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Introduction

The aim of pre-registration nurse education is effective professional socialization (Fitzpatrick, While and Roberts, 1996), incorporating competence and confidence to standards of proficiency (Nursing and Midwifery Council (NMC), 2015). Professional socialization has been discussed in nursing and medical literature for over 40 years (Merton, 1957, Oleson and Whittaker, 1968, Miller, Adams, and Beck, 1993, Clouder, 2003), with early studies describing students as empty vessels to be filled with professional identity through an unconscious process (Merton, 1957). Later, socialization was conceptualized as complex and interactive (Goldenberg and Iwasiw, 1993, Howkins and Ewens, 1999).

Developing a professional identity and conducting oneself in ways which show professionalism are core aspects of professions such as nursing (NMC, 2015). Whilst professionalism is complex to define (Finn *et al.*, 2009), it is usually seen as comprising of behaviours, attitudes, and values appropriate to a particular professional group (Hammer *et al.*, 2003). Past UK healthcare inquiries have criticized nursing for poor professional behaviours, such as bullying, lack of candor, and leadership. Francis (2013) and Bubb (2014) stressed the need for investment in the professional development of student nurses, and greater partnerships between higher education and clinical practice. Melia (1984) conceptualized two major divisions in nursing: the 'education segment', and 'service segment'; suggesting nurse education was a compromise between the two. Research on student nurse professionalism is largely framed within the context of clinical practice, despite recognition that both university education *and* clinical practice are important in professional socialization (Secret, Norwood and Keatley, 2003, Maranon and Pera, 2015).

Professional socialization occurs via a range of mechanisms (Lee and Yang, 2019, Hunter and Cook, 2018, Houghton, 2014, Howkins and Ewens, 1999), including socially constructing identities and practices through talk and text (Bizzell, 1992, Usher Bryant and Johnston, 1997, Langley *et al.*, 2019). Professions or groups, such as nursing, share a body of texts or practices joined by a common focus (Porter, 1992) and are united by language particular to that group (Silverman, 2010, Richardson, 1990, Little *et al.*, 2003, Wackerhausen, 2009, Lu, 2016). To become a member, individuals need to learn the language as well as the expectations of that group or community through a process of socialization (Bizzell, 1992, Lee and Yang, 2019, Hunter and Cook, 2018, Cornelissen, 2007, Wackerhausen, 2009).

With a focus on language and talk, such groups have sometimes been referred to as ‘discourse communities’ (Swales 1990, Hyland, 2011, Pogner, 2005, Lu, 2016). The concept of a ‘discourse community’ relates to specific patterns of language, or jargon which characterize particular groups or communities, and which embody, privilege and perpetuate certain norms, ideologies and practices (Little *et al.*, 2003, Pogner, 2005, Langley *et al.*, 2019). Thus, such groups or communities can be seen as functioning to maintain, extend or defend their boundaries, through distinguishing the group from others by creating ‘specialness’ and legitimizing membership through language (Langley *et al.*, 2019, Hyland, 2015, Wackerhausen, 2009). While group specific language has been noted in terms of socialization and professional identity generally (Hyland, 2015, Lu, 2016, Wackerhausen, 2009), the notion of the ‘discourse community’ has received little attention in nursing or health care over the past two decades (Lu, 2016, Wackerhausen, 2009, Little *et al.*, 2003) with the popular concept of the ‘community of practice’ prevailing.

Lave and Wenger (1991) use the term 'communities of practice' to specifically define groups within which people learn, participate and engage in activity. They argue that when people learn they are not only learning a particular skill, but also how to become part of a group of people who do things together. Although the concepts of 'discourse communities' and 'communities of practice' share similarities, a 'community of practice' is learning focused and broader, emphasizing the centrality of participation and common practice, encompassing situated experience, exposure and activity, and viewing language as only one aspect (Prior, 2003, Pogner, 2005).

Given nurse education currently takes place across both academia and practice settings, it follows that professional socialization and exposure to discourse communities occurs in both contexts. To our knowledge, no research has examined how student nurses construct their talk regarding professionalism in the academic setting. This study therefore aimed to explore the processes of socialization through focusing on discourses and perceptions at play in the language of professionalism used by student nurses and their lecturers. The premise was to gain insight into factors that influence discourses of professionalism such as lecturer-student relationships, and outside influences such as media and professional bodies.

Methodology

Epistemologically, language is central to the constructionist view (Gergen, 2015), with individuals jointly constructing a world view based on shared assumptions (Leeds-Hurwitz, 2009 and Gergen, 2015). People *do* things with their language, and language *does* things *to* people by

positioning them (Potter and Wetherell, 1987). For example, language is used to ask for things, to justify actions, persuade, accuse, and to clarify. Language is therefore active, dynamic, and variable, rather than passive. The term 'discourse' has diverse meanings to scholars in different disciplines (Schiffrin, Tannen and Hamilton, 2018). Linguists may use the term **d**iscourse to mean any collection of words beyond a sentence, while critical theorists, postmodernists or social constructionists often use the term to refer to '*a broad conglomeration of linguistic and non-linguistic social practices and ideological assumptions' which make up discourses of power, racism and so on'* (Schiffrin *et al.* 2018 p1). Thus, constructionists use the term to signify something beyond simple communication or conversation structure. Therefore 'discourse' using a small 'd' can be seen as relating to conversation structure in communication, while 'Discourse' with a capital can be used to signify a range of practices, (including language and talk) framing ways of thinking, acting and being, which can be viewed as creating or perpetuating particular representations or ideologies (e.g., racism) (Fairclough, 2001).

Language is central to discourse communities which may encompass whole professions and / or sub-sections of them. Indeed, over two decades ago Cheek (2000) used nursing as an example of the power of Discourses, suggesting the way in which nursing is represented in talk and text can reveal the dominant Discourses shaping the profession at a specific point in time. She proposed '*the task is not to look for real and authentic representations of nursing, but rather to look for the speaking and representation that is done about nursing'* (Cheek, 1995 p239). Thus to 'hear' language on student nurse and lecturer professionalism, analysis of their talk via Discourse Analysis (DA) was considered a fitting methodological approach. Only Monrouxe *et*

al., (2011 and 2017) have considered how medical student professionalism might be linguistically framed.

DA has been used extensively in anthropology, education and health and has wide variations in conduct. Heller (2001) schematizes DA in terms of macro-analytic and the micro-analytic approaches. Macro approaches focus on broader social processes and the primary concern of creating and sustaining unequal power relationships, such as Critical Discourse Analysis (CDA) (Wood and Kroger, 2000). Micro approaches such as such as Conversation Analysis (CA), examine finer details of language construction (discourse) in patterns of social interaction (Jaworski and Coupland, 2001). Discourse and Social Psychology (DASP) is a hybrid model using both micro and macro principles (Potter and Wetherell, 1987). Being ethnomethodologically motivated (Brunner and Graefen, 1994), DASP seeks to answer what people do with their talk in particular contexts (Wood and Kroger, 2000).

The social constructionist position does not assume that an individual will consistently represent events in the same way over time as there may be many versions of the same account depending to whom – which discourse community, it is being told, and the function being performed by the account. Despite different accounts, language is used in a shifting, inconsistent way and is oriented to particular functions which have many variations (Potter and Wetherell, 1987). Functions may relate to the particular discourse community being represented and the discourses at play may be constructed of a range of repeated ‘common cultural stories’ or repertoires (Steven, 2009). These stories or interpretive repertoires (IRs) form accepted coherent ways of describing a concept (Edley, 2003). IRs have value in the study of occupation,

since analysis enables insight into how individuals enact and maintain membership of discourse communities (Traynor, 2006), and the discourses at play within them.

Ethics

Approval was obtained from the university Research Ethics Committee. Ethical principles from the British Educational Research Association (BERA) (2011) were used as guidance. The perceived power relationship between the interviewer and student participants was an initial ethical concern. However, the interviewer was unknown to the participants. To avoid possible coercion, an information sheet, and a cooling off period ensured participants were fully informed before taking part. Written consent was secured at each interview and the right to withdraw reiterated. All data was stored securely and viewed only by the researchers. Names were changed to preserve their identity.

Participants, setting and recruitment

Participants were drawn from a convenience sample of student nurses and lecturers: students who had just commenced their nursing programme but not had a clinical placement; lecturers who taught nursing students. An email asking for volunteers was sent to a new cohort of students, and all lecturers. Those interested were sent an information sheet detailing the research process, and consent form.

Sample sizes are small for DA (Wood and Kroger, 2000), the interest being on language use rather than the language user (Potter and Wetherell, 1987). Thirty-eight students wished to participate. Thirty-one students later felt unable to participate due to commitments in clinical practice. Seven were available for interview on the days proposed. All seven remained with the study for three years. Eight lecturers agreed to participate, making a total of fifteen participants.

Design

Data Collection

Student and lecturers' talk was collected via digitally recorded semi-structured interviews.

Students were interviewed once a year throughout their course. Lecturers were interviewed once, given they were already established members of the discourse community (Swales, 1990).

Student and lecturer interviews were conducted in small groups of up to four, with some one-to-one interviews, depending on participant preference and availability. Sixteen (16) interviews were conducted each lasting between 1- 1.5 hours. (Table 1).

Table 1 Interview Groupings

FIELD OF NURSING	LECTURERS (n=8)	STUDENTS (n=7)		
		YEAR 1	YEAR 2	YEAR 3
ADULT	1 group interview (4 participants)	1 group interview (2 participants)	1 group interview (2 participants) Individual interview (*1 participant)	1 group interview (2 participants) 1 Individual interview (1 participant)
CHILD	1 group interview (2 participants)	1 group interview (3 participants)	1 group interview (3 participants)	1 group interview (3 participants)
MENTAL HEALTH	2x Individual interviews (2 participants)	2x Individual interviews (2 participants)	1 individual interview (*1 participant)	1 individual interview
TOTAL INTERVIEWS 16	4	4	4	4

- One mental health student transferred to adult nursing in year 2.

Interview schedules were broadly informed by published research. However, questions remained flexible, allowing participants to talk freely. Subsequent data collection was informed by earlier interviews as is accepted practice in qualitative research (Table 2 a and b).

Table 2a: Interview Questions Students


STUDENTS		
		
Year 1	Year 2	Year 3
Interview schedule	Additional questions	Additional questions
<ul style="list-style-type: none"> • Can you tell me what you think professionalism is? • What is professionalism while studying nursing at university? • Should nurses be professional ALL the time? • What is it like being a university student and a student nurse? 	<ul style="list-style-type: none"> • What are the professional behaviours and attributes of a good nursing lecturer? • What professional behaviours and attributes in lecturers do you think are less professional? 	<ul style="list-style-type: none"> • How do you see student nurse professionalism now you are a third year? • Reflecting back, are there any differences between 1st, 2nd and 3rd year student nurse professionalism? • Are there any differences in the professional behaviour of lecturers and clinicians in practice?

Table 2b: Interview Questions Lecturers

LECTURERS
<ul style="list-style-type: none"> • What you think professionalism is? • What are the attributes of a professional student nurse? • Can you think of examples of student nurse unprofessionalism at university? • Would you expect a student nurses to be professional ALL the time? • What do you think it is like to be a university student and a student nurse?

Data Analysis

To show emphasis in talk, simplified features of the Jefferson transcription annotation were applied (Potter and Wetherell, 2013). Analysis followed Wood and Kroger's (2000) two-phased approach. Phase 1 involved organizing text into broad themes, highlighting patterns, phrases or word frequency. Metaphor or rhetorical devices such as ideological dilemmas, positioning, othering, categories, disclaimers, and agency were then located. The latter offered clues to possible IRs (Edley, 2003). Phase 2 required a more in-depth exploration of 'selected' text for evidence of power relationships, and particular use of interesting rhetorical features (Wood and Kroger, 2000). During both phases, discussions were held between the principal investigator (PhD Student xx) and research team (xx, xx, xx) to debate, and refine themes.

Rigor

Taylor (2003) notes that the researcher's personal reflexivity can be an effective tool in relation to research quality if used honestly to deconstruct the research process and the researcher's authority. To this end, the researcher maintained an e-diary to record thoughts and ideas as the research progressed. XX conducted all interviews, being mindful of potential power imbalance. Wood and Kroger (2000) recommend 'Trustworthiness' and 'Soundness' as indicators of rigor. 'Trustworthiness' is shown through orderliness and transparency of documentation. Rigor is enhanced through clear audit trails, including transparent discussion of analysis processes and examples of patterns of speech, and grammatical features.

'Soundness' consists of seven criteria; orderliness, demonstration, orientation, claim checking,

summary, coherence, and plausibility and fruitfulness. Member checking enabled students and lecturers to comment on emerging ideas twice during the study.

Findings

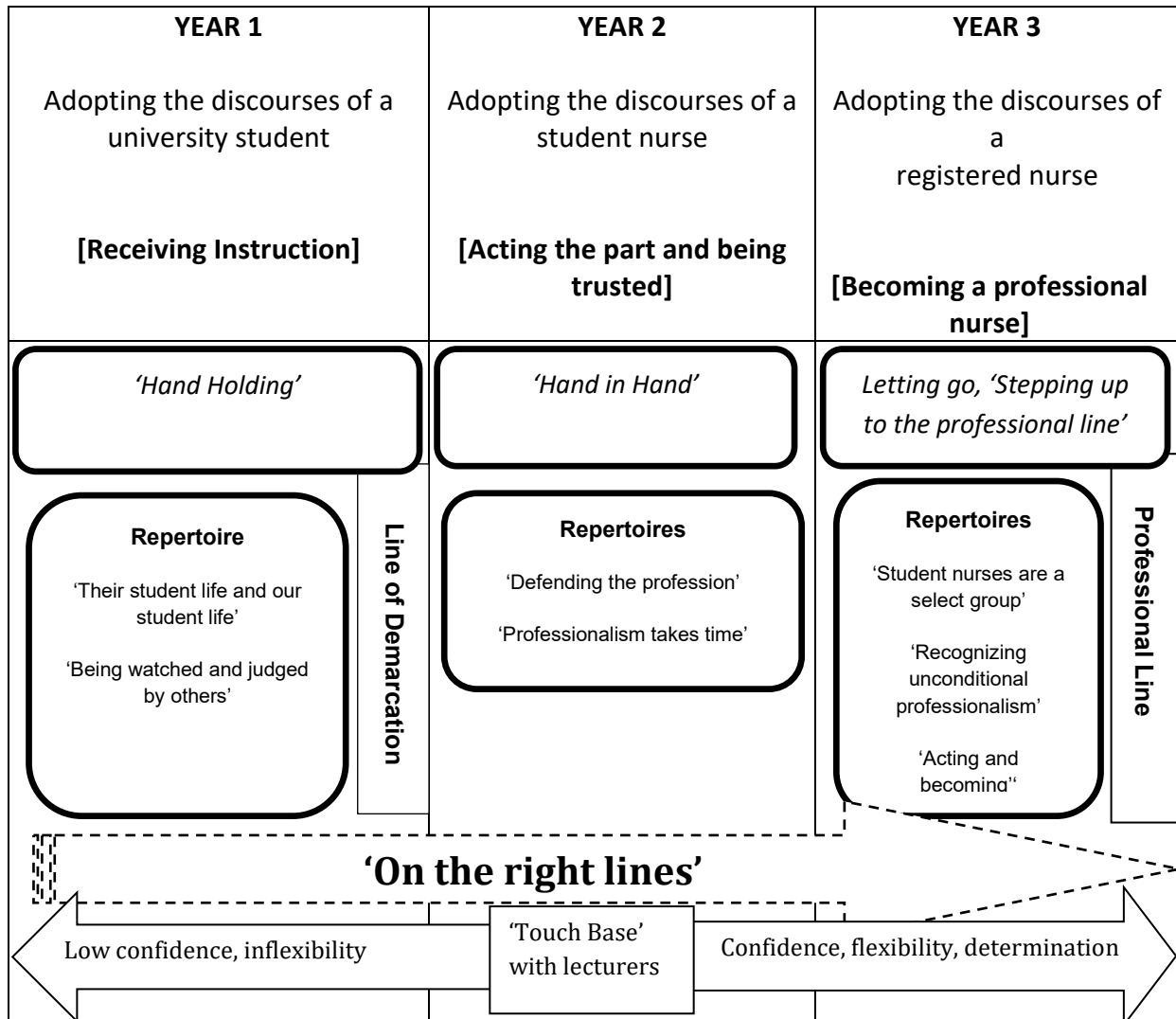
The findings below present the whole study. Analysis identified Twenty-Six themes informing Twenty IRs (Table 3).

Table 3: Interpretative Repertoires located within lecturer and student talk

LECTURERS	STUDENT NURSES		
	Year 1	Year 2	Year 3
Interpretative repertoires			
<ul style="list-style-type: none"> • Respecting the expert • The divided role • Unconditional professionalism in practice • The nurse's hat or mortarboard? • The 'slipped society' • New professionalism 	<ul style="list-style-type: none"> • 'Their student life and our student life' • Presenting yourself as a nurse • Being watched and Judging others 	<ul style="list-style-type: none"> • Their student life and our student life' • Informally professional • Professionalism takes time. • Defending the profession • Awareness and control 	<ul style="list-style-type: none"> • Student nurses are a select group • Incredible or discreditable professionals • The professionalism journey. • The acting and becoming • Realizing professionalism • Stepping up to the professional 'line'

Exploration of IRs lead to the development of the 'Model of Professional Discourse Adoption' (Diagram 1). A description of each phase follows, illustrated by examples of student and lecturer talk.

DIAGRAM 1: The Model of Professional Discourse Adoption



Year One: Adopting the discourses of a university student: Receiving Instruction

The NMC (2015) defines professional standards of practice for nurses; there is an imperative for nurse lecturers to use language promoting and maintaining standards. Consequently, lecturers place themselves in a position of agency, guardians of professional values.

Stewart (excerpt 1) '*instill[s]*' professional expectations. This approach sits within a traditional pedagogical educational paradigm where knowledge is given *by the teacher to the students* (Usher, Bryant and Johnston, 1997). Students at this point are categorized within the model as 'receiving instruction' (Diagram 1).

Excerpt 1

Lecturer Stewart: We instill in them there are professional expectations, there's expectations on them from very early on, they MUST be hit with that↑ [LA1P2]

Students initially adopt the discourses of university students. This, in turn requires lecturers to guide students through authoritarian discourses separating them from other university students. By saying students 'MUST' be '*Hit*' Stewart conveys urgency and importance. Student Kim (excerpt 2) talks of having information '*drummed in*'. This metaphor is shared with lecturers and students in years one and three, appearing associated with wider discourses of students needing professionalism repetitively 'forced', ensuring this is received.

Excerpt 2

Student Kim: ... it was drummed in [Metaphor] that you are professional when you are out, you never get drunk, you never do this, you never do that.
[SMH1P4]

Students not adhering to lecturers' warnings are reprimanded (Tony excerpt 3). Tony is '*obliged*' to '*deal with*' unprofessional students, implying an imperative to rectify un-professional issues.

Stewart refers to 'a group of other students', suggesting 'othering' of non-nursing students with a different cultural identity (Miller, 2008).

Excerpt 3

Lecturer Tony: I've had to **deal with** the students who've been cautioned for being drunk and disorderly with a group of **other student**. How would **that** look like in the paper, 'Student Nurse involved in such-and-such a behavior' has a **totally** ↑ different connotation for history students. [LA1P3]

Despite agency and surveillance laden discourses, students relate talk to their entitlement to a university student experience (Jason excerpt 4). Jayne (excerpt 5) acknowledges the life of a student nurse and other students is different. This is echoed by lecturer Linda (excerpt 6); making it clear student nurses cannot be like other students and must 'behave' **all** the time.

Excerpt 4

Student Jason: ... the traditional idea of a student is like **a rite of passage** [Metaphor] that you leave home and spend a lot of time drinking and, like, enjoying yourself. [SA1P3]

Excerpt 5

Student Jayne: it's like **their** student life and **our student life**. [SC1P1]

Excerpt 6

Lecturer Linda: ... we're saying "You're a university student, you **can't behave like other university students**, because this is what **we expect** of you. We don't only expect that of you in clinical practice; **we expect** you to behave like that **all**

of the time. *In your own life as well as in university.It's your **whole identity**, your whole being a professional, like a police officer is **NEVER really off duty.***
[LA1P20]

The differences in the language used for student nurses, relative to other university students is a consistent feature, supported by metaphors; '*clash of cultures*', '*split personality*' and '*split role*'. One interpretation is a flaw in the premise associated with nurse education being in university and causing tensions (Stewart excerpt 7).

Excerpt 7

Lecturer Stewart: *... they've got **two cultures**. Uni and then practice, and it's trying to **marry the two together** [Metaphor] and make some sense of it.*
[LA1P15]

Lecturer agency appears most evident before students' first clinical placement. By six weeks, a change or '*demarcation*' is heard (Diagram 1). Student talk associates less with university and more with nursing.

Year Two: Adopting the discourses of a student nurse: Acting the part and being trusted

In an attempt to be approachable to students, lecturers work '*with*' students, not '*on*' students. This causes Rose (excerpt 8) a dilemma; she wants to provide a good university experience but is mindful of meeting NMC standards which could mean reprimanding unprofessional students.

Excerpt 8

ROSE: ... a victim of our own success really, the informality, we have encouraged people also to challenge everything *and that causes tension in terms of behaviours.* [LC1P9]

Students place 'real' nursing within clinical practice, questioning the credibility of lecturers who appear 'out-of-date' compared with clinically based nurses. Lecturers who promote their clinical nursing history command greater professional credibility (Jason excerpt 9).

Excerpt 9

Student Jason: ...*The lecturer introduced themselves as a nurse, giving a whistle-stop history [Metaphor]. I wonder if like deep down that was why the group gave that lecturer more respect.* [SA2P11]

Students show growth in confidence and awareness and are more relaxed in both the university and clinical setting. Confident talk appears to move students forward on their professionalism journey.

Excerpt 10

Stacey: *I just feel like a lot more aware of how I come across to people. I find that I can deal with situations differently than I did at the beginning of the year, I'm so much more confident.* [SC2P3]

Discursive tensions surrounding the positions of student nurses as university students still surface, with students preferring student nurse over university student. Student talk indicates

'belongingness' to the profession. Students acknowledge a change in themselves. Inspection of Kim's talk (year 1 and 2) (excerpt 11) indicates a position shift in perceptions, suggesting 'awareness' and increasing confidence. In year one, she comments on increasing professionalism but in year two says she is 'less professional'. Kim's use of the metaphor '*black and white*', constructs and maintains strict rules. Her message is not that second-year student nurses are less professional, but they have awareness, enabling them to decide what is, and what is not professional. Kim seems to be working to improve herself rather than merely being obedient (Rose, O'Malley and Valverde, 2006).

Excerpt 11

***Student Kim (year 1):** ... I think people are more professional and those who haven't been professional have left. [SMH2P6]*

***Student Kim (year 2):** ...Maybe I'm slightly less professional than when I started, but not in a sense of 'unprofessional', but more... having an awareness of when it's okay to hold back on some boundaries, rather than it being black and white [Metaphor]. [SMH2P6]*

Year Three: Adopting the discourses of a registered nurse: Becoming a professional nurse

As student talk moves them closer to professional registration, dissatisfaction with their lecturers' professionalism is heard (excerpt 12). In year one, lecturers '*instilled*' professional behaviors. By year three a more relaxed approach is evident from lecturers towards essential

practices. In response, students turn to the 'strict' discourses used by lecturers towards them in year one.

Excerpt 12

Student Jayne: ... we're **supposed** to be dressed professionally; **they never check**. I feel like **we would never have got away with that!** So why not strict today? I think that's wrong. If we learn to be more relaxed at university, will we take that into practice? [SC3P7]

Two diametrically opposed repertoires run simultaneously here. Students indicate dissatisfaction with their lecturers own professionalism because they no longer reinforce the professional behaviours expected of them in year one. Student talk promotes professional responsibility and personal change (Stacey excerpt 13). Stacey uses two metaphors to describe this; 'they (the lecturers) don't 'hammer it in'', but 'lightly drop it in'. This suggests a change in professional responsibility from being led by the lecturer (receiving Instruction) to being left to decide what professionalism is for themselves (Becoming a professional nurse).

Excerpt 13

Student Stacey: ... it's like your professionalism. ... **they don't hammer it in** [Metaphor], but kind of **lightly drop it in** [Metaphor]. ... we know what we're doing. I think it would be **insulting** if they started questioning our professionalism now. [SC3P9]

Jason too (excerpt 14) acknowledges early direction from the lecturers; '*Hand holding*' implies proximity to lecturers. Later, the relationship is more distant with words such as '*guide*' and '*keep it right*'.

Excerpt 14

Student Jason: ...in first year, you were **directed**... There was an element of **hand holding** [Metaphor]. That's changed in third year, like we lead the learning and the lecturers just kind of guide that, **keep it right**. [SA3P5]

The 'real' site of nursing continues to belong to practice; the 'service' segment, where 'the job gets done' is favoured over the lesser segment of education (Melia, 1987). From this perspective, university is considered a 'proxy' site for learning about nursing, less valued by students (Stacey excerpt 15).

Excerpt 15

Student Stacey: ..if they [lecturers] catch you using your phone, ... they [Lecturers] don't get as angry. It's not as big a deal because ***you're not doing anything clinical***. [SC3P6]

Gemma (excerpt 16) appreciates 'in-jokes' shared with lecturers, indicating inclusion in the discourse community of nursing.

Excerpt 16

Student Gemma:by third year they [lecturers] know we **understand those jokes a bit better** because we have been in practice; I quite like that. [SA3P3]

Stacey and Joanne (excerpt 17) no longer notice 'being' professional, calling it '[un-]conscious' and 'common-sense'. Common-sense assumptions are important features of IRs, helping form part of the lived ideology within a group (Wetherell, Taylor and Yates, 2003).

Excerpt 17

Student Stacey: ... *it's **not even a conscious thing**; you don't think about it anymore.*

Student Joanne: *for most of us, it is just common sense. [SC3P1]*

All students acknowledge the professionalism 'journey' and how it changed them. Rachel (excerpt 18) talks of initially 'act(ing)' and 'imitating' a nurse. By third year it is reality. Whilst the word 'act(ing)' is not heard in years 1 and 2, it is repeated eight times during third-year interviews. It appears that, only with hindsight, can students appreciate their professional journey travelled. Stacey (excerpt 19) acknowledges greater maturity.

Excerpt 18

Student Rachel: ... it's just like I've been imitating the nurse, just to get a full picture of it. Now in third year, it's like, you know, this is who I am. I've got a new identity. [SA3P3]

Excerpt 19

Student Stacey: ... *it's about being a bit more mature. I've got to be a grown up. [SC3P1]*

Jason (excerpt 20) no longer feels 'force-fed' professionalism, but instead 'touch[es] base' with lecturers to ensure he is 'on the right lines'.

Excerpt 20

Student Jason: ... I've got the skills and tools within myself and every now and then, touching base [Metaphor] with a lecturer and they'll be like "you're going along the right lines [Metaphor]". ... It's not as 'force fed' [Metaphor].
[SA3P5]

'On the right lines' signifies purposeful forward movement. There are many references to the metaphorical 'line' (Jayne excerpt 21). Before the 'line' is professionally acceptable. Crossing the 'line' is unprofessional. It offers a boundary, defining a space where professional nursing exists which cannot be entered without undertaking the journey to get to it.

The students approach 'the line' with some trepidation, anxious about pending registration, and needing more support at this point (Kim excerpt 22).

Excerpt 21

Student Jayne: ...there's a line. So, you'll go to a certain point and there's a line and you think... that's it! [SC3P3]

Excerpt 22

Student Kim: ... I'm here. Teach me something. Because apparently in a year's time, I'm meant to be qualified and I just don't know how I'm going to do that.
[SMH3P1]

At this final part of their professionalism journey, student nurse talk separates them from other university students. The word 'select', used as an adjective by Jason (excerpt 23) suggests carefully chosen individuals (student nurses) from a larger group (university students).

'Work(ed/ing)' had high frequency, appearing thirty-two times in third year, and suggesting greater connection with healthcare services than university.

Excerpt 23

***Student Jason:** I don't feel like a part of that big student body. Not necessarily in a negative way, because I feel like part of this like 'select group', like I'm in the 'student nurse gang'. [SA3P9]*

Discussion

The 'Model of Professional Discourse Adoption' adds a new perspective to this area of work in that it depicts the student journey towards professional socialization as heard through language use. Other studies have focused on measurable behaviors and attributes, with greater attention to clinical practice.

Students found the concept of professionalism difficult to define; however, both students and lecturers, reported definitions similar to those of Monrouxe, Rees and Hu (2011) including: individual attributes; presentation; being 'special'; competence; *and* following rules. Monrouxe, Rees and Hu (2011) compiled a list of nineteen dimensions of professionalism including 'segregation': '*where professional and personal life are divided, and boundaries set between the two*'. In our study, notions of segregation are present within the IR 'university students and student nurses', with a significant presence when used by lecturers and year one and two students. Unlike Monrouxe, Rees and Hu (2011), further segmentation is evident in language use between university and practice settings and may be viewed as the adoption of 'discursive

boundary work' through which groups and, in this case, nursing sub-groups, discursively construct themselves as distinct (Langley et al., 2019). Melia, (1984) described nurse education as highly segmented with students moving frequently between university and clinical settings, adjusting their professional behaviors to 'fit in'. We are unaware of any research illustrating how movement between contexts is also played out and reinforced through language used by *both* students and lecturers.

Further segmentation was heard in the role lecturers play as educators *and* NMC registrants. This challenges lecturer identity, as also noted by Gillespie and McFetridge (2005), Adams (2010), and Felstead (2013). The imperative to protect the nursing profession's reputation influences assertive language use by lecturers when engaging with year one students (Jackson and Steven, 2020). Goffman (1969), talking about the way people present themselves to others, notes a tendency for performers [lecturers in this case] to give observers [student], an idealistic impression of the culture within which they will belong [nursing]. The performance given by the lecturer is likely to exemplify the official accredited values of the society (Goffman, 1969), and serve as a form of boundary work distinguishing nursing as 'special' and different (Langley *et al.*, 2019). Year one, students are influenced by lecturer professionalism, but once in clinical practice, they favour professional role models from clinical areas, and may question lecturers' clinical credibility (Maben, Latter and Macleod Clark, 2006).

Students described professional socialization as a 'journey'. Benner *et al.* (2010) and Hammer *et al.* (2003) define professional socialization as a process to be experienced. Increased confidence supports forward movement on their 'journey'. Therefore, confidence in student talk might

offer insight into their levels of socialization and to their identity adoption as a nurse. Shuval (1980), Cohen (1981), and du Toit (1995) concur that confidence increases as students advance. Like Keeling and Templeman (2013), we report confidence decreases briefly in year three, and students look for more support. The pre-registration curriculum is typically designed to maximize student involvement in clinical practice, resulting in less contact with lecturers when more contact might be required.

The Model of Professional Discourse Adoption has some concordance with the findings of Klaeson, Berglund and Gustavsson (2017). Interviewing students at the end of their programme, they reported three themes: *'Being open to change'*; *'Distancing oneself'*; and *'Challenging one's understanding'*. *'Being open to change'* reflects how students perceive professional and personal development or *'their growth'* and *'development as a person'*. This has fit with year-two talk where students positioned themselves as more mature. *'Challenging one's understanding'* noted students' appreciation of 'ideal nursing', ensuring a positive image of the profession (Klaeson, Berglund and Gustavsson, 2017). This has similarities with year-two and year-three student talk, serving to discursively construct nursing as distinct (Langley et al., 2019) and defend the nursing profession from negative stereotyping as heard in the repertoire 'Defending the profession'. Year three students, possibly unsatisfied by lecturer credibility, turned a professionalism 'lens' back towards lecturers, positioning students as on-going keepers of professional standards, and perpetrators of professionalism discourses. Third-year student nurse talk shows greatest similarity with lecturer talk and may indicate successful professional socialization and joining the discourse community.

The role of the hidden curriculum in professional socialization is unclear (Allan, Smith, O'Driscoll 2011). Defined as processes and constraints that fall outside the formal curriculum (Cribb and Bignold, 1999), there are no rules (MacMillan, 2016), and content challenging to define (Chen 2015). The hidden curriculum places professionalism as something that might be '*caught rather than taught*' (Karamini, Ashktorab, and Ali Abedi, 2014 p2), with hidden messages transmitted within routines and relationships (Monrouxe and Rees, 2017). Our study may offer glimpses into the hidden curriculum. For example, highlighting expectations of certain behaviors in how students conduct themselves while on campus.

Year three repertoires 'Acting and Becoming' and 'Recognizing Unconditional Professionalism' suggest acceptance of professional values. There are indications of student belongingness to the nursing profession at this point. As defined by Hagerty *et al.*, (1992), belongingness involves the experience of being valued and of 'fitting' to the system. Belonging to a culture is largely unconscious (Felski, 2002), and according to Bourdieu (1997), our habitus fits a specific social field. While we remain in that field, we are unaware of it. This does not happen automatically, reflexive thought is required (Miller, 2003). Only through this process can a sense of social, relational, and material identification with surroundings occur.

Conclusions

Findings identify a number of new insights about language used by student nurses and lecturers regarding professionalism and professional socialization at university. Further exploration is justified as to how some forms of talk support professional socialization while

other talk might have a negative influence. For example, in year one, students voice tensions in their relationship with the university system. Both lecturer *and* student talk of professionalism changes during over time, as demonstrated by the proposed Model of Professional Discourse Adoption.

Uncovering IRs has enabled some conceptualizations in terms of *how* professionalism might be socially constructed at any given point; *how* it is linguistically framed, and *how* the language of professionalism might be perpetuated. From this social constructionist stance, defining 'one' form of professionalism will never be possible, which may be why students were unable to describe or define 'professionalism' clearly.

The findings help further develop the profession's knowledgebase around professionalism; educational strategies for raising awareness of professionalism language; tailoring of learning and teaching to meet specific student requirements; and ways in which communication might perpetuate professionalism to advance the core principles of nursing and enhance the student experience.

Recommendations

In light of the study findings, the following recommendations are indicated for education and future research. More research is needed around confidence and resilience, and how these might impact on the student journey towards professional socialization. More support may be required for year 3 students to support confidence.

Further investigation is needed into the experiences of apprenticeship students, recruited directly from clinical practice, who may experience a different form of professional socialization than university recruited students.

Study Limitations

This study was conducted at one university only. Wider student and lecturer participation might produce different findings. The researchers qualified as nurses prior to the university nurse education programme, Project 2000. Their education experience was different to that of the participants. Lecturers from a similar form of nurse education may have different opinions to those presented in this study.

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