformative learning. Mezirow highlighted that gaining an awareness of personal meaning perspectives requires assessing previously-held views and assumptions which can trigger disorienting dilemmas and may result in the individual thinking differently and developing a worldview shift (Mezirow, 1991b). Mezirow claimed that adults could have difficulty changing their worldview, as these often become unconscious frames of reference constructed from what he described as habits of mind. He argued that points of view may be so ingrained that it takes a powerful experience to shake these, resulting in disorienting dilemmas which lead to consciousness raising in the adult learner (Christie et al., 2015). The participants in my study encountered powerful and very disorientating events that forced them to acknowledge a world they did not previously appreciate existed.

Chapter 6 is the second of the findings chapters and is titled 'Reflecting on responses, assumptions and preconceptions'. It presents the participants' awareness and reflections on their physical and emotional responses to the challenging and disorientating events they had encountered whilst on placement in the community, including feelings of sadness, shock, fear and anger. This super-ordinate theme aligns with Mezirow's critical reflection phase. Mezirow (1990) wrote that critical reflection is a deliberate cognitive activity, which is at the heart of transformational learning. This resonates with the findings of my study as the experiences that the participants encountered had been so disorientating they revealed they used critical thinking to articulate how the world no longer resonated with what they had perceived as true.

Chapter 7 is the last of the findings chapters and is the third super-ordinate theme presenting how individual participants' experiences resulted in them having a changed meaning perspective, culminating in them gaining 'An expanded worldview'. This aligns with Mezirow (1978) concept of perspective transformation which occurs when there is a structural change in a way we see ourselves and the world we live in. It is suggested that, as a result of their eight-week community placement, the participants changed their previously-held assumptions regarding child abuse or neglect and its significance for the role of the adult nurse. Chapter 7 illuminates how, as a consequence of this changed meaning perspective, individuals transform and develop an expanded view of the world. Several participants commented that they felt they had previously lived in "their own world" prior to their community experience, a world within which their previously-held assumptions, rules and ideologies had not been challenged (Mezirow & Taylor, 2009). For some participants the experiences they encountered during their community placements had been so challenging and so far removed from what they had expected, they realized they had previously been living in a bubble. The disorienting events encountered by the participants during their community placement might, therefore, be conceptualised as 'needles' that rupture their 'bubble of expectation', causing their worldview to be altered. The second super-ordinate theme 'Reflecting on responses, assumptions and preconceptions' can be conceptualised as a deflation of this 'bubble', as the participants present with mainly negative feelings and emotions when they start to think about their experiences of encountering what they perceived to be actual or perceived cases of child abuse or neglect. The third super-ordinate theme, 'An expanded worldview' can be conceptualised as 're-inflation' of the bubble because, following critical reflection, the participants' 'bubble of expectation' changes shape and starts to re-inflate as they recognise they have undergone a process of self-learning. This leads to them gaining confidence and starting to think differently about the challenges they have encountered.

Together, the three super-ordinate themes characterise the transformational learning journey a sample of nine student nurses who participated in this study undertook as a result of the experiences they encountered during their community placement. This journey is represented in Figure 5.1, which shows how the phases of Mezirow's transformational learning theory align with the super-ordinate themes of 'Encountering disorienting events', 'Reflecting on responses, assumptions and preconceptions' and 'An expanded worldview'. It also presents the subthemes relating to each super-ordinate theme, which will be discussed further in this chapter and in chapters 6 and 7.

Figure 5.1: The transformational learning journey

Encountering Disorienting Events (Needles)		Reflecting on responses, assumptions and preconceptions (Deflation)		An Expanded Worldview (Re-inflation)	
Seeing actual or perceived child abuse or neglect	Listening to accounts of actual or perceived child abuse or neglect	Emotional responses	Feeling Unprepared	Gaining professional insight	Practice enhanced confidence

TRANSFORMATIONAL LEARNING JOURNEY

MEZIROW'S PHASES 1 - 11
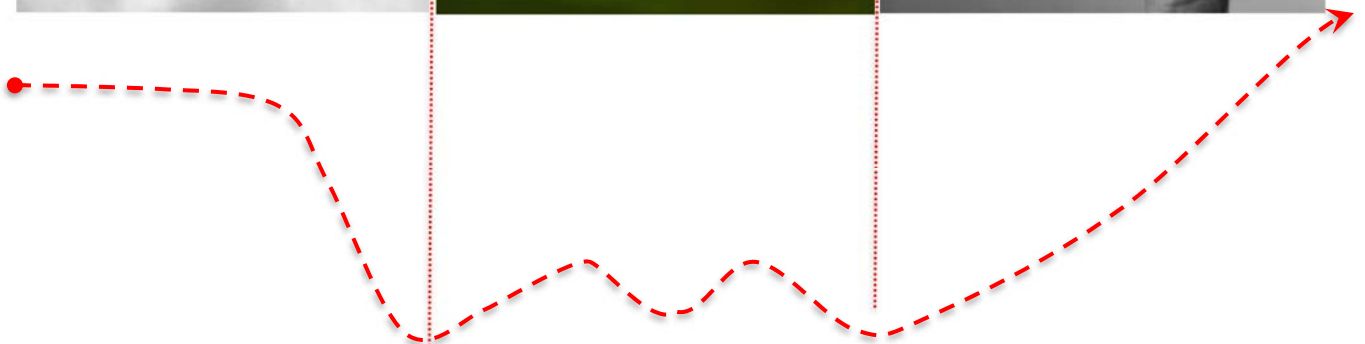
This chapter will now focus on the first super-ordinate theme of 'Encountering disorienting events'. The disorienting events that the participants faced appeared to have a very distinct source, this being the home environments they encountered on their community placement within which they perceived children may be being abused or neglected. This influenced the naming of this super-ordinate theme 'Encountering disorienting events'. This theme has been broken down into two sub themes, 'Seeing actual or perceived child abuse or neglect' and 'Listening to accounts of actual or perceived child abuse or neglect'. These are presented in Figure 5.2 below:

Figure 5.2 Encountering disorienting events

Super-ordinate Themes	Encountering Disorienting Events	Reflecting on responses, assumptions and preconceptions	An Expanded Worldview
Sub themes	Seeing actual or perceived child abuse or neglect		
	Listening to accounts of actual or perceived child abuse or neglect		
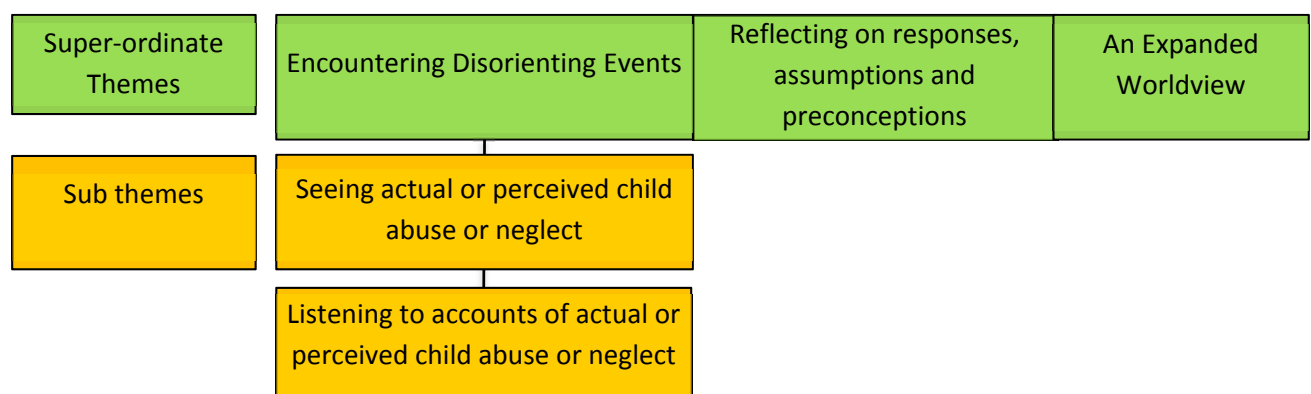
The first sub theme 'Seeing actual or perceived child abuse or neglect' refers to the students' perceptions as they visited clients in their own homes and encountered children who were either on a child protection plan or they suspected might be at risk of child abuse or neglect. In some cases, they observed children who had been brought into child health clinics who they perceived had been physically harmed. The second sub theme 'Listening to accounts of actual or perceived child abuse and neglect', relates to the participants' accounts of listening to health professionals recall cases involving child abuse or neglect and listening to parents talk about

their experiences. They reported that these experiences, which related to what they saw or heard, were far different from their expectations of what they thought they would encounter working with mentors on their community placement.

5.2 Seeing actual or perceived child abuse or neglect

All of the participants reported that they found their community placement to be a challenge. Several explained that previously they had no perception of how others lived and they reported that they came to recognise that their lives were very different from the lives of the people they encountered. Two of the participants likened this to having lived in a 'bubble' as explained in the analogy given on page 113:

> *"I was like really shocked. Just cos you feel like you're in a bubble really. My life is so separate from all of this and then you go in and realise this is people's lives"*
>
> (Lorraine pg.5 line 58)

Donna also stated:

> *"I've got no experience in health at all before I've just started so I've came in absolutely blank, for me it's learning the diverse kind of how people live* […] *I am getting more of an understanding of people's backgrounds and the way people live cos I've obviously lived in a bubble. I've not experienced having to go into somebody else's house or I've never had to deal with anyone else's lives in that way, do you know what I mean? Their personal lives. I still feel uncomfortable, I don't particularly like it to be honest with you, I feel it's quite intrusive"*
>
> (Donna pg.2 line 57)

Not only did Donna highlight that she had no perception of how others lived prior to her community experience, she also stated she found visiting families in their own homes intrusive. Some participants had not appreciated that as adult student nurses they might encounter cases of child abuse or neglect, as Brini revealed:

> *"I'm doing adult nursing, I know when I found out I was with health visitors I would see a lot of children but I thought before I started me training I didn't think I'd see anything like that* [cases of perceived child abuse or neglect] *and it's really shocked us"*

<div align="right">(Brini pg.11 line 49)</div>

The following quote from Kay suggests that the experience of encountering children that were or might be in need of protection gave her an appreciation that some service users inhabit a world very different to her own. It also meant that, as an adult nurse, she would have to broaden her understanding to encompass these new experiences, whilst at the same time developing new professional skills and abilities.

> *"That a human being could do that to another human being that people aren't all normal* [....] *like punching a baby in the face, that's not right, is it? Who does that? The other one, sexually abusing a little child it's just shocking isn't it, cases like that. I think that with what we've seen* [....] *Be more, question everything a bit more instead of taking it at face value, look into things more, think outside the box a bit more and think why is that. Say with adult nursing....*"

<div align="right">(Kay pg.8 line 28)</div>

This quote highlights that Kay acknowledged that she needed to think differently. She appeared to have her assumptions challenged as she recognized that people do not live their lives and behave in the same way she does and that, as a nurse, she will have to think differently. This was clearly an emotional challenge for her as she contemplated that a child may have been injured by another individual. Mezirow (1978) reported that transformation rarely occurs unless the adult learner is convinced that it is necessary and, where previously held assumptions are questioned, they may be rejected as a result. The reality of what Kay encountered challenged her to deconstruct her previously-held assumption or worldview that people cannot possibly live lives such as the one she witnessed. Understanding that a child could be injured through shaking was a dramatic experience for her that required her to rethink her assumptions. Lorraine described the experience of encountering a mother who was unable to care for her

children as such a challenge it resulted in her feeling confused and unable to make sense of what she was observing.

> "*I just thought it was, it's alien it makes no sense to me at all* […] *makes me a bit angry that the baby is in the middle of it all, she has to be assessed each time, to see if she could look after it , time after time she's had chance after chance, she's already had nine kids* [.…] *There are ten children and she's actually admitted that she's going to keep having babies until she's allowed to keep one, she will never be allowed to keep one"*
>
> (Lorraine pg7. Line 67)

Linda also described the challenge of encountering what she perceived to be a case of suspected physical abuse. She appeared to be confused about what was happening, and explained that what she was seeing did not make sense, as she questioned how the baby had, what she perceived to be an, unexplained injury.

> "*a baby came in* [to the clinic] *with its mam, dad and grandma and it got a bump on the back of its head, it was only three weeks old and it was an unexplained bump on the back of the head* […] *and I just thought this is all very strange not really knowing exactly what was going on?"*
>
> (Linda pg.1 line 58)

Mezirow (1991) highlighted a disorienting dilemma can result from an experience where the individual is feeling unsure or threatened. This appeared to be happening in this case, as Linda articulated how she felt unsure initially about what she had encountered and then moved on to feeling afraid as the child protection case developed. The case above resulted in her visiting the family with her mentor, a situation which she reported was a challenge which left her feeling scared and vulnerable:

> "*I was honestly feeling quite scared cos I'd never come across this situation before, you feel vulnerable because you're going into somebody else's home and you're telling them that social services are being contacted regarding safeguarding"*
>
> (Linda pg.4 line 44)

The first stage of Mezirow's transformational learning theory states that a disorienting dilemma can take many forms; these may be either a major life crisis or a distressing transitional experience which results in the learner challenging their meaning perspective. Additionally, serious ethical questions can be raised which, in turn, challenge and alter rudimentary frames of reference or assumptions resulting in true learning (Mezirow, 1994, 1997; Mezirow & Marsick, 1978).

As the participants perceived that they were encountering cases of child abuse or neglect, for some the disorientation this caused was so dramatic their reactions raised some ethical questions. Mandy appeared to reveal this when she made an assumption about the parents of a child she suspected are being deceitful and Machiavellian. She admitted that she did not have this knowledge or frame of reference prior to the placement:

> *"I think some parents are really, really devious, we had someone come in, the baby had bruises and she was only six weeks old and she was saying oh she fell off the table and you know, a six-week-old baby cannot roll. She says that some people come in, show them the bruises, and say I haven't done anything, but they have really. I think people are quite devious and I don't think that the general public know that much cos I didn't know that much before I came here"*
>
> <div align="right">(Mandy pg.16 line 21)</div>

This participant appeared to demonstrate a good understanding of child development as she commented that a six-week-old baby cannot roll. However, this experience was a dilemma for her as she illustrated her "doubt" and "suspicion" over this family presenting at a child health clinic with an injured child. Mezirow (1991b, 2000a) highlighted learning begins through the deconstruction of taken for granted assumptions and where the understanding of reality is questioned. Mandy appeared to be learning as she saw herself as gaining insight by observing a series of events that caused her to question the truth.

The research participants not only perceived that they were encountering child abuse or neglect on this first community placement; they also reported that this was a common occurrence. They reported that they were previously unaware of the frequency with which they would encounter cases of actual or potential child abuse or neglect, as Mandy stated:

> *"I just thought 'oh my God there's actually so many child protection cases'* […] *so it was quite a big thing for me"*.
>
> <div align="right">(Mandy pg.3 line 23)</div>

The volume of cases challenged Mandy's expectations and made her contemplate a view that was different from anything that she had previously imagined.

The participants found entering some of the home environments during their first community practice experience to be more challenging than they had initially anticipated, mainly due to physical aspects of the environment such as low standards of hygiene and housekeeping. The participants appeared to be shocked when they encountered children living like this and sometimes appeared to confuse poor living conditions with neglect. The quote below from Donna suggests that she associated an untidy, disorganized dirty home with children not being cared for adequately. Donna's quote was typical of the type of experiences recounted by many of the participants:

> *"I felt it more* […] *when we were dealing with the safeguarding case* […] *I didn't expect people wouldn't have carpets down, the walls would be crumpling off. The house stunk… It was dirty and you have three children living like that* […] *the children were dirty."*
>
> <div align="right">(Donna pg.2 line 57)</div>

Whilst the 'fabric' of the environment was self-evident to Donna, another manifestation of the challenge was the odour. Donna felt that children should not have to live in such conditions. Mandy, however, brought a slightly different perspective to the physical environment. She saw

the cluttered, untidy setting as a safety concern when she commented on a case she encountered.

> *"…her house, it's cluttered, totally cluttered so there's the safety thing… it's like child protection but under the 'thingy' of neglect* […]. *I've been seeing her like twice a week each week with the health visitor … there's just been kids who have had weird accidents one of them burnt their hand, she was busy ironing or something and one of put their hand on the hob when it was hot but she wasn't even cooking anything she doesn't know why it was on,…, I was a bit shocked* […]*How can people live like that?"*.
>
> (Mandy pg.5 line 8)

Mandy, similar to Donna, appeared to be viewing a different world from anything that she had previously encountered. This quote highlights how Mandy made a shift in her meaning making, as the experience was outside her frame of reference; she related that she could not understand how individuals could live in such environments. Mezirow referred to transformative learning as the process by which individuals transform their meaning perspectives, habits of mind and mind sets to make them more inclusive (Mezirow, 1991b).

Almost half the participants described the contrast between community working and their previous hospital-based placements, seeing the community, perhaps for the first time, as a threatening environment where they became vulnerable and afraid for their own safety. Rebecca illustrated this when she stated:

> *"I suppose it's your setting isn't it, it's where most nurses or doctors or health care professionals are comfortable. If something goes wrong, there's always somebody there. You know what's around you. You don't know what's around you in a client's home, they could be sat on a knife, it's very unlikely, but they could be. You're taken down a notch when you're in their home."*
>
> (Rebecca pg.4 line 54)

Mezirow emphasised that certain challenges or dilemmas of adult life cannot be resolved by simply learning more about them. Adult learners need opportunities to think differently and question their assumptions. He went further by highlighting that a dilemma must generate

pressure and anxiety to effect a change in perspective (Mezirow, 1978). These quotes appear to reveal how the study participants felt under pressure from observing challenging contexts and having to start to think differently about child abuse and neglect. This prompted them to consider their personal safety and a perceived loss of authority, as they described being removed from their comfort zone into somewhere much more challenging.

5.3 Listening to accounts of actual or perceived child abuse or neglect

This second sub theme presents how listening to accounts of child abuse or neglect recounted by professionals was emotionally challenging for the participants. Mezirow stated that disorienting dilemmas can take many forms resulting from an experience. These experiences can come from a variety of sources, and impacts on adult learning (Kolb, Boyatzis, & Mainemelis, 2001). Hearing professionals talk about cases of child abuse or neglect appeared to be a disorienting event for the participants. Eight of the nine respondents referred to the challenge of having to listen to accounts of child abuse or neglect, often by professionals at case conferences, but also by their mentors. The accounts themselves were re-told graphically and in detail by participants during their interviews. Many of the experiences of listening to cases involving child abuse and neglect involved the participants recounting these as emotionally-charged events. Mezirow (1991b) stated that perspective transformation begins when individuals encounter an experience that is often emotionally charged and does not fit with their expectations, and consequently lacks meaning. Brini recounted listening to a case that involved child sexual abuse and how upsetting this was for her:

> *"…it was about a four-year old girl who had been* […] *her Mam was bathing her one night* […] *she turned back and she was putting a toy thermometer in her vagina and she said what are you doing and she said Daddy and Granddad do it with their fingers* […] *I could feel the tears coming* […] *It stresses you"*
>
> (Brini pg.3 line 14)

This was a difficult case for Brini to verbalise; she could not use the term 'sexual abuse' in her description. Instead, she described "a four-year old girl who had been…" and then sat motionless for a few minutes without speaking. It was not only listening to professionals recount cases of abuse that was emotionally challenging for the participants, but also listening to parents talk about their experiences. Kay recounted the challenge of listening to a mother who read out a letter from her boyfriend who had been convicted of domestic abuse and was now in prison:

> *"She wasn't that bothered, she minimized all the violence…like 'oh he's just thrown me about a bit'… She only got upset once and that's 'cos he wrote a letter in prison about how much he loved her and he was never going to do it again, she got upset when she was reading that. She didn't cry she just had quivering in her voice.* […] *I mean it was a shocking story because you don't want to think anyone has been through that"*.
>
> (Kay pg.3 line 21)

The challenge for Kay was to hear the mother not considering assault as a serious crime, and she explained that the mother showed little evidence of emotion. Kay suggested that the mother was downplaying the assault, and felt shocked when listening to this as it was not how she expected a woman would respond to domestic violence. She appears to lack insight, not having enough knowledge to make sense of a woman's experience of and response to domestic violence.

It was not only listening to accounts of abuse or neglect that were challenging for the participants but also listening to professionals' accounts of working within the arena of child protection, as Mandy highlighted:

> *"…and she* [the mentor] *was saying, 'I got too involved once and had to take sick off work', she was that stressed out 'cos of it, she was just crying, I mean hers was about a little girl who was getting raped* […] *I would end up getting too emotionally involved"*.
>
> (Mandy pg.9 line 43)

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This quote reveals the disorienting event of listening to professionals relay how they can be affected by encountering cases of child abuse. This appeared to make such an impact on Mandy it made her think about her own emotional vulnerability and how she may react if she was to encounter a similar case herself. The following quote from Donna reveals the emotional challenge of listening to a case in which she was worried about what would happen if the children were removed from the mother.

> *"the children will be taken off her* […] *if they're taking the kids off her I'm not sure if I want to be there* […] *at the end of the day it's still a mother getting her kids taken off her".*
>
> (Donna pg.15 line 35)

Donna reported that she wanted to avoid being there if the children are removed as she felt it would be too difficult for her to witness, even though as a student nurse it would be very unlikely she would experience this. Mezirow (2000b) wrote that the decisions adult learners make involve knowing how you know and having an awareness of context. Being able to make informed decisions requires not only awareness of the source and context of personal knowledge, values and feelings, but also uses critical reflection to challenge the validity of assumptions. Donna appeared to understand the context of this experience and made a conscious decision not to witness what she presumed will be a difficult encounter for a mother.

5.4 Conclusion

This chapter described the experiences of nine student nurses (adult field) who encountered actual or perceived child abuse or neglect and went into homes that they judged, rightly or wrongly, to be unacceptable environments within which to bring up a child. The findings illuminate that encountering or hearing firsthand accounts of cases of actual or perceived child abuse or neglect presented disorienting events for the participants. They also indicate that this was a key element to consciousness raising and a catalyst to questioning the personal

worldview that they held prior to their community placement. It described how they listened to professionals recounting stories about child protection and observed cases of actual or perceived child abuse or neglect.

Mezirow highlighted that all individuals face an experience with a variety of worldviews derived from their individual upbringing, life experience, culture and education (Mezirow, 1991b). The findings in this chapter show how some of these world view elements appeared to influence the participants' assumptions or expectations of what they would encounter and how people live. It was evident that their 'bubble of expectation' was far removed from the reality of what they actually encountered and disorienting events developed as the participants were exposed to what they percieved to be child abuse or neglect. This then lead to their 'bubble' being rapidly punctured. The participants described these experiences in an energetic and animated manner, and used language which gave testimony to the scope and intensity of these disorienating events. This chapter described the first stage in the participants' transformational learning journey as they encountered disorientating events. In chapter 6, 'Reflecting on responses, assumptions and preconceptions', I will explore the participants' emotional and physical responses to these disorienating events and explain how, through self reflection, these responses resulted in the deflation of their 'bubble of expectation' and, at the same time, moved them on to the next stage in their journey of transformational learning.

Chapter 6: The Findings - Reflecting on responses, assumptions and preconceptions

6.1 Introduction

The preceding chapter described the short, sharp and event-driven disorienting events experienced by the participants of this study when they encountered children who they perceived had been subjected to either abuse or neglect, or where they believed children were living in environments where their basic needs were not being met. This chapter presents the next phase of the participant's transformational learning journey, illuminating their reactions and responses to the disorienting events they encountered. This super-ordinate theme is titled 'Reflecting on responses, assumptions and preconceptions'. Mezirow (1978) highlighted that as the adult learner encounters an event that makes them feel disorientated, they embark on a process of self-examination. As a result of this self-examination a new view of the world may be considered where a critical assessment of basic beliefs is undertaken, presented as phase 2 and 3 of Mezirow's transformational learning theory (TLT). Continuing the 'bubble' metaphor of the previous chapter, this part of the students' educational journey is conceptualised as 'deflation'. Whilst disorienting events were likened to needles that burst the participants' bubbles, following a process of critical reflection, participants questioned their preconceived assumptions and preconceptions resulting in them experiencing a range of mainly negative emotions such as sadness, fear, anger and frustration.

Participants felt they had been unprepared for what they encountered during their community placement, and felt deflated. Engaging in the action of critical reflection is a crucial element of transformative learning as this enables the reflective practitioner to question their taken-for-granted assumptions and practices, challenge preconceptions and develop new ways of working based upon their supportive evidence and newfound knowledge (Mezirow, 1997). This super-ordinate theme consists of two sub themes, outlined in Figure 6.1. The first relates to the 'Emotional responses' reported by the participants as they experienced these disorienting

events. The second sub theme 'Feeling unprepared' relates to the participants' feelings as they critically reflected and felt challenged, as they felt unprepared for encountering perceived child abuse or neglect.

Figure 6.1: Reflecting on responses, assumptions and preconceptions

Super-ordinate Themes	Encountering Disorienting Events	Reflecting on responses, assumptions and preconceptions	An Expanded Worldview
Sub themes		Emotional responses	
		Feeling unprepared	
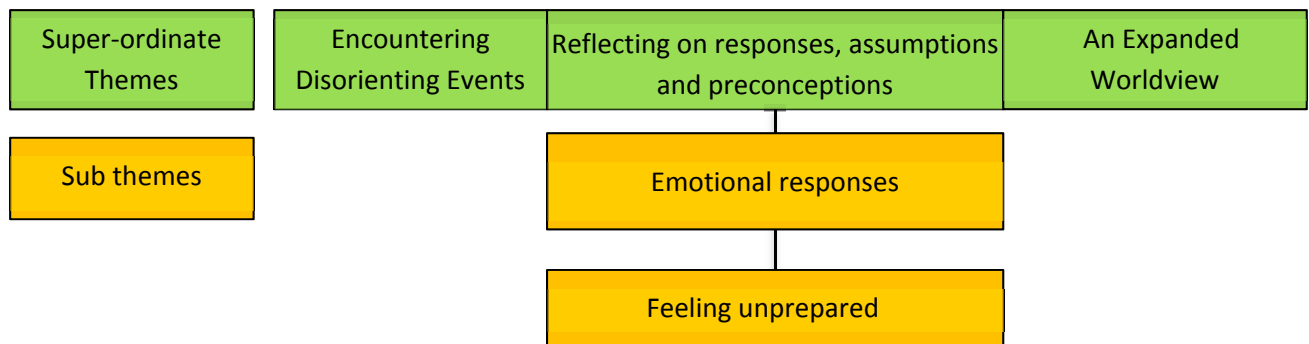
All nine participants made responses attributed to this super-ordinate theme contributing 194 quotations in total (38% of all comments), which made this the most commented upon super-ordinate theme.

6.2 Emotional Responses

This first sub theme, 'Emotional responses', explores the wide range of feelings reported by the participants as they encountered challenging or disorienting events related to seeing or hearing about perceived child abuse or neglect. All nine of the participants made comments regarding their emotional responses as a result of the disorienting events their community experience exposed them to. Whilst I acknowledge that other life events, such as witnessing the death of a patient, may cause similar responses, the findings of this study suggest that seeing or hearing about child abuse or neglect did have an emotional impact on the participants. Table 6.i highlights the 24 emotions reported by the nine participants. Whilst eight of these emotions were expressed by only one participant, these are still worth recording as interpretative

phenomenological analysis is sensitive to the idiosyncratic nature of each individual participant.

Table 6.i: Emotions expressed (in order of prevalence)

Emotion	Linda	Brini	Adam	Kay	Lucy	Rebecca	Mandy	Donna	Lorraine
Shock			✓	✓	✓	✓	✓	✓	✓
Fear	✓		✓	✓	✓	✓	✓	✓	
Anger		✓	✓			✓	✓	✓	✓
Sad				✓	✓	✓	✓	✓	✓
Guilt	✓					✓		✓	
Difficult		✓				✓			✓
Frustrated			✓					✓	✓
Vulnerable	✓					✓			
Crying		✓						✓	
Bewildered		✓				✓			
Awful						✓	✓		
Nervous	✓				✓				
Worried			✓	✓					
Disgusted		✓		✓					
Upset			✓				✓		
Devastated			✓					✓	
Confused						✓		✓	
Embarrassed								✓	
Suspicious	✓								
Gutted		✓							
Weak							✓		
On edge					✓				
Uncomfortable								✓	
Annoyed								✓	
Anxious			✓						

All of the participants reported negative emotions ranging from anger, sadness, annoyance, shock, disgust, worry or frustration. The most prevalent emotions the students felt were shock (seven participants), fear (seven participants), anger (six participants) and sadness (six participants).

Not only did the participants have a range of emotional responses, the data also revealed that they reflected on these responses. An examination of meaning perspectives or assumptions can result in feelings of anger, fear and shame, corresponding with the second phase of Mezirow's theory of transformation, each of which is caused by disorienting dilemmas (Mezirow, 1978). Participants experienced a spectrum of emotions as they gained an awareness of how the feelings and emotions brought about by their involvement in cases of perceived child abuse or neglect resulted in a conflict with their current worldview.

Reflecting on responses

Adam revealed that he experienced a range of emotions, particularly early on in his placement.

> *"it was the first day I was there so I didn't really understand what was going on and it was to do with a very violent father…, she had two children, one was about two years old at the time, had scalding on his feet, so bad that he's still needing intervention and what not from the hospital staff and what not, he was in hospital for about a month. Now that child and his younger brother are now with the foster parent… I just found it quite upsetting."*

(Adam pg.4 line 7)

This quote reveals that as a result of Adam's confusion or disorientation he undertook a process of self-examination that resulted in him acknowledging his emotions. Self-examination is a necessary element of transformation, so much so that Mezirow highlighted this as the second phase of his transformational learning theory, stating that it is necessary for adults to undertake this action following a disorienting experience (Mezirow, 1978).

Shock was one of the two most-widely reported emotions, with seven participants highlighting this feeling. Donna talked about this as she said:

> *"there is going to be a case conference… they may call for the children to be removed I was just shocked, really shocked, really shocked"*

(Donna pg.3 line 9)

Donna appeared to have been caught off guard as she had a realisation that child abuse can be so bad that children may have to be removed to a place of safety. She appeared to have been significantly affected by this awareness, as evidenced by the repeated use of the word *"shocked"*. Anger was another prevalent emotion which six students reflected on, as highlighted by Adam when he recalled a case where a child had been removed from the parental home for neglect and was about to be returned back to the mother.

> *"I was upset I was a bit angry if I'm honest I know that's terrible. I was a bit angry towards the mother, obviously I didn't display any anger or anything."*
>
> (Adam pg.5 line 29)

Adam had clearly recognised that he had moved from being upset to feeling angry, a feeling he regarded should be kept to himself and therefore remain hidden. In the research interview, he said he had been compelled to be '*honest*' with himself but did not like this feeling by stating, *"I know that's terrible"*. Mezirow wrote that the most personally significant transformations involve a critique of premises regarding the world and oneself. For the experience to be transformative, it requires the adult learner to make an informed and reflective decision to respond or not (Mezirow, 1990). Adam highlighted that he had chosen not to respond by keeping his feelings to himself, but this does not confirm if learning has or has not taken place. Similarly, Brini alluded to having to hide her anger, explaining that she was *"holding back"*.

> *"I was sitting in the meeting and I could feel myself just holding back cos I could feel myself getting angry at what they were talking about the little girl"*
>
> (Brini pg.3 line 60)

Rebecca also highlighted feelings of anger, here as a result of encountering a mother who she perceived to be not caring adequately for her child:

> *"Angry, I didn't understand it… I don't get that, I don't understand, you have no maternal instinct…"*
>
> (Rebecca pg.2 line 12)

Rebecca's anger appeared to be due to her inability to comprehend the behaviour exhibited by the parent. She reflected on the disorienting nature of this encounter by stating *"I don't understand"* as she contemplated behaviours that were in opposition to her previously-held assumptions about how a mother should behave. When a new worldview is no longer acceptable with what was previously perceived as true it can be disorienting and confusing for individuals, and can provoke critical or self-reflection (Mezirow & Taylor, 2011).

Mandy revealed a transition of feelings as she recalled listening to a case that included an incident where a child received severe burns which were attributed by the professionals to a lack of maternal supervision. She stated:

> *"I was quite angry at first thinking 'how could you actually do that?' but then it was like I felt more sorry for her as well as the children cos obviously they're going to get taken off her, you can tell that she loves them, you can tell that the kids love her"*
>
> (Mandy pg.6 line 6)

Mandy reported the changing emotions this case promoted within her. As she reflected on her own initial evaluation of her response to this situation, her feelings moved from anger to sympathy. Most of the nine participants experienced similar feelings to Mandy where their emotions were constantly changing in response to either seeing or hearing about disorienting events.

Critical reflection involves the individual purposefully analysing his or her knowledge and experience in order to achieve a deeper meaning and understanding (Mann, Gordon, & MacLeod, 2009). Participants in this study commented that they had spent time reflecting and that this was important to them, as supported by Kay who stated that prior to her experience

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she had not contemplated that, as a student adult nurse, she would be encountering what she had:

> "*Yeah, well it's important to reflect on all of your work. I did a bit of thinking... it's just important to do that. I wrote this diary to help me with that. It will help me remember in the future I guess. I'll have a little think over it and see what they did and if I ever go into that sort of work in the future, I could maybe have a little read and get a bit of advice and see what they did at that time and see if it's any different. But just reflecting and seeing what you would do if it was you who was the health visitor and how you would help I guess [....] I didn't come into nursing thinking, oh I'm going to do this*".
> (Kay pg.3 line 58)

The emotional effects felt by the participants also appeared not to be transient, as the process of critical reflection happened more than once. Linda and Adam revealed this as they stated that they thought about what they had encountered even when they were no longer working:

> "*I was thinking about it all night cos I still felt guilty... when you are in the home. It goes from being determined to put what's wrong right. But then it goes from that to being in someone's home to almost feeling guilty you've caused it... that baby's taken away and it's all your fault*"
> (Linda pg.1 line 65)

> "*...it was emotive for me thinking those children don't have a voice for themselves... I've thought about it all weekend, all weekend.*"
> (Adam pg.8 line 13)

These two quotes reveal that Linda and Adam found the experience so challenging that they spent a significant amount of time reflecting, questioning and processing what they had experienced. For Adam, this was related to the apparent lack of power children may have, as they appear to have little say over what happens to them.

It was not only important for the participants to reflect on their experiences by processing the emotions resulting from the disorienting events, but also to reflect with others to explore their feelings, which appeared to give them reassurance. The benefits of sharing challenging events was illuminated by Mandy, as she stated:

"I felt weak cos obviously all the information came and I sit there and think about it and process it [...], I would sit there and think how can anybody do that and I was talking [....]. I think it's probably talking about it to switch off cos someone else then knows what you feel like"

<div align="right">(Mandy pg.13 line 12)</div>

Mann et al. (2009) stated that recognising and having the ability to reflect is an essential component of professional competence. The significance of sharing one's experiences was identified as Mezirow (1994) phase 4 of transformational learning, where he suggested that as adult learners critically reflect through rational discourse they find that their new world is not alien to others. Brini highlighted as a result of her experience the she recognised the benefits of talking to others.

"well you sort of think before you've ever experience it [encountering cases of suspected or actual child abuse or neglect]… *you think I'm not going to see a counsellor there's nowt wrong with me but I think when something like this happens you change your mind and think actually this would be good, just cos I've been on placement I've sat in with the CPN and after that I sort of thought knowing things like that are there knowing that you can talk to people is good"*

<div align="right">(Brini pg.10 line 46)</div>

Adam was so affected by what he had encountered during his community experience he needed to talk to his wife about it whilst on his days off.

"I've thought about it all weekend, all weekend… I mean luckily me wife she's dead supportive and what not I mean you shouldn't bring stuff home with you. And you don't mention names and she's got nothing to do with anything like that , but sometimes I mean me wife is really supportive and sometimes she will talk with us, we talked for about two hours on Saturday you know what I mean, but I feel more worried about the children than anything else"

<div align="right">(Adam pg.8 line 29)</div>

Sharing of experiences with others who have had similar responses to learning can result in professional development and acceptance, which is crucial to transformative learning (Mezirow 1994). Mezirow (1991b, 2003) suggested that through dialogue with the self (critical reflection) and fellow students transformational learning is more likely to happen. If an

experience is shared with others and found not to be unique, feelings of unease can be reduced and thereby impact on the degree of perspective transformation (Mezirow, 1991b). This is especially evident in a quote from Rebecca who was able to talk to her co-mentor, who she perceived had had similar experiences in terms of encountering children in need of protection.

> *"my co-mentor was also quite talkative so she would talk through it and what she felt about it and her side a bit emotionally and that would make me feel better... I was like ok so now I know that's how she feels, that's how I feel so that's fine".*
>
> (Rebecca pg.13 line 44)

However, some participants reported that the opportunity to reflect and discuss their experiences with their usual support network was not possible because of having to keep elements of their practice confidential, as Brini revealed:

> *"it's all the bottling it in inside and you know you can't talk to your mam and dad, where you would usually go to your mam and dad but you cannot cos of this whole confidentiality thing. It stresses you"*
>
> (Brini pg.5 line 27)

Although Brini recognised the significance of sharing her experiences with others, she also disclosed that she did not have this support at the university and could only discuss this with her mentor.

> *"I haven't got someone to talk to... no me mentor was saying like have you not got anything at university and I said oh no I don't know I don't think so, she was saying she's got a manager or someone that she can go to and talk about it"*
>
> (Brini pg.9 line 36)

Additionally, whilst critically reflecting on her community placement experience, Donna indicated that her period of reflection was lengthy, as she stated:

> *"I keep thinking about it and I keep thinking about all the cases but this one is my first community placement and I don't know because it changes all time... my emotions change about it daily"*
>
> (Donna pg.5 line 61)

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This quotation from Donna also highlights how a range of emotions could arise within the participants, indicated by her comment *"my emotions about it change daily"*. Analysis of the data found that Donna articulated the widest range of emotions within the participant group, which may indicate that she had undertaken a detailed self-examination.

Mandy gave an insight into the mechanics of her process of critical reflection, including maintaining a reflective diary, as she reported:

> *"...just write down me feelings at night, mostly what I've been through in a day and whether I feel worried or unsure or angry and I felt like I had to be involved as well, I couldn't just let it go, I couldn't switch off I had to go home and think about it and I felt like I needed to go there* (home) *and try and sort it out kinda thing"*
>
> (Mandy pg.8 line 33)

This quote reveals that Mandy needed to reflect upon and record her feelings at night while she was in the privacy of her own home and this was coupled with a desire to plan a course of action.

Meanwhile, a divergent view was offered by Lorraine, who articulated less than half the emotions Donna reported and appeared to be more accepting of these various negative emotions. She commented that whilst she had found her community experience initially difficult, the encounters she had appeared less emotionally demanding as she gained experience:

> *"...the mother was very damaging, violent partners and that's why the child was being removed and I did feel that the child seemed quite withdrawn. I would say that because it was a new experience I did find it quite difficult at first. Just sort of dealing with that whole experience, but now I've been doing it for four weeks I'm sort of more ok with it... I think I was quite naive about it all at first... I've got much more awareness now."*
>
> (Lorraine pg.2 line 27)

This quote appears to suggest that as a result of encountering a case of child abuse Lorraine has enhanced her understanding. Mezirow (1978, 1981, 1991b) presented that during learning, students acquire new information which they then interpret using their existing meaning structures. He reinforced that perspective transformation occurs through a rational process that begins with the experience of a disorienting dilemma followed by self-examination and assessment of assumptions. However, the findings do suggest that the participants appeared to find it difficult to rationalise immediately as their experiences were disorienting to the extent of causing confusion. This is discussed in more detail in the discussion chapter. The sub theme 'emotional responses' presents how the participants critically reflected upon and questioned their assumptions, exhibiting a variation of emotions that, for some, resulted in them recognising that they were judging what they were encountering against their own beliefs and values.

Every individual has a particular view of the world and how things should be performed and therefore personal values and beliefs determine how an experience is interpreted (Mezirow, 1990). Observing parental care or perceived lack of it during their interaction with parents and children was a noticeable disorienting event faced by the participants. Personal circumstances or characteristics relating to parenting values and beliefs may have some impact on how participants interpret their new world. As Donna articulated:

> "All I can picture is sitting in my home and somebody coming into my home […] they had wrote where it describes the children are dirty, they don't get fed properly, you don't take them to school, they're not meeting their basic needs and I can't help but relate that back to my life and think 'oh my god I would be mortified'. 'Cos it's the only way I can relate 'cos I've got a child … I felt annoyed and then I felt annoyed with myself that I was judging someone that much, I mean who am I to judge anyone else as if my standards are perfect"

(Donna pg.3 line 48)

Whilst listening to details of the client's parenting, Donna found her own experiences of being a parent confronted as she compared her maternal values against those she assumed would represent good parenting. This experience resulted in self-examination for Donna as she reflected on her own life and appeared to sympathise with the parents and the intrusion child protection affords families. Simultaneously, she was also annoyed with herself for being judgmental. Donna went on to say that her response to the case was not how a nurse should react.

> *"I just felt quite blank that night, but I can be like that anyway cos I think I was still trying to justify what was going on and then you go home and you're with your own child and you're like I've never heard my child go 'I want to go to school why aren't you taking me, my mam won't take us to school' you know and I'm like… So I was really confused but it was a few days later […] when I got to the following day I think I felt really annoyed with the parents which you know is probably not the best for a nurse to feel."*
>
> (Donna pg.14 line 4)

Some of the decisions and choices made by parents appeared to be disorienting and confusing for some participants. Rebecca highlighted that an encounter with a mother who had chosen to remain in a relationship with a sex offender did not make sense to her. This behaviour appeared, to her, to be inexplicable, causing her to become judgmental:

> *"But I just thought I don't know how you can say that, how you'd put your new man who was a paedophile, before your children, it didn't make sense to me… especially when it came to the judging side of things cos I felt bad about that I felt like shouldn't be judging people"*
>
> (Rebecca pg.2 line 17)

This experience appeared to create a state of confusion for Rebecca as it suggested she was forced to deconstruct her taken-for-granted norms where you would put the needs of your child before your own. However, she also recognised that by making a judgment she felt 'bad', suggesting that this encounter and her subsequent response to it further added to the deflation of her personal 'bubble'.

Seven of the participants commented on feeling judgmental towards parents when they visited families in their own homes. Linda made two separate comments, each of which illustrated the conflict around her feelings of being judgemental:

> *"You can't judge a book by its cover but I was thinking that they were a big family, they weren't acting as concerned as I would be"*
>
> (Linda pg.3 line 15)

> *"So all this was going through my head and then you look at dad and, not that it makes any difference, but he was big and didn't really speak, covered in tattoos. He didn't seem to acknowledge but then the grandma was fussing around, and I just thought this is all very strange not really knowing exactly what was going on but thinking could this be a possible case of child abuse really and judging the family by how they look because they weren't well to do they weren't well spoken and they were quite rough I know it sounds awful. I was judging them... it sounds quite snobbish really"*
>
> (Linda pg.3 line 28)

These quotations from Linda are interesting as they both contain an assertion that you should not be judgemental, something that Linda found uncomfortable, not liking this side of her personality and confirming to the interviewer that she had considered the negative thoughts she was having.

The participants appeared to reflect on their own judgemental attitudes regarding the ways in which parents parented their children. In the quote above, Linda demonstrated that she was judging a family based on their environment and how they look or dress. It highlights the disorientation she felt as she says she was *"not really knowing exactly what was going on"*. Child abuse or neglect is not always easy to establish, it can be very subtle and, at times, the participants appeared to make a judgement about what they encountered prior to being fully aware of the facts. Lucy revealed her emotion in the following quote, acknowledging how she was being judgemental and how, similar to Linda, she saw this as an unacceptable response to what she was encountering:

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"…because, there was one time we went in and I saw a premature baby and she was born at twenty five weeks gestation and she was on oxygen for a very long time and she had just come off and you could sense that, you could tell that there was smoking in the house. I was quite saddened by that cos you know, her little lungs, she's fought and fought and fought. The last thing she needs is people smoking in the house. I did pass judgment on people that smoked around children and babies lying in cots and maybe I shouldn't have but when you know the health risks… As a student nurse and as a person you think 'oh you're in the house, you're talking to them you can't make a judgment"
(Lucy pg.6 line 24)

Here, Lucy also appeared to reflect on the professional responsibility of a nurse to treat all individuals with dignity and respect, and she recognised that being judgemental was unacceptable. However, she also offered a divergent view when her mentor asked her opinion following visiting a child who was on a child protection plan.

"I would draw out what I thought of this person, so it was my judgement if you like which was a really good learning curve…"
(Lucy pg.2 line 43)

These quotes highlight how Lucy made a transition from being negatively judgemental about others to using her judgement in a more constructive assessment of the situation, and she acknowledged this was a positive learning experience for her. Mezirow (1991b) stated that perspective transformational learning relates to the emancipatory nature of being an active learner, where the individual uses their meaning schemes of previously-held concepts, beliefs, and judgements to shape a particular interpretation. Although the participants of this study would not be expected to make professional decisions in relation to child abuse or neglect, Lucy demonstrated that by being encouraged to use her judgement she felt more actively involved and found this enhanced her learning.

6.3 Feeling unprepared

The second sub-theme related to the super-ordinate theme of 'Reflecting on responses, assumptions and preconceptions' is 'Feeling unprepared'. The disorienting events that some of

the participants encountered resulted in them feeling that they were unprepared for what they would encounter whilst on their community placement, as revealed by Linda who stated:

> "well it was like the child protection it was signs of child abuse but there was nothing to prepare you... I definitely think there should be more before you go in the community to prepare you"

<div align="right">(Linda pg.15 line 47)</div>

The theme of 'Feeling unprepared' evolved from two feelings expressed strongly by several of the participants, these being 'vulnerability' and 'frustration'. Participants reported that a lack of preparation for encountering the reality of what they perceived to be child abuse or neglect made them feel vulnerable, as Linda highlighted:

> "Totally vulnerable... the vulnerability kicked in when you had to go to that person's home and break the news to them. Cos you don't know what's going to happen in their home, you don't know anything about them, anything about their past and you don't know if there is a case of child abuse going on and what kind of people are they? They could attack you... even being there as a student I felt responsible for the actions that were being taken... I feel like although there are lectures on safeguarding this and that, there's no preparation to say don't worry its normal to feel guilty."

<div align="right">(Linda pg. 9 line 27)</div>

This quote illustrates the challenge or disorienting event Linda was facing but it also reveals how she felt unprepared for what she was encountering. The university allocates a specific placement to a student who is then supported in practice by a mentor. All mentors are registered practitioners and, in the case of the participants of this study, were all health visitors. Whilst the university provides some practice placement preparation in the form of a two-hour lecture presenting the categories and definitions of child abuse and neglect, all of the participants commented on not being sufficiently prepared for the possibility of encountering these issues whilst working in the community, as Linda highlighted:

> "We only had our introduction to safeguarding two days before I went with the health visitor and all that was recognising, well it was like child protection, it was signs of

child abuse but there was nothing to prepare you for what happens if you stumble upon it (child abuse and neglect)... *I was honestly feeling quite scared cos I'd never come across this situation before and you're telling them that social services are being contacted regarding safeguarding"*

(Linda pg.1 line 23)

This feeling of being unprepared resulted in some of the participants feeling 'out of their depth' or 'in at the deep end' and experiencing a number of resultant emotions, a situation verbalised by Adam in response to a question to clarify the preparation he had received. He stated that:

"Yes we have had little snippets about it (child protection)*... you kind of get chucked in at the deep end, jumping in the deep end and feeling the emotions, I just felt a bit sad. The thing I found a bit hard in the community is that like in the hospital setting and the ward setting you bring on this kind of like, I forget what you call it, the presentation of self isn't it. You've got these kind of barriers and I found it quite hard and I don't know if it's the type of thing, I found it quite hard to adopt that in the community".*

(Adam pg.11 line 14)

This quote from Adam alludes to finding it more difficult to stay distant from his emotions in the community setting. In Mezirow's earlier work on perspective transformation he suggested that for transformative learning to happen, the individual must partake in reflection of the self and the sociocultural contexts he or she is in (Mezirow, 1978). This quote from Adam appears to suggest he has undertaken this reflection as he thought about his feelings in the context of working in the community. Rebecca used the analogy of being 'in at the deep end' but offered a divergent view that:

"It's good to be thrown in at the deep end, personally I think that's how people learn best, just throw them in".

(Rebecca pg.12 line 62)

Rebecca found the experience of encountering situations which were new and unexpected as a good opportunity to learn. It may be that maturity and life experience gave Rebecca the insight and ability to cope with the unexpected encounters of perceived child abuse and neglect, as she alluded to the younger participants being more affected by what they encountered:

"I've talked to, other students, the younger ones, they took quite a lot of the abuse to heart"

(Rebecca pg.12 line 55)

Whereas other students indicated that they required more direction, Donna stated that some preparation had occurred but its usefulness could be thrown into doubt, as she said:

"...being told something but then visually seeing something is two completely different things. I suppose when they say you are with the health visitor you kinda think aww baby clinic. I mean that was my thought before going there, I'm going to go and see brand new babies, they're going to be so cute and I'm going to weigh them... I never really considered neglect, I never really thought about people doing that when they close their front door, that's what goes on behind it"

(Donna pg.11 line 3)

Whilst acknowledging that preparing for events such as encountering child abuse or neglect could be viewed as difficult, Donna suggested that the current preparation undertaken at the university may not be sufficiently reflective of the reality of practice. Some of the participants said they were given information about child abuse and neglect prior to their community experience but the data reveals that none of them were prepared for the emotions they would feel. This suggests that students have their knowledge and skills attended to within their educational course but perhaps there is more to do around the affective domain of learning of feeling.

One additional aspect of 'in at the deep end' and the associated feeling of being unprepared was that whilst students are encouraged to be active learners, they had a lack of appreciation of the observational nature of some of the activity encountered during this placement, particularly when encountering perceived child abuse or neglect. Brini illustrated this when she said:

"I don't think I've learnt a lot compared to on the hospital placements although I don't know how to describe it. I've learnt a lot about what health visitors do ………. but it was

just a lot of observance cos I like to be more hands on so it's just a bit of a relaxing placement more, well apart from the child protection cases"

<div align="right">(Brini pg.2 line 6)</div>

Brini was one of nine participants who commented on not being able to fully engage in activities whilst working in the community, and her quote illustrates that she had a propensity towards being an active learner rather than just observing practice. Adam also highlighted a deflationary element of this experience when he stated that, due to the observational nature of some of the placement activities, he did not think he was learning:

"I don't feel like I'm learning many skills, as in clinical skills but things like only communication skills... I can't do much of the stuff they're doing... advising a parent and signing books and what not. I don't feel like I can do too much of that at the moment and I think speaking to a few of the other students they're feeling the same... I don't feel like I've learnt much".

<div align="right">(Adam Pg. 1, line 52)</div>

Despite citing communication as a skill that is learnt on the community placement, Adam placed little value on learning such skills and indicated that learning clinical skills carried more significance for him. His comments were said with the negative connotation that he 'isn't learning'. He illuminated this feeling further in his reflection by saying:

"But jumping in the deep end... I think most people go into nursing wanting to make things better for people, they want to improve peoples' lives... It's the fact that there's no right answer. Say in a care setting and someone had a leg ulcer then you would use a dressing and you'd wash it down and in time it might not be a hundred percent but it'll get better".

<div align="right">(Adam pg.11 line 16)</div>

Feelings of being unprepared, having a lack of knowledge and experience, and having to undertake a more observational role were perceived as deflationary by some of the participants. For some participants feelings of not being prepared came from not appreciating that working in the community could be isolating in that there would be little contact with peers.

"I think it would've been quite beneficial to have another student with us at that placement. To kinda talk about your own feelings with... I do feel I'm out on a limb a little bit, I'm not bored I just kinda don't know where to put myself"

<div align="right">(Adam pg.16 line 66)</div>

Adam alluded to wanting to have the support from his peers and needing the opportunity to discuss his experiences with others. This isolation from their peers led some of the participants to comment on how they became reliant on the support of their mentors as they felt isolated and had no-one they could relate to. Lucy acknowledged the importance of mentoring support when she commented on how her mentor helped her to understand the disorienting dilemmas related to the multiple cases of child abuse and neglect she had come into contact with, as she commented:

"I struggled a bit to keep up with things when I was in the house or when `I was in a meeting thinking I haven't been told this, I'm not quite sure who these people are and things like that. I definitely think the mentor's role is crucial in helping me understand the situation"

<div align="right">(Lucy pg.3 line 22)</div>

Lucy explained that she relied on her mentor to help her understand situations that involved cases of child abuse or neglect where she felt confused. The issue of confidentiality that surrounded child abuse or neglect cases appeared to be equally challenging, as it was sometimes difficult for participants to access the support they would normally choose. Brini described this emotional isolation as she reflected on her experience:

"...it's all the bottling it in inside and you know you can't talk to your mam and dad, where you would usually go to your mam and dad but you cannot cos of this whole confidentiality thing"

<div align="right">(Brini pg.5 line 27)</div>

This quote reveals the isolation Brini felt, as she was unable to share her concerns. She went on to highlight that the experience had such an impact on her it prompted the physical response of crying, evidenced below:

"…I didn't cry then and I waited 'til I got home then I burst out crying, I think 'cos I didn't have anyone to talk to as well 'cos like it's all confidential I just felt like I had no one to talk to and that's why I contacted you… I had just needed to get it out of me head"

(Brini pg.4 line 6)

This lack of opportunity for Brini to debrief is significant for her, so much so that she carried her thoughts into her personal space once she felt secure in her own environment (the home).

6.4 Conclusion

Whilst the previous chapter focused on disorienting events which presented instantaneous 'needles' to the students' 'bubble of expectation', this chapter explored the consequences of these event-driven challenges and highlighted how students' responses, upon reflection, manifested themselves in the emergence and expression of feelings and emotions. The participants' reactions to experiences involving what they perceived to be cases of child abuse or neglect were principally 'negative', mostly unexpected and expressed as strong in nature, with some students even reporting that they had been moved to tears. From that perspective this 'deflationary' phase contributed to bursting the students' 'bubbles'. Analysis of the data also revealed a series of reflexive responses generally expressed as 'feelings'. Reflection gave the participants the opportunity to process these feelings and had generated some conflicting emotions.

A source of significant conflict was an awareness that participants were expressing judgemental thoughts regarding the people and experiences they had encountered, and they recognised that they had a particular worldview which might not always be appropriate. The other element of the participants finding their educational journey disorienting was that they were unprepared for what they would encounter whilst working with their mentor in the community. The data revealed that they had not envisaged that they may encounter cases of

child abuse or neglect, and this made them feel vulnerable whilst at the same time some revealed that they were unprepared for the observational nature of the placement. Following encounters of perceived child abuse and neglect, the participants highlighted the importance of being able to critically reflect with others, but due to the sensitivity of the subject matter they reported that they were not always able to discuss their experiences with their normal support network. They also revealed a perceived lack of support from the university and indicated that they would have welcomed more preparation prior to their community placement.

In the next chapter, the third and final super-ordinate theme of 'An expanded worldview' will explore how the students moved into the final phase of their learning journey as they gained insight and learnt from their practice experiences of encountering actual or perceived child abuse or neglect.

Chapter 7: The findings: An expanded worldview

7.1 Introduction

This is the final findings chapter, which presents the third super-ordinate theme 'An expanded worldview'. It continues the 'bubble' metaphor from Chapters 5 and 6 by describing the re-inflationary stage of the participants' transformational learning journey. It is suggested that the participants gained personal and professional insight following critical reflection of the disorienting events they encountered during their community placement and that, as a result of this experience, their understanding changed as they gained an expanded view of the world, demonstrating learning had occurred. This chapter illustrates the ways in which the nine adult nursing students made meaning as they recognised what they had learnt. This resulted in a changed meaning perspective of child abuse and neglect, a greater appreciation of how others lived, and greater recognition that the adult nurse has a role to play in protecting children.

The preceding chapter presented how the participants had critically reflected on their assumptions and preconceptions, and how these influenced their previously-held meaning perspectives. This chapter looks at how their new experience was interpreted, given new meaning and, as the participants gained practice-enhanced confidence, resulted in personal change. A transformed meaning perspective is the development of a new meaning structure, a worldview shift (Mezirow, 1978). Perspective transformation was defined in 1978 by Mezirow as a structural change in the way we see our relationships and ourselves by encountering experiences. For several years, Mezirow's transformational learning theory has been seen as a model of adult learning, suggesting that when an adult faces a disorienting dilemma that results in stress and confusion, which cannot be resolved through present meaning schemas, the resolution is found by individuals developing new meaning. Individuals are then able to articulate what they have learnt by redefining the challenge and rationalising a new point of view, a response to deep thinking (Mezirow, 1981, 2000a). A meaning schema, according to

Mezirow (1981, 1991b) takes into consideration how adults understand something, someone or themselves and make new meaning. This chapter continues to analyse the data through the theoretical lens of Mezirow's transformational learning theory, highlighting how in the final stage of their learning journey the participants have changed their worldview, developed and gained confidence as a consequence of their community experience and altered their 'meaning schema' of child abuse and neglect, and how others live their lives.

The data suggest that through experiencing disorienting events and then questioning their responses, assumptions and preconceptions, the participants came to have an expanded view of the world, recognising this transformational change in themselves as they gain professional and personal insight. This third and final super-ordinate theme of 'An expanded worldview' consists of two sub-themes relating to the ways in which participants attempted to make sense of the actual or perceived child abuse or neglect they saw or heard about whilst undertaking their community placement. All participants referred to the two sub themes of:

- Gaining professional insight;

  and

- Practice-enhanced confidence.

These themes are presented and discussed sequentially as shown in Figure 7.1.

Figure 7.1: An expanded worldview

Super-ordinate Themes	Encountering Disorienting Events	Reflecting on responses, assumptions and preconceptions	An Expanded Worldview

Sub themes

Gaining professional insight

Practice enhanced confidence
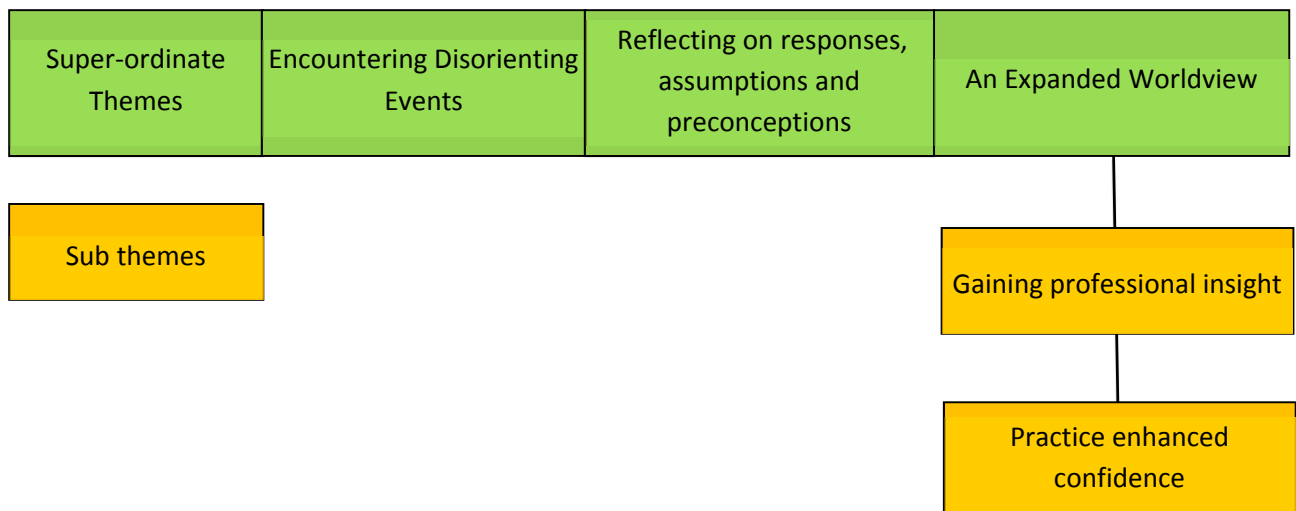
7.2 Gaining professional insight

As the participants gained practice experience in the community working with professionals involved in actual or perceived cases of child abuse or neglect, they revealed that they gained an understanding of the roles of others and the processes they were engaged in. This allowed them to see the world differently, as Lorraine commented:

"…*from the age of nine she began self-harming… in her life she had very damaging experiences. It was very sad but it gave me an idea of the processes that are involved in child protection cases and all the roles of the different health professionals like health visitors and social worker*s".

(Lorraine pg.4 line 58)

This quote suggests Lorraine has developed an understanding of how and what different professionals contribute to the child protection process. Equally, Mandy highlighted how she had gained insight into the different roles professionals undertake whilst working in the community, stating:

"*I did learn […] I've been out with quite a few people […] The doctors' surgery, I'm with the health visitors at the minute […] with the midwife […] At the end of the week*

I'm going into Sure Start to see what goes on there and learnt what different professionals do"

Adam also revealed how his community placement made him appreciate that a different world existed:

"it's made us a lot more world wise […] I feel like I've got a good sound knowledge base of how community services are run […] it has made me think a lot differently."

This quote suggests that Adam had transformed as he recognised that he is thinking beyond his previously-held assumptions and expectations of community working, his view has expanded as he highlighted the specifics of his newfound knowledge. As the participants observed professionals communicating and working well together it helped them understand that child protection requires a multi-disciplinary approach, as Rebecca highlighted:

"I didn't realize when they call meetings and care plan meetings, how many people are there and get involved. Doctors, nurses, social workers, school people, parents, grandparents, everyone, health visitors and I didn't expect that. In my head it fell together. I mean if one person didn't show up to that they might have a vital piece of information and that wasn't passed on… it seemed good how everybody worked together to get the information about the child."

This quote suggests that by gaining experience of observing how the multi-disciplinary team works together Rebecca gained a deeper understanding of how this benefits a child who is in need of protection. When reflecting on their experiences, seven of the nine participants commented on the positive features of observing professionals working as a team. One phase of Mezirow's transformational learning (phase 9) involves the adult learner building confidence and self-confidence in new roles, and these new confidences can be used in different situations (Mezirow, 1978). This is something that several of the participants revealed happened as a result of their community experience.

As the participants questioned their responses and critically reflected on their experiences, several revealed that they started to gain a better appreciation of their mentor's profession and their involvement with cases of child abuse or neglect. The following two quotes from Mandy and Brini reveal how these participants started to interpret new meaning perspectives and expanded their worldview and meaning schemas because of their community experience whilst working with health visitors who were responsible for protecting children at risk of harm:

"I've learnt all that, I've learnt more on the role of the health visitor cos I just thought it was babies and stuff like that but you've got the whole child protection side of it as well [...] I thought it was just that all nicey nicey but obviously you've got the horrible side as well."

(Mandy pg.3 line 19)

"*I've learnt a lot about what health visitors do cos when I first went out and stuff I thought they just weigh babies and now I know all the safeguarding [...] I obviously didn't know what they were doing*".

(Brini pg.2 line 8)

The clinical experience of working closely with their mentors provided Brini and Mandy with the opportunity to gain in-depth understanding of the health visitor's role, whereas prior to working in the community they acknowledged they had limited knowledge of this role. This resonates with phase 3 of Mezirow's transformational learning theory, which is the process of adults undertaking self-examination which leads to a critical assessment of basic beliefs and acquiring new knowledge. Mezirow enhanced this further by stating that as a result of an experience the adult learner recognises their limited knowledge, gains a deeper understanding and, therefore, an awareness of the roles of others (Mezirow, 2000b).

Furthermore, not only did these participants start to appreciate their mentor's professional role, but they also travelled even further along their transformational journey by gaining insight into the difficulties professionals face within the child protection system, such as the significance

and importance of confidentiality. Lucy highlighted this as she reflected on her experience of attending a child protection conference, stating:

> "…when I got back to the office and my mentor was writing up reports and minutes I figured out how difficult it was because you might know a bit of information, but if it hasn't been said in the meeting, you can't write that down. So sometimes it becomes very difficult to word things if they haven't been mentioned in the meeting and I thought that was quite difficult on the health visitor's behalf cos they've got to be very careful about what they say and you know confidentiality and things like that. Although they might know for certain, if it hasn't been mentioned in the meeting it can't go in the report"

(Lucy pg.6 line 54)

Lucy clearly supported her mentor, acknowledging that she understands health visitors undertake a sensitive role, that there is a need to maintain personal information and that documentation is a difficult concept, especially where the context of a situation is not always easy to record accurately.

The previous findings chapter highlighted the disorienting events or challenges experienced by the participants whilst working in the community. However, gaining experience in this type of environment was also a positive learning experience and some of the participants acknowledged that they started to have a changed perspective after working in the community, as Lucy revealed:

> "It has made me think more about my career for starters... maybe go into community nursing and then maybe health visiting in the end... it was very awkward when you had to ask about domestic abuse and things like that but yeah it has definitely influenced the way I'm learning as well. It's taught us to think of everything as a package. It's nice because when you're working on the wards you're dealing with a patient and then they go home and it's different to see them in their own setting and seeing how they act at home, that was really interesting to see."

(Lucy pg.7 line 6)

Although working in the community as a health visitor would not have been Lucy's immediate choice once she qualified as a registered adult nurse, her community experience made her

rethink her future. Although she was not totally committed at this stage, she acknowledged that she was starting to think more widely. Donna also acknowledged that her experience had given her insight into a different world, which resulted in transformational learning when she reintegrated her newfound knowledge into an expansion of her worldview:

> *"I think it's made us more aware of the circumstances that can arise to safeguarding so that where it ends up is a safeguarding issue. I think it's certainly made us more aware of people's circumstances that have led up to that, so in that respect you've got more of a level and an understanding... I've got more knowledge of what actually goes on, whereas I suppose I wouldn't have had that knowledge if I was just in a hospital"*
>
> (Donna pg.11 line 57)

Donna and Lucy were clear that it was their community experience that enhanced their knowledge and that it was very different compared to the hospital setting where they had previously had practice placements. Donna alluded to how her community experience had given her the opportunity to be more inclusive, and able to acknowledge other people's lives or circumstances. She commented on having a deeper understanding of why a safeguarding concern may arise and appeared to have gained a level of empathy that she did not previously possess. A phase of Mezirow's transformational learning theory is that for adult learning to happen the individual either develops new meaning schemas or they work with what they already know by expanding on, complementing and revising their present systems of knowledge (Mezirow, 1991b). Lorraine's experience of visiting a mother who had her twins in foster care appeared to add to what she already thought she knew about child abuse or neglect.

> *"I especially found it hard cos a couple of weeks ago I went out and visited another foster mum who was looking after twins and these twins had been removed from the mother from birth. We were visiting the mother who was having her two hour visit and yeah I found that I was quite upset, that night when I went home I think because I'm a mother myself I think that's the thing, you hear about it on the news but it's still away from you. But getting involved it's there and it makes it real".*
>
> (Lorraine pg.5 line 19)

This quote highlights the significance of practice-based learning. The lived experience of encountering such cases in the community made the situation far more real for Lorraine. It is suggested that prior to this encounter Lorraine was able to stay within the security of her own 'bubble' of expectation, keeping child abuse and neglect at a distance. As previously presented in Chapter 5, seeing or hearing about child abuse or neglect was a critical incident that was a challenge to the participants. This resulted in disorientation but, ultimately, this quote highlights how the experience was part of Lorraine's transformational learning journey. She was able to observe her mentor working with a child protection case and started to gain an understanding of the reality of protecting a child and how this affects not only the child but also the mother. To foster individual reflection, critical incidents have been found to be useful, particularly where a real-life experience results in a feeling of inner discomfort culminating in transformational learning (Mezirow, 1997).

As a result of encountering cases of perceived child abuse and neglect, a number of the participants revealed that through their community experience they gained insight, and learnt and transformed as they acquired an awareness not evident prior to the start of their individual journey. As suggested by Kay:

> *"so I've learned loads about that, loads... I learnt a lot about how they work in the community, how they can help support people and then just development of the child – what's normal, what's not normal, how to support the parents, depression, domestic violence... there's a duvet on the floor, is she sleeping on the sofa, why is she sleeping on the sofa... Just thinking outside the box on stuff, when a young mum, she was about my age, about twenty I think, two kids, one of them was two and one was under one, her boyfriend, as she put it has always thrown her about a bit. On the day that the abuse in question happened it was her and her boyfriend, the boyfriend went to the pub, she was asleep with the two kids on the mattress in the living room and the boyfriend came home from the pub about four in the morning, started shouting abuse and threatening her. He told her to take the young kid upstairs. So she put him into bed then when she was coming back down the stairs, he threw her mobile telephone at her, it hit her in the face, ricocheted off her and hit the baby in the face. So she put the baby upstairs, he's then got a machete out and hit her over the head with the machete case, took the*

> *machete out, threatened her to her neck with the machete and threatened to kill her.*
> *Said she would be dead by the morning, she manages to escape with the two kids and*
> *gone to a place of safety... "*

<div align="right">(Kay pg.1 line 71)</div>

The above quote highlights that the severity of what Kay was encountering resulted in her contemplating life in a different way. Similar to Lorraine, this resulted in Kay having an increased awareness of how an abusive environment can affect a child and, although the violence was directed at the child, she recognised the danger the child was in and understood that the child needed to be taken to a place of safety.

> *"because if someone has come in and they have domestic abuse, they've been a victim*
> *of domestic abuse, or they've been on drugs or really really drunk, they have to look*
> *into whether they have children or not, the paediatric liaison thinking this shouldn't*
> *happen […] it has definitely taught me to look outside the box"*

<div align="right">(Lucy pg.8 line 66)</div>

Several of the participants (four in total) discussed 'looking outside the box', suggesting that as a result of their learning journey they have an expanded worldview. They had learned the skill of critical thinking, started to think beyond their own world and ultimately had transformed. This quote also suggests that, as a result of her community placement, Lucy had a changed meaning perspective and the experience had expanded her worldview of how a child may be in need of protection. The data reveal how several of the participants started to have an expanded worldview as they encompassed a new awareness, developing a deeper understanding of the circumstances which may lead to child abuse or neglect.

As the participants encountered and reflected upon the reality of how others live their lives, it was apparent they changed their thinking as they developed a greater understanding or acceptance that other individuals have different standards. However, some preconceptions, such as child abuse or neglect being predominantly a lower social class problem, may be more

difficult to alter, particularly if individuals only see or hear about it happening in areas of deprivation, as Brini highlighted:

> *"I'd rather have a rough area cos you will see more, whereas if you have a posh area it's more about seeing the baby and getting it weighed.you get to see more of what the health visitor does I think when you're in a deprived area... I've gone out with health visitors I think a lot of it's been child protection..."*
>
> (Brini pg.12 line 39)

Mezirow (1978) suggests phase 7 of transformational learning involves adult learners having a desire to seek new experiences to actively search out new knowledge, and a desire to expand her worldview was something that Brini appeared to have undertaken. However, although Brini viewed herself as fortunate to be working in an area she perceived would give her more opportunities to gain an understanding of child protection, this could be interpreted as a negative educational outcome because she appeared to reinforce stereotypical views that only children living in areas of poverty and deprivation need protecting. She did not consider that abuse or neglect may be as prevalent in more affluent areas. Exposure to a narrow set of experiences, whilst allowing individuals to learn the basic tenets of a subject, may inadvertently reinforce false assumptions, such as those expressed by Brini.

During their community placement, several of the participants commented that they were able to gain insight into different categories of abuse. Indeed, 21 quotes were attributed to this. As Mandy and Rebecca articulated:

> *"[…]I mean they were more physical abuse but this is more neglect, so I've seen a new side of it as well"*
>
> (Mandy pg.6 line 44)

> *"…going out with her* [the health visitor] *gave me loads of spot signs you know to look out for things like that* […] *The way a little child would act towards you, so from the ages of two to five or six it was a very broad spectrum that she told me, if they act sexual*

towards you, that's a massive tell-tale sign, because they shouldn't know how to act sexual, so if they act sexual towards you, somebody is acting sexual towards them and they're copying it, because that's what children of that age do. You can tell quite a lot from their background, by things like that, swearing, hitting, violently hitting. Kids generally do play around but being vicious with it. All sorts of things. So I think from that perspective, I would look very differently if the child started acting in one of those ways, I would maybe watch them a little bit closer for a while if it was in a hospital setting if I could maybe bring it to somebody's attention"

(Rebecca pg.10 line 60)

The second quote highlights that Rebecca had a changed meaning perspective; she was now more sensitive to the signs and signals of suspected child abuse. The participants also demonstrated that they had moved on as they gained an appreciation of other forms of abuse, such as emotional abuse which, prior to this experience, some had given very little thought to. For example, Donna highlighted that:

"I thought it might be physical abuse or sexual abuse, I wouldn't have thought about emotional abuse".

(Donna pg.16 line 50)

Donna stated that prior to her community placement she did not have any knowledge of emotional abuse. However, she failed to mention neglect, which highlights that although this community placement had allowed her to gain insight into some types of abuse, there may still be a need to develop her knowledge further.

The data highlighted that not only did these participants appear to become more alert to the signs and signals of abuse and neglect whilst they were in practice, but they also gained insight into the reaction this should instigate from the adult nurse. By personally seeing or hearing about cases of actual or perceived child abuse or neglect, the research participants found that the phenomenon was not as straightforward as they once thought. They developed a more questioning approach towards suspected cases of abuse or neglect, as Lorraine highlighted:

"I have learnt a bit about bruising and things, you know you get the baby isn't mobile […] unexplained bruising […] if I was to meet families like that again I think I would recognise and identify families like that again […] having a greater awareness of it really".

<div align="right">(Lorraine pg.8 line 30)</div>

Lorraine confirmed that her community experience was educational and that, as a result of this, she was now more alert to the signs and signals of child abuse. She was clear that she thought differently, and considered this newfound knowledge when assessing what behaviour could be expected from a baby of a certain age. Mezirow (1978) suggested that one phase (phase 7) of transformational learning involves adults acquiring knowledge and skills and, as a result, their worldview becomes more inclusive as they start to make sense of the disorientation or challenge they have encountered. Lorraine had clearly changed her meaning perspectives and expanded her worldview, as she stated:

"I was quite naive about it all at first […] I used to think 'how could parents be so selfish?' and more like attitude, bad parent but what I've learnt from this placement is that they had no positive role models in their life […] If they don't have any kind of support around them at all and it's just sort of this destructive cycle […] I've got much more awareness now"

<div align="right">(Lorraine pg.2 line 44)</div>

Lorraine stated that a child of parents, who had themselves received poor parenting, may be at greater risk of harm. She appeared to have gained insight into how having good parenting / positive attachment experiences as a child may affect a parent's own parenting ability. Similarly, Donna stated:

"I can accept that if you don't break that cycle that the children are going to end up exactly the same as their parents because it's just going to carry on and go around and around".

<div align="right">(Donna pg.6 line 49)</div>

This quote highlights that Donna acknowledged the need to break the cycle of abuse and she perceived that parents may be trapped and unable to change as a result of being abused

themselves. However, it could also be argued that despite having learnt a lot on her placement Donna had a limited worldview, as the concept of a cycle of abuse is contested and many individuals who have been abused themselves in fact go on to be good parents.

7.3 Practice-enhanced confidence

As the participants gained insight into the issues pertaining to child abuse and neglect they were able to develop self-confidence, recognising the significance of having a diverse experience and how this relates to the role of the nurse. The participants, as a consequence of seeing or hearing about child abuse or neglect, developed strategies to enable them to acknowledge what they had encountered, thus allowing them to attempt to make sense of this and develop confidence. An important finding was that as a result of gaining confidence and insight the participants expanded their worldview and recognised that they had a responsibility to refer any suspected cases of child abuse or neglect.

Although the participants commented in Chapter 5 that the community experience was challenging, and brought out a number of negative emotions which were illustrated in Chapter 6, subsequently most were able to reflect on their placement positively, highlighting that they had enjoyed the experience and learnt from it, as Kay stated:

> "*I've learnt loads, I've learnt loads and enjoyed this placement… really enjoyed it and I had a really good time, I learnt loads… I've been out with the crisis team; I've been out with the drug and alcohol team*".
>
> (Kay pg.9 line 25)

This quote highlights that the community placement had been an inflationary educational experience for Kay. She felt so strongly that she had gained knowledge she needed to state this three times in the same sentence. The data illuminated how significant knowledge acquisition

was important to several of the participants and how having a varied experience of working with supportive mentors enhanced the confidence of some participants, as Lucy revealed:

> "*What I found really boosted my confidence was that people asked my opinion… she* (the mentor) *definitely asked my opinion and input and it really did make me feel better and more involved"*.
>
> (Lucy pg.3 line 57)

This comment from Lucy relates to the discussion in Chapter 6 where it was suggested that some students had deflationary feelings when their experience was primarily observational. It highlights that Lucy was being encouraged by her mentor to participate in practice, and it is suggested that being asked her opinion was an inflationary moment for her. She felt her view was appreciated which, in turn, resulted in her seeing herself as an active participant in the child protection process.

Several of the participants also made specific comments in respect to gaining confidence in their own ability to identify and respond to scenarios where a child was suspected to be in need of protection.

> "*cos we might get to the bottom of what this bump is. So then you start thinking well it wasn't mam, but maybe it was dad that did it and then you start analysing the way the dad's sitting and his facial expression and you become very analytical* […] *I would feel more confident being put in a situation like that* […] *you're the one that makes the call"*.
>
> (Linda pg.11 line 24)

Linda alluded to taking more responsibility for protecting children and, if child abuse or neglect were suspected, she said she would now accept that responsibility and respond appropriately by being able to refer on to other professionals. Similarly, Donna revealed:

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"I think I would look at the situation a bit more, and do a bit of an assessment with the children or with whoever is vulnerable who doesn't have the voice I would definitely question"

<div align="right">(Donna pg.13 line 35)</div>

Donna clearly articulated that she had grown and expanded her knowledge as a result of her experience and was now able to think more widely. The participants highlighted that they had gained insight, expanded their worldview and started to be more alert in recognising the signs and signals of child abuse or neglect. They also commented that as a result of their community experience they started to gain an understanding of how to refer a child if they had concerns regarding his or her safety. Six participants commented that as a result of their community placement, they had a greater understanding of the child protection referral process and why this is important. This supports the conceptual premise that the experience enhances the knowledge of the participants and reinforces the inflationary aspect of the sub theme 'practice enhanced confidence'. For example, Donna discussed how after encountering various cases of child neglect and abuse whilst working with her mentor she would:

"I would refer on definitely, I mean obviously other professionals are there to pick it up, but I think it would make me sleep better at night, you know rather than thinking ahh well they weren't shouting at the kids or hitting the kids or maybe I was wrong maybe they just slopped their dinner down them."

<div align="right">(Donna pg.13 line 28)</div>

Donna acknowledged her increased awareness and commented that she was now more questioning, and saw herself taking this newfound knowledge forward as her career progressed. This quote illuminates that she would unquestionably seek advice by referring a case that she suspected involved child abuse or neglect. This quote suggests that Donna felt more prepared to engage in the referral process herself but she did not reveal if she would do this as a student or once she had become a registered nurse. However, the quote remains indicative of the fact that she had developed an expanded worldview as she has acquired new knowledge and skills

and built competence and self-confidence, which relates to phase 7 of Mezirow's transformational learning theory (Mezirow, 1978).

Through experience, the participants gained an awareness that protecting children was something that involved the adult nurse, and they acknowledged that they had a role to play in this process once they became registered practitioners. Lucy clearly articulated this responsibility to identify cases of potential child abuse and neglect.

> *"even as an adult nurse in a hospital working in A and E you're still looking for anything to trigger off sirens, thinking this shouldn't happen or to look at the bigger picture".*
>
> (Lucy pg.7 line 54)

Again, this quote supports the finding that the participants have moved out of their 'bubble of expectation', changed their worldview and began to look at the bigger picture of child abuse or neglect as experienced through community working. Several of the participants commented on how, following their community experience, they would look at patients differently and assess the family relationships of those they are caring for. They also reported that they would try to think beyond what they initially see, as Mandy stated:

> *"I'm going to be an adult nurse I won't be looking after children but if the kids came in to visit their mother… there would still be that niggle in the back of my head, are they alright…"*
>
> (Mandy pg.15 line 44)

This quote reveals that Mandy still saw her role as an adult nurse as focusing upon adults, but she acknowledged that she would now be more alert in terms of identifying possible cases of child abuse or neglect. It is suggested that following the clinical experience of working in the community participants may start to appreciate that what they are exposed to may not be a true representation of reality, as Kay highlighted:

"*Question everything a bit more instead of taking it at face value, look into things more, think outside the box a bit more and think…why is that?*"

<div align="right">(Kay pg.9 line 4)</div>

Through experience and gaining confidence, the research participants highlighted how they started to have insight, questioning the behaviour of others they had contact with. Professional curiosity is an essential skill to have, not only in nursing but in any human service occupation, and this will serve the participants well in their future careers.

7.4 Conclusion

This findings chapter presented the third and final super-ordinate theme of 'An expanded worldview'. The participants highlighted that after reflecting on their community practice experience, where they saw or heard about cases of perceived child abuse or neglect, they gained an insight into the professional aspects of the complexities and multi-faceted nature of this work. Whilst working with their mentors and other members of the multi-professional team, the participants gained a better appreciation of working in a community environment and began to appreciate that being alert to the signs and signals of child abuse or neglect is a significant aspect of the role of the nurse (adult field).

The findings suggest that the study group of nine pre-registration nursing students became personally enlightened following their experience. The data offer insight into how the students gained an understanding and acceptance of the different values and beliefs they were likely to encounter in practice. They gained confidence from their clinical experience, recognised they had learnt a lot about child abuse and neglect, and thought about what knowledge they could take with them into the next phase of their educational programme and future career.

The discussion chapter will now position the findings which have been outlined in chapters 5,

6 and 7 in relation to the wider research within the broader arena of nurse education.
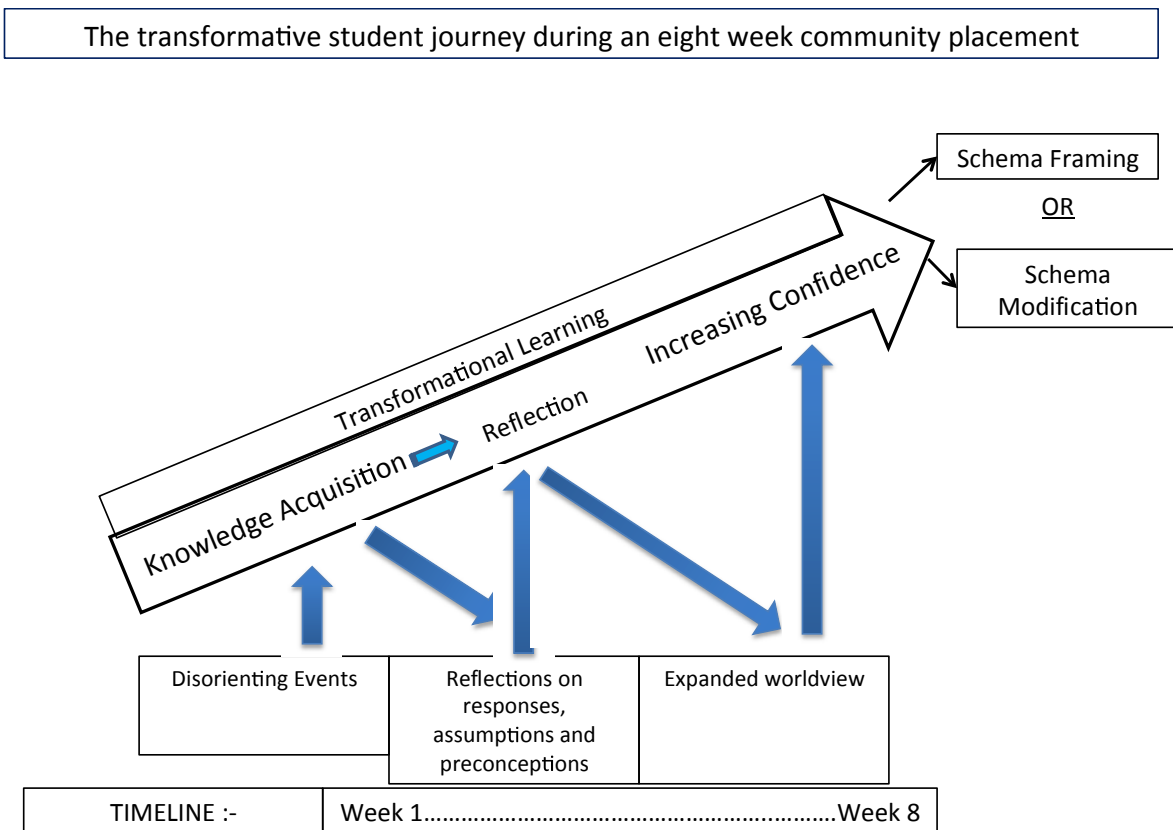
Chapter 8: Discussion

8.1 Introduction

This discussion chapter will contextualize the research findings within the wider literature and answer the three research questions. The first research question, **how do student nurses (adult field) interpret, respond and learn from their experiences of encountering perceived child abuse or neglect during their first community placement,** will be answered by looking at how students learnt and what they learnt in relation to professional roles and responsibilities, awareness of child abuse and neglect and multidisciplinary team (MDT) relationships. The other two questions, **how well are student nurses (adult field) prepared for encountering perceived cases of child abuse or neglect** and **how can they be better supported,** will be answered together under three headings: theoretical preparation, emotional preparation and diversity preparation.

8.2 How the students learnt

Figure 8.1 presents a graphical representation of the association between the lived experience of the students and the transformational learning journey they took during the eight-week community placement. This figure highlights an upward direction of travel and represents the learning journey of all the students in my study, the individualistic nature of which is highlighted in detail in appendix 18.

Figure 8.1: The participants' transformative learning journey

The transformative student journey during an eight week community placement

Schema Framing
OR
Schema Modification

Transformational Learning
Increasing Confidence
Reflection
Knowledge Acquisition

Disorienting Events

Reflections on responses, assumptions and preconceptions

Expanded worldview

TIMELINE :-   Week 1…………………………………………………………Week 8

All students found the initial period of the placement a challenge and it was at this point that they appeared confused by what they encountered. Extensive literature documents the anxiety felt by some students when they are in clinical practice (Melincavage, 2011; Steven, Magnusson, Smith, & Pearson, 2014). However, my research further highlights that without these experiences the concept of perceived child abuse or neglect could remain poorly understood by nurses (adult field), with the risk that this phenomenon could continue to stay hidden and underreported. This study contributes to the body of knowledge by highlighting that all of the students valued the experience, although there was a variation on how much each individual felt they had learnt, hence the upward trend of the arrow as they gained confidence through acquiring knowledge and expanding their worldview. However, some of the students also revealed that they were unprepared for the observational nature of the placement, whilst

the majority of them stated that they had not contemplated prior to the community placement the emotional impact of encountering challenging practice events would have on them.

How do student nurses (adult field) interpret, respond and learn from their experiences of encountering perceived child abuse or neglect during their first community placement?

The findings of this research suggest that when student nurses encounter actual or perceived child abuse or neglect this causes them to reflect on their responses, assumptions and preconceptions, resulting in professional and personal development. It is important to consider how students learn from this process. The findings suggest that each student undergoes an individual learning journey, supporting Barth and Rathbone (1971) statement that:

> "*knowledge is idiosyncratically formed, individually conceived, fundamentally individualistic*"
>
> (Barth & Rathbone, 1971, p. 110)

The individualized nature of the nine students learning journeys in this study was presented in the findings chapters and is outlined in appendix 18. The findings demonstrated that students spent differing lengths of time reflecting on particular aspects of their learning journey, highlighting that some focused more on a particular part of their learning journey and / or a particular component within one of the 3 stages identified in this research. It became apparent that whilst all students' learning journeys comprised the same three stages, each stage affected each individual differently and significant variations were illuminated, indicating that similar experiences affected the students learning processes differently. For example, appendix 18 shows that Lucy spoke far less about the challenges that the placement brought, but discussed at length her expanded worldview. This suggests that Lucy may have learnt from the challenges as she became more aware of how she had changed in response to knowledge acquisition. This

may have been as a result of her having an overall positive clinical experience, as she made several comments about the benefits of having a very supportive mentor. A mentor is defined by the Nursing and Midwifery Council (2010b) as someone who facilitates learning, supervises and assesses students in a practice setting. There is a significant amount of literature examining the role of the mentor which highlights that student learning requires mentors who are supportive, act as good role models, are empathetic to their needs with good communication skills and are willing to exchange knowledge (Edwards, 2017; Eller, Lev, & Feurer, 2014; Gray & Smith, 2000).

In contrast, Lorraine talked about the challenges more when compared to the other participants. She commented at the beginning of her interview that she was unable to find out what happened to a child abuse case as her mentor went on sick leave. It is suggested that this may have influenced her placement experience as the literature reveals the benefits of having a consistent mentor (Eller et al., 2014). Getting closure also appeared to be significant as several of the participants revealed that it was important for them to find out what had happened to perpetrators and children. A study undertaken by Matchett and Stanley (2014) with eight student nurses found that personal conflict was a major concern for students which was a result of them having a differing value system, meaning they found some moral challenges difficult to understand when encountering culturally diverse patients. As a result of their findings the authors proposed that nursing students needed the opportunity to develop moral reasoning skills, in addition to being taught clinical skills, so that they were not left with feelings of distress.

Lorraine talked far less about questioning responses, assumptions and preconceptions. This was interesting as Lorraine, a mature student who had several years' work experience, appeared

to be clearly affected by what she experienced yet she commented far less about the personal emotions this generated. This could be interpreted as Lorraine having the maturity to understand what she had experienced. Age appeared to have a bearing on the impact of emotions on the self, with the oldest participant being least likely to talk about the emotions generated by encountering perceived abuse or neglect. It is possible that older students have the maturity to understand what they have experienced. This is in line with the findings of a large scale study of 1,338 participants aged between 19 and 101 years which found that older participants were much more in control of their emotions (Gross et al., 1997). These findings suggest that individuals may become more emotionally stable across their lifespan, which might be something to be considered when preparing courses and support for a broad base of student age ranges. However, it must also be noted that the Gross et al. study did not explore the relationship of age to such emotive subjects as child abuse and neglect. It is possible that older students may have more fixed thinking in relation to issues such as child abuse and neglect, and may find it more difficult to change their views. Therefore, more research is needed to explore if this is the case.

Adam talked far more about his responses, assumptions and preconceptions, but was less likely to talk about his expanded worldview. The findings suggest Adam did not appear to appreciate the learning opportunity of encountering cases that involved either child abuse or neglect. Indeed, he perceived that he only learnt from an experience if it involved performing a task. This finding corresponds with Price, McGillis Hall, Angus, and Peter (2013) findings. They found that student nurses enter the profession predominately to make a difference in the lives of people and view nursing as a "helping career" where they like to have hands-on experience.

Mezirow's transformational learning theory, as discussed by Taylor (2008), highlights that disorientating dilemmas often result in adult learners taking individualistic learning journeys. As the initial dilemma or event is different and the individual is unique, the response and process each participant encounters may also be different. The individual nature of the students' transformation or learning journey aligns with the humanistic educational theories of Quinn and Hughes. These theories are underpinned by the philosophy of phenomenology, and suggest an individual is shaped by their perception of an experience. The authors suggest that as a result of an experience, learning happens when the learner considers the experience in the context of their personal thoughts, feelings, attitudes and values (Quinn & Hughes, 2007). This individualistic quality was clearly illustrated in my study, where the proportion of responses made by the students to each of the phases of their learning, 'Encountering disorientating events', 'Reflecting on responses, assumptions and preconceptions' and 'An expanded worldview', varied considerably.

The impact of emotion on learning

Despite the individualistic nature of the students' learning journeys, each was triggered by a variety of similar disorienting events, and a salient shared response was the emotional impact that encountering perceived cases of child abuse or neglect had upon the students. Whilst the emotions felt by each individual differed, students exhibited similarly negative responses that were strong in intensity. The responses ranged from anger, shock and sadness to feeling empathy and sympathy for parents, and they appeared to result in further disorientation and confusion as students questioned how they could feel empathetic towards parents who had harmed, or were suspected of harming, their child. This happened as the students made meaning of their encounters.

Ridley (2015) similarly found that student nurses felt shocked, anxious and sad when working with health visitors and encountering poverty and child protection issues. Exploring how emotions impact on student learning, Dirkx (2008) highlighted that emotions are an important element of adult learning as they can be so influential that they can either impede or motivate the individual. Lucy appeared to be motivated as her mentor encouraged her to use her judgement and, as a result, she viewed this as a "*a really good learning curve*". Similarly, when Kay reflected on a case of child sexual abuse she found she was so shocked by this it made her think more deeply about her role as an adult nurse. From her comments, it is suggested as a result of this experience that she would "*look into things more, to think outside the box a bit more*", and that some learning had occurred as she acknowledged that she had now made new meaning and gained insight.

The importance of adult learners being able to process their emotions in order to learn and make meaning, and allow a new expanded worldview to emerge, was recognised by Mezirow (1978) as important. Mezirow (2003) also highlighted that critical reflection was fundamental to adult learning. Taylor and Cranton (2012) similarly found that if adult learners are unable to process emotions through reflection, debriefing and discussion with others, this may have a negative impact on their understanding or meaning making. Indeed Rogers and Maslow (2008); Rogers (1983) proposed that significant learning can be turbulent, painful and often distressing, as students may have to change their individual assumptions and perceptions of what they are encountering. This relates to the work of Mezirow (1978) as his theory of transformational learning suggests adults learn by considering a new worldview by experiencing such feelings as fear, anger and guilt. The students in my study revealed that they had these kinds of feelings as a result of their practice experience, with shock and fear being the most commented on emotions, followed by anger. Guilt was the fifth most cited emotion.

The findings suggest that by continuing to critically reflect and debrief about their experiences in a safe environment with a supportive professional, students' emotional wellbeing may improve. This was also something that they appreciated as it helped them make sense of what they were encountering. However, many of them reported that this only happened in an ad-hoc way, often involving an unstructured / informal discussion. Mezirow (1991b) proposed that allowing adult learners to debrief after they have encountered disorienting events or challenges is emancipatory. He proposed that time needed to be given for self-reflection, so that insight could be gained, allowing learners to become aware of the construction of their expanded worldview.

This phase of transformational learning presented by Mezirow (1991b) is one that enhances personal confidence as the adult learner acknowledges and respects the views of others. It is suggested that this was the educational process that many of the students in this study undertook as a result of their community experience. In the wider context, it could be viewed that encouraging students to question their worldview, which may be poorly developed and based on unfounded values and beliefs, should be an aim of all health care programmes (Mezirow, 1991b). However, Natan et al. (2012) highlighted that even some registered nurses find it difficult to reflect on their practice, suggesting this may be difficult to achieve.

As the students visited homes where child protection concerns were suspected or confirmed, some revealed concerns for their own personal safety, and said they felt vulnerable and afraid. Fear was often associated with being in close proximity to perpetrators of abuse. Similarities exist between my findings and those of Duffin and Kleebauer (2015); Jackson, Clare, and Mannix (2002), who highlighted that registered practitioners working in the community rather

than a hospital setting were concerned about their personal safety and might be afraid or intimidated when visiting a client's home. This has significance for pre-registration nurse education, as Andrew, Robb, Ferguson, and Brown (2011) highlighted that student nurses are more likely to leave the programme in their first year, citing stressors such as being concerned about their own personal safety as a major contributor to their decision. My findings enhance an area of nurse education that is not clearly understood, as Cameron, Roxburgh, Taylor, and Lauder (2011) highlighted in their literature review that little is known about what makes students feel vulnerable or how best to support them in various situations. The findings of my study may be relevant beyond the area of child abuse and neglect as the data highlighted that the students felt vulnerable when working in what they perceived to be isolation when in the community, particularly where they did not have the familiar security of either their peers or the hospital environment. This is an interesting finding as it highlights that even after only 6 months of hospital working the majority of the students find this environment less intimidating than entering people's homes, whereas they may have felt differently if the community placement had been their first placement.

Lo (2002) stated that educationalists need to help students manage emotions effectively; otherwise, they will maintain these as unresolved feelings. An example of emotions left unattended was that some students reported initially feeling judgmental toward parents, but as they critically reflected and tried to understand this emotion, it evolved into a feeling of guilt that they had even had such thoughts, as Rebecca revealed:

> *"…when it came to the judging side of things cos I felt bad about that I felt like shouldn't be judging people"*
>
> (Rebecca pg.2 line 17)

The students in my study did appear to resolve some of their emotions. After processing these themselves, they revealed that they felt less judgmental, but there remains a concern that they were then left with a deflationary feeling of guilt, which may have a long-lasting effect on them. Data revealed that some of the emotions students experienced changed over time suggesting they were involved in a process of personal transformation. This aligns with the findings of Puia, Lewis, and Beck (2013) which suggested nurses recollected traumatic events long after their occurrence. They concluded that emotional support was needed to help individuals recover from what they had encountered. Bradbury-Jones (2013) went further by stating that practitioners need to protect themselves emotionally through good supervision or they risk becoming ineffective in practice.

Not only did the findings suggest that some of the students felt vulnerable during their community placement, they also suggested that, as a result of the limited duration of the placement (eight weeks), there was sometimes a lack of closure, mainly as a result of not being able to find out the outcome of criminal cases or child protection plans. Understanding students' feelings, such as having a lack of closure, is important as having unresolved emotions has been highlighted as a barrier to learning (Taylor, 2001).

Learning through participation

Students' preferred approaches to learning appeared to influence how or if they perceived they had learnt. On entering each new practice placement, some students preferred to learn initially by observation, thereby remaining on the periphery of practice, becoming more actively involved as their confidence developed. This learning preference closely reflects Lave and Wenger (1999) notion of legitimate peripheral participation. Their work supported the concept of practice placement learning in that novices enter the specific situation where the learning

will be applied. After an initial period of observing from the sidelines, which they term 'legitimate peripheral participation', the student will progress to fully participate in all activities, including more complex tasks, with support and encouragement being provided by what they term 'the community' which, in this study, was predominantly the health visitor mentor.

Benner (1984) also discussed the concept of students moving from novice to expert as they gain clinical experience. She studied expertise, skills acquisition and clinical judgment in nursing practice and, although her research primarily involved observing newly registered nurses, the five levels of learning she suggested individuals go through to become skilled practitioners (novice, advanced beginner, competent, proficient and expert) can similarly be applied to pre-registration nurse education. Benner's work has been influential in nurse education on an international scale Benner (1984); Benner (2001); Milligan (1999) as students often enter the profession as novices with a variety of experience, having little or no skills to perform as registered practitioners, so they initially rely heavily on theoretical knowledge from books and literature. Benner stated that novices, due to their lack of knowledge and experience, are not able to understand (or make meaning) of any contextual meaning they may have and are, therefore, unable to make independent judgments about what they are encountering.

In my study, the findings suggest students had little comprehension of the child protection process or of what the professionals who work in this area of practice do. This would be expected of first-year student nurses who are novice learners. However, when faced with situations where they perceived children were being abused or neglected, lack of personal knowledge and insight appeared to be a significant shock to them. Shock was (jointly) the most prevalent emotion felt by students, with 7 out of 9 alluding to feeling shocked. Initially many

of them also revealed how, as a result of this lack of knowledge, they made poor judgments about some of the service users they came into contact with. This supports Benner's (1984) premise that, as novice learners, they were unable to make discretionary judgments about what they encountered.

In their practice placement, students are able to observe their mentors and mimic these professionals. They support them by practicing the skills they may need once they are registered practitioners. This corresponds to Banduras' social learning theory, which proposed adults learn from observing the behaviour of others, involving observation, imitation and modelling (Bandura, 1969). Illeris (2009) also proposed that learning may be reinforced or halted depending on the individual being modelled, which in the case of this study was the students' mentor. In support of this finding, Gopee (2015) highlighted that a significant amount of social learning is embedded in nurse education as students interact and observe a variety of professionals in practice. However, some students in my study commented negatively on the observational nature of the placement and this was reflected in how much they perceived they had learnt whilst in practice. Adam was one example of this. He appeared to place greater value on being a more active learner; interpreting that, as an observer unable to participate more fully in practice, he had learnt little from his experience. A very small proportion of his comments during the research interview were attributed to him perceiving he had learnt and this may be interpreted as him having a limited expansion of his worldview, a phase which is highlighted as necessary for transformational learning to occur (Mezirow, 1978).

Similar to Mezirow, Rogers (1969) educational theory purports that learning is much more than an accumulation of facts and becomes significant meaningful learning where the adult learner is given opportunities to engage, participate and self-evaluate in a non-threatening environment

(Rogers, 1983). Being an active learner is a learning style closely aligned to the 'activist' under the Honey and Mumford model Honey and Mumford (1989), which built on the work of Peter Kolb and developed four approaches to learning closely aligned to his four stages of learning cycle (Kolb, 2004). Honey and Mumford (1989) identified four distinct learning preferences (activist, theorist, pragmatist and reflector) which they stated adult learners had a natural tendency to migrate towards. They also recommended that the adult learner needs to appreciate their own learning style and seek out opportunities to learn using that style in order to maximise personal learning.

Activist learners are 'doers', exposing themselves to new experiences, procedures and methods. Their preferred learning is often by active participation; they are less interested in theory and keen to move on to new 'challenges'. Generally, they do not like passive learning situations such as lectures. Irrespective of their approach to learning in a new placement, all of the students in my study suggested that being in practice was key to their learning. It appeared that through observing client care, working alongside health care staff and experiencing the complexities of nursing practice they felt they had gained experiential knowledge and skills they would use as registered nurses. This mirrors Spouse's view of peripheral participation where situated learning is central to developing nursing practice (Spouse, 1998). She identified learning to nurse as a complex interaction of affective, practical and cognitive factors and stated that the quality of the clinical learning environment is integral to incorporating all three aspects of the learning journey. Student nurses are supernumerary whilst on a clinical placement and they rely on their mentor to engage them in professional activities, such as encountering perceived child abuse and neglect, which may often challenge their understanding and promote personal and professional development.

Spouse (1998) undertook a longitudinal study, observing seven pre-registration nursing students through their clinical experiences whist studying on a nursing degree programme. She was interested in students' experiences, and wanted to identify factors that had an impact on their professional development. Data were collected via narratives from students, observations and focused interviews during each placement. Spouse found that one of the most influential aspects of promoting professional development in students was working alongside a knowledgeable and respected practitioner who facilitated meaningful clinical experiences. By working alongside supportive mentors, she also found students were more enthusiastic to learn, were more autonomous and showed personal commitment to their professional development. Finally, Spouse highlighted that 'situated learning' of student nurses has implications for mentorship preparation as well as the professional development of student nurses (Spouse, 1998).

The theory of constructivism also provides an appreciation of how adults learn and gives support to the principle of active learning. This theory suggests that learners construct their own meaning making, recognising that learning is best achieved by experience where adults are active and importantly interact with others. The theory of active learning is based on social constructivism, which places emphasis on adult learning happening as individuals make social contact with, for example, teachers, peers and others. Lev Vygotsky (1896-1934), who is considered a formative thinker in psychology, described this as the zone of proximal development (ZPD) (Levykh, 2008). In my study, it was not only educationalists that the students learnt from. They also learnt from interacting with service users and practice educators (mentors), and by observing the reality of how service users lived.

The concept of active learning is not a new concept, as Dewey presented his work on the importance of experiential learning in 1915. This highlighted that the teacher and the book were not the only instructors and that these were no substitute for personal experience or the actual learning journey undertaken by adult learners (Dewey, 1958). Mezirow (1978) also highlighted this when he proposed that by being active learners students were given the opportunity to think more deeply as they were encouraged to combine theory and practice, critically reflect on what they have experienced and transform as they gain knowledge.

The impact of perceptions of socio-economic environment on learning

The students appeared to find the lifestyles of some of the service users they encountered to be challenging. The findings also revealed that some appeared to associate seeing poverty and deprivation with children being abused or neglected. Although there is a correlation between poverty, paternal stress and neglect Bywaters et al. (2016), some of what the students perceived to be child abuse or neglect was in reality likely to have been material deprivation. This represents a lack of awareness of diversity and inclusivity on the part of the students. Observing how some service users live instigated significant emotions. For example, one student found observing a case where a mother chose to live with a paedophile, and remain in a situation of domestic abuse with her children, to be a difficult concept to comprehend, and this led to disorientation and confusion. It is suggested that some students found their community practice experience particularly challenging, in part because they had preconceived assumptions of how others should live or behave when they started their placement.

The significance of Vygotsky's social learning theory, which was introduced earlier, may provide a theoretical underpinning as to what was happening to the students in my study, as they were learning by being in the social context of the community. Illeris (2009) also stated

that learning includes involvement and interaction at a social and societal level where it occurs within a social context. Learning in the social context and interacting with others is also key to Mezirow's transformational learning theory. He focused on how adults learn and suggested that this happens as individuals think deeply, interact with others and question their previously-held values and assumptions:

> *"What we perceive and fail to perceive and what we think and fail to think are powerfully influenced by habits of expectation that constitute our frame of reference, that is, a set of assumptions that structure the way we interpret our experiences"*

(Mezirow, 1990, p. 1)

Having considered how the students learnt from their encounters of actual or perceived child abuse or neglect, the findings of this research suggest that students' worldviews are expanded as they develop greater professional and personal insight. This will now be discussed under the subject areas of:

- Professional roles and responsibilities

- Awareness of child abuse or neglect

- Multidisciplinary team relationships

8.3 What the students learnt

In relation to professional insights gained by students on their community placement, one of the key areas of learning was knowledge of the professional roles and responsibilities of the adult nurse and the wider community team.

Professional Roles and Responsibilities.

It was evident from the findings that some of the students commenced their community placement with a limited understanding of the role of the nurse in relation to child abuse or

neglect, and, as a result, they were shocked to encounter child protection issues. Similar findings were found by van Iersel, Latour, de Vos, Kirschner, and Scholte op Reimer (2016) whose literature review of 522 articles and accompanying synthesis of primary research focused on student nurses' perceptions of different areas of nursing practice, in particular community care. They found that nursing students often begin their education with a layperson's understanding of what the role of the nurse entails. They also found that student perceptions of community care varied significantly. As an example, when considering community care, the most widespread view was that it was unattractive due to its chronic care profile, minimal technical challenges and high workload. Another perception contrasted with that, as nursing students viewed this area of practice as challenging and meaningful work due to the variety of caregiving roles and the opportunity to work independently.

The safeguarding role of the nurse is professionally defined by the Nursing and Midwifery Council (2015) and it is therefore surprising that the students were unaware that they would be expected to undertake this role when they become registered nurses, as the Code of Conduct Nursing and Midwifery Council (2015) is introduced immediately on commencing the pre-registration nursing programme. The findings from this study illustrate that students' understandings of their involvement in safeguarding are often not fully appreciated until they gain practice experience. This lack of understanding may in some way be explained by the theories of Kolb et al. (2001); Rogers (1983),and Benner (1982), who all place emphasis on the importance of the adult learner being active in practice. They also state that the concept of reality is rarely understood until encountered by the individual themselves. Interestingly, a qualitative descriptive study of 11 student midwives found that the emotional impact of what they encountered in practice resulted in some experiencing secondary post-traumatic stress, as they felt out of control and vulnerable as learners (Coldridge & Davies, 2017).

Similarly, some students in my study commented on feeling vulnerable when they encountered perceived cases of child abuse and neglect. For example, Linda highlighted she felt "…..*totally vulnerable… the vulnerability kicked in when you had to go to that person's home and break the news to them"*. It appeared that my participants had similar feelings to the student midwives in that when encountering difficult situations they felt vulnerable. It is suggested that this may happen as a result of the reality of practice being so far removed from what the learner expects.

However, it would not be expected that a first-year pre-registration nursing student would be actively involved in the process of safeguarding vulnerable children, therefore this experience may be more in line with making learning more meaningful for the students. This is an issue which could be addressed by the educational institution, for example by providing accurate and explicit pre-entry information to potential students during the course application process and interviews, and perhaps at open days. This will be discussed further below.

As adult learners, students had often attempted to make sense of their exposure to child protection experiences using critical reflection to gain an appreciation of the safeguarding roles and responsibilities of the adult nurse. This situation aligns with phase nine of Mezirow's meaning making towards transformation:

> *"Building of competence and self confidence in new roles and relationships"*
> (Mezirow, 2000b, p. 22)

The importance of understanding the child protection referral system is reflected in the research of Brewer, Mitchell, and Tomlinson (2012), who stated that all staff in a health care setting need to have an awareness of the procedures to follow if they have concerns about the welfare

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of a child. It is suggested that, if students have a limited understanding of the referral process, by the time they complete their community placement they may have little opportunity to address this deficit in their knowledge. This is because as they progress through their pre-registration adult nurse education programme, the nature of the specialism (adult nursing) they have chosen means they may have limited encounters of child abuse or neglect in the remainder of the programme.

Awareness of Child Abuse or Neglect

A second aspect of insights gained by the students on this particular placement was their increased awareness of the existence and extent of child abuse or neglect. As the students learned that the role of the nurse would bring them into contact with perceived cases of child abuse or neglect during this placement, some recognised they needed a better understanding of its existence and prevalence. The findings suggest that many students had an incomplete knowledge of what constituted child abuse or neglect and what forms it could take when they started their placement. They also suggest that prior to their community placement experience, students' awareness of child protection was limited to physical and sexual abuse. However, during their community placement they learned that other forms of child abuse existed, specifically emotional abuse and neglect. This gap in knowledge could be viewed by some as a negative feature of the students' learning, as an indication that the students had been inadequately prepared. However, given that the study involved adult learners in a supervised practical placement, an alternative view is to explore the concept offered by Knowles (1970) in that adults may learn more effectively if they are encouraged to be autonomous, self-directed learners. Knowles (1970) indicated that a lack of knowledge, once identified by the student, can provide a stimulus to self-directed learning and that the education of adult learners has to go beyond the transmission of theoretical knowledge to a situation of helping students direct

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and manage their own learning. He described some preconditions for this to materialise, such as a psychological climate favourable to learning, which the practice placement should aim to provide. However, the importance with some areas of adult learning is that students may need to be directed towards what to learn, even if they are self-motivated. The reason being certain individuals may not be aware of the deficits in their knowledge and where the risk is, meaning that they could remain naïve.

Manning (2009) concluded that adult learners move through several phases in the process of engaging in learning. He considered that helping adult learners gain increased competence with decreasing amounts of assistance might be one effective way of improving their learning. Mezirow grounded his observations in the critical theory of Habermas, who described three areas in which people sought knowledge: work, relationships, and emancipatory action. Mezirow translated these areas into domains of adult learning, each with its own distinctive model and needs. Habermas' domain of emancipatory action is what Mezirow defines as 'perspective transformation'. According to this theory, the most important task for adult educators is not the transfer of knowledge but assisting people to become aware of the individualistic assumptions that have shaped how they perceive themselves and others (Mezirow, 1978).

The findings from my study uncovered that the students had received some factual input pre-placement (for example a lecture, although they remained vague as to the actual content of this). There was no evidence of the students being given any emotional preparation, which would have enabled them to respond to their assumptions of what they may encounter during their community experience. However, once in placement, in addition to gaining some knowledge, for example about what the roles of the health visitor and other members of the

multi-disciplinary team entailed, they also learnt more specifically that they had a role once they were registered adult nurses in protecting vulnerable children. Additionally, the students also appeared to have been given more support, particularly by their mentor, in understanding some of their assumptions as they reflected and undertook critical discourse with these professionals. The implications of this will be explored in more detail when responding to questions 2 and 3 below.

Multi-Disciplinary Team Relationships (MDT)

A third key aspect of the professional insights gained by the students came from their interactions with members of the multi-disciplinary team. A number of participants revealed that being able to gain experience in an environment where members of the MDT worked well together to protect children who were at risk of harm provided them with the opportunity to witness excellent team communication. Conversely, others interpreted this as not always being the case. The importance of observing how the multi-disciplinary team worked together is important, as Tarr et al. (2013) highlighted in their study that trainee teachers in higher education felt more prepared for practice when they observed a multi-disciplinary team approach to child protection. Observing this kind of good practice could be viewed as an essential element of child protection, given that a breakdown in communication has frequently been cited as contributing to children not being adequately protected. This factor has been highlighted as requiring attention in cases where children have died as a result of maltreatment (Laming, 2003b; Munro, 2011). Furthermore Littlechild and Smith (2013) have suggested that positive child protection experiences are more likely where a collaborative approach is taken by all professionals.

Some students felt that observing professional tensions in the multi-disciplinary team was challenging. This is an important finding and it is suggested this experience could have long-term implications for students if they are required to function within a multi-disciplinary team (MDT) in the future. As Bennett (2010) stated, professionals often have a fear of offending other members of the MDT which can influence how they react to child abuse.

It was also evident that many students in my study were unsure about the role of their mentor, the health visitor, during their community placement. This limited understanding of the role of the health visitor was suggested by Brini on page 154 when she commented that her mentor's role appeared to consist mainly of weighing babies. The students' insight into the health visitor role developed during the placement and they began to appreciate that it was far more complex than they had initially understood, particularly in relation to child protection issues. Several other authors also found child protection to be a greater component of the workload of health visitors than would perhaps be expected (Appleton & Peckover, 2015; Appleton, 2011; Botham, 2013; Hall, 2007; Jutte et al., 2014; Lazenbatt, 2010; Whittaker et al., 2015).

This is a key learning point for the students, given that nurses invariably work within one or more teams. It is also especially important in light of the independent analysis of the National NHS Staff Survey, commissioned by the Policy Research Programme in the Department of Health (Carter, West, Dawson, Richardson, & Dunckley, 2008). They found that the lack of clarity over roles and responsibilities in practice often manifested itself in poor communication and lack of citizenship between team members, which could ultimately have an impact on the delivery of healthcare to patients

8.4 How well prepared were they and how they could be better supported

Having explored and discussed the main elements of how and what students in this study learnt, the discussion will now address the remaining research questions.

How well are student nurses (adult field) prepared for encountering perceived cases of child abuse or neglect and **how can they be better supported?**

The findings of this research highlight a number of key areas for consideration when reflecting on the preparation of nursing students (adult field) for practice. One particularly important finding was that some students indicated they had a negative view of their experience and attributed some of this negativity to being unprepared for what they would encounter, stating that the reality of practice was far different to what they expected. Although it could be argued that students cannot be fully prepared for some of the challenges they may face in practice, my study highlighted that they could have been prepared better, especially in terms of encountering children who had been abused or neglected or whom they perceived to have been abused or neglected. On reviewing the literature it became apparent that some elements of preparing students for similar challenging situations, such as caring for dying patients, has been explored and that some themes may be transferrable, for example in both contexts there is a need to equip students with the emotional intelligence to deal with such situations (Gillett, O'Neill, & Bloomfield, 2016; Strang et al., 2014). However, no literature specifically addressed the concept of teaching the skills of emotional intelligence or resilience to prepare students for encountering perceived cases of child abuse or neglect.

The data from my study revealed that the preparation most students received was principally aimed at providing a base level of theoretical knowledge around child abuse and neglect (the

categories of abuse) and the child protection process. Although imparting theoretical knowledge is an important element of pre-registration nurse education Nursing and Midwifery Council (2010b), preparing and supporting students before and during their practice placements is also an essential element of a quality student experience. A large quantitative study of the views of 645 undergraduate student nurses undertaken in Cyprus highlighted this by presenting that nursing is predominantly a practice-based profession and that it is essential that nurse education continues to have a presence in practice to support students, despite its full integration into higher education. Equally, the nursing curriculum and nursing practice should correspond to the theoretical and academic element of the course being clearly associated with the practical component of pre-registration nurse education (Papastavrou, Lambrinou, Tsangari, Saarikoski, & Leino-Kilpi, 2010).

Whilst there were inconsistencies in the amount of theory some students had prior to their community experience, one of the most important findings from my study was that none of them reported any emotional preparation for the possibility of encountering complex, emotive subjects which are often experienced by student nurses in practice. This was the students' first community placement and they were placed with health visitors whose role involves contact with children, some of whom will inevitably be vulnerable and at risk of harm (Lowenhoff, Appleton, Davison-Fischer, & Pike, 2017). My study illuminated that there was little evidence that the students entered this community-based practice placement equipped with an appropriate awareness of the diverse situations they may encounter when working with health visitors. Additionally, community-based placements may lead to specific stresses not encountered in hospital-based settings given that they are frequently specialised and may involve remote working with one trained member of staff who comes into contact with service

users from different cultures, religions and social classes, often in their own homes (Baglin & Rugg, 2010).

Theoretical Preparation

All of the students in my study revealed that they either had little or no theoretical preparation for the specific encounters they had whilst on their first community placement. This situation is similar to the findings of Papathanasiou, Tsaras, and Sarafis (2014), who highlighted in their study of 196 nursing students that there was a noticeable gap between what students expected and the reality of the clinical learning environment. Brown et al. (2011) and Ridley (2015) also found that there was a close correlation between student satisfaction and their perception of the learning environment. Importantly, my study also revealed that some students felt that they had not had a rewarding experience when they were working with the health visitor in the community. However, it is not possible to state categorically exactly what theoretical preparation each student had prior to their placement as this was not one of the aims of my study, and also some of the students were very vague as to what theory they had been given, if any. One of the main findings of my study in terms of theoretical preparation was that students also lacked sufficient awareness of what the role of the adult nurse entailed and, therefore, they had no appreciation they would come into contact with vulnerable children during their pre-registration nursing programme. They also had little awareness that they might encounter perceived cases of child abuse or neglect, or have responsibilities to protect children. Whilst the participants were first-year students and their level of knowledge would be expected to increase over time, the gap in their knowledge about the role of the adult nurse was unexpected and it is proposed that prospective and future students be provided with more information about the role of the adult nurse. This could be best delivered at pre-enrolment forums, for example in course details, media releases, open days and selection interviews.

An additional issue which arose in relation to theoretical preparation was that students' lacked awareness not only of the existence of child abuse or neglect but also of the extent to which they would come into contact with such cases and what their role as a student would be. Because mentors encountered such cases, a consequence of this was that due to the sensitivity of such cases the placement could become more observational in nature for the students. For some, this observational role appeared to influence their perception of how much they had learnt.

Preparing the students for what their role would entail when working with other members of the multi-disciplinary team outside of adult nursing, and encountering perceived cases of child abuse or neglect, could occur a more timely manner, for example immediately pre-placement. It is envisaged that awareness of the roles of other professionals who are involved with child protection cases could be increased if students attended a mandatory workshop that could be delivered by appropriately experienced staff prior to commencing their community placement. It is suggested that this could be delivered by external staff such as health visitors, as they can provide practice links and will be able to understand what issues students are likely to experience. This workshop should include imparting theoretical and practical information relating to national statistics, definitions of abuse and the role of the MDT (with particular emphasis on the role of the mentor) and should include information related to the referral process and the role of the adult nurse within that. It would be useful to seek the views of previous students in relation to developing such a workshop, as their input would highlight the impact of seeing sensitive issues such as child abuse or neglect and the emotional impact of the placement. Additionally, informing students in advance that the placement might be observational rather than hands on, due to the sensitive nature of some of the cases they may encounter, may improve student satisfaction given that Arvidsson and Franke (2013); Bisholt,

Ohlsson, Engström, Johansson, and Gustafsson (2014); Brown et al. (2011); Chan (2002); Chan and Ip (2007) all highlight that students are more likely to feel satisfied with their placement when they accomplish a task. However this may not be possible in some circumstances. Interestingly, Murphy, Rosser, Bevan, Warner, and Jordan (2012) study of 455 nursing students found that students preferred to work with district nurses rather than health visitors due to feeling more actively involved as a result of being able to undertake more clinical skills which they associated with the role of an adult nurse. As highlighted earlier, the students in my study were supported by health visitors during their first community placement in their first year in order to give them the opportunity to appreciate the role of the public health nurse. They will have the opportunity to work with district nurses during their community placement in their second year.

The competencies the students are expected to achieve within this placement are specifically aimed at offering a diverse experience by witnessing how other members of the multi-disciplinary team work outside their chosen branch of study (adult nursing). This is significant as the Nursing and Midwifery Council is undergoing a review of the educational standards for pre-registration education. At the time of writing, the new standards have been circulated for consultation and it is proposed that the nurse education programme will consist of five pillar areas, with a framework that includes a new model for practice education; this framework applies to educational institutions and practice placement partners. The consultation process will not be complete until September 2017, with publication of both nursing standards and the education framework not happening until March 2019, so it is not yet known what impact this will have. Full adoption of all new standards in nursing and midwifery is to be completed in September 2021.

Emotional Preparation

The data revealed the most dominant phase of the learning journey experienced by the students was the emotional impact of seeing emotive and complex human issues such as child abuse or neglect and the diverse way others lived. As presented earlier, none of the students alluded to any preparation in this area and support during placement varied depending on what support mentors offered. None of the students stated that they contacted their guidance tutor for support. My findings suggest that some students had made their own attempts to prepare themselves for this placement, for example Kay stated that she was surprised as a student nurse (adult field) she would have a placement with a health visitor and undertook what she described as her own '*research*' of what the role entailed. However, this did not appear to prepare her as she had similar emotional responses to students who did not conduct their own preparation.

Previous research has highlighted that working in the area of child protection can have a negative impact on an individual's emotional and psychological wellbeing (Alderman, 2016; Appleton & Peckover, 2015; Ferguson, 2011; Keys, 2009; Powell, 2003, 2015, 2016; Robinson & Hyrapetian, 2016a; Rowse, 2009). Much of the existing research focuses on the child protection experiences of registered practitioners, whereas my study was unique in providing evidence that student nurses (adult field) experience similar, very negative emotions when they encounter perceived child abuse or neglect that may influence their individual welfare.

It is proposed that if students are not prepared and equipped to process the emotionally demanding events they encounter during practice placements, then as registered practitioners they may not be well placed to fulfil their safeguarding responsibilities towards vulnerable children and young people. As Bradbury-Jones and Taylor (2013) highlighted, nurses may use

abjection and rejection when they witness something too uncomfortable for them to acknowledge, such as domestic abuse, where:

"They render themselves unable to formulate appropriate responses"
(Bradbury-Jones & Taylor, 2013, p. 295)

Although Bradbury-Jones and Taylor (2013) addressed the issue of understanding nurses' responses to domestic abuse, it is suggested that student nurses may have similar responses if educationalists do not prepare them for other emotionally-demanding challenges such as encountering perceived child abuse or neglect. However, despite all health care students having annual safeguarding teaching the students in my study were only in their first year and none alluded to this as a way of preparing them for the emotional impact of this placement.

My research found that some students were not given the opportunity to critically reflect or debrief on the emotional impact of their experiences, which may influence their transformational learning. Indeed Brini highlighted this, on page 147 when she stated that due to the confidential nature of the subject this lack of support was the reason she chose to be part of my study. Critical reflection in nursing has been shown to enhance nursing practice (Kenny (2017). Additionally, Lestander, Lehto, and Engström (2016) highlighted the importance of offering students the opportunity to analyse and reflect, and develop debriefing strategies to deepen their learning. Mezirow (2000b) also proposed that transformational learning relies on adult learners fostering independent thinking so it should be a goal of adult educators to empower and promote autonomous thinking. It is suggested that if critical reflection is stifled and transformational learning is not achieved, then this could result in student nurses (adult field) either avoiding detection or, even worse, not having the skills to detect or refer child abuse and neglect cases when they become registered practitioners.

Nurses often have to manage and balance their emotions in order to engage with service users in order to deliver compassionate patient care and achieve good results (Dempsey, Wojciechowski, McConville, & Drain, 2014; MacArthur, Wilkinson, Gray, & Matthews-Smith, 2017). Indeed, some of the students in my study referred to 'hiding' their emotions from service users and talked about the difficulty of doing this. The balance between remaining in control, being professional and engaging is important. However, Hoel et al. (2007) proposed that if students suppress their emotions when faced with clinical challenges they risk developing emotional coldness as a coping strategy which could have implications for their personal wellbeing. This balancing of emotions in nursing is often referred to as 'emotional labour' as opposed to the more readily-understood term physical labour. This term was first described by Hochschild (2012) and is the process an individual will undertake to try and suppress extreme feelings such as love, envy, and anger through acting in the workplace. Adam illustrates this on page 132 when he describes how he subdued his feelings of anger towards a mother. Hochschild (2012) went further, suggesting that individuals may attempt to bridge the gap between what is felt and what ought to be felt.

Emotional labour is often viewed as important in establishing therapeutic nurse-patient relationships, however there is also a risk of 'burnout' if this is either prolonged or intense, and to reduce this happening nurses need to be given the skills to protect their health (McQueen, 2004). McQueen (2004) also proposed that student nurses during their pre-registration course need to be taught skills on how to enhance their emotional intelligence so that they are able to meet the various demands of modern day nursing and not risk burnout even before registration. Enhancing emotional intelligence has been shown to help nurses address the needs of the patient and have effective communication skills so they can work within the multidisciplinary team (MDT). My study also revealed that as a consequence of their experience students learnt

the importance of working and effectively communicating with the MDT. Developing emotional intelligence in students is also viewed as a way to improve academic and clinical performance, and to reduce the risk of emotional distress during clinical placement experiences (Lewis, Neville, & Ashkanasy, 2017) .

As Sawbridge and Hewison (2013) stated, emotional labour needs to be acknowledged and managed in hospitals, and providing students with capabilities in emotional resilience and emotional intelligence may equip them to portray their emotional labour more seamlessly. Therefore, it is proposed that one component of students' development should be aimed at equipping and facilitating them to process strong emotions, through for example developing emotional resilience (the ability to adapt to stressful situations or crises) and emotional intelligence (the ability to be aware of, harness, apply and manage one's own emotions). The aim is for students to be able to effectively deliver their emotional labour.

It would be desirable if this component could commence before the first practice placement as the emotive and complex issues that student nurses encounter are not limited to their first community placement, nor to encountering perceived cases of child abuse or neglect. It is also acknowledged that student nurses could learn from other professional groups, for example other disciplines such as social work, who appear to face similar emotive issues such as stress and burnout as a consequence of encountering challenging practice issues. As a consequence these professionals are being taught subjects such as mindfulness-based interventions which are thought to enhance personal resilience (Crowder & Sears, 2017). It is therefore suggested that the extent to which there are mutual benefits in sharing approaches to preparation for complex emotive subjects encountered by students in practice could be explored. The work of Ridley (2012) can also be drawn upon as she found in her study of pre-registration nursing

students that it was important to equip students with emotional intelligence. The rationale for this was to give students the opportunity to explore and gain insight into the emotions they may feel during their community experience. Additionally, she highlighted a need for better preparation and time for reflection with mentors.

Diversity

Throughout this study the students made explicit reference to having a 'bubble of expectations' with regards to their first community placement. The data revealed multiple comments made by the students in relation to finding it difficult to comprehend that individuals lived in such diverse circumstances. For example on page 117 Donna described feeling uncomfortable when she witnessed the diverse circumstances in which some individuals lived. This was most strongly indicated when discussing the home environment, with students perceiving these as being 'dirty' and having what they alleged was an unhealthy 'smell'. Students also appeared to have a lack of awareness and appreciation of other diverse situations they would encounter, such as service users remaining in abusive relationships of domestic abuse or staying with a paedophile where their child/children could be at risk of harm.

Diversity implies that every individual is unique and acknowledges that we all exhibit individual differences, whether that is due to ethnicity, gender, race, sexual orientation, socio-economic status, age, religion or any other characteristic. Diversity encompasses respect for all, self-awareness and an acceptance of each person (Spetz, 2016). In order to better prepare students to engage more effectively with service users, it is suggested there should be more focus on diversity within the pre-registration curriculum. The aim being that if students are better equipped to understand the cultural differences they may encounter during their nursing career, they will be better able to offer quality professional nursing practice for increasingly

diverse populations (Young & Guo, 2016). Ensuring students are better prepared to care for an increasingly diverse population where they are encouraged to be more accepting of alternative views, for example, in relation to parenting and socio economic situations, will mean that fewer students make the assumption that a child is neglected if they are brought up in a home that is dirty and unkempt.

In examining the complex nature of learning, Meyer and Land (2003) highlighted the core concepts that are central to understanding different disciplines and the diverse situations that student nurses encounter. They purport that understanding or comprehending these core concepts can act as a new way for students to think about practice. This is similar to Mezirow (1991b) who suggested that adults learn by questioning previously-held assumptions and making new meaning. Meyer, Land, and Baillie (2010) suggested that offering diverse experiences to students that are outside their scope of reality brings about a new way of thinking which can result in a transformed internal view of a subject landscape and a new formulation of the learner's frame of meaning.

8.5 Conclusion

This discussion chapter situated the findings of my study within the context of the wider literature and concepts regarding educational theory. Mezirow's transformational learning theory Mezirow (1978, 1990, 1991b, 1997, 2000a, 2000b, 2003) was used, in combination with other adult learning theories, to structure the chapter as it is an adult learning theory based on the premise that adults make meaning and learn from their personal experiences.

In answering research question one, the data revealed students' learning journeys were individualistic in nature. That discussion focused on the range of responses they experienced,

drawing out an understanding of how the students learnt. This was supported by relevant theories, which aligned with my premise that adult learning journeys are individual. Building on this initial discussion of how students learn, it was found that what the students reported that what they had learned could be condensed into three main subject areas, these were professional roles and responsibilities, awareness of child abuse or neglect and multi-disciplinary team relationships. Together with the discussion on how the students learnt, this encapsulated the answer to research question one.

Combining research questions two and three allowed the discussion to move on from the answer to question one, to consider how students had been prepared for this learning journey and, in turn, consider suggestions for improving the process of preparation. In addressing the questions in this manner, it became evident that there were three aspects of preparation and support which were important, namely theoretical, emotional and diversity awareness. Preparation and support for the theoretical elements of the role were conveyed, by varying methods, before the placement (in university) and during the placement (in practice). However, the emotional impact of the placement, which the students reported was the dominant phase of their learning journey, appeared to receive no time in the curriculum at the university and only intermittent and variable support in practice. Additionally, the development of an individual's diversity awareness did not appear to be evident in support provided either within the university or practice.

The discussion presented in this chapter suggests that in order to support learners to understand their own emotions and preconceptions the educationalist needs to do more than simply impart theories and facts. A range of suggestions were made in order to address this deficit which are taken forward in terms of recommendations in the next chapter.

Chapter 9: Conclusion and Recommendations

9.1 Introduction

The aim of my study was to explore and analyse the lived experiences of a sample of nine first-year adult student nurses who had encountered what they perceive to be child abuse or neglect during their community placement. By exploring and presenting the individual lived experience it opens up to others:

> "…*the possibility of plausible insights that bring us in more direct contact with the world... and... Gain a deeper understanding of the nature or meaning of our everyday experience*"

(Van Manen, 1990, p. 9)

This thesis offers an insight into the 'lifeworld' of a group of student nurses (adult field). By exploring the lifeworld of others it may give an insight into how individuals make meaning from their experiences (Van Manen, 1990). By reviewing the literature, it became evident that a gap in knowledge did exist and that, as educationalists, we had no appreciation of how student nurses (adult field) felt when working in the community and encountering perceived cases of child abuse or neglect for the first time. It is suggested that my study responds to this gap in knowledge, thereby achieving the level of doctorateness (Trafford & Leshem, 2009).

Following the literature review, various research methodologies were considered and interpretative phenomenological analysis was selected as the most appropriate to undertake this study. This allowed me to focus on where participants placed meaning in relation to a specific lived experience (Smith & Osborn, 2008). Interpretative phenomenological analysis enabled me to gain insight into how meaning was made from those who have lived this journey and perceived this experience, and this was possible by giving the individual a 'voice'. As the qualitative researcher, my role was to aim to uncover an element of life not previously understood (Yardley, 2008).

All of the students appreciated their community experience whilst undergoing meaning making. Within the context of this study the term 'meaning making' is used to represent how the participants constructed and understood the experience when they encountered the phenomenon under investigation. The findings chapters mapped the data against Mezirow's educational theory of transformation Mezirow (1978, 1991b, 2000b), with the three super-ordinate themes of 'Encountering disorienting events', 'Reflecting on responses, assumptions and preconceptions' and 'An expanded worldview' identifying that the students changed their schema as a result of their experience and subsequently attempting to make sense of what they had encountered.

The findings provide evidence that student nurses (adult field) have a significant transformational learning journey during their first eight-week community placement of their pre-registration nursing programme. They were faced with disorienting events or 'needles' that resulted in them having a range of feelings and emotions which changed their view of the reality of child abuse and neglect, whilst gaining an appreciation that adult nurses have a responsibility to protect children. As the students reflected on their experience, they started to make sense of what they had encountered, and discovered that this deep reflexivity which is so much a part of professional practice can lead to perspective transformation (Mezirow, 2000b; Moon, 2004). Ledwith and Springett (2010) supported this when they stated that individuals should constantly enquire, question and attempt to make meaning from their experiences and therefore become reflexive practitioners. The findings represent a summary of the educational journey that the student nurse (adult field) takes during their community placement, recognising that how they make sense of their experience of perceived child abuse or neglect is dependent on their previous held values and assumptions (ontology) and how they make meaning within the world (epistemology) (Tett, 2006).

The focus of this concluding chapter is to consider my key findings whilst returning to the aim of the study to address how the research questions have been answered, whilst outlining the uniqueness of my study and how the findings contribute to knowledge in the field of pre-registration nurse education. I then focus on the implications / recommendations that have evolved from the research and conclude by presenting my own reflexive account of my research journey, identifying what I have learnt as a researcher.

9.2 Returning to the research aim and research questions.

The overall aim of my study was:

> To explore the experiences of student nurses (adult field) when they encounter what they perceive to be child abuse or neglect during their first community placement.

9.3 Research questions

The first research question was:

- How do student nurses (adult field) interpret, respond and learn from their experiences of encountering perceived child abuse or neglect during their first community placement?

All of the participants interpreted and responded differently to the experience, and they all revealed how they found encountering what they perceived was child abuse or neglect to be a challenge. They revealed that they had felt unprepared for the clinical practice of community working and had an unrealistic expectation of what they would encounter when placed with a health visitor. Some respondents responded so strongly to the experience that they had a physical reaction, such as crying, and other responses included feeling shocked and angry by what they had encountered. Several students interpreted the experience by being judgemental towards the parents or perpetrators of abuse. It was also shown that some of the students

responded to the experience with a lack of closure, as they were unable to find the outcome of cases that involved child abuse or neglect.

The research has shown that the students learnt how complicated the child protection process is and that, as a result, they had a greater understanding of how professionals work together and how the referral process works, particularly regarding the importance of good communication skills with individuals working together and sharing information as a team. A concern that has been highlighted by my research is if student nurses are not exposed to situations that involve children who are at risk of actual or potential harm, then, as qualified and registered nurses, they will lack the necessary skills to detect, refer and support such cases. The findings suggest that students learnt by gaining a better appreciation about the role of the health visitor and that this has been significant as they recognised that much of the daily work of these professionals involved addressing the needs of children who were either abused or neglected.

The findings also showed that, as result of their experience, the students learnt as they acquired knowledge about the signs and signals regarding children who may be being abused or neglected and would have a more questioning approach to such situations. A major finding has also been that the students learnt that they would have a role to play in detecting, acting upon and referring suspected cases of abuse or neglect once they were registered nurses. The findings also revealed that, following the experience, some of the students remained unclear about to whom they should report suspected cases of abuse, highlighting a lack of learning.

Finally, another key finding was that many of the students learnt about the importance of reflecting, where some even kept a reflective diary, recognising through critical discourse that this enhanced their wellbeing, supplemented personal learning and subsequent transformation.

The second research question was;

- How well are student nurses (adult field) prepared for encountering perceived cases of child abuse or neglect?

The students felt unprepared for the enormity of what they perceived were actual or suspected cases of child abuse or neglect, and had previously given little consideration to emotional abuse or neglect. However, it must be highlighted that there were variations in the amount of preparation students had for this clinical experience, and this is discussed in the limitations section of this thesis. Importantly, the findings revealed that the students were not prepared for encountering cases of abuse or neglect and had not fully understood the role of the health visitor. My study revealed that the students felt isolated from their peers when working in the community and were unable to contribute to practice as much as they would have liked as much of what they did was observational.

The third and final research question was:

- How can they be better supported?

The findings suggested that student nurses could be better supported when they are prepared for their community placement, including being given better information about the professional they are going to be mentored by, particularly if this is a health visitor or any professional who has significant contact with children where there is actual or suspected abuse or neglect. This was also addressed in more detail under the recommendations section. Student nurses (adult

field) need to be made aware prior to their community placement as they visit families in their own homes and they are going to be mentored by health visitors that they may encounter suspected or actual cases of child abuse or neglect. Students need to be given the opportunity to debrief and be offered support both during and following this placement, as the data revealed that all of the participants had been emotionally affected by what they had encountered. The most significant emotions disclosed by the participants were shock (7 students), feeling afraid (7 students), anger (6 students) and sadness (6 students). Importantly, the data also exposed that not all of the participants had the opportunity to discuss these feelings with anyone. Some cited that they felt unable to access support from family and friends due to the confidential nature of the cases and the sensitivity of the subject area. The findings also revealed that whilst encountering suspected or actual cases of child abuse or neglect some students did not have the opportunity to critically reflect or debrief with a professional. The findings did however highlight that students are better supported if they have a mentor who makes them feel involved and more of an active learner. Offering these experiences may also be the only opportunity that student nurses have to learn about child abuse and neglect during the three years of their BSc Pre-registration nursing programme.

The research questions were answered in full, giving insight into the experiences of student nurses (adult field) when they encounter perceived cases of child abuse or neglect, therefore addressing the aim of my study.

9.4 Limitations of the study

A weakness of this type of study is that, due to the idiographic nature of the analysis, generalisations are not possible. The data were subjective and, due to the small sample size, it was difficult to establish which variables were significant. However as Willig (2013) advised, IPA researchers need to think about theoretical transferability rather than generalisability. It is

suggested that my recommendations are transferrable across all health and social care educational programmes internationally, as well as being appropriate for the United Kingdom, and where students from other disciplines could encounter similar challenges to student nurses (adult field). All students may benefit from having the opportunity to reflect and discuss their experiences of child abuse and neglect in a safe and supportive environment such as the university.

An additional limitation was that the sample was as a result of self-selection undertaken by the participants and therefore it was their perception if they had encountered child abuse or neglect. Although exploring the individual experiences of adult nursing students was the aim of my study, self-selection could be viewed as a limitation as some rich data may not be lost from students who did not volunteer to take part in my research.

The students' experiences have been idiosyncratic and were dependant on the caseload of the mentor and the geographical area of where they were working. This was a limitation of my study as it became clear during the interview stage that the students interpreted that their encounters of perceived child abuse or neglect had been due to working in lower socio-economic areas where unemployment and poverty were more evident. As the risk of a child being abused or neglected crosses all social boundaries, offering limited geographical experiences to students may encourage the stereotypical view that child abuse and neglect only happens in areas of poverty and deprivation. There is also a risk this makes students more alert, observing for signals of abuse and neglect only in children who live in these environments.

9.5 Recommendations

The findings of this study have a number of important implications for the future of pre-registration nurse education in both the United Kingdom and internationally. The recommendations offered below are designed to enhance the student experience by suggesting that more support for students is needed when they encounter challenging events during their educational journey, such as child abuse or neglect. These recommendations may also help prepare nurses (adult field) to fulfill their safeguarding role more effectively once they are registered practitioners. There are recommendations for pre-registration nurse education, for support during placement and for future research. However, it is important to note that these recommendations are presented at a time when the Nursing and Midwifery Council are radically changing the standards that set out how nurses should be educated and this will have implications for the future development of nurse education.

9.5.1 Recommendations for pre-registration nurse education

Recommendations pre –enrolment

- To ensure potential students have a better understanding of the role of the adult nurse through provision of appropriate recruitment information which clearly outlines that students will have a multi-disciplinary team (MDT) placement

Recommendations pre- placement

- Respond to the findings that students (adult field) feel unprepared for what they encounter during their eight-week community experience. Preparation in child protection within pre-registration graduate nurse education in the United Kingdom is

starting to be recognised as a significant and complex subject area, with some areas implementing additional preparation for students.

- It is recommended that all students have an element of consistent theoretical and practical preparation prior to their community placement. Students should be made aware that it is mandatory that they attend this preparation session. This should include providing them with information on different categories of abuse and neglect, as well as ensuring they have an appreciation of the level and amount of child abuse or neglect they may encounter. Thresholds for referring cases of suspected child abuse or neglect, including who to refer to and how to do this, should also be included within the pre-registration curriculum.

- To address lack of knowledge of child abuse or neglect all pre-registration students should be encouraged to embrace technology to support their learning before, during and following this placement. For example, this would include encouraging them to access the new mobile application (APP) introduced in June 2017 for staff who work in healthcare in England, which includes guidelines for safeguarding adults, children and young people.

- A multi-professional approach to preparation is recommended as this addresses the new educational framework proposed by the Nursing and Midwifery Council in June 2017 (Nursing and Midwifery Council, 2017). A health visitor, police officer, social worker, midwife, community paediatrician or legal professional specialising in child law should be invited to deliver lectures on child abuse or neglect (as lectures are often the only mode of teaching available due to the large number of students). This responds to the

current NMC proposal that more inter-professional care is needed within nursing and that students should be supported and supervised by a wide range of practice supervisors from different professions during their 3-year programme.

- It is recommended that students be facilitated to develop emotional intelligence and resilience by equipping them with the skills to recognise what triggers personal stress. Educators should also teach them appropriate coping strategies, for example mindfulness. In doing this it is hoped that students will be able to manage stress effectively and take responsibility for their own wellbeing. Some students will be unable to self-manage their emotions and will need to be given details of how to access additional support via student services.

Recommendations during placement

- Mentors need to be made aware of the importance of their role in supporting students through challenging practice situations, and should give students time to debrief and discuss their concerns. This also responds to the proposed new standards for education as the Nursing and Midwifery Council (NMC) is encouraging greater partnership working between practice and educational environments (Nursing and Midwifery Council, 2017).

- All student nurses should be offered an opportunity to develop an awareness of child protection in the clinical setting. It is recommended that students could 'buddy' up with a peer who is maybe experiencing different situations; alternatively, workshops offering simulated scenarios might be explored. Facilitating the sharing of experiences could also be part of the role of a practice specialist in child abuse or neglect, so a multi

professional approach can be taken including liaison with mentors or practice educators in the clinical area.

- It is recommended that students should be well supported prior to, during and after the community placement with health visitors. It is recommended that the Peshkin approach to reflection is adopted for student nurses (Bradbury-Jones, Coleman, Davies, Ellison, & Leigh, 2010). This involves encouraging students to keep a reflective diary of their feelings and emotions during challenging events and through supervision, and encourages them to systematically analyse these notes to reflect meaningfully on their emotions and subjective views.

- Mentors should be encouraged to revisit and discuss the experience of encountering suspected or actual cases of child abuse or neglect with the student at regular intervals during the practice placement. Additionally, at the end of the placement mentors should hold a debriefing session to encourage students to talk about unresolved emotions to offer them the opportunity for closure in terms of any child abuse or neglect cases that they may have encountered.

9.5.2 Suggestions for further research

This research has uncovered several questions which would benefit from further investigation.

- Follow up with the research participants either at the end of their pre-registration nurse education programme or once they qualify to investigate whether they continue to feel as confident in detecting and referring suspected cases of child abuse or neglect.

- It would also be interesting to compare the experiences of individual nursing students undertaking community placements at a different university. This is recommended as it is possible that students may feel more or less prepared for encountering child abuse and neglect in different educational institutions.

- It may be beneficial to undertake further research to explore any potential links between the first community placement and attrition rates in the pre-registration nursing studies programme

- Finally, a longitudinal study would be valuable, particularly one where student nurses were interviewed twice (at the beginning of their community placement and at the end), to give them the opportunity to reflect on whether or not their interpretations of abuse or neglect had changed following their eight-week placement.

9.6 My reflective journey as a researcher

Shaw (2010) suggested that, as qualitative researchers, individuals must be aware of the importance of reflexivity, as collecting data necessitates becoming involved with other people's language and the accounts they give of their individual experiences. The aim of undertaking reflexivity is for the researcher to make sense of their experience in a meaningful way where it is possible to learn and understand more about human kind (Shaw, 2010a). Reflexivity, therefore, involves looking at oneself, thinking back to why we do what we do and why we say what we say, attempting to find meaning regarding how another individual experience is interpreted in a certain way. Shaw (2010a) also highlighted that by engaging in

reflexivity the researcher allows for a more holistic approach to a study. Being reflexive involved me thinking deeply, being open and transparent about why I was undertaking my study, what I was hoping to achieve, having a clear audit trail throughout the findings, discussion, and recommendations and, importantly, not compromising the safety of those I would be interviewing, namely the students.

Commencing my professional doctorate in education, I had a broad idea of the area I would like to study and as an educationalist, and I wanted to focus on a subject that had significance to the pre-registration nursing programme. Supporting students for several years had allowed me to gain an appreciation of areas I presumed had a significant impact on the student nurse and so I chose an area of practice that is often seen as a challenge, even to registered practitioners. I wanted to explore whether the experience of encountering perceived cases of child abuse and neglect from the students' perspective would give insight into how or if we needed to improve the way we educate student nurses, with the long-term goal of enhancing the nurses' contribution to effective child protection practice.

Whilst undertaking the taught element of the professional doctorate, I explored the literature, presented in chapter two, identifying that there was a gap in knowledge. This gap necessitated a broadening of the search to uncover diverse and related materials, which showed transferability into my research area. Although I found this development to be unexpected and time consuming, with the distinct opportunity to follow issues of interest rather than related ones, it did allow a deepening of my knowledge and increase my awareness of the need to remain true to my own research focus. It helped to refine my research questions and brought increased clarity to the conceptual framework within which the study developed.

As a novice researcher, the decision on which methodology and data collection methods to use was a major milestone for me. After investigating various alternatives, I concluded that interpretative phenomenological analysis would be the most appropriate and, due to the sensitivity of the subject area I was going to explore, one-to-one semi-structured interviews would be the most effective method to collect the data. Those decisions, described in chapter three, led me to develop and enhance my interpersonal skills and my attention to detail. My role in the university frequently places me in an interview situation but the challenge for me here was to listen with great intensity whilst simultaneously noting behaviours that would not normally be of interest, such as body language, silence, pauses, tone, etc. This experience heightened my awareness of and attention to these issues that are significant within my chosen methodology.

The subsequent transcription of the voice-recorded data was a learning experience for me in that only as I immersed myself in the data did I fully manage to separate the words that were actually being spoken as opposed to my initial feeling of what had been said. I believe this has helped me further develop the ability to think more deeply and reflect on the situation rather than take it at face value.

Analysis of the data did make me very apprehensive. This being my first research work and having a difficulty with visual processing of written text meant that I entered a phase where progress slowed significantly, with appendix 19 representative of how I felt at that time. As I canvassed the thoughts and opinions of my peers and supervision team, I came to realise that this stage can be challenging for most researchers, and I just had to be organised and patient. Therefore, when I started to organise and analyse my data with the help of the NVIVO software I started to regain momentum, and insight into the student's experience became clear to me.

This software proved significantly beneficial and is definitely something I would carry forward into any future data intensive study. For additional support, I also used a second software package, Mindgenius, illustrated in appendix 20, to help 'mind-map' my thoughts as to the structure of my research findings and, in doing so, created further clarity for myself. The decision to use these software aids meant that my data was held in an organised manner, and structured in such a way as to make retrieval relatively easy, something that was advantageous when I came to write up my findings in chapters five, six and seven.

Throughout my time studying for this professional doctorate I have kept a reflective account chronicling my own personal educational journey. Reflecting on this, I acknowledge that this undertaking has given me the opportunity to develop as a researcher, culminating in being able to offer recommendations that could improve the student nurse experience. In the process, I have acquired and enhanced my skills to the point that I recently contributed to a publication with eight international co-authors, based on our different experiences of using IPA as a methodology and undertaking research in a variety of settings such as engineering and teaching (Wagstaff et al., 2014). This highlights the progress I have made in moving from being a complete novice researcher to someone who is now more confident and competent in undertaking qualitative research.

Recently, I have also been involved in implementing some of my findings by working with the safeguarding team to set up a bespoke placement for third-year pre-registration students (adult field). The students will be offered this experience during their management placement and will be supported for a minimum of six weeks by professionals who are actively involved in protecting vulnerable children. In undertaking this development, I have worked closely with the practice placement facilitator and staff who are going to mentor these students to offer

support and guidance. My involvement with the team and the students who eventually undertake this placement will continue as this progresses.

My diary also allowed me to resolve and respond to any questions I had when undertaking certain elements of the research process, reflecting on the decisions I made and questioning my own values and thought processes. Perhaps the best illustration of this was during the recruitment phase where I found myself emotionally challenged by a conflict between the beliefs shaping my professional role, which would seek to minimise the occurrences of abuse and neglect, and the fact that as a researcher I wanted students to be exposed to this phenomenon. I continually returned to my diary and explored the significance and any detriment I might have been concerned about, and discussed these concerns with my supervision team which facilitated in resolving this internal conflict.

I envisage continuing to share my experiences as a researcher, supporting other doctoral students; I aim to publish my findings in another peer-reviewed journal and also to present at professional conferences. I have already presented my research intentions at two research conferences and see my findings having an impact already as they are reviewed by my colleagues, with a view to incorporating them into a new curriculum due to be validated in 2017. As a result of this initial reaction, I have been asked to lead on safeguarding education and raising concerns within the new curriculum for all fields of nursing which include adult, mental health, learning disabilities and child. This is not only for use in the UK but includes our overseas partners, where pre-registration nurse education is being provided to universities in China and Malta.

Finally, during this time I have developed my literacy skills. Two years into the research it became evident I had a visual processing problem which means that it takes me several attempts at reading words to make sense of a sentence. It has only been through the unfailing support of my two supervisors and student support that I have been able to complete this thesis. I have learnt that continuity of such support is significant and, in my case, had a direct bearing on progress made. Appendix 21 is a picture postcard I collected when undertaking a PhD researcher's workshop, hoping that this would represent the final stage of my doctoral journey.

9.7 Conclusion

This study contributes to the existing knowledge of the lived experience of student nurses (adult field). It has fulfilled the research aim by illuminating their experiences, outlining that when student nurses encounter what they perceive as child abuse or neglect in the community they feel unprepared, both clinically and theoretically, for the experience which significantly challenges them, resulting in a variety of responses. However, on reflection, they acknowledged what they had learnt and recognised the value of the community experience. This assisted them in making new meaning about child abuse and neglect, altering their schematic framework and having an episode of transformational learning.

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Appendices

Appendix 1 - Definitions used in Multi-Agency Guidance

Children	*Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.*
Safeguarding and promoting the welfare of children	• *protecting children from maltreatment;* • *preventing impairment of children's health or development;* • *ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and* • *taking action to enable all children to have the best life chances.*
Child Protection	*Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.*
Abuse	*A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional community setting by those known to them or, more rarely, by others (e.g. via the Internet). They may be abused by an adult or adults, or by another child or children.*
Physical Abuse	*A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical*

	harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional Abuse	*The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation of corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.*
Sexual Abuse	*Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include noncontact activities, such as involving children in looking at, or in the production of,*

	sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Neglect	*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent of carer failing to:* • *provide adequate food, clothing and shelter (including exclusion from home or abandonment);* • *protect a child from physical and emotional harm or danger;* • *ensure adequate supervision (including the use of inadequate caregivers); or* • *ensure access to appropriate medical care or treatment.* *It may also include neglect of, or unresponsiveness to, a child's basic emotional needs*

(HM Government, 2015, pp. 92-94)

Appendix 2 - Glossary of terms

GT   Guidance Facilitator

NHS   National Health Service

NMC   Nursing and midwifery Council

RCN   Royal College of Nursing

RCUK   Research Council United Kingdom

UK   United Kingdom

Appendix 3 - SPIDER framework and keywords generated

SPIDER	Key words
1.**Sample**: student nurses, registered nurses, other professionals in health and social care responsible for safeguarding children e.g. health visitors, GPs, dentists, social workers.	("Student nurs*" OR "pre-registration" OR "nurs*" OR "health visit*" OR "doctor" OR "GP" OR "social work*" OR *dent*)
2.**Phenomenon** of interest: practice/placement experiences of safeguarding children/child abuse, critical incidents in the clinical context , how and why	("Safeguard*" OR "child abuse" or "neglect") AND ("child*" OR "bab*")
3.**Design:** all types of study design	"questionnaire*" OR "survey*" OR "interview*" OR "focus group*" OR "case stud*" OR "observ*"
4.**Evaluation**: descriptions of impacts on the individual and outcomes, such as changes in attitudes and views, daily practice.	"view*" OR "experienc*" OR "opinion*" OR "attitude*" OR "perce*" OR "belie*" OR "know*" OR "understand*" OR "practice"
5.**Research:** qualitative, mixed methods	"qualitative" OR "mixed method*"

Appendix 4 - Summary of database searches

Database	Search strategy	Limits	Results Total=1007
ASSIA	Command Line Search , Abstracts	Scholarly journals, 1990-to date English Language	110
CINAHL	Advanced search, Abstracts	Academic journals, 1990-to date, English Language	143
ERIC, Australian Education Index	Command Line Search , Abstracts Lines 1,2,4	Scholarly journals, 1990-to date, English Language	66
Medline	Advanced search, Abstracts	Academic journals, 1990-to date, English Language	268
Proquest Hospital Collection	Command Line Search , Abstracts	Scholarly journals,1990-to date, English Language	241
SCOPUS	Title, abstract, keyword	Nursing subject area, child abuse keyword, English language, Article/review/survey	121
Web of Science	Title Search (Lines 1,2 4)	1990-to date, English Language	58

Appendix 5 - Search terms

AB("Student nurs*" OR "pre-registration" OR "nurs*" OR "health visit*" OR "doctor" OR "GP" OR "social work*" OR *dent*) AND AB("Safeguard*" OR "child abuse") AND AB("child*" OR "bab*") AND AB("view*" OR "experienc*" OR "opinion*" OR "attitude*" OR "perce*" OR "belie*" OR "know*" OR "understand*" OR "practice") AND AB("questionnaire*" OR "survey*" OR"interview*" OR "focus group*" OR "case stud*" OR "observ*")

Details of SCOPUS search:

TITLE-ABS-KEY ("Student nurs*" OR "pre-registration" OR "nurs*" OR "health visit*" OR "doctor" OR "GP" OR "social work*" OR *dent*) AND ("Safeguard*" OR "child abuse") AND ("child*" OR "bab*") AND ("view*" OR "experienc*" OR "opinion*" OR "attitude*") AND ("questionnaire*" OR "survey*" OR "interview*" OR "focus group*" OR "case stud*" OR "observ*")) AND (LIMIT-TO (SUBJAREA , "NURS")) AND (LIMIT-TO (EXACTKEYWORD , "Child abuse")) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "re") OR LIMIT-TO (DOCTYPE , "sh")) AND (LIMIT-TO (LANGUAGE , "English"))

Details of Web of Science Search:

TITLE: ("Student nurs*" OR pre-registration OR nurs* OR health visit* OR doctor OR GP OR social work* OR *dent*) *AND* **TITLE:** ("Safeguard*" OR "child abuse") *AND* **TITLE:** (child* OR bab*) *AND* **TITLE:** (view* OR experienc* OR opinion* OR attitude* OR perce* OR belie* OR know* OR understand* OR practice)

Appendix 6 - Key child protection cases and their significance for Adult Nursing

Case	Brief Details	Findings for nursing
1974 Maria Colwell (Field-Fisher, 1974)	Maria died from severe internal injuries and brain damage following physical abuse by her stepfather.	Lack of communication between agencies including nurses.
1975 Susan Auckland (DHSS, 1978)	Susan was killed by her father who had a history of violence and who had already been convicted of the manslaughter of his other children.	Assessment process of suspected cases of abuse should include all past history to allow for a multi-dimensional picture and integrated working of all professionals: Nurses should be aware of the appointments of Guardians ad litem to care specifically for children who are thought to be at risk of harm.
1984 Jasmine Beckford (London Borough of Brent, 1985)	Jasmine was starved and battered to death by her stepfather	Nurses need to be aware of focusing on the needs of the child.
1986 Kimberly Carlile (Blom-Cooper, Harding, & Milton, 1987)	Kimberly Carlile died as a result of starvation and physical abuse by her stepfather in 1986	A response by nurses must be apparent immediately when a referral is made regarding suspected abuse.
1987 Tyra Henry (Sir Stephen Sedley (QC), 1987)	Tyra was killed by her father. She died aged 22 months after being left in hospital under a false name with 50 bite marks on her body.	Nurses must take responsibility to contact other services such as social workers to explore any previous history of child abuse and communicate all concerns.
1988 Cleveland Inquiry (Butler-Sloss, 1988)	125 children were diagnosed as being sexually abused and 98 of these were subsequently returned home.	Nurses need to be aware of the needs of parents but also to question medical staff when diagnosing abuse.
2000 Victoria Climbié (Laming, 2003a)	Victoria died aged 8 years from hypothermia and physical injury. She had 128 injuries on her body and had also been starved.	There were 12 missed opportunities for nurses to detect Victoria was being abused.

2006 Kyle Keen (Walsall Healthcare NHS Trust, 2014)	16-month old Kylie died from a severe brain haemorrhage after her stepfather shook her to death. Her mother was also found guilty of neglect and child cruelty	Nurses acted inappropriately, not independently highlighting their concerns, concentrating predominantly on medical advice.
2007 Peter Connolly (Baby P) (Local Safeguarding Children Board Haringey Council, 2009)	17-month old Peter Connolly died from physical abuse. He had over 50 injuries	Peter was seen repeatedly by the NHS, nurses were criticised for not communicating their concerns. There were concerns that staff nurses were being substituted for health visitors to carry out baby visits.
2008 Khyra Ishaq (Birmingham Safeguarding Children Board, 2010)	7-year-old Khyra was starved to death, she died weighing 16.8kg.	Nurses need to be aware of children who look emaciated and are scavenging for food. Follow up visits were not undertaken by the school nurse even after children failed to turn up for lessons. Nurses also need to be aware of the cultural and religious beliefs of parents and the care of children and whether any practices put a child at risk of harm.
2012 Daniel Pelka (Lock, 2013)	Daniel was starved and physically abused by his mother and her partner.	The school nurse and health visitors need to communicate with other professionals, such as community paediatricians, if they have concerns about a child.

Appendix 7 - Research questions / interview questions matrix

Interview Questions	Research Questions		
	How do student nurses (adult field) interpret, respond and learn from their experiences of encountering perceived child abuse or neglect during their first community placement	How well are student nurses (adult field) prepared for encountering perceived cases of child abuse or neglect?	How can they be better supported?
Do you think your clinical practice has impacted on your learning? If so, in what way?	✓	✓	✓
What have your experiences of safeguarding children been in practice?	✓		✓
Have your experiences of safeguarding children changed your view of practice?	✓		✓
Would any additional theoretical preparation support your response to safeguarding issues involving children whilst you have been on your community placement?	✓	✓	✓
Do you feel that the information sessions introducing this research influenced your learning in practice?	✓	✓	✓

Appendix 8 - Interview questions and prompts

1. Do you think your clinical practice has impacted on your learning? If so, in what way?

2. What have your experiences of safeguarding children been in practice?

3. Have your experiences of safeguarding children changed your view of practice?

Prompts:

- *Has this incident changed how you think about safeguarding?*

- *If so, in what way have you changed your view of safeguarding?*

- *Would you act differently next time? Would you know the policies?*

- *Did you have the opportunity to discuss your experiences with anyone? Debriefing?*

4. Would any additional theoretical preparation support your response to safeguarding issues involving children whilst you have been on your community placement?

Prompts:

- *If not, why not?*

- *If yes, what specific theoretical preparation do you think would help prepare you to face safeguarding children when you commence your first community placement?*

If not, then what can we do to adequately or better prepare students for their first placement and safeguarding?

5. Do you feel that the information sessions introducing this research influenced your learning in practice?

Appendix 9 - NVIVO in action
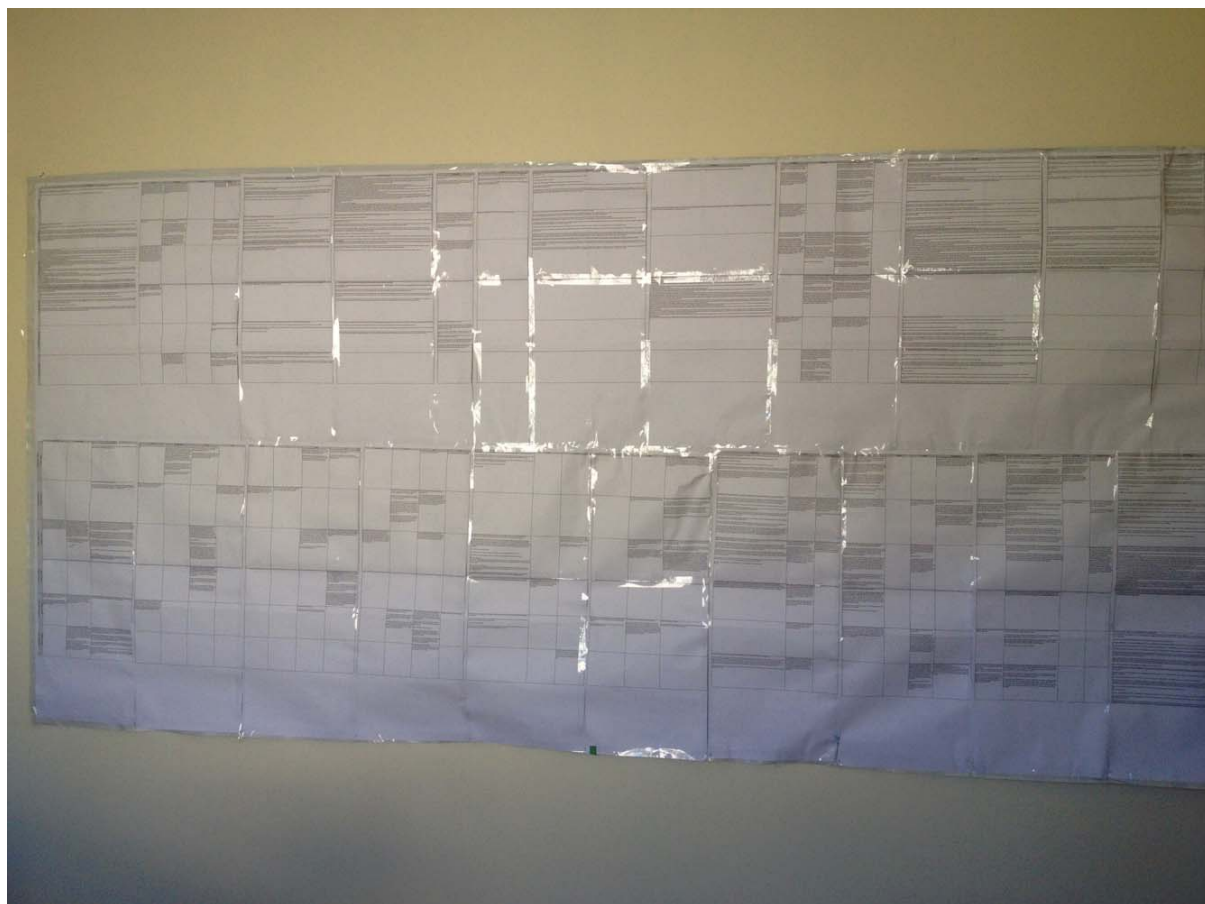
Appendix 10 - Ethical approval letter

northumbria
U N I V E R S I T Y

Professor Kathleen McCourt FRCN
Dean

This matter is being dealt with by:
Research and Enterprise Office
School of Health, Community & Education Studies
Room H007
Coach Lane Campus East
Newcastle upon Tyne
NE7 7XA
Tel: 0191 215 6701
Fax: 0191 215 6083
E-mail: julie.blackwell@northumbria.ac.uk

Julie Tweedlie
Northumbria University
School of HCES
Coach Lane Campus
Newcastle upon Tyne
NE7 7XA

19 July 2011

Dear Julie

School of HCES Research Ethics Sub Committee
Title: What are student nurses perceptions of their experiences of safeguarding children whilst on their first planned community placement within their pre registration programme?

Following independent peer review of the above proposal, I am pleased to inform you that University approval has been granted on the basis of this proposal and subject to compliance with the University policies on ethics and consent and any other policies applicable to your individual research. You should also have recent CRB and occupational health clearance if your research involves working with children and/or vulnerable adults.

The University's Policies and Procedures are available from the following web link:
http://www.northumbria.ac.uk/researchandconsultancy/sa/ethgov/policies/?view=Standard

All researchers must also notify this office of the following:
* Commencement of the study;
* Actual completion date of the study;
* Any significant changes to the study design;
* Any incidents which have an adverse effect on participants, researchers or study outcomes;
* Any suspension or abandonment of the study;
* All funding, awards and grants pertaining to this study, whether commercial or non-commercial;
* All publications and/or conference presentations of the findings of the study.

We wish you well in your research endeavours.

Yours sincerely

Professor Charlotte Clarke
Associate Dean (Research)

Appendix 11 - Aim of study email

From: Removed to maintain confidentiality
Sent: 20 December 2011 12:02
To: RNA4BNN01A
Subject: Introduction to Research for Professional Doctorate: RNA4BNN01A
Attachments: Information sheet

Dear All,

I would like to inform you that I am undertaking a Professional Doctorate exploring your experiences of dealing with safeguarding children whilst you are on your first community placement. The study I will be doing will commence 27th February 2012 and it will involve only 1 Guidance tutor group.

If your Guidance tutor group is chosen then I will be in contact with your guidance tutor and will arrange to see you before you go out on placement to give you more information.

I have attached the information sheet to this email and if you want more details then please look at this and get in touch with me either via email or telephone 2156153.

Regards,
Julie

<u>INFORMATION SHEET</u>

This information sheet contains additional information related to the aim of this research.

Important note:

- You can withdraw from the study at any time (you will be asked to sign a consent form at the interview).

The aim of the research is for the researcher, Julie Tweedlie, to explore what your experiences of witnessing the practice of safeguarding children have been as a adult student nurse whilst you have been on clinical placement with a health visitor, school nurse or midwife. The purpose of this is for you to think about your own learning in relation to this experience.

Participation will involve you contacting the researcher whilst you are on placement, if and when you encounter issues appertaining to safeguarding children.

The researcher will then arrange to meet you at a convenient time and date, as soon as possible after the event. The meeting will be at a time convenient for you, a meeting room at the university will be booked and you will be informed via email where to go.

The aim of the meeting will be for you to share your experiences of safeguarding children whilst on placement in the community, this will be done in a safe and confidential environment.

As the interview is informal, you will be asked some questions but you are free to discuss your experience in as much depth as you wish. There is no strict timescale that needs to be enforced but it is envisaged that the meeting will not take longer than1 hour. A second meeting will take place once you return to the university from your clinical placement. This will be done during one of your meetings with your guidance tutor, the purpose of this meeting is for the students who have taken part in the study to sign the transcript of the interview that they had with the researcher. This is to confirm that the data transcribed is an accurate recording of what was said. This interview should not put you at risk but contact details of the University support services will be given at the outset of the interviews.

You can :

- Access the information you have given at any time (Data Protection Act 1998) by contacting the researcher on 0191 2156153 or by email at julie.tweedlie@northumbria.ac.uk.

The information you give will remain anonymous. However, if you disclose details that indicate a person or persons are at risk of harm, then the researcher has a duty of care to refer to the appropriate agency. This would be made clear to yourself at the time. (Nursing Midwifery Council 2008)

The information will be used to attempt to explore feelings encountered by student nurses when they come into contact with safeguarding children in the practice arena and explore if this enhances your learning. The information will be used as part of a study undertaken by the researcher which will culminate in a thesis for a professional doctorate in education.

Following successful completion of the professional doctorate, it is envisaged that the outcome of the study will be published in an academic journal. However, you will not be identified individually.

The voice recording of both interviews which will be made on a digital recorder will be destroyed upon transcription. The conversation will be transcribed verbatim. All your personal details and identifiers will be removed.

At the end of the study all transcripts will be held for 10 years and then destroyed by the researcher.

If at any time you want to discuss the research that is being undertaken, please contact

JULIE TWEEDLIE

Senior Lecturer

Northumbria University

0191 2156153

Julie.tweedlie@northumbria.ac.uk

References: Research Ethics and Governance Handbook, Northumbria University, Third

Edition 2009-10 Nursing Midwifery Council (2008) The Code

Appendix 13- Consent form

This information will be held and processed for the purpose of a study which is being undertaken to:

 Explore first year adult student nurse's perceptions of their experience of witnessing the practice of safeguarding children whilst on their first clinical placement in the community

I hereby agree to Julie Tweedlie recording and processing information about my experiences as above.

I understand that the information will be used only for the purpose set out in the information sheet supplied to me and my consent is conditional upon the researcher, Julie Tweedlie, complying with the duties and obligations under the Data Protection Act 1998.

Name:--

Signature:---

Date:----------------

Reference: Research Ethics Handbook, Third Edition, 2009-10, Northumbria University

Appendix 14 - Email to student services

From:	Julie Tweedlie
Sent:	05 September 2011 15:03
To:	SV Counselling
Subject:	Professional Doctorate

To whom it may concern,

I just wanted to inform you that I am undertaking my professional doctorate here at Northumbria and this involves interviewing any student nurses who encounter safeguarding children whilst they are on their first community placement. The students involved in my study are out on placement at the moment and will return to the university 10th October 2011. The main study will be taking place in January 2012 again for 8 weeks.
I am very aware of the sensitive nature of this subject and that additional counselling may be required for the students, hence informing yourselves. If at any time you need additional information, please do not hesitate to get in touch.

Regards,
Julie

Julie Tweedlie
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Tel 01912156153

Appendix 15 - Poster presentation

A QUALITATIVE RESEARCH STUDY

"An exploration of the experiences of student nurses (adult field) when they encounter child abuse and neglect whilst on the first community placement within their pre-registration programme: an interpretive phenomenological study"

Aim: To explore the experiences of adult student nurses when they encounter child abuse and neglect during their first community placement in the first year

Rationale:

All nurses will have contact with children during their career and therefore need to be able to recognise abuse (Selby, 2008)

This is also supported by the Laming Review (Laming 2003) which states that since the death of Victoria Climbie, social care teams are looking for other professionals, including nursing, to take responsibility for child protection (Chand 2003). The case reviews on child deaths such as Baby P provides additional support for this study as he had contact with health professionals 35 times before his death (Macloud et al 2010).

Method:

A purposeful sample of between 5-10 student nurses from two guidance facilitator groups will be selected for this study. The participants will be invited to consent to one semi structured interview should they encounter any cases involving child abuse and neglect children during their placement in the community. The interview will be conducted whilst the student is still on the placement and the experience is recent. The participants will be seen again on their return to campus to confirm and sign the interview transcripts. The methodology chosen for this research follows an Interpretative Phenomenological Analysis (IPA) approach seeking to extract rich meaningful data from interviews and subsequently analysing this data to extract themes to influence the curriculum development of the Bsc (Hons) Nursing Studies/Registered Nurse (Adult Nurses) programme.

Analysis:

The researcher will explore the meaning of the student's individual experiences using IPA. Through this active interpretation of the experiences, a more in-depth understanding of the students appreciation of child abuse and neglect

The next stage of the analysis will move the study to a more conceptual understanding where the researcher will develop the specifics of the individuals experience into a broader understanding of emerging themes. The final stage of analysis is to cluster & number themes in table form.

Researcher:

Name: Julie Tweedlie
Programme: Professional Doctorate in Education (EdD)

Key References:

Chand, A. (2003) Race and the Laming report on Victoria Climbie: Lessons for interprofessional policy and practice. *Journal of Integrated Care*. Vol 11 issue 4. Pg28

Laming, W. (2003) *The Victoria Climbie Enquiry: Report of an inquiry*. London. Great Britain.

Macloud, S. Hart, R. Jeffes, J. Wilkin, A. (2010) *The Impact of the Baby Peter Case on Applications for Care Orders*. (LGA Reasearch Report) Slough: National Foundation for Educational Research.

Munro,E (2011) The Munro review of child protection Dof E

Selby, M (2008) Recognising signs of child abuse and neglect. *Practice Nurse*. Issue 36, Vol 2, Pg 32-35

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Appendix 16 - Reflective diary extract (2013)

REFLECTION NOTES continued:

7/8/13 head in a mess too much data and re writing and reorganising findings numerous times to make sense of it all. Concern RE: removing information in case its crucial to research

14/8/13 Meeting with supervisor after writing up first draft of findings which were very raw but helped with initial super-ordinate themes. What really helped was identifying super-ordinate themes then broke down the subthemes. Also a schematic helped and looking in a dictionary to check the absolute meaning of what I was writing about, ie I was labelling something correctly. During writing up phase very difficult as had so much data and so much rich content difficult to discard. I struggle with selecting what is real quality as so afraid of dropping the most important things I drop very little which was why in danger of data overload.

16/8/13 sent draft findings chapter to supervisor has taken over a week to write many hours, I keep revisiting, re writing some of it as the quotes are not saying what I thought it said Feel like a novice researcher and this is a huge learning curve, feel like learning on the job so making mistakes ie jumped to linking outcome of study to a theoretical framework ie the schema theory without analysis findings.
Also used Nvivo to re: group quotes to see diagrammatic representation I have found it a useful exercise as helped me regroup and see data again. When been struggling to start writing up the findings advised to keep going back to the data, v useful comment as this is the answer to the research question. Comments returned back from supervisor and totally deflated as thought I had first findings nearly completed ready to move into second findings chapter. Comments back include more structure needed and organisation, more analysis needed and enduring the quotes connect with my interpretation. Feeling very flat and need to get started to try and evidence analysis and re-structure. I was going to write up 3 separate chapters for 3 super-ordinate themes but this at risk of sounding very disjointed.

18/8/13starting to think about super-ordinate themes again, very difficult as thought I was well on my way. Recognise some quotes not the best I have to support discussion to answer questions. Will work on confirmatory interviews.

21/8/13 returned to my data and reading analysis section of Smith et al as can't work on this anymore. Read comments back from supervisor last night and although v useful, I have lots to do.

24/8/13 Returning back to my interview data to check super-ordinate theme and quotes correspond. Re read Smith et al to check IPA as must ensure interpreting and not just describing the students experience. Re read supervisors comments and understand that need to develop a format for writing up findings. Will look at numeration. Using confirmatory interview x2 to check nothing new is found (saturation).

24/8/13 just re read confirmatory interviews difficult to identify subthemes in quotes v. Difficult to bracket and not to read into words

31/8/13 completed re-structuring data, I have to be careful I put quotes under correct super-ordinate theme. Got more meaningful quotes from interview data. Thinking first super-ordinate theme of the experiences that are the needles that 'burst' the students bubble difficult as keep describing and need to ensure analysis is done. V slow process esp. as so much data and afraid to discard anything as a novice researcher may be discarding some v useful data. Sudden realisation I have never done this before and made mistakes along the way but nothing is wasted.

Appendix 17 - Gantt chart, stepping on, April 2015

DATE (WEEK COMMENCING)	2015													
	04/05 Hol	11/05 Hol	18/05 RSA x3	25/05 RSA x4Day	01/06	08/06 MAHSA	15/06 MAHSA	22/06 SM 22/6,Hol	29/06 Hol	06/07 RSA	13/07 RSA	20/07 RSA	27/07 RSA	03/08 Thesis readiness
Methodology chapter V 2 Theory and philosophy-ontology, epistemology and methodology Amend from meeting 30/4/15	■													
Methods Effective research design ethics, risk assessment recruitment and selection, method, Amend from meeting 30/4/15	■													
Re:visit Lit review: Intro,Method,findings,practice experiences,professional practice experience Education and preparedness Supervision 13/5	■	Send Val and Sharon 11/5												
V1 Discussion plan and chapter 5,000 words: key Findings, Strategies to succeed send 25/5 Supervision 27/5		■	■	■										
Amend discussion chapter and Revisit findings Super-ordinate theme 1				■	■									
Revisit Super-ordinate themes 2 and 3 22/6					■	■								
Introduction and abstract						■	■	■						
Summary: Revisit aims, ensuring quality in interpretative research_ rigour,credibility,transferability									■	■				
Conclusion and Recommendations References/appendices											■	■	■	
Collate Thesis													■	
Complete thesis and bind													■	■
Give to supervisors 1/8/15														■

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Appendix 18 – Proportion of comments attributed to each super-ordinate theme
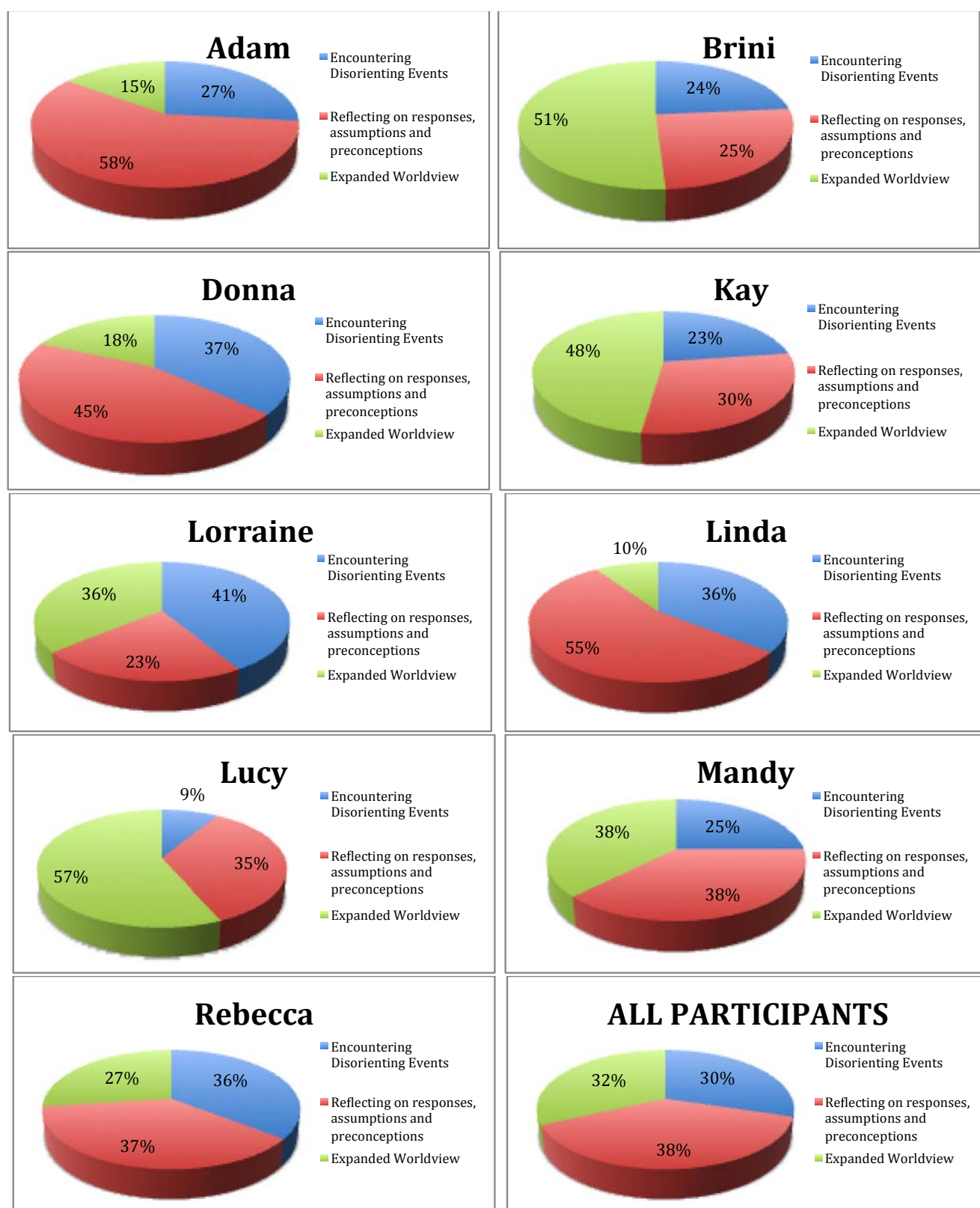
	Adam	Brini	Donna	Kay	Linda	Lorraine	Lucy	Mandy	Rebecca	ALL PARTICIPANT
Encountering Disorienting Events	27%	24%	37%	23%	36%	41%	9%	25%	36%	30%
Reflecting on responses, assumptions and preconceptions	58%	25%	45%	30%	55%	23%	35%	38%	37%	38%
Expanded Worldview	15%	51%	18%	48%	10%	36%	57%	38%	27%	32%
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Appendix 19 - Commencing the analysis

Appendix 20 - Mindgenius

– Different from previous experiences

Papathanasiou, Tsaras, and Sarafis (2014) found in their study using a questionnaire the "Clinical Learning Environment Inventory (CLEI)" a tool used for identifying and assessing 196 nursing students' perceptions of the psychosocial characteristics of their clinical learning environment. The results show that there was a noticeable gap between what the students thought they experienced and the reality of the clinical learning environment.

Leducq, Walsh, Hinsliff-Smith, and McGarry (2012) identified that the first clinical placement is one of the most difficult and demanding situations a student nurse will encounter

Morley (2013) highlights that first year student nurses in particular find the clinical learning environment difficult and suggests that universities have a responsibility to ensure that students are well supported whilst they are in practice.

– Seeing amount of poverty/how others live

Students need to have access to good quality practice placements where the environment is conducive to learning and they are exposed to the context of the real world(Tracy Levett-Jones, Fahy, Parsons, & Mitchell, 2006, p. 60.

Several studies (Badger, 1989, Russell, 2004, Baxter and Beer, 1990) also highlight that professionals may be in fear for their own personal safety where they are afraid or intimidated by an offender, who they may be present in a client's home.

Theme 1 Practices challenges (initiating transformation)

– Hospital versus community working

Wood, (2008) and Watson and Rodwell, (2014) found that working in the area of child protection can be more of a challenge for staff working in the community due to the isolation of working alone and fearing for their own safety.

Baglin and Rugg (2010) argue that community placements may result in student nurses feeling more stressed than they would normally feel when working in hospital where the work undertaken by

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Appendix 21 - The final stage