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AN EXPLORATION OF
MIDWIFERY STUDENT'S
OPINIONS AND
EXPERIENCES OF THE
NURSING AND
MIDWIFERY COUNCIL'S
EXPECTATIONS OF
PROFESSIONAL GOOD
CHARACTER WHILST
OFF-DUTY

A thesis submitted in partial fulfilment of the
requirements for the degree of Doctor of Philosophy

Vivien Perry
May 2022

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Thank you to Mr Perry, for not having a clue but being there to mop my tears and pour the wine. No, this doesn't mean your tea will be on time.

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my 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 commentary has been approved. Approval has been sought and granted through the Researcher's submission to Northumbria University's Ethics Online System on the 08/06/2018.

I declare that the Word Count of this Thesis is 72,738.

Name: Vivien Perry

Date: 20/05/2022

Abstract

Midwifery students are required to demonstrate the NMC requirement of good character (GC), this applies to all aspects of their life. However, it has been suggested that healthcare students are not aware of their responsibilities beyond the university and clinical areas. There is limited research regarding what GC consists of when off-duty or how students experience learning and implementing this into their life. There is also limited research relating to social and cultural influences on their experiences or opinions relating to the requirement to always demonstrate GC.

Aim: To explore midwifery students' opinions and experiences of the Nursing and Midwifery Council's expectations of professional good character whilst off-duty.

Methods: 124 UK midwifery students completed an online survey. Additionally, 10 semi-structured interviews were undertaken with undergraduate midwifery students, from one university.

Data analysis: Survey data was analysed by producing descriptive statistics of rating scales using Microsoft Excel. Open-question responses were analysed by hand. Thematic analysis was utilised for examining the interview transcripts (Green et al, 2007). Themes developed via the use of in-vivo codes, and the creation of categories to produce themes which reflected an overarching picture of the phenomena.

Findings: Students described core values and attributes they considered demonstrated GC whilst off-duty. Students suggested they learnt about these from family, friends, and society. Students also identified the concept was subjective and nuanced, because of the wide diversity of people and conduct associated with the concept of GC. Students felt they should demonstrate GC because midwifery was more than just a job. However, they perceived higher standards of GC were expected of them. Some students expressed it was a challenging concept to implement GC when off-duty. Therefore, they identified ways they had learnt to manage it, as they transitioned to becoming a professional.

Conclusions: There was a multitude of experiences and opinions relating to the requirement to demonstrate GC whilst off-duty. Students suggested GC was still utilised to manage who is allowed to enter the profession and to socialise them into the profession's values and behaviours, resulting in a reproduction of the profession's cultural and social capital. The process of socialisation resulted in the mortification of self and habitus clivè for some students, whereas others did not perceive this was an issue as their personal and private lives were separate entities. This socialisation and potential social mobility came with positive and negative challenges for some students and the profession. Reproduction can result in loyalty and allegiance to the profession which may result in moral disengagement to raise concerns about the culture and care provided by colleagues. However, students recognised they were role models for the profession when off-duty and felt they could be a force for good, but this was also fraught with challenges concerning free speech and personal choices.

Implications: Greater clarity regarding what GC consists of when off-duty would be beneficial for the profession, students, and educators. Wider professional discussions regarding freedom of speech and diversity of the profession are also needed, with safe spaces for students to explore these issues. The profession needs to recognise that GC can be used in a discriminatory manner to control entry to the profession and should challenge any unconscious biases they may have regarding what constitutes GC whilst off-duty. Additionally, some students may require more support to implement GC into their off-duty life and strategies may be required to aid them. Socialisation into the profession can result in allegiance and loyalty that may result in moral disengagement when witnessing poor behaviours, curriculums need to incorporate content on moral integrity and ensure students are not penalised for raising concerns. Further research regarding off-duty expectations of healthcare professionals is required.

Key words: good character, fitness to practice, off-duty, constructionism, phenomenology

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Glossary

Attitude - manner, disposition, feeling, position, etc. with regard to a person or thing, tendency or orientation, especially of the mind.

Behaviour - manner of behaving or acting, observable activity.

Character - the mental and moral qualities distinctive to an individual.

Conduct = Personal behaviour, way of acting, managing oneself.

Good - having the required qualities; of a high standard; that which is morally right.

Good character accounts for a person's conduct, behaviour and attitude. Misconduct breaches the standards and values articulated in the code (NMC).

Morals – standards of behaviours; principles of right and wrong

Professionalism – “a construct of attribution”, variety of characters and behaviours that others hold in high esteem, should strive to measure but difficult and.....” Bradburn (2012)

Values - principles or standards of behaviour; one's judgment of what is important in life. The regard that something is held to deserve, the importance, worth or usefulness of something. According to Callwood et al (2016) values are cognitive representations of enduring goals, reflecting personal choice to act in a certain way.

Views - A particular manner of looking at something; a conception of a thing; opinion, to contemplate mentally

Virtues - behaviour showing high moral standards

1.0 Introduction

This thesis is the result of five years of concentrated study and research endeavour as part of fulfilment of a PhD programme. This chapter will acquaint the reader with the topic by providing the background and focus for the research project. A rationale and justification for my interest in this subject will be provided, including positioning myself as suitably professionally credible to undertake this project. The chapter will be drawn to a conclusion, with an overview of the structure and sequence of the thesis.

I am a registered nurse and midwife, I have been working in higher education as a senior midwifery lecturer, since 2010. During this time, I have developed an interest and expertise in fitness to practice (FtP) cases for students on healthcare programmes. This resulted in becoming a departmental lead for FtP in 2021.

My interest in this research area was further stimulated by media reports regarding the conduct of health and social care professionals and students when off-duty. Cases included a Christian student being removed from a social work programme for homophobic comments on social media; a police officer dismissed for racist comments on social media; a nurse struck off for her social media posts; a nurse drink driving whilst off-duty and a midwife being told by her NHS employer, she could not work with brightly coloured hair (see appendix 8). Suggesting that off-duty conduct is an area of concern for many professions. Therefore, I began to question, what students think good character consists of

when off-duty and what influences their demonstration and views of good character when off-duty. This interest and my experiences as a midwifery lecturer compelled me to undertake this research and makes me an appropriate person to do so.

1.2 The professional requirement of Good Character (GC)

The initial inception of the 1902 Midwives Act brought about the systematic education and registration of midwives in England. The Act stated those who were certified midwives, must be of good character (GC) (NMC, 2016; Grob et al, 2012; Donnison, 1977). The obligation for midwives to demonstrate GC was considered assurance of a certain standard of behaviour and virtues (Towler & Bramall, 1986).

Since the roman era, descriptions of the virtues a midwife should possess have existed. The physician Soranus devoted two chapters to express the required qualities and Mowbray in 1724 (Towler & Bramall, 1986, p108) stated that a midwife *“ought not to be ignorant stupid, indolent or a dull person... neither ought she to be self-indulgent, slothful, lazy, inconsiderate.....neither ought she to be a tippler or a drunkard...”*. This declaration that midwives should be upright citizens is compounded by Dawkes in 1736 stating that midwives should be ‘sober & cheerful’ (Towler & Bramall, 1986, p110).

Current midwifery regulation still requires registrants to demonstrate GC, stating it is essential for fitness to practice and accounts for a person's conduct, behaviour, and attitude on and off-duty (NMC, 2016 & 2019d & 2019e). GC is considered important to professional practice for public safety, trust, and confidence in the professions (Semple, Kenkre & Achilles, 2004; Unsworth, 2011; Banks, 2010; David & Ellson, 2015; Karstadt, 2009; Council for Healthcare Regulatory Excellence (CHRE), 2008). Current attributes that have been associated with GC are compassion, courage, trustworthiness, humility, commitment and possessing the appropriate skills to do the job (La France et al, 2004; Sellman, 2007; Wright et al, 2011; Crigger & Godfrey, 2014; Stubbing et al, 2019).

Demonstration of GC continues to extend to the personal and private lives of the profession's members (Grob, 2012; Bailie & Black, 2015). Most professional regulatory bodies, state that the actions of their members whilst off-duty are as relevant as on duty actions. The NMC are explicit that registrants must "uphold the reputation of your profession at all times" (2015, p18). In recently updated guidance they stated,

"We may also need to take action in cases where the concerns were not directly related to the care the nurse, midwife or nursing associate provided to people, but which call into question the basics of their professionalism. This may cover things that have happened in the nurse, midwife, or nursing associate's private life, but this will usually only happen if they've committed serious criminal offences. A need to act because the public may not feel able to trust nurses, midwives or nursing associates generally is a high threshold. It suggests that members of the public might

take risks with their own health and wellbeing by avoiding treatment or care from nurses, midwives or nursing associates.” (NMC, 2021d, FTP-3c).

The NMC (2019d) in guidance to students identifies the public often do not differentiate between students and qualified nurses and midwives and as such, they are required to demonstrate conduct that always upholds the professions reputation. Consequently, the Nursing and Midwifery Council (NMC, 2009b & 2018c) require education programmes to address concerns regarding a student’s conduct if it compromises public safety and protection. Therefore, it has been suggested that student nurses should demonstrate GC from the point of entry to a professional education programme, which could similarly be applied to midwifery students.

“From the day of entry into pre-registration nurse education, students must start to understand and accept that as nursing professionals they will have to develop professional values. Indeed, it is a salutary day when the progressing student recognises that his or her whole life, both professional and in many aspects personal, must be lived according to a professional code beginning with registration.”

(Professor Ellis, pp vii in Baillie & Black, 2015).

In addition, the Lead Midwife for Education at every university is required to submit a declaration to the NMC stating students qualifying from their establishment are of sufficient ‘good character’ (NMC, 2019d).

However, Hensel et al (2014) identified that healthcare students are not fully cognisant of their responsibilities beyond the workplace in relation to public protection and suggested a disconnect between students' behaviours when at work compared to when they are off duty. The potential disconnects between demonstrating GC in a person's private life, when they are 'off-duty', concurred with my own experiences as a midwifery lecturer. Some students behave well in the clinical area and university but where concerns are raised about conduct in their personal life, it may be difficult for students to see why this has any impact on their programme (Callanan, 2010).

Currently, data on student fitness to practice cases are not published, so knowledge of the frequency or reasons for students' referral to FtP panels is unknown. Therefore, consideration of the types of allegations against qualified staff that were investigated by the NMC (2011), may provide insight into off-duty conduct which students may also find challenging (more recent reports use more general descriptions such as crimes and offences or sexual offences, (NMC, 2018d).

- dishonesty (theft or obtaining goods by deception)
- convictions
- violence
- pornography
- serious motoring offences
- substance misuse

Other professional bodies, such as social work, teaching, and medicine concur that these behaviours contravene the relevant codes of conduct. Many of the behaviours cited above are criminal activities. Participation in such behaviours would suggest a person was not of GC. Yet, it has been noted that there is no “definitive list of unacceptable offences” and that even engagement in activities that result in a police caution or criminal conviction may not necessarily result in removal from an education programme (Callanan, 2010, p61). If there is confusion regarding criminal offences, the situation becomes even more obscure when considering non-criminal conduct, behaviours, and attitudes concerning GC whilst off-duty. Questions as to who and what actions and behaviours outside of criminal activity result in bringing the profession into disrepute are not clearly articulated in the literature or research.

There is a paucity of research relating to midwifery (or nursing) students being required to demonstrate GC whilst off-duty. The few published research and discussion pieces focus on competence, conduct, behaviours, and attitudes in the clinical workplace (David & Ellson, 2015; MacLaren et al, 2016; Haycock-Stuart et al, 2016; Arkell, 2021). There are no empirical studies that explore midwifery students understanding and experiences of the requirement to always demonstrate GC or how social and cultural drivers may impact this. Yet, the profession continues to affirm the status of GC as a component of the registrant’s fitness to practice.

The cost of FtP cases was £36.9 million in 2020 - 21 (NMC, 2021c). The stress and health issues for individuals undergoing FtP investigations have also been recognised (Watters, 2018). Educating and preparing students to always demonstrate GC could result in fewer cases being referred to the NMC, resulting in a reduction in financial and emotional costs. Therefore, a greater understanding of what behaviours and actions are reflective of GC when off-duty should be beneficial for the profession. The research aims and questions evolved from the identification of a gap in the evidence base surrounding the definitions of GC whilst off-duty and my personal experience and interest in the topic. This research intends to explore midwifery students' opinions and experiences of implementing the requirement of GC into their off-duty life and what societal and cultural influences impact or influence how they implement this requirement.

As a midwifery educator who is tasked with fulfilling the requirement to ensure those entering the register are of GC, I am appropriately positioned to access students and their views. I have insight as a professional myself, into the requirement to always demonstrate GC. As an educator, I have been involved in managing cases where concerns have been raised regarding midwifery student's conduct whilst off-duty. In addition, I developed my research knowledge and skills whilst undertaking a research study for my MA in medical education. However, I wished to undertake doctorate-level study to hone these skills. I am well-positioned to research this topic.

1.3 Outline of thesis structure

This study is presented linearly, chapter 1 introduces the thesis. It provides the history and background of the NMC requirement to always demonstrate GC. It offers a rationale for the study and identifies my suitability to research this subject. Chapter 2 is concerned with reviewing the literature, providing insights into the topic of study, and identifying limitations within the literature. This chapter concludes with the aims and research questions being articulated. Chapter 3 Explores research paradigms and designs, providing an evaluation of these in relation to the research intentions. Chapter 4 considers the quality and ethical approaches utilised within this study to demonstrate trustworthiness across all aspects of the research and the effective application of ethical principles. Chapter 5 discusses the methods of surveys and semi-structured interviews used to obtain data within this research. It provides a critique of these methods considering the methodological assumptions articulated in chapter 3. It discusses the construction and development of both methods and how these were implemented within the study. The sampling process is also clarified in this chapter. Chapter 6 articulates the approaches used for analysing the survey and interview data in preparation for presenting the research findings in subsequent chapters. The following two chapters (7 & 8) present the findings of the research. This will illuminate participants' experiences of demonstrating good character and what social and cultural drivers might influence this. Chapter 9 provides a discussion and analysis of the research findings, in light of the current literature, synthesising any new insights into the phenomena generated by this research. Chapter 10, will summarise my research journey, highlighting the strengths and weaknesses of the research. Where new insights into the phenomena lend themselves to suggestions for educating student midwives on demonstrating good

character whilst off-duty, these will be presented here, outlining any new ideas or questions which have arisen because of this study.

1.4 Chapter Summary

This chapter has outlined the Nursing and Midwifery Council's requirement for GC at all times by briefly exploring the historical roots and evolution of its implementation and continued usage. Within this chapter, the researchers' credentials, and suitability for undertaking this study have been articulated and the structure of the thesis has been illustrated.

The chapter has also explored current guidance relating to GC whilst off-duty and the implications of FtP cases for the professions and individuals involved. The lack of current literature has been identified and therefore, the next chapter will present a critique and evaluation of the current evidence base and identify any gaps within the evidence base.

2.0 Literature Review

2.1 Introduction

In this chapter, a critique of the research, literature, and theory relevant to the research focus of this thesis will be presented. A literature review explores what knowledge already exists on a topic, and how it has been researched and identifies any gaps in the knowledge base (Hart, 2018). It should provide the reader with an accurate and honest review of the literature on the topic being explored. The purpose of this chapter is to review current knowledge on demonstrating GC whilst off-duty, and identify any limitations in this knowledge base, therefore justifying the intentions of this study. This chapter will demonstrate the achievement of this aim, through an explicit description of the rigorous approaches and strategies that were employed as part of the literature review process (Hewitt-Taylor, 2017; Cronin, Ryan & Coughlan, 2008).

This chapter will commence with a discussion regarding the type of review undertaken. The search strategy and critical appraisal process will be addressed. This will be followed by a discussion illuminating how key themes were identified within the literature. The themes identified were, terminology and definitions, incidence rates and reasons for referral, experiences of demonstrating GC whilst off-duty, learning and implementing GC, social class and reproduction, and behaviours. The literature for each theme will be explored and discussed. This discussion will include a critique of the evidence, including the identification

of any gaps within the literature. There will be a summary of the strengths and limitations of the review and evidence base. This chapter will demonstrate the relevance of the stated research aims and questions for this study.

There are many types of literature review, such as scoping reviews, meta-analysis, and systematic reviews, the choice of review is dependent on the research purpose (Hart, 2018).

Narrative reviews summarise and critically evaluate the current knowledge base. This enables the researcher to provide a synthesised interpretation of the research findings regarding the phenomena being explored (Leach, Neale & Kemp, 2009; Cronin, Ryan & Coughlan, 2008; Ferrari, 2015; Kastner et al, 2016; Hewitt-Taylor, 2017). Narrative reviews try to reveal and explore multiple aspects of a phenomenon rather than identifying one truth or answer (Sandelowski et al, 2012). In addition, the narrative review format was chosen, because it is suited to topics where there is limited prior research on a topic.

Because of the lack of consensus regarding what GC whilst off-duty consists of and what influences it, the review needed to explore multiple questions, which a narrative review accommodates. Narrative reviews also enable evidence that would normally be omitted from systematic reviews due to strict inclusion and exclusion criteria to be included.

Therefore, a more diverse array of evidence, such as reports, guidelines and opinion pieces can be incorporated into a narrative review (Collins & Fauser, 2005; Popay et al, 2006; Thomas & Harden, 2008; Hewitt-Taylor, 2017; Sarkar & Bhatia, 2022).

As a result of trying to access such a broad subject base, it has been suggested that narrative reviews may be biased, in both the selection of literature and the presentation of the data from the literature. However, bias is not only a risk for narrative reviews. The selection of literature, relevance and focus of research aims could always be influenced by the researcher and introduce bias (Greenhalgh, Thorne & Malterud, 2018). In a bid to minimize any potential bias in both selection of the literature and presentation of the data from the literature, it has been suggested, narrative reviews should still employ rigorous protocols for identifying and reviewing the literature (Leach, Neale & Kemp, 2009; Cronin, Ryan & Coughlan, 2008; Ferrari, 2015; Kastner et al, 2016; Hewitt-Taylor, 2017). Therefore, a methodical approach to searching and back chaining/snowballing was undertaken. This provides a clear audit trail of the literature identified, which will aid transparency, credibility, and trustworthiness (Popay et al, 2006; Ferrari, 2015; Greenhalgh, Thorne & Malterud, 2018).

This review intends to identify literature relating to GC whilst off-duty which may identify core attributes and behaviours that reflect the concept. In addition, the review aims to identify any social and cultural influences which may impact students' experiences and views of demonstrating GC whilst off-duty.

2.2 Search strategy

The library search platform at Northumbria University was utilised to identify relevant research and background materials (see appendix 3 and figure 1). This platform accesses a variety of specialist databases, such as CINAHL, Medline, ProQuest, Science Direct, JSTOR and Scopus, no databases that were part of the search platform were excluded. Search platforms provide an efficient way to search across a large remit of journals, textbooks, conference proceedings and reports (Rumsey, 2008). This ensured relevant literature related to other professions, not just healthcare was identified.

The broad nature of the research questions and aims resulted in numerous keywords and a large amount of literature being accessed via search platforms and databases (Hawker et al, 2002). Search platforms require the use of key words and there are a variety of frameworks to assist with identifying these. Initially, the People/Population, Intervention, Comparison, Outcome (PICO) framework (Hewitt-Taylor, 2017) was utilised to identify key search terms. It is suggested that this framework (and the Setting, Population/Perspective, Intervention, Comparison, Evaluation (SPICE) framework) is more suitable for quantitative studies and searches. However, the comparison and outcome element of the PICO framework can be manipulated and interpreted to suit this study's aims and questions. Cooke, Smith, and Booth (2012) suggest this is what often occurs when qualitative researchers use the PICO framework. Therefore, under outcomes, keywords for opinions that were used included *opinions, attitudes, values, attributes, and experiences* (see appendix 1). Medical Subject Headings (MeSH) terms were reviewed for keywords and used within the searches. MeSH is

a “controlled vocabulary thesaurus” it provides headings, terms, and synonyms to describe specific topics, for example, character and social class (see appendix 4). It is suggested, the use of mesh terms enables a more systematic approach to searching databases (Richter & Austin, 2012 p126). In addition, searches were undertaken using NMC and GMC (General Medical Council) websites to identify any key relevant documents. Much grey literature originating from government papers, professional bodies, opinion, and discussion articles were identified. These were useful because the government and professional bodies provide the frameworks and documents for implementing and managing many aspects of professional practice and conduct. Therefore, such literature was included in the review.

A literature review as a precursor to a research project also evaluates and considers the theory and research approaches used by other studies. The Sample, Phenomenon of Interest, Design, Evaluation, Research type (SPIDER) framework allows for the inclusion of theoretical and research terms. This was useful as terms from Bourdieu’s theory of reproduction were included, i.e., *habitus, capital, and field*. This was because the study is exploring social and cultural influences, such as class, on opinions and experiences of demonstrating GC whilst off-duty. Using the SPIDER framework ensured no relevant research on the theory of reproduction was omitted from the search (Leach, Neale & Kemp, 2009; Cooke, Smith and Booth, 2012). The SPIDER framework is said to improve the specificity of the articles it identifies (i.e., articles that are definitely related to the search focus). However, it is less likely to identify all research related to the topic (sensitivity) compared to the PICO framework (Methley et al, 2014). By utilizing both frameworks when searching databases, it was hoped to minimize the issue of sensitivity versus specificity.

Through initial searches and reading it became apparent that the term GC lacked a precise definition and was often used interchangeably with FtP, professionalism, and conduct (appendix 10). For example, the General Medical Council (GMC, 2013) no longer uses the term GC but refers to *fitness to practice* and *professionalism* in their document 'Good Medical Practice'. Whilst the NMC's description of GC was used as the key definition within this research, one of the aims of this literature review is to explore how the concept of GC is discussed and implemented within other professions and research. Therefore, multiple terms to discuss GC, such as *fitness to practice* and *professionalism* were also incorporated in the search. Another aim was to identify if the literature ascertained behaviours that demonstrated GC or not and whether any research identified the incidence of such behaviours resulting in referral to either regulatory bodies or university FtP panels. This resulted in the need for multiple searches using multiple combinations of keywords (see appendix 2 & 3).

On reviewing the keywords identified in the SPIDER framework it was identified that search terms needed to be expanded to include synonyms that were applicable to the keywords. Consequently, *misconduct; professionalism; unprofessionalism, education; values, attributes, and attitudes*. Nurs* were also incorporated as it was identified that whilst that the requirement to demonstrate GC was an obligation of all individuals registered with the NMC and whilst this research focuses on student midwives, the relevance of any studies that had been undertaken in nursing may apply to the knowledge base of the issue under review (see appendix 2 & 3).

Use of wildcard searching using asterisks (Midwi* and professional*) was incorporated to ensure all formats of midwife, midwives and midwifery were included (Leach, Neale & Kemp, 2009; Hewitt-Taylor, 2011). Boolean limiters, such as 'AND/OR/NOT' were applied, and other limitations included English language only, as can be seen in figure 1.

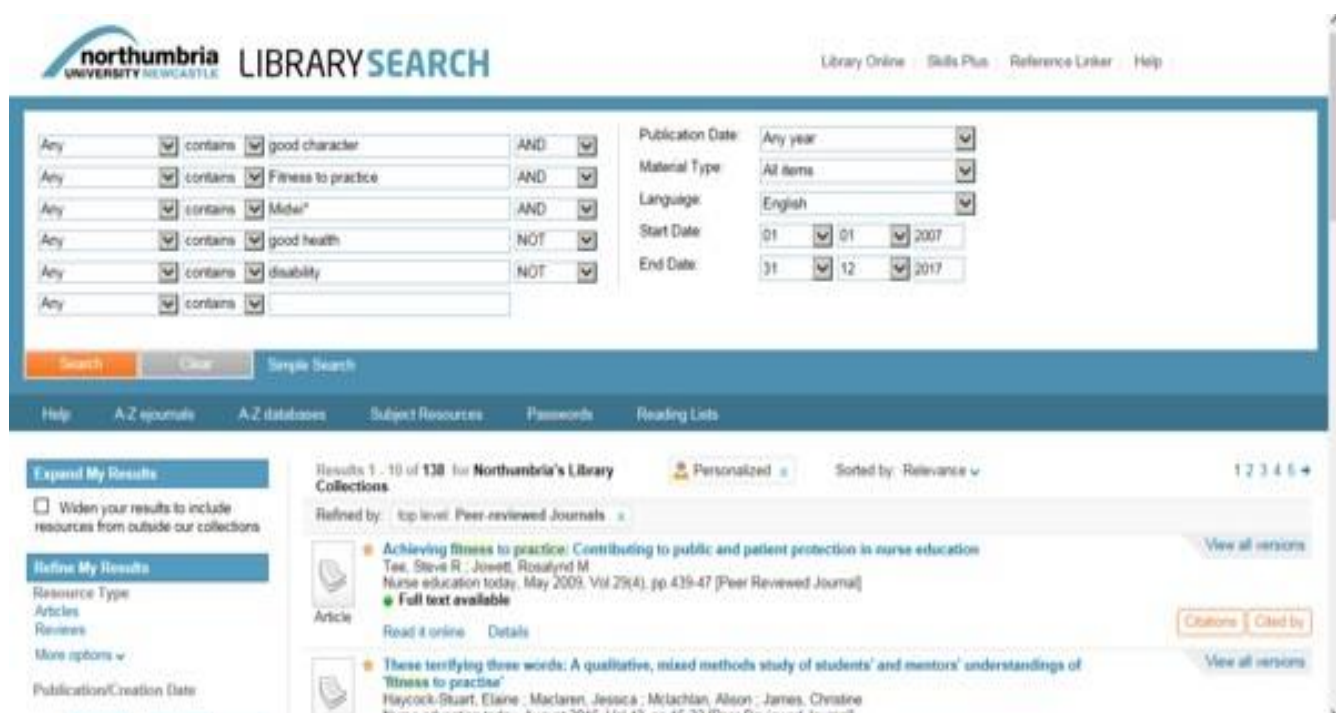


Figure 1 Database search

Whilst grey literature was included in the review, articles identified through database searching was limited to peer-reviewed journals. This was because it infers that the literature meets certain quality standards relevant to the type of literature or study (Hewitt-Taylor, 2011). The time frame for the search was from 2007 to the present, to limit the literature to recent developments in the area under investigation (see figure 2). Studies from other countries were included if the role of healthcare professionals was similar to the UK setting and therefore potentially transferrable.

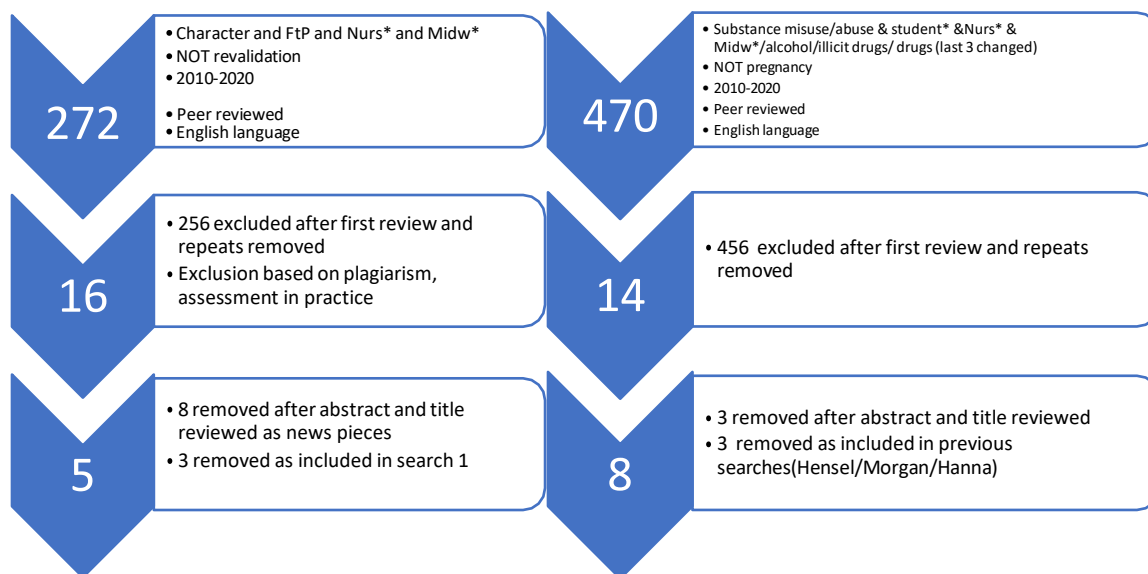


Figure 2 Examples of search flow chart

After the initial review of the literature, some key behaviors, attitudes, and beliefs, such as substance use, participation in the sex industry, social networking, and professional image as areas of personal lives that may influence the demonstration of GC were identified. The flow chart in figure 2 identifies some of the key terms and the exclusion criteria, such as plagiarism, assessment in practice and revalidation (see appendix 2 & 3), which demonstrates the precision applied to each search. Therefore, new searches were undertaken to specifically include these themes (see appendix 2 & 3). The additional approach of snowball/reference checking was employed, which crosschecked, reference lists. This resulted in literature from earlier years being identified and ensured a comprehensive search (Moule & Hek, 2011; Hewitt-Taylor, 2017). Searches began to result in no new evidence, or the same evidence was being located, suggesting saturation had been achieved. Alerts were set up on the searches, so that any new articles were identified without having to repeat the search, such as Pezaro (2020 & 2021).

A wide breadth of literature accessed is common in narrative reviews because of the variety of terminology used by different professions; as is the number of irrelevant articles due to the phrasing of titles and keywords used in opinion and qualitative pieces, reducing the specificity of searches and results (Hawker et al, 2002). The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) table below summarises the results of the many searches, the selection process and the number of articles reviewed (Page et al, 2021).

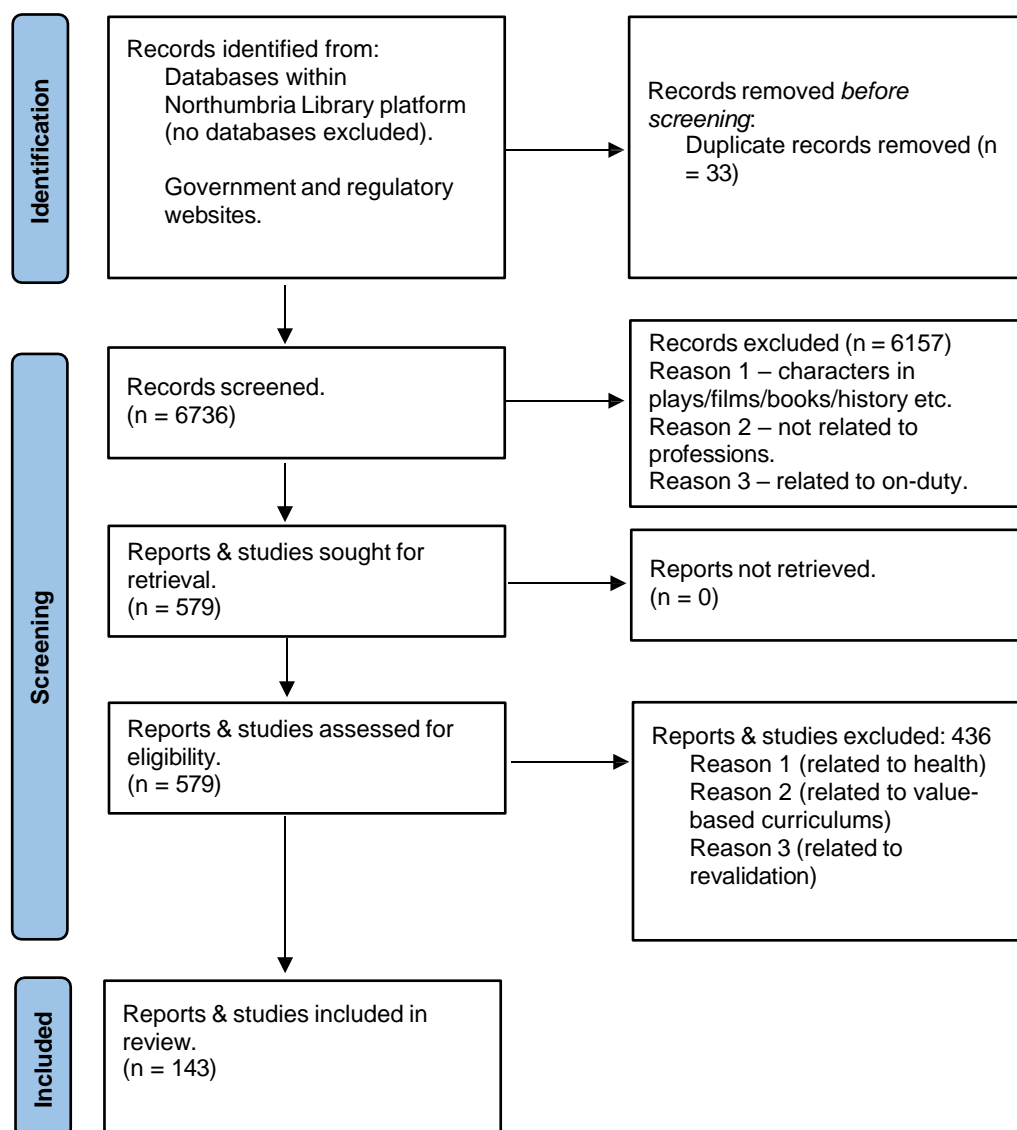


Figure 3 Prisma Table

On reviewing titles and abstracts, 436 articles were excluded as they were not relevant to the study, for example, those related to good health, values-based curriculum models (McLean, 2012) or values-based recruitment practices (Callwood, Cooke & Allan, 2016). Resulting in a final 143 pieces of literature being reviewed.

Appraising literature is essential to ensure rigour, credibility, dependability, and transferability (Koch & Harrington, 1998). Critical Appraisal Skills Programme (CASP) (2020) tools were initially utilised to critique the research papers as they are clear and easy to follow (see appendix 6). They provide multiple tools for differing formats of evidence. However, these tools weren't useful when evaluating the reports, discussion and opinion-based literature that had been identified. This was because there was no specific tool for this type of literature and therefore it would not be a valid measure (Hewitt-Taylor, 2017). A comparison table was developed to aid in the critique and evaluation of all pieces by providing a means to cross-reference the literature aiding analysis. This also demonstrated rigour in the analysis of the literature by providing transparency in the process (see appendix 5) (Hewitt-Taylor, 2017).

After reviewing the literature, the majority discussing GC specifically, consisted of literature reviews, scholarly discursive and opinion pieces. The primary research studies were more specific to the identified themes. Most of the literature is related to other healthcare professions, such as medicine and pharmacy, as well as social work and education. Whilst there were some articles that incorporated nursing, nursing and midwifery, and the NMC,

there were only five pieces that were specific to midwifery. Much grey literature was identified as useful; originating from government papers, professional bodies, opinions, and discussion articles and therefore will be included in the review. The absence of empirical research related specifically to the midwifery professions in terms of GC, FtP and the demonstration of these when off-duty, suggests a gap in the evidence relating to this profession.

Themes were identified due to their recurring nature, which can be seen in a table developed to identify the emerging and relevant themes (see appendix 7). This table provides a reference guide to demonstrate the recurrence of themes within the literature reviewed (Hewitt-Taylor, 2017). The key themes identified within the literature were:

- Definitions of FtP, GC and professionalism
- Students and sex work
- Social media use
- Substance misuse
- Appearance

These themes were then organised into the following overarching themes for discussion:

- Terminology & definitions of GC
- Incidence rates and reasons for referral to FtP
- Experiences of demonstrating GC whilst off-duty
- Social class and reproduction

- Behaviours, which included the four subordinate themes of social media, substance use, appearance and sex work.

2.3 Discussion of themes

2.3.1. Terminology & definitions of GC

To consider what is GC, it is essential to explore what is meant by character. Character is often portrayed as a set of internal/personality traits, core beliefs, dispositions, and personal values which are reflected in a person's behaviours and actions (Sellman, 2007; Haycock-Stuart et al 2016). However, defining GC for healthcare professionals appears to be problematic for professional healthcare regulators.

It has been suggested that there should be a singular definition of GC that applies to all healthcare professionals (Department of Health, 2006). However, the Council for Healthcare Regulatory Excellence (CHRE, 2008) were unable to develop a unified standard definition, due to the different contexts of professional practice for each profession. They noted that the NMC's definition of GC lacked objective criteria to assess GC (Harrison, 2007; CHRE, 2008).

The NMC have sought to strengthen their guidelines and policies relating to GC. In most recent guidance, they stated "By 'good character' we mean that your character is such that you are capable of safe and effective practice as a nurse, midwife or nursing associate."

(NMC, 2019e, p14). Any conduct that does not align with the NMC Code (2018a) may impact the demonstration of GC that is expected of registrants. In summary, nurses and midwives are required to demonstrate the following values and standards (NMC, 2018a):

- honesty and integrity
- treating people fairly
- not bullying or harassing people or acting in a discriminatory manner
- be law-abiding
- not causing distress or upset or using a person's vulnerability for your own gain
- not articulating personal, political, religious, or moral beliefs inappropriately.

By articulating these values and standards the NMC is attempting to clarify what GC consists of. However, most of those cited, lack specificity in terms of what specific actions and behaviour would not meet these values and standards or how they apply to off-duty conduct. There is a potential for subjectivity because of this lack of clarity.

In attempting to provide greater clarity, the CHRE (2008) provided principles to support regulators in their approaches to concerns regarding a registrant's GC. These principles included acts that placed a patient or member of the public's health, safety, or well-being at risk; dishonest acts; acts that do not correspond to the standards of the profession and acts that would damage the public's confidence in the profession. The NMC (2019e, p24), therefore specified the following conduct would make it "unlikely you will meet the character requirements" for NMC registration:

- Serious sexual misconduct.
- Dishonesty, fraud, or deception.
- Offences relating to neglect, exploitation, assault or harm of patients or people.
- Demonstrating hostility to others based on race, ethnicity, religion, sexual orientation, gender identity or disability.
- Breaches of trust and/or abuse of position.
- Custodial sentence.
- Drug and alcohol offences
- Disqualification from driving (will be reviewed on an individual basis).

In clarifying these character requirements, the NMC appear to have clearly articulated what would not demonstrate GC. However, there remains a degree of subjectivity within these requirements, for example, what is classed as a breach of trust, especially when off-duty.

The terms GC, FtP and professionalism were used interchangeably by the health care professionals in two research studies; demonstrating confusion regarding what is meant by such terms. Both studies acknowledged the ambiguity and subjective nature of defining these concepts (Wright et al, 2011; Haycock-Stuart et al, 2016). Arkell (2021) in a Delphi study exploring the assessment of student nurses and midwives GC, used compliance with the NMC Code (2018) as the definition for GC. However, the assessment of GC related to scenarios where students had been referred to university FtP processes. It is difficult to determine from the study whether respondents were assessing GC, adherence to the code

or the FtP issue. The vignettes provided to the respondents were based on real-life FtP cases, but these were not articulated within the article. Therefore, it cannot be determined if these were related to on or off-duty conduct. Additionally, despite the term GC remaining evident in NMC literature, Arkell (2021) describes GC as being replaced in NMC annual reports, with the term professional conduct. The interchangeable nature of the terms within the literature impacts the ability to compare and contrast the evidence base.

As a result of terms being used interchangeably, the definition of professionalism was explored. There are many definitions of healthcare professionalism. Most suggest it is a mixture of personality, traits, attitudes, and values; demonstrated through actions and behaviour which can be influenced by society and professional norms (Pattison & Wainwright, 2010; Bradburn, 2012; Taylor & Grey, 2015). Yet, similarly to the terms, FtP and GC, there is no consensus on what these values, behaviours and standards consist of (Monrouxe et al, 2011; Wright et al, 2011). Therefore, a Welsh Delphi study aimed to obtain a consensus opinion on what is an acceptable minimum standard for professional behaviours and attitudes in both registered and unregistered healthcare professionals (Morgan et al, 2014). Delphi studies are particularly useful in gaining a consensus opinion on a topic (Barrett & Heale, 2020). A series of three questionnaires containing qualitative and quantitative components were circulated to a purposive sample, which included 29 expert clinical nursing and midwifery leaders and 27 consultant nurses/midwives. Response rates were good, with 82% completing all three questionnaires. Statistical analysis demonstrated consensus was achieved by the third questionnaire.

A 100% consensus was reached on attitudes and behaviours such as, respecting professional values and rules, being fair, non-judgmental, and respectful of the principles of diversity and equality. This corresponded with a 100% consensus on the attitudes and behaviours deemed unprofessional, which included: discriminatory, prejudicial, or judgmental behaviours to clients and colleagues, as well as 'religionism', ageism, sexism, racism, having a poor moral or value base, harassment bullying, mocking, ridiculing and disregard for respect, dignity, and diversity (Morgan et al, 2014). Similarly, a collective set of personal and professional values for healthcare professionals was developed through a systematic review, of nursing, medicine, and allied health professions literature. They identified eleven types of values "Altruism, capability, equality, morality, critical thinking, safety, professionalism, spirituality, authority, pleasure, intellectual stimulation" (Moyo et al, 2016 p277). These findings reflect the NMC Code and guidance on professional behaviours. However, these were again mainly focused on workplace conduct. Whilst there was no specific clarification if these attitudes and values applied to off-duty conduct, 95.24% of the expert nurses and midwives, agreed it was important to demonstrate professional behaviours in work and private life (Morgan et al, 2014).

Off-duty conduct has always been considered important. Krom, (2019, p.581) reflects on the evolution of disciplinary actions for certain behaviours, stating, "professional licenses have been revoked for homosexuality, pregnancy out of wedlock, and acts of civil disobedience, all reflecting the mores of their times, yet such disciplinary actions would be unacceptable today". Therefore, opinions and expectations of behaviours and appearance evolve with time and different generations; behaviours previously considered unethical or dishonest

have become more acceptable in current societies (Semple et al, 2004; Gronowski et al, 2016). In fact, many of these previous judgments would now be considered discriminatory and unprofessional (2018a). The CHRE (2008) suggest the inability to produce a universal definition and criteria for the concept of GC or lack of, is because it is defined by societal norms and thus could be ever-changing. Therefore, the exploration of social and cultural influences on the views and experiences of student midwives as part of this research will be useful.

There is a lack of research specific to defining GC and whether behaviours and values identified as necessary when on duty apply to when a student is off-duty. There is no current evidence regarding what social and cultural factors influence the definition or the behaviours and conduct which demonstrated GC whilst off-duty, relating to student midwives.

2.3.2. Incidence rates and reasons for referral

The incidence rate for healthcare student referrals to university FtP processes was explored as part of the review. This was to provide insight into the frequency and types of behaviours that resulted in a referral to FtP processes and whether these related to off-duty or on-duty behaviours.

It is important to monitor and report incidences of healthcare students' misconduct because a case-control study in the US, identified unethical behaviours can result in poor or incompetent care; unprofessional behaviour at medical school was a key indicator for future misconduct (Papadakis et al, 2005). Therefore, undergraduate disciplinary action is seen as a positive predictor for future disciplinary action (Bradburn 2012; Santen et al, 2015).

However, one study identified that several students for whom there were never any concerns during the training stage, went on to be disciplined when qualified (Santen et al, 2015). Therefore, consideration of the frequency and reason students are referred to FtP processes is important.

The incidence of students referred to FtP procedures is not routinely recorded or published at a national level. Therefore, current incident rates are not fully known, especially for midwifery students. In a UK survey, 805 undergraduate nurses across twenty-five UK universities were subject to disciplinary proceedings, during a three-year period (Keogh, 2013). More recently Jones et al (2021) undertook a retrospective analysis of FtP cases over 11 years in one school of nursing and midwifery. Whilst they were focusing on cases involving social media, they identified 178 (4%) students had FtP cases brought against them, 17 related to social media use. This would suggest that FtP cases for nursing and midwifery students are uncommon. However, it does not clarify the reasons why the majority of students were referred to FtP processes and whether this related to off-duty conduct. Keogh (2013) identified the differences in how concerns regarding conduct were managed between universities and therefore many cases may be managed through informal processes and figures not recorded formally. Therefore, the actual incidence of FtP cases

across undergraduate nursing or midwifery in the UK may vary and because data on the subject is not published, identifying the current incident rate for referral to FtP processes is unknown.

As there is no national database for student FtP cases, it cannot be specified if incident rates are affected by the student's year of training and knowledge of professional requirements. Howe et al (2010) found incidences of unprofessional behaviours were suggested to reduce as students progressed through their programme. It could be suggested that this would be an expected outcome; as students increasingly prepare for qualification and registration, it would be anticipated they are less likely to not demonstrate GC. However, in a later study, referral rates were evenly spread across all years of the programme (Barnhoorn et al, 2017). When Braatvedt et al (2014) tested the hypothesis that FtP issues would be evenly spread across all years of their New Zealand medical programme, they identified a higher number in years four- and five of a six-year programme. However, this corresponds with the students moving from being based solely in university to the clinical phase of their training and thus professional behaviour may be under greater scrutiny within the workplace. Additionally, as students near the end of their programme, others may be less forgiving of any inadequacies. Yet, in a US study, student nurses did not demonstrate an increasing transition in professional identity as they progressed through their programme and participation in behaviours that may not be considered GC was as likely in all years (Hensel et al, 2014). There appears to be some variance in the literature relating to whether students are less likely to be referred to FtP processes as their programme progresses. Without current data, specifically for nursing or midwifery students, it is difficult to

determine if increasing knowledge and preparation for professional practice reduces the incidence of referrals to FtP processes.

Reasons for referral most frequently cited in the literature reviewed, are related to clinical and academic environments and not behaviours whilst off-duty (Howe et al, 2010; Keogh, 2013; Barnhoorn, 2017). A systematic literature review by Mak-van der Vossen et al, (2017) identified 205 different descriptions of unprofessional behaviour which occurred in real life by medical students, these included:

- poor motivation
- issues with timekeeping
- being disorganised, tardy and lack of conscientiousness
- lying
- academic misconduct
- not obeying rules and regulations
- forging signatures
- disrespect in terms of inappropriate communication, including body language
- cultural and religious insensitivity
- being disruptive in class
- bullying peers in class
- not engaging with academic or clinical feedback
- lacking insight into the behaviours
- blaming others and external factors rather than taking responsibility for behaviour

- diminished capacity to improve oneself

Again, most of these relate to conduct on duty but some relate to being a student. When considering off-duty behaviours; in a survey of US nursing students drinking behaviours within the last year, 6% self-reported being arrested for driving whilst intoxicated, 3.9% reported they had got into a fight after drinking, and 4.2% reported not attending class due to having several drinks (Hensel et al, 2014). Furthermore, the General Social Care Council (2012) noted 18% of 265 misconduct cases were not related to their job role and approximately two-thirds of misconduct cases relating to female social workers, were because of incidents that occurred outside of the professional environment, cases involved fraudulent benefit claims and obtaining property by deception (Furness, 2015). Similarly, studies have shown that students in nursing and social work did not understand their responsibilities beyond the workplace or perceive that their role should have any consequences on their personal life (Wiles, 2011; Hensel et al, 2014). Therefore, exploring midwifery students, who are predominantly female, opinions regarding off-duty behaviours would add to the knowledge base on this topic.

There is a significant gap in the evidence base relating to the incident of midwifery students referred to FtP panels and the reasons why they are referred. There is very limited literature that relates to behaviours and actions whilst off-duty. Some of the literature reviewed suggests a variation in the evidence relating to when referrals are most likely to occur in a

student's journey. There is also some suggestion that healthcare students may not consider or be aware they need to demonstrate GC whilst off-duty.

2.3.3. Experiences of demonstrating Good Character whilst off-duty

Whilst research relating specifically to students' experiences of demonstrating GC whilst off-duty was lacking. Several studies identified the impact of being a professional on medical and pharmacy students' personal lives (Finn, Garner & Sawdon, 2010; Hanna, Gillen & Hall, 2017; Stubbing et al, 2019).

Finn, Garner & Sawdon's (2010) qualitative study, using a grounded theory approach, aimed to describe how UK medical students experienced the requirement to demonstrate professionalism. This study contained 72 undergraduate medical students; this is considered a large sample for a grounded theory study. The students viewed professionalism as predominantly related to the clinical area and made a differentiation between "themselves as doctors and themselves as individuals" (p821). However, they perceived society and colleagues did not see this differentiation. Subsequently, they suggested there was a potential to switch professional conduct, on and off, as they negotiated with whether they were required to be professional "out of hours" (p821). The concept of acting or performing a professional persona, that could be turned on and off, was also identified in an Australian qualitative study of medical students (Cuesta-Briand et al, 2014). However, this is related to on-duty demonstrations of professionalism. This idea echoes Goffman's (1990)

dramaturgical presentation of self where individuals perform differently depending on the situation and observers. Knowledge regarding whether midwifery students also perceive GC as something that can be acted or switched on and off, or how they manage the requirement to demonstrate GC as part of their off-duty life has not been researched.

This experience of demonstrating GC at all times resulted in medical students in two studies feeling under scrutiny and 'pressure' to always live up to professional expectations. This sense of pressure and scrutiny in terms of managing their freedom and identity as an individual and professional felt like a sacrifice for some (Finn, Garner & Sawdon, 2010; Stubbing et al, 2019). Pharmacy students also implied a sense of sacrifice when they described the inability to experience the traditional student lifestyle because of the obligation to abide by their profession's code (Hanna, Gillen & Hall, 2017). Some students suggested they resented being required to be professional or demonstrate GC, at all times (Stubbing et al, 2019; Bair, 2016; Finn, Garner & Sawdon, 2010). This resentment may be because of the sense of pressure and sacrifice they felt at having to demonstrate professionalism even when off-duty. However, we cannot ascertain if midwifery students would have similar views and experiences. Therefore, exploring if midwifery students feel under scrutiny, a sense of pressure or inability to participate in traditional student life would add to our understanding regarding experiences of demonstrating GC whilst off-duty.

The research reviewed appears to imply some healthcare students perceived pressure, sacrifice and feeling scrutinised because of the requirement to always demonstrate GC.

These could potentially be transposed to the concept of GC but not with certainty. Nor can these findings be generalised to the midwifery population. However, this demonstrates some health professions students find it challenging to demonstrate GC or professionalism whilst off-duty. This challenge could be because of a person's social and cultural background and prior life experiences. Therefore, social class and reproduction will be explored next.

2.3.4 Social class and Reproduction

70% of midwifery students came from low-wage earner backgrounds and have dependents; in the 2017-18 midwifery application cycle, young students from areas least represented in higher education (polar 4, quintile 1 areas) increased by 94% compared to other areas (OfS, 2019). This is pertinent as socio-economically disadvantaged students are known to do less well than their peers from more advantaged groups, as they often struggle with the new language and culture of higher education and face challenges to achieve their goals (HEFCE, 2015). Bourdieu and Wacquant (1992) identified an unequal knowledge of the rules of how higher education works between students from different social classes, making it harder for those from lower-class groups to succeed. Reay (1998, p12) concluded that "learning for working-class students is simultaneously about learning to be middle-class". The potential obstacles students from lower social groups face, to achieve and progress within higher education settings, could mean they encounter similar challenges in demonstrating the professional requirement of GC. This may impact their ability not only to access the profession and university but to succeed within the professional setting. Therefore, the

impact of social class on demonstrating GC whilst off-duty was explored as part of the review.

Social class exists due to differences in the types of resources available to people, resources can be, status, authority or financial (Walkerdine et al, 2001). Bourdieu's theoretical framework of habitus and reproduction explores how resources, or as he terms capital, are transmitted and expressed by individuals (1998; 2010). Bourdieu's theory consists of three main concepts: habitus, capital, and field (1998; 2010). Habitus is a set of attitudes and values; the knowledge that underpins these become embedded in a person's subconscious, enabling them to utilise it without conscious deliberation. Habitus is expressed in attitudes and perceptions, the way people speak, dress, walk, and stand, the lifestyle people lead and thus how they feel and think (Walkerdine et al, 2001). Bourdieu (1998;2010) postulates that human beings learn from an early age how to act or behave in certain situations. Whilst this knowledge belongs to the individual, it reflects the shared and customary meanings of the social world they inhabit and is influenced by the individual's position and upbringing in society. Therefore, student midwives, even those at the youngest entry point, arrive with their own culture and social background imprinted upon their behaviours and experiences, shaping their view, and understanding of the world and therefore their understanding of what behaviours and values may underpin GC (Elias, 1978; Crotty, 1998; Goodare, 2015).

Habitus provides individuals with forms of capital (Bourdieu, 1998; 2010). Cultural capital consists of the 'things' that make us fit into our social setting, such as the use of language,

manners, values, beliefs, preferences, knowledge, and behaviours (Sullivan, 2002). Cultural capital has a value, based on the dominant classes' views of what is most valued (Giroux, 1986 in Bourdieu, 1998; Reay, David & Ball, 2005). Those with greater amounts of the right type of capital are usually afforded more opportunities and achieve greater success (Scott, 2006; Roberts et al, 2011). When people concur and demonstrate the values and characteristics that align with the dominant class, they will develop a better reputation and be awarded higher status within their communities. Those who do not demonstrate assimilation with the dominant groups, through their values and appearance, will often be denied access to the benefits afforded to those considered to be in the superior class (Scott, 2006). Therefore, the rules and knowledge acquired in one social space or field (as Bourdieu identifies it), may provide the individual with the capital to succeed in that space, but may not provide any worth or use in a different field. It is not the amount of cultural capital that is important but how valuable it proves to be (Roberts, 2011).

The concept of cultural capital provides a theory for how social stratification systems, such as class, are maintained and reproduced by utilizing cultural capital as a means of exclusion to jobs, resources, and access to high-status groups (Lamont & Lareau, 1988). The post-modernist social theory asserts that class as a social division is an outdated and extinct concept (Scott, 2006). It has also been argued that in current times, an individual's educational attainment is more important than capital acquired from families (Blau & Duncan, 1967 in Flap & Volker, 2008). However, given that an individual's life chances, educational attainment and occupational opportunities, are strongly affected by the social class they are born into, it remains an important area to research (Marshall et al, 1998).

The impact of entering university on those from lower socioeconomic groups is well-researched. Whether similar issues relating to social class impact students' views and experience regarding the professional requirement to demonstrate GC whilst off-duty would add new knowledge to the subject and be invaluable to those who support and educate student midwives.

2.3.5 Behaviours

The next four subjects are subordinate themes which broadly relate to specific behaviours where demonstrating GC could be challenging or problematic for student midwives. These emerged when reviewing the literature on previous themes, for example, when reviewing the literature related to the incidence of FtP cases, social media arose as a reason for referral to FtP (Jones et al, 2021); and in the literature on terminology and definitions of GC, appearance was noted in Morgan et al (2014). Therefore, these behaviours were reviewed in more depth.

2.3.5.a Social media and social networking

In this review of the literature, social media use, relating to unprofessional/professional behaviour, for both students and qualified healthcare professionals emerged as a significant current issue for healthcare professionals and students.

Responsible use of social media and networking sites is discussed within the NMC Code (2018a). They also provide additional guidance regarding unprofessional or unlawful behaviour on social media (NMC,

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf> , no date). The advice relates to:

- patient confidentiality,
- developing relationships with patients,
- bullying, intimidation, or exploitative actions,
- encouraging hatred, discrimination, self-harm, or violence,
- theft of personal information or identity.

The NMC clarifies this is not an exhaustive list but the need to provide additional guidance may reflect the uncertainty and issues that have evolved with the increasing use of social media. However, it is pertinent to note in the most recent data, the NMC (2018d) only removed one registrant and suspended one other, for FtP issues related to social media from April to September 2018. They gave no conditions of practice, cautions or further actions for cases involving social media.

The increasing use of social media and associated concerns have resulted in a proliferation of studies and reviews regarding healthcare professionals' social media use. Persistent themes emerged from the literature related to the content of posts on social networking

sites. Excluding behaviours relating to patients; posts considered inappropriate were those containing:

- profane language (Knott & Wassif, 2018; Curtis & Gillen, 2019; De Gagne et al, 2019)
- rude or vulgar comments (Knott & Wassif, 2018; De Gagne et al, 2019)
- drunkenness or use of other illicit substances (Barlow et al, 2015; Kenny & Johnson, 2016; Dobson et al, 2019; Jones et al, 2021)
- nudity, or other sexually suggestive material (Levati, 2014; Kitsis et al, 2016; De Gagne et al, 2019)
- racist or homophobic comments (Nason et al, 2016; Knott & Wassif, 2018; Curtis & Gillen, 2019; De Gagne et al, 2019)
- bullying (Kitsis et al, 2016; Tuckett & Turner, 2016; De Gagne et al, 2019)

Like the NMC guidance, this list includes bullying and discrimination, but it goes further and includes more specific actions and conduct considered inappropriate. Therefore, it is pertinent to explore if students consider these additional behaviours inappropriate for the demonstration of GC whilst off-duty.

In a survey, pharmacy students articulated uncertainty and subjectivity regarding what content or behaviours are appropriate to post on social media. This uncertainty was not solely confined to their online activities, discussions also related to the actual behaviours that students may participate in and then share on social media (Curtis and Gillen, 2019). In several surveys, medical, nursing and healthcare students admitted they had embarrassing

photographs on their social media sites, posts they would not want academic staff or future employers to see, and had posted unprofessional content in the past (Garner & O'Sullivan, 2010; White et al, 2013; Duke et al, 2017). Students also stated they had observed posts they would consider inappropriate on their peers' social media (Garner & O'Sullivan, 2010; White et al, 2013). Therefore, several studies have identified students are uncertain regarding what is appropriate to post on social media and have acknowledged their own or their peers' social media posts may be considered to not reflect GC whilst off-duty.

Several studies identified social media posts depicting UK nurses and healthcare students' alcohol consumption and intoxication were considered unprofessional (White et al, 2013; Kenny & Johnson, 2016). However, students in Curtis & Gillen's (2018 p257) study identified alcohol consumption as not unprofessional, but they felt that obvious intoxication wasn't professional and suggested it was "a fine balance, involving matters of degree and audience". This implies they consider mild intoxication with family and friends to be acceptable but wider dissemination of images or behaviours in front of the public would not be appropriate. Despite this, some students stated they had posted images reflecting intoxication or of students drinking on their social media sites (Kenny & Johnson, 2016; Kitsis et al, 2016).

This reflects earlier research findings which examined the Facebook content of 82 recent medical graduates from two New Zealand universities. They identified, 11% had comments related to hangovers or plans to become intoxicated, 46% had images where alcohol was

visible, 10% of which demonstrated what was termed excessive alcohol (>2 drinks) (MacDonald et al, 2010). More recently, De Gagne et al (2019) explored 163 Twitter user accounts, where the owner had utilized a series of potential hashtags that included the word nurse. On reviewing the Twitter accounts, only those self-identifying as a nurse or student nurse were included. 87.7% were nurses, 12.3% were student nurses and 17.8% were from the UK. However, an uncertainty that the sample was all nurses must exist in this approach, as anyone can create a hashtag referring to themselves as nurses. Nevertheless, they examined 8934 unique tweets. They deemed 173 of these related to the personal lives of those tweeting but only 2.45% of tweets related to alcohol, far less than in MacDonald et al's findings (2010). These could suggest that professionals are more aware that social media posts showing alcohol consumption and intoxication are not acceptable for demonstrating GC whilst off-duty. It could also be the differing formats of the social media being examined, as one tends to be more public than the other.

Concerns regarding social media were not solely related to alcohol. Posts containing nudity, swearing, salacious comments (hand gestures or sexual innuendo) and pornography have been identified on health professional's social media posts. MacDonald et al (2010) identified 6% of posts contained profanity, 5% had images depicting offensive gestures or content, 6% had images of nudity, 22% had comments containing unprofessional and/or rude humour. Two further studies identified dental professionals (nurses and dentists) and UK nurses had social media content containing images of nudity (Levati, 2014; Nason et al, 2016). DeGagne et al (2019), explored 143 nurses and 20 student nurses' Twitter accounts. 29 were from the UK. Over a six-week period, 60 of the sample had tweeted at least once in

this period, on average 6.93 uncivil tweets were issued, with a maximum of 97 and a median of 3. This generated 413 uncivil tweets. Of these 413 tweets, 32.7% contained profanity some of which were aimed at individuals or linked to sexually explicit or suggestive material (9%). Sexually explicit or suggestive material included comments relating to masturbation, having sex, images of nurses in lingerie and pornographic videos. this was more common in tweets relating to their personal life. Differences in the findings between DeGagne et al (2019) & MacDonald et al (2010) could be related to several factors. Firstly, the differences in the social media sites explored and the ability to use privacy settings. Secondly, one is a worldwide study and the other is confined to New Zealand (therefore cultural differences related to professional behaviours may be relevant). Finally, MacDonald et al's (2010) study is twelve years old and the use of social media may have changed over this time frame.

Whilst there are differences in the cited occurrence rates of these behaviours across the four studies (MacDonald et al 2010; Levati, 2014; Nason et al, 2016; De Gagne et al, 2019), it is pertinent that this material was linked or assumed to be linked to healthcare professionals. This suggests there is an ongoing lack of knowledge, the uncertainty about what is acceptable to post on social media, a feeling of anonymity, or a disregard for such knowledge. Alternatively, it may be because students see their online presence as separate from their professional life (Hubbard Murdoch et al, 2018).

Some of these studies sought to overcome recall and social desirability bias by identifying actual professional and unprofessional activity on social media sites by data mining social

media platforms (MacDonald et al, 2010; Levati, 2014; Nason et al, 2016; De Gagne et al, 2019). Ethical concerns relating to data mining of individuals' social media sites without their knowledge as a research method are increasing. Concerns relate to what is private and public concerning online presence and the subsequent data that is accessed. Choice and consent are considered implied because the content is publicly available, but this doesn't reflect the ethical principles of informed choice and consent in research (Taylor & Pagliari, 2018). Therefore, the findings from such studies should be viewed with a degree of caution, as participants may not have posted such material had they been aware of its future use in a research study.

Students also demonstrated uncertainty regarding expressing political and personal opinions on social media (Cain & Romanelli, 2009). Membership of political (7%) and religious (8%) groups was evident in some of the profiles reviewed in MacDonald et al's (2010) survey. This would reflect medical students' views that doctors had the right to express political views, with the proviso that they "weren't extreme" (Curtis & Gillen, 2019, p257). However, in Kitsis et al (2016) medical students perceived expressing political views on social media was not professional. This again demonstrates students' uncertainty regarding what content is considered extreme, acceptable, or unacceptable for them to post. Kitsis et al's (2016) research was undertaken in the US whereas Curtis & Gillen (2019) was in the UK and could be a potential rationale for the differing views. Exploration of student midwives' views on what is acceptable concerning expressing their views in the public arena, would expand the knowledge base on this topic.

Social media appears to be an area of concern and confusion for students, in many healthcare programmes. It has been suggested the perceived potential risks may have resulted in many choosing not to engage with social media (Griffin et al, 2021). Much of the research discussed in this section focuses on Facebook and Twitter use. This may not reflect the current social media platforms that students use or how they use them. Suggesting a gap in the evidence base relating to the use of Instagram, TikTok etc. There is a clear gap in the literature regarding student midwives' experiences of demonstrating GC in the virtual world. This is important as there may be unique aspects only pertinent to midwifery.

2.3.5. Substance use

Substance use became a theme when reviewing the literature on social media, as posting of substance use was highlighted as not reflective of GC whilst off-duty. However, it became apparent that it wasn't just about posting on social media but the actual use of substances when off-duty, that needed exploration.

Problematic Substance Use (PSU) usually, but not always, occurs whilst off-duty. However, substance use whilst off-duty also has implications for unsafe practice and misconduct whilst on duty (Searle et al, 2017). A purposive sample of 8 nursing directors and 27 from the consultant nurse/midwife forum in a Delphi study all agreed (100% consensus) substance misuse was unprofessional (Morgan et al, 2014). However, the sample did not contain either nursing or midwifery students and it could be proposed a difference of opinions between qualified nurses and midwives compared to students may exist. This

could be due to potential differences in age, experience, and knowledge of demonstrating GC whilst off-duty.

Literature relating specifically to substance misuse in midwifery is lacking. Pezaro et al (2020) in a systematic integrative review of PSU in midwives and student midwives, only identified three papers of relevance, two of which included midwifery students. A UK survey noted 7% of students in nursing, midwifery and teacher preparation programmes reported using cannabis in the last six months (Deasy et al, 2014). Incidence rates for substance use by other healthcare students', ranged from 0.65% to 3% across the studies reviewed (Bozimowski et al, 2014; Al-Shatnawi et al, 2016; Ayala et al, 2017). However, these were from a variety of countries. Incidence rates in healthcare students appear lower than those cited for qualified midwives. In a survey of 623 UK midwives, 28% of self-reported PSU (Pezaro et al, 2021). Whether these differing incident rates are due to underreporting by students, cannot be determined (Monroe & Kenaga, 2010; Pezaro et al, 2021). Therefore, the specific extent of PSU in the student midwife population is not clear.

There is no literature on midwifery students' opinions of using illicit substances off-duty. However, in a survey examining Scottish medical students' opinions on appropriate outcomes for students who were found to have participated in a range of activities, personal use of illicit substances when off-duty was not seen as a reason for students to be removed from their programme. However, the students felt the penalty for supplying illegal drugs to other students should be expulsion from the course with no option to be re-

admitted (Roff et al, 2012). The sample consisted of 375 medical students across all year groups and was considered representative in terms of gender and age for the wider cohort. This could suggest that students may not perceive personal use of illicit substances of duty has an impact on the demonstration of GC, greater research is needed to determine this.

These studies suggest illegal substances are being used by some students on professional programmes. To what extent and whether midwifery students perceive the use of such substances when off-duty to impact the demonstration of GC has not been clarified.

2.3.5.c Appearance

Appearance and image appear to be an area where personal choices made whilst off-duty may impact the demonstration of GC on duty, because of how colleagues and patients perceive healthcare professionals on duty.

In Morgan et al's (2014) research, by round 3, there was a consensus of 80.95% that poor personal appearance incorporating high-heeled or open-toed shoes, coloured nail polish, facial piercings, and brightly dyed hair are unprofessional behaviours for nurses and midwives. Whilst the impact of these elements of appearance is related to the workplace, it is not known if such views are aligned with off-duty appearance. A discursive case study article argues that the requirements to accept the diversity of the women midwives care for

should be applied to those working in the profession, in terms of body art, piercings, and brightly coloured hair. They also suggest the profession should demonstrate greater acceptance of the way a midwife or health professional chooses to modify their image (Power & Lowe, 2018).

Despite the idea of acceptance of diversity, 58.86% of USA dental programme directors surveyed, perceived students as less professional if they had a visible tattoo. However, 47.52% stated tattoos could be visible if not offensive, there is no clarification of what they would deem offensive (Search et al, 2018). Patients' perceptions and opinions of nurses, dental hygienists, and medics with tattoos have been identified as an issue in much research. Surveys identified the potential negative impact tattoos can have on perceptions of a professional's personality traits (caring nature), behaviours (substance misuse), and attributes (intelligence & honesty); additionally, nurses with tattoos have been described as "dirty" or "unsanitary" (Resenhoeft et al, 2008; Verissimo et al, 2016). Alternatively, in Cohen et al's (2018) survey, patients perceived the professionalism, approachability, or competence of the medic that cared for them, didn't differ whether they had visible body art or piercings compared to days when they didn't. The study's findings could be influenced by the episode of care and other factors such as the ethnicity of the medic.

Photo elicitation was utilized as a data collection method in three studies (Resenhoeft et al, 2008; Verissimo et al, 2016; Broussard & Harton, 2017). Issues with confounding attributes such as race, gender and ethnicity can impact the use of visual methodologies (Banks,

2001). Verissimo et al (2016) identify the fact that they use a white Caucasian female and that if a female of an alternative ethnicity had been used, their results may have differed.

Whilst these studies relate to appearance on duty, and patients' perceptions, there are obvious differences in the literature regarding the acceptability of body art or piercings for healthcare professionals or students. No literature identified whether these aspects of appearance impacted the demonstration of GC whilst off-duty. Decisions on appearance are undertaken whilst off-duty, whether healthcare professionals must adapt or alter these choices because of their profession is not explored within the research identified in this review.

2.3.5.d Sex work

The theme of sex work became apparent when Sagar et al's mixed methods (2015) study was repeatedly identified in the initial searches.

The adult entertainment/sex industry comprises numerous aspects of sex work; lap-dancing, glamour modelling, stripping/erotic dancing, escort work, online/telephone simulations, and prostitution. In two empirical studies, student nurses or students in healthcare programmes were mentioned as participating in the sex industry (Sagar et al, 2015; Sanders & Hardy, 2015). Sagar et al, (2015) cite examples of students on professional

programmes who were engaging in sex work or posting semi-naked pictures on a social network site. This would suggest that some healthcare students perceive working in the sex industry whilst off-duty, does not impact their demonstration of GC. No specific research related to the incidence of sex work by student midwives or nurses in the UK was identified.

Despite the mainstreaming of sex work within society (Brents & Sanders, 2010; Roberts et al, 2010; Sanders & Hardy, 2015), some universities deemed students on professional programmes who participate in sex work whilst off-duty, may not be demonstrating GC. Two of nine universities surveyed stated they would utilise suitability or FtP processes to manage cases where students on professional programmes were participating in sex work (Sagar et al, 2015). They noted that the main concern related to the university and the professions reputation. However, Sagar et al (2015) argue universities and professional bodies censoring and policing students' involvement in sex work as part of their personal lives, is tantamount to bullying and harassment. Management of students' involvement in sex-work activities that are not illegal could impact not only a student's ability to complete their programme but impact their future employability (Brents & Sanders, 2010; Sagar et al, 2015).

There is no literature regarding student midwives' opinions on the impact of sex work on the demonstration of GC whilst off-duty. Identifying whether students perceive engagement in sex work impacts the demonstration of GC whilst off-duty would be useful for educators and the profession.

These behaviours are all areas where there was variance or concerns regarding their impact on demonstrating GC whilst off-duty. Therefore, these aspects will be explored as part of this research.

2.4 Strengths and Limitations

Search strategies in narrative reviews are complex because of the need to access such a wide variety of literature, from multiple professions and multiple sources. One of the strengths of this review is the breadth of literature accessed. Books, policies, opinion pieces and primary research on the subject needed to be included to ensure that all developments and arguments concerning GC within midwifery and other professions had been considered.

Due to inconsistencies in the literature relating to keywords and terms, there is a small potential to have not identified all relevant literature and key documents. However, in later searches, minimal new pieces of literature were identified suggesting all relevant evidence had been identified.

The inclusion of a wide variety of research with differing aims, methodologies, and methods, makes direct comparison of studies and their findings difficult. Many of the primary studies had small samples or low response rates, suggesting the findings are not generalisable.

Despite all studies being anonymised, participation and social desirability bias is a potential

issue in many of the studies, especially where the questions were directly about students' or professionals' own behaviours.

It is important to reflect on the lack of specific data related to students' midwives within this review. Demonstrating a clear gap in the evidence base relating to student midwives' experiences and views.

2.5 Chapter Summary

This chapter has explored the current knowledge base relating to the demonstration of GC whilst off-duty. This has been achieved by employing a rigorous approach to identifying and critiquing the literature. This provided the basis for identifying key themes that arose from the literature.

The review identified and explored the definitions and terms that are used interrelatedly with GC, i.e., FtP and professionalism. The concept of GC whilst off-duty was difficult to define in the literature. The NMC Code (2018a) and many of the articles reviewed, provided specific values and standards that reflect GC. However, most of the values and standards identified, are related to on duty demonstration of GC. There was limited literature relating to off-duty behaviours. Literature exploring healthcare students' experiences and views of demonstrating GC whilst off-duty was also reviewed. These discussions resulted in the

literature specific to social media, substance misuse, sex work and appearance as areas that were reviewed further. In addition, the impact of social class and cultural capital as drivers that may influence the views and experiences of midwifery students demonstrating GC whilst off-duty were explored. Discussion of these themes identified the current knowledge base on these topics, and areas where further questions remain, resulting in the statement of purpose for this research study.

2.9 Statement of purpose

2.9.1 Aim

To explore midwifery students' opinions and experiences of the Nursing and Midwifery Council's expectations of professional good character whilst 'off-duty'.

2.9.2 Research questions

1. What do student midwives consider to be the attributes and behaviours that reflect good character when 'off-duty'?
2. What are the social and cultural drivers which determine these attitudes and opinions?

The experience of implementing GC into off-duty life is under-explored, especially in relation to midwifery. This review has evidenced a gap in the knowledge base relating to midwifery students' views and opinions of GC whilst off-duty and across the specific themes within this review. This demonstrates the unique need for this study. Therefore, the following chapter will explore the myriad of research designs, focusing on those that will enable the research aim to be achieved.

3.0 Research Paradigm & Design

3.1 Introduction

The chapter will commence with an exploration of potential research designs, to ascertain the philosophy, paradigms, and methodology that could influence this study. It will then articulate the underpinning ontological and epistemological assumptions most appropriate for the purpose and aims of this research. A brief discussion regarding appropriate methodologies that could have been used within the research, will be followed by an in-depth consideration of the methodological approach chosen for this study, phenomenology. An exploration of the differing approaches to phenomenology will highlight key differences and aspects that are relevant to achieving the research intentions of this study. The chapter will conclude with a summary of the discussions and key points that have been considered.

This exploration of research designs is important to demonstrate the philosophical assumptions are appropriate to meet the aims of the research. The discussion will provide transparency and enable readers to judge the trustworthiness of this research. It will afford a basis for assessing the knowledge produced, enabling interpretation of the findings to make judgments and justifiable conclusions and insights regarding this study (Scotland, 2012; King, Horrocks & Brooks, 2019, Perri & Bellamy, 2012; Crotty, 1998).

3.2 Research Paradigms

Paradigms are a theoretical viewpoint about the social world; they reflect assumptions and beliefs underpinning the research approach and account for the ontological and epistemological assumptions, methodology, type of data collected, and knowledge generated (Allsop, 2013; Scotland, 2012). Paradigms inform us about differing perspectives regarding what constitutes reality and clarify what knowledge about that reality consists of, how we can learn about the world, how knowledge is created and what ways of building knowledge of that reality are appropriate (Punch, 2009; Kelly, Dowling & Millar, 2018). Therefore, a paradigm is characterised by its ontology, epistemology, and methodology (Guba, 1990). However, Crotty (1998) suggests that ontological and epistemological stances often develop in tandem and the differences between the two are blurred because “to talk of the construction of meaning is to talk of the construction of a meaningful reality” (p 10). The ontological and epistemological stances for this study certainly developed in tandem, as constructing a meaning of GC whilst off-duty required an exploration of students’ reality.

Ontology has been defined as “The nature of the world and what there is to know about it” (Ormston et al, 2014, p4). Therefore, ontology is concerned with the variety of perspectives regarding reality and how people exist within the world they live in (Scotland, 2012; King, Horrocks & Brooks, 2019). Ontological positions stretch over a continuum, with realism and relativism being the opposing ends as they are often considered paradigmatically opposite in their worldviews (Glogowska, 2011). However, this is quite a simplified view and there are a variety of other ontologies (Blaikie, 2007; Lincoln, Lynham & Guba, 2012). Realism posits

that the world is out there, it exists independently of us. Whereas relativism maintains that the world is a construct created by human beings (Scotland, 2012; King, Horrocks & Brooks, 2019). This study errs towards ontological relativism as it recognises that external reality exists but is known through the human mind and is socially constructed (Blaikie, 2007; Ormston et al, 2014). Therefore, because this study is exploring the experiences of individuals, and the concept of GC is a component of the social world, this would appear to be appropriate for this study.

How humans generate meaning and understand the reality of their social world is called epistemology. This means an individual's reality needs to be interpreted to discover and understand their experiences and the meanings they give to phenomena. It also establishes the value and limits of that knowledge and the impact of the knower on any knowledge generated (Lincoln & Guba, 1985; Scotland, 2012; Ormston et al, 2014; King, Horrocks & Brooks, 2019). As this study seeks to explore and interpret the multiplicity of students' experiences of demonstrating GC whilst off-duty, the interpretivist/constructionist approach would appear suitable.

The ontological and epistemological stances of three key paradigms commonly discussed in the research texts will now be explored in more depth: critical, interpretivism and social constructionism. This will enable consideration of how these world views on reality and knowledge production will be considered within this study.

3.2.1 Positivism

The positivist paradigm consists of positivism and post-positivist approaches; they have similar ontological and epistemological stances and belong to one end of the ontological continuum. The ontological position of this paradigm is realism, that the world and things within that world exist irrespective of whether we know of its existence. (Scotland 2012; Ormston et al, 2014; King, Horrocks & Brooks, 2019). As such, the epistemological position of the positivist paradigm is objectivism, suggesting that the knowledge identified is an objective 'truth'. As Crotty (1998, p8) identifies, "That tree in the forest is a tree, regardless of whether anyone is aware of its existence or not.....it carries the intrinsic meaning 'tree-ness'". The positivist paradigm emerged from the examination of the natural world and has its limitations, as it does not allow for the examination of unobservable phenomena (Kelly, Dowling & Millar, 2018). It fails to account for the impact of autonomous human behaviour and thought, for experience or culture and the way a person's consciousness interprets a phenomenon or experiment (Scotland, 2012). Therefore, a positivist approach would be looking for a singular truth, relating to demonstrating GC whilst off-duty that is generalizable and testable (Lincoln & Guba, 1985).

Positivism uses deductive approaches to reduce complex relationships into their component parts, causes and relationships can be identified, and outcomes influenced. These components are measurable, verifiable, and can predict and be generalized. Resulting in the formulation of principles and laws which are considered objective, provable facts (Scotland 2012; Flick, 2018; King, Horrocks & Brooks, 2019). One of the intentions of this research was

to explore some relationships and influences that they might have on outcomes, such as in people's attitudes and behaviours. However, this approach doesn't fully embrace the intentions of this research, which is to explore individuals' experiences and interpretations of demonstrating GC whilst off-duty.

3.2.2 Critical

The critical paradigm's ontological position is historical realism. Aspects of the world exist independently of us, but our experiences are influenced by gender, ethnicity, political, social, cultural, and economic forces, there is no single version but multiple realities which are true for that individual (Crotty, 1998; King, Horrocks & Brooks, 2019). This perspective leads to knowledge being subjective. It is influenced by the dominant societal culture, which aims to maintain the power imbalances that preference them, resulting in oppression and manipulation (Crotty, 1998; Scotland, 2012). Critical theory traditions question the validity of culturally constructed meanings due to the power structures that would have impacted the development of the understanding (Crotty, 1998). Instead, they focus on identifying and challenging the hegemony and injustice, unpicking values and assumptions that are deeply rooted within a culture and society and aim to have an emancipatory effect (Crotty, 1998; Scotland, 2012).

The historical background to the development of the Midwives Act in 1902, reflects the power structures of a patriarchal society that was dominant in that period and could

support the principles of critical paradigms, to reappraise the phenomena of GC, in the context of current societal and political mores. In addition, the recognized power imbalances between students and the profession may result in students conforming, becoming obedient and aligning behaviours to fit in with those who hold the power, Furthermore, mortification of self (Crotty, 1998) may explain how socialization into professional rules, values and behaviours occurs. However, this may not account for off-duty behaviours, as students may not yet have been socialised into the norms and rules of the profession or be impacted by the power imbalances. Critical theory may have provided a view of the multiple realities of the lived experience of demonstrating GC whilst off-duty and would offer some understanding of the social and cultural influences. However, the principal intention of this research is to focus on the students' insights. Thus, this paradigm would not fully realise these intentions.

3.2.3 Interpretivist and Constructionism

The interpretivist paradigm's ontological relativist position sits at the opposite end of the ontological continuum to the positivist paradigm. Relativism maintains that reality and therefore the social world is constructed and given meaning, by the conscious interaction of humans with objects within the world. Thus, there will be multiple versions of reality, as they are constructed within the mind of each individual and without whom, that reality would not exist (Glogowska, 2011, Scotland, 2012; Crotty, 1998; Ormston et al, 2014; King, Horrocks & Brooks, 2019). As Crotty (1998, p43) explains, "that it is human beings who have constructed it as a tree, given it the name and attributed it to the associations we make with

trees". An individual's reality will hence be subjective and varied. Thus, the epistemological position of the interpretivist paradigm recognises knowledge is produced by exploring the social world of individuals and the meanings they apply to those interpretations.

Similarly, to interpretivism, social constructionism also focuses on understanding the unique experiences of the individual (Ormston et al, 2014). However, social constructionism perceives this knowledge as actively co-constructed and not created or passively received. This construction occurs through humans' relationships and interactions they have, to and, in the world, with their society and family (Crotty, 1998; Blaikie, 2007; Ormston et al, 2014; Scotland, 2012; Punch, 2009). Therefore, these understandings and meanings cannot be objective or value-free. Because an individual's reality and interpretation of that reality, will be unique and affected by the social structures surrounding them (Crotty, 1998; Scotland, 2012; Ormston et al, 2014; King, Horrocks & Brooks, 2019).

This study is exploring the multiplicity of students' experiences and realities. Hence, siting this research within the interpretivist/constructionist paradigm enabled this exploration. Within this multitude of experiences, it may be possible to identify some similarities and differences of living with the phenomenon of demonstrating GC whilst off-duty (Crotty, 1998).

Interpretivism and social constructionist paradigms are intertwined and share qualitative methodological approaches and methods, as this enables exploration of the socially constructed meanings and knowledge individuals apply to their social reality (Crotty, 1998; Kelly, Dowling & Millar, 2018). The use of the interpretivist, social constructionist paradigm, with its associated methodologies, is appropriate for this study as it will enable a thick description and interpretation of the phenomena to be generated. Enabling the multiple experiences of demonstrating GC to be illuminated and interpreted (Crotty, 1998; Lingard & Kennedy, 2010). In identifying this research sits within the social constructionist paradigm, the research methodologies associated with this paradigm needed to be explored.

3.3 Methodological considerations

Methodologies establish how a research study will be conducted to access the knowledge required to answer the research intentions. It acts as a rationale for the design of the study, incorporating the ontological and epistemological perspectives (Appleton, 2009).

Methodologies associated with social constructionism include phenomenology, grounded theory, and ethnography (Crotty, 1998; Kelly, Dowling & Millar, 2018).

Ethnography was initially utilised by anthropologists to explore new societies and cultural groups, it focuses on how people live their daily lives, usually over an extended period.

Ethnography recognises societies are socially constructed and sits within constructionist approaches and aims to produce a thick description that illuminates how individuals live

their life. Therefore, traditionally researchers embedded themselves so they could examine the internal structures and values within the society or social group. Analysis of the data requires interpretation to provide a thick description, explanation, or theory of how people experience their lives. Thus, ethnography could have been useful as it concurs with the idea that GC off-duty is a socially constructed phenomenon and would produce a thick description of what and how GC is lived. What it might not achieve is an understanding of individuals' views and opinions and how they experience it, because most of the data collection methods are based on observation and researcher interpretation (Walsh & Seale, 2018; Hammersley & Atkinson, 2019).

Data collection methods may include observation (overtly or covertly), document or artefact analysis, and interviews. However, all methods require sustained and direct contact with individuals in the context of their everyday life and culture (O' Reilly, 2009). Sustained and direct access to observe the off-duty life of student midwives would not be feasible and therefore ethnography would not have enabled the research intentions to be achieved. So, exploration for a suitable methodology continued.

Grounded theory is an exploratory methodology, underpinned by the philosophical approaches of pragmatism and symbolic interactionism (Birks & Mills, 2011). Grounded theory aims to construct a theoretical explanation for a phenomenon, a theory to explain why things occur and the social processes which impact on how a phenomenon is experienced. Grounded theory aims to move beyond what is already known on a subject

and create new insights which may result in actions to change or alter the situation or scenario (Corbin & Strauss, 2015; Birks & Mills, 2011). Therefore, grounded theory is suitable for studies where there is little prior knowledge on the phenomena, so that new knowledge and theories can be developed. It has been suggested that whilst all research should develop knowledge which is significant and relevant, knowledge identified through grounded theory should be new and unique (Birks & Mills, 2011). As the literature review had identified little knowledge regarding off-duty behaviours, grounded theory could have been a useful methodological approach, as new and unique knowledge regarding the phenomena will be obtained through its associated data collection methods.

Within grounded theory data is normally obtained through observation or interviews (Corbin & Strauss, 2015; Seale, 2018f). Interviews are suitable for exploring student midwives' experiences of demonstrating GC whilst off-duty as they enable a thick description of the phenomena of GC as experienced by student midwives to be developed, as per the aims of the study. However, grounded theory would also have sought to explain the phenomena and develop a theory which may result in change or alterations regarding how the phenomenon is experienced. Given the limited knowledge of the phenomena, the initial aim of the study is to describe and explore what GC off-duty consists of, how it is experienced by individuals and what influences those experiences rather than to develop an explanation or theory of the phenomena. Therefore, grounded theory would not have been a suitable methodological approach for a study which aimed to describe and explore an individual's lived experiences of demonstrating good character whilst off-duty. A methodology which enables the examination of experiences for meaning, significance,

uniqueness, and variation, from a fresh perspective would be more appropriate (Finlay, 2009; van Manen, 2014).

After exploring these methodologies, phenomenology was chosen, because phenomenology is a way of portraying a phenomenon, as it is experienced by an individual, "*phenomenology is the study of human experience and of the way things present themselves to us in and through such experience*" (Sokolowski, 2000, p2). The 'things' are common events, objects, or actions, as they appear to an individual's consciousness, as they live in the world. However, individuals rarely stop to consider the meaning of their everyday experiences, often living through or with the phenomenon but never really focusing on or paying attention to it (van Manen, 2014). Therefore, phenomenology aims to uncover the meanings of everyday common events and is a way to "*break through this taken-for-grantedness and get to the meaning structures of our experiences*" (van Manen, 2014, p215). To be phenomenological is to reflect on the taken-for-granted life experiences, to describe them and explore their significance and meaning for individuals (Smith, Flowers & Larkin, 2009). Revealing of a common phenomenon, requires constant revisiting, to explore new interpretations or where the existing understanding and rules governing the actions may no longer be applicable (Blumer, 1969; Foucault, 1977; Crotty, 1998; Smith, Flowers & Larkin, 2009).

For many students the understanding and meaning related to demonstrating GC whilst off-duty, are deeply rooted and accepted unquestioningly, they may lack awareness of external forces and ideologies that influence their behaviours and actions, resulting in their interpretation of a phenomenon being limited and partial (Crotty, 1998; Jones, Bradbury, Le Boutillier, 2011; Scotland, 2012). But the notion of the phenomenological attitude, to challenge everyday life experiences to interpret the meanings the students construct about the phenomena aims to overcome these limitations and break through the *taken-for-grantedness*.

The requirement to demonstrate good character whilst off-duty is a common phenomenon for all students and registrants. However, what is not known is how students experience it, what they think it is and what influences these experiences. Thus, phenomenology provides a suitable methodology.

However, many variations of phenomenology exist, but all originate from two main schools (Lavery, 2003). Husserlian or descriptive phenomenology and Heideggerian, otherwise known as hermeneutic or interpretative phenomenology (Finlay, 2009; Dowling & Cooney, 2012; Tuohy et al, 2013). The following discussion will consider how phenomenology is utilised and applied to this study through an overview of descriptive and interpretative phenomenology.

3.3.1 Husserl or Descriptive phenomenology

Husserl is considered the founding father of all forms of phenomenology (Mapp, 2008; Laverty, 2003). His descriptive approach is concerned with exploring how individuals experience the world and its structures in everyday existence, resulting in a rich description of that experience (Laverty, 2003, van Manen, 1997, Zahavi, 2019a). Husserl (1931, p52) defined the world as *“the totality of objects that can be known through experience”*, for humans to be aware of objects and events, they need to be in the world. He also suggested that it was impossible to separate an individual from their world, and that individuals do not unconsciously react to stimuli, rather they respond and experience the world and the things within that world based upon the meanings they have applied to them (Husserl, 1931).

With the advent of modern sciences, the world we live in was suggested to be a construct created by the mind as a response to physical stimuli from objects that are made up of atoms, molecules, and energy fields. It was posited that these atoms and molecules were real, and the world created in human minds that was lived in was not real. The sciences suggested that the lifeworld created by the mind was a subjective phenomenon compared to the objective truth of the sciences (Scotland, 2012). Yet, phenomenology suggests that the sciences provide greater knowledge about the world but are based upon the lifeworld, the everyday world, that individuals inhabit and experience (Sokolowski, 2000; Smith, Flowers & Larkin, 2009).

Consciousness is how humans connect and have knowledge of the world they inhabit and is characterised by their awareness of objects or events that exist within the world (Husserl, 1931; Giorgi, 1997; Lewis & Staehler, 2010; Gallagher, 2012; King, Horrocks & Brooks, 2019). Phenomenology suggests that as humans we are conscious 'of' things and every experience is linked to an object or thing. For something, an object or event, to be real, we need to be conscious of it, we need to have experienced it. Husserl clarified phenomenon as "that which emerges in consciousness when we think, experience or imagine whether it exists in reality" (Bondas, 2011, p4). An object may be a 'real' object or a perception of it, that exists as part of memory or imagination because consciousness is an awareness *of something*, "*seeing of something, remembering is remembering something, judging is judging of something*" (Smith, Flowers & Larkin, 2009, p 13). Consequently, for an object to be known, individuals must have given it meaning and applied significance to it, embodied it within everyday actions and interactions the individual has with the world (Crotty, 1998; Zahavi, 2019a).

The internal awareness of these objects and associated meanings is a cognitive and mental process (Zahavi, 2019a; Sokolowski, 2000). Husserl called the relationship between objects and a person's conscious ability to know an object, intentionality (Husserl, 1931). Therefore, to understand consciousness and the meanings constructed by individuals as they engage with the people and objects in their world, we must explore the interaction individuals have with these 'things' in their world (King, Horrocks & Brooks, 2019). He stated that access to consciousness was because of intentionality, the mind intentionally grasps at objects, it is not just how an object appears but also how they are given an identity (Dowling & Cooney,

2012; Laverty, 2003; Sokolowski, 2000). Intending is multi-layered, there is the objective experience of what is seen and the subjective aspect of what is perceived (Sokolowski, 2000). Intentionality is apparent through conscious meaning-making (Crotty, 1998). Student midwives are conscious of the requirement to demonstrate GC whilst off-duty, this is embodied in the everyday actions and interactions the individual has with the world. Phenomenology will enable examination of how the object of demonstrating GC whilst off-duty, appears to their consciousness, accepting that this perception will be individually unique and influenced by the social interactions, context, and prior experiences, which they have observed and participated in up to this point in their life (Zahavi, 2019a).

In describing an individual's perception of the lived experience, rather than explaining why a phenomenon occurs, Husserl believes the meaning or 'essence' of the phenomena can be identified, which may apply to others' experiences of the phenomena (Zahavi, 2019a). The taken-for-granted way we live and experience the world is termed the natural attitude; it is the default position of how we intend things and perceive them as real (Sokolowski, 2000). Husserl (1931) posited that it was essential to obtain the purest, objective description of a phenomenon, uncontaminated by everyday influences and assumptions. He used the term 'natural' to describe the pure description that occurs before reflection and critical analysis is applied, and which results in valid 'pre-reflective data' (van Manen, 1997; Crotty, 1996). As such, it has been argued, descriptive phenomenology is considered to have associations with positivist paradigms (van Manen, 2014; Dowling, 2007; Lopez & Wills, 2004; Crotty, 1996).

Husserl suggested that to adopt a phenomenological attitude was to be open to new meanings and interpretations, and to disrupt the natural attitude via questioning and interrogating the phenomena (Zahavi, 2019a). Husserl postulated that researchers should set aside any prior knowledge or understanding related to the phenomena (known as fore structures or pre-suppositions). The utilisation of *epoche*, to challenge the taken-for-granted, ingrained views, is said to ensure the view of a participant's concrete lifeworld as it appears to them and not obscured by the researchers' prior experiences (King, Horrocks & Brooks, 2019). To achieve this, he suggests researchers should use *reduction*, via 'bracketing' their assumptions and preconceptions, resulting in a neutral stance which will provide a fresh and uncontaminated description, termed as getting 'back to things themselves' (Dowling, 2007; Mapp, 2008; King, Horrocks & Brooks, 2019). Whilst bracketing and reduction are difficult due to the researcher's intentionality with the world, the utilisation of *epoche*, as a means of challenging any taken-for-granted, ingrained views held by researchers may prevent personal views from clouding the interpretation to ensure we do not obscure the view of participants concrete lifeworld as it appears to them (King, Horrocks & Brooks, 2019). Van Manen's (2017) version of phenomenology utilises Husserl's ideas relating to *epoche* and *reduction* and therefore was not explored further. The researcher's knowledge of the phenomena being explored meant a neutral stance was unattainable. From the creation of the research aims and questions to the methods and interpretation of the findings, my influence is evident. Nevertheless, this did not mean that my own experiences would obscure the students' lived reality, as the aim was to explore the multiple essences of the phenomena. Ensuring the students lived reality remained the focus is addressed in several ways to ensure the credibility and trustworthiness of the research and its findings (this is discussed in more detail in chapter 4, Quality Considerations).

Bracketing is not solely related to the researcher's effects on the study, but it is about understanding the phenomena without applying meaning or explanation (Dowling, 2007; Crotty, 1996). Factors such as culture, beliefs, and religion should have no impact on the phenomena or experience that is being described (Dowling, 2007). Given the aims of this study are to explore the impact of social and cultural factors on demonstrating GC whilst off-duty, it would be impossible to bracket these. However, it has been implied that a description of a phenomenon being completely devoid of the researcher's pre-suppositions was a misinterpretation of Husserl (Zahavi, 2019a; Smith, Flowers & Larkin, 2009). Rather he was suggesting that researchers needed to look afresh with an awareness of how their own prior experiences may influence their understanding.

Aspects of Husserl's phenomenology are useful, as it is necessary to describe the phenomena of GC whilst off-duty, given the lack of prior knowledge and literature on the topic. However, this would not solely ensure the research intentions were met, as the aims were to explore the meanings of their experiences, via their views and opinions. Therefore, I returned to explore phenomenology which led me to hermeneutic phenomenology.

3.3.2 Heideggerian Hermeneutic Phenomenology

Phenomenology evolved from its philosophical foundations, with the focus moving from describing the phenomena to the experience and meaning associated with it (Crotty, 1996; Smith & Osborn, 2008). For Heidegger, a phenomenological approach was to illuminate

“things themselves” (1962, p49), as they appear (Zahavi, 2019b; Smith, Flowers & Larkin, 2009). He argued that it was more than just describing a phenomenon but understanding how the participant experiences, interprets and makes meaning of it, and as a researcher, our access to a participant’s experience (Dasein) is through interpretation (Smith, Flowers & Larkin, 2009). This study seeks to do more than describe the phenomena but to understand and interpret how students experience living with the requirement to demonstrate GC whilst off-duty, therefore aspects of Heidegger’s approach would be useful for this study.

For Heidegger (1962, p41), consciousness was a consequence of historically lived experience. This historicity is founded upon an individual’s background, which includes the things that culture bestows upon a person from birth and is transmitted between generations. It results in individuals being provided with ways of understanding the world and determining what is real (Lavery, 2003). This interpretation accounts for the context in which participants’ experiences occur and with awareness of the variety of cultural, historical, religious, and political influences which may affect it (Newby, 2014; Tuohy et al, 2013; Dowling & Cooney, 2012; Ormston et al, 2014; Finlay, 2009; Smith et al, 2009; Mapp, 2008; Dowling, 2007). Therefore, this form of phenomenology reflects the paradigmatic influences of interpretivism and social constructionism as it acknowledges the impact these influences may have on the experience. Therefore, this form of phenomenology would enable interpretation of the impact of social and cultural influences on students’ experiences of demonstrating GC whilst off-duty.

Heidegger (1962, p27) suggests that as humans we are always experiencing the world and making meaning of it, this experience of 'Being' human, he calls *Dasein*, "This entity which each of us is himself and which includes inquiring as one of the possibilities of its Being, we shall denote by the term *Dasein*". Paley, (2013, P 1522) suggests *Dasein* is not about subjective experiences of the world but about involvement in the world, "Being-in-the-world is immersion and absorption...this absorption in everyday activity is *Dasein*'s 'primordial' mode of being". This is pertinent to the intentions of this study. As this idea of students' involvement and immersion in the world, captures how student midwives engage with GC whilst off-duty, within their everyday relationships and activities and how they give meaning to them. This also reflects Heidegger's belief that humans are already subjected to a pre-existing world and cannot be separated from that world. However, 'being in the world' is unique to everyone because of the variety of perspectives and therefore how they make and apply meaning to this reflects a phenomenological approach (Smith, Flowers & Larkin, 2009). Therefore, as student midwives, even the youngest, don't come to the profession with a clean slate, their lifeworld and being in that world, will impact on their behaviours and experiences, shaping their view and understanding of the world (Elias, 1978; Gertz in Crotty, 1998; Goodare, 2015). This will subsequently impact their opinions and experiences of demonstrating GC whilst off-duty.

Heidegger's hermeneutic interpretative phenomenology suggests, nothing and no one is truly neutral, individuals bring thoughts, feelings, and ideas to the phenomena, which cannot be set aside completely by using reduction or bracketing. Heidegger believes researchers cannot be divorced from the phenomena because they are also 'in-the world'

and thus will bring their own experiences and interpretations to the process which is acceptable (Dowling, 2007; Tuohy et al, 2013). This prior awareness of a subject was termed pre or fore structures by Heidegger. *“Our first, last and constant task is never to allow our fore-having, fore-sight and fore-conception to be presented to us by fancies and popular conceptions but rather to make the scientific theme secure by working out these fore-structures in terms of the things themselves”* (Heidegger, 1962, p195/153). Heidegger argued that the researcher’s knowledge and understanding aids the interpretation of the data collected but also recognised the impact of the researcher on all aspects of the research process, including the participants (Allsop, 2013; Tuohy et al, 2013).

Acknowledging and reflecting on my personal influences can aid interpretation by not presenting obstacles that cloud the participant’s experiences, enabling new understanding and insights into their experiences. Therefore, rather than bracketing/reducing my own fore structures, it is about awareness of them and questioning their impact on the interpretative process. This can be achieved by using a reflective diary and through supervisory sessions throughout the research process. The impact of the researcher varies depending on which form of phenomenology is being utilized. When accounting for the philosophical paradigm which recognises not only the impact of the researcher in terms of power imbalances but also the personal characteristics and interpersonal relationships, these needed to be described and reflected upon with honesty, to ensure the credibility and trustworthiness of the data collected (King, Horrocks & Brooks, 2019) (see chapter 7).

In positioning myself within this research I initially perceived myself as an insider researcher because I am a member of the community I am seeking to investigate, a midwife, and someone who is also required to demonstrate GC at all times (Humphrey, 2012). Being an insider is said to improve access and be beneficial for building rapport. However, there are also disadvantages because of the multiple roles I have as a researcher, lecturer, personal tutor etc. and the potential implications of this on the students (Burns et al, 2012; Humphrey, 2012). However, it became increasingly apparent that my role and experience as a nurse, midwife and lecturer made me an outsider to the student's experiences and current issues they face, such as the use of social media sites, I had never heard of ('Only Fans'). Dwyer & Buckle (2009, p60) identified 'the space between', a liminal space between being both insider and outsider researcher, where "Holding membership in a group does not denote complete sameness within that group". This resonated with my position and feelings of being the same but different. Being an 'insider researcher', as in I engaged in the same social world of higher education with the students, I wished to interview but not being an actual student.

Students' reactions to me as a researcher may be impacted by my roles, as programme lead and senior lecturer. The dual role of lecturer and researcher can create an unequal power imbalance between researcher and students (Clark & McCann, 2005). This may result in students feeling pressure to participate, and it may also alter how they engaged with me in the interviews, and the degree of sharing and honesty within their responses (Josselson, 2013; King, Horrocks & Brooks, 2019). A consequence of this could be that interviewees adjust their responses to one's that they feel are socially acceptable, which will please the

researcher, rather than their true personal views and experiences (Josselson, 2013; Newby, 2014). However, often when interviewees feel safe in the knowledge that what is discussed is confidential, they often open up and disclose far more than they anticipated, (Josselson, 2013; Seale, 2018b). Voluntary participation, recruitment via announcements on the student portal, anonymity, confidentiality and reiterating there wasn't a right or wrong answer in the interviews were strategies I implemented to mitigate any power imbalances or social desirability. Examples of issues that arose were discussed in Chapter 5.2 (Undertaking the interviews). However, the researcher can also impact how the data that is obtained is interrupted and analysed.

Within this study, the use of the hermeneutic circle was useful for examining the parts and the whole. For example, to provide a reflexive approach in challenging my personal pre-suppositions regarding the demonstration of GC whilst off-duty. The utilisation of reflective journaling and challenge from my supervisors assisted in ensuring I am not blind-sided by my own interpretation but continue to look afresh and challenge my own presumptions and fore structures.

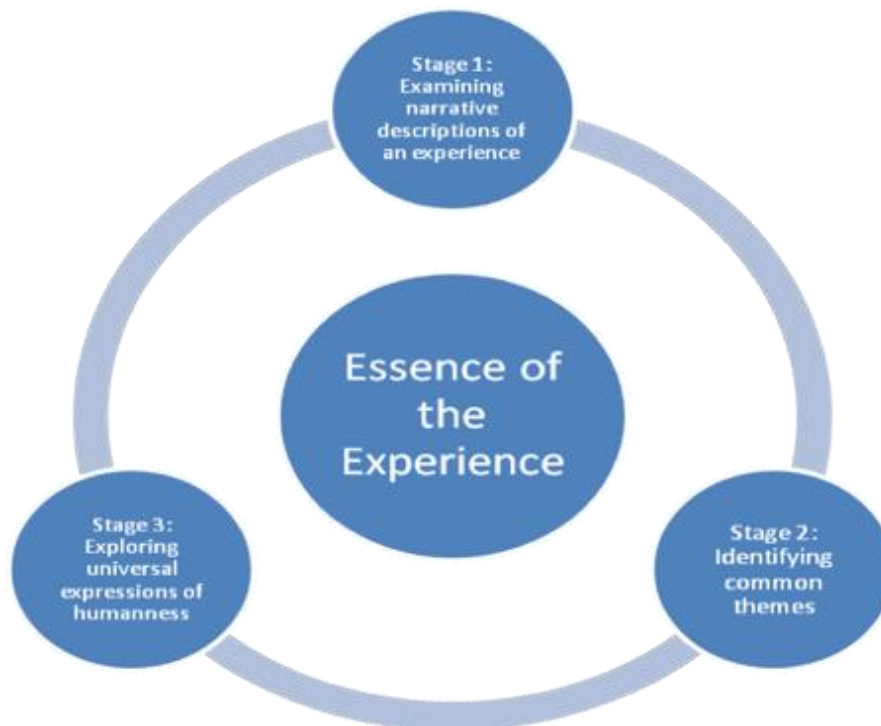


Figure 4 Heidegger's Hermeneutic Circle

Some argue the hermeneutic circle is a form of reduction (Dowling, 2007), as it is a method with which to set aside the researcher's initial fore-meanings and account for how these may influence the interpretative process (Gadamer, 1975). However, the hermeneutic circle aims to identify the hidden from sight, taken for granted and identify the essence of the experience and not to exclude the researcher's influence on the development of meaning and understanding of the phenomena and experience (McConnell-Henry, Chapman & Francis, 2009).

When analysing data, initial meanings emerge which are influenced by the researchers' expectations and fore structures. I used a research journal to ensure I implemented a reflexive approach. The research journal was used as a means to question and articulate how my assumptions and background could influence the data collection and analysis processes, this ensured a systematic and open interpretation of the data was undertaken (Smith, Flowers & Larkin, 2009). By examining and re-examining the parts of the whole, employing an iterative, back-and-forth process, further questions, and ideas emerged, which improved my understanding of the data and thus the interpretation of it (Gadamer, 1975; Lavery, 2003; Smith, Flowers & Larkin, 2009). The hermeneutic circle describes how interpretation through understanding is achieved through a *"dynamic relationship between the part and the whole at a series of levels"* (Smith, Flowers & Larkin, 2009, p28).

Heidegger's hermeneutic descriptive phenomenology is useful as it will produce a thick description of students' lived experiences of demonstrating GC whilst off-duty. It will enable the exploration of what social and cultural drivers influence these experiences. In addition, it recognises the influence of the researcher on the process and therefore the use of the hermeneutic circle ensures the students' experience is captured. However, in considering how the study demonstrates and ensures it is the students lived experience, I began to explore Gadamer's evolution of phenomenology.

3.3.3 Gadamer Hermeneutic phenomenology

Gadamer expanded on Heidegger's acceptance of fore-structure, suggesting that these are how we make sense of situations and how we interpret and make meaning of phenomena (Dowling, 2007; Laverty, 2003). According to Gadamer language is the means by which interpretation occurs (1975). Understanding occurs through the reciprocal process of conversation, which is achieved through the hermeneutic circle. However, Gadamer expands on Heidegger's hermeneutic circle and introduces the fusion of horizons concept. The description and meaning participants apply to the experience are their version and are influenced by their horizon. Horizons constitute an individual's view from one lens and are based upon experiences, past and present, meanings, ideas and assertions and personal factors (Flood, 2013). *"Hence the horizon of the present cannot be formed without the past. There are no more an isolated horizon of the present than there are historical horizons. Understanding, rather is always the fusion of these horizons which we imagine exist by themselves"* (Gadamer, 1975, p273). The researcher has their horizon which may influence how the experience is interpreted. He emphasized the importance of history and the effect of tradition on the interpretative process as well as identifying the influence social, political, cultural and gender issues may have on a researcher's preunderstanding of the phenomena (Dowling, 2007). Hence, this is pertinent for this study because I have professional insight and personal experiences of the phenomena and have influenced how the study is constructed.

Thus, Gadamer (1975) suggests a shared understanding of the experience is obtained through discussion and openness to other's ideas which should result in a fusion of horizons between that of the researched and researcher. Therefore, in the interviews, a conversation consisting of questioning and looking beyond the taken-for-granted, formation of new horizons and understanding will be possible. Using the hermeneutic circle to develop a meaning that reflects the researcher's understanding of the phenomena and then undertaking affirmation meetings/member checks with those who participated in the interviews will achieve a fusion of horizon between the researcher and researched (Lavery, 2003; Flood, 2013). This enables the researcher and participant to create a co-constructed understanding of the experience (Lavery 2003; Dowling, 2007). Social constructionism is also apparent in the co-construction of understanding via the fusion of horizons between researcher and participants within the interviews, to produce "the collective generation [and transmission] of meaning" (Crotty, 1998, p58) relating to the phenomena of demonstrating GC whilst off-duty.

By recognising aspects of Husserl, Heidegger and Gadamer's versions of phenomenology were useful for this study, I began to consider how I could coherently utilise these differing aspects within the study. This led to me exploring Smith, Flowers & Larkin's (2009) interpretative phenomenological approach.

3.3.4 Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) allows multiple phenomenological stances to be merged into one approach and will be utilised within the study (Pringle et al, 2011).

However, a coherent articulation and connectedness of the key concepts is required to achieve the phenomenological aim of exploring the everyday life experiences of humans.

IPA concurs with hermeneutic phenomenology in that humans are sense-making creatures, and thus the narratives individuals provide will also reveal the attempts to make sense of the experience (King, Horrocks & Brooks, 2019; Smith, Flowers & Larkin, 2009). IPA focuses on particular aspects of lived experience to provide a detailed analysis. Smith, Flowers & Larkin, (2009) advocate for the use of the case study approach but recognise this will contain multiple cases, which allows for similarities and differences to be identified across the phenomena. However, the adaptability and non-prescriptive focus of IPA provides an openness to how it is implemented within a study (Pringle et al, 2011).

In IPA the researcher needs to translate and interpret the individual's account, making sense of their reflections and finding meaning within their description in a bid to understand them. IPA expanded on Gadamer's fusion of horizons via the concept of a double hermeneutic:

- the participant's own attempt at sense-making and

- the researchers attempt at sense-making of the participants sense-making

Smith and Osborn (2008, p53)

The double hermeneutic reflects the dual role of the researcher; as in being like the students, as in also required to demonstrate GC whilst off-duty, but different because I am not in the students' shoes, their experience is not mine. As a researcher, I can only access their experience through their version whilst interpreting it from my own viewpoint and perspective (Smith, Flower & Larkin, 2009). The double hermeneutic can be considered a threatening bias, that affects the trustworthiness and authenticity of the findings, as the researcher is interpreting the description from their unique viewpoint (Smith & Osborn, 2008). However, this can be overcome by recognising the researchers' fore structures via a reflexive approach throughout the research process, utilising the hermeneutic circle, and fusion of horizons by discussing my interpretations with the participants (King, Horrocks & Brooks, 2019). Therefore, IPA appears to provide a way for this study to incorporate aspects of multiple phenomenological stances to produce an eclectic form of phenomenology.

3.4 Chapter Summary

This chapter has explored the research approaches utilised within this study. By illustrating the assumptions and philosophies relating to ontology and epistemology, a rationale for methodological decisions has been substantiated. This is essential for readers to know as it

provides them with an understanding of the researcher's lens through which the study is founded and enables them to draw conclusions on the quality of the study and its findings.

Students possibly give little thought as to how they implement the requirement of GC whilst off-duty. Therefore, by utilising a phenomenological methodology, to disrupt the natural attitude relating to students' lived experiences of the phenomena, new insights and meanings may be discovered.

It is possible to merge aspects of these differing phenomenological approaches. Therefore, this study is influenced by the multitude of key phenomenological concepts as it seeks to explore the subjective experiences of students in relation to demonstrating GC whilst off-duty. This eclectic approach recognises and accounts for the researcher's influence and whilst these cannot be eliminated, they will be addressed, via reflective processes and the use of the hermeneutic circle, to ensure students' experiences are spotlighted. This fits with a constructionist paradigm, which focuses on how individuals experience and interpret their social world, with the understanding that this will vary between individuals and that this is their reality. Therefore, the epistemological stance that meaning is socially and culturally constructed by and for individuals over time will enable a description and interpretation of the phenomena to be generated.

To enable readers to assess the credibility of the description and interpretation of the phenomena it is essential to articulate the quality and ethical processes that were implemented to ensure the rigour of this study. Therefore, the following chapter will explore the strategies implemented to ensure the study was conducted ethically and with integrity.

4.0 Quality Considerations

Rigour is an essential quality consideration in any research as it is “the means by which we show integrity and competence: it is about ethics and politics, regardless of the paradigm.” (Lincoln, 1995, p. 287). Rigour in research implies that a study was conducted systematically and to a high standard (Baillie, 2015b). This chapter will commence by exploring recognised quality principles with a focus on qualitative research. This analysis will be applied to the strategies implemented during the planning and implementation of this research, to demonstrate my commitment to rigour and research quality. Discussion of criteria that has been described to assess qualitative research and explore strategies that have been implemented to demonstrate these criteria will also be considered. Additionally, this chapter will outline the ethical procedures that were undertaken prior to data collection, followed by a discussion addressing ethical considerations, such as consent and confidentiality, to ensure the study is ethically sound.

Criteria, such as validity and generalisability, are not applicable for interpretivist constructionist research where there are multiple realities and experiences, compared to a perceived singular truth in positivist approaches (Sandelowski, 1993; Koch & Harrington, 1998; Baillie, 20015b; Polkinghorne, 2005; Rolfe, 2006; Flick, 2018). Much debate exists about assessing quality in qualitative research but there is still a need to ensure a study is conducted with rigour (Finlay, 2006; Cresswell & Miller, 2000; Tracy, 2010; Larkin, 2013). Therefore, instead of validity and generalisability, the criterion of trustworthiness is utilised to demonstrate the rigour of qualitative research. Trustworthiness relates to convincing the

readers and the researchers that the study and its findings are “worth paying attention to... and taking account of” (Lincoln & Guba, 1985 p290).

Lincoln & Guba’s (1985) four criteria; credibility, transferability, dependability, and confirmability, are cited as the foundational criteria for rigour in qualitative research (de Witt & Ploeg, 2006). However, it has been argued by some authors that these criteria are reinterpretations of the criteria used for positivist studies and thus not suitable for qualitative approaches (Tobin & Begley, 2004). As a result, subsequent authors have created their own criteria. For example, Sandelowski (1986) evolved Lincoln and Guba’s criteria and included credibility, fittingness, auditability, and confirmability but de Witt & Ploeg, (2006) identified weaknesses in the criteria to enable full demonstration of rigour in interpretative phenomenology. Tracy (2010) developed her own criteria, which she suggests are inclusive of the many approaches in qualitative research. However, the lack of benchmarks to determine if the criteria are met, makes it difficult to decide when the criteria are met, for example what constitutes enough sincerity has been demonstrated (Flick, 2018). Like many qualitative researchers, I returned to Lincoln and Guba’s criteria for trustworthiness, as many phenomenological studies use these criteria to defend the rigour and quality of their research (Whitehead, 2004; de Witt & Ploeg, 2006; Tracy, 2010; Cresswell & Poth, 2018). These longstanding criteria are reflected in tools to evaluate qualitative studies (CASP/JBI tools), which are useful for novice researchers and provide a mutual method with which to assess the rigour of this study for both researcher and reader (Porter, 2007; Hannes, Lockwood & Pearson, 2010). Therefore, these criteria are an appropriate means to demonstrate how this research was undertaken in a rigorous manner.

There are several strategies to demonstrate how these four criteria have been met within a study (Cresswell & Poth, 2018), these have been summarised below.

Quality criteria for demonstrating Trustworthiness (Guba & Lincoln, 1985)	Definition	Strategies employed within this study
Credibility	This addresses whether the researcher's representation and explanation of the phenomena 'fits' that of the participants and whether it is a credible description of reality (Guba & Lincoln, 1985; Tobin & Begley, 2004; Shenton, 2004)	Member reflections Triangulation Peer review Use of rich data quotes within the thesis to support research analysis and credibility. (Koch, 1993/2006; Tracy, 2010).
Dependability	The research process and decisions have been taken in a logical, dependable manner, which are traceable through an audit process. (Koch, 1994/2006; Tobin & Begley, 2004; Larkin, 2013; Baillie, 2015a).	Decision making audit, to ensure the decision-making process is open and explicit for external scrutiny to enhance dependability of the research.
Confirmability	The researcher's stance is clearly articulated (Baillie, 2015b). This is achieved when credibility, dependability & confirmability are met (Lincoln & Guba, 1995).	Reflective journal Peer debriefing Supervision workshops
Transferability	This refers to the impact of a study on its audience,	Rich, thick descriptions of the phenomena.

	<p>does the research induce empathy, reverberation, and recognition of the phenomena with the readers (de Witt & Ploeg, 2006) .</p>	
<p>Adapted from Lincoln & Guba (1985) & Baillie, L. (2015b)</p>		

Figure 5 Quality criteria

4.1.1 Credibility

4.1.1.a Member reflections

One suggested method of ensuring a credible interpretation of the individual’s experience is via member reflections or member checking. Lincoln & Guba (1985, p314) stated it is “one of the most crucial techniques for establishing credibility” However, much debate exists regarding the concept of member checking, and it may not always be possible to return to participants to undertake this approach (Sandelowski, 1993; Koch & Harrington, 1998). Josselson (2013) suggests the only way to confirm a transcript is reflective of the interview is to compare it to the audio recording and researchers should assume interpretative authority over the data, because it is not about getting to the one truth or version of reality. She infers that member checking, results from a discomfort with the methodology, but the role of the researcher should be to, “document their own interpretation and process; and understanding in light of both the interview material and the conceptual framework they aim to apply or extend” (p 179).

Having suggested that there are multiple realities, member checking cannot confirm my interpretation (Rolfe, 2006; Porter, 2007). However, interpretative phenomenology recommends approaching participants to ensure transcripts are an honest reflection of the discussion and identify how they perceive the interpretation. This fits with the phenomenological concept of the fusion of horizons between the researcher and researched, as well as the constructionist nature of knowledge and meaning being co-constructed (Finlay, 2002; Dowling, 2007). I choose to undertake member reflections on transcripts and the emerging themes in a bid to ensure that there was a fusion of horizons regarding the interpretation of their experiences and demonstrates credibility in the data analysis of the interviews.

Not all students who were interviewed returned for follow meetings, despite the invitation. However, where member reflections did occur, there was a great discussion and the ability to clarify points. Overall, students agreed with my interpretation and suggested the horizons of understanding were reflective of their experiences of the phenomena (see chapter 5).

4.1.1.b Triangulation

There are several forms of triangulation, but it originally referred to the use of different data collection methods within either qualitative or quantitative paradigms (Tobin & Begley, 2004). Similarly, to member checking, some authors suggest triangulation is at odds with constructionist/interpretivist paradigms, as it is implying that similarities or one truth can be

located in the findings (Seale, 1999; Shenton, 2004; Tobin & Begley, 2004). However, Seale (1999) argues that triangulation is a skill that can apply to any paradigm's perspective and is a useful way of overcoming shortcomings within any one method, for example, potential issues with bias, power imbalances or social desirability which may occur (Koch, 1998). Phenomenological studies are not usually associated with triangulation due to the aim of exploring individual's lived experiences, usually achieved through in-depth interviews. However, by using the survey and interviews the aim was to minimise issues with only using one method and to increase the scope of understanding of the phenomena rather than identify one truth or reality (Koch & Harrington, 1998; Seale, 1999; Tracy, 2010).

4.1.1.c Peer review

A peer reviewer, or in this case, my supervisors, provided support and guidance but also challenged my interpretations and assumptions throughout the research. This strategy is said to enhance credibility as it widens the researchers understanding as peers bring their experiences and can identify flaws in understanding with a clearer perspective as they are not as close to the research (Long & Johnson, 2000; Shenton, 2004). One example of peer review can be seen in my reflection following supervision during the interview phase (figure 6). This challenge was a method of making me reflect on my emerging interview technique, which previously had focussed on the negatives and made me constantly revisit my methodological assumptions and aims for the research.

9/10/20

Really useful supervision session discussing my reflections to date. My supervisor asked me to clarify why I had enjoyed interview 7 and 8 so much more. It could be a result of my confidence improving in relation to interview technique but actually both of these participants had well considered views and opinions on the topic and were able to articulate these with clarity and depth. As such this made my job as interviewer much easier, I had to do less 'unpacking' of what their statements meant, this doesn't mean I didn't use the techniques of paraphrasing and repeating of key phrases they used but that the joint understanding of what they had said was easier to locate. The fusion of horizons between researcher and researched was easier even if our views and experiences were completely different.

Figure 6 Reflection

In future research projects, I won't have the benefit of a supervisory team. However, peer review would remain beneficial and promote the credibility of future projects. Therefore, I would identify an appropriate research peer who would be willing to provide this review and factor this into any future research and ethics proposals.

4.2 Dependability

Transparency is demonstrated by honesty relating to how the research was undertaken, discussing issues/challenges in the process, providing an audit trail of decisions made within the research and interconnecting all aspects of the research process (Tracy, 2010).

Transparency enhances the rigour in research utilising IPA because it enables the reader to identify the impact of such decisions on the research and its findings and aids their interpretation of the findings (Smith, Flowers & Larkin, 2009). I have incorporated

discussions relating to decisions throughout this thesis. One example of the decision-making process can be seen in the discussion of the impact of the pandemic on face-to-face interviews. The move to online interviews, the use of technologies such as Blackboard and thus the potential impact on the data collected were discussed in section 5.2.2. Such discussions ensure transparency of the decision-making process throughout the research and the thesis, enabling the reader to judge the dependability of the findings for themselves.

4.3 Confirmability

Reflexivity is a strategy used to articulate the researcher's stance examining and questioning their underpinning knowledge and views, to ensure an explicit awareness of how these may impact participants and the research process, it provides a means to how they address this (Clancy, 2013; Larkin, 2013; Baillie, 2015b). It has been argued that reflexivity and confirmability is aiming for the removal of bias and are reflective of the positivist paradigm search for objectivity and truth (De Witt & Ploeg, 2005). However, the philosophical stance of interpretivist constructionism, recognises the impact of the interviewer in relation to their characteristics, relationships between researcher and researched and any power imbalances. Thus, there is a need to be open and acknowledge the researcher's viewpoint and reflect with honesty on how this may impact both the data collected and knowledge generated (Lingard & Kennedy, 2010; Larkin, 2013; King, Horrocks & Brooks, 2019). Van Manen (1997) suggested we cannot be sure that preconceptions don't 'creep back in' even

when strategies such as bracketing are implemented. Acknowledging the influence of the researcher in a transparent manner supports the demonstration of trustworthiness.

An initial starting point for being reflexive was exploring my views and experiences of demonstrating GC within my research diary. Research diaries are considered a suitable approach to demonstrating the confirmability, trustworthiness, and rigour of a study.

Research diaries enable reflexive practice; they provide an opportunity for personal supervision and an audit trail of the researcher's decisions, judgments, and emotional responses, resulting in greater transparency (Silverman & Marvasti, 2008; Berger, 2015).

Koch & Harrington (1998) identifies that reflections should be detailed, contextualised, and involve self-critique and appraisal. Such reflections should reflect the researcher's first thoughts after each data collection session but also during the data analysis and generation of theories (Shenton, 2004). Elements of my reflective approach can be seen throughout the methodology, data collection and analysis chapters. This allows readers to judge for themselves the impact I may have had on the study.

4.4 Transferability

This study aims to illustrate the multiple realities of living with GC, it is not aiming to produce generalisable findings. Polkinghorne (2007) suggests that it is the richness and vividness of the phenomena, as portrayed by the researcher, which allows readers to judge for themselves the quality of the study. Rich, thick data should enable the reader to

recognise and feel the phenomena, the vivid detail makes the account seem credible, making it transferrable to their context or setting. Whilst not every reader will be able to see their own experiences within the data, they should be provided with a vivid representation of participant's experiences (Creswell & Miller, 2000; Nowell, et al, 2017).

Richness is achieved by an abundant and varied description of all aspects of the study, (Weick, 2007). The thick description of how data was accessed and analysed, alongside the use of participant quotes should aid the reader to make a judgement regarding the vivid description and interpretation of the phenomena. Within this thesis, I have provided a discussion of data collection and analysis approaches used within this research. In addition, I have included an analysis of the challenges and identified potential limitations. This should provide a thick and vivid account of the research process. Use of quotes from the students' open comments and interview transcripts have been utilised to illuminate the findings. This should allow the reader to judge the rigour and trustworthiness of the research (Weick, 2007).

4.5 Ethical issues

Ethics in research is ensuring the researcher acts with honesty and integrity in all aspects of the research process to ensure the treatment of participants in the study is not immoral or unethical (Finlay, 2006; Farrimond, 2013; Baillie, 2015b). Participating in research can impact in several ways, for example physical, emotional, psychological or the use of participant's time and goodwill. Following medical research that involved experimentation and resulted in harm (Hawley, 2007), the Declaration of Helsinki was adopted by the World

Medical Association in 1964, it has evolved and was reviewed in 2013, and it provided principles for all medical research. Whilst, this study is not medical research, there remains the potential for harm and therefore the principles adopted in the Helsinki Declaration were addressed within this study.

The requirement to demonstrate good character whilst off-duty has the potential to be a sensitive issue, scenarios may be identified that need to be escalated, which could impact a student's ability to continue the programme. Highlighting this requirement may have been why students, particularly year one students' chose not to volunteer for the study and could impact the findings as only those who felt comfortable with their demonstration of GC may have volunteered. However, the potential benefits and new insights into this phenomenon could also be valuable to the profession and wider healthcare professions. Therefore, research into sensitive areas should not be avoided but careful consideration and preparation to minimise potential ethical issues. Therefore, ethical approval was sought and obtained from Northumbria University Research Ethics Committee before the research started. This committee reflects national and international research principles and complies with the guidance in the 'Concordat to Support Research Integrity' (Universities UK, 2019). As part of this approval, a project proposal was submitted outlining the research aims, methodology, methods, and data analysis processes. A discussion of potential risks and benefits was provided for review by the committee. Consent and participant information forms were also submitted. External review of a research proposal is beneficial as it can identify ethical issues not considered by the novice researcher (Farrimond, 2013). However, no further issues were identified by the committee.

4.5.1 Informed consent

The Belmont Report (The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1979) states that informed consent demonstrates respect for people, in that they are afforded the right to choose what will or won't happen to them. To enable them to make such decisions they should be provided with adequate information, which should include what the research consists of, their role, any risks, anticipated benefits, and the opportunity to ask questions or withdraw from the research at any time. This information should be provided in a timely fashion and participants should be given time to consider the information before deciding.

Given the potential issues which could arise from participating in this study, it was essential students were fully informed of what involvement in the study could mean for them as an individual. This was particularly pertinent to the students who participated in the interviews because of my involvement as a registrant and researcher. After reviewing examples and researching recommended content for information leaflets and consent forms I developed and provided study details and consent forms for both data collection methods. Multiple drafts were discussed at supervisory sessions and the final documents were submitted to Northumbria University Ethics Committee and were approved (see appendix 21).

For the questionnaire, this information appeared on the first pages of the online tool (see pages 489 – 491). For the interviews, both an information leaflet and consent form were

emailed to the interview participants after they contacted me in response to the email announcement on their electronic learning platform (please see appendix 21, 22 & 23) for the information leaflet and consent forms). The information leaflet for the interview advised that the study was looking at social and cultural drivers that may impact demonstration of good character whilst off-duty and how family and friends may also affect it. This is different to the surveys because the nature of the questions will be more specific and exploratory about these aspects, therefore for the consent to be informed and valid participants must be aware of this aspect of the study.

It was not anticipated that any physical harm would arise to students due to their involvement in this study, but it is difficult to predict what may cause psychological distress when discussing personal and emotive issues such as social and family background. It has also been noted that whilst harm may not occur, participants can feel wronged by participating in research, this could occur due to new knowledge of self-being identified due to the research topic. There is a potential within this study that identifying an upbringing participants feel is not congruent with their professional role may induce embarrassment or shame (BSA, 2017; SRA, 2021). Whilst I had planned to stop interviews if students became distressed during the interviews and had arranged further support via the university counselling services if needed, this was not necessary. Completing the survey should not have caused any emotional distress but again it is difficult to predict what may cause distress. Participants were advised that if they experienced any distress, they should discontinue the survey and that if they wish to discuss the issues it raises, they could contact the researcher via the email address on the information leaflet.

By implementing the Belmont Report recommendations (1979), students were given a further opportunity to discuss the study prior to the interviews commencing, to ensure students fully understood the nature and implications of participating. Given that all those accepted on to a pre-registration midwifery programme are required to meet the NMC's minimum standards for numeracy and literacy and the academic requirements for a degree programme, it is not anticipated that there will be any issues with 'capacity' to obtain informed consent in the survey or interviews. Any student requesting to withdraw did not have to provide a rationale for their request and would not be penalised in any way for withdrawing or not participating. However, to date, no student has requested the withdrawal of their data.

4.5.2 Confidentiality & Anonymity

Confidentiality relates to a person's data or information not being shared beyond the agreed limits of the study. Whereas anonymity is ensuring participant's data cannot be linked to them (Farrimond, 2013; Saunders et al 2015). By consenting to participate in the interviews, students do not acquiesce their rights to privacy and respect for them as persons (Bryman, 2016). Confidentiality and anonymity are important as it enables participants to feel confident to share information freely and honestly and prevents any potential harm from being identified (Farrimond, 2013; Kelly, 2009; HRA, 2020).

There are occasions where confidentiality cannot be maintained. The nature of exploring what participants consider as acceptable and unacceptable behaviours that demonstrate good character could raise ethical issues. Specifically, because what the participant considers acceptable, may be illegal or breach the parameters of professional practice. If an issue was disclosed that breached a legal or professional parameter, if the safety of the participant, a patient or a member of the public was deemed a concern, I would need to inform the Lead Midwife for Education. This could result in escalation to external safeguarding services and potentially the universities fitness to practice committee. Whilst the potential for such disclosure is small, given criminal record checks on admission and the requirement to declare on yearly enrolment it is essential to be open and honest with participants in advance. Thus, information relating to this requirement was included in the information leaflet and students were reminded at the start of every interview, that the researcher has a professional requirement to safeguard the public and research participants. Thus, disclosure of unethical or illegal activities will need to be divulged to the relevant authorities and third parties (BERA, 2018; HRA, 2020).

This is a complex dilemma for professional educators as researchers, whilst it is essential to highlight anything disclosed may need to be escalated further it could result in participants feeling anxious about participating in the interview and impact honesty when answering questions. There is also a potential for researcher distress at having to break participant's confidentiality if there is disclosure in an interview that breaches legal or professional parameters. Research supervisors and the Lead Midwife for Education would have been

available for support had the need arisen. Thankfully, no participants in the interviews disclosed any information that required escalation.

Confidentiality also incorporates the protection of data (HRA, 2020). The Data Protection Act (2018) provides the legal basis for how personal information is used and protected; this study complied with these principles. Interviews were audiotaped and a numerical participant identifier was placed on the consent form, interviewer notes, audiotapes, and transcripts, to enable withdrawal from the study at a later stage whilst still ensuring a break in the link between individuals and their data (BSA, 2017; HRA, 2020). Names were not written on any data collected or transcriptions. Postcode data at age 16, age and year of study was collected. Identifying data, except for age and year of study, was removed to anonymise the material collected. Data on home postcode at age 16, was removed from the transcripts and surveys once the Higher Education Funding Council for England POLAR 4 classification had been applied.

As a result of working from home during the pandemic, the plan for storage of notes and obtaining hard copy consent forms were affected. All notes, memos and findings that were printed were kept in a lockable box file, and the key was kept separately, as university locked storage was not accessible during the pandemic. Consent forms were kept electronically, and all electronic records and data was password protected. Because of the virtual nature of the interviews, consent forms were signed electronically and emailed. These were again password protected on a device that could be remotely wiped of its

contents and stored in a separate location on the computer from any data collected. Once the study is completed, documentation will be kept for six years following completion of the study as per Northumbria Universities Research Records Retention Schedule Online, (2022).

A certified transcriber was employed formally through the university for the transcription of the interviews. This ensured the transcriber was compliant with the Data Protection Act (2018). As a result of the pandemic, the interviews were recorded via a voice memo application and password protected. A secure drop box was utilised for transfer to the transcriber, which was deleted on completion. Any names, locations or potentially identifying information discussed in the interviews was removed from the transcripts without impacting the meaning of the data (Bryman, 2016).

Anonymity is seen as a fundamental ethical principle but in qualitative research, it can be a complex process. Whilst pseudonyms etc are used to protect identity, there are other threats to maintaining anonymity (Saunders et al, 2015). There is a potential that people close to the research may identify participants via quotes used in subsequent research reports and documentation (Nespor, 2000; Tolich, 2004). One issue did arise during the interviews, personal information was disclosed and there was a potential for this to be recognised by the supervisory team and by others, if quotes from this discussion were used in publications. I discussed the issue with my supervisors and suggested before the interview was transcribed that I contacted the student and clarified these potential issues and whether she wished to withdraw her data from the study. She declined and reiterated

her consent for the data to be used. By approaching the student and identifying this unusual situation, I respected her rights to privacy, anonymity, and confidentiality.

4.6 Chapter Summary

This chapter has demonstrated how ethical principles, including consent, confidentiality and anonymity were implemented throughout the research process. Additionally, I have provided an in-depth evaluation of how strategies were utilised to ensure the rigour and trustworthiness of this study. Key areas where such strategies were implemented and discussed in the thesis have been highlighted within this chapter and supported with relevant theory. I have explained how I maintained a reflexive approach by utilising a research diary (a segment of which has been included here and in the data analysis chapter) and peer review. Transparency will be elucidated throughout this thesis to ensure readers can assess the quality and rigour of the research process. The discussion in this chapter aids the demonstration of my emerging skills in the craft of research in the real world. This will be further illuminated in the next chapter where the methods used to collect data will be discussed.

5.0 Methods

Within this chapter, the methods utilised for obtaining the views and experiences of student midwives will be discussed. Methods are recognised formats for collecting and creating data (Perri & Bellamy, 2012) and within this study, a survey and semi-structured interviews were the methods employed. It is essential to consider the underpinning assumptions of the differing paradigmatic viewpoints regarding data collection methods, as this can impact how research findings are interpreted (Seale, 2018b). This chapter is not presented chronologically, following discussions on the development of the data collection tools a critique of their effectiveness and the researcher's utilisation of these tools will also be explored.

Methods associated with constructionism and phenomenological research approaches are usually qualitative, and involve description, observation, reporting and reflecting (Punch, 2009; Smith, Flowers & Larkin, 2009; Newby, 2014). However, quantitative data collection methods can also be considered suitable, if they support the illumination of the phenomena (Shepard et al, 1993). It could be argued that by utilising qualitative and quantitative data collection methods, this study is a mixed methods study. Mixed methods research (MMR) is defined as "the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study" (Teddlie & Tashakkori, 2006, p 15). MMR is often associated with a pragmatic paradigm where the most suitable methods for answering the question are employed but there should also be integration/mixing across other stages of the research process and one

format usually takes precedence over the other (Teddlie & Tashakkori, 2006; Mayoh & Onwuegbuzie, 2013; Kelly, Dowling & Millar, 2018). Teddlie & Tashakkori, (2006) suggest studies which collect qualitative and quantitative data but do not integrate the findings are '*quasi-mixed designs*'. However, this perpetuates the perceived differences between qualitative and quantitative data.

Much debate has occurred regarding the opposing philosophical standpoints of quantitative and qualitative approaches. However, the hypothetical divide between qualitative and quantitative research and subjective or objective knowledge is increasingly debatable (Sandelowski, 2014). Fisher and Stenner (2011, p89) support this stance by stating that "the ontological divide between qualitative and quantitative methods is unnecessary, counterproductive and illusory". Realistically it can be argued that quantitative research can contain interpretation and use of descriptive statistical accounts because there is "an element of qualitative, lived, observed experience, lies at the heart of every number" (Bazeley, 2009, p176) and conversely, some qualitative approaches seek causal relationships (Smith, 2008; Sandelowski, 2014). This suggests that data collection methods need not be confined to specific theoretical and methodological approaches (Smith, 2008; Sandelowski, 2014). Understanding qualitative and quantitative data can be considered subjective or objective without compromising the paradigmatic influences, opened my imagination to using a variety of methods within this study.

By utilizing inductive and deductive data collection methods in this study, the paradigmatic approach of interpreting an individual's experience is not undermined, instead, it enabled an iterative approach which used both forms of data to inform the other (Frechette et al, 2020). This iterative approach also reflects the hermeneutic circle of looking at the whole and parts, which lends itself to the production of a whole that is richer and more trustworthy (Gadamer, 1975; Smith, Flowers & Larkin, 2009). This iterative approach also allowed for the triangulation of the data from both methods. Triangulation of data from multiple tools can overcome any potential weaknesses of one method. This can increase confidence and add to the credibility of research findings (Henerson, Morris & Fitz-Gibbon, 1987). However, it must be reiterated that no one true reality can be described by using any method, findings will still reflect the subjective nature of individual's experiences (Blaikie, 2007; Spicer, 2018).

Given that this study is exploring the potential differences and similarities in participants' experiences of demonstrating good character, the use of two data collection methods enhanced the depth of understanding concerning the variety of experiences. The survey prior to the interview helped refine the research questions that were explored in more depth via qualitative interview methods (Punch, 2009; Spicer, 2018). The use of multiple data collection methods is therefore justified to support the development of interview questions that ensure the research aims and objectives were achieved. The development and structure of both data collection methods will be explored in the subsequent discussion.'

5.1 Surveys

Surveys are structured data collection instruments with questions related to behaviours, attitudes, beliefs, and facts (such as demographics), they are predominantly undertaken via interviews or questionnaires (Taylor & Ransie, 2014; Seale, 2018b; Moule, 2021).

Questionnaire surveys are a standardised method of presenting a set of questions in the same format to multiple individuals, these can be in a telephone or paper design and can be administered by someone or self-completed (Calnan, 2013; Seale, 2018b).

Surveys were previously considered to reflect a positivist view of the world, in that each respondent and question has only one 'truth' (Flick, 2018). However, surveys cannot be considered solely inductive, because they explore the meaning of what people do and what they think, i.e., their behaviours and the cultural norms and values which underpin those, via the use of attitudinal scales and open qualitative questions (Bryman, 2016; Flick, 2018).

The collection of quantitative data via scoring and ranking systems can enable the examination of attitudes and opinions because verbal and numerical anchors within the questions require interpretation, resulting in subjectivity via an individual's reflection and perceptions of the phenomena being explored (Sandelowski et al. 2006; Bazeley, 2006).

Positivist approaches would suggest the researchers influence on the survey should be minimised, to promote objectivity (Flick, 2018). Yet, interpretivist constructionist viewpoints argue surveys are influenced by the researcher's worldview. Questions within a survey are a

quantitative measure of a qualitative construct developed from the researcher's subjective view of the world and therefore cannot be neutral or uncontaminated. The researcher's influence is an integral component of this research and methods to ensure rigour through all stages of the research are discussed in chapter 8. (Flick, 2018; Spicer, 2018). The research approach adopted in this study acknowledges the potential impact of the researcher on the design and analysis of all aspects of the study. Nevertheless, a reflexive approach, to limit bias and leading questions is essential (Bryman, 2016; Seale, 2018b).

Measuring attitudes, opinions and behaviours is complex, it is impossible to assess them directly (Henerson, Morris & Fitz-Gibbon, 1987). Attitudes and opinions may evolve during the completion of the questions and respondents may believe they are being honest with their answers and truly reflective. It is also essential to have an awareness that responses can be influenced by ambivalence, social desirability bias, and inconsistency between what people say and what they do (Henerson, Morris & Fitz-Gibbon, 1987). Whilst it is only possible to make inferences when we measure attitudes, these can be considered trustworthy if data collection methods are designed to minimise the impact of these influences (Henerson, Morris & Fitz-Gibbon, 1987).

Self-completed online questionnaires were used in this study to enable ease of distribution and enable a wide range of students across the UK to complete the survey (Seale, 2018b; Moule, 2021). The Bristol online survey software (BoS) was used to produce the

questionnaire (see appendix 23). This was used for multiple reasons, it was simple to use, freely available and was the tool recommended by the university.

The questionnaire was structured into five key sections. Section one comprised closed questions regarding students' own behaviours and actions. The questions in this section arose from the findings of the literature review and from examples I had experienced with students, for example, involvement in sex work or recreational drug use at a music festival. These were included to give insight into students' own life experiences. One potential weakness of some of the questions in this section is that it didn't allow for clarification of whether this behaviour had occurred prior to or since commencing their training. Section two consisted of a series of photos, using Likert scales respondents rated the impact of the image on demonstrating good character whilst off-duty. This series of questions arose from the themes that were identified regarding appearance and the demonstration of GC in the literature review and from recent incidents reported by the press (see appendix 8). Section 3 asked about the impact of a series of behaviours or actions on the demonstration of good character whilst off-duty and depending on whether the person was qualified or a student. These questions arose from the literature and real-life experiences of the researcher in her role as a lecturer. The rationale for asking about the impact on both student and qualified midwives, was to ascertain if students perceived any difference because they were students in a learning phase. The literature review identified other healthcare professional students considered a learning stage in relation to demonstrating GC whilst off-duty, but there was no literature relating to midwifery students' views regarding this perspective. Section 4 comprised vignettes/scenarios where students had some multiple-choice/pre-coded

responses followed by the option to provide an open response. The vignettes arose from discussions in the literature. By placing them in a scenario, the aim was to add context to the issue, and therefore if this affected their responses.

The questionnaire was designed with different question formats. This was important in preventing boredom and fatigue for the participants, especially when some questions were repeated but in a different format. Question fatigue is thought to set in at approximately thirty minutes, but this can vary and is dependent on questionnaire design with multiple factors, such as length and type of questions contributing to earlier onset of fatigue or boredom (Bruce, 2013). Yet, this is debated by other authors, who suggest the onset of question fatigue is dependent on how interesting the questionnaire is (Bryman, 2016). Web-based questionnaires are thought to be a more enjoyable experience than other questionnaire formats and therefore may result in less non-completion due to fatigue or boredom (Seale, 2018b).

The following discussion will explore the rationale for the structure and approach of the questionnaire.

5.1.1 Types of questions

Itemised rating scales are the commonest format utilised for measuring attitudes due to the ease, versatility, and ability to provide comparable data over a period (whilst not the aim of

this study, future comparison may be beneficial). Attitude scales allocate individuals into numerous broad groups reflective of a particular attitude or belief. Nominal scales give a name or number to the categories used on the scale, these names or numbers are completely arbitrary and have no innate value ascribed to them. Ordinal values also give names or numbers to categories. These names and numbers are underpinned by a relative order related to the concept of 'more or less', known as the order of magnitude. They are ranking categories that allow comparisons. The values or scores aligned to the categories have no inherent value other than identifying that one is more than the other. For example, 5 is more than 4, which is more than 3. However, ordinal scales do not tell us if there is a quantitative difference between the numbers, i.e., is the difference between 5 and 4 the same as the difference between 4 and 3, nominally the difference between each is 1 but it doesn't identify if the 1's are quantitatively equal (Seale, 2018c; Bors, 2018). Ordinal scales (often referred to as Likert scales) were initially intended to cover different aspects of the same attitude, the overall score across all question responses was the focus, rather than the response to each question. However, they have developed over time and answers to individual questions can provide insight into multiple attitudes (Bruce, 2013).

Ordinal scales were used in the survey, as they provided qualitative data regarding the frequency of the categories chosen, although they cannot tell us about the value of each category. This enabled the identification of the frequency of responses and indicated patterns of attitudes and opinions on certain characteristics or behaviours that may or may not reflect GC. These patterns were then explored in more depth during the interview (Seale, 2018c; Bors, 2018). In this study, the pattern of responses is of greater interest, to

identify if there are comparable views and experiences relating to the individual scenario or question. This is where this survey isn't true to the Likert approach and is more just an ordinal scale, in that it asks a question rather than a response to a statement. Polkinghorne (2005) argues that Likert scales in short-answer questionnaires result in superficial information that doesn't reflect the rich depth of lived human experience, but he also suggests limitations apply to any data related to human experience due to the indirect and self-reported nature of both qualitative and quantitative data. However, a means of overcoming this potential weakness had been addressed by using open questions in the survey and the subsequent semi-structured interviews.

The categories in ordinal scales are divisions of an abstract continuum, rating from agreement to disagreement. There is limited agreement in the literature on what number provides the greatest discernment between the responses. It is recommended that the number of points on a scale should be between 5 and 10 but Coelho & Esteves (2010) suggested that 10-point scales provide greater transmission of potential information without increasing response errors. However, 5-point scales are commonly used as it is thought they give sufficient accuracy whilst still providing clarity and ease of use for respondents (Krosnick & Fabrigar, 1998). Literature suggested that respondents find it difficult to allocate levels of importance when given more than five options (Wilson & McClean, 1994). Therefore, in the survey, only five categories were used in the ordinal scales. Respondents ranked on a scale named 1 to 5, with 5 having a larger impact than 1 and providing a ranking rather than an actual value (Seale, 2018c; Bors, 2018). Scales at the opposing ends i.e., 1 and 5 had worded labels, because these are said to produce more

reliable measurements. Because of space limitations within the questionnaire, scales 2, 3, and 4, just had the numerical labels as this was said to improve confidence in the response compared to not labelling them at all (Alwin & Krosnick, 1991).

The use of a neutral point in ordinal scales can either suggest indifference or ambivalence but determining which, is impossible (Schaffer & Presser, 2003). Therefore, the omission of a neutral point is said to improve the validity and reliability of responses as it encourages respondents to answer positively or negatively and decreases the impact of pattern answering, avoidance of extremes and acquiescence (extreme response bias, central tendency and agreeing or answering yes). However, it is argued that well-structured, interesting questions prevent pattern-answering behaviour in respondents (Greenleaf, 1992a; Coelho & Esteves, 2007; Saris & Gallhoefer, 2007; Bruce, 2013). As the evidence on the number of scales (see previous paragraph) suggested a 5-point scale was used, the middle label (3) is a neutral point but because of the use of the numerical label not being neutral, it was hoped to minimise this issue.

There is a potential for respondents to give socially acceptable responses or to demonstrate extreme tendency and central tendency bias. The use of these strategies is often related to the age, income, and educational levels of respondents but gender did not appear to impact on demonstration of these biases (Greenleaf, 1992a/b). The literature suggests ways to minimise the use of strategies or bias in questionnaire responses. Therefore, the scaled responses were balanced with graduation through positive to negative, as such, all response

choices should appear equally acceptable. If the scale was skewed in either direction it could result in leading and introducing bias and if responses aren't balanced there is a tendency for respondents to agree with any suggestion made to them (acquiescence) (Bryman, 2016). This required particular attention in the contextualised scenarios with pre-coded responses, as initially the responses tended towards more 'it's acceptable' type answers and did not include enough negative responses to provide symmetry. This was corrected.

Pre-coded questions were used in the survey as reliability is considered good in this approach because of the breadth in choice of answers, respondents also appear to prefer this over agree/disagree approaches. Providing a selection of alternative responses allows for thoughtful consideration of attitudes and views (Bruce, 2013; Ornstein, 2013). However, it could also be said that pre-coded questions lose the richness of open-ended questions. (Bruce, 2013). Therefore, the option for multiple responses and free text comments was also provided for pre-coded questions. The free text comments may provide greater insight and richness to students' answers and attitudes, as open questions allow respondents to provide depth to their answers and can provide an unedited and unbiased response (Wilson & McClean, 1994; Bruce, 2013). O'Caithan & Thomas (2004) suggest many researchers include open questions as a safety net in questionnaires, to ensure they do not 'miss' any key issues being examined; or to confirm the closed question responses, in a bid to confirm the reliability of the data collection instrument. Many of the open questions in the questionnaire took the format of expansion questions which were used to illuminate the views expressed in closed or pre-coded questions within the questionnaire (O'Caithan &

Thomas, 2004). Research suggests that open questions are often not completed, due to the greater thought and time required (Millar & Dumford, 2014). However, this did not appear to be an issue for this survey, given the number and length of responses provided (see chapter 9).

The option of a 'don't know' responses weren't used in the survey because it was considered they were likely to have opinions on the subject and therefore would not need the option of 'don't know' (Henerson, Morris, Fitz-Gibbon, 1987; Schaffer & Presser, 2003; Bruce, 2013). When discussing behaviours or attitudes, where it is anticipated people will have an opinion. However, if they feel uncertain about their answer, it may lead to opting for the 'don't know' response. This could be compounded by social desirability bias, where if students' opinion diverges from the 'professional view', they may not want to be honest. Choosing the 'don't know' could be a way of avoiding the dichotomy they feel in responding. However, some authors argued respondents may honestly not know the answer and therefore not provide any answer. Alternatively, they may not have considered the issue under investigation in much detail prior to reading the questions, and for them the 'don't know' option would be an honest response (Kalton & Schuman, 1982; Bruce, 2013). By not providing a 'don't know' response, it forced students to answer and prevented the ability to 'sit on the fence'. However, what it doesn't prevent is from them providing what they consider a socially acceptable answer rather than an honest response, which reflects their opinion (Henerson, Morris, Fitz-Gibbon, 1987; Schaffer & Presser, 2003; Bruce, 2013).

In section two, a series of photographs were utilised. Photo elicitation is the use of photographic images to elicit discussion and comments (Banks, 2001; Wall et al, 2013). This approach is usually used in conjunction with other methods (Ali, 2018). Photographs were chosen to depict certain behaviours or attributes as identified via the literature review and from my personal experiences as a midwife (student, clinical midwife, and educator). Most photographs were obtained from the internet with the appropriate Creative Commons licences. However, the variety and type of photographs with the licence were limited. I purchased the right to use two pictures from Getty Images under student use. In a bid to widen the pool of photographs without excess expenditure, I utilised my own friends and family networks. On my personal social media site, I posted a status asking if they had any pictures, they would be willing to allow me to use in the survey (specifying the inclusion of alcohol, partying, dancing, inappropriate clothing, piercings, or body art etc). In the end, I only used one of the many photographs I was kindly sent, due to being unable to obtain consent from other individuals contained within the image. I also contacted a photographer; via the newspaper his images had been published in. He very kindly gave me permission to use two of his photographs free of charge in the survey and poster presentations at conference and any other formats that would help my study.

During my email exchanges with this photographer, he illustrated one of the many issues with the use of images as a research method. He informed me that the one photograph, where a group of young adults are out on the town and one appears to be holding her hair out of the way had been published in a newspaper under the headline, 'Freshers go wild'. Yet the parents of some of the young adults in this photograph had asked him for copies, as

they saw kind behaviours demonstrated, looking after their friend and ensuring she was safe. This demonstrated the potential subjective interpretation of a still image (Banks, 2001; Ali, 2018).

The difficulties previously acknowledged in identifying suitable images did limit the ability to ensure a range of ethnocultural backgrounds were visible in the pictures used. All images were female and as part of supervision we did debate this but given most midwives (and therefore students) are female, it was felt this reflected the population under examination. However, the impact of other variables, such as gender, age, race, clothing, type, and location of body art was not accounted for and may have influenced responses (Banks, 2001; Ali, 2018).

5.1.2 Sequencing of questions

Questions need to avoid leading respondents to the answer the researcher wants. Therefore, careful consideration of the structure and sequence of questions in the questionnaire is important (Bryman, 2016; Seale, 2018b). Consensus on the desired format for a questionnaire suggests a logical structure which moves from general to more specific questions (Wilson & McClean, 1994; Aldridge & Levine, 2001; Brace, 2013). The survey in this study commenced with factual, behavioural questions that moved from less sensitive to more personal and that only required a yes/no response. It is recommended that commencing with behavioural questions is beneficial because these are often factual and

only require recall (Brace, 2013). Issues arise with this formula when the behavioural questions are of a sensitive nature because it is recommended that more sensitive questions come later within the questionnaire once a relationship has developed (including self-completing surveys) (Taylor & Ransie, 2014).

The questionnaire then asked about views and opinions on how students perceived certain behaviours and characteristics that may impact upon the demonstration of good character whilst off-duty, culminating in scenario-type questions that placed the behaviours and attitudes into a contextual situation. Questions related to behaviours are often interlinked with questions on attitudes and beliefs due to norms and values containing elements of both attitudes and values, as well as being expressed in actions and words (Bryman, 2016). Conroy & Smith et al (2007) suggest that attitudes are developed from links made between mental representations made at the time questions are asked, and that questions are interconnected and not dependent. The ordering of questions can influence responses, as answers to previous questions may impact subsequent replies.

Whilst absolute consistency because of context on responses cannot be achieved, the framing of a question or set of questions in a variety of formats may support a relative consistency in the responses given (Wilson & McClean, 1994; Bruce, 2013). When asking behavioural and attitudinal questions in the same survey, there is a potential that respondents will take up a position that then either their behaviours will contradict or fit the position they have articulated, or they will have to misrepresent their behaviours and vice-

versa (Petty et al, 2007; Ornstein, 2013). Therefore, in the survey, multiple questions relating to one attitude, in a slightly different manner or by providing contextual information were incorporated. This approach can reduce the risk of random error, resulting in increased credibility of the data collection tool and the findings (Henerson, Morris & Fitz-Gibbon, 1987; Bruce, 2013). Increasing the number of questions within a survey can also improve the consistency of results and content/construct validity of the tool, as it provides a wider range of responses on the subject (Henerson, Morris & Fitz-Gibbon, 1987). By offering multiple responses and multiple contexts it became apparent students altered their views and opinions based on context. An example of this was in the sex work questions, where Likert scales, scenarios and open responses were utilised. Students felt involvement in some aspects of sex work demonstrated a large impact on GC, yet when answering the scenario regarding sex work, many appeared to contradict their prior answers. This could suggest a relative lack of consistency in responses, but it could also suggest students lack certainty or demonstrate compassion towards peers, when contextual factors, such as finances are introduced.

Content/construct validity refers to the extent to which the data collection tool measures what it set out to measure and is dependent on a clear and precise construct of the attitudes and behaviours being examined, to ensure nothing is omitted and no individual aspect is over or under emphasised (Henerson, Morris & Fitz-Gibbon, 1987; Calnan, 2013). Therefore, the definition of the attitudes, attributes and behaviours that reflect good character is an important aspect in ensuring the validity of the questions asked in the survey. However, given the complexities articulated in the literature review regarding the

construct of good character, some of the questions came from personal experience or knowledge and media cases. Therefore, some more contemporary issues may have been excluded. On reflection, questions regarding downloading but not paying for music or films, the use of sites such as 'fans only' could have been included. Co-production of the questions may have identified such questions, but it is pertinent to note that during the pilot phase, no students commented on this.

Being aware of how my opinions may be reflected in the questions or responses, required constant review to ensure all questions were relevant to the research aims and questions and would therefore provide answers for these. An example of this was the picture questions regarding tattoos and hair colours. By reflecting on the original research questions and literature review regarding the attributes that demonstrate good character, I questioned whether appearance was an area that I should be focusing upon. On reflection, it was evident these images related to the signs used as a component of body modification for reflecting a person's character. The definition of attributes states it is 'a quality or feature regarded as characteristic or inherent part of someone or something', synonyms associated with the word include feature, characteristic, mark, sign, and trait. Therefore, tattoos and hair colours are features people use to display their character. Other people's views or interpretations of those features could be very different and portray a variety of meanings relating to good character, as people tend to stereotype. This is reflected in the literature that identified issues with tattoos in dental workers (Verissimo et al, 2016). In addition, Morgan et al's (2014) Delphi study expert midwives agreed on unprofessional behaviours related to appearance. Therefore, the use of the images allowed for exploration

of how students perceived marks and traits impacted on the demonstration of good character whilst off-duty.

4.1.3 Social desirability, bias, and denial tendency

Responses can be impacted by several things, such as the mood of the respondent or the environment on the day of completing the questionnaire to question fatigue (Henerson, Morris & Fitz-Gibbon, 1987). However, social desirability, bias and denial tendency need to be accounted for and where possible minimised. Self-completing, anonymous surveys were used to assist with reducing the impact of students giving answers they think are socially acceptable rather than their true feelings or giving the answer they think the researcher wants to hear (Kalton & Schuman, 1982; Taylor & Ransie, 2014; Bryman, 2016). This is particularly significant for this study, where students may want to present themselves as 'knowing the right answers' or 'being the right type of person' to be a midwife, rather than their true feelings. These feelings may be intensified if responses were being given face to face and therefore self-reporting via online questionnaires may mitigate these effects, because the researcher isn't present, and respondents feel anonymous which may aid students to be more honest in their responses (Schonlau et al, 2002; Schaffer & Presser, 2003; DeVaus, 2014). However, the counter position could be that respondents who complete the survey may be particularly interested in the topic or have something to say on the issues being surveyed and this could lead to a degree of bias anyway. Trying to reduce social desirability/halo effect by destigmatising the behaviour (as in the sex work questions) and asking students to consider the context related to the question was developed to see if

students reconsidered their views and opinions when they were made aware of social factors influencing the behaviour, such as financial distress, peer pressure etc. In addition, the use of both data collection methods could balance out these issues, as previously highlighted.

5.1.4 Clarity and ambiguity

A questionnaire aims to contain questions that are interpreted by all respondents in the same way and in the manner intended by the writer (Calnan, 2013). Most problems with questionnaires relate to either sequencing problems or ambiguity. Due to the inability of respondents and researchers to clarify the meaning of questions in an online survey, researchers must check for any ambiguity (Bruce 2013). Clarity and ambiguity are also improved if instructions are clear and double-barrelled questions are avoided (Seale, 2018b; Moule, 2021). Ensuring students understood the meaning of the question is vital, during the design stage and where piloting the questionnaire became essential (see section 5.1.6). Much consideration regarding the language and interpretation of terms occurred prior to the pilot phase. For example, in a supervisory session the expression 'glamour modelling' meant different things and could be open to misinterpretation. Alternatives were debated but the wording reflected the language used in previous studies on student's involvement and views on participation in sex work and given the recency of these studies with university students its use was retained in the survey (Brents & Sanders, 2010; Sagar et al, 2015; Sanders & Hardy, 2015). No comments or feedback from the pilot phase demonstrated any

misinterpretation of the meaning of the wording relating to glamour modelling, this may be because the question was nested in a set of questions regarding other forms of sex work.

5.1.5 Piloting the questionnaire.

Initially, the plan had been to pilot the survey with student nurses to limit the impact on the potential sample size for the actual survey, whilst avoiding any potential issues relating to power and influence between lecturer and students. However, it became apparent as the survey developed that whilst the questions and topic remained applicable to student nurses because the questions specified student or qualified midwives they may be offended and frustrated if the relevance of being asked to complete the pilot is unclear (Schaffer & Presser, 2003). An adaptation to the ethical approval was obtained and the survey was piloted on a small group of soon-to-be-qualified, third-year student midwives. The pilot sample excluded any of my personal students to ensure no issues with power or coercion. By altering the piloting strategy, the suitability and lucidity of the questions were more specific to the main sample population. They would also not be eligible for the actual survey due to completing their degree and therefore would not impact the sample size.

Those that completed the pilot were asked three questions; if they felt the length of time to complete the survey was acceptable or unacceptable, if they had any issues with accessing or displaying the survey and the clarity of the phrasing of questions (see appendix 11).

Sixteen out of a potential eighteen students completed the pilot but only three emailed any specific comments (see appendix 11).

Feedback from the pilot survey revealed that students found the survey 'interesting' and there was no feedback regarding the length of the survey or the time to complete the survey. Whilst it is not with absolute certainty, it can be implied that as no issues were raised, respondents felt the length of the survey was acceptable.

I've done your survey for you. I had no issues accessing or filling it in, it wasn't too long. The only thing was with the ranking questions it was a little unclear if you meant a negative impact on being able to display good character? For example if I rated the tattoo pictures as 1 that meant I think they didn't negatively impact? Is that the case? Might have just been the way I was reading it but wasn't sure at first.

Figure 7 Pilot survey feedback

The pilot phase did identify a small number of issues related to clarity and ambiguity of wording (see figure 7 & 8). Respondents were confused regarding the scales on the picture questions; whether high impact meant better character was demonstrated and vice versa low impact.

So if I think an image demonstrates bad characteristics would I choose 1 or 5? Sorry, I'm a bit confused 🤔

Figure 8 Pilot survey feedback

As can be seen in figure 10. The instructions were altered, being explicit about what Likert scale 1 or 5 meant in terms of impact on GC. A repeat of the pilot was conducted with the same group of students.

<p><u>Pilot 1</u></p> <p>Please rank the following images in order of impact on demonstrating good character whilst off-duty. 1 being low impact - 5 being high impact</p> <p><u>Pilot 2</u></p> <p>Please identify how each of the following images would affect your view of the person's good character whilst off-duty. With 1 reflecting that you view the image as having little impact on the person's demonstration of good character whilst off-duty and 5 implying that the image has a large impact on the person's demonstration of good character whilst off-duty.</p> <p><u>Pilot 3</u></p> <p>Please tell me how you think the following behaviours impact upon your perception of the person's ability to demonstrate good character. "By 'good character' we mean that your character is such that you are capable of safe and effective practice as a nurse, midwife or nursing associate." (NMC, 2019).</p> <p>Tick the box that reflects your answer. With 5 implying that the image has a large negative* impact on the person's ability to demonstrate good character whilst off-duty and 1 reflecting that you view the image as having little impact on the person's ability to demonstrate good character whilst off-duty.</p> <p>* Negative relates to unfavourable or disagreeable (The Free Dictionary [Online]).</p>

Figure 10 Pilot survey feedback

Response rates were lower, however, the feedback suggested interpretation of the scales continued to be problematic. Therefore, with further consideration, the wording of the initial stem questions was rearticulated, incorporating the NMC definition of GC and the word negative was incorporated and underpinned with a definition (see figure 10).

In a bid, not to take advantage of the students who participated twice already, some midwifery colleagues (4) and my supervisory team, reviewed the questions, they felt the scales were clear and that they understood the meaning of the question. The pilot phase took considerably longer than anticipated but was eminently useful in trying to ensure the questionnaire was a valid tool and for learning about questionnaire development. In future, research using surveys, greater time would be factored into the process than had originally been planned for this study.

Questionnaires require careful and thoughtful planning to improve their reliability as a data collection tool. Development of the survey took far longer than anticipated and the level of detail and difficulty in developing questionnaires has provided excellent learning and insight, relating to the use of this research method.

5.1.6. Sampling

The online questionnaire was developed and administered using the JISC Online Survey software. A poster advertising the survey with the link to the questionnaire (appendix 9) was sent to every Lead Midwife for Education (LME), as published on the NMC website. The email sent to the LME's, asked for them to reply and advise whether they were able to circulate the survey to their midwifery students. This was to enable a population size to be determined. However, of the LME's only, 6 replied and therefore I was unable to determine if the link had been circulated or not, or if they had just missed the request to respond.

Initial response rates were slow, but this coincided with a media story regarding a midwife being suspended due to red hair and subsequently, the RCM identified they were going to poll their members (via their MIDWIVES magazine) on this issue. Following a discussion with my supervisors, I got in touch with the RCM magazine to ask if they would be willing to circulate the link as part of their reader poll, which they kindly did. Therefore, some students may have accessed the survey via this route rather than via their university. The survey asked if they were a qualified healthcare professional, if they answered positively, they received a thank you message but were unable to continue with the survey, ensuring responses were contained to pre-registration students. As I was unable to determine a population size because of the uncertainty regarding the LME distribution of the survey, the circulation of the survey via the magazine did not create any additional issues with this.

According to Health Education England (2021) there were approximately 8354 student midwives in training. This figure doesn't differentiate between undergraduate, pre-registration and post-registration students (i.e., those who are nurses training to be midwives on shortened programmes). However, post-registration programmes are dwindling across England and do not account for most students in training. Therefore, most students within this figure would be eligible to complete the survey.

5.1.7 Questionnaire Response rates

High response rates have always been associated with increased representativeness of the sample which will improve the reliability, because the greater the number of responses, the

greater the ability to make an inference with confidence (Henerson, Morris and Fitz-Gibbon, 2013). Yet, in a study by Visser et al (1996) it was suggested that low response rates could be more predictive. However, the aim is not to apply the findings and meanings of the study to a wider group as clarified by the research methodology (Allsop, 2013). Nevertheless, links between the findings, professional and personal experiences and current literature on the phenomena may lend themselves to a theoretical generalisability (Smith & Osborn, 2008).

All students will have IT access via their university and will be developing or enhancing their IT skills as part of their midwifery programme therefore completion of the survey should not be problematic in respect to IT literacy and access (Bruce, 2013).

5.2 Semi-structured interviews

In phenomenological methodologies, unstructured one-to-one interview methods is often used (Mapp, 2008; King, Horrocks & Brooks, 2019). The use of semi-structured interviews provided an opportunity to talk to students, facilitating the sharing and exploration of views, opinions, and experiences of their lived experiences of demonstrating GC whilst off-duty. Interviews are not about creating an objective account but are an opportunity to learn something new about other people's lives. This suits the research paradigm of this study, where reality is considered a social construction and individuals experiences are unique (King, Horrocks & Brooks, 2019; Josselson, 2013; Punch, 2009).

The hybrid approach of semi-structured interviews enables a strong focus on fulfilling the intentions of the research whilst still affording exploration, explanation and clarification of the participant's experiences, views, and values. Clarifying individuals' perspectives results in a vivid description where meanings and new insights can be developed and are therefore considered a suitable method when using an interpretative phenomenological methodology (van Manen, 1990; Mapp, 2008; Smith & Osborne, 2008; Smith, Flowers & Larkin, 2009; Josselson, 2013; Byrne, 2018). Individual interviews rather than focus groups were chosen; to reduce the effect other participants may have on the responses, for example providing socially acceptable responses rather than the reality of their experiences and to promote open and honest disclosure during the interview (Foster-Turner, 2009).

When utilising interviews in interpretative phenomenology, it has been suggested there are two aims. Firstly, the cultivation of a vivid description and understanding of the phenomena and secondly through conversation, a co-construction of meaning and merging of horizons related to the phenomena can occur (Van Manen, 2017). The interview process allowed the researcher to adopt an interpretative role enabling construction of that person's reality and to develop a better understanding of what that consists of (Josselson, 2013). Resulting in an enhanced depth of understanding in relation to the variety of experiences and influence of any specific cultural drivers within their lifeworld upon their perceptions (Blaikie, 2007; Spicer, 2018).

5.2.1 Developing the interview schedule.

Interview schedules provide a plan for what should be covered within the interview and ensure the researcher has considered and prepared for most eventualities, enabling them to focus on the participant rather than worrying about the conduct of the interview, especially pertinent for novice interviewers (King, Horrocks & Brooks, 2019). I had previously considered that I may have over-prepared my interview schedule for a semi-structured interview format. The multiple versions of the interview schedule demonstrated the extensive preparation required before undertaking interviews of any nature, and the need to ensure the information relates to the aims of the research thus the schedule with questions and prompts is invaluable but only as a starting point (see appendix 12). On reflection, my development of the interview schedule was a way for me to prepare myself for the interviews, rather than a rigid schedule to stick to. It enabled me to consider as many options as possible in relation to the questions and answers I may receive, whilst still enabling the participant to identify unanticipated lines of inquiry.

The careful development of an interview schedule that starts with more innocuous questions to aid in relationship and confidence building between the interviewee and interviewer is essential (Josselson, 2013). Therefore, the initial questions related to the student's age, year of training and postcode to allocate a polar 4 category. This was followed with an opening question which used the NMC's 2010 and 2016 definitions of GC and asked students what they thought was meant by GC whilst off-duty. This was a useful opening question because the students were fully aware of the topic and seemed to settle

into the discussion. This question arose because whilst the questionnaire identified some behaviours and actions that students perceived did or did not reflect GC whilst off-duty, what students thought the NMC meant by GC could not be explored in depth in that format. Prompts and probes had been prepared regarding asking about examples of attitudes or behaviours that may or may not reflect GC.

In the first draft of this opening question, the phrasing asked students what they thought the NMC meant by GC and through supervision, it was identified that this would require students to guess what they thought the NMC meant, rather than focusing on what students perceived it to mean. The questions were rewritten to avoid this, and the full definition was verbalized, the students were then asked what they thought the NMC meant by GC (as seen in figure 11). This was an issue in several questions in the first draft, particularly those that related to the findings from the questionnaire and their opinions on these.

The NMC (2019 & 2016) state that registrants and students should demonstrate 'good character' at all times, stating it is essential for fitness to practice and accounts for a person's conduct, behaviour and attitude (NMC, 2019 & 2010). What do you think the NMC mean by 'good character'?

Figure 11 Survey development

Many questions were a mixture of queries relating to students' knowledge and understanding of GC whilst off-duty and were asked if they could provide examples. Questions that related to whether they perceived the requirement had impacted certain aspects of their off-duty time and relationships with family and friends were often followed up with feeling-type questions about the requirement and any perceived impact it had on

their life. Areas that had been identified from the survey included, 'the right to a separate personal life', 'that it was none of their business how colleagues behaved', 'contextual factors' and the 'general public's perception of midwives'. A brief sentence about the survey findings was followed by asking them what their thoughts were on this.

An alternative method of preparation is the use of a pilot interview. I did not undertake a pilot interview, as I did not want to reduce my pool of students who would be willing to participate in the study but as a novice interviewer, this may have been beneficial. The questions were reviewed repeatedly with the supervisory team and discussions regarding the interviewer's technique were undertaken in preparation for the interviews. However, confidence in my management of the interviews certainly developed as the interviews progressed, reflection on my performance is discussed in the following section regarding the actual interviews.

5.2.2 Undertaking the interviews.

As a result of a national lockdown in response to the pandemic, the interviews were transferred to an online synchronous interview rather than a face-to-face interview. The use of online synchronous interviews has been increasing over the past decade and is considered a valid research method (Jowett et al, 2011). Issues with access to equipment and the internet plus confidence in IT skills are possible reasons it hasn't been implemented to a greater extent as a research method (O'Connor & Madge, 2017). I utilised my 'private' collaborate platform on Blackboard Ultra, which students had been using over the last few

months when learning went online during the pandemic. I chose this as I hoped the students would feel comfortable using it, reduce any technical issues and still provide a confidential space for the interviews.

In a study by Weller (2017) it was identified that whilst online interviews felt less personal, participants often felt at greater ease compared to face-to-face interviews. It was suggested this is because the participant was in their own safe space. The utilisation of cameras made me feel more comfortable in establishing a rapport. Current literature supports that building rapport in these online environments is no different to face-to-face interviews and the same interview etiquette should be implemented (O'Connor & Madge, 2017). However, weaknesses in the use of online methods became apparent in interview 4, when the quality of the connection was problematic. The freezing of screens and audio is a potential issue when undertaking online synchronous interviews, with suggestions that these disruptions could hinder rapport and result in participants limiting how much they say (Deakin and Wakefield, 2014; O'Connor & Madge, 2017; Weller, 2017). Whilst the technical difficulties were frustrating, they did not appear to affect the depth and volume of disclosures by the participant and again might suggest the prior relationship and familiarity between the participant and the researcher may be beneficial and almost protective to the interaction in this scenario (Weller, 2017).

Whilst knowledge and familiarity of the students can assist with the development of trust, which is an essential ingredient in interviews, it can also create challenges (Larkin, 2013). In

interview 2, the participant started recounting a 'story' of a colleague/friend who had been called to a meeting with members of the programme team to discuss a posting on social media. I was one of the programme team at that meeting. The participant comments on how she felt what had been posted wasn't inappropriate and was contextual to the effect of the pandemic. As the story was being told, I began to feel uncomfortable. Josselson (2013) suggests two possible causes for discomfort in an interview. Firstly, something may not be quite 'right' in the relationship between researcher and participant or secondly something significant is being recounted. On reflection, I think the relationship and my 'other' role were the cause of my discomfort, I needed to not express awareness of the story, yet fully aware that the student knew of my involvement. I couldn't break confidentiality and I couldn't comment on what had occurred. I wanted to challenge the viewpoints expressed about the demonstration of good character. I didn't though, because I still need to retain my professional stance as a member of the lecturing team and whilst I felt unprepared for this challenge of decisions within my professional role (which would probably never have been discussed or raised with me in any other forum). I was worried if I delved into this deeper it could lead me into a discussion that was not about her views and opinions but on that specific case. I think I made the right decision, but it also brought home to me the difficulties of being an insider researcher (this is explored further in chapter 6).

Another potential complication with being an insider researcher is students wanting to say the 'right things' to me as their lecturer. This became apparent in interview 3, when following cessation of the recording, she asked if "that was the sort of thing I wanted?". I reiterated that there were no right or wrong answers, but I wanted to hear her views and

opinions. In subsequent interviews I made this statement prior to commencing the recording as part of the opening introduction with the discussion regarding confidentiality and anonymity, this seemed to assist the students in feeling more comfortable. When interviewees feel safe in the knowledge that what is discussed is confidential, they often open up and disclose far more than they anticipated, preferring to talk and enjoying the attentive listening associated with the interview process (Josselson, 2013; Seale, 2018b).

Issues with doing interviews virtually became apparent in interview 8. The participant's husband passed through the room on several occasions, and I wondered about the impact this could have on her responses, concerning saying the right thing if others can hear (as in a focus group), participant safety and ability to be honest if the questions had been of a more intimate nature. Deakin and Wakefield (2014) identify that interviewing a participant at home can be affected by disruptions and cause distractions and they suggest ensuring a suitable environment for the interview is as essential as in face-to-face interviews. In an ideal world this would appear a sensible suggestion but during a pandemic with a lockdown, utilising alternatives from the participant's home was not possible. Therefore, this method of interviewing could potentially induce some bias as it is possible only those who feel 'safe' and 'comfortable' being interviewed would volunteer to participate.

Josselson (2013) identifies that the best interviews often have few questions but that the use of silence, clarification, elaboration, summarising, paraphrasing, mirroring, and occasional confrontation are all essential tools for the researcher (see figure 8). The

questions asked and the format and tone they are asked in, all contribute to the individual's construction of how they describe, explain, and interpret the phenomena under discussion (Josselson, 2013).

I - And that, if I'm right, you said something earlier about context and how kind of if you had a bad day you banged the car and you go into a shop and, do you think context plays a part in how we can demonstrate it? And does it affect whether we cross the line sometimes? (Interview 8, section 10)

Figure 12 Summarising in interviews

As a novice researcher, I was mindful to reflect on my interview technique before (see appendix 13), during and after each interview, ensuring the development of my interview technique and skills. However, I think this will need constant attention and development.

Interviewer reactions to the content disclosed require consideration, it is important to ground the discussion in the participant's experiences and therefore the avoidance of agreeing statements, such as, 'me too' needs to be limited, but 'yes' can be arbitrary enough whilst encouraging the participant to continue. In my reflections on interview 2 (figure 13), I reflect on my use of the phrase, "thanks, that's great" and whether this is suggestive of my approval of the content being disclosed.

I - Okay, thank you. That's, that's great. Thank you (Interview 2, section 62).

I noticed in this interview I have started to respond with comments, such as "yes, that's great". On reflection, I wonder if this could be misconstrued and leading or encouraging the student to answer my questions in a manner that they think I want to hear rather than their own version of experiencing this phenomenon. (Reflective diary excerpt).

Figure 13 Developing interview skills

This can be a common occurrence when participants are seeking acknowledgement that they are providing you with the right content. It is the researcher's role to encourage deeper reflection and expansion, to move from superficial public displays of the phenomena to more private thicker descriptions, this is achieved by empathetic listening, being non-judgmental and showing curiosity and interest in their life. It is recommended that researchers are flexible and follow the feelings discussed to enable a more complex experience to be explored (Figure 14).

I - Tell me about that. It's really, that it's really kind of the crux of this isn't it? That you've got that in your personal life, but because you've got this professional responsibility, you've got that obligation? How did that feel? I don't need like details of what you had to report...

Figure 14 Deeper reflection in interviews

In phenomenological approaches to interviews, the questions should be open enough to encourage students to discuss their experiences in length and depth (Smith, Flowers, and Larkin, 2009). Therefore, flexibility as an interviewer is considered an essential skill, especially in phenomenological interviews, where the process is iterative (King, Horrock, Brooks, 2019; Smith, Flowers & Larkin, 2009). I am developing a greater degree of this as my experience increases, which can be seen in interviews 7 and 8 where unanticipated lines of discussion regarding reality TV and sex lives came up and were explored in further depth. These topics were also incorporated into later interviews. This reflects the methodology of interpretative phenomenology, as the focus is on exploring the individual's experience and interpretation of the phenomena. Therefore, it was pertinent to give the participant the space to tell their story, whilst enabling the researcher to probe and question this description rather than adhering strictly to an interview schedule which may limit the

richness of the dialogue and omit identification of new ideas that the researcher may not have considered (figure 15) (Smith & Osborn, 2008).

I - So one of the other interviews talks about kind of being involved in say, reality TV. And she gave an example of a doctor that was in Love Island or something, and then worked professionally. Do you think things like that can be separated out?

Figure 15 Iterative interview technique

I had planned to take notes on body language and non-verbal communication during the interview to provide a richer description of the interview. Note-taking during the interview is suggested as a method to keep track of things you need to come back to (King, Horrocks & Brooks, 2019). However, as a novice interviewer, focusing on listening and probing became the priority and resulted in being unable to take notes during the interview. Not taking notes is supported by Josselson (2013) as she suggests this causes a distraction and may leave the participant wondering what you are noting or feeling that you are not listening to them. I think this produced a more authentic conversational interview and so instead, I made notes in journal entries after each interview and reflected on my performance and the student's words. Frequent supervisory sessions during this period were also particularly helpful in developing my skills and encouraged me to reflect on the content of the interviews as data analysis occurred alongside the interviews.

I enjoyed the interview aspect of the research immensely, I like to chat, but I also love to listen to students' stories and am in awe of the many challenges they overcome to become

midwives. I am so grateful to the students who gave up so much of their time to participate in the interviews when they are already busy with study, placement, and personal lives.

4.2.3 Interview sample

The methodological approach of interpretative phenomenology supports the use of purposive sampling as the aim is to ensure the research intentions can be met because those who participate in the study are willing to discuss their experiences (de Witt & Ploeg, 2006; Smith & Osborn, 2008). Therefore, the use of purposive sampling was beneficial to this exploration by ensuring the sample relates to the research topic and to highlight any meaningful differences in participants' views, opinions, and experiences (King, Horrocks & Brooks, 2019).

All student midwives enrolled on the pre-registration midwifery programme at Northumbria University were eligible to participate. Students enrolled on the PgDip in Midwifery were excluded as they are already qualified nurses. No other exclusion criteria were applied. The fact that all students in the UG programme could volunteer minimises the risk of researcher bias in purposive sampling as participants will not be chosen based on their ability to reflect a specific viewpoint that the researcher wishes to expose (Moule & Hek, 2011). However, self-selection can result in a degree of bias, as students who volunteer to participate may have personal reasons and agendas for participating. Triangulation of the survey and interview data is one means of attempting to overcome participant bias (this is discussed further in chapter 4).

To avoid students feeling they cannot refuse to participate, a general advert was placed on the electronic learning platform rather than approaching students directly, this enabled them to choose to contact the researcher if they were willing to participate and ensured participation was voluntary. This is discussed further in Chapter 4.

Interpretative phenomenology aims to explore an individual's reality the focus is on the detailed interpretative account. This detail provides large amounts of data and therefore often results in a smaller sample (Smith & Osborn, 2008). When planning the interviews, I was concerned with ensuring participants came from a variety of social and cultural backgrounds. Reflecting on the methodological approach I recognised that no participants would have the same social and cultural experiences and therefore this concern was immaterial.

5.3 Chapter Summary

This chapter has demonstrated the development and implementation of both data collection methods that were employed in this study. I have evaluated the techniques that were utilised in the production and use of the tools, supported by analysis of the evidence base regarding questionnaires and semi-structured interviews. I have discussed issues identified through piloting, and the development of my skills in interviewing.

The survey enabled the identification of students' views regarding what they considered were suitable attributes, behaviours and attitudes associated with demonstrating good character, or not, whilst off-duty. But also, what social and cultural factors influenced their viewpoints and experiences. Therefore, the survey addressed research questions one and two. The data from the survey provided a basis for the semi-structured interview which enabled a deeper exploration of individual students' lived experience of the requirement to demonstrate GC whilst off-duty and ensured both research questions were addressed by the data that was collected. The following chapter will explore how the data obtained from the two methods used were analysed.

6.0 Data Analysis

This chapter will discuss and describe the approaches that were used to analyse the data obtained from the survey and interviews. How these approaches aligned with the paradigmatic and methodological influences of constructionism interpretative phenomenological analysis will also be explored. This discussion will also demonstrate the trustworthiness and rigour applied to the analysis of the data.

Findings from the data analysis must be considered in context, taking account of influencing factors such as the participants' and researchers' agendas, political and moral concerns and in the knowledge of the researcher's view on what constitutes knowledge (King, Horrocks & Brooks, 2019). Gorard (2010) identifies that transforming data is a core constituent of the data analysis process with the central tenant being the interpretation of the data by the researcher, it does not represent an absolute truth. Therefore, this section will discuss the approaches to the data analysis of the survey and semi-structured interviews.

6.1 Survey data analysis

Whilst the aim was to allow every student midwife within the UK the opportunity to participate in the survey arm of the study, some will choose not to, others may miss the link etc. Therefore, respondents will only provide us with a sample of the midwifery population.

The data analysis of the ordinal rating scales focused on the frequency of answers given for each named category (Seale, 2018c; Bors, 2018). Acknowledging the potential differences in the size of sub-sample groups, descriptive statistics were calculated. Standard deviations were not calculated because the intervals on an ordinal scale are not necessarily equal along a continuum (Seale, 2018c; Bors, 2018). This data will be presented using bar charts and histograms in the findings chapter.

Using Microsoft Excel, contingency tables, and p -values were calculated (Bryman, 2016). The statistical significance of the chi-square value is sometimes known as the p -value (p = probability). P -values are used to determine the probability that the results of the research have occurred by chance. The most commonly used indicator of statistical significance in social science research is $p \leq 0.05$. This means that under the assumption of independence, there is a less than 1 in 20 chance that such a result would occur. Non-parametric tests, such as a chi-squared test are considered less statistically powerful than parametric tests but enable comparison between groups. Researchers can set p -value levels at higher or lower levels of acceptability. For this study, the commonly accepted $p \leq 0.05$ was used (Gorard, 2010; Bryman, 2016; Seale, 2018c).

The aim and philosophical underpinnings of the study were to identify the subjective and variety of responses rather than one truth and generalisability of the findings. However, these statistical comparisons were undertaken to determine if there was any relationship between responses, based on age, year of training and social class. To measure social class

the student's postcode at age 16 was one of the demographic questions. Using their postcode, the Polar 4 category was applied by the researcher using the Office for Students website tool. Polar 4 data is the measurement of participation of 18 – 19 years olds in higher education based on geographical postcode regions. There are 5 Quintiles; Quintile 1 demonstrates the lowest participation and quintile 5 the highest participation (OfS, 2022). POLAR data is used as a proxy for the socio-economic background since self-reported student data on social class suffers from reliability issues (Mountford-Zimdars et al, 2015).

Additional comparisons were undertaken, for example, the responses to the tattoo images compared to the number of people who stated they had a tattoo compared to those who stated they didn't have a tattoo. Only where there was a statistical significance identified will be presented in the findings.

Initially, thematic analysis of the open response questions was planned, as many other surveys and studies utilise this as the approach to data analysis of open responses (Cunningham & Wells, 2017). Open responses in surveys rarely provide the richness of qualitative data in interviews as they lack, "context, personal meaning, emotional and social nuances, and layers of detail" (La Donna et al, 2018 p 348). Therefore, analysis of open text using qualitative data analysis approaches such as thematic analysis often does not meet the same standards of robustness or insight (La Donna et al, 2018). The utilisation of qualitative data analysis approaches for open-ended responses in a questionnaire does not account for the lack of context and conceptual richness that cannot be articulated in

responses that consist of just a few sentences (O’Caithan & Thomas, 2004). This became apparent after lengthy attempts at undertaking thematic analysis of the open responses and via peer debriefing with supervisors (see appendix 18). This resulted in a revision of the methods employed for the analysis of this data.

Subsequently, to analyse word frequency, word clouds were produced from the open comments, (Grbich, 2013). This was done using online tools (www.wordclouds.co.uk) but because keywords from the survey stem question or scenario appeared in the qualitative responses, they did not identify any major key themes and added little to the analysis and interpretation of the data.

Quantification of the qualitative open responses was attempted. This included analysis of the number of lines of text per respondent per open question being analysed and incidence counting of keywords in each response via Microsoft excel. The transformation of data for statistical analysis was utilized in a bid to describe patterns in the qualitative data and was a pragmatic attempt to deal with the larger-than-anticipated volume of qualitative responses. However, the quantification of the qualitative data was also problematic as again the keywords from the stem questions or scenarios were often used.

It has been suggested that qualitative software, such as NVivo or ATLAS, can be used for the analysis of open comments in surveys but this method is time-consuming (Fielding, Fielding

& Hughes, 2013). It was anticipated the number of open responses would be small as often they are associated with high numbers of non-responses (Miller & Dumford, 2014) and therefore the use of thematic analysis by hand had appeared as an appropriate plan, given time constraints. In retrospect, the use of such software may have been a more appropriate approach to the analysis of the copious amounts of open comments. However, it was too late to learn and use such a software package, once the depth and breadth of open comments became apparent. In future studies, the use of software packages for analysing open comments would be considered.

Finally, it was decided to group, the open comments that related to specific questions in recurring patterns identified via reading and re-reading the comments which were then coupled with the findings of the behavioural and scaled questions. In addition, where comments to later questions, such as question 34 (Do you think GC should extend to when you are off-duty) related to issues such as social media or sex work, were grouped with those issues.

There were numerous aspects of the survey findings which were utilized within the interview schedule and are identified in the survey finding chapter. However, one example of this was the concept of being a role model, from the qualitative responses regarding the 'missing of lectures due to a hangover'. The concept of being a role model when off-duty was explored further by asking students in the interviews about their views on being a role model. By exploring these aspects in the survey, it was intended the context for many of the

issues that arose in the qualitative survey data would be triangulated and provide much richer thicker descriptions of the phenomena (as discussed in chapter 6).

Many researchers are unprepared for how to analyse responses to open questions (O’Caithan & Thomas, 2004) and whilst an initial approach had been planned, being adaptive and evolving to ensure the data is handled in the most appropriate and effective manner is more important and proved an invaluable lesson.

6.2 Approaches to data analysis of interviews.

There are several data analysis frameworks associated with phenomenological approaches (Dowling, 2004). IPA suggests its own framework for data analysis, they also state this is not prescriptive and adaptations can be implemented. (Smith, Flowers & Larkin, 2009; Pringle et al, 2011). An inductive approach to data analysis was undertaken, because the themes needed to be linked to the data, to enable a thick description and interpretation of the phenomena. Therefore, thematic analysis was used to analyse and report themes within the data set (Braun & Clarke, 2006). Green et al’s (2007) steps for thematic analysis were used.

- Immersion in the data
- Coding
- Creating categories
- Identifying themes

This approach to data analysis gave the researcher a clear structure for labelling and identifying codes, followed by cross-referencing for connections and cyclically repeating this.

6.2.1 Immersion in the data.

Immersion in the data occurred through repeated relistening to interviews, this was undertaken before and after the interviews were transcribed by the transcriber (as discussed in section 4.5.2). Initial listening to an interview happened within 24 hours of the actual interview. This aided the development of my interview technique and enabled an iterative approach to the interview schedule to be implemented, allowing for new ideas that emerged to be explored during the data collection phase (Green et al, 2007). An example of this is regarding the introduction of discussion surrounding participation in reality TV from interview 7 onwards. Data analysis commences as the interviews are being undertaken. This enables new questions to be developed for subsequent interviews and ensures the ideas and emergent themes are embedded in the original data. This is considered an integral component of thematic analysis (Green et al, 2007).

Repeated reading of transcripts and listening to the interviews enabled immersion in the students' words, allowing for ideas relating to the phenomena to start to emerge from my thoughts. Initial memos written at the time of the interview were supported by more in-depth notes formulated on relistening to the interview recordings. This was essential given

that the interviews were not transcribed by me, and the transcripts were checked for accuracy against the recordings (Braun & Clarke, 2006). Whilst I was aware not to jump to conclusions too early in the process and blind myself to interpretations as the interviews and analysis progressed (Smith, Flowers & Larkin, 2009; Green et al, 2007), my propensity for trying to 'get things done' due to managing a PhD part-time often resulted in trying to rush this process. The benefit of repeated relistening to the interviews and talking through the process and data with my supervisor resulted in me engaging more actively with the data and the participants' experience of the phenomena (Smith, Flowers & Larkin, 2009). Learning this, about my habitual tendencies is hugely beneficial and I will take this awareness into any future research projects and ensure I have a reflective journal or colleague to talk through the analytical processes I am participating in.

Participants are the expert in their lifeworld, researchers need to be prepared to be surprised at what is disclosed and have an awareness that they may or may not find their own story reflected in the participants' description (Josselson, 2013). This is a highly pertinent point for me, the research focus stems from personal experiences of the impact of demonstrating good character within my personal life and from having to 'manage' students whose behaviours have been deemed to not meet the requirement of demonstrating good character. Therefore, I must recognize and challenge my assumptions and the fore structures that I as a researcher bring to the process. Whilst acknowledging the methodological assumption that bracketing these views is not possible (see chapter 4 for greater discussion regarding this). This became apparent when familiarizing myself with the interview data and I was surprised that for some students demonstrating GC in their private

lives appeared to be just an extension of how they had always lived, utilizing a reflective journal enabled me to continuously reflect on these elements as did the challenge provided by my supervisors. This reflexivity on my assumptions can be seen in my reflection on interview 3 (see appendix 13), where I retain an openness to the individual's experience.

6.2.2 Coding

Coding incorporates examining and organising the data from each interview and across all the interviews by applying descriptive labels to segments (Green et al, 2007). Once the interviews were transcribed, line-by-line in-vivo coding was the first line coding method that was employed (Saldaña, 2016). The use of in-vivo codes ensured a clear phenomenological focus by using the participants' exact meaning, which enabled the parts and the whole of codes, categories, and themes to be reviewed as part of the hermeneutic circle (Smith, Flowers & Larkin, 2009). As coding is a cyclical process (Saldaña, 2016), repeated line-by-line coding was undertaken after all interviews were initially coded. This resulted in some codes being merged, split, or removed as they were refined. Transcripts were then revisited to reflect new codes and ensure a coherent 'fit' (Green et al, 2007). However, words and phrases may have more than one interpretation and thus apply to more than one code. This can be seen in interviews 2 and 7, where initially the word respect was coded but this could refer to respecting others or being respected. In Interview 2 (p6:17) respect referred to her respect of others,

P2 - I was raised to be respectful and be well behaved and be thoughtful of people and...

Whereas in interview 7 (p2:5) it related to women respecting the professional.

P7 - And I think if you're seen to be behaving like, behaving inappropriately, or like in any way, that's like, unpleasant, or unprofessional, you may compromise the sort of respect that you get from the women that you work with, or the trust.

Therefore, care to understand the context and meaning of what the participant is saying rather than blindly applying a code every time a word or phrase occurs is important to ensure misinterpretation does not occur (Green et al, 2007). The colour coding and highlighting of key phrases was also undertaken to ensure a detailed and consistent application of codes and avoid misinterpretation (Braun & Clarke, 2006) (See appendix 15).

Whilst coding is considered an interpretative act, in-vivo codes are literal verbatim statements from the research participants, the researcher is interpreting by looking for patterns within and across the data (Saldaña, 2016). Patterns can consist of repetitive frequency, similarities, or differences, they are considered to increase the trustworthiness of the analysis by identifying tangible incidences of meaning developed from the researcher's interpretation of the text resulting in evolving but established codes (Saldaña, 2016). "Qualitative codes are essence-capturing and essential elements of the research story, that when clustered together according to similarity and regularity (i.e., a pattern) actively facilitate the development of categories and thus analysis of their connections." (Saldaña, 2016, p9). Therefore, second-line pattern coding was undertaken to refine codes and consider ways in which they may link or relate to each other and enable an initial development of categories (Green et al, 2007). This process supports the phenomenological

endeavour as the verbatim codes which the researcher interprets and applies meaning to, result in organised themes which can then be elaborated on utilising a thick description of the individual's lived experiences of the phenomena (Butler-Kisber, 2010).

6.2.3 Creating categories

Categories should provide an explicit description of the segment of codes that have been considered as connected and aid the development of researcher-generated themes (Saldaña, 2016). An example of this was the codes, "it's tricky" and "subjective", these verbatim phrases were utilised across several interviews but when linked with phrases regarding "the line" and "circumstances", a clear pattern of uncertainty and confusion was seen in the students understanding (See appendix 15, 16 & 17). Therefore, these evolved into the code, 'challenges'. Initially, codes were too abstract, and codes could be applied in multiple categories. Therefore, the refinement of codes was assisted by undertaking a tabletop review of codes and categories using post-it notes and poster paper, this enables a visual representation which was beneficial in that it allowed for multiple movements of codes to categories and vice-versa (Braun & Clark, 2006; Saldaña, 2016). IPA suggests moving from the individual to shared experiences via codes and categories, which then allows movement from description to interpretation and themes to emerge (Smith, Flowers & Larkin, 2009).

6.2.4 Identifying themes.

Themes are theoretical constructs which provide an overarching picture of the whole experience or phenomena under exploration. Themes are more subtle, implicit descriptors of meaning produced through the researcher's interpretation or explanation of the categories (Saldaña, 2016; Green et al. 2007).

Initial suggested themes utilised social theories, such as Goffman's 'self-presentation' and 'mortification of self' (see appendix 16). Green et al (2007) suggest themes that are linked to categories by social theory result in higher-quality papers. Yet, Saldaña (2016) identifies if conceptual abstraction is too great it may result in the loss of important insights from participants and the origins of the phenomena may be lost. Therefore, themes were revisited to produce subtle overarching phrases that illuminated the categories and codes rather than explicitly citing the social theory that links the themes and categories (see appendix 17). However, this step was useful for identifying future discussions and explanation of the patterns that were being identified.

Code weaving techniques were utilised (appendix 19). Key codes and quotes were integrated into a narrative form to see if they still supported and reflected the researcher-generated interpretations. This was done in two ways. Firstly, quotes were chosen to see if these reflected codes, categories, and themes. Secondly, short summarising sentences were created to describe each theme to see if these supported the categories and codes

developed, some reorganisation of categories occurred because of this process (Braun & Clark, 2006; Saldaña, 2016) (see appendix 20). This supports the idea that the analytic process should be flexible and open to change, as Smith, Flowers & Larkin (2009, p81) identify, “it is only ‘fixed’ through the act of writing up”.

Students were then invited to return for a thirty-minute meeting. Their transcripts were emailed to them and at the meeting, the summary table was discussed, considering their reading of the transcript. This ensured transparency of the research process and informed the students of the research findings (BERA, 2011). Much debate exists regarding the concept of member checking, Josselson (2013) suggests the only way to confirm the transcript is reflective of the interview is to compare it to the audio recording and that the researcher should assume interpretative authority over the data because it is not about getting to the one truth or version of reality. Member checking is discussed in more detail in chapter 6. Six students attended affirmation meetings (see appendix 14). Having read their transcripts, the students agreed these were an accurate reflection of the discussion and stated the themes provide a fair representation and reflection of their opinions and experiences of demonstrating GC whilst off-duty (Harrimond, 2013).

6.3 Chapter Summary

In this chapter, the approaches to data analysis that were utilised within this study have been described. Descriptive statistics were calculated using Microsoft Excel. Analysis of

open data was initially going to be thematic but the large volume of responses, without context made this difficult. Word clouds were undertaken but again did not help to illuminate key themes. Therefore, the open data was used to support the descriptive statistics and provide greater insight into the students' views and opinions.

The interview data was analysed using a thematic analysis approach, this incorporated immersion and familiarisation with the data via reading and re-reading the transcripts, alongside listening to the recordings. In-vivo coding of the transcripts was followed by the identification of categories that linked the codes. Themes were then identified to provide an overarching description of the phenomena. This approach to data analysis ensured the phenomena produced via my interpretations were reflective of the students' lived experience of demonstrating GC whilst off-duty.

Data analysis of the considerable amount of data from both the survey and interviews took far longer than anticipated. However, the diligence and time taken underpins the rigorous approach employed to analysing and interpreting the data. As a novice researcher, I was initially overwhelmed at the amount of data that required analysing and the length of time and mental energy these tasks required. However, the skills and knowledge learnt from undertaking the survey and interview data analysis have certainly been beneficial and prepared me for future research endeavours. The following chapter will present the findings obtained from the analysis of the data.

7.0 Survey Findings

This is the first of two chapters presenting the findings from the analysis of the survey and interview data obtained as part of this research. This chapter focuses on the survey data, which will be presented under key headings and will incorporate both qualitative and quantitative findings.

Descriptive statistics of the survey findings will be presented. Whilst comparison of answers based on age, year of training and social class (polar 4 category) was undertaken, these results will only be included where there is a statistical significance ($p < 0.05$). Illustrative quotes will be used to explore students' qualitative responses. A clear and transparent discussion of the data will enable readers of this research to determine the credibility of the findings and interpretations.

The survey findings address the research questions by examining what behaviours and actions students considered did or did not demonstrate GC whilst off-duty. Consideration of whether they had participated in such actions during their life provided awareness of the background and experiences of the students, which may provide insight into the habitus of those entering the profession. Additionally, by exploring their views on what may impact the demonstration of GC when off-duty enabled the identification of social or cultural factors which have influenced their experiences. These chapters will conclude with a summary of the findings.

7.1 Response rates

There were 124 responses to the survey. As it was impossible to determine how many student midwives had access to the survey (see section 5.1.6), a response rate cannot be determined. Qualitative comments consisted of between 99 and 60 responses per open question. The copious number of open responses suggested that the students who participated in the survey had significant views and opinions relevant to the research topic.

7.2 Demographics of student responses

The largest number of responses came from first-year student midwives, with 48 responses (38.7%). The second-year student midwives were the lowest at 36 responses (29%) and 40 were third years (32.3%) (figure 17). Therefore, the spread across all three years is relatively well distributed.



Figure 17 Year of training

The largest number of responses, 35 (28.2%) were from students in the 18-21 age group. 55 (44.4%) students self-reported as being between 22 to 30 years of age; 24 (19.4%) as 31 –

40 years of age; and 10 (8%) as 41 years of age or over (figure 18 & 19). UCAS (2020) figures demonstrate most applicants for nursing programmes are aged 18. However, there was an increase in the number of mature students (>21 years of age) entering health programmes, which may have been a result of the pandemic and the reinstatement of the bursary (Hubble & Bolton, 2021; Bolton, 2021). Therefore, it could be suggested that the respondents appear to reflect the general age range of the midwifery student population.

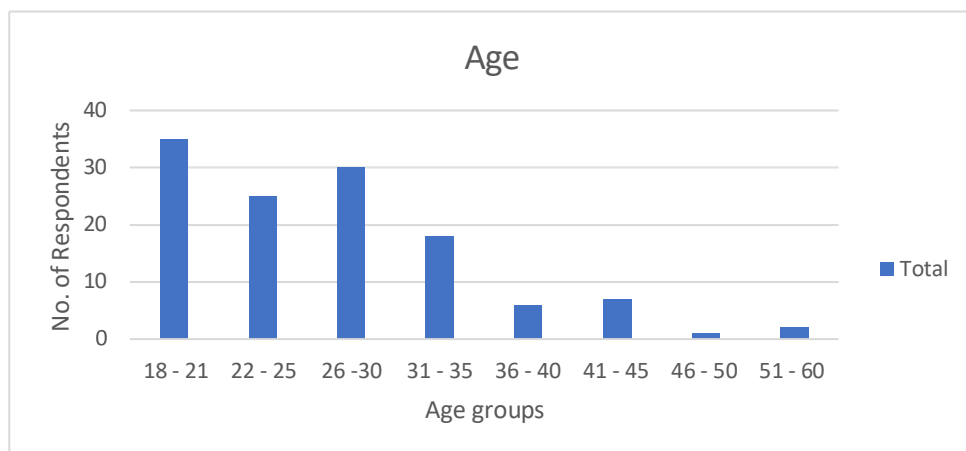


Figure 18 Age of students

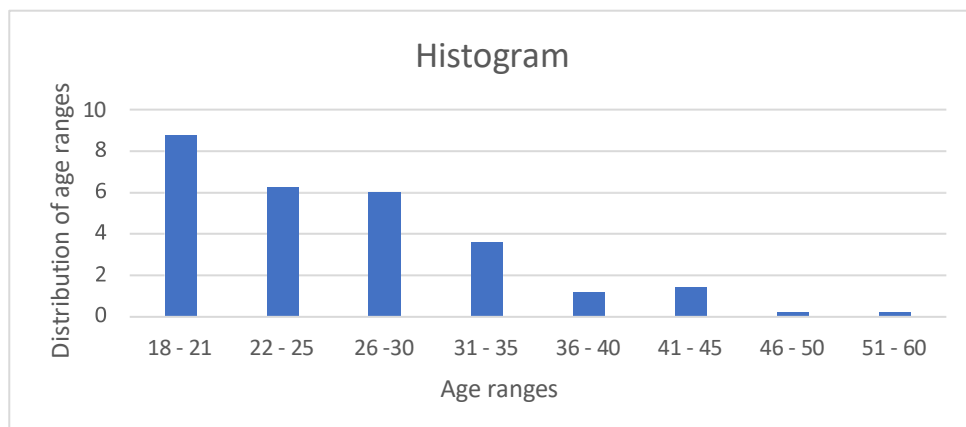


Figure 19 Histogram of age ranges

Within the survey, there is a variety of students from all polar 4 categories and therefore social class backgrounds (figure 20). 89 (72%) students provided postcode data that could have a polar 4 category applied to it. 12 (10%) students postcodes aged 16 were identified as belonging to category 1 and 13 (10%) to category 5. The largest number of responses, 26 (21%) were aligned to category 2. 35 students (28%), provided only a partial postcode, did not know or were not living within the UK. Therefore, it was not possible to apply polar 4 categories to these. Therefore, it cannot be ascertained whether the survey sample is reflective of the social class range on midwifery programmes in the UK. However, in UCAS data (Hubble & Bolton, 2021) for 18-year-old UK applications to higher education, the distribution across the polar 4 categories in this sample, could suggest a wider social diversity amongst the midwifery student population compared to traditional university programmes, where those from polar 4 category 1 (most disadvantaged) is almost 50% lower than the number applying from polar 4 category 5 (least disadvantaged). In terms of this, studying the diversity of social class is useful in addressing the research aims and specifically question 2. However, the statistical significance of the results relating to the polar 4 category and social class are likely to be impacted by the small response rate/sample size.

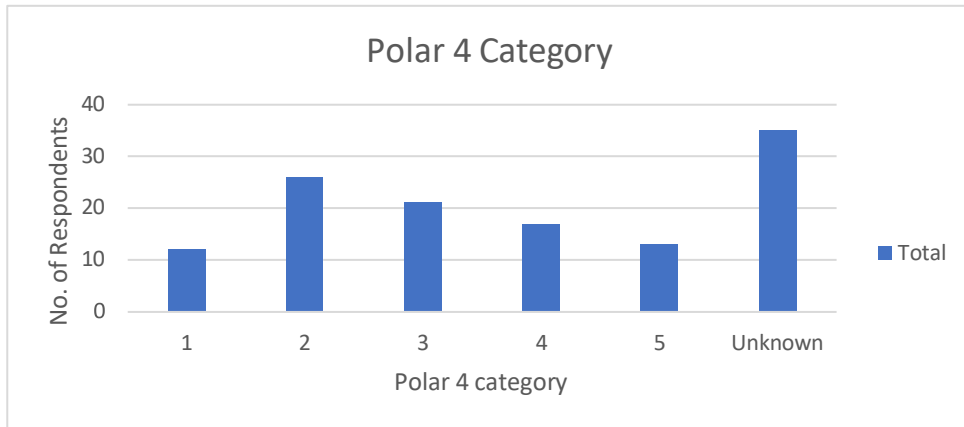


Figure 20 Polar 4 category

7.3 Behaviours & Actions

The findings presented in this section related to the actions and behaviours which may or may not impact the demonstration of GC whilst off-duty. The responses provide an insight into students' understanding and opinions relating to the requirement of GC and whether students perceived they had altered or developed their actions and behaviours because of the requirement.

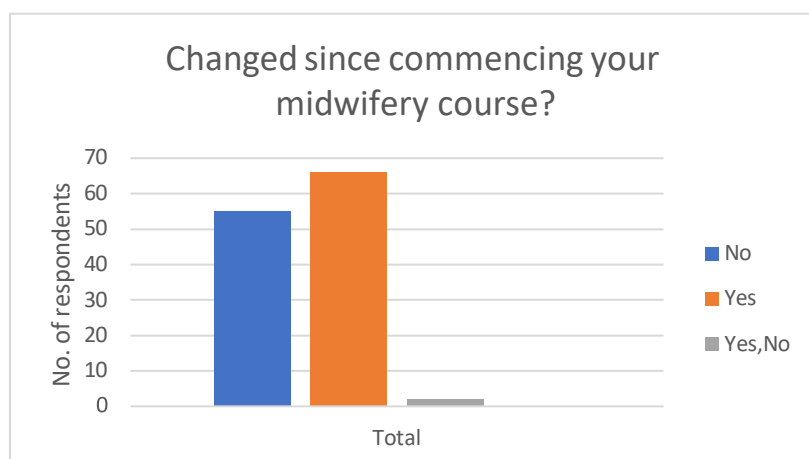


Figure 21 Do you feel your own conduct, behaviours, or attitudes whilst off-duty have changed since commencing your midwifery course?

Just over half of the students, 66 (54%) perceived they had changed their conduct, behaviours, or attitudes since commencing their midwifery programme, compared to 55 (45%) who felt they had not changed (figure 21). 2 (1%) stated, yes and no. Whether students perceived this to be a positive or negative change was often discussed within the 75 qualitative comments. Many of those who suggested they had altered their behaviours, reflected on the use of social media and socialising as areas where they felt their demonstration of GC could be affected and had therefore modified their behaviours as a result. Why these two aspects were identified as particular areas where behaviours were altered, will be explored more in the interviews. One potential rationale could be that socialising and social media are more public-facing and therefore has greater potential for their personal and professional life to overlap as identified in the open comments.

"I am more aware of social media, I have made all of my accounts private and have found i post a lot less since starting my course. I feel I might actually be more paranoid about what might 'get me in trouble'." R39

Several students implied they had developed a sense of fear, regarding ensuring they demonstrated GC whilst off-duty and uncertainty regarding what actions may result in them 'getting into trouble'. Where students had developed views on what was considered 'bad practice', wasn't clarified. However, many suggested a sense of being under scrutiny and altering behaviours when socialising to accommodate for this.

"i am seen as boring or not social with friends at times. I struggle to switch off because i am aware that i could be being watched at any time" R7

“Sometimes I am scared to have fun or go out with friends as even having a photo with a drink in your hand is considered bad practice now” R96

However, some responses supported students’ perceptions of not changing their behaviours or attitudes since commencing the programme, many suggested this was because GC was innate and pre-existing.

“I have always been the sensible one who looks after everyone. It is in my nature.” R75

Where, or how this innate sense of GC comes from, or is learnt, can’t be explored in the survey. Therefore, this concept of GC as being innate and a pre-requisite for those entering the midwifery profession was explored further in the interviews.

7.3.1 Practical Joke

Nearly three-quarters of students stated they had played a practical joke (90, 73%) (figure 23). Therefore, this may be related to their perception of playing a practical joke as acceptable behaviour for demonstrating GC whilst off-duty. 94 (73%) students felt this behaviour would have little impact (Likert 1 & 2) on demonstrating GC whilst off-duty for students or qualified midwives (figures 24). There was a statistically significant difference between those who had played a joke and those who had not, with regard to their choosing, Likert 1 (0.04%), Likert 4 ($p=0.03$) and Likert 5 ($p=0.03$) (figure 22).

	Little impact (Likert 1)	Likert 2	Likert 3	Likert 4	Large impact (Likert 5)
90 stated they had played a joke	49 (54.4%)	25 (28%)	13 (14.4%)	2 (2.2%)	1 (1%)
34 stated they had not played a joke	9 (26%)	11 (32%)	7 (21%)	4 (12%)	3 (9%)

Figure 22 Contingency table



Figure 23 Have you ever played a practical joke?

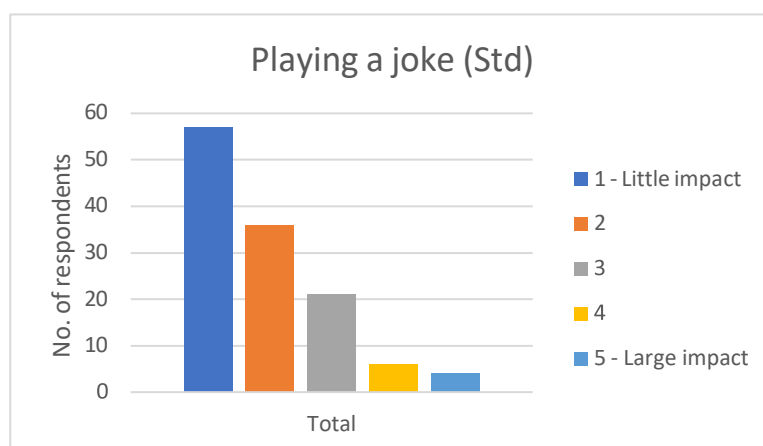


Figure 24 Impact of playing a practical joke on demonstration of GC as a student.

The NMC (2019d) suggest that the public does not differentiate between students and qualified staff and therefore students' behaviours should reflect those of registrants. The similarity in the students' responses suggests that students understand the requirement of GC applies to them from the commencement of their programme and possibly at the same standard as those who are qualified.

7.3.2 Fencing Stolen Goods

For this scenario, 157 responses were provided, and 72 students left qualitative comments. 93 (75%) respondents stated they would decline to buy the toiletries because it is wrong (figure 25).



Figure 25 A family member offers you some toiletry items at a reduced cost, you suspect they may have been stolen. What do you do?

There was a statistically significant difference between the group who selected “decline, it is wrong’ and those who did not, with regard to their selection of ‘everyone does it occasionally’ (p=0.02). However, it must be noted the number of responses was small (figure 26).

	You find it difficult to decline because it is a family member	It's not OK but you are a student	It's not OK but no one will find out	Everyone does it occasionally	Buy them it's a great deal
93 stated decline it is wrong	7 (7.5%)	2 (2%)	3 (3.2)	1 (1%)	0
23 did not state it is wrong	15 (65%)	9 (39%)	9 (39%)	2 (9%)	7 (30%)
7 stated other	1 (14%)				

Figure 26 Contingency table

In the comments, many referred to the legality of accepting stolen goods as a rationale for their opinions.

“It's illegal and you'd never want to jeopardise your registration before you've even qualified over saving a few pound!” R116

It is difficult to determine from the data why some students perceived it as wrong, is it because of the fear of being caught and the impact on their future career or because it is ethically wrong.

A few students mentioned the immorality of the behaviour.

“It is morally wrong and illegal to willingly handle stolen goods” R49

However, because of the nature of the survey data, it is not possible to determine why students believed it to be wrong and which explored further within the interviews.

Despite the high number of responses stating it was wrong to buy the toiletries, 23 (18.5%) students suggested they would find it hard to decline because it was a family member. The influence of familial ties, and social and cultural norms may therefore impact decision-making surrounding such a scenario. The impact of family on the demonstration of GC, therefore, needed to be explored in more depth via the interviews which resulted in questions relating to family influences being developed in the interview schedule.

For one student, involvement in behaviours such as fencing stolen goods prior to becoming a student midwife was the norm. However, she identified this was no longer acceptable conduct, as it did not align with the responsibilities associated with being a student midwife.

“I am aware that this is accepted in communities and have been offered in the past however as a student midwife I am too responsible now to be involved with this.” R8

This may suggest a transition from her original habitus because of a new understanding of the expectations of professionals GC whilst off-duty within society and her journey to

becoming a midwife, therefore for some students there may be a need to develop GC that aligns with the professions rather than it being pre-existing.

Yet, 13 (10.5%) students stated, “it isn’t OK, but no-one will find out”, suggesting a small proportion of students would rationalise the behaviour as acceptable if their actions or their role did not come to be known.

“It’s not ok but if I was sure no one would find out I would do it” R83

This again suggests for some there is a separation between aspects of their life and if they do not overlap then certain actions would be ‘OK’.

Additionally, a few students provided rationales for why they would purchase the items, these related to their student status and financial hardship. One student stated as she hadn’t personally stolen them it would not impact her character or practice on duty.

“I haven’t stolen, and so it does not affect my character or ability to practice” R68

This may imply that for some students, there could be shades or degrees of illegality in the demonstration of GC when off-duty. This raises challenges regarding the notion of integrity and doing the right thing in all aspects of their life.

7.3.3. Public displays of anger

There was almost a 50:50 split between students having or not having participated in an argument in a public place; 64 (52%) stated yes and 60 (48%) stated no (figure 27). With comparable statistics across age, year of training and polar 4 categories.

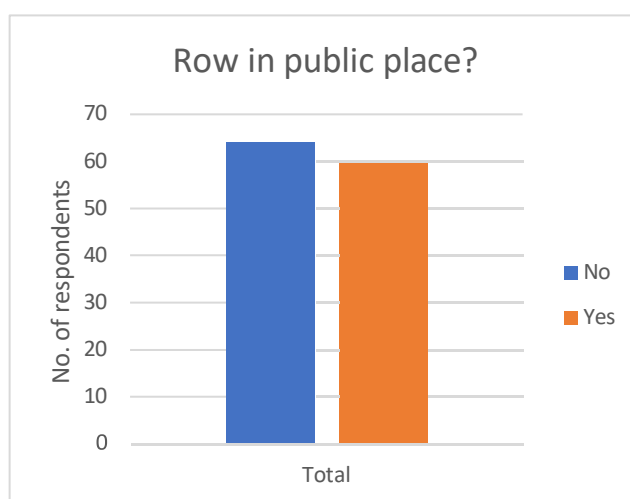


Figure 27 Have you ever had a row with someone in a public place?

Students perceived verbal abuse to a member of the public had a large impact on the demonstration of GC as a student (106, 85%) and for qualified midwives (109, 88%) by selecting Likert 4 or 5 (figure 28). However, 7 (6%) students stated it would have little impact on the demonstration of GC (Likert 1 or 2), implying that a very small percentage of midwifery students perceive such behaviour as potentially acceptable for demonstrating GC whilst off-duty.

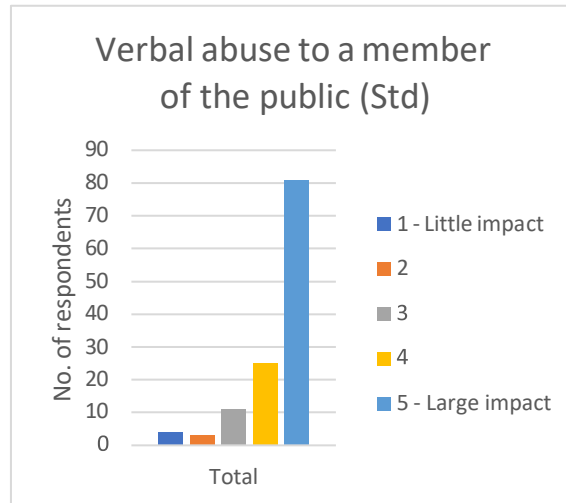


Figure 28 Impact of verbal abuse to a member of the public

Just over half of the responses, 68 (55%), suggested frustration and anger towards shop assistants or call centre employees would have a large impact on demonstrating GC whilst off-duty as a student and 70 (56%) for qualified midwives (figures 29). However, 42 (34%) suggested it had a moderate impact on GC (Likert scale 3). Interestingly, 13 (11%) students felt there was little impact (Likert 1 & 2), almost double that compared to verbal abuse to a member of the public. It could be suggested that because the word 'abuse' wasn't used as in the question for figure 14 and 15, this behaviour was deemed to have a lesser impact on demonstrating GC.

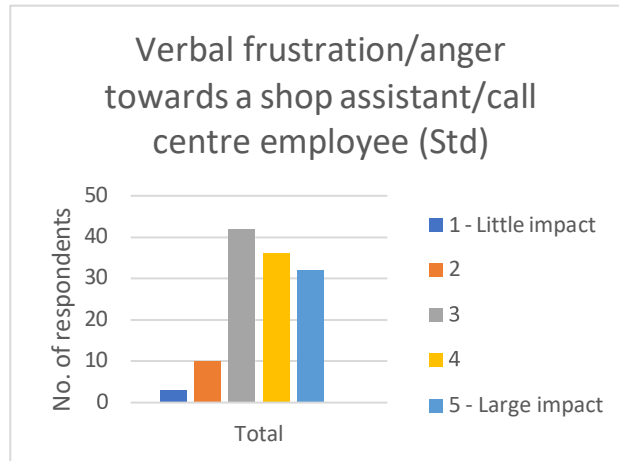


Figure 29 Impact of verbal frustration/anger towards a shop assistant/call centre employee on demonstration of GC as a student.

Arguing with a family member in public was considered to have little impact on demonstrating GC according to 14 (11.3%) students who chose Likert 1 (figure 30). However, the same number of students, 14 (11.3%) felt it had a large impact on demonstrating GC (Likert 5). There was a very slight decrease in the number of students stating large impact compared to a little impact, from 34 (27.4%) stating Likert 2; 33 (6.6%) Likert 3; and 29 (23.4%) stating Likert 4. These findings would imply a variance in opinion across the respondents regarding participation in this activity and its impact on demonstrating GC.

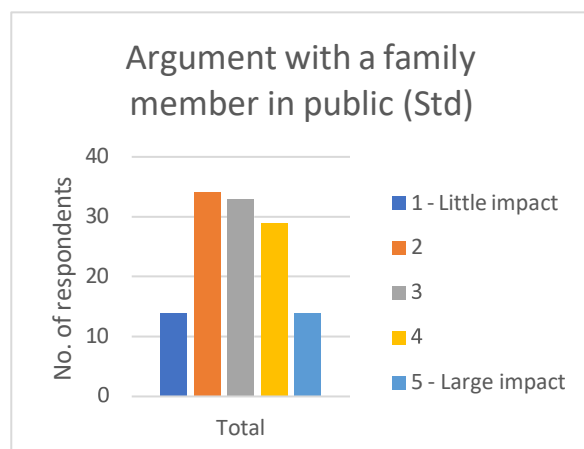


Figure 30 Impact of having an argument with a family member in public on demonstration of GC as a student.

Most students, 109 (88%) identified they had never been involved in a physical altercation (figure 32). No students over 40 reported involvement in a physical altercation. 5 students in each year group, identified they had been involved in a physical altercation in a public place, 12% across all three years (figure 31). Of the 15 who stated they had been involved in a physical altercation, 6 (40%) were from the age group 26-30 (figure 31). What this does not clarify, is whether this occurred during or prior to commencing their programme.

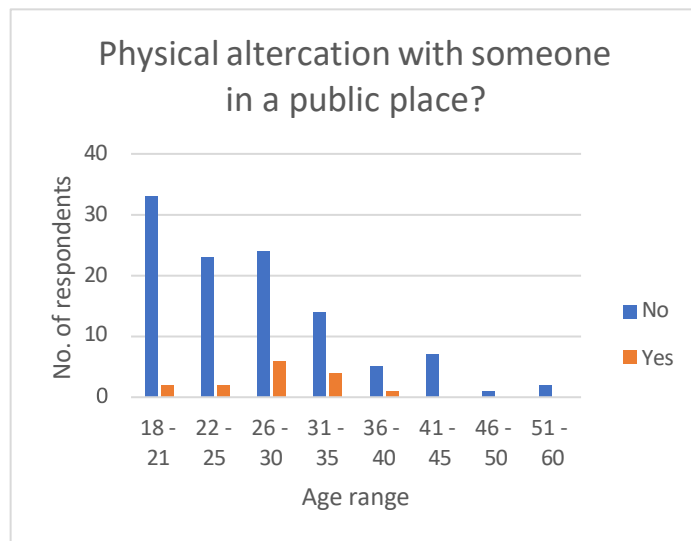


Figure 31 Have you ever had a physical altercation with someone in a public place? Based on age

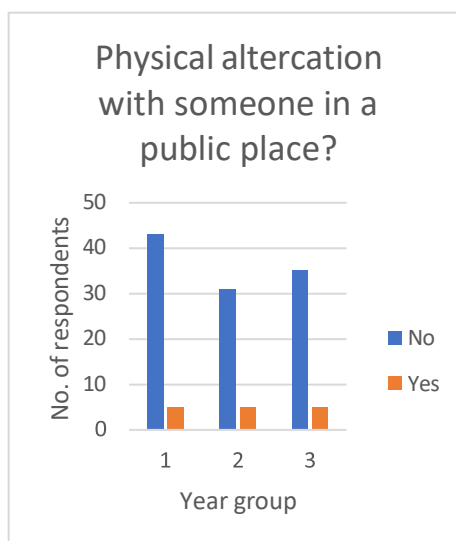


Figure 32 Have you ever had a physical altercation with someone in a public place? Based on year of training

Most students, 111 (89.5%), felt a physical altercation would have a large impact on the demonstration of GC for both students and qualified midwives (Likert 4 & 5) (figure 33). No respondents stated it had little impact (Likert 1). However, whilst most considered it would have some impact on demonstrating GC, a minority of students, (7 - 5.6%), marked Likert 2, suggesting they may perceive that it would not have a large impact on demonstrating GC.

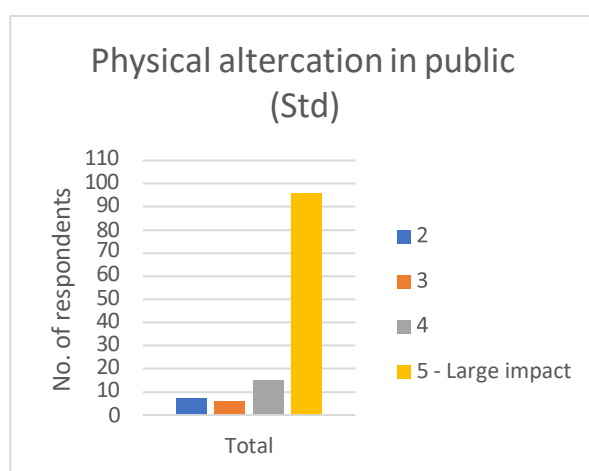


Figure 33 Impact of having a physical altercation in public on demonstration of GC as a student.

7.3.4. Social media

Most students, 120 (97%) considered liking or sharing a racist joke on social media as having a large impact (Likert 4 & 5) on the demonstration of GC for students and 109 (97%) for qualified midwives (figure 34). No students stated it had little impact (Likert 1 or 2). These views were alike across all three-year groups (figure 35). Suggesting that students entering midwifery programmes have existing values that align with those within the NMC Code (2018) rather than developing these as their programme progresses. However, the anxiety expressed relating to the use of social media in open comments could also be a factor.

Therefore, as the surveys do not provide an opportunity to explore the context of the responses, this was an area that was further explored within the interviews.

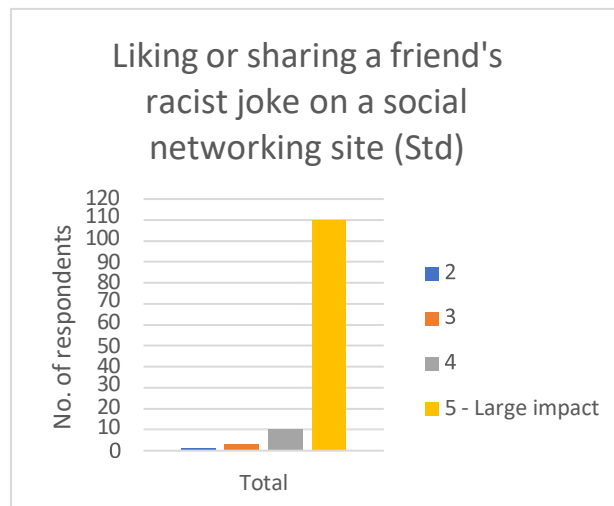


Figure 34 Impact of liking or sharing a friend's racist joke on a social networking site on demonstration of GC as a student.

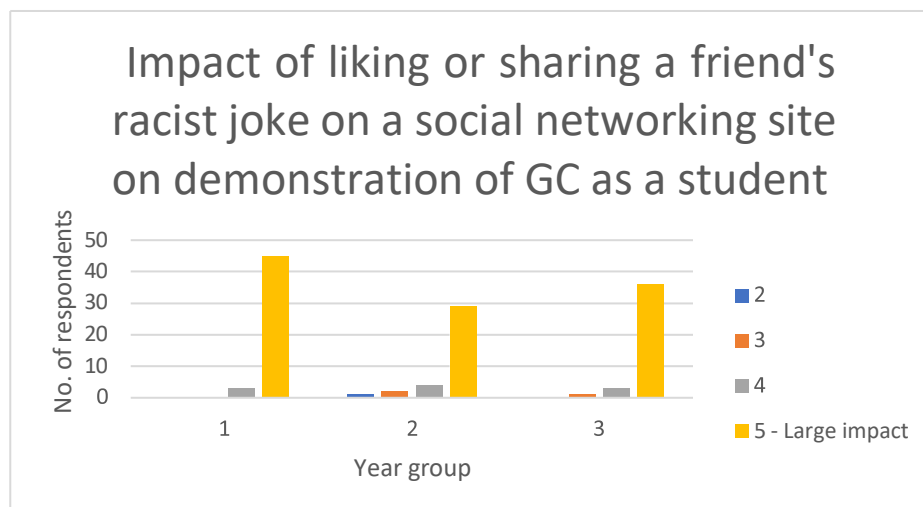


Figure 35 Impact of liking or sharing a friend's racist joke on a social networking site on demonstration of GC as a student. Based on year of training

The discussion of contentious political views was increasingly viewed as having a large impact on the demonstration of GC (Likert 4 or 5) by 62 students (50%). 33 (27%) students' felt it had little impact (Likert 1 or 2) and 29 (23%) stated a moderate impact (Likert 3)

(figure 36). Why half of the students perceived discussing contentious political views on social media as having a large impact on the demonstration of GC cannot be specified from these findings. Whether it is the discussion of contentious political views or that it is on social media and in the public domain which impacts the demonstration of GC, was an area that was subsequently explored within the interviews.

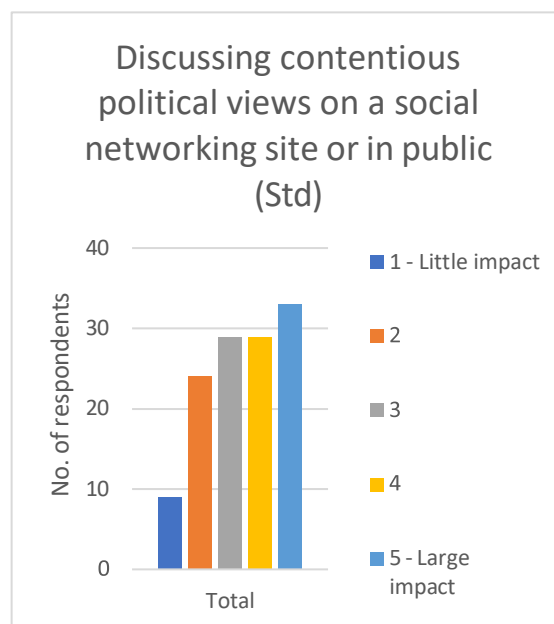


Figure 36 Discussing contentious political views on a social networking site or in public on demonstration of GC as a student.

7.3.5 Substance use

Just under half of the students, 56 (45%) stated they had been so drunk in a public place they were incoherent (figure 37); of these students, 17 (30%) were in the 18-21 age group (figure 38). 44 students (35%) stated they had vomited in a public place due to alcohol consumption (figure 38); of these, 22 (30%), were in the 18-21 age group (figure 41). 56 students (45%) stated they had been so drunk in a public place they needed help to get

home (figure 39); 29% of these were in the 18-21 age group and 40% were in the first year of their programme. Whilst these behaviours could have occurred prior to commencing their programme, it could suggest that during the first year at university and for younger students, there is greater involvement with alcohol consumption.

However, these results could also be impacted by this age group containing the largest number of students (35, 28%) but when compared with the 26-30 years of age group, who were the next largest number of respondents (30, 24%), the percentage who had vomited was the same in both groups (37%). In addition, the largest number of students (18 - 41%) who had vomited because of alcohol consumption was in the 3rd year of their programme, this could still include students in the 18–21 age group, as 10 of the respondents in this age group were in their 3rd year of the programme. Open comments from some students suggested they perceived alcohol and partying as a normal part of student lifestyles, even for midwifery students.

“I think this is a common part of Student lifeit is unfair to expect midwifery students to behave very differently to other.” R94

A few students also implied being able to participate in social activities which included alcohol, was a coping mechanism for the stressful nature of the job.

“It depends on the definition of good character; midwives are human and so a very extremely difficult job. If they cannot drink and let off steam when off duty I have no idea how they are supposed to function as midwives”. R43

However, it is not possible to ascertain from these findings whether students perceive age, moving away from the parental home or stresses of the programme contribute to the use of alcohol.

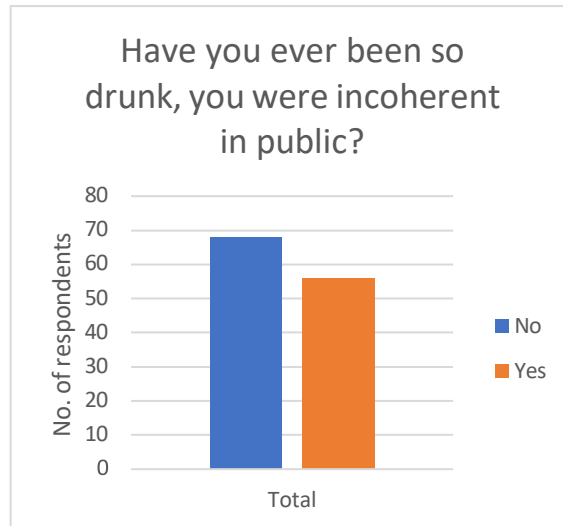


Figure 37 Have you ever been so drunk, you were incoherent in a public place?

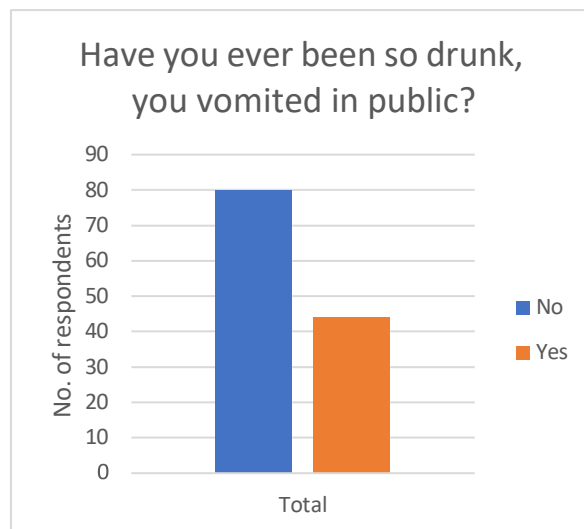


Figure 38 Have you ever been so drunk you vomited in public?

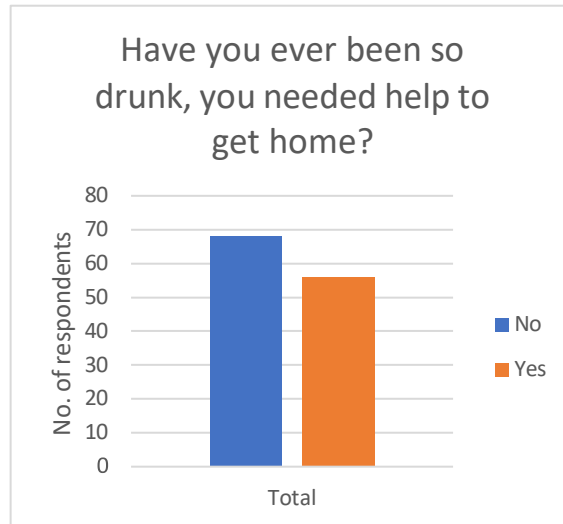


Figure 39 Have you ever been so drunk, you needed help to get home?

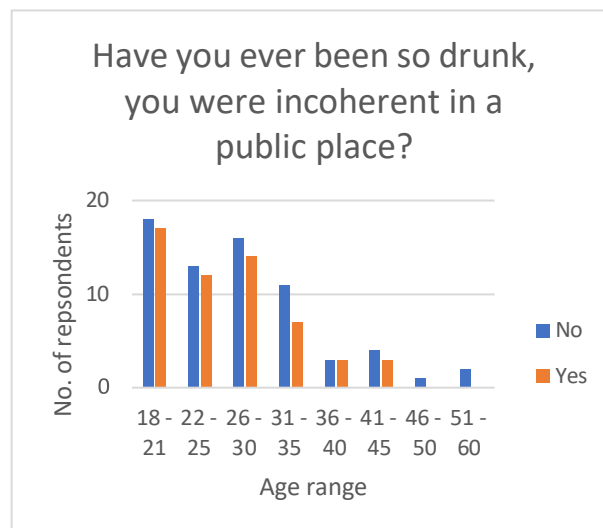


Figure 40 Have you ever been so drunk, you were incoherent in a public place? Based on age

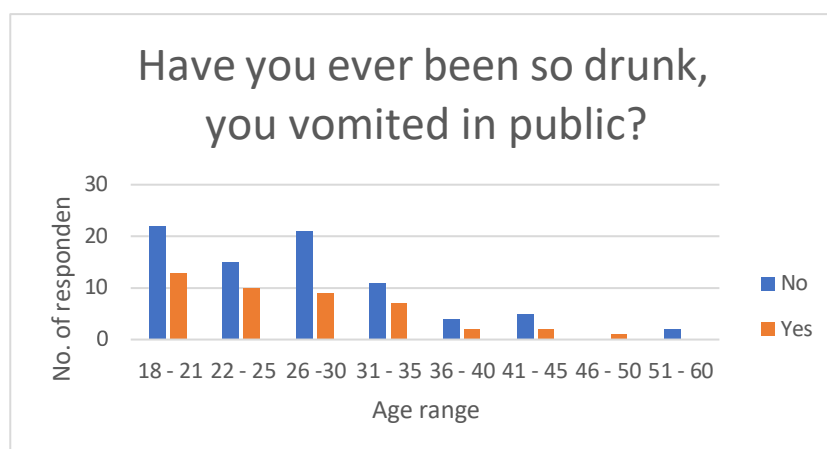


Figure 41 Have you ever been so drunk you vomited in public? Based on age

Being very drunk at a party was perceived as having little impact (Likert 1 or 2) on GC whilst off-duty by 74 (59.7%) students. Whereas 27 (21.8%) stated a large impact (Likert 4 & 5) and 23 (18.5%) implied a moderate impact (Likert 3) (figure 42).

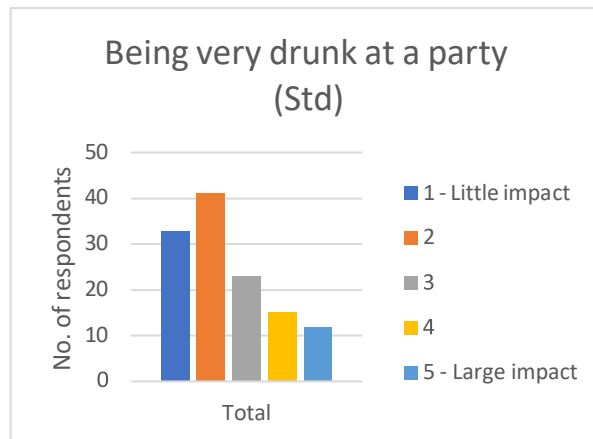


Figure 42 Impact of being very drunk at a party as a student on demonstration of GC whilst off-duty.

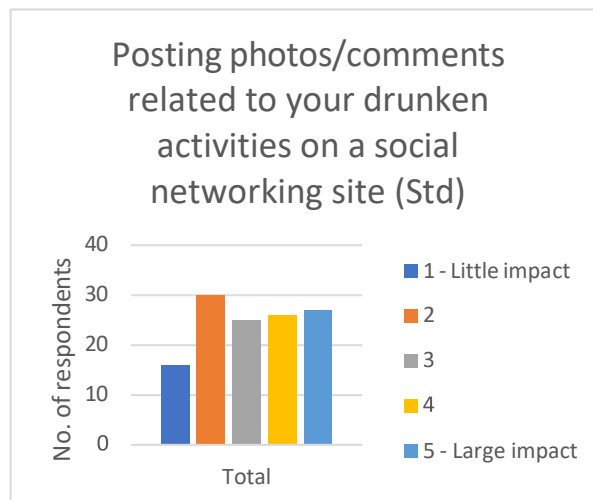


Figure 43 Impact of posting photos or comments related to your drunken activities on a social networking site on demonstration of GC as a student midwife

Students perceived comments or photographs of drunken behaviours posted on social media had a larger impact on demonstrating GC than the actual behaviours (figures 43).

The rationale for these perceptions could not be determined from the survey data, one potential reason could be that students perceive such behaviours at a party will only be witnessed by friends and family, whereas social media posts can be circulated more widely. With less control over how the images may be used or distributed, there is the potential to have a larger impact on the demonstration of GC through their professional and private life colliding because their actions could be made public.

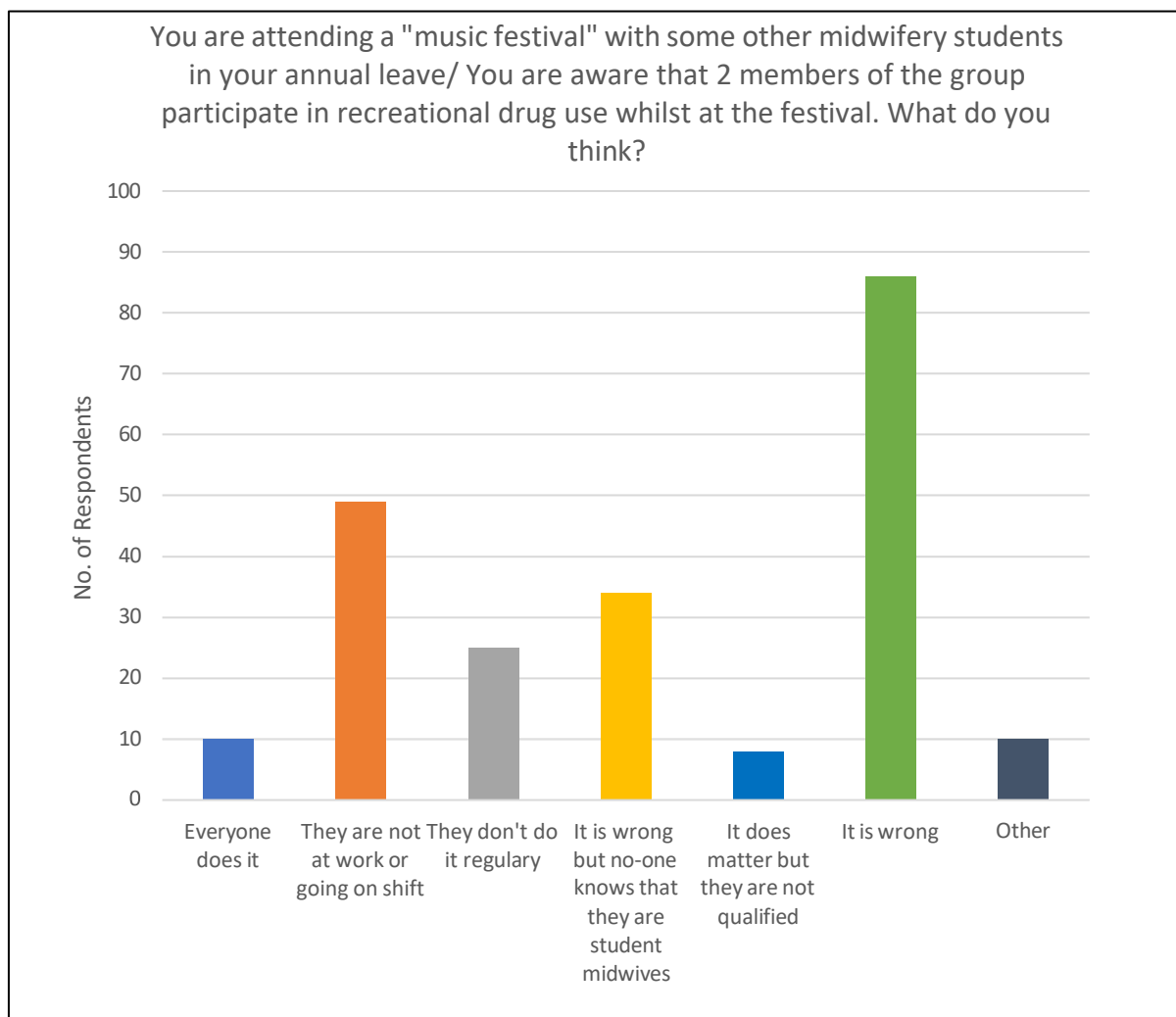


Figure 44 You are attending a "music festival" with some other midwifery students in your annual leave/ You are aware that 2 members of the group participate in recreational drug use whilst at the festival. What do you think?

In the music festival scenario there was a total of 222 responses selected, many students chose multiple responses (figure 44). 95 students left qualitative comments. 86 students (69.4%) identified the actions in the scenario as wrong (figure 56). There was a statistically significant difference between the group who selected “decline, it is wrong’ and those who did not, with regard to their selection of ‘everyone does it occasionally’ (p=0.04); “it is wrong, but no-one knows they are student midwives” (p=0.005); “it does matter but they are not qualified” (p=0.005) and “they don’t do it regularly” (p=0.001) (figure 45).

	They are not at work or going on shift.	It is wrong but no-one knows they are students’ midwives.	They don’t do it regularly.	Everyone does it.	It does matter but they are not qualified.
86 stated it “It is wrong”	19 (22%)	15 (17.4%)	8 (9.3%)	4 (4.7%)	1 (1.2%)
38 didn’t state it was wrong	27 (90%)	17 (45%)	13 (34%)	6 (16%)	5 (13%)

Figure 45 Contingency table

Many students identified the illegal nature of recreational drugs as a rationale but also linked it to potential on-duty behaviours.

“It is a free country but that is illegal. If they are not prepared to abide by the laws of the country when they are off shift, can they really be expected to uphold the law, guidelines and best practice when they are on shift!”

Suggesting again that many students perceived GC to be internalised and something they live with, which results in GC being embodied across all aspects of their life.

Yet, there were some discrepancies in the idea of GC being consistent and not context dependent. 34 students (27%) thought taking drugs was wrong, but no-one knows they are student midwives. Suggesting if their occupation wasn't known, participation would not be as unacceptable. Also, several students commented on the frequency of use and the context of being at a music festival as a potential rationale for participating in these behaviours. Most of the time the students appeared to embody GC in all aspects of their life. However, the context and exceptional circumstances of being at a music festival, where such behaviours appear to be the norm and makes some students think it would be acceptable for them to do the same.

The influence of societal group norms and the distinctness of the setting and context of this scenario appears to have an impact and for some students to deem behaviours that they would normally not participate in as acceptable. Therefore, if students' social or cultural background and norms differ greatly from those that the profession deems demonstrate GC, there could be a disconnect between their behaviours and actions when on or off-duty because they are influenced by the situation and context rather than not having internalised or embodied the profession's requirements for GC. Context and the influence of norms were therefore explored further in the interviews to gain greater insight into the impact of these factors.

Justification of the behaviour based on not being on-duty was identified by 49 students (40%). In the comments, a few students noted this occurred within their personal life and

therefore perceived there was no impact on performance when on-duty or on the demonstration of GC when off-duty.

“very removed from work life- unlikely to be something they do regularly, it is their own decision to make” R23

The notion of behaviours and conduct that occurs when off-duty as having no bearing on demonstrating GC, compounds the idea that some students perceive on, and off-duty life as separate entities and if they don't overlap the actions may be acceptable and not influence the demonstration of GC.

“Recreational drug use is of course illegal but I don't believe it reflects upon someone's character... I like the response of “they are not at work if people wish to use recreational drugs when they are on annual leave after spending months and months on placement caring for women and working long shifts for no pay, they are entitled to relax and “de-stress” in whichever way they choose - including with the use of recreational drugs.....”R121

Some students suggested degrees of illegal behaviour in the open comments. This would imply that for some students the legal/illegal divide is far more nuanced than just being right or wrong.

“I don't particularly agree with this as I don't do any drugs. However, I think there is a difference between smoking weed and injecting heroin.” P119

In addition, the impact of injecting heroin versus smoking weed would have on normal life is likely to be greater and therefore more likely to affect the ability to function when on duty and thus the acceptability of such behaviours differs.

There were a few comments related to the 'policing' of colleagues/peers' actions in the scenario, suggesting participating in this behaviour was the individual's decision and they perceived no requirement to challenge such actions.

"I am against all illegal drug use but I'm not interested in policing the activities of my peers." R77

However, this would seem at odds with being a member of a healthcare profession, where raising concerns and having the courage to challenge practice and decisions is considered essential, whether on or off-duty (NMC, 2019a). The raising of concerns about peers' actions was therefore explored further in interviews.

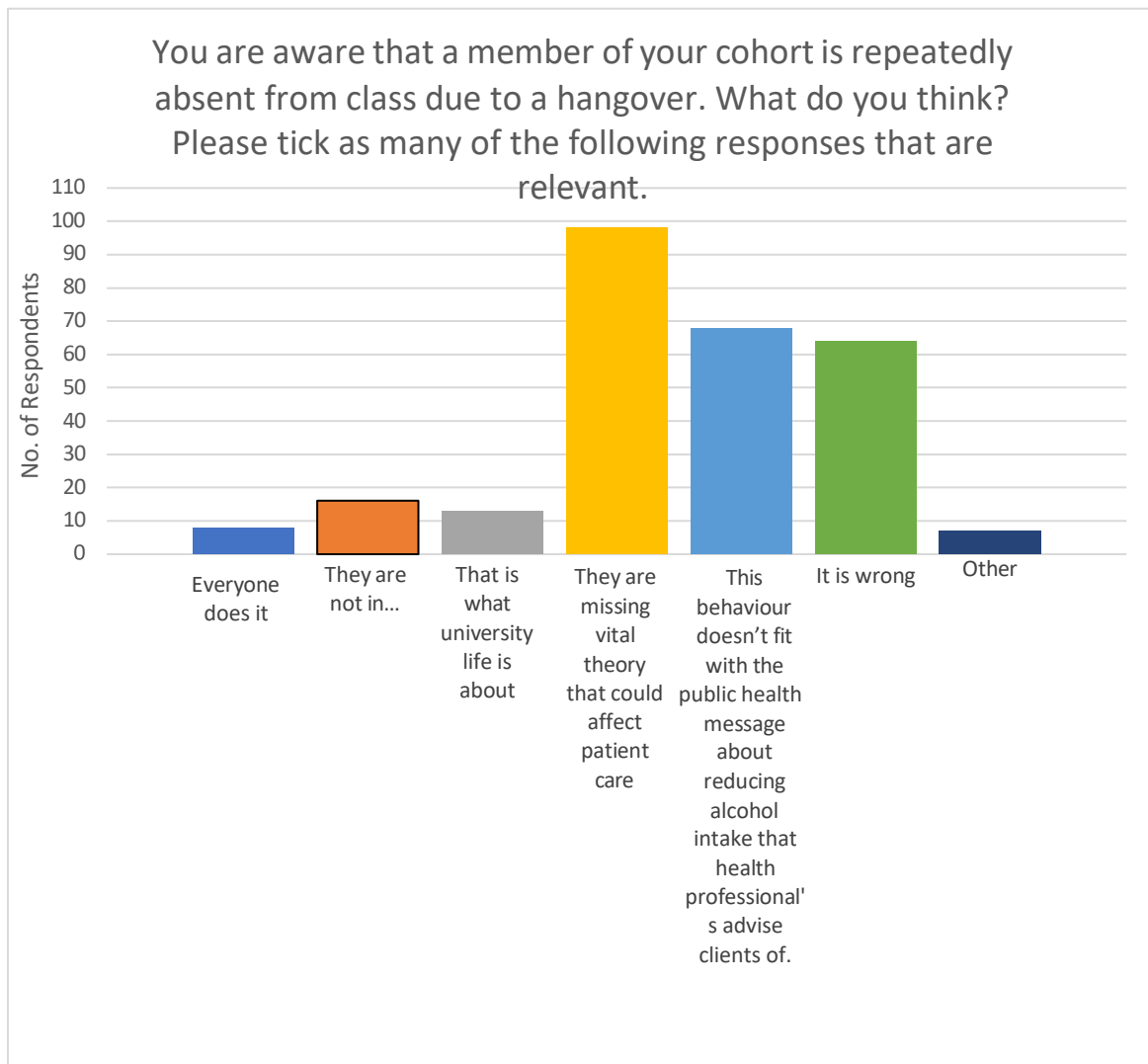


Figure 46 You are aware that a member of your cohort is repeatedly absent from class due to a hangover. What do you think? Please tick as many of the following responses that are relevant.

In the scenario regarding absence in class due to a hangover a total of 244 of the options were chosen, again demonstrating that students often chose more than one response (figure 46). 64 students (52%) felt this behaviour was wrong, 98 students (79 %) perceived missing theory impacted patient care, safety, and competence. 93 students provided qualitative comments. Several students identified their frustration that peers missed class regularly, whatever the reason.

“It frustrates me when people are constantly not showing up to theory sessions as it concerns me how they will practice effectively if they qualify and how this will impact safety, how can they practice effectively if they don't have the knowledge that underpins it?” R8

68 students stated such behaviour did not reflect the public health messages that are an element of the midwife's role (55%). Many suggested role modelling healthy behaviours was essential and by not following guidance relating to alcohol, it would impact their ability to perform their role and ultimately impact the reputation of the profession.

“It is irresponsible and does not fit the public health message we advise to women” R5

Despite many students suggesting that they needed to role model healthy behaviours, a few felt this ideal could impact their personal autonomy. This alludes to a view that their choice of profession should not impact their personal choices regarding compliance with wider public health messages.

“However, I do not believe that health professionals should constantly be a mirror image of advice from Public Health England. Midwifery is a persons career and does take up a large portion of one's life, however that doesn't mean that our own right to autonomy should be taken away based upon a career choice.”. R59

This disparity in views resulted in the concept of being a role model being explored further within the interviews.

Some comments suggested that this was a normal part of university life. 13 students stated this is what university life was about and 8 said 'everyone does it'. Social and cultural norms for what constitutes a typical student life may vary between sub-groups of students and therefore the results and views relating to 'alcohol and partying' may not be the same across the whole student body. Yet, this raises similar issues to the music festival scenario, where the behaviour may not normally be something a student midwife would participate in but when it is the social norm in a specific setting or context, it may be considered acceptable. Some students felt that what they considered the 'norms' of 'typical' student lifestyles, were inaccessible to them because they were on a professional programme, which was frustrating.

"For any university student drinking is a big part of the culture. Student midwives should not be expected to miss out on social events and remain sober- which can possibly alienate them from other students who aren't studying a health science." R54

Whilst many students identified missing class could have a negative impact on learning and patient care, and therefore the overlap of behaviours when off-duty would impact professional life. Some students attempted to justify this conduct with comments regarding the requirement 'to make up' missed content, that presence in class did not necessarily mean learning occurred and that assessments ensured students had the required level of skills and knowledge.

“The skills and knowledge needed to complete the course are assessed in ways other than just being present in theory, and students must make up. Mentors ensure they are safe clinically and university ensure knowledge levels are safe through assessments.” R29

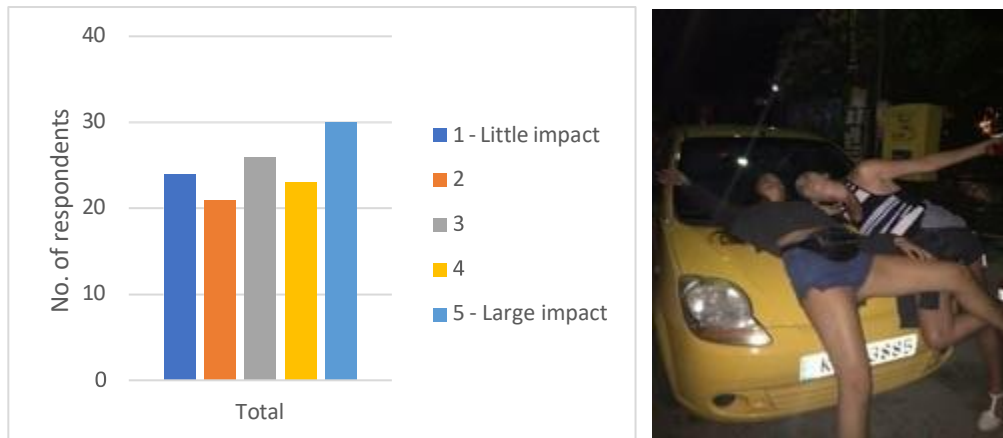


Figure 47 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

There was a wide variety of opinions regarding the impact of the behaviour in the image in figure 47 on demonstrating GC. 45 students (36%) felt it had a little impact (1 & 2) and 53 (43%) stated it had a large impact (4 or 5). A relatively even spread across the year of training, age and polar 4 categories was evident in the responses. Demonstrating the diversity of opinion regarding the behaviour depicted in the image. Multiple rationales could be suggested for this; the profession may not be clear on what behaviours are considered acceptable or unacceptable whilst off-duty in relation to demonstrating GC. Behaviours considered inappropriate or appropriate are not discussed with students or they choose to participate in such behaviours despite being aware of the professional requirements or that they see their private life as separate from their professional life.

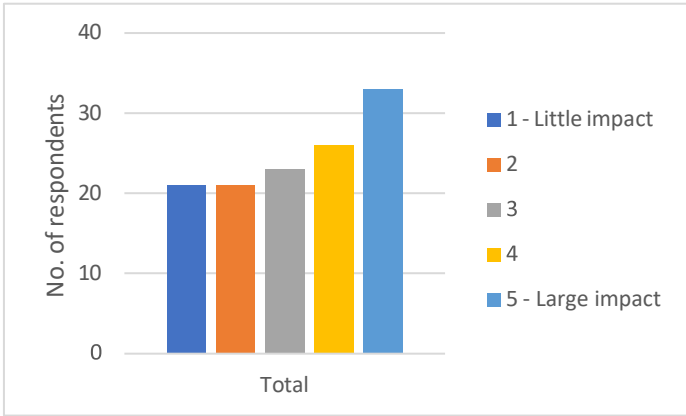


Figure 48 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

There was a gradual increase regarding the degree of impact of the image in figure 48 had on the demonstration of GC whilst off-duty. 59 students (48%) felt it would have a large impact on the demonstration of GC, (Likert 4 & 5). The depiction of alcohol within the image or the low-cut clothing may contribute to these opinions.

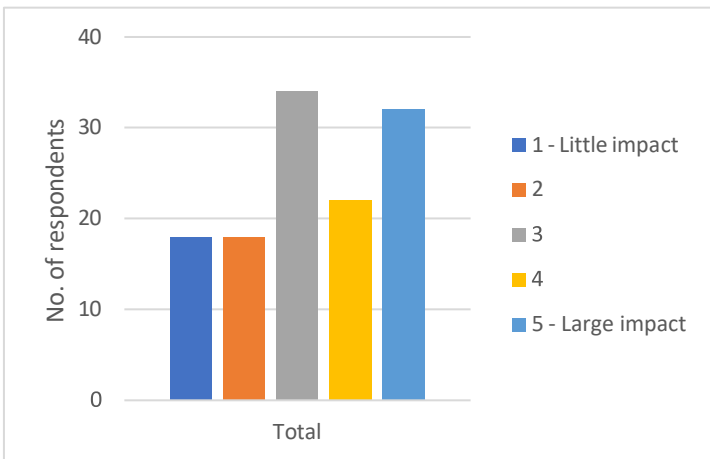


Figure 49 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

36 students (30%) felt the image in figure 49 had little impact (Likert 1 & 2) on demonstrating GC whilst off-duty. 34 students (27%) felt it had a moderate impact (Likert

scale 3). 54 (43%) students felt it would have large impact. The differences in responses could be attributed to which behaviours in the image respondents were reflecting their opinion on. If looking at those showing 'caring' behaviours toward a unwell friend, these could be considered aligned with values of the profession and therefore have little impact on the demonstration of GC and thus why some scored 1 or 2. The guidance did identify that a large impact was a negative impact on demonstrating GC and if viewing the behaviours as the effects of excess 'partying' may have felt the impact on demonstrating GC was larger and thus scored 4 or 5. The greater number of respondents scoring Likert 3 could reflect that they perceive it as having a moderate impact on demonstrating GC whilst off-duty.

Of the 32 students that felt the image had a large impact on demonstrating GC, whilst off-duty, 14 (50%) were from polar class 1 or 2. No students from polar class 1, felt the image had little impact on the demonstration of GC. It could be suggested that as polar categories 1 and 2 have less engagement with higher education, they may have less awareness and acceptance of some of the 'freshers' activities that this image represents.

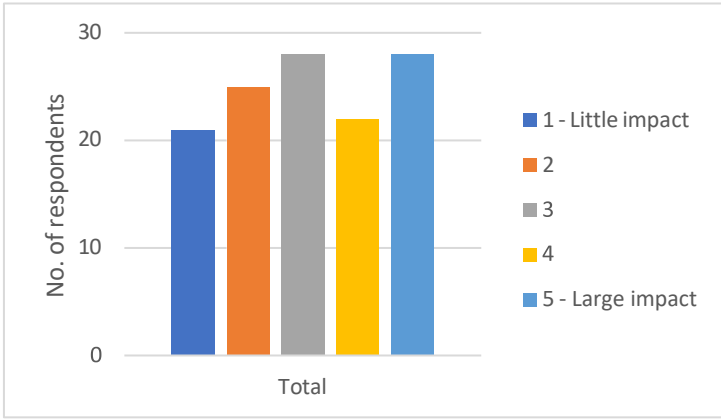


Figure 50 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

There was a much greater difference in opinion regarding the impact of the behaviour depicted within figure 50 on demonstrating GC. 28 (23%) students viewed it as having a large impact on demonstrating GC, with a further 28 students (18%) selecting Likert 4 (figure 62). 46 students (37%) suggested it had little impact on the demonstration of GC (Likert 1 & 2). This would imply that some student midwives may perceive such behaviour as acceptable despite the body language being displayed. The context and norms of the social setting that this image is situated within may also influence students' perceptions of the behaviour being acceptable, as it is separate from their professional life and the two are not likely to overlap.

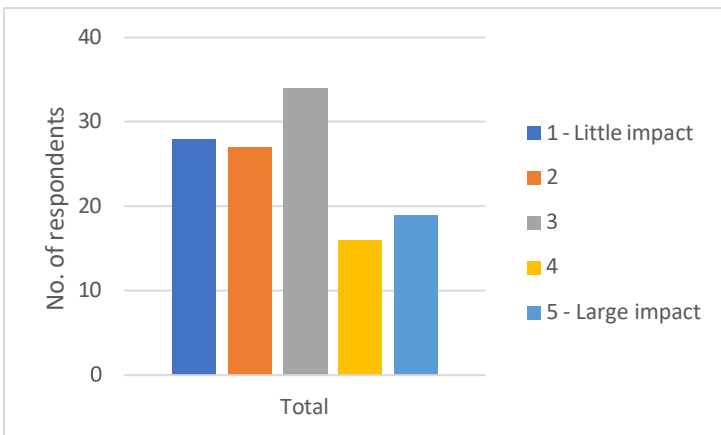


Figure 51 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

The majority perceived image 51 had little impact on demonstrating GC with 55 students (44%) choosing 1 or 2 on the Likert scale. 34 students (27%) indicated a moderate impact (Likert 3). 35 (28%) identified the image as having a large impact (Likert 4 or 5). The image contains alcohol but is not actually being consumed and therefore the impact on the demonstration of GC may be considered less by the students when compared to image 60.

7.3.6 Sex Work

Two students disclosed having worked in some aspect of the sex industry (figure 52). Of these students, one was in the 18 - 21 age group and the other was in the 31 - 35 age group. Both were in the first year of their programme.

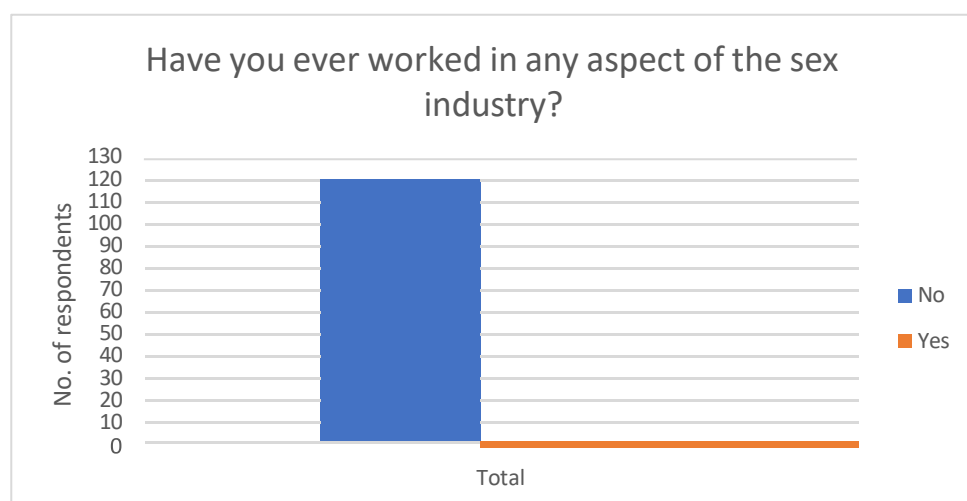


Figure 52 Have you ever worked in any aspect of the sex industry?

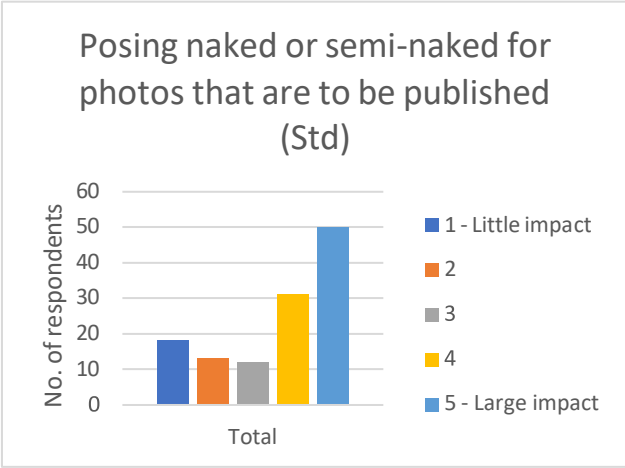


Figure 53 Posing naked or semi-naked for photos that are to be published on demonstration of GC as a student

Many students, 81 (65%) perceived posing in a state of undress for published photographs had a large impact on demonstrating GC whether as a student or qualified midwife (Likert 4 or 5) (figure 53). The responses appear to consolidate the view that student midwives perceive that an immodest appearance does not reflect GC whilst off-duty. However, 31 students (25%) scored 1 or 2 on the Likert scale, suggesting that a quarter of students thought that this would have little impact on demonstrating GC.

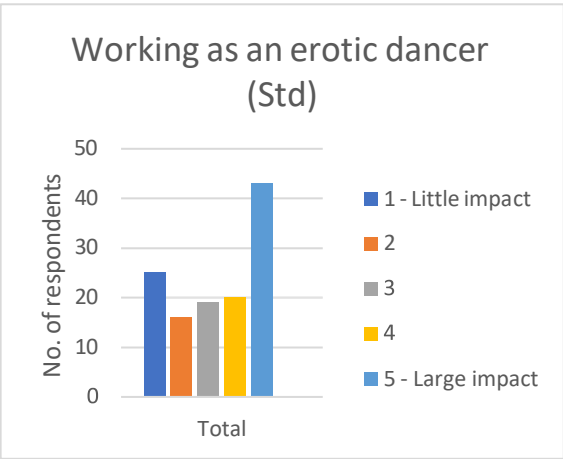


Figure 54 Working as an erotic dancer on demonstration of GC as a student

Just over half of the students, 63 (51%) felt working as an erotic dancer would have a large impact on demonstrating GC (Likert 4 or 5) (figure 54). However, 41 (33%) students thought this type of work would have little impact on demonstrating GC, for students or qualified midwives (30%) by choosing Likert 1 or 2. This suggests quite polarised views between little and large impact of working as an erotic dancer. Age, year of training or polar 4 category did not identify any patterns that would clarify this polarity and due to the nature of surveys, it is not possible to clarify.

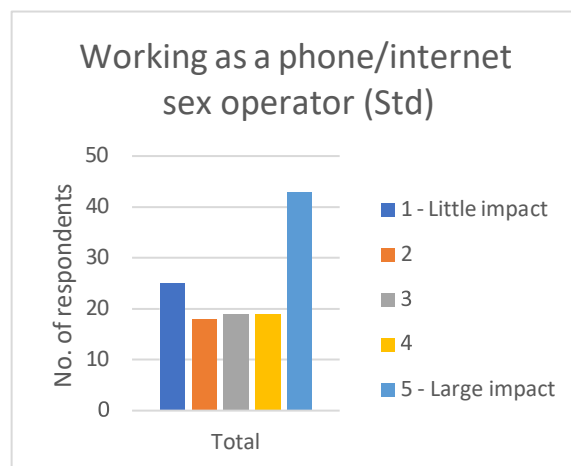


Figure 55 Working as a phone/internet sex operator on demonstration of GC as a student

Half of the students, 62 (50%) felt working as a phone or internet sex operator would have a large impact on the demonstration of GC whether as a student or qualified midwife (figure 55). Yet 37 students (30%) felt participating in this form of work would have little impact on the demonstration of GC for either students or qualified midwives (Likert 1 or 2). The potential anonymity that could be associated with this form of sex work did not appear to influence students' opinions.

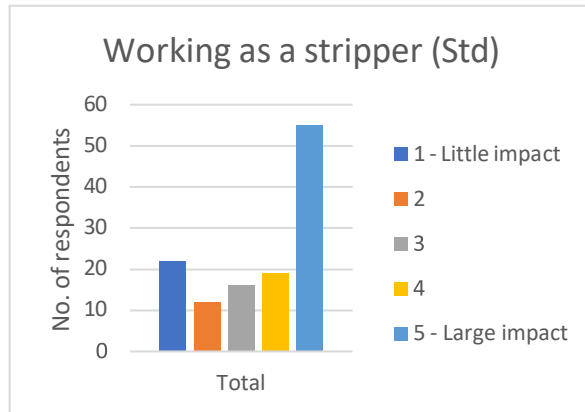


Figure 56 Working as a stripper on demonstration of GC as a student.

Working as a stripper as a student was considered to have a large impact on demonstrating GC by 74 (60%) students (figures 56). However, 31 students (25%) perceived undertaking stripper work as having little impact on the demonstration of GC for either student or qualified midwives (Likert 1 or 2).

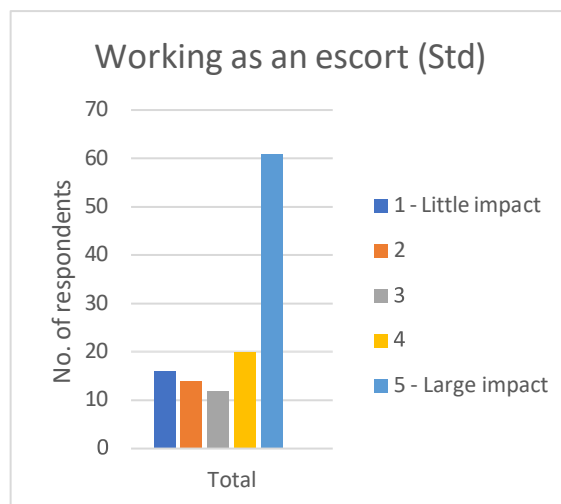


Figure 57 Working as an escort on demonstration of GC as a student

Many respondents, 81 (65%), suggested a large impact on the demonstration of GC for students and qualified midwives (66%) if they undertook escort work (Likert 4 or 5) (figure

57). However, 34 (27%), students suggested they considered escort work as having little impact on GC (Likert 1 or 2).

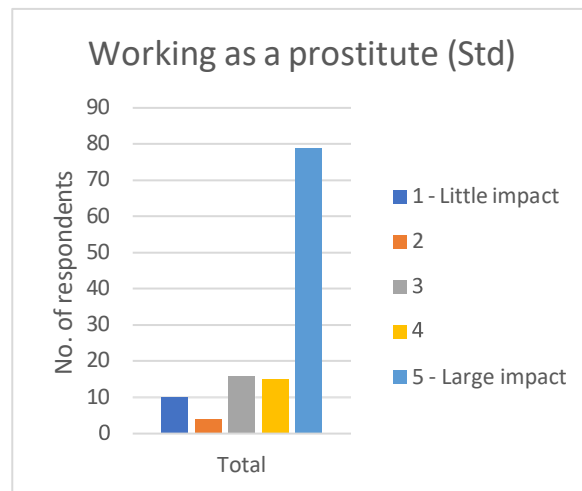


Figure 58 Working as a prostitute on demonstration of GC as a student

94 (76%) students suggested that participation in prostitution would have a large impact on the demonstration of GC (Likert 4 or 5) either as a student or qualified midwife (figures 58). Nevertheless, a small minority of 14 (11%) students felt this would have little impact on the demonstration of GC of either students or qualified midwives (Likert 1 or 2). Possible reasons some students may perceive little impact may be because this occurs within private life and is unlikely to ever become public knowledge and impact their professional life.

Erotic dancing did not specify any sex work, such as lap dancing and therefore interpretation of this question may have affected the findings. For most students, participation in any type of sex work appeared to impact on the ability to demonstrate GC and as the type of sex work becomes more intimate, the level of impact increased. Yet, a small minority of

students did not perceive participating in any form of sex work would impact the demonstration of GC.

Only two students disclosed they had ever worked within any aspect of the sex industry. This may be pertinent because the understanding of the legality of these forms of work and what this work may entail may be less well understood and therefore may influence how students viewed and responded to the subsequent questions regarding the impact on the demonstration of GC by partaking in these activities whilst off-duty.

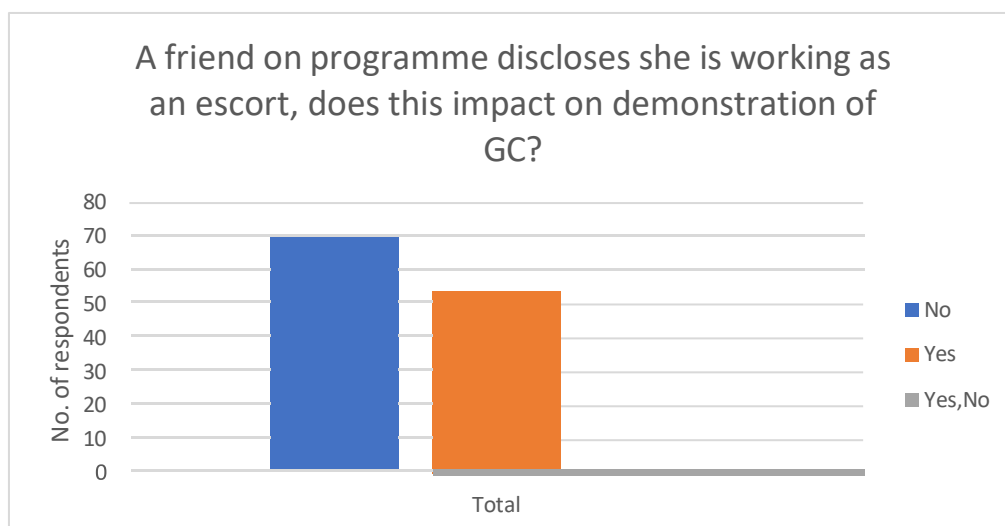


Figure 59 A friend on programme discloses she is working as an escort, does this impact on demonstration of GC?

69 (56%) students stated no, they did not perceive their friend's demonstration of GC to be impacted by working as an escort (figure 59). This conflicts with the findings of the earlier question on escort work, where over 60% stated that participating in escort work would have a large impact on demonstrating GC. 99 qualitative responses were provided. The scenario stated that the friend was undertaking this work because of financial difficulties. The context provided in the scenario appears to have enabled respondents to rationalise

participating in escort work, with some identifying that engagement in this type of work was a 'means to an end' and a way to ensure the achievement of the goal of becoming a midwife.

"Financing studies is hard. If that is what she needs to do to get through the course, then who am I to judge?" R105

Whilst engagement in sex work may be in the public domain, it could be perceived to be separate and different to their professional life; and the two lifestyles are unlikely to ever come into contact.

"They are separate and it is her business" R30

Thus, some students thought this work had no relevance to the professional role and would not impact the ability to function as a midwife and did not necessarily mean the person was not of GC and should not be an issue for her professional life.

"This scenario will not affect her professional duties or abilities to carry out her job, and if she is being safe, respectful and it is her own choice I don't see how this is not "good character"." R71

"Her social and sexual choices are her own, and since they do not diminish her midwifery knowledge nor conflict with dedication to midwifery or her patients then it should not even come into the equation." R34

However, several students provided qualitative comments referring to the image and reputation of the profession being impacted, suggesting if women and families were aware

that their carers participated in this form of work, it would result in a loss of respect which would ultimately affect performance on-duty.

“This would represent her in a negative way if service users knew what evening work she was carrying out, which could ultimately reflect badly on the profession as a whole. Health care professionals should be respected and unfortunately this type of work opens up negative opinions and views of this person, which means they would not be respected.” R4

The consideration of what ‘others’ may think could be a discursive buffer to deflect their views which may be considered judgemental. For many students, the potential consequences of this behaviour in their personal life on their professions reputation and their ability to function as a midwife is too great to mean it wouldn’t influence the demonstration of GC.

Therefore, there were some differences in views and opinions regarding participation in sex work and whether it impacted GC or not. This could suggest that for some students, what they do in their off-duty time, has no impact on their professional role or demonstration of GC. This idea of separating the private and professional elements of their life and whether this is possible or how it would be achieved or feel to have this separation was identified as an area for exploration within the interview arm of the study.

7.4 Appearance

This section of the findings related to students' perceptions of whether appearance may impact the demonstration of GC whilst off-duty. This series considered tattoos, hairstyles and clothing as a component of appearance.

7.4.1 Tattoos

Students' views on the impact of tattoos on demonstrating GC may be influenced by the number who identified they personally had a tattoo in the survey (figure 60).

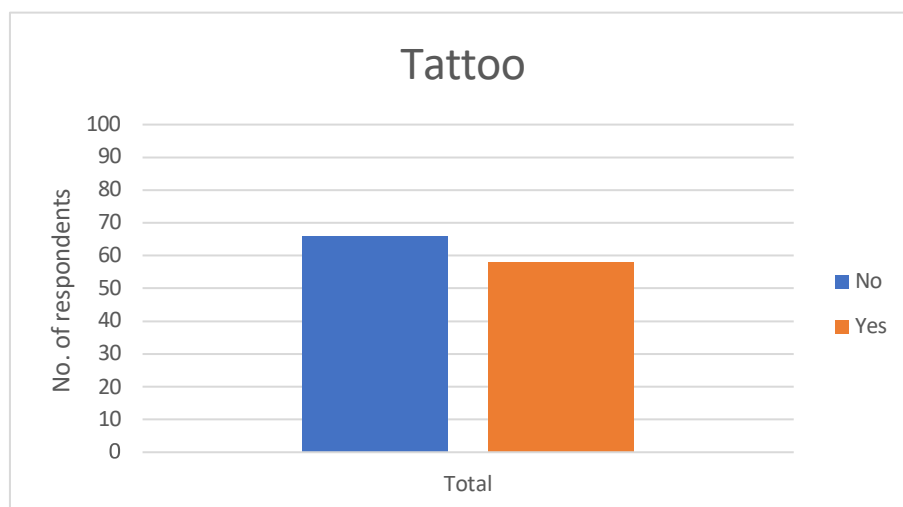


Figure 60 Do you have a tattoo?

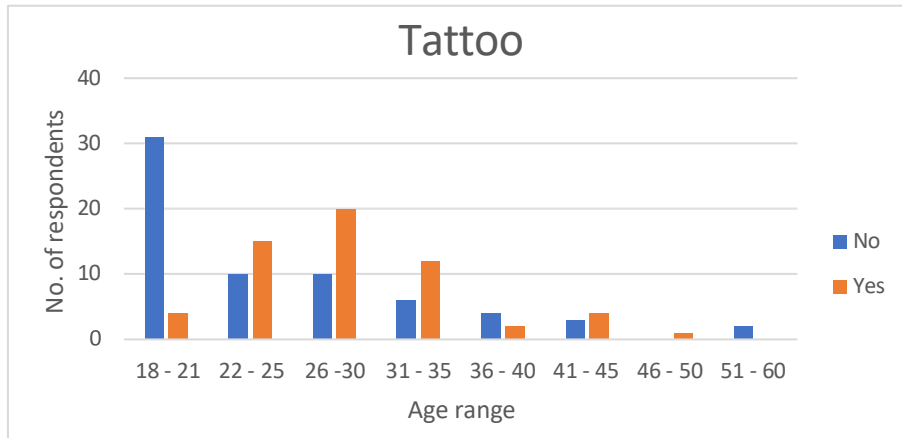


Figure 61 Do you have a tattoo? Based on age

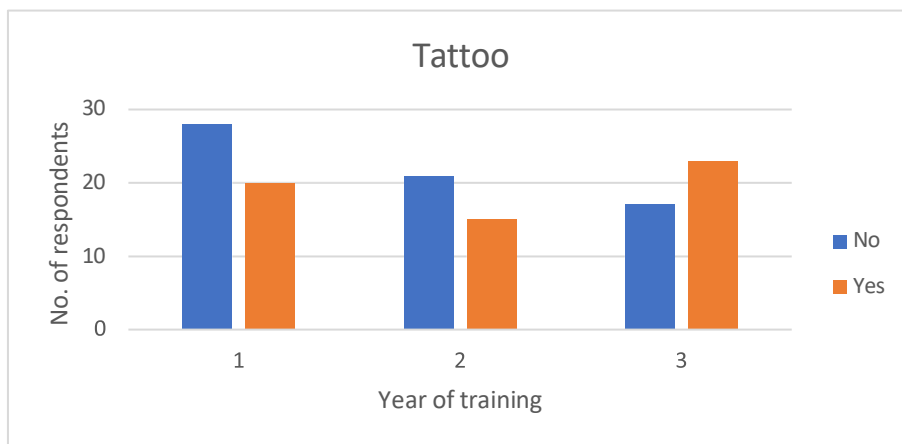


Figure 62 Do you have a tattoo? Based on year of training

58 (47%) student midwives stated they had a tattoo. The only age group to have no tattoos was 51 - 60. From the remaining age groups, in the 18 - 21 age group only 31 had a tattoo (25%), which was the lowest category containing students with tattoos. 23 (19%) third-year students had a tattoo, which may reflect that frequency of having a tattoo increased with age. The age groups 22-25, 26-30 and 31 -35, contained more people with tattoo's than without (figures 61 & 62).

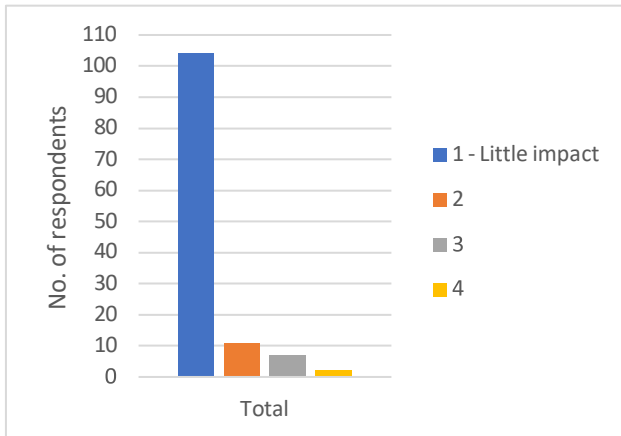


Figure 63 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

104 (84%) students suggested that figure 63 had little impact on demonstrating GC whilst off-duty, and no students stated the image had a large impact on demonstrating GC (Likert 5). There was a statistically significant difference between the group who selected stated they had a tattoo and those who did not, with regard to their selection of Likert scale 3 ($p=0.01$) (figure 64).

	Little impact (Likert 1)	Likert 2	Likert 3	Likert 4	Large impact (Likert 5)
58 stated yes, they had a tattoo	56 (96.6%)	2 (3.4%)	0	0	0
66 stated no they did not have a tattoo	48 (73%)	9 (14%)	7 (11%)	2 (3%)	0

Figure 64 Contingency table

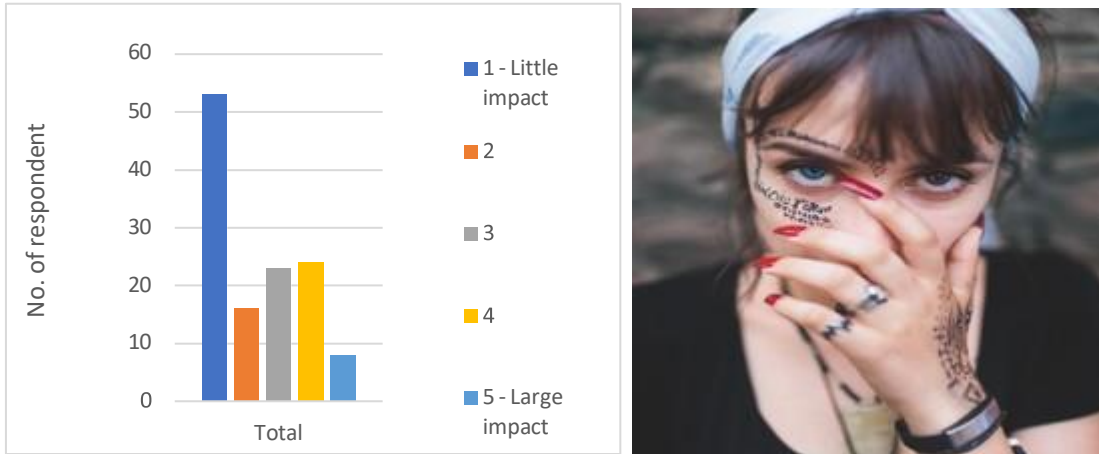


Figure 65 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

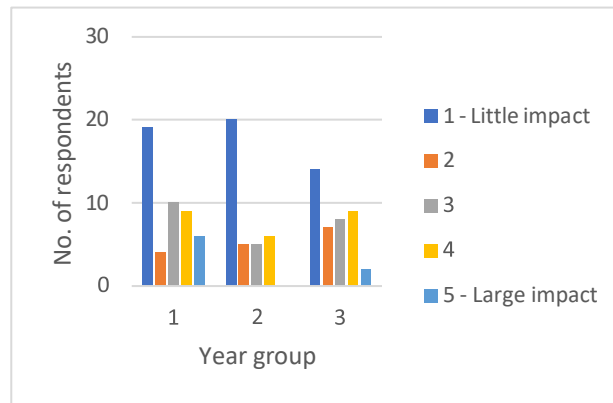


Figure 66 How do you think this image impacts upon your perception of the person's ability to demonstrate GC based on year group

Whilst 53 (42.7%) students felt the image in figure 65 had little impact (Likert 1 or 2) on demonstrating GC. 32 (26%) stated 4 or 5 on the Likert scale suggesting they considered this image to have a large impact on the demonstration of GC. 23 students (19%) identified a moderate impact (Likert 3). Whilst across all 3-year groups, most students identified the image had little impact on the demonstration of GC, more year-1 students' selected Likert points 3-5, suggesting more of them perceived the image would have a larger impact on demonstrating GC whilst off-duty than those in year 2 and 3 (Figure 66).

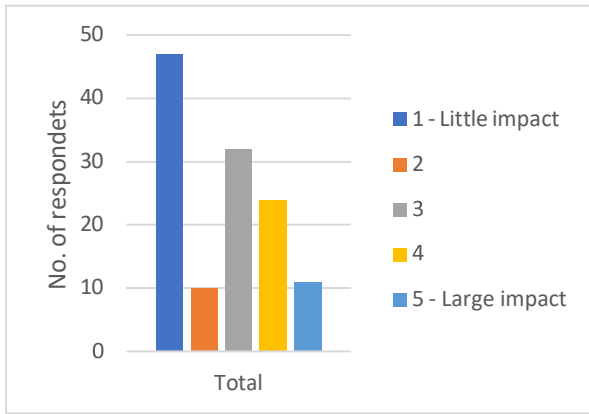


Figure 67 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

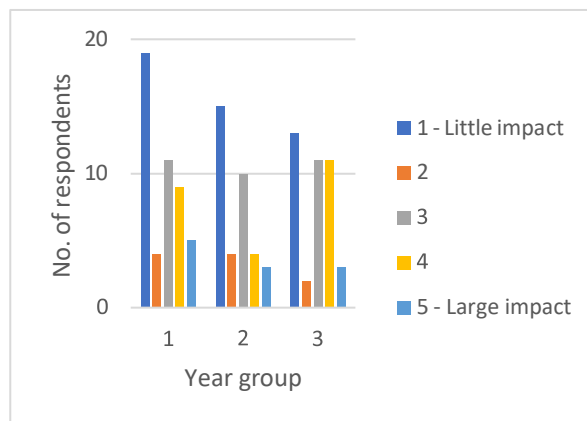


Figure 68 How do you think this image impacts upon your perception of the person's ability to demonstrate GC per year group

47 (38%) students stated the image in figure 67 had little impact (Likert 1 or 2) and 35 (28%) felt the image had a large impact on the demonstration of GC whilst off-duty. There was a statistically significant difference between the group who selected stated they had a tattoo and those who did not, with regard to their selection of Likert scale 5 ($p=0.01$) (figure 69).

	Little impact (Likert 1)	Likert 2	Likert 3	Likert 4	Large impact (Likert 5)
58 stated yes, they had a tattoo	27 (46.5%)	6 (10%)	15 (26%)	9 (15.5%)	1 (2%)
66 stated no they did not	20 (30%)	4 (6%)	17 (26%)	15 (23%)	10 (15%)

have a tattoo					
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Figure 69 Contingency table



Figure 70 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

100 (81%) students felt this image would have little impact on the ability to demonstrate GC, and no students identified a large impact (Likert 5) (figure 70). The person in the image is smiling and appears happy, this may impact how people viewed the image and therefore the tattoos became less prominent within the image. Whilst it is impossible to say with any certainty if this did impact respondents' views, if this did influence their stance, this could suggest that demeanour is more important than whether a person has a tattoo.



Figure 71 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

75 (60.5%) students stated this image had little impact on the demonstration of GC, and results showed similarity based on age, year of training and polar 4 category (figure 71).

There was a statistically significant difference between the group who selected stated they had a tattoo and those who did not, with regard to their selection of Likert 1 ($p=0.03$) and Likert 4 ($p=0.02$) (figure 72).

	Little impact (Likert 1)	Likert 2	Likert 3	Likert 4	Large impact (Likert 5)
58 stated yes, they had a tattoo	44 (76%)	7 (12%)	5 (9%)	2 (3%)	0
66 stated no they did not have a tattoo	31 (47%)	11 (16.6%)	11 (16.6%)	11 (16.6%)	2 (3%)

Figure 72 Contingency table

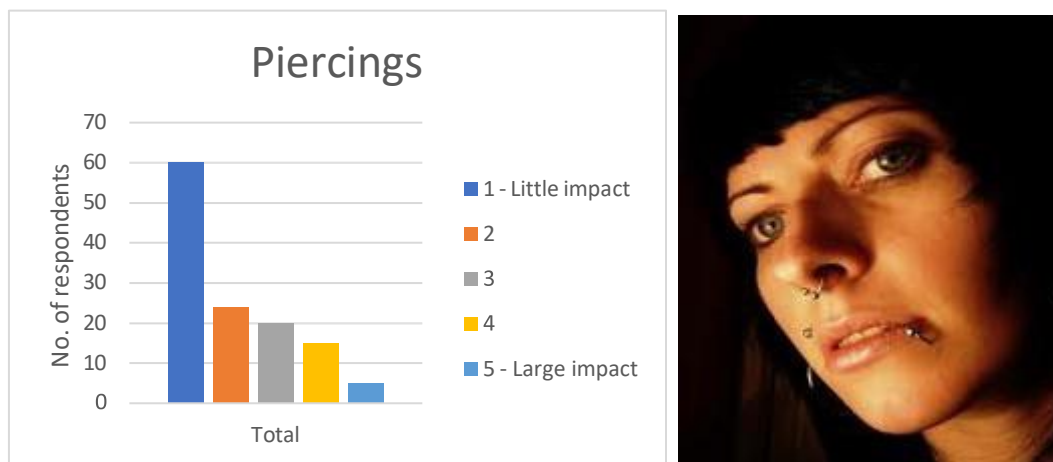


Figure 73 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

Piercings were perceived as having very little impact on demonstrating GC. With 84 (68%) stating the image had little impact on the ability to demonstrate GC (figure 73). There were no anomalies related to age, year of training or polar 4 categories. Given the image contains

facial piercings, the fact these are seen to have little impact when considered against the attitudes relating to images of facial tattoos is interesting. Whether the non-permanent nature of piercings and the ability to remove them lessens the perceived impact could be one consideration.

The 5 images containing tattoos were mostly considered to have little impact on the demonstration of GC.



However, there was less certainty regarding the impact on GC for the images in figures 65 and 67, which contained tattoos located on the face. It could be suggested that respondent's uncertainty about the impact is a result of the location of the tattoos. The size or content of the tattoos may also impact respondent's views, whilst scaled responses do not enable exploration of this, one respondent in the open comments reflected on the impact of the location of tattoos on their views.

"I think, for example, where tattoos are concerned people are less threatened by them and attitudes have changed. I do, however, think that this is within reason and I'm not sure whether women engage with midwives/students with facial tattoos. I do understand that this is only my view and perhaps I may have some prejudices regarding facial tattoos or how a professional should appear." R6

The image in figure 70 was seen as having very little impact on the demonstration of GC despite having a greater number of tattoos than in some of the other images. This is the only image, where the participant appears to be smiling. It is not possible to determine from these responses whether the demeanour of the person in the images impacted responders' attitudes regarding the effect on GC.

In qualitative comments, several students provided clarification that they perceived tattoos, should not impact the demonstration of GC. Many students commented that they felt society no longer viewed tattoos as an influence on GC whilst off-duty. However, many felt the profession itself maintained certain expectations regarding appearance in relation to hair colour and tattoos.

"hair colour and tattoos don't really bother the general public, yet we are still restricted by this" R7

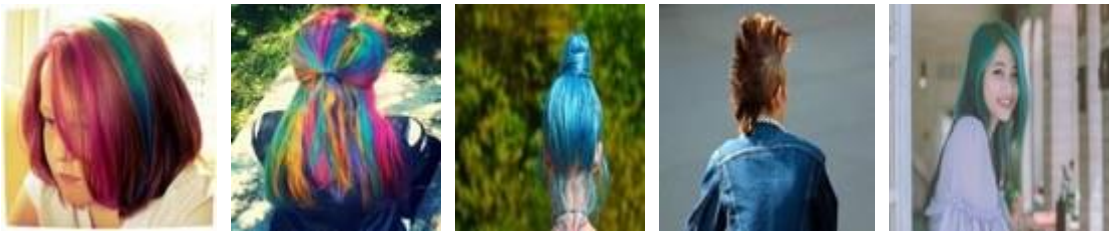
Other students perceived the public's perception of midwives' appearance to be idealistic and suggested that if individuals did not conform to these standards, they would likely leave the profession.

".....everyone expects nurses/midwives to be these quiet, middle-of-the-road people with neat, plain hair and no tattoos. It's not realistic You hear about women being suspended for having red hair, or not getting the job due to a visible tattoo. It's a bad public perception to have as it pushes people out of the career when they don't conform to this clone-like robotic perception of what off-duty nurses/midwives are." R106

There was also a suggestion that these ideals would create a homogenous group of professionals, which wasn't beneficial for the profession.

7.4.2 Hair colour

Dying of hair in colours that are not natural was considered by most students to have little impact on the demonstration of GC. The degree and variety of colours did not appear to influence this opinion. This suggests a much greater acceptance of diversity in terms of appearance in relation to hair colour.



However, a small proportion of student midwives regarded the Mohican hairstyle as having a greater impact on the ability to demonstrate GC. The reasons behind this cannot be clarified due to the nature of the survey but the potential association of Mohicans with punk cultures and therefore anarchism, rebellion and (Simonelli, 2002) could be one potential reason.

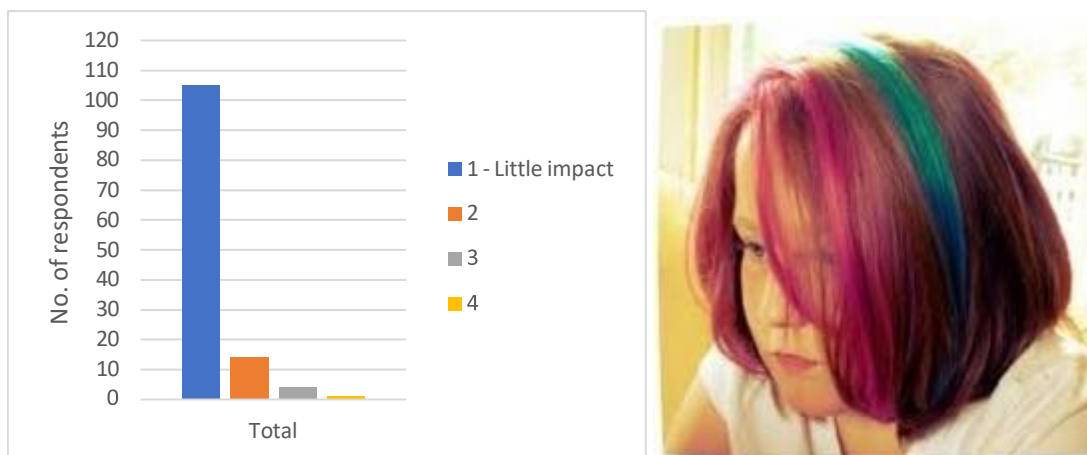


Figure 74 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

105 (85%) students perceived this image to have little impact and no students felt the image would have a large impact (5) on the ability to demonstrate GC (figure 74).

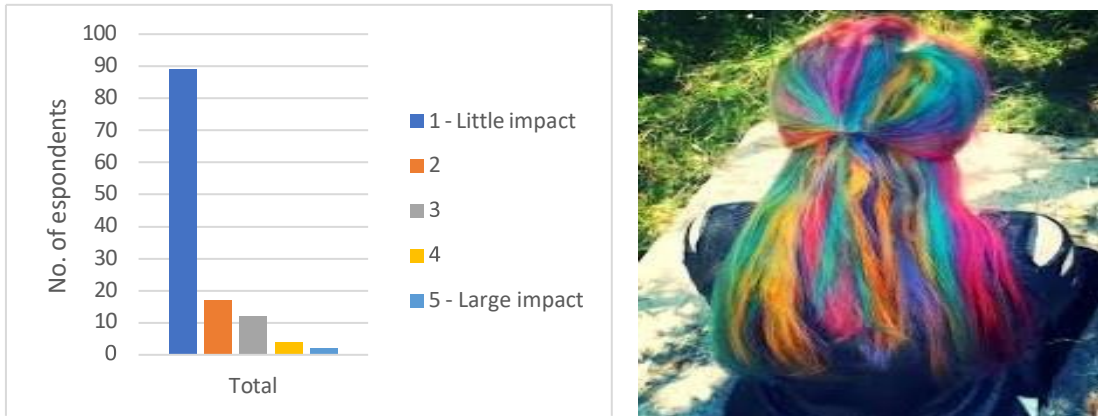


Figure 75 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

89 (72%) of students identified Likert 1 or 2, therefore the majority perceived the image to have little impact on GC (figure 75). The two respondents that felt it would have a large impact on demonstrating GC were both in year one of their training but were in age groups 26 - 30 and 31 - 35 and polar categories 1 and 2.

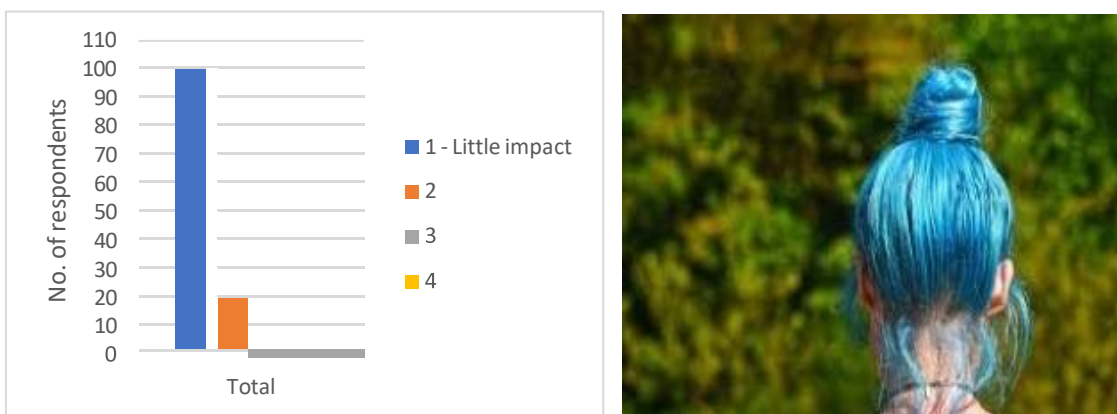


Figure 76 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

99 (80%) students felt this image had little impact on demonstrating GC. No students selected Likert 5, and therefore the image was not seen to have a large impact on demonstrating GC (figure 76).



Figure 77 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

71 (57%) students felt the image had little impact on demonstrating GC, whilst off-duty. 25 (20%) stated it had a moderate impact (Likert 3) (figure 77). None stated it would have a large impact but 14 (11%) marked 4 on the Likert suggesting they felt it would have an impact. Compared to the other figures which contained images of 'coloured hair', this image had more respondents who perceived that it may impact the demonstration of GC.

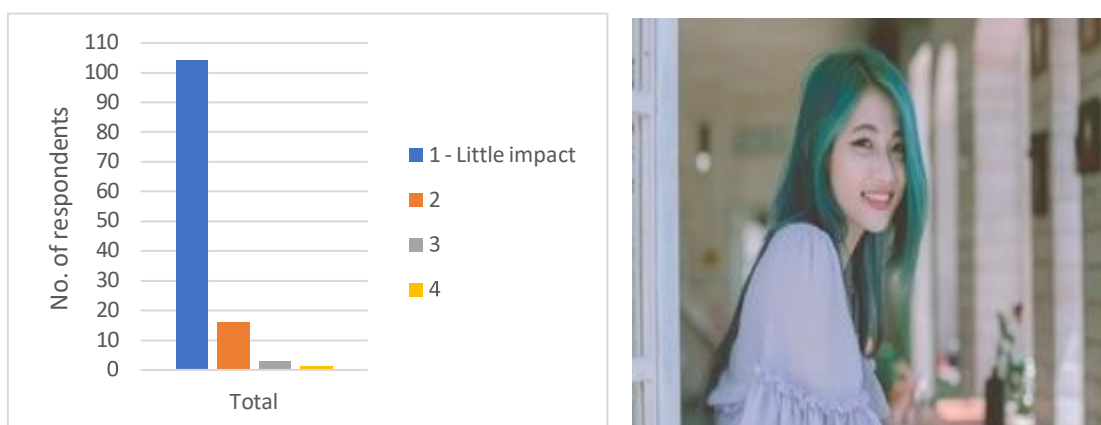


Figure 78 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

104 (84%) students identified the image as having little impact on the demonstration of GC.

None felt there would be a large impact (figure 78).

7.4.3 Attire

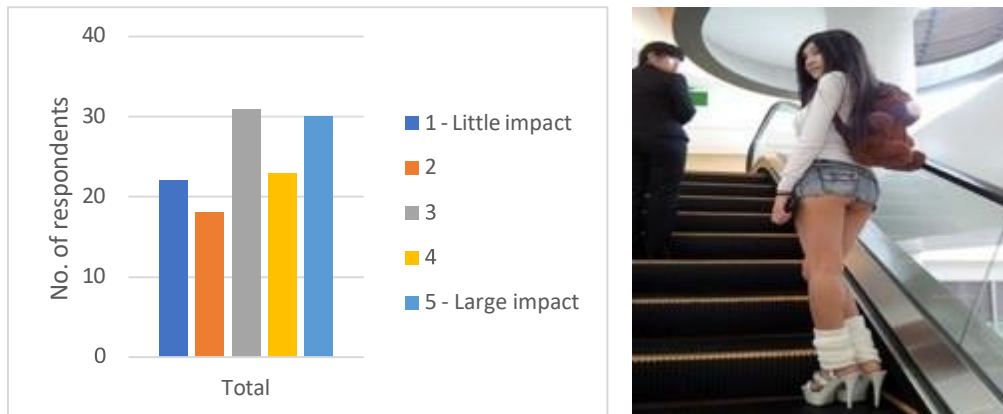


Figure 79 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

53 (42.7%) students felt the image had a large impact on demonstrating GC whilst off-duty (4 or 5 Likert scale) (figure 79). What they viewed as impacting the demonstration of GC within the image cannot be ascertained from the survey data. One potential influence could be general societal opinions regarding immodest appearance. A moderate impact (Likert 3) was identified by 31 (25%) students, whether there is uncertainty regarding the impact on GC or they view it as neither a little nor a large impact, or both is unclear. From this, it could be suggested that social and cultural acceptance of appearance is similar across the student respondents.

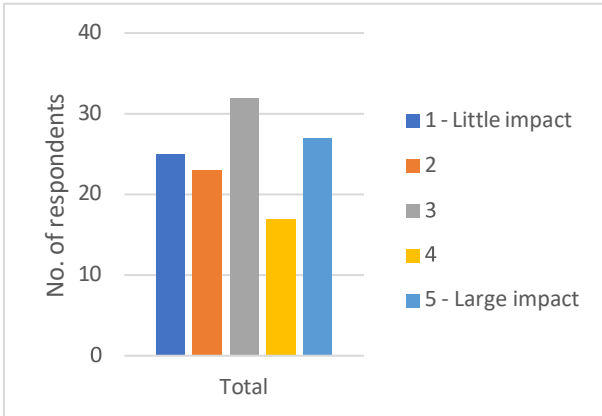


Figure 80 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

32 (26%) students stated a moderate impact (Likert 3), however, response rates across the other Likert scales (bar 4) were relatively similar, with only slightly more (38.7% versus 35.5%) perceiving it had little impact on the demonstration of GC (figure 80). The causation for this difference cannot be established. However, no underwear or body parts with a perceived sexual connotation are visible which may be why the appearance in this image is considered to have less impact than that in figure 82.

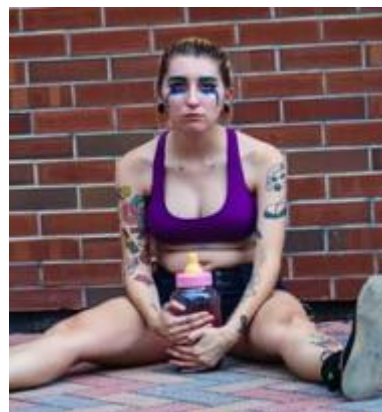
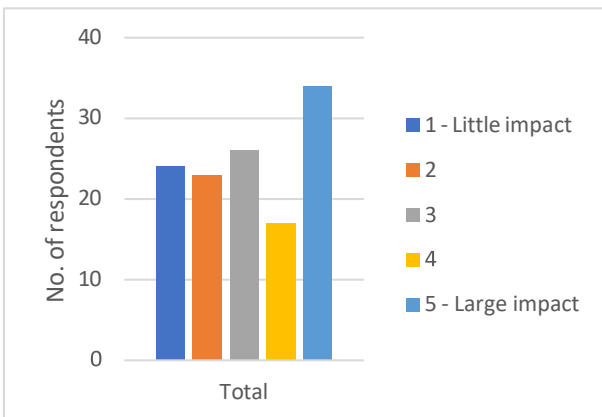


Figure 81 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

34 (27%) students felt his image had a large impact on demonstrating GC (Likert 5), compared to 47 (38%) that felt it had little impact (Likert 1 and 2). With no differences of

note across age groups, the year of training or polar 4 groups (figure 81). Multiple factors could have influenced opinions regarding this image. The additional tattoos could be an influence but given the responses to images containing tattoos, this would not seem to be congruent with opinions regarding tattoos. Appearance and demeanour could be contributory factors. Where a happy demeanour in figure 70 may have had a positive influence on opinion, a more sombre demeanour may have had a negative influence on opinions. Another possibility is the large baby's bottle, that is contained within the image. As student midwives with a health promotion role as part of the profession, they may have felt the depiction supporting formula or bottle feeding rather than breastfeeding was a contradiction to the role and therefore because their actions in their private life are visible to the public it could impact on the demonstration of GC.

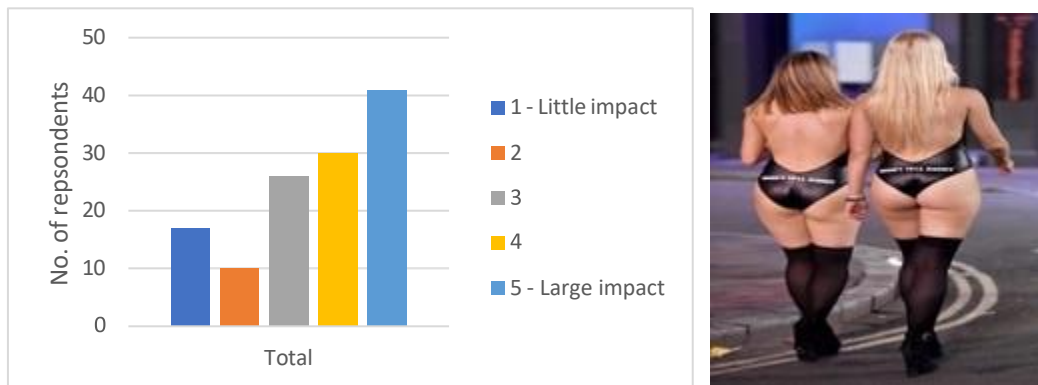


Figure 82 How do you think this image impacts upon your perception of the person's ability to demonstrate GC?

71 (57%) students stated the image had a large impact (figure 82). A decrease in impact from large to little impact was evident in responses regarding this image, as only 27 students (22%) choose Likert 1 or 2. 26 students (21%) stated it had a moderate impact (Likert 3). The context of being on a street rather than wearing a leotard in a gym may influence respondents' views regarding the appearance of the women in the image. In

addition, the sexualisation of certain items of clothing (stockings) may be another factor which influences opinions on the images impact on demonstration of GC. This could imply that students' perceive that student midwives should not be associated with a sexy image, this could reflect societal norms of healthcare professionals being viewed as 'angels and saints' and therefore representation of the profession could be affected by participating in such behaviours in a public domain.

7.5 Views and influences on GC

This section of findings explored students' opinions of the requirement to demonstrate GC whilst off-duty and whether any social or cultural factors influenced their views but also how they implemented the requirement into their own lives.

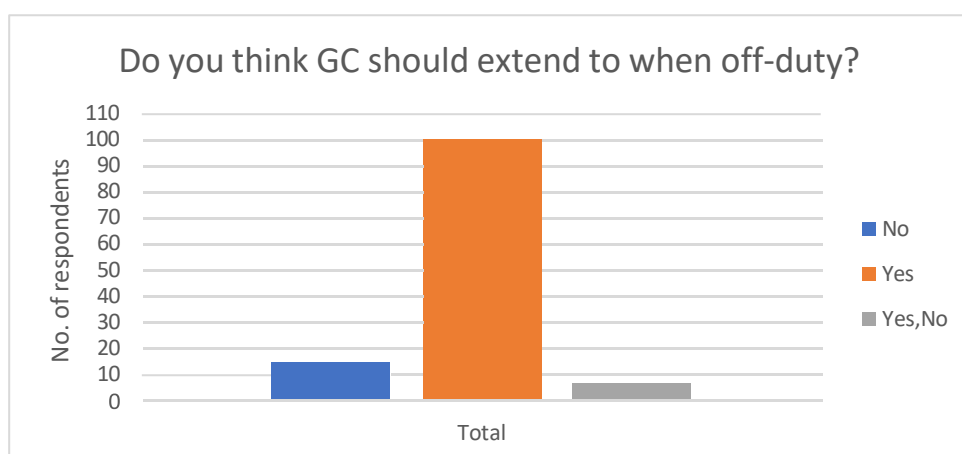


Figure 83 Do you think GC should extend to off-duty?

Whilst 102 (82%) stated that GC should extend to when individuals are off-duty, 15 (12%) stated no and seven (6%) students choose both yes and no (figure 83). There were 92 qualitative responses.

Many students provided reasons why they believed GC should extend to off-duty periods. Several mentioned representing the profession in a positive manner but also identified why potential behaviours, values and actions may impact when on-duty.

“As annoying as it may feel sometimes to have your life 'governed' by the degree/profession I feel it is really important to act in a manner that portrays midwives in a good light. I personally would not want to be cared for by a midwife who drinks to excess regularly, argues in public or enters into physical altercations.” R1

This suggests many students comprehended the potential links and crossovers between their personal and professional life.

However, qualitative comments suggested students felt there were limits or boundaries to how far the requirement of GC should extend into their off-duty life. There were some clarifications on appearances, values and behaviours students felt should not impact the demonstration of GC.

“Yes to an extent. Otherwise you are not (your name) you are just a midwife here to serve a purpose with no life themselves. You can still maintain good character but also have a drink and coloured hair and expresses your individuality with things such as tattoos” R54

This seems to suggest an idea that students perceive there are some limits but not if it affects them personally, for example, they viewed tattoos as acceptable because they had one personally.

15 (12%) students stated 'No', GC should not extend to their off-duty life (figure 102). The qualitative comments reflected a belief that their private life was separate from their professional life.

'What happens when I'm off the clock should be my own responsibility as long as it does not affect my ability to work in a safe manner.' R107

Suggesting conduct which occurs when off-duty has no direct correlation to their work. However, it is difficult to determine if this is because they viewed their off-duty conduct to meet the requirements of GC and therefore the need to have this governed by the profession was not required. Alternatively, was this because they truly perceive on and off-duty life to have no crossover.

One student suggested the requirement of GC resulted in a loss of personality which could lead to the public seeing the profession as superior and unapproachable.

"Student midwives are entitled to have lives as much as the general population, extending this 'good character' ideology strips people of their personality and generalisation to the general public, it makes us appear like robots, unapproachable and as if we are better than others." R95

If this is how the public perceives student midwives and possibly qualified midwives, this could have consequences for on-duty relationships with women.

Several students suggested that they perceived an inability to discuss their personal opinions when off-duty and this was seen as unacceptable that they should have a right to do this just like other human beings.

“Everyone is allowed to have a personal life, we don't have to be these uniform, non-opinionated professionals off-duty.” R105

“I think we should sustain good character and not be inappropriate outside of work. However midwives are humans and should be allowed to go out and have fun as well as speak about their opinions on social media as long as not racist, breaking confidentiality or inappropriate.” R46

The ability to explore open comments in questionnaires is limited. Therefore, this was an area that was explored further within the interviews.

7.5.1 Public perceptions and influences

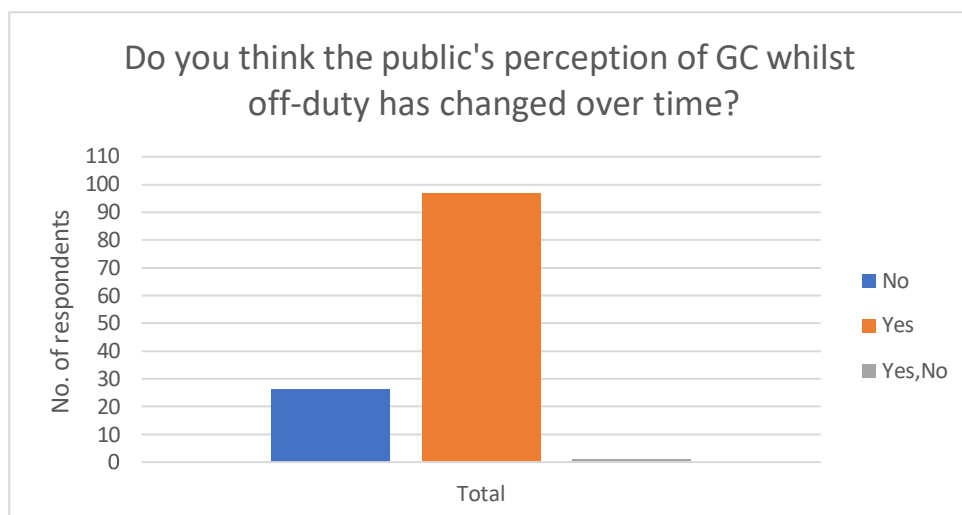


Figure 84 Do you think the public's perception of GC whilst off-duty has changed over time?

124 responses, 97 (78%) students felt the public's perception of GC whilst off-duty had altered over time. 1 student chose yes and no (figure 84). There were 83 qualitative responses provided. Some students perceived the public held an image of midwives as always being well-behaved individuals. Terms used by students to describe the public's perception included angels and saints.

"I think people tend to view midwives in a fairly traditional manner and expect rather angelic behaviour."

R76

"I feel the public expect us to be complete saints and live and breathe midwifery however we are all human!"

R115

Being seen as angels and saints felt like an unrealistic expectation for several students and affected their ability to lead a normal life.

"I feel that some public perceptions of good character whilst off-duty are unrealistic and do not allow students/professionals to live a 'normal' life. R1

It is not possible to clarify how or why they perceived the public expectations in relation to demonstrating GC whilst off-duty impacted on their inability to live what they considered a normal life and therefore this was an area that was considered within the interviews.

Many students felt that the societal expectations of certain behaviours, for example, alcohol, had changed generally. Some implied this was a generational change and

therefore certain generations may perceive participating in such activities as more acceptable for students.

“I think social behaviour such as alcohol and drugs have become more socially accepted” R84

“Potentially, I think gen x and gen Y are more like work hard and play hard kind of people who work to live and this is possibly reflected in the public being more understanding of ‘poor behaviour’ of professionals outside of work” R40

Some students’ suggested this acceptability was because the public had a greater understanding of the stresses related to the role and subsequently needed to relax and enjoy themselves when off-duty and therefore made allowances for behaviours that may not meet the requirements of GC.

“I think the general public understand the pressure of being a health care professional and encourage professionals to relax and enjoy themselves whilst off work and not worry about conveying good character when off duty” R71

7.5.2 Family and upbringings

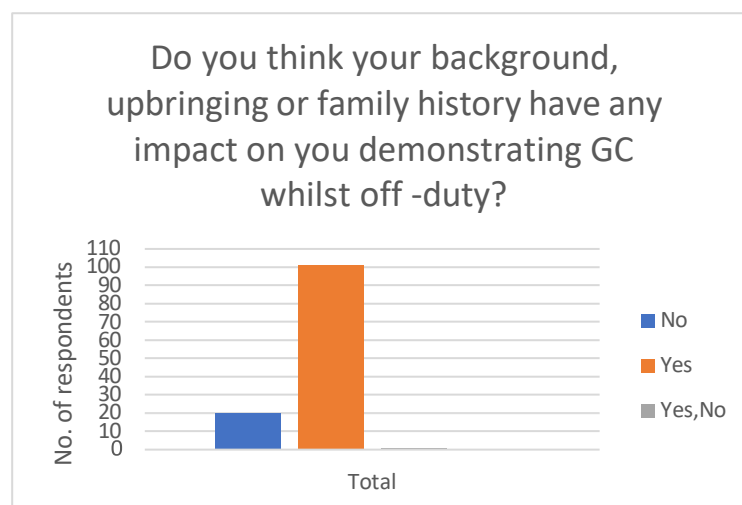


Figure 85 Do you think your background, upbringing or family history have any impact on you demonstrating GC whilst off -duty?

101 (81%) students stated 'yes', they thought their background, upbringing and family history may impact how they demonstrate GC whilst off-duty. 1 person chose yes and no (figure 85). 78 students gave qualitative comments.

Many of the qualitative comments reflected the view that a person's background, upbringing, or family history impacted the demonstration of GC whilst off-duty.

'I have been brought up to behave in public and although I have not always shown good character in public my upbringing has taught me why it is important' R122

Clarifying this was because people learn what society's expectations are through the teachings of their families and social world as they grow up.

Many students identified that knowledge and expression of GC had been because of their upbringing and the influence of their parents. A few students inferred that having parents who were professionals had resulted in greater awareness of the requirements of the profession outside of the workplace and maintenance of GC before they became a student.

"Both my parents are professionals, so I feel like maintaining good character is something I have been brought up with rather than something I am learning now as a part of this course" R54

Some students identified that expectations can be subjective and vary between families, which could result in a very different set of norms for that individual.

“Yes because if you have a family that like to drink, do drugs etc that could be your "norm"” R114

Some students commented that whilst upbringing may impact GC there was a potential to change or be different. Suggesting that GC can be learnt or developed.

“it provides a good foundation not always because some people may have come from terrible homes but a good upbringing will usually have instilled good character” R99

Age appeared to influence participation in behaviours that students felt did not reflect GC. Several students commented that when younger their behaviours may not have always been considered appropriate or aligned with that of their families. A few students identified that minor transgressions when younger should not be viewed negatively as this did not impact how they demonstrated GC now.

“This is a difficult question, I have ticked yes because I was brought up with a certain level of expectations of my own and others behaviours, what is and is not acceptable. However, that’s not to say when I was younger I didn’t over step this at times (e.g. when drunk in my teens). Also not to say that some people who have certain upbringing or backgrounds will not have a good set of moral values and good character either...”

“R2

Suggesting that GC is developed, and that age and life experiences may influence the demonstration of GC whilst off-duty.

This impact of age and prior transgression on demonstrating GC was explored further within the interviews.

7.5.3 Impact on relationships with family and friends.

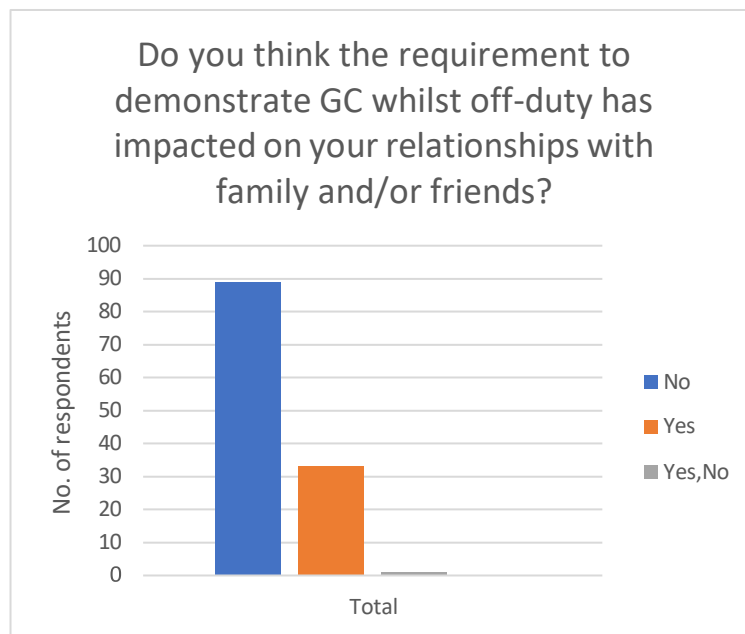


Figure 86 Do you think the requirement to demonstrate GC whilst off-duty has impacted on your relationships with family and/or friends?

89 (72%) students felt the requirement had not impacted their relationships with friends and families, whereas 33 (27%) stated it had impacted their relationships with friends and families. 1 person selected yes, and no. 60 qualitative responses were provided (figure 86). For the majority that choose no, the open comments suggested this was because they felt their behaviours and values hadn't changed and their family and friends had similar views and behaviours as their own. However, some students commented they could see

how this could be a potential issue if there was a misalignment in views and behaviours they deemed as GC.

“I can see how this could happen though as you may feel others behaviour impacts on how you are perceived too.” R2

The responsibility and accountability students associated with being part of the profession had in a few cases, resulted in changes to friendships and family relationships. It was suggested, if a person’s family norms did not correlate with that of the profession, a dissonance may occur for that student and may result in a need to ‘distance’ oneself from family, such a situation could be very distressing and challenging for students.

“Background can influence your personal behaviour, however, many people are completely different to their family members. I think if your family is not demonstrating good behaviours, for example, violence, stealing, then you’ll have to distance yourself from them”. R26

In cases where students perceived this requirement had resulted in them ‘distancing’ themselves from certain people or friends. How they have achieved this separation or distancing isn’t specified. Whilst for some students this appears to be viewed as a positive action the implications of this on their emotional or psychological well-being now or in the future is less clear.

“Yes I have distanced myself away from family who can disrupt my life, away from friends who will make a negative impact on my mental health” etc. R12

“As I said above about professionals taking drugs, I no longer socialise with these people because I don’t want to be around that environment.” R27

7.5.4 Current circumstances

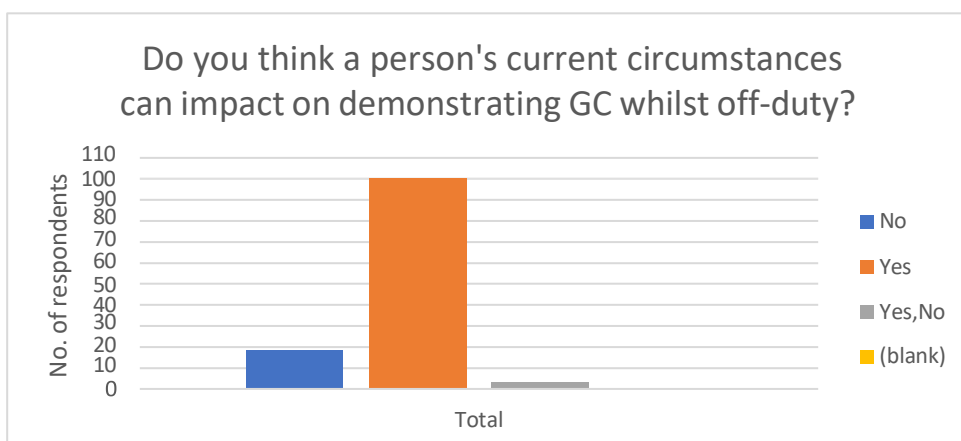


Figure 87 Do you think a person's current circumstances can impact on demonstrating GC whilst off-duty?

100 (81%) students stated 'yes' to a person's current circumstances could impact the demonstration of GC when off-duty. 3 people chose yes and no (figure 87). 69 qualitative responses were provided.

Several students identified the impact of a person's social circle on the actions and behaviours individuals participate in.

"People will often behave as their friends do, and say the social circles they moving might affect how they behave of duty, and what evidence of that behaviour is publicly available, for example on social media" R93

Therefore, the impact of peer pressure was identified as a potential influence on demonstrating GC.

Many students identified financial, mental health issues, grief and family problems as social circumstances that could impact a person's behaviours and decisions which may impact the demonstration of GC whilst off-duty.

"Definitely. There are so many hardships amongst midwives and student midwives, family trouble, relationship breakdown, immense financial trouble and burdens, extreme burn out etc This is of course going to impact the things you are doing and the character you are displaying off duty" R40

"Certain family/ relationship situations may cause public fighting/arguing or over social media which isn't really appropriate." R46

Some students felt that because a person's core values and beliefs are integral, behaviours and actions would not be impacted by their social circumstances.

"Stereotypically however, if you are from a lower social background you may have more struggles and home that could make it hard to maintain the professional/ good character front." R54

However, there were discrepancies in opinions regarding the impact social circumstances may have on demonstrating GC and this was explored further in the interviews.

7.6 Chapter Summary

The excitement at seeing that the questionnaire was being completed was initially slightly marred by the final number of respondents. However, this was overshadowed by the extent and depth of the qualitative responses, which was unexpected and resulted in greater complexity during the data analysis stage (see section 5.1). It also created challenges in how

to present the findings within this chapter, to ensure a cohesive discussion that reflected the massive amount of data, took far longer than anticipated. The findings from the survey achieved the initial aims of scoping the phenomena and aiding the preparation of an interview schedule.

The findings of the survey demonstrated some key opinions and views regarding what behaviours and actions student midwives considered did or did not demonstrate GC when off-duty. There was a perception that GC was something innate but also that it could be learned and developed, how or where this was learnt couldn't be clarified but students did suggest that family and social life could influence it. Some students also perceived that if behaviours in their personal life did not come into the public arena, then it would not affect their professional role. However, there was also a sense that they felt degrees of morality over certain behaviours and actions, for example when sex work was contextualised to a friend who was doing it to survive, it became more acceptable and whilst they might not personally participate in such work, they could justify it. Also, appearance, tattoos and dyed hair colour had little impact on GC, suggesting a normalisation process that may be influenced by students own habitus. On occasions, students seemed to use discursive buffers to deflect their views and opinions which they felt may not be 'correct'.

The wealth of data provided, suggests students found the topic interesting and worthy of giving their time and effort to. I am incredibly grateful and indebted to those who

completed the survey with such enthusiasm that it reinforced my own passion for the topic.

The next chapter will explore the findings from the interviews.

8.0 Interview findings

This chapter presents the findings from the analysis of the interviews obtained as part of the study. Firstly, the demographics of the interview participants will be discussed and then each theme will be presented and explored consecutively. A visual representation of the themes will appear first, and key elements of each will be analysed, with a subsequent discussion of the findings that supports how the themes developed from the research data. Next, each category will be defined and explored, and the discussion will then relate to the content and relationship between the categories and the codes. Illustrative quotes will be utilised to corroborate the researcher's interpretation of the participants' meanings as part of the double hermeneutic analysis (see section 3.3.4). Additionally, this detail will support transparency of the analysis of the interviews and the conclusions that have been drawn, to demonstrate the trustworthiness, credibility, and potential transferability of the study's findings, as discussed in chapter 8 (Lincoln & Guba, 1985). The chapter will close with a summary of the key points and reiterate any conclusions that have been discussed in the chapter.

8.1 Interview participant demographics

180 students could have volunteered to participate in the interviews. The mean average age was 27.1 years (figure 88). The mean age of the midwifery students who could have participated in the interviews was 25.1 years and therefore the interview sample was reflective of the potential sample, except for students in the 40-60 years of age categories

(figure 89). This may be partially reflective of the lesser number of year-one students' who participated in the interviews (figure 90). This may not reflect the age diversity on the student midwife population nationally. But with no published data regarding the demographics of students in a midwifery programme, it is difficult to compare. There was an even spread across the Polar 4 categories (1 student didn't know her postcode aged 16 and therefore polar 4 category wasn't applied) (figure 91).

Range											Mean
Age	19	22	26	26	27	27	27	29	31	37	27.1

Figure 88 Age range on interviewees

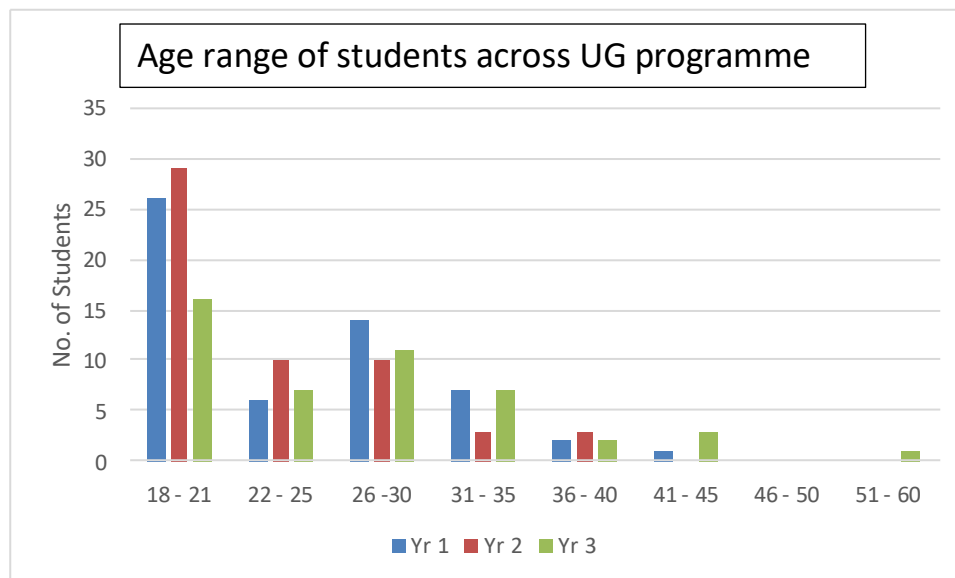


Figure 89 Age range of students on the UG programme sample was taken from

Year of training	1	2	3
Frequency	1	4	5

Figure 90 Year of training for interviewees

Polar 4	1	2	3	4	5
Frequency	1	2	2	3	2

Figure 91 Polar 4 categories of interviewees

Despite repeated attempts to recruit year one students, only one volunteered. This does not reflect the number of year-1 students' that could have participated. Whilst it may have been beneficial to see if there were any variations in views and opinions of those who were newer to the programme, the survey data contained more (39%) respondents from the first year of their programme and therefore should reflect any similarities or differences that year of training may have on their views and opinions, which underpinned the two key themes that were developed.

Two key themes developed from the interviews regarding student midwives' experiences and views on the requirement to demonstrate good character (GC) whilst off-duty (figure 92). The first theme, *foundations of good character*, evolved from the categories which used students' descriptions of what they considered as the 'elements of good character' and 'what influenced their views and opinions of good character' (see figure 93). The second theme, *becoming a professional*, resulted from the categories, where students suggested midwifery was 'more than just a job' and as part of becoming a midwife they identified the category of 'transition' which identified how students implemented the requirement of GC when off-duty into their life (see figure 94).

These two themes represent the journey the student participants of this study experience regarding the requirement to implement GC into their off-duty life. Some students, but not all, inferred they already possessed the foundational elements of GC on the commencement of their midwifery programme. However, other students discussed the need to learn about the requirement and had varying degrees of transition when incorporating the requirement into their off-duty life.

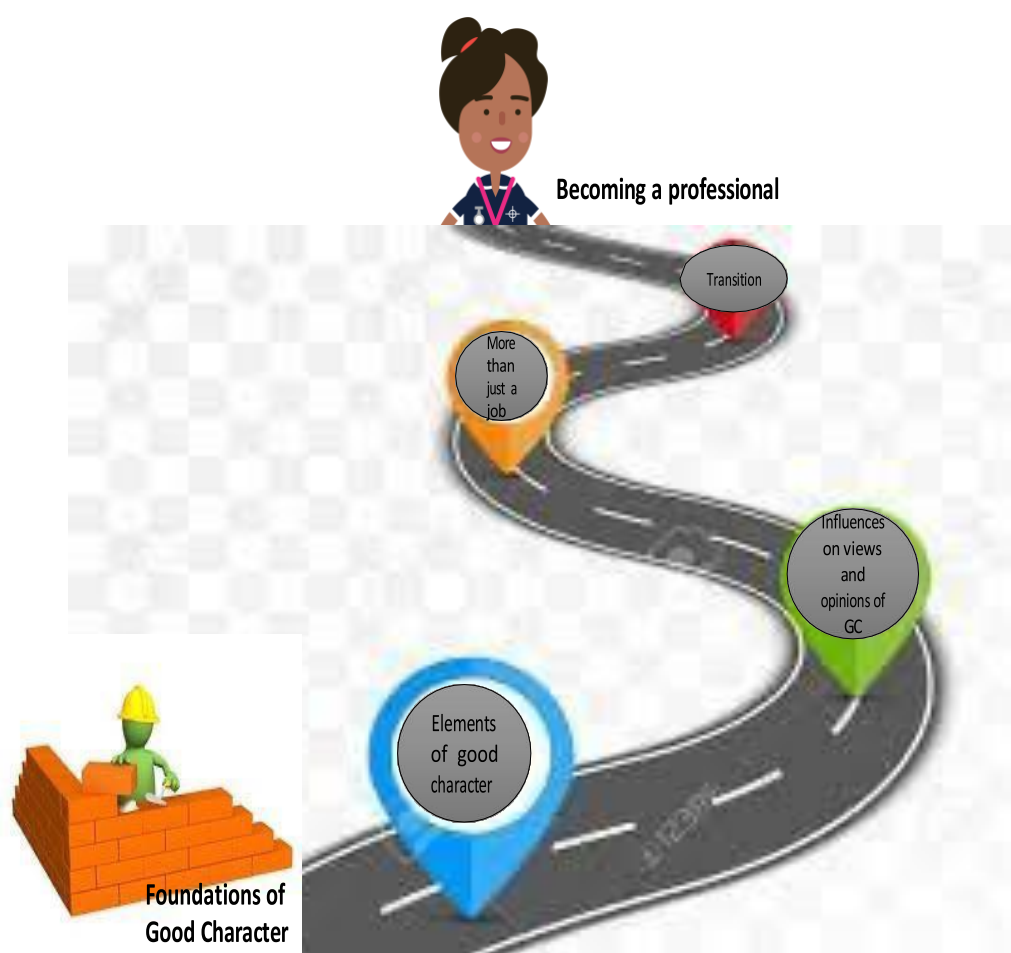


Figure 92 Overview of interview findings

8.2 Theme 1 - Foundations of Good Character

The theme 'Foundations of GC' developed because of students' views that GC is a foundational standard and expectation for the midwifery profession.

P4 – "I think it, I think if you're going to do, be a midwife and do that role, you should know that that you have to have that good character that should - I think that's part of the bread and butter. It's you know, standard, you expect it to be like that anyway."

Students expressed that the foundations of GC consisted of a variety of elements that they perceived reflected GC whilst off-duty and some which did not. These elements provided a picture of how students defined and understood the concept as a part of their off-duty life. Students then discussed and identified how and what had influenced their demonstration of GC and their views and opinions on the subject. Therefore, students' responses illuminated the foundational elements and influences of and on GC.

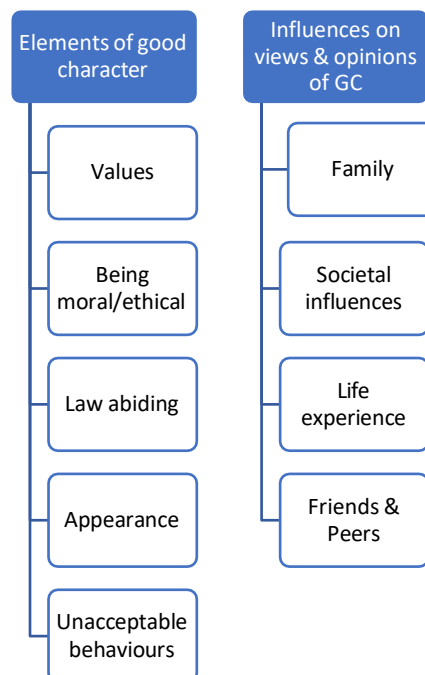


Figure 93 Theme 1 Categories & Codes

8.2.1 – Category 1 - Elements of Good Character

This category consisted of the foundational elements students associated with the definition and demonstration of GC. These foundational elements related to a range of values, attitudes, and behaviours students considered did or did not reflect GC whilst off-duty.

P2 - “to not show elements of character that might be, you know, prejudice or offensive.”

This implies that students associate GC with what it means to be a professional, which consists of elements that are above and beyond what is expected of the public. However, some students suggested the variety and individualism that occurs between professionals may result in the elements that constitute GC being expressed differently or in differing degrees.

P8 – “-I think good character is probably a good phrase, because it can span a lot of a lot of people and a lot of personalities.But they're so different.....it will never be a cookie cutter, one size fits all characteristics...”

8.2.1.a. Code - Values

Values can refer to a multitude of beliefs, opinions, and attitudes relating to religion, morality, and cultural or ideological standpoints (Banks, 2012). The Department for Health (DoH, 2012) uses the terms ‘values and behaviour’ to describe core characteristics, such as care, compassion, and courage within the 6C’s framework, despite these not being principles or beliefs (Baillie, 2015a). Therefore, the umbrella code of ‘values’ was applied as

it incorporated characteristic values and behaviours that students suggested were reflective of GC for those inhabiting the role of a midwife or student midwife.

P2 – “Well, I think I think it's about upholding the values that are placed on you in such a position.”

Most students amalgamated principles that are expressed within the NMC code (2018), NHS constitution (DoH, 2021) and 6C's framework (DoH, 2012) and used the language of these documents to provide descriptors of behaviours and values that they felt would reflect GC.

P5 – “Things that would demonstrate good characters, just things like being kind to people, such as like the six constitution 6 C's thing, and sort of things....”.

In addition to these descriptors, students frequently stated, being kind, caring, compassionate, respectful, trustworthy, lawful, and non-judgmental as values they considered to be foundational elements of GC. Students demonstrated awareness of the impact their values may have on their actions and interactions with others, whether on or off-duty.

P4 – “Good character for me is.....well, not doing things that would be perceived as being really negative to other people. Sort of anything violent or malicious...”.

Most students considered these values to be integral elements to their character, which guided and underpinned their actions in all aspects of their life. These values were considered essential for individuals undertaking the role of a midwife.

P7 – “I think it's just as much a reflection of the kind of person you are and someone who wants to go into health care. I don't - I think it would be to, it wouldn't work if you were a person of bad character, who didn't

care about people and who was sort of selfish and behaved in a really negative way that didn't contribute to society, I don't think you could be that person, and then go into midwifery. I just don't really see how that would happen."

Therefore, they perceived anyone who didn't have these values, wouldn't want to work in such professions. Consequently, anyone entering the profession would possess these values from the outset because it was something that should run through a person and be reflected in everything they did.

The students in this study considered values to be an integral aspect of the elements of good character.

8.2.1.b. Code - Being moral/ethical

The terms morality and ethics are used interchangeably, they relate to standards of conduct considered good or bad, right, or wrong (Cohen & Morse, 2014). This code developed from students' stating being ethical and/or moral was a foundational element of demonstrating GC whilst off-duty.

P5 "...It's more your behaviour towards people, your ethics. As well as things like social media it's all them sort of things all paint a picture about you."

Students suggested that demonstrating moral and ethical behaviour towards others, was by being a good citizen, contributing to society, doing what society would consider the 'right thing' and who improved or didn't negatively impact the lives of others.

P1 – “being a good citizen, not getting noise disturbance complaints from your neighbours, not being seen to be going out and kind of - it sounds peculiar, like making a scene.”

Being a good citizen was also expressed through the ethical and moral behaviour of altruism. Descriptions, such as, stopping and helping people in need, were identified as actions that were altruistic and reflected GC whilst off-duty.

P3 – “good character would - it requires you to do, what society would deem the right thingshowing a good judge of character. I mean, if, say, if someone was to need help in the street, then stopping and helping.”

Such examples of ethical and moral conduct, need to be consistent, not influenced by ‘being seen’ or because people were aware of their profession, according to most students. This was because they associated moral and ethical conduct with being authentic and true individuals, whether at work, home, or socialising.

P5 – “ I would say that your conduct isn't just about what you're doing in front of people. It's like what you're doing behind the scenes to. How your attitude is with people when you're being watched, but also when you're not being watched.”

This idea of consistent ethical and moral conduct resulted in students suggesting that people cannot act or pretend to have GC. Role morality suggests that people alter their moral or ethical conduct based on the role they are inhabiting (Leavitt et al, 2012). This evokes an idea of *being* of GC rather than *doing* GC, that it cannot be switched ‘on’ or ‘off’, that it is who a person is, rather than an added extra. Students felt that if professionals were ‘acting’ GC eventually this would be difficult to maintain and would become apparent.

P8 – “Like, I think if you're constantly trying to be somebody or not, or acting some sort of like somebody different, you're going to burn yourself out, or it's going to kind of bleed through into different aspects of your life.”

Ethical and moral conduct was therefore seen as something integral, which should reflect them being a good citizen within society because of the role they are representing and therefore was considered a foundational element of GC whilst off-duty.

8.2.1.c. Code – Law-abiding

Another foundational element considered important for GC whilst off-duty was being law-abiding, which students defined as not undertaking activities or actions that would be considered illegal, all students deemed this important, in the initial interviews.

P7 – “I think it's following the law and not doing anything illegal.”

In addition, most students identified participation in illegal behaviours whilst off-duty, would impact professional life and practice. They observed, that if a person could participate in conduct that wasn't law-abiding then there was potential for actions at work to be similarly inappropriate or unlawful.

P3 – “if you were willing to do something illegal in your personal life, would you be willing to do something illegal in your professional life?”

Thus, the person would not be trustworthy, a value previously suggested as a foundational element. However, the situation or degree of illegality appeared to sway opinions on the

extent illegal behaviours impacted the demonstration of GC. In the affirmation meetings, P7 and P10 suggested that some behaviours may be more acceptable than others.

Notes from summation meeting with P10 - "there are almost 'soft illegal activities' that were acceptable and who is to say smoking weed whilst off-duty is any less serious than drinking alcohol till 2am and then going on shift at 7am".

These students appear to be implying these activities both have the same impact on behaviours and actions, but one is deemed legal and the other illegal, so it is the impact or outcome that's important, rather than the behaviour itself. This infers that this issue is more nuanced and not as black and white as they had implied in the initial interviews. Therefore, despite students initially appearing confident in suggesting that being law-abiding was an essential element of GC when contextualised or explored further, many students began to appear less certain whether everything considered illegal would impact on the demonstration of GC whilst off-duty.

In addition, it was suggested people who may have done illegal things, could still reflect the essential elements and values reflective of GC, whereas people who had never broken the law may not.

Notes from summation meeting with P7 - "I don't know.....I know many law-abiding people who are totally unpleasant people and I know others that may have done illegal things but would do anything to help a person and who are so kind. It's not as black and white as legal or illegal".

Therefore, whilst most students considered being law-abiding, was an essential element for demonstrating GC whilst off-duty, some suggested that participation in some illegal activities may not always impact the demonstration of GC whilst off-duty.

8.2.1.d. Code - Appearance

Another element that students discussed in terms of demonstrating GC whilst off-duty, was appearance.

P9 – “I don't think it should be a requirement.... but I think that appearance is a big thing for a lot of a lot of people”

The rationale suggested for this was the impact of appearance on people's first impressions and how others viewed their character. Specific issues raised relating to appearance included hair colour, tattoos, and piercings.

P8 – “I think it can impact how others perceive your character..... I think it, it does make people who have brightly coloured hair and tattoos have to work harder to gain that respect as it were”.

Many students perceived appearance should not impact the demonstration of GC whilst off-duty but suggested that society's idealistic perceptions of midwives influenced views and opinions on appearance. This was particularly related to societal perceptions regarding females' appearance.

P3 – “I suppose people always comment on how women dress. And they're always going to, especially, you know, young women who just maybe have just started University who potentially could be a student midwife.”

This could suggest that there is a difference in society's perceptions of students' and midwives' appearance compared to the public (or in this case other university students). Whether male healthcare professionals feel the same requirements regarding their appearance cannot be determined given that all students interviewed were female.

Despite this, several students had changed their hair colour on commencing or during their programme. One student expressed frustration at the idea that she could not determine her appearance because of her chosen profession.

P1 – "I haven't been able to dye my hair since I started this degree. And that seems like a small thing. But it's the way I used to express myself that made me happy. And that's something that I've had to give up, to be able to do my job. And I think it's a shame that people have to give up parts of themselves for this career when they give up so much anyway."

Rationales for this related to not being allowed dyed hair that was unnatural colours on placement, which therefore impacted their ability to dye their hair when off-duty.

However, students recognised immodest or revealing clothing may impact people's perceptions of their GC, especially if their profession were known.

P8 – "then I mean, you think about things like modesty as well. And I think, I guess if if someone's come across like a nurse or midwives, Instagram page where they've, like, got their boobs out, or whatever it is, it's not... It shouldn't be that way.....but I think it it does and it probably always will have an impact on how people perceive someone's character."

This would align with the findings of the survey in relation to series 4 pictures (section 9.4), where stages of undress or clothing that had any sexual connotations appeared to have a larger impact on demonstrating GC. However, in the survey, most students suggested tattoos had little impact on demonstrating GC whilst off-duty (section 8.4.1). This was explored further in the interviews. Tattoos which had symbols, such as swastikas, or those linked with gangs or killings, were cited as inappropriate. This was because of the associations with gang violence, and racist or homophobic attitudes, which many students had considered inappropriate for the demonstration of GC whilst off-duty.

P4 – “Things like swastikas and lots of Nazi tattoos and things like that, that seems to be being in that particular right-wing sort of community that they want it as a badge of honour. I think there's that sort of thing with trendy tattoos on people's faces and things like that which are teardrops, which I think symbolize people you've killed and things like that. I think sometimes people don't understand the symbolism behind the tattoo.”

This suggests that the presence of a tattoo is not the issue, but rather the content, the potential symbolic nature of some tattoos and whether they reflect illegal or immoral activities which may impact people's perceptions of character on and off-duty.

However, students suggested society's views on appearance relating to tattoos and piercings were evolving and increasingly seen as acceptable for professionals. However, when the tattoos were visible on duty, some considered it did have an impact on how the women may view them.

P6 – “I think that it's definitely a lot more accepted than it once was in society as a whole, never mind just in health care. But there is definitely still some sort of stigma and I don't know exactly what it is, but it definitely does in some people's minds, I can see it, it's like a question of like, oh, my God, my midwife has tattoos or oh my God, she's got pink hair.”

Despite this, several students felt that diversity in appearance should be encouraged, as it promoted the breaking down of stereotypes. This was considered beneficial as it made the profession more accessible to the public.

P7 – “I think it's good to see people like different looking people working in health care, and like in positions of authority and like education, because it would encourage them, like the people that you're working with, whether it be like the women or their children to be like oh just because like my mum's got blue hair doesn't mean that I can't be a midwife, or I can't go on to be a teacher or something. I think it's good to have a spectrum because what you wear really doesn't say a lot about your character.”

However, the breadth of diversity may impact views on what is considered 'acceptable' for students (and midwives) to wear and how appearance may impact the demonstration of GC whilst off-duty.

8.2.1.e. Code - Unacceptable behaviours and views

Students could clearly articulate and identify what they considered unacceptable behaviours and views that reflected GC whilst off-duty.

P6 – “I think it's harder to kind of define what's a good character because there's so many things that can be good.....But I think it's easier probably to say what only personally what I would say was bad.”

Behaviours generally considered unacceptable for demonstrating GC whilst off-duty were drinking, recreational drug use and activities on social media. Opinions or attitudes that were offensive, racist, or homophobic were considered unacceptable.

P2 – “sharing things online negatively about refugees or you know, like, extreme kind of thoughts and behaviours that don't line up with what's acceptable in this country or legal then I think that's completely different.”

These behaviours concurred with those already expressed as being morally or ethically appropriate. Students provided rationales for why they believed such actions and opinions would impact the demonstration of GC.

P6 – “I just don't see how you could be homophobic like, or proud to be like, homophobic or racist, and attend rallies and so on for things like that and then come to work and work with people who are black, Asian, you know, from lots of different backgrounds, lots of different cultures, and be able to work as a team effectively and be able to care for any woman who came at all, regardless of her race or sexuality or beliefs generally....I don't see how I could not cross over in some sort of way.”

These rationales included how others may view their conduct and how if a person could demonstrate such conduct, they may potentially be less likely to demonstrate the core values that were considered important. Additionally, this was often related to how they would be perceived when on duty and the ability to perform their role, this is explored further in the code consequences (see code 8.2.1.c).

However, students acknowledged that when off-duty they still needed to accept responsibility for their conduct.

P7 - I think, like, if you're going out heavy drinking, I think you need to be like, mindful of that behaviour, like, and maybe also how that behaviour is documented, like with things like pictures being taken of you and where those pictures going. And like social media, and how that looks. So, I think, yeah, I think when you're out having a good time, remember that people can still see you and like, you are still responsible for your actions.

Awareness of their actions and how these could be taken out of context via pictures or social media posts was also apparent.

Students were able to articulate a range of values, behaviours and conduct they felt reflected GC and those that did not via the codes within the category describing the elements of good character. Students suggested most of the codes that were contained within the elements of GC were developed and influenced by several factors, such as an individual's family or wider social circle.

8.2.2 – Category 2 - Influences on views and opinions of Good Character

Within this category, students described what had influenced their views and opinions regarding the demonstration of GC whilst off-duty.

P3 – "I feel like from a young age, I've known what's right and what's wrong, or law terms, or what society deems right and what society deems wrong, what my friends think is right and what my friends think is wrong, because again, all of these different communities may think different things. And you being around this community, you know, for a long time may change your perspective on things, which would be different, but which may be different to a different community."

Students strongly suggested the elements of GC were developed in the formative years and influenced by things such as life experiences, society, peers, and family.

8.2.2.a. Code - Family

For many students, the family was the fundamental factor that influenced their understanding of what they considered GC and how they demonstrated their character. There was consistent agreement that the elements of GC were embedded in childhood by members of an individual's family.

P5 – “definitely, everybody's family has some sort of influence on it.....So definitely families especially like, very like mums and dads and things, play a really close part on how you develop that sort of character and that personality you have for yourself, and that sort of sense of what's right, and what's wrong, and so on.”

This familial influence expressed itself via learned behaviour, from parents, older adults, and siblings. In addition, some students suggested their behaviour was influenced by wanting to 'live up' to their parent's expectations, even when they were not with their parents. This suggests the power of parental influence on some students regarding how they behave.

P3 – “But I think the way I've grown up is, I mean, yes, definitely learned behaviour, but it's, it's due to what they've told me, how they've brought me up and how they've taught meI suppose I have been out when my friends have done (that) and I have been embarrassed in the past...when I was younger, I would think, oh, please don't do that. Please don't do that. And I think that was more because I thought I'd get wrong off my mam.”

However, some participants highlighted family influences may have a negative impact upon their views and opinions of GC. They suggested in cases where familial behaviours and values were not congruent with the elements of GC, those individuals may have to make a conscious choice whether to perpetuate their familial influences or to alter their values and behaviours to facilitate becoming a midwife.

P8 – “people from kind of a, well, I mean, a lower socioeconomic background, or people that have come from a background of abuse or just not as nurturing environment, statistically, they're probably more likely to go down the same route and repeat those behaviours.....”

This was further illustrated by one student who discussed her own experiences of her family's lack of understanding relating to demonstrating GC. She discloses the emotional difficulties she had faced because of the misalignment between her family's views of GC and her views because of the professional requirement. She suggests this has resulted in her disengaging and distancing herself from the family network (R12 in the survey also identified distancing self from family).

P10 - No. I am, like the black sheep of my family. So, I'm 100% not like them at all. So maybe they have influenced me, because I've grown up thinking to myself, I don't want to be like them, rather than them influencing me into having the same beliefs, I've grown up and thought to myself, like, I will do anything in my power to not be like you...it's really hard. That's why I basically just deal with it by having as little to do with them as possible.....Because it's not worth the way that it makes me feel to be around that kind of toxic environment and they don't see it as a professional, like requirement.....And yeah, so I just have to sort of distance myself from it... Because they don't like the person that I am now. And I do quite like the person that I've become. And yeah, so it's difficult.”

This student suggests this is balanced by improvements in her opinions of herself. However, she could be downplaying or underestimating the internal conflict and difficulties of the situation (social desirability bias). Especially as family support and relationships are often key to a person's psychological and social well-being (Walen & Lachman, 2000). Therefore, the longer-term impact of breakdowns in family relationships, because of the requirement to demonstrate GC whilst off-duty, may not yet have fully manifested.

The impact of family on knowledge of the elements of good character is clear. However, this impact may not always be positive. Therefore, how students develop and live with the requirement could be more complex for some students.

8.2.2.b. Code - Societal influences

Matthewman, West-Newman & Curtis, (2013, pp xiii) state “Society is outside of us in other people, formal institutions of state, in religion, the economy and so on. It is inside us in language, culture, learned knowledge, beliefs, and values.”. These formal institutions within society, influence who a person is, what they think and how they act. Therefore, societal influences became a code because several students suggested structures, such as religion, had influenced their views and opinions regarding the elements of GC which were the foundation of their demonstration of GC.

P8 – “But then another kind of aspect of it is that I was raised in a Christian home. And so, I think those kinds of characteristics were quite instilled.”

This student appears to be implying that Christian characteristics reflect those identified in the values, and ethical and moral behaviour codes. It has been recognised that social norms and values have often been situated in religious ethical codes (McIntosh, 2003). However, students stated different groups within society, i.e., different religious, ethnic, or social class groups, may contrast in their notions of what these characteristics or elements of GC consist of. Thus, a person’s conduct and attitudes may alter or be influenced by the societal group they inhabit.

P7 – “so especially with the kind of the termination of pregnancies obviously, with my Christian background, that's, I mean, it's been a big talking point for me and XXXX, because he is a Christian as well.”

This suggests that those students with strong religious beliefs recognise how their views may impact their role as a midwife. This also reflected the view, that it could be difficult to demonstrate GC whilst off-duty if a person participated in activities or had views that were not aligned with society's view of what was acceptable for midwives.

P3 – “I think to some people, yes, they may find that difficult, because maybe things that society do deem as inappropriate, they may enjoy doing and they might think, if I've got to stop that, or if someone finds out I'm doing this then I'm not going to be able to be a midwife. Again, it's circumstantial, but yes, I think for some people, it probably is difficult.”

They perceived that certain actions or conduct meant it would be difficult for them to practice as a midwife. Potential rationales for why they thought this, could be due to the idea several students suggested of society holding midwives in high esteem because of the visible and important position they play in society.

P3 – “I think because a student midwife or a midwife is seen as such a professional role. And it is, it's such an important role in society people do look upon it as you know, honourable and an important job..... a high-class role and responsibility.”

However, being held in high esteem resulted in some students perceiving society's view of midwives to be too idealistic, based on media portrayals and historical perceptions of the perfect midwife.

P10 – “I think society have this idea of a perfect midwife, probably someone from 'Call the midwife' kind of appearance.”

In addition, students perceived that the public's expectations of key workers and healthcare staff had increased because of the pandemic. With the rhetoric of heroes and angels ringing in their ears, many students had felt increased pressure to always be 'perfect'. Some acknowledged the difficulties they felt trying to live up to this image.

P1- "I think, midwives, teachers, nurses, we have, especially now with the whole keyworker twist as well, we are held to a higher standard, we are lifted in society to a position above what they expect of us. We are supposed to be kind and compassionate every moment of every day. And I think the weight of that can be tricky. Everybody has bad days, even midwives."

This demonstrates a dichotomy for some students, who wanted to be members of an honourable profession within society, yet also wanting to be a member of society. It also reflects the earlier suggestion that the expectations regarding midwives' behaviour and conduct are greater than the general population (see 8.1.1 – category elements of GC).

P8 – "I think we're still human, and there's still going to be times where we mess up or get things wrong or have one too many drinks and it ends up on social media.... it's quite nice to be able hold onto the kind of angel viewpoint. But yeah, also knowing that we're human as well is important."

Yet, this notion of midwives being authority figures, who hold a greater or higher position in society, than those they cared for, was problematic for some students.

P2 – "it continues to kind of give that impression that midwives are authority figures that they know everything, that they have to do everything right. And actually, I think that's isolating for some women..... And, but but also a lot of women, and particularly from my experience working class women can feel really..... that there's no similarities between them and somebody who behaves that way, in such an untouchable way."

They perceived this notion would impact communication and relationship development between midwives and the women they care for. Many students also felt that being seen as humans who were not always perfect, would be more beneficial for their practice and role.

Thus, many aspects of societal life influenced students' views, opinions, and behaviours regarding the demonstration of GC whilst off-duty.

8.2.2.c. Code - Life experience

Several students reflected on how their behaviours and attitudes had evolved with life experience. Many students suggested this life experience came with increasing age and influenced their understanding and demonstration of the elements of GC.

P2 - Well, I think over time it's you grow up and your personal attitudes change.... And I would be embarrassed even in day to day life, if some of my, you know, some of the things I thought when I was 18 got out now."

This implies, the wider variety and incidence of life experiences a student has, the greater the foundations of GC when commencing the programme.

P9 – "I think in terms of character, I want to say it's something you build throughout your life, not to say that young people have no character at all, I just mean, the more experience that you have."

Students recognised that life experience was not solely the preserve of older students, who may have had more years in which to be exposed to life events. However, this idea of life experience led some older students to suggest, that when younger there is greater participation in social activities, such as clubbing and partying. Activities they considered,

the public may not expect of student midwives and therefore it could be more difficult when younger to navigate the requirements of GC when off-duty.

P9 – “I can imagine that the general public maybe would kind of be a little bit amazed at some of the student midwives, if they went on a night out, etc. Personally, it's University. These people are 18 bless them it's the first time they've been away from home....Thinking about an 18-year-old going to uni that I haven't actually thought of before, I do think that that would be quite hard”

Yet, none of the younger students in the interviews suggested that participating in such activities, impacted their demonstration of GC. Nonetheless, when they did participate if something happened, they felt didn't reflect GC, they distanced themselves from the activity.

P1 – “I have taken steps back from situations where it's like, oh, this is a bit much or..... But it does cross my mind that also it's probably a sensible idea to remove myself from that because if it was seen..”

However, the younger students who were interviewed, suggested they infrequently participated in such activities.

I – “You mentioned something there about like going out and drinking and partying. Is that viewed as inappropriate behaviour then do you think?”

P5 – “Maybe not necessarily, it's just because I don't do it very often...”

This differs from the survey results for younger students in relation to alcohol and being drunk (and therefore participating in such activities) (see section 7.3.5). This reflects the individuality of students' lived experiences of this requirement. Additionally, the influence of social desirability bias and lack of anonymity in the interviews could also be a factor for the differences in these responses.

Several older students suggested they would not have been 'ready' for the responsibilities of being a midwife when younger. This was often related to the responsibilities of the role when at work rather than demonstrating GC off-duty. Although student 4 refers to "doing silly things" and "freedom" which could be related to off-duty activities. However, in the affirmation interview, student 4 clarified she felt at 18 or 19 she would have been unprepared in terms of behaviours when off-duty too and therefore had "done her partying when she was younger to get it out of the way".

P10 "I think maybe, if I'd done my degree when I was maybe 18, straight from college, I think I would have really struggled."

P4 – "When I was 18, 19 I couldn't have done this job. I wasn't mature enough to do it. And so I can understand why sometimes the younger people in the cohort might do something that makes me go, ooh. But yeah, a lot more pressure on youngsters to do silly things and to have that release valve. From being at school and things like that, and they suddenly get all this freedom, and they go a bit mad, which is what I did. And, yeah, I think it is quite difficult for them."

Therefore, whilst many older students felt age and life experience could impact the ability to demonstrate GC when off-duty. This was related to greater participation in 'partying' behaviours, which may lead to subsequent bad decisions and unacceptable behaviours, rather than not having the foundational elements of GC.

*P10 - Yes, I think, yeah, so we definitely had it during freshers. I think that is the prime time for students to go out and make bad decisions. Because especially in *****, where it's such a party city, bad decisions are just there for the taking".*

However, not all older students shared the viewpoint that younger students may find it harder to demonstrate GC. Some implied that younger students who were on the programme displayed a more mature approach than their age would suggest.

P3 – “Society would say that younger girls can be immature, and they can obviously, we all know that. But not, not everyone...”

It was this mature approach and life experience that was deemed important to the demonstration of GC rather than age.

However, being younger was linked with wanting to impress and keep up with peers, some students acknowledged this influence may have impacted how they would have demonstrated GC had they commenced their training at an earlier age.

P2 – “Massively. Yeah, massively. I think I would have done things to impress or be... yeah, to be keeping up with my peers.”

I – “And do you think that that could if you kinda if you just started your training then, do you think those friendships would have impacted on the demonstration of good character?”

P2 – “Definitely, definitely.”

Whilst age and life experience were considered an influence for some students, this was not a consistent viewpoint across those interviewed. This possibly reflects the individualistic nature of GC, how it is demonstrated and what influences it.

8.2.2.d. Code – Friends & Peers

Students discussed how friends and peers may influence the demonstration of GC whilst off-duty. Individuals choose their friends; this choice is often influenced by the tendency to have similar religious and moral views, as well as things such as dialect, sense of humour and hobbies, friends are an important aspect of social life (Dunbar, 2018). Therefore, as friendship groups tend to contain people with similar views and opinions, they often influence decisions relating to career, education, spending and how individuals occupy their time, these influences can be positive and/or negative (Dunbar, 2018; Pittman, 2019). When students felt their friends shared similar opinions regarding the elements of GC, they perceived either a positive or negligible influence on their demonstration of GC.

P3 – “we're all very similar. And so I think when we are sort of off duty, we conduct ourselves in a way that I would say society seems, deems normal or good or helpful or beneficial”

Furthermore, even when friends or peers did not have similar professional requirements, several felt their friends were aware and supportive of what was required of students enrolled on a midwifery course, in terms of demonstrating the elements of GC whilst off-duty.

P4 – “And I think most people understand that you are doing something that requires you to be seen in a certain light.... they will respect that and acknowledge that.”

In contrast, some suggested that friends understood that the elements of GC needed to be displayed even when off-duty was limited and that this could make it harder to demonstrate GC when off-duty with friends who were not on a professional programme.

P5 - Yeah. I don't think they seem to understand the fact that well actually it's sort of your duty of care. And I don't think they understand sometimes what that is, or why, like, sort of where this duty of care comes from. I think that's, it does make it harder."

Some students recognised the potential peer pressure may have on how individuals act when out socialising with friends. This may be because individuals often want to 'fit in' and 'belong' to friendship groups, resulting in peer pressure to behave in certain ways (Dunbar, 2018; Pittman, 2019).

P5 "...And you may not be able to express your good character because of other people sometimes. I think that's what a lot of people that's quite a big issue people face especially with going out and being like, you are off duty going out with your friends."

If a student's friends or peers did not have similar views towards the demonstration of GC this could result in the breakdown of friendships. This was described by one student, who suggested she had altered her friendship group to one that had similar views to her own.

P10 – "I've changed my friendship group quite a lot since I've been at uni..... now I feel like my friends that I have very much reflect my views and beliefs. So, it's much easier to sort of demonstrate that good character with them.."

Making friends with similar views regarding behaviours aligned with GC whilst off-duty made it easier for this student to demonstrate her own GC. Therefore, the impact of friendships on the demonstration of GC is an influential factor.

Within the theme 'Foundations of GC', the students who were interviewed described what they considered the elements of GC whilst off-duty consisted of. The elements of GC

related to a range of behaviours, values, and qualities, they felt were appropriate or not, for a student midwife to demonstrate when off-duty. Predominantly, students believed these elements of GC were inherent and essential for those entering a caring profession. Students discussed what had influenced their own opinions and views on the elements of GC whilst off-duty. Many students felt family, childhood influences and societal expectations were the core influences. For those interviewed, they stated that these influences were how they had developed their foundations for demonstrating the elements of GC. However, they also suggested that these influences could have both a positive and negative influence on demonstrating GC. Some proposed that a lack of maturity or life experience could also have a deleterious effect on the ability to demonstrate GC, suggesting that wanting to 'party' and 'socialise' is an important part of the journey to adulthood and this could lead to behaviours that were not considered reflective of GC.

8.3 Theme 2 - Becoming a professional

The theme of *becoming a professional* surfaced from students identifying midwifery as more than just a job. The requirement for demonstrating GC whilst off-duty was a component of representing the midwifery profession, whether they were a student or qualified midwife.

P4 – "I think it's very hard to draw a line between professional and personal life."

Students recognised the profession and its requirements for GC spanned into their personal life. They, therefore, identified potential challenges to demonstrating GC whilst off-duty. They were aware that not demonstrating GC whilst off-duty could have consequences for both their clinical practice and registration with the regulator.

Most students stated they had prior knowledge of the requirement to demonstrate GC whilst off-duty before commencing the course. However, several also suggested a process of learning and developing GC during their midwifery programme. This implies students' experience varies, in terms of developing and managing the requirement to demonstrate GC whilst off-duty.

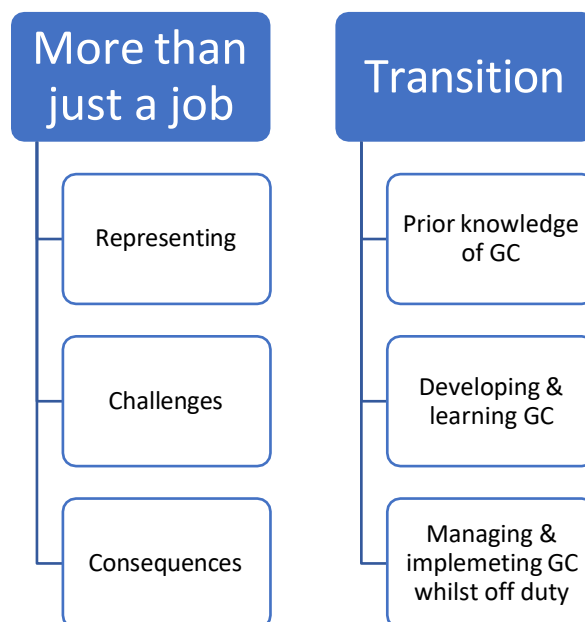


Figure 94 Theme 2 Categories & Codes

8.3.1 – Category 1 - More than just a job

Many students felt midwifery was more than just a job, it was a career and vocation.

P8 – “And especially with something like midwifery, which I would say is like a career a vocation, rather than like just a job, it's, it does kind of run through the like, fibre of your being doesn't it, it's not something that you can kind of leave at the door and come home, and you're a different person.”

Therefore, GC wasn't something they could switch on or off, or be a different person depending on whether they were at work or home. This was because they perceived becoming a professional extended into their personal life where they represented the profession, even as students. However, because students perceived midwifery to be more than just a job, they recognised the challenges associated with having to always demonstrate GC and the consequences if they didn't.

8.3.1.a. Code - Representing

Students considered the need for the requirement of GC whilst off-duty was because they were representing the profession. Many perceived that it was important to represent the profession in a positive light because it was more than just about them as an individual.

P5 “When you're demonstrating your character, you're not just representing yourself, you're representing the whole of like, the midwives in the UK, I like the whole of the NMC in general, it's not just all about yourself”

Students suggested that they were part of something bigger and recognised if members of the profession did not demonstrate the elements of GC, the reputation of the whole profession could be tarnished.

P6 – “... if you're acting in ways that don't hold up your profession, I think you could potentially embarrass the profession almost, and you could tarnish it, its reputation,....”

Students did not want the profession's reputation to be negatively impacted by people not demonstrating GC whilst off-duty because they were proud to be part of the midwifery profession. Students did not perceive that there should be any difference in the expectations of how GC was demonstrated between students or qualified midwives, as both are representing the profession. This reflects the survey findings that students perceived very little difference regarding the impact on GC of certain actions and behaviours for either students or qualified midwives (see section 7.3).

Expectations in representing the profession were often discussed in terms of setting a good example and role-modelling the foundational elements of GC whilst off-duty. Some felt quite proud they and the profession were viewed as role models and midwifery was associated with doing good.

P4 – “I think being a role model is a nice thing to be, you know, people want to be like you because you do the right thing. And you can be trusted and, yeah.”

Students identified the need to be a role model had increased during the pandemic. There was an increased sense of responsibility to demonstrate compliance with the public health messages that were being implemented because they were representatives of the profession and NHS.

P9 – “I just think we are role models, especially with the times we're in, in a pandemic, and etc, etc.....I do almost feel as though they're even more of a role model now, because the spotlight has been put on them..... I think with everything that's happened, like, before the pandemic people didn't clap on a Thursday for the NHS and people didn't. And then all of a sudden, this all happened, and they look at them oh these people are wonderful. And I think with that comes the whole role model..... and you do want to uphold those standards really.”

In addition to the hygiene measures required for the pandemic, students frequently cited, diet, smoking and alcohol as important aspects of role modelling public health issues.

P7 – “...we know as like better than anyone else, how damaging smoking and excessive drinking and overeating is. But also, I worry that if I was to talk to women about any of those things, they would look at me and think that I don't know what I'm talking about, because I'm like slim, I've never smoked, I don't drink. So, I think you do have a responsibility, because you would be a complete hypocrite if you went to a smoking cessation clinic, and then were out having a tab (cigarette) in the break.”

Students recognised it would be hypocritical to espouse healthy behaviours as part of their professional role but not represent these in their personal life. This hypocrisy and need to implement public health messages into their lifestyle could be why some students perceived being a role model outside of work as an additional and unrealistic pressure.

I – “in the survey, as well, a number of responses talked about being a role model. What do you think about that idea?”

“P2 - I don't think that that's really appropriate beyond the context of work. Maybe.”

I – “Why not?”

P2 – “Because I think it's a lot of pressure and unrealistic pressure to put on an individual. You know. I decided to do my training because I love women and I wanted to make their birth a brilliant experience for them. And I wanted to be part of that. I didn't say I'm a perfect person, and I know how to do everything right. So, the additional pressure of being a role model. I can't do that.”

Others counterbalanced the potential hypocrisy and pressure by referring to being human and not perfect. This notion allowed for natural flaws and discrepancies in GC when off-duty.

P7 – “But if you're sort of like trying to run this like continuous thread of, I am a normal person..... I think if you were trying to give a woman advice about stopping smoking, and if you too were also struggling, then maybe you can have a laugh about it later like. And it could be oh you saw me the other night, I know that it's hard, but I also know that we've got to change..”

Professionals as imperfect human beings, with lives outside of work, resulted in a degree of conflict in views regarding representing the profession and the requirement to demonstrate GC whilst off-duty. One student identified the tension of 'it is your life' and that individuals should be free to choose how to live, against the increased expectations associated with becoming a professional.

P9 – “ It's such a hard and a fine line to like, because there's one half of me that's like, you do what you want with your life and don't let anyone - well, then there's also the part that says, yeah, but if you were pregnant and the midwife came in, and you'd seen them like, I mean, doing some sort of drug or whatever on social media? “

This tension was compounded by students being aware their actions may be witnessed, especially if they lived and worked in the same community.

Being considered a role model as a component of representing the profession and the increased expectations on them as individuals because of their role, resulted in mixed views

and experiences. Representing the profession and demonstrating GC whilst off-duty was considered an important component of becoming and being a professional.

8.3.1.b. – Code – Challenges

As interview discussions developed, challenges regarding the demonstration of GC whilst off-duty were identified. Many suggested this was because midwifery was more than just a job and therefore began to find it challenging to identify the scope of what GC consisted of and clarify the degree to which it should extend into their personal life.

P1- "I don't know, it's tricky, because good character is so subjective..... I don't think anybody really knows what good character means. I don't even think the NMC have a definition of what good character is. I think it would be different if you asked every person and so.... which is why I find the grey area so difficult"

The subjective and evolving nature of the concept of GC made it challenging for students to define or delineate the boundaries of GC whilst off-duty. These challenges often led to students contradicting themselves in relation to the answers they had given throughout the interview.

P3 – "that's a hard question. I think that's, that is hard.... I know. I know, I've shot myself in the foot!"

The students began to identify this contradiction themselves. Therefore, they suggested that the definition should evolve with society and should be in line with the social norms of the times.

P7 – “So I don't know if, if it's the definition that will kind of like grow as like, society moves forward. And so there should be a bit more forgiveness for certain things.”

However, standards and expectations can vary between social groups. Thus, some students recognised a need to be flexible and forgiving around behaviours that did or did not reflect GC whilst off-duty. The extent of this flexibility wasn't articulated, nor was whether the scope of flexibility should be the same for qualified staff.

The inability to define and explain fully, the nature of demonstrating GC whilst off-duty resulted in a sense of 'fear' for some students.

P1 – “And I think that's the problem with it being so vague is that nobody knows what it is. And so we all live in our own little bubbles of fear of deviating from what is our idea of good character.”

This sense of 'fear' emerged from the potential to unintentionally not demonstrate GC whilst off-duty. As a result of this fear, students suggested it was challenging to have contentious opinions and therefore diluted their expression of their views.

P7 - Yeah... you maybe have to dilute yourself a little bit. Maybe like some, like some strong opinions I hold which could be quite divisive. I wouldn't be shouting about, so I guess in that sense, yeah, kind of diluting yourself a little bit.”

Personal opinions were acknowledged by numerous students as a challenging area for the demonstration of GC whilst off-duty. This often related to topics such as racism or

homophobia, opinions that many students had previously suggested were unacceptable behaviours, but they recognised were also subjective.

P8 – “So I would definitely want to go to a Black Lives Matter thing and stuff like that. I think the issue would come. Well, see, I'm processing it in my head. Because I would say oh yes, everyone should go to a Black Lives Matter rally. But then I was about to say, the issue would come if you were to go to a White Lives Matter rally, but then surely in their heads, they think that's right, and they think that's true. But I'm saying oh, but that's wrong. But actually, that's quite subjective, isn't it?”

Students implied offensive, racist, or homophobic attitudes could not be contained within off-duty life. They suggested unconscious bias because of such views would impact their relationships in clinical practice and ultimately their effectiveness in their role.

P5 – “I just don't see how you could be homophobic like, or proud to be like, homophobic or racist, and attend rallies and so on for things like that and then come to work.....I don't see how it could not cross over in some sort of way.”

Therefore, students considered it would be challenging to hold such views and meet their professional code and requirements for GC whether on or off-duty, which concurs with the earlier codes within the elements of GC category (see section. 8.1.1.).

However, the challenges surrounding this issue appeared to be because of the belief in the right to free speech versus demonstrating the values they believed were the foundational elements of GC. One student suggested the regulation of personal political opinions by the professional body was an impingement on her democratic rights and freedoms to express her personal and political views, even if these were in opposition to the professional values.

P1 “If somebody one was started campaigning for like the BNP, or, like Britain First, that's something that evokes really, really strong feelings in people.....If they want to do that outside of work, I question how the NMC can legitimately tell people what they should and shouldn't do in terms of going to political events or sharing those thoughts. It's how democracy works. So.....why they want to weigh in on it?”

She expressed that membership in a profession should not inhibit the right to freedom of speech (if this was not an illegal activity, i.e., as part of a hate crime). Several students recognised members of the profession and they themselves, avoided disclosing their opinions because of the potential for disagreement, even if the views were considered aligned with GC. This could imply that students feel apprehensive about saying the wrong thing or opening themselves up to criticism if their views are not aligned with that of the profession.

P9 – “I think a lot of it needs to be talked about more. So, I think like midwives need the confidence to talk about things like Black Lives Matter, possibly, politics, but then again, that's – politics is such a hard one, because not everyone agrees with everything. But in terms of politics in the NHS, I think a lot of midwives just don't even – they stay out of it. Obviously, they have it in their private lives, etc. and but yeah.”

The right to personal opinions was also discussed in relation to aspects of healthcare and the potential challenges some students may face if their personal views were in opposition to the professions. One student reflected on a peer's views regarding vaccinations.

P9 – “I know a student midwife who doesn't like vaccines, and personally, I am like, how are you gonna balance thatbut as long as they don't, they don't bring that within a practice, or they do what they need to do, in terms of what we what we do as midwives.”

This suggests that students perceived personal views that are in opposition to the stance of the profession may be acceptable if they did not influence the person's practice.

Most students identified circumstances and contextual issues that could challenge an individual's ability to demonstrate GC whilst off-duty. Many of the suggested circumstances are related to personal, financial, or emotional events in a person's private life.

P2 – “And also, I think she wouldn't have done that [posted inappropriately on social media] had the external stresses of, you know, what was going on in the world [pandemic] and for that person personally at that time, I don't think that those would have happened without those stresses.”

It was suggested that circumstances could impact an individual's judgments, which could result in people doing things that did not demonstrate GC whilst off-duty, things that may be out of character.

Being on a professional programme rather than a traditional degree pathway, such as history or geography, was considered an additional circumstance that may impact demonstrating GC off-duty.

P10 – “I think some people, possibly from personal circumstances, the struggle to maintain good character in all areas than others, just because perhaps what they have to do to survive.....I think.... when we have the bursary taken away from us, we were definitely put in a much harder financial position.....when you can't really work a part time round it, people potentially, were making money in ways that society wouldn't necessarily think is appropriate for a student midwife.... So, I think if they saw a student midwife selling their socks, say after wearing them on a 13-hour shift - I can't understand why anyone would want to buy them. But there will be people out there who do. They will be like, you're making money on, on, what you do, and as a student midwife, that's unprofessional. And it's not, it's not illegal, and it's not wrong. But if that's the only way that that student midwife can afford to feed her children, or pay for childcare, they'd maybe have a different view.”

The long working hours, shift patterns and studies, which results in limited time for working to earn money, to support themselves or family. This may result in students participating in activities that they wouldn't normally deem appropriate for demonstrating GC whilst off-duty. This was reflected in the survey findings relating to the escort work scenario, where the financial circumstances resulted in respondents feeling that involvement in such activities had less impact on demonstrating GC (see section 7.3.6).

However, other situations individuals may personally face, such as domestic violence and safeguarding issues were also identified as challenging for demonstrating GC when off-duty.

P7 - "Because I would worry that it would have an impact on your ability to recognise issues in other families that you're looking after. Like with sort of like spotting safeguarding things, if there are issues in your home, which you become accustomed to and think of as fine, then somewhere along the line, you're going to see that in practice and say that it's fine, and it's not fine."

It was inferred that being personally involved in such situations may desensitise students and midwives to similar situations in the clinical environment. Therefore, being able to separate on and off-duty life may be challenging. Conversely, the requirement also made students aware that they were required to uphold such standards within their personal life. One student provided an example, which included a safeguarding issue. The obligation to uphold GC was challenging when this situation occurred within her off-duty private life.

P2 - "I've recently had an issue within the family.... it was in regards to reporting somebody to social services, and I really felt uncomfortable with it, because it was somebody who I was very close with in my personal life. So, and that was, yeah, that was a challenging.... It felt really challenging, and I actually took a few days to consider, do I have to uphold that?"

Several students implied it could be challenging to make personal and professional lives work harmoniously together. These challenges made some students uncertain as to whether the requirement was a good or bad thing.

P2 – “Sometimes I think it's, you know, beneficial and protective. Other times I think it's really restrictive and not helpful.”

Some perceived the requirement for GC whilst off-duty was too restrictive. Despite this and the perceived challenges, most felt the NMC should maintain some requirement for demonstrating GC when off-duty.

P1 – “I think by calling it like, the requirement of good character, it sounds very intense. It sounds scary. And I think that doesn't fit with what you see in practice, and how you see people actually applying this guidance. I think, the way they present it is perhaps outdated, but I don't, I don't disagree with it being there. And so I don't necessarily think it's a bad thing that there is some requirement to hold yourself to some standards.”

This was because they felt professionals should live up to certain standards.

8.3.1.c. Code - Consequences

Most students linked the potential impact of conduct whilst off-duty, to consequences for their professional life, because midwifery was more than just a job but a profession.

The ultimate consequence of not demonstrating GC whilst off-duty cited by most students was removal from the NMC register and/or disciplinary action by the professional regulator.

P3 – “you know, talks about professional being professional at all times. And that means obviously, when you're off duty.....You know, that's why people can get struck off. Because if the NMC or whoever don't see that they're upholding their... not promises, but you know what I mean, they're adhering to the code, then that's why...”

The severity of the consequences for not demonstrating GC whilst off-duty, i.e., being struck off, was viewed as much greater for those in a profession compared to non-professional occupations.

P1 – “I think you can get in trouble with things in midwifery that if you worked in a supermarket, people might turn their noses up at but you wouldn't face professional consequences. And I think there is more understanding within our profession, that your actions outside the workplace have further reaching ramifications than they do for people who don't work in chartered or professional capacities.”

As a result, several students expressed frustration that they couldn't behave like the public, due to fear that their actions would be judged more harshly because of their profession.

P10 – “I think sometimes it's frustrating to not be able to behave the way that everyone else can for fear that you're going to be penalized for it. I just think, especially for nurses and midwives we're more likely to get pulled up on it, we're more likely to, you know, it is like a profession.”

Another consequence of not demonstrating GC whilst off-duty is related to how their conduct may be perceived by others and therefore impact on practice. One student provided an example of where she perceived behaviours and conduct in a professional's personal life may have consequences for practice.

P8 – “a girl, I now was actually on Love Island, and she's a nurse. And so it, she's still a nurse, she's a paediatric nurse, but you go on her Instagram, and she's obviously got all these ads, and she's in bikinis all the time. I

don't think it affects the way that she works. But I think it would affect the way that you perceive them to be able to work or the way that people perceive them and treat them.....

I - So again, it's almost like she's got this separate personal life, but can still function in her role, and it shouldn't cross over at all. Is that right, am I understanding that?

P8 -Yeah, I feel like, I'm contradicting myself, it's different. It's really difficult. Yeah, I think, I guess that's what she's trying to have. I think because of her role, she'll never be able to fully have that. But it's what she's chosen. And if she can make it work.....But yeah, I think she will never be able to fully do that, because she's in this role that's a big part of her life, obviously. But there is a side of her that has been on Love Island and likes posing in bikinis or whatever."

Whilst the student felt participating in reality TV would not affect the way the nurse/friend worked; she recognised the consequences it may have on the relationships with those she cares for and works with.

The requirement of GC whilst off-duty also had consequences for personal relationships.

One student discussed how she had altered certain behaviours to be perceived in a manner she thought the public and her local community expected of her, as a student midwife. This resulted in a feeling of isolation from her community.

P2 - " You know, I live in a really quite poor area on a council estate. And so, I think it's, it's the want to fit in with what is like perceived as normal where you are. And so... Yeah, again, I'm thinking more about social media and stuff like that. But I know that my, personally, my sense of humour is sometimes a little bit dark..... And if it was seen by the people who I live near, I actually think it would be a positive for me in terms of my society... ..people see me as oh she's a bit snobby, her. She's always really cautious with what she says and what she does.....I'm not I'm not sure that it is a benefit to me at all, or to like the other people in the community I live in. Because I think it kind of isolates me from the community a little bit. Because people view me as snobby. And I also think it leads ...it gives off the perception that I once thought that, you know, midwives are untouchable, they're way up, they're way up here, and, you know, they always do and say the

right thing, and they always think the right thing. And actually, that's really not true..... I want to be able to be free to be the person who that I am."

How the student navigated the requirement of GC impacted her ability to act as her authentic self.

The consequences of being required to demonstrate GC whilst off duty appear to be far-reaching for some students who were interviewed. This was not solely related to the loss of their professional registration but also the wider repercussions for their professional role and their place within their community.

8.3.2 Category 2 – Transition

Students described a transition in the process of becoming a professional, regarding implementing the requirement of GC when off-duty. Transition is defined as “the process in which something changes from one state to another” (Collins Dictionary Online, <https://www.collinsdictionary.com/dictionary/english/transition>). Students discussed how they had learnt about the requirement of GC whilst on and off-duty. This increased knowledge of the requirement resulted in changes to how some students managed and implemented GC whilst off-duty, as part of becoming a professional.

P3 - definitely since starting the program, obviously we've been made aware of the NMC and, you know, the code and that sort of thing. And it definitely does make me stop and think, right, okay, maybe something that you would have done when you were younger..... But maybe something that you would have thought was

funny when you were younger, but it was a bit silly. You would stop and think, right, okay, you're a professional. That's not how you act. So that's not how you, that's how you want people to perceive you.

A range of experiences regarding the transition process was articulated by the students and are discussed in the individual codes. Year of training did not necessarily correlate with a greater discussion of feeling the need to transition or adjust to the requirement. However, as only one first-year participated, it is difficult to say whether the extent of transition differs depending on their stage in the programme.

8.3.2.a. Code – Prior Knowledge of Good Character

Students inferred that anyone applying for a midwifery programme should have a basic knowledge of the requirement or expectations regarding behaviour and demonstrating GC whilst off-duty.

P9 – “I knew that before the program. And if I'm honest, I think with midwifery I think because the application process is so intense, I think you do get to know those things.... I think that's why the screening for midwifery's so rigorous, because you want to know that that person does have a good character.”

Additionally, some students recognised the application process for midwifery, had provided some insight regarding the expectation of GC and inferred they had an idea of what they were signing up for because of this prior knowledge.

Several students identified their prior understanding of GC was from the birth of their children. By personally, accessing midwives or maternity services.

P2 - I had an awareness that this was an important thingBecause prior to that in that my experience was as a service user....as a mum, myself, and I had my children before I started training and what I would expect from the women who cared, from the midwives who cared for me, what I would expect as a service user... and I think I held midwives kind of on a pedestal."

These students perceived their midwives as demonstrating GC and all had positive comments about their care. Whether this opinion would differ if their experience hadn't been positive was not ascertained.

Yet, most students stated they had been surprised by the scope and extent of this requirement in their personal life.

P10 - So I knew of it before starting the degree, but I didn't know to like, it covered such an extent.

Therefore, despite prior knowledge of the requirement, the extent it impacted in their personal life had resulted in some students suggesting a need to adjust and transition to implementing the requirement into all aspects of their life.

I – "how do you feel about the obligation to demonstrate good character at all times, as a requirement to becoming a midwife?"

P7 – "I think it's taken a little bit of adjusting, but not too much for me. And I think you kind of you, more or less know what you're going to be asked to do when you sign up."

Students suggested that if a person was not aware of this requirement, or where a dissonance between the requirements of GC and individuals' views and behaviours occurred it would likely mean the person left the programme.

P3 – "I think maybe that's why, you know, people would drop out or they find out it's just not for them, because maybe their behaviour doesn't match what is expected."

Therefore, a student whose behaviours or attitudes did not reflect that of the profession either makes a successful transition or leaves the programme. Therefore, how students develop and learn about GC seems important for this transition to occur.

8.3.2.b. Code – Developing and Learning GC

There were some differences in opinions regarding the potential to learn to demonstrate GC. A few students believed GC could be developed and consolidated, but they perceived the key elements should already exist.

P5 – "because I don't think it's something you can be taught; I think it's something that is influenced from a young age. And it's built on, say, someone wants to show like a really bad character, I don't think say me and you talking to them now, can say, just change all this. Because there's always going to be that thing that they go back to, that sort of that them, the heritage, and the roots of it all. And so, I think it's definitely something that if you don't have in the first place, it's not something you're going to gain, really, you're only going to sort of improve it. So yeah, if you don't have the good character in the first place, turning sort of a bad character into a good character is going to be really difficult because, yeah."

However, other students perceived GC could be learnt and developed throughout life and not solely dependent on those early family influences.

P7 – “But I don't know it would be a bit depressing to say oh there's like no way for anyone to ever change. I think, yeah, people can definitely learn.”

This infers education and therefore learning can assist in developing the foundations of GC. Some students recognised this development occurred because of the exposure to new or wider viewpoints. This appears to have resulted in them reconsidering behaviours and actions they had participated in prior to starting the programme from a new perspective. This alludes to the development of a new lens, through which they considered their conduct, because of the education they are receiving as part of their midwifery programme.

P7 – “I think when you're more aware and when you have the education that we've had, and seeing how, the effects of like certain opinions on like, the women that you've cared for, I think you should want to challenge them.”

Being made aware of the code is one example of how students learnt about the requirement and the potential consequences if they did not demonstrate GC whilst off-duty. Trust inductions and yearly enrolment requirements were also ways students suggested they learnt about the requirement of demonstrating GC whilst off-duty. The need to declare yearly appeared to add weight to the importance and recognition of the requirement for students.

P10 – “I mean, I think most of it was in first year when we did a lot about the code. And then also, like, every time we go out into practice, it's sort of given as a reminder, at like trust inductions and when you have like,

your orientation to placement, it's always brought up then as a reminder, and then you sort of have to sign up, I'm sure you have to sign a declaration when you when you enrol each year...."

What isn't clarified is how other academic sessions, such as ethics, or if lecturers conduct aids learning about the requirement to demonstrate GC whilst off-duty.

However, how the requirement was implemented in daily life events was often developed from examples of midwives in practice and other students. This wasn't always via direct observation of behaviours but as a result of discussions with peers whose off-duty conduct had been questioned or by listening to qualified midwives discuss their personal lives.

P1 - "I think some of that has come from seeing the midwives in practice, and understanding how they manage good character on a day to day because they're qualified so they have, well, they appear to have a greater understanding of that concept..... I think a lot of it's just, when they're telling social stories, you can see that they're not putting limits on what they do outside of work. They're not constantly worrying about whether or not it fits good practice. They're just using common sense, really. And I think that has given me a little bit more confidence outside of work, to be able to say, okay, I don't have to worry about if I'm seen out or is my, are my shorts too short, if I'm going to the beach and things like that.... They don't spend every day worrying about if it's reported to NMC. I think common sense and watching other people use that judgment is helpful, because it gives you the reassurance to believe that your common sense is in the right sort of area of judgment."

This student identified how qualified midwives did not appear to constantly worry about this requirement and she felt reassured by this.

Some students perceived that the university had higher expectations of how students should demonstrate their GC when off-duty compared to what was expected of qualified midwives.

P2 – “as students, because of the influence of in other lecturers at uni, that we've been held, to, to probably a higher standard than what you actually see in real life out on placement. There's things that I've seen in qualified staff that shocked me, and I thought, oh, well, we'd get in big trouble if we did that”

This student intimated it was because they had witnessed qualified staff participate in behaviours, they deemed did not uphold the requirements of GC when off-duty. And if, as students, they had behaved in the same manner the 'university' would challenge their behaviour. Whilst this may be perceived as differing standards, it could also be because the university, via midwifery educators, is actively policing such behaviours and acting as gatekeepers to the profession.

On discussion of whether the 'university' should hold students to a higher standard, the student suggested, yes because it reminded students about the requirement to demonstrate GC whilst off-duty.

P2 – “I think you should because I think if it was without guidance, then people wouldn't think of it at all. And I think it would cause a lot of problems. And I also think you should because I think perhaps more qualified staff should think. Should think before the do that as well.”

Whilst students were able to identify some of the ways they learnt about the requirement to demonstrate GC off-duty, there are areas for further exploration, relating to aspects of the hidden curriculum, i.e., in the way midwifery academics role model such behaviours. This demonstrates the guidance and standards relating to GC whilst off-duty which are discussed and implemented in the academic forum are beneficial. They aid in the process of learning and developing GC as part of the transition to becoming a professional.

8.3.2.c. Code – Managing and implementing GC whilst off-duty

In the transition to becoming a professional and implementing GC into their off-duty life, students described several strategies they utilised for managing the requirement.

One strategy for managing the demonstration of GC whilst off-duty described by some students was not disclosing their profession to people they did not know.

P1 – “I have noticed I don't tell - if I meet strangers, and you're just having like general conversations, I tend to not to tell them what I do. I tend to be very vague about what I do, unless I'm meeting them for a specific reason, or I've met them multiple times. If it's just a general conversation, I won't volunteer the information of what I do. Just in case something happens that then they think oh, but she's supposed to be a midwife. She shouldn't do that.”

Students appeared to use this strategy to manage people's expectations regarding their conduct and avoid being judged by the public, as not demonstrating the standards of GC required by student midwives.

Another strategy several students disused, was the concept of a “line”, as a way of managing the requirement to demonstrate GC whilst off-duty. Crossing the line is defined as “to start to behave in a way that is not socially acceptable” (Cambridge Dictionary (Online), <https://dictionary.cambridge.org/dictionary/english/cross-the-line>). Some students could identify where they drew the ‘line’, in terms of demonstrating GC whilst off-duty, such as social media. Students perceived understanding where the ‘line’ was, and provided a protection to ensure they met the requirement to demonstrate GC whilst off-duty.

P1 “I've kind of taken the approach of, especially with social media, of kind of avoid at all costs, just don't even tread anywhere near the line..... Kinda like protection, understand where the line is, and avoid being anywhere near the line. “

Conversely, other students suggested knowing where or even what the ‘line’ consisted of, was difficult and thus were unable to articulate or define the ‘line’. This may be impacted by the students comprehending that everyone’s personal ideas of GC whilst off-duty are subjective and personal.

P3 “I think there probably is a line somewhere, I just don't know where it is.”

Managing their social media presence remained a prominent area of concern for almost all the students interviewed. Concerns related to posting something inappropriate, that did not demonstrate GC.

P6 – “I chose off my own back, decided to get rid of the likes of Facebook. And, like, I know that we were told, you know, just be aware of what you put on and so on. And I knew that I could have still had it - I've had a lot of

friends who were teachers and they just change their names and so on to make themselves a little bit more hidden.”

Whilst some had chosen not to engage with social media, many suggested that with a degree of restraint, social media could still be used.

P7 – “I think it's changed how I see social media. And I always think twice, or multiple times now about what I'm posting and what it says about me. Yes, I think in that area, it's made me a lot more conscious.”

Students placed caveats around how they shared and expressed themselves, suggesting that it was important to consider the audience and the manner in which these views are shared.

P2 – “sharing things online negatively about refugees or you know, like, extreme kind of thoughts and behaviours that don't line up with what's acceptable in this country or legal then I think that's completely different.”

One means of managing social media with caution was not posting about aspects of their personal life.

P7 – “I mainly wasn't quite as aware of how strict some of the social media things were. And so I'm not someone who posts a lot on social media anyway. But I think I was like surprised at how much you did have to maybe disguise your personal life.”

Whilst the NMC provides guidance on the use of social media for students and midwives, it does not suggest they disguise aspects of their personal life. Therefore, where, and how students have developed these views is uncertain. Social media may be more easily negotiated for students who feel confident in expressing their views and when their views or personal life are aligned with that of the profession and what they deem as GC.

Issues with managing and implementing GC via social media, related to the permanency of posts and a sense of something being viewed in years to come.

P4 – “I think I didn't realize how much social media would have an impact on displaying good character. That was, that's probably been the biggest thing. Okay. Social media is actually once it's out there, it's out there forever. And things can come back to bite people on the bum that they, years and years ago, they've done something really silly years ago. And so, I think I'm much more careful with social media and what I express on that.”

This created uncertainty regarding how something posted now may be viewed as poor character in years to come and potentially impact their future career.

Social media was an area that some students discussed in terms of ‘policing’ peers’ demonstration of GC. The requirement to monitor peers’ or friends’ behaviours or actions was an area of contention in the survey. Qualitative comments suggested that ‘policing’ of other students’ behaviours was not a component of the role or part of their own GC (R77). However, regulated professions are required to maintain and monitor the standards of their membership. One student gave a specific example during the interviews, of how she approached other students regarding things she felt did not reflect the requirements of GC.

P10 – “I'll just send them like a friendly message. And say, like, look, you're on, you're on a professional program, and I don't think that is particularly appropriate. And nine times out of 10, they take it quite well and take it down. Occasionally, you have someone who argues with you and says, like, well, it's my social media, and then they just block and delete you.”

The student identified that usually her peers accepted the feedback with no issues but that on some occasions it had impacted the relationship.

Challenging peers' actions outside of social media could also be a component of managing and implementing GC. This was explored in some of the interviews.

P8 – “But I think if it was something that was harmful or really putting the career and well yeah, in a bad light. I would have to; I wouldn't be able to not say something...”

Some students felt they may need to challenge peers' conduct if it didn't comply with the requirement of GC.

8.4 Chapter Summary

This chapter has presented the findings from the interviews undertaken as part of this research project. It provides insight into students' lived experience of demonstrating GC whilst off-duty.

Students identified the foundations of good character consisted of elements that described what GC off-duty did and did not consist of. This incorporated; values, being moral/ethical, law-abiding, appearance, and unacceptable behaviours. Students also discussed what influenced their views, opinions, and own demonstration of GC whilst off-duty. They suggested family, society, life experience, friends, and peers, all had some influence.

In becoming a professional, students perceived midwifery to be more than just a job. This was because they were representing the profession and did not want the reputation tarnished. However, they recognised the challenges associated with the requirement to always demonstrate GC and understood the consequences of not demonstrating GC.

They recognised a transition had occurred as part of the process of becoming a professional. The degree of transition varied depending on prior knowledge of the requirement. This transition occurred through developing and learning about the requirement in university and clinical settings. Within this transition, students identified ways that they managed the requirement within their off-duty life. The next chapter will discuss the findings of both the survey and the interviews.

9.0 Discussion

9.1 Introduction

The previous two chapters of this thesis provided an analysis of the survey and interview data obtained as part of this research. By utilising phenomenology, a thick description of midwifery students' experiences and views of the requirement to demonstrate GC has been produced. This chapter will provide a critical examination of these findings within the overarching concepts of professional habitus, capital, socialisation, professional identity, social closure, and role modelling. The findings will be considered within the context of current literature and theory. The discussion will also explore how this thesis contributes to the knowledge regarding the phenomena and consider how these findings may impact midwifery education. This discussion will commence with an exploration of professional habitus and capital.

9.2 Professional Habitus & Capital

As previously explored (see section 2.3.4) habitus is the dispositions provided to an individual via one's cultural capital. These dispositions are embedded in a person's subconscious and reflect shared and customary meanings in the shape of values, preferences, behaviours, actions, and attitudes. Bourdieu (1998, 2002) recognised that these meanings were like rules in a game, which varied depending on which field the game was being played. Therefore, each 'field' of practice will have its own dominant forms of capital and professional habitus (Bourdieu, 1998 & 2002; Kaiser, 2002). Achievement in

one's occupation is thought to be affected by the possession of cultural and social capital, those who have capital and habitus that aligns with the dominant group are more likely to succeed (Bourdieu, 1988; Marshal et al, 1988; Sullivan, 2002).

Construction of a professional habitus is not solely based on subject expertise but also the formation of shared characteristics (Kaiser, 2002). The key attributes and behaviours midwifery students considered reflective of GC whilst off-duty predominantly reflected the values articulated within the NMC Code (2018), the NHS 6C's (NHS England, 2016) and the NHS constitution (2015), as they referred to kindness, caring, trust and respect. Students also discussed moral, ethical, and law-abiding elements. These findings initially appear reassuring. However, once students in the interviews finished using the common descriptors and values for defining GC, they began to discuss the ambiguity and subjectivity of defining the concept. This reflects the findings of other studies, where healthcare students felt defining FtP and professionalism was difficult and often focused on on-duty behaviours (Haycock-Stuart et al, 2016; Snelling, 2016; Wright et al, 2014; Snow et al, 2014; Cuesta-Briand et al, 2014; Monrouxe et al, 2011; Wright et al, 2011).

9.2.a Habitus on or off-duty

Many of the students within this study suggested midwifery was more than just a job, it was a vocation and a profession; they recognised they were representing their profession, even when off-duty and were proud to be part of a trusted profession. These findings reflect those of Keeling & Templeman's (2013) study, where student nurses also suggested, nursing was a way of life and recognised that their conduct outside of work mattered for their

registration. However, many students in this study expressed surprise at the extent GC extended into their personal life.

Despite surprise at the extent of the requirement for GC, most students felt they had entered the profession already demonstrating the values and behaviours required by the profession's habitus and which reflected GC whilst off-duty. The development and evolution of these were because of family, peers, friends, and society's influences on them. Therefore, they already own the right capital to be successful and fit into the profession's habitus.

Several students stated they had been aware of the profession's requirements of always demonstrating GC, prior to the interview or whilst preparing for the interview. Prior knowledge of GC may assist students to demonstrate the profession's values and thus may be more likely to succeed in their application. If the character traits, views, and opinions of those entering the profession do not align with that of the profession potential midwives may be excluded and denied entry to the profession. This implies that there is an uneven playing field in terms of knowledge and understanding of the requirement to always demonstrate GC, at the point of entry to the profession. In addition, those that are successful may still need to modify their behaviours and values to align with the profession's habitus and capital.

9.2.b Modification of behaviours and values

Individuals who do not join the profession with the requisite capital and habitus may need to modify their behaviours and absorb the values and beliefs to fit into the culture and meet the profession's requirements. Whilst it has been implied that the dispositions of habitus one attains as a child are enduring, others argue they may be long-lasting but are not necessarily permanent (Ingram & Abrahams, 2016; Maton, 2012; Reay, 2004). Students in this research recognised one's prior habitus learnt through familial influences may make it harder to adopt the profession's behaviours and habitus but didn't feel it would be impossible. Similarly, Monrouxe et al, (2011) implied learning professional attitudes and behaviours is more difficult without the right upbringing. It has been suggested habitus can be changed via education and new experiences; such change is termed habitus *clivé* and can be both a positive and negative experience (Ingram & Abrahams, 2016). In circumstances where an individual's prior habitus differs from the professions; individuals may need to be deconstructed before being rebuilt into a person with the right identity and therefore character, resulting in a radical change in self-identity for some students (Kaiser, 2002; Crigger & Godfrey, 2014). This habitus *clivé* may occur through the process of socialisation into the profession's habitus.

9.3 Socialisation

Socialisation is the process of how people learn what is considered appropriate behaviour for the setting or interaction they find themselves in, it encourages the formation of new identities, via the internalisation of norms and values of the new society (Jones et al, 2011).

Students in the interviews expressed they had learnt how to manage (and not manage) the demonstration of GC whilst off-duty through witnessing and hearing discussions when on clinical placement or from qualified midwives when off-duty. This reflects the process of socialisation, through which students develop attributes and values that align with the profession (Bosanquet, 2002; Crigger & Godfrey, 2014; Marshall, 2019).

9.3.a Socialisation and bullying

The socialisation of students has been associated with the well-recognised bullying culture that exists within the midwifery profession, this is because of the hierarchical power imbalance between qualified midwives and students (Capper, Muurlink & Williamson, 2021a; Pezaro et al, 2016; Begley, 2001). This power imbalance results in students conforming, becoming obedient and aligning behaviours to fit in with those who hold the power. This hierarchy is sustained by the socialisation of students who then go on to behave like the midwives who had trained them, perpetuating the cycle (Capper, Muurlink & Williamson, 2021a; Begley, 2001 & 2002). Socialisation into professional rules, values and behaviours may occur through the concept of 'mortification of self'. Individuals demonstrate obedience to those in power to enable them to fit in and therefore succeed in their careers (Goffman, 1990; Crotty, 1998).

9.3.b Mortification of self

In a bid to conform to those who hold the power and control, students often subjugate their identity and uniqueness via mortification of self, which can affect confidence and self-worth (Kaiser, 2002). This is visible in the findings via discussions regarding bright hair colours in

the interviews. Whilst hair colour was viewed as having little impact on GC whilst off-duty, students identified midwives in practice had advised them they shouldn't dye their hair bright colours and several students disclosed not dyeing their hair to fit in with the profession's image. This suggests a degree of social control within the profession, which has resulted in the reproduction of the social and cultural norms of the dominant members of the profession. Bourdieu (1990, p13) notes that those from lower classes often "lack the self-certainty of the middle-class habitus". Therefore, students without the confidence that habitus imbues in individuals from classes like that of the profession may just abide by the rules, not questioning, just wanting to fit in. Students altering their hair colour to something they perceived was acceptable by the profession, could suggest students are demonstrating a lack of habitus and/or mortification of self by altering how they express themselves physically to fit in with the profession. However, students recognised the "tendency to attempt to impose restrictive social norms at the expense of diversity and heterogeneity" (Thompson, 2011, p18) could create a homogenous group of professionals. Midwifery students in this study believed acceptance of a wide variety of people within the profession would be useful because it would model acceptance of differences. They perceived this would be beneficial for the profession as reflecting the diversity of the women they serve, would enable relationship-building with the women and families they care for.

However, students that aren't subordinate or accepting of these new rules may leave the programme because they cannot adjust to the requirements or are bullied by those in power (Capper, Muurlink & Williamson, 2021a; Begley, 2001 & 2002). This reflects the views of students in the interviews who suggested if a student did not have GC that aligned with

the profession's expectations, they would likely leave the programme or never enrol. Whilst students need to fulfil the professional expectations on completion of the programme, they may require support along their journey. As a profession we need to consider what and how this support consists of, to avoid potentially bullying students out of the profession because they are different and thus creating social closure for some potential students.

9.4 Social closure

The difference in habitus between the personal and professional fields can be used to limit access to the profession, as qualified midwives utilise their power and control to create social closure (Kaiser, 2002). The requirement for GC reflects the historical background of the professionalisation of midwifery. The Midwives Institute believed the profession's status would be improved by encouraging the right class of women to join, as the occupation became for refined, educated, and moral women (Nursing Notes, 1888 in Witz, 1992; Traynor et al, 2015). The profession utilised the requirement to possess such character traits or habitus as a way of controlling entry to the profession, in a bid to retain power over its own occupation and thus protect itself. Thus, creating a relatively 'closed' occupational group and was a means of socialising those who did enter the profession. (Symon, 1996; Pattison & Wainwright, 2010; Banks, 2012; Marshall, 2019). The continued use of good character as a tool for regulating entry to the profession may perpetuate the strategy of social closure. Some authors suggest this is elitist and maybe discriminatory (Barlow & Coleman, 2003; Tam & KwokMing, 2007; Schleef, 2010). This elitism and discrimination may be because of making students abide by middle-class rules (of the university and the

profession) and is a way to contain and control those from lower classes. This results in a continued reproduction of class differences and maintaining the status quo between the social classes (Sullivan, 2002; Reay, 2010). Which may further limit the success of those who enter the profession with a differing habitus and capital to that of the profession. These middle-class standards were evident within the interviews when students identified differences in what the 'university' expected of them compared to the NHS or NMC.

9.4.a Higher Standards

Some students in the interviews suggested 'the university' held them to higher standards regarding off-duty conduct than the NHS or NMC had for qualified midwives. As a result of these higher standards, midwifery students felt a sense of constant scrutiny from the 'university' and were fearful of unintentionally not demonstrating GC. Similarly, medical students also identified this perception of scrutiny in terms of demonstrating professionalism (Finn, Garner & Sawdon, 2010). This sense of constant scrutiny and higher standards may be because universities are required to assess GC. Sellman (2007) raised concerns regarding the assessment of GC of students, stating it requires educators to make a value-laden judgment which is based on vague guidance of what constitutes GC.

Universities hold the power to sanction registrants and students for behaviours, they deem unacceptable (Thompson, 2011; Freshwater, Fisher & Walsh, 2013). Resulting in universities and thus midwifery lecturers, controlling entry to the profession by applying professional power to assess whether students always meet the requirements of GC, which may not be fair to students from all social class backgrounds (Yam, 2004; CHRE, 2008). As midwifery educators, it is important to have an awareness that the reproduction of class difference

and these higher standards may result in unconscious bias and social closure towards students whose habitus and capital differs to that of the profession. However, joining a profession could also result in social mobility for such students.

9.5 Social mobility

Social mobility refers to an individual's movement between social class groups and can be upward, downward, and sideways in trajectory (Lawler & Payne, 2018). Social mobility is often associated with habitus *clivé* as to fit into a different social class group, individuals may need to alter their habitus (Ingram & Abrahams, 2016).

9.5.a Consequences of social mobility

Within this research some students identified becoming a professional had impacted their prior habitus, resulting in fractured relationships with family and old friends. One student who expressed she had needed to alter or lose her prior dispositions, to fit in with the profession's expectations of GC perceived this change as a positive experience for her, despite the impact this had on the relationship with her family. This is reflective of Reay's (2005) study where students perceived a university education enabled them to achieve and move onwards to a new life.

Alternatively, another student identified how the requirement to demonstrate GC whilst off-duty made them feel different to members of their community. This was not always a positive feeling as she perceived she no longer fitted into the society where she lived. In this

situation, social mobility had resulted in losing the dispositions and qualities that don't meet the standards of the profession. This reflects the findings of further studies by Reay (1997; 2010; 2013) where she suggests the need to align with the habitus of the dominant middle classes, which results in individuals distancing themselves from the communities where they once belonged, resulting in feeling a 'disconnect and loss of authentic self'.

Several authors (Ingram & Abrahams, 2016; Friedman, 2016 & 2014; Reay 2010, 2013) note that the potential successes and changes in habitus because of upward social mobility can be extremely complex and painful, resulting in "a sense of dislocation and cultural homelessness" (Friedman, 2016 p 117). Goldthorpe (1980) suggested that the experience of social mobility did not always result in feelings of alienation but if surrounded by others who have similar trajectories, social mobility could be a positive experience. Subsequent authors challenge this argument and identify social mobility as potentially isolating, neither fitting in with the old nor new communities (Reay 1997; Skeggs, 1997), with Bourdieu (1998) calling this double isolation. The costs of such isolation and alienation from one's roots requires further research, especially based on the findings of this study.

However, as educators, we need to consider support mechanisms for students who do experience isolation and habitus *clivé*. Educators can role model and support students to develop the professional habitus they require. However, for students who may not be able to return to their prior life similar mechanisms that are implemented for care-experienced students and looked-after children might be beneficial, such as access to university

accommodation outside of term times, plus increased financial, and mental health support (Office for Students, 2022b).

However, despite previous suggestions that for socialisation into the profession to be successful, students need to develop an identity that is “personally and professionally acceptable and compatible with their other life roles” (Bharj & Marshall, 2019, p10), some of the students in this study they did not perceive compatibility was a necessity because they felt these should and/or could be kept separate.

9.6 Separation between personal and professional life

Several students perceived they were ‘entitled’ to a private life that was separate from their professional life. This implies that some midwifery students perceive their actions whilst off-duty are not relevant to their profession and they can separate these aspects of their life. This concurs with findings from previous studies where medical students felt they should not have to be professional when off-duty and suggested they could switch it on and off depending on context or location (Finn, Garner & Sawdon, 2010). An example of this can be seen in the survey where students suggested recreational drug use at a music festival, ‘isn’t OK, but no-one knows they are a student midwife’. Yet, conduct even when not seen by others, was suggested as part of the foundations of GC in both the surveys and interviews. This implies a degree of inconsistency in considering the authentic self and *being* of GC rather than *doing* GC, and the notion that GC is something integral and authentic as

opposed to the idea of portraying GC at certain times in their daily life. It could be argued that where differing habitus does not “co-exist peacefully” (Friedman, 2014, p 362) the students manage this by presenting different versions of self, depending on whether they were on or off-duty and the location and context of the situation.

9.6.a Presentation of self

The dramaturgical theory of Goffman (1990) could also be used to illuminate students’ ability to switch GC on and off. Goffman (1990) suggests those in professional roles often perform an idealised version of themselves to others. They are sincere in this act; however, the performance can vary depending on the audience and between the front and back stages. However, there is also a potential for professionals to act in different ways based on what they perceive to be socially acceptable and to do this out of professional duty rather than because of their internal dispositions and character traits (Sellman, 2007; Pattison & Wainwright, 2010; Banks, 2012). Whilst the students discussed the idea that the public, their audience, viewed them as “angels and saints”; they wanted to highlight they were just normal human beings, with flaws, who made mistakes.

Whilst many students in this study felt GC was integral and not something that can be acted or switched on or off, however, when contextualised it becomes apparent some students may do this. For example, in the fencing stolen goods scenario, some students felt if they hadn’t stolen it and because it was off-duty that it would not impact their professional practice. The students in this study suggested that it would be exhausting and impossible to

'act' GC constantly. Sellman (2007) suggests that being of GC does not necessarily mean our actions will be good and that to be a good professional we do not need to be a good person, that there is the potential of 'acting' rather than internalising the values prescribed by the NMC. This may explain why professionals partake in conduct that is considered 'out of character', the act slips, and their true character is exposed. This could also explain why values, such as compassion have not been demonstrated by professionals in reports on maternity care (Ockenden, 2022; Kirkup, 2015). Alternatively, it could be suggested values are internalised rather than acted but have differing levels of capital and worth in different fields, i.e., some fields of practice may prioritise allegiance and loyalty to the profession and its members over compassion.

9.7 Professional loyalty and allegiance.

The midwifery profession's habitus also consists of values such as integrity, judgement, and loyalty. Loyalty can result in allegiance to a group and elite groups within midwifery have been noted by several authors (Elliott-Mainwaring, 2022; Pezaro et al, 2016; Kirkup, 2015). However, there are also potentially negative consequences associated with allegiance to one's professional values. For example, when loyalty supersedes honesty, problems with accountability can occur (Timmins et al, 2018; Beck & Young, 2005). Loyalty to the profession and one's colleagues also impact compassion via moral disengagement strategies.

9.7.a Moral disengagement

Moral disengagement strategies are mechanisms that enable individuals to justify when they deviate from their internal moral standards (Moore, 2015). Examples of such mechanisms include moral justification and “minimising their role....by diffusion and displacement of responsibility” (Bandura, 2002, p102). Thus, a lack of accountability for one’s own or colleagues’ actions can occur due to loyalty. It has been suggested that failure to challenge behaviours and the lack of compassion, via moral disengagement could be a factor in why cultures of care were lacking in the maternity units at the centre of recent reports into maternity care (Ockenden, 2022; Kirkup, 2015). Such behaviour may have been enabled by midwives minimising their actions and that of their colleagues because of loyalty and allegiances to the profession rather than to the women in their care. Misplaced loyalty and allegiance to colleagues appears to have impacted upon achieving the ultimate midwifery aim of ‘being with woman’, resulting in harm to women and their families.

Alliance could potentially be seen within this research, when students felt it wasn’t their role to ‘police’ their colleagues’ actions and in diffusing comments, such as “it’s none of my business” (whether this view extends to policing on duty behaviours wasn’t explored within the study). This is despite clear guidance from the profession’s regulator on raising concerns (NMC, 2018a). For students who are often not part of the elite group but who are trying to fit in and be accepted, differences in habitus, social capital and power could ultimately impact women’s safety, as they feel unable to raise concerns (Elliott-Mainwaring, 2022; Capper, Muurlink & Williamson, 2021a; Pezaro et al, 2016). Interestingly, in none of the recent reports into midwifery (or nursing) care within the UK was the role of education or

students discussed in any depth. Potential strategies to prevent further repeats of such incidents must surely include midwifery educators and education strategies.

9.7.b Strategies to reduce moral disengagement.

One strategy to reduce the potential for moral disengagement and support students to raise concerns is by educators' role modelling appropriate and supportive behaviours (Keeling & Templeman, 2013; Eby et al, 2013; Moore, 2015). Role modelling is a powerful influence on the evolution of a student's values. Therefore, educators need to "define, expect and reflect respect" (Eby et al, 2013, p232). Within this study, students identified they had learnt about GC within the university setting via lectures, re-enrolment requirements and 'stories' from other students and educators. Future midwifery education should include content on the consequences of behaviours, how to hold oneself and others to account for such behaviours, moral integrity, responsibility, and the consequences of moral disengagement.

Midwifery educators should also role model responsiveness towards students' needs and demonstrate moral behaviours when issues are brought to their attention. However, it has been suggested concerns regarding poor practice or complaints of bullying raised by students should be independently reviewed to ensure issues are managed and not hidden due to potential loyalty and allegiance between educators and midwifery staff who they may have previously worked with (Capper, Muurlink & Williamson, 2021b; Begley, 2001 & 2002). Therefore, midwifery educators need to have clear and transparent pathways for managing such issues and role model the same courage that is expected of students.

Role modelling is not only an educational strategy for midwifery educators but students in this study recognised the importance of midwives being role models for society.

9.8 Role models

The public's perception of the profession and recognition that healthcare professions inhabit a role within society led to many students in this study suggesting they should be role models. Role models are thought to be people that are admired and who others may wish to emulate in terms of attitudes and behaviours (Cambridge dictionary online). The students within this study felt midwives as role models should be 'good citizens', who were a force for societal good in relation to equality, diversity issues and healthy lifestyle choices.

Students were confident that racism and homophobic beliefs were contrary to the demonstration of GC on or off-duty. This aligns with the NMC code (2018a) which states registrants should not articulate personal, political, religious, or moral beliefs inappropriately. However, this also created some challenges for them in terms of their rights and freedoms.

9.8.a Free speech

Several students in the interviews struggled with the notions of a right to free speech and personal views, in the context of political, religious, and moral opinions. For example, attending a Black Lives Matter rally was seen as appropriate as it fitted with the profession's values and they perceived this could be beneficial within society as it would raise and challenge current societal discourses (Darbyshire et al, 2020). Yet, the counterargument of attending a 'white lives' matter rally made the subjective nature of personal views and the right to those views complicated, if these do not reflect current social discourse or the profession's values.

In society, there are increasing concerns regarding the right to free speech and expressing one's personal views when they do not align with current expectations (Biggar, 2020; HMSO, 2021). Arguably, many people are cognisant of the 'right' attitudes and behaviours student midwives should demonstrate on topics such as racism and homophobia and the students within this research would therefore align with these. However, new areas of contention are emerging, that may be difficult for students, such as biological sex versus gender, where there is a "fear of seeming bigoted" and the need for safe spaces for women who may have been abused (Anonymous, 2022, p12). Midwifery students in this study perceived greater discussion within their programme regarding such matters would improve midwives' confidence to speak about such issues. Especially as some students within this study recognised changes in their opinions and attitudes because of the education and experiences that have occurred as part of their midwifery programme and assimilation with

the profession's habitus. Therefore, it appears important that healthcare educators create forums for students to engage in such discussions. However, it has been identified that people, including nursing educators, worry about raising such issues for fear of losing their jobs (Anonymous, 2022; Darbyshire et al, 2020). If midwifery educators are avoiding contentious issues, support to develop this aspect of their practice is required. Educators could overcome such fears by encouraging debate through 'playing devil's advocate' or setting up formal debates where students are allocated or encouraged to adopt positions that are opposite to their own.

The subjectivity of personal views also extended to personal health matters. Students in the interviews recognised this as another potential area where personal views may not reflect the professional requirements of demonstrating GC whilst off-duty. This was initially discussed in relation to social distancing and infection control measures for the COVID pandemic.

9.8.b Personal opinions and public health advice.

Students in this research discussed strict adherence to public health regulations and challenging others who did not adhere to these. This suggests students perceive that by joining the profession they accept a moral duty to role model and set an example to the public concerning disease prevention (Dubov & Phung, 2015). Whilst the students in this study were happy to adhere to current public health advice, some recognised the difficulty of having opinions that differed from the current health care recommendations, they

suggested it was possible to manage this if these did not influence the advice and care they provided on duty.

Articulating personal opinions on healthcare topics in a public arena when off-duty can contravene the NMC code. The NMC has removed healthcare professionals from their register for making comments that were “contrary to official health advice” (NMC, 2021b). This raises questions regarding whether health professionals have the same right to freedom of speech as any other member of the public. Within this case, the registrant’s status as a nurse was utilised to promote her personal views that may place others at risk and was deemed inappropriate as it was inflammatory and derogatory about other healthcare professionals. These views were expressed in multiple public arenas, on social media, on TV, on radio, and at public protests (NMC, 2021b). The manner and context in which personal views are expressed and using one’s professional status to suggest these views are evidence-based appear to be the reason for removal from the register (NMC, 2021b). Supporting students to identify how, where and what they discuss when off-duty is complicated by a lack of specific criteria from the regulator, and this may be why students felt fearful of unintentionally ‘crossing the line’. Utilising such cases as exemplars within education may provide students with greater awareness and insight regarding what could be considered to not reflect GC whilst off-duty.

Students’ concerns regarding personal opinions on public health matters were replicated in some discussions regarding actual health behaviours.

9.8.c Personal health behaviours

Role modelling healthy behaviours was also considered important whilst off-duty, by the students in the survey and interviews as they perceived this overlapped with their professional life. This accords with recent studies, where nurses and student nurses felt they should be role models for healthy lifestyle behaviours (Blake & Harrison, 2013; Darch et al, 2019; Willis, Kelly & Frings, 2019). Reasons suggested for why health care professionals should be healthy role models include, 'setting a good example' and 'practising what you preach'. These reasons were considered important, to ensure patients thought the professional was credible and trustworthy (Heidke et al, 2020; Willis, Kelly & Frings, 2019; Darch et al, 2017; Kelly et al, 2016; Blake & Harrison, 2013; Hensel et al, 2011). This is particularly pertinent as two studies demonstrated healthcare professionals and students were less likely to tackle healthy behaviour advice with patients if they were not healthy or their health behaviours were poor (Blake & Harrison, 2013; Heidke et al, 2020). Students in the interviews recognised the potential hypocrisy of educating women on healthy lifestyle behaviours if they were seen off-duty participating in such actions. Therefore, what healthcare professionals do in their personal lives regarding healthy behaviours appears to directly impact their professional practice.

Several studies have demonstrated nurses and student nurses exceed recommended alcohol and fat/sugar levels, smoking, not meeting guidelines for exercise or fruit and vegetable intake. Resulting in many having raised BMI's and waist circumferences (Ross et al, 2019; Perry et al, 2018; Schneider et al, 2018; Deasy et al, 2016; Perry et al, 2015; Blake & Harrison, 2013; Burke & McCarthy, 2011; Blake et al, 2011). This implies a disconnect

between what nurses and student nurses say and what they do in terms of role-modelling healthy behaviours (Darch et al, 2019). This disconnect between practising what they preach may be why some healthcare professionals felt the expectation to be a healthy role model was an additional pressure, an imposition on their right to choose how they live, and the profession should not dictate how they behave in their personal life (Darch et al, 2017; Willis, Kelly & Frings, 2019; Kelly et al, 2016). Similarly, some of the students in this study felt the expectation to role model healthy behaviours was an unrealistic pressure and referred to being human with natural flaws to counterbalance this idea. However, service users and other stakeholder groups felt the idea of 'personal freedom' in relation to being a healthy role model was an excuse for those nurses who did not meet the healthy role model ideal (Kelly et al, 2016). However, if healthcare professionals are required to be healthy role models, this raises questions about personal autonomy.

9.8.d Personal autonomy

Personal autonomy over health decisions was a topic that became increasingly debated when mandatory COVID vaccination for healthcare professionals was being suggested. Dubov & Phung, 2015 discussed the implementation of mandatory flu vaccination of nurses in the US, they acknowledged some may feel this violates healthcare professionals' rights to make decisions regarding their personal health. The mixed views relating to role modelling healthy behaviours and public health policy in this study and the wider literature suggests the profession is uncertain whether this is a component of GC and FtP.

Midwives predominantly care for fit, healthy individuals, and the use of self in the public health role of the midwife should be an inherent component of the pre-registration public health curriculum. It is likely for some students may feel or be conflicted that they are required to role model healthy behaviours and the consequent impact of this on their off-duty life. Therefore, enabling students to reflexively explore the implications and contradictions of self / personal health action and client expectations would be useful to prepare them with the skills for managing any potential conflicts that may occur between their personal and private lives as their career progresses.

9.9 Chapter Summary

This study identifies students' experiences of demonstrating GC still reflects elements of social closure through socialisation into the profession's habitus, which reflects GC whilst off-duty. For students whose prior habitus is not reflective of the professions, they may have to experience the painful concept of *clivé* where they subjugate their appearance, behaviours, and values to fit into the profession's habitus. They do this, so those who control entry to the profession will assess them as '*of good character*'. However, it can be argued that as result of this socialisation, students go on to reproduce their own experiences and utilise power and control over the next generation. This socialisation and reproduction of professional habitus are not without issue. At an individual level these changes could damage relationships with family, friends, and community. This may result in deepening the commitment and loyalty to the profession's habitus, which is potentially harmful for those we set out to protect. Educators need to be role-models and be seen to

challenge the bullying behaviours of students and women and should surely be at the centre of any attempts to prevent such incidents from reoccurring.

This study has provided insight into students' views and experiences of living GC in their off-duty life. The crossover between personal views and professional values appears to be a prominent issue for the students and the profession. There is uncertainty surrounding certain aspects such as free speech and autonomy within one's personal life due to being a professional. A wider debate on such issues within the profession would be beneficial for midwives, and educators, so that they can utilise this within their preparation of the next generation of midwives.

As a profession, we should use the findings of this study to question how we utilise the concept of GC. Midwifery educators are ideally placed to teach students to develop their GC and support those who may experience a cleft habitus. This is achievable via role-modelling appropriate behaviours and values whilst challenging the hegemony of social closure and bullying through the misuse of the concept of GC. Ultimately, this could result in an improved culture of midwifery care for women and families. Educational strategies that could be recommended based on the principal findings of this study will be discussed in the next chapter, following a reflection and outline of the research process and development that has culminated in these recommendations.

10.0 Conclusion

10.1 Introduction

This research explored student midwives' experiences of demonstrating GC whilst off-duty. Within this thesis, I have presented and critiqued the research undertaken to achieve the original aims and questions. This has included a narrative review of the literature relating to the demonstration of GC and the social and cultural drivers which may influence students' experiences. Additional chapters include, the research philosophy, methodology, methods, and data analysis approaches utilised to achieve the research aims.

This final chapter will summarise the research endeavour and achievements of this thesis. The discussion will incorporate a reflection on my learning throughout this research process, highlighting strengths, limitations, and challenges. Through these discussions, I will reflect on how engaging in doctorate-level study has contributed to my personal development and may impact my future career. This will culminate in an evaluation of the contribution this thesis has to midwifery education.

10.2 Outline and development of this research study.

I commenced my PhD journey in September 2016. However, the process began before this, as an area of research began to form in my imagination. As a programme lead in two universities, I have experienced addressing students conduct at informal and formal stages

of university FtP processes. Based on these experiences I was surprised at some of the issues that arose and the complexity surrounding them. This led me to question, why some students' were still being referred to FtP processes, despite many discussions within their programme regarding behaviour and conduct whilst on and off-duty. Additionally, I started to notice several media cases relating to other professions and students, where conduct off-duty had negative consequences for their career or programme. This suggested the experiences of demonstrating GC off-duty (or not) were more complex for some students and professionals than others. This resulted in me considering what behaviours and conduct reflect GC when off-duty and what influences the demonstration of GC. Therefore, I developed an initial idea to research off-duty behaviours in relation to GC and FtP.

The concept of exploring student behaviour and actions whilst off-duty was quite a broad topic. From initial reading, it felt that the concept was elusive and complicated by the multiple terms used in literature to reflect the concept of GC, i.e., professionalism and FtP. In my research journal, I titled one entry, "Shifting sands", as it felt difficult to find solid ground with where to focus the study. I recognised the need to refine the focus of the research if I was to produce a study that was sufficiently detailed and complex to ensure it met the requirements of doctorate status. Therefore, I spent a considerable period refining my question and aims.

In a bid to refine the research focus, my supervisors directed me towards social theories. Bourdieu's theory of reproduction and Reay's work on working-class students' experience of

higher education provided a potential explanation for why students may have different experiences of demonstrating GC whilst off-duty. The notion that students' social and cultural backgrounds may influence their views and understanding of what constitutes GC may seem obvious, but to me, it felt like a light bulb moment. It illustrated that feeling of being a fish out of water and stepping into a different world that some students talk to you about in initial tutorials. However, I also recognised some students didn't feel this way and seemed to 'fit in' more readily than others. Therefore, I recognised I wanted to research more than just what students thought GC consisted of. I wanted to know what it was like for them to live with the requirement to demonstrate GC whilst off-duty, and what social and cultural influences impacted the students' opinions and experiences of demonstrating GC whilst off-duty as well.

The literature review in chapter 2, demonstrates the breadth of evidence explored. This enabled clear identification of gaps in the evidence base relating to midwifery students, GC, and off-duty behaviours. Initial reading identified little literature on GC whilst off-duty, and as search terms were expanded to include social and cultural issues, it became too broad. Nevertheless, the extensive reading was beneficial as it gave me a grounding in all 'things' GC and FtP and provided the basis for the questions within the survey.

I now needed to consider, research philosophies and methodologies that would enable me to achieve the research aims. The potential choices were explored in chapter 3. Social constructionism recognises the individual nature of experience, and how meaning is socially

and culturally constructed and therefore reflected the purpose of the research, which was to explore the multiplicity of students' experiences. Methodologies provide the framework of how the research will be conducted. Therefore, as phenomenology seeks to explore the unique and subjective experiences of a phenomenon it was a suitable methodology.

However, IPA enabled the fusion of multiple phenomenological approaches, which ensured the aims of the study were achieved. Whilst grounded theory and ethnography had aspects that may have been useful in illuminating the research focus, constructionism and phenomenology provided the appropriate foundations with which to explore this area of interest because it resulted in a thick description and interpretation of the phenomena as experienced by midwifery students within this study.

Next, I considered what methods I would utilise to answer the research questions. The rationales for these choices are discussed in chapter 4. A survey and semi-structured interviews were chosen as the means to obtain data that would answer the research questions. Data analysis of the Likert scales and closed questions was undertaken using Microsoft Excel. Production of contingency tables, undertaking chi-square calculations and creating pivot tables to present my data has provided me with a multitude of new skills that I will take forward into future research projects. The interview data was analysed using an inductive thematic analysis approach. This ensured the themes linked clearly to the data and provided a thick description of students' lived experiences of demonstrating GC whilst off-duty. However, both methods provided challenges.

10.3 Challenges during the Doctoral Journey

There were several methodological and field-work challenges encountered during this study. The complexity of the survey method and analysis of large amounts of qualitative data as a result and the impact of the pandemic on the interview phase. These challenges will be explored within this section of the thesis.

I underestimated the complexity of developing a survey that looks at attitudes and behaviours. Creating the survey took multiple drafts and pilots to ensure clarity, validity, and reliability. However, on reflection, my age and experience did impact some of the questions, such as fencing stolen goods could have been made more contemporary to include things such as illegally downloading music or movies, or only putting two croissants through the self-checkout till instead of four. Time limitations prevented the co-production with students of relevant questions but would be an avenue to consider for future research on this topic. Additionally, specifying whether students had participated in behaviours since they were a student midwife may have been useful and provided greater insight into students' actual behaviours whilst off-duty. Additionally, the amount of qualitative data provided was unexpected and the initial plan for thematic analysis became challenging (as discussed in chapter 5). In retrospect, using a software package to analyse this data may have been useful and something I may consider undertaking after my doctoral journey is completed. Despite these potential limitations of the survey and the benefits of hindsight, undertaking this as part of the study was invaluable. The anonymity of the survey and the

plethora of qualitative comments gave insight into the lived experiences of demonstrating GC whilst off-duty.

The next challenge was because of the pandemic. At the point of commencing the interview phase of the research process, the nation was under a national lockdown in response to a pandemic. Which resulted in moving the interviews to an online format. Moving the interviews to the online environment is not as straightforward as just setting up an interview, I needed to consider and research the potential issues with online interviewing before undertaking them. This was essential to ensure rigour in the process as well as the safety of the participants. Considerations included identifying appropriate and ethical ways of undertaking the interviews online, recording them and storing the audio recordings, to ensure the research could continue. This did impact the study in terms of deadlines but still enabled the achievement of the research aims.

I ensured the research process was ethical, by ensuring informed consent, confidentiality, and anonymity of those participating. How this was achieved is discussed in chapter 4. Additionally, within chapter 4, strategies that were implemented to ensure the rigour and quality of this study were also explored and thus provide credibility and trustworthiness of the findings generated.

This study contributes to the knowledge base regarding student midwives demonstrating GC whilst off-duty. It also provides insights of relevance for all healthcare professionals and educators regarding student conduct, actions, and experiences of demonstrating GC whilst off-duty. Next, a summary of the principal findings that contribute to this new knowledge base will be provided with recommendations for future practice.

10.4 Summary of principal findings and recommendations

The research data addressed the research aim of exploring midwifery students' opinions and experiences of the Nursing and Midwifery Council's expectations of professional good character whilst 'off-duty'. This was achieved by identifying what student midwives consider the attributes and behaviours that reflect good character when 'off-duty' and the social and cultural drivers which determine their attitudes and opinions. These findings are unique as no other research has considered off-duty behaviours and experiences.

The survey identified behaviours and actions, students believed were reflective of GC and those which were not. Students in the interviews reiterated similar foundational values and behaviours of GC. However, on further exploration in the interviews, students identified nuance and subjectivity when defining what GC off-duty consisted of and prior to this study there was a clear gap in the evidence base regarding off-duty conduct. Thus, there is a potential that habitus and capital are components of a hidden curriculum that impacts achievement and progress for some students.

10.4.1. Recommendation 1

As a result of the nuance and subjectivity identified in this study's findings, the profession should consider greater clarification of what is expected of students and qualified midwives whilst off-duty. The profession and its educators should also review curriculums, policies, and procedures to ensure the concept of GC is clearly articulated for students, so there are transparent expectations regarding behaviours.

Students in this study suggested differences in views on behaviours and values reflective of GC were because of differences in society's opinions and differences between societal groups. Suggested drivers for these differences were family, peers, religion, and community. These drivers impacted the demonstration of GC, in positive and negative ways. Some provided rich examples of how these impacted their demonstration of GC. However, students struggled with the concepts of the right to free speech and personal opinions that may not be aligned with that of the profession.

10.4.2. Recommendation 2

As a result of the findings that GC will vary for students, it is recommended that educators create safe spaces to explore contentious issues, such as free speech and subjective personal opinions. These spaces should encourage academic debate with respect to others' opinions. This may result in the modification of behaviours for and values for some students as part of the socialisation process.

Socialisation into the profession appears to be influenced by social control through power imbalances between students and qualified midwives and an uneven playing field for those students who do not possess capital and habitus similar to that of the profession. This has the potential to create a degree of 'sameness' within the profession that may result in the exclusion of those deemed different.

The requirement for GC was initially implemented as part of the 1902 Midwives Act to ensure the profession was for the right class of women. The continued use of this requirement could prevent those from different backgrounds from entering the profession and could be considered discriminatory and elitist.

10.4.3 Recommendation 3

As a result of GC having the potential to be discriminatory, the profession should be aware of and challenge unconscious bias towards students with differing habitus and capital.

Training to increase awareness of differences between personal and professional habitus experienced by students and potential applicants should be compulsory for all those involved in the recruitment, selection, and education of midwifery students. As a result of increased awareness of potential differences in habitus, educators may also be able to identify students who experience habitus *clivé* because of socialisation and social mobility as observed within this study.

As a result of socialisation into the professions habitus, some students in this study had experienced upward social mobility. With this mobility several identified feeling disconnected and/or isolated from their prior social world, which could be a distressing and difficult experience for some students.

10.4.4 Recommendation 4

Therefore, because of this study's findings, it is recommended that students may require extensive support from personal tutors and wider university systems if they experience a habitus *clivé*. Students who may not be able to return to their prior social worlds should be enabled to access support mechanisms that are implemented for 'care experienced and looked after children'.

However, students may also benefit from social mobility as they become a professional.

Within this study, students identified being proud to be a midwife and therefore wanted to uphold the status of the profession to the public.

The development of a professional identity is important. One aspect of professional identity is loyalty towards the profession. However, negative consequences of placing the profession before those we care for, have been identified in recent reports on substandard midwifery care. If we are to prevent repeats of the tragedies within the Kirkup & Ockenden reports,

educating the next generation to have the fortitude to change, challenge and chart the future path of the midwifery profession is essential.

10.4.5 Recommendation 5

Therefore, curriculums should contain content on moral integrity and moral disengagement strategies as well as supporting students to understand the scope of their accountability in relation to raising concerns regarding colleague's on and off-duty behaviours. However, educators and universities need to recognise the power imbalances between students and qualified midwives and consideration to prior suggestions on anonymity, so students are not penalised for raising concerns and to ensure concerns are addressed appropriately.

10.4.6 Recommendation 6

In addition, educators are a powerful influence on students. Therefore, they need to role model professional habitus and capital, to aid students to develop the values of the profession.

However, role modelling is not just for educators but is also a component of demonstrating GC off-duty for some students. Several students suggested students and qualified midwives should be role models whilst off-duty. As role models, they should be 'good citizens' who reflect healthy lifestyle choices and promote equality for all, at all times. Conversely, some students felt they were entitled to a separate life when off-duty and actions in their private life should not impact their professional life. In the interviews, this idea was not suggested

as explicitly. However, there was some contradiction regarding whether their private life should be regulated by the profession. Students also implied degrees of morality relating to circumstances surrounding certain conduct that occurs when off-duty. This suggested some students may *do* GC rather than *being* of GC and can switch it on and off to manage the requirements. Others applied caveats to how they expressed themselves or behaved in public or on social media.

10.4.7 Recommendation 7

Therefore, discussions and curriculum content on moral integrity should explore the on and off-duty expectations, this could be via case studies and examples that were used within the survey or discussed in interviews.

Based on the findings of this study, recommendations have been made. However, they must be considered alongside any potential limitations of the research.

10.5 Limitations

The phenomenon of demonstrating GC whilst off-duty is unique to each student midwife. However, similarities and differences were visible across both the survey and interviews. All participants were self-selecting and came from one university for the interviews, which may impact the findings. However, key themes did emerge from the findings, which may be transferrable to wider midwifery contexts and other healthcare professions.

10.6 Future research and intentions

This research has identified several areas that would benefit from further research and professional debate. The vagueness of what constitutes GC whilst off-duty needs exploring further by the profession to ensure students and qualified healthcare professionals understand what the expectations of them when off-duty, consist of. Specific issues were highlighted within this study that would benefit from greater clarification, examples include, the right to free speech and personal opinions which are not aligned with the professions and role modelling healthy lifestyle behaviours.

Additionally, this study identified some students experience social mobility because of joining the profession. Further research exploring student midwives from lower socio-economic groups' experiences of joining a profession would be useful for educators as greater insight could identify additional support mechanisms that may aid these students in achieving and succeeding at becoming a midwife. This is an area I would like to study further.

10.7 Personal development

Despite having undertaken a master's research study and having some experience in research, I felt like a novice throughout the doctoral journey. As I began exploring and understanding a whole new world of theoretical concepts, I wondered if I could undertake

doctoral study. The dawning realisation of the depth and commitment that was required became apparent and imposter syndrome was crippling at times. However, never one to give up, and with the support of my supervisory team, I did not give up.

During my PhD journey, I presented posters of my proposed research at several conferences (see appendix 24). This enabled me to develop confidence in presenting my research to peers. The interest and questions from peers at these events helped to provide me with momentum and enthusiasm to continue with my doctoral journey.

I had hoped to publish articles related to this study during the PhD but the challenges of part-time study with full-time employment have meant I haven't achieved this, yet. However, the passion for spreading the findings of this research, to hopefully promote discussion on the topic within the profession, means I am highly motivated to make publishing the findings, the next step in my journey, with plans to submit the findings of this study to Nurse Education Today (NET), as this is widely accessed by healthcare academics. However, to ensure this is also seen by clinical practitioners, future publications in the RCM Midwives magazine and Nursing Times Journals would disseminate the findings to a wider audience. Publication and presentation of this study's findings will hopefully place the issues of GC in policymakers' agendas, so the profession can look to providing greater clarification regarding GC whilst off-duty.

As a result of undertaking this PhD my expertise and knowledge relating to GC and fitness to practice issues has resulted in becoming the departmental lead for FtP issues. This involves supporting other staff members in managing potential and actual cases. I consider myself a leader in this area of professional practice because of the knowledge and skills obtained as part of my doctoral experience and hope to put this knowledge to good use for developing the future generation of midwives.

10.8 Chapter Summary

This thesis encapsulates five years of research activity and achievements, as summarised in this chapter. It contributes to the profession's knowledge base as it provides a unique insight into midwifery students' experiences and opinions of demonstrating GC whilst off-duty and what social and cultural drivers influence this. Hopefully, for its author, this is just the beginning of future research activities and publications.

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Appendix 1 Key Word Identification

PICO

Population	Intervention or Exposure	Comparison	Outcomes
Student Midwives/Midwi*	Good Character	Social class	Opinions
Nurs*	Fitness to practice Professional* Education Higher education	Culture Off-duty Misconduct	Experiences Attitudes Attributes Values Behaviours

SPICE

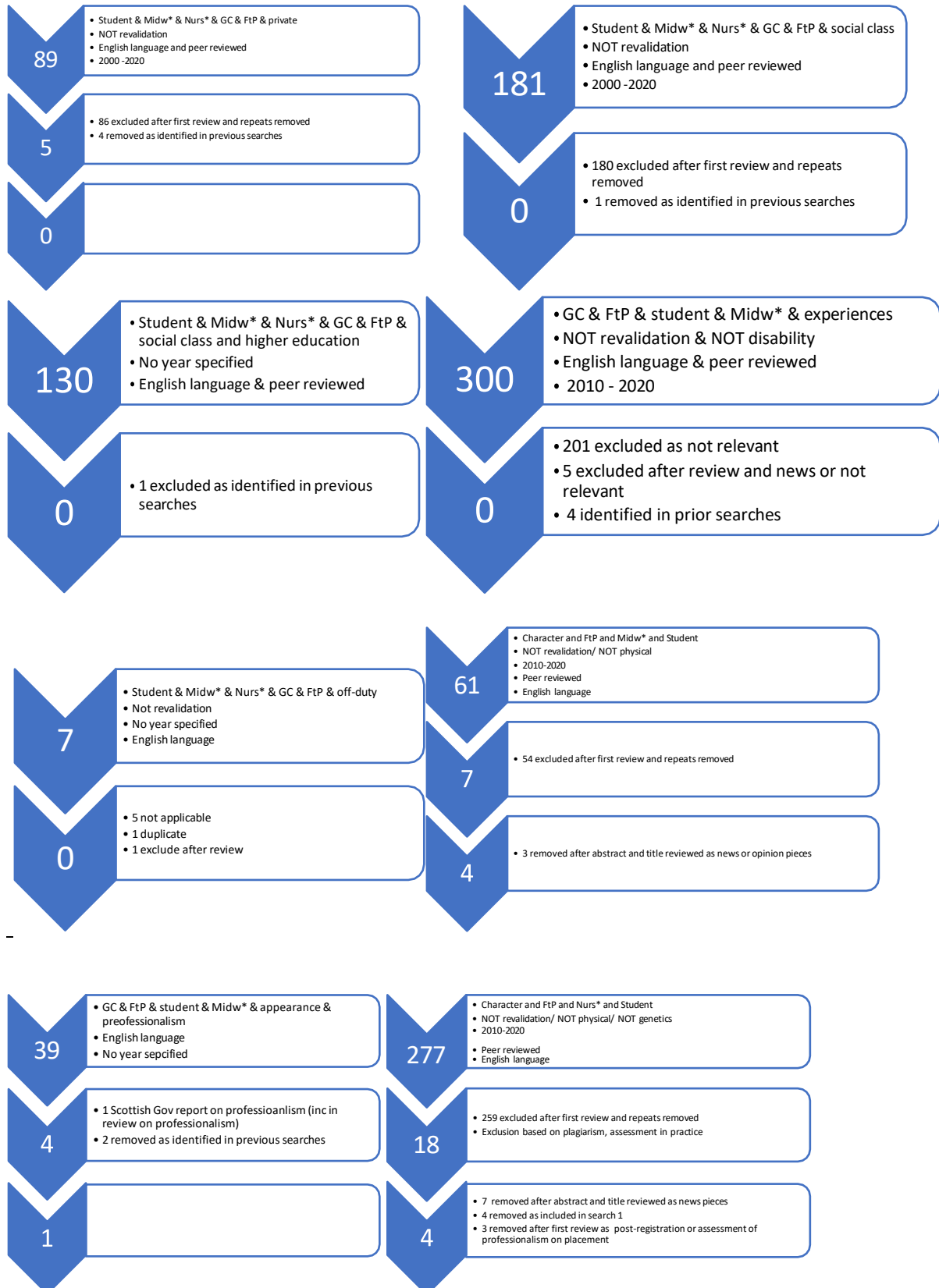
Setting	Perspective	Intervention	Comparison	Evaluation
Midwifery	Student Midwives/Midwi*	Good character	Social class	Appropriateness of evaluation/analysis tools

University	Nurs*	Fitness to practice	Culture
Higher Education		Professional*	Opinions
Off-duty			Experiences Attitudes Attributes Values Behaviours


SPIDER

Sample	Phenomenon of Interest	Design (theoretical framework)	Evaluation	Research
Student Midwives/Midwi*	Good character	Reproduction (Bourdieu)		All formats of evidence
Nurs*	Social class Higher education Fitness to practice Professional* Opinions Experiences Attitudes Attributes Values Behaviours	Capital Habitus Field		

Appendix 2 Examples of Literature review searches



Appendix 3 Database & Literature Search Examples


LIBRARYSEARCH
Library Online | Skills Plus | Request an Inter Library Loan | Reference Linker | Help

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Resource Type

Articles

Reviews

Conference Proceedings


Other

Text Resources

More options v

Results 1 - 10 of **3,429** for **Northumbria's Library** Personalized > Sorted by: Relevance v 1 2 3 4 5 >

Refined by: top level: Peer-reviewed Journals x

 **An investigation on nursing, midwifery and health care students' learning motivation in Turkey** View all versions


Kosgeroglu, Nedime ; Acat, M. Bahaddin ; Ayrançi, Ünal ; Ozabacı, Nilufer ; Erkal, Sibel

Nurse Education in Practice, 2009, Vol.9(5), pp.331-339 [Peer Reviewed Journal]

features of the nursing students such as the city, sex, and class. Occupational Learning Motivation Scale (OLMS) OLMS was...


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 **Attitudes, beliefs and comfort levels of midwifery students regarding sexual counselling in Turkey**

Özcan, Reyhan ; Zengin, Neriman ; Yavuz, Saadet ; Akinci, Ayşe

Publication/Creation Date


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Conference Proceedings


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Refined by: top level: Peer-reviewed Journals x

 **Culture** View all versions

Culture, Health & Sexuality, 01 June 2007, Vol.9, sup.1, p.1-104 [Peer Reviewed Journal]

Full text available

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 **Poster Sessions (Author abstract)(Report)(Survey)** View all versions

Abubakar, A. ; Wambaoq, I.

Epilepsia, Oct. 2007, Vol.48(s7), p.57(116) [Peer Reviewed Journal]

Full text available

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Publication/Creation Date

416

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Any contains good character AND
 Any contains Fitness to practice AND
 Any contains Midwi* AND
 Any contains good health NOT
 Any contains disability NOT
 Any contains

Publication Date: Any year
 Material Type: All items
 Language: English
 Start Date: 01 01 2007
 End Date: 31 12 2017

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Results 1 - 10 of 138 for Northumbria's Library Collections
 Personalized x Sorted by: Relevance v 1 2 3 4 5 +

Refined by: top level: Peer-reviewed Journals x

Article
 Achieving fitness to practice: Contributing to public and patient protection in nurse education
 Tee, Steve R.; Jovett, Rosalind M.
 Nurse education today, May 2009, Vol.29(4), pp.439-47 [Peer Reviewed Journal]
 Full text available
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Article
 These terrifying three words: A qualitative, mixed methods study of students' and mentors' understandings of 'Fitness to practise'
 Haycock-Stuart, Elaine; McLaren, Jessica; McLachlan, Alison; James, Christine
 Nurse education today, August 2016, Vol.21, no.14,77 [Peer Reviewed Journal]
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http://content.librarieshort.co... Staff Portal Suggested Sites

Any contains good character AND
 Any contains Fitness to practice AND
 Any contains Midwi* AND
 Any contains AND
 Any contains AND
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Publication Date: Any year
 Material Type: All items
 Language: English
 Start Date: 01 01 2007
 End Date: 31 12 2017

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Any contains social class AND
 Any contains Midwi* AND
 Any contains character AND
 Any contains higher education AND
 Any contains 20080101 AND
 Any contains 99991231

Publication Date: Any year
 Material Type: All items
 Language: English
 Start Date: 01 01 2008
 End Date: 31 12 9999

Search Clear Simple Search

Help A-Z ejournals A-Z databases Subject Resources Passwords Reading Lists

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Show only
 [vals*["0"]] (1)

Refine My Results
 Resource Type
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 Reviews
 Conference Proceedings
 Other

Results 1 - 10 of 1,369 for Northumbria's Library Collections
 Personalized x Sorted by: Relevance v 1 2 3 4 5 +

Show only [vals*["0"]] (1)

Refined by: top level: Peer-reviewed Journals x

Article
 Sairey gamps, feminine nurses and greedy monopolists: discourses of gender and professional identity in the Lancet and the British Medical Journal, 1886-1902
 Stanley, Heather
 Canadian Bulletin of Medical History, Spring, 2012, Vol.29(1), p.49(20) [Peer Reviewed Journal]
 oppositional group who refused to countenance any working-class midwifery. By... oppositional group who refused to countenance any working-class midwifery.
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Midwifery in New Zealand 1964-1971
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Appendix 4 Mesh Terms

NIH U.S. National Library of Medicine

Search Tree View MeSH on Demand **NEW** MeSH 2017 MeSH Suggestions About MeSH Browser Contact Us

Culture MeSH Descriptor Data 2018

Details Qualifiers MeSH Tree Structures **Concepts**

Culture *Preferred*
Customs *Narrower*
Beliefs *Related*
Cultural Background *Narrower*

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NIH U.S. National Library of Medicine

Search Tree View MeSH on Demand **NEW** MeSH 2017 MeSH Suggestions About MeSH Browser Contact Us

Social Class MeSH Descriptor Data 2018

Details Qualifiers MeSH Tree Structures **Concepts**

Social Class *Preferred*
Socioeconomic Status *Related*
Middle Class Population *Narrower*
Caste *Narrower*

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NIH U.S. National Library of Medicine

Search Tree View MeSH on Demand **NEW** MeSH 2017 MeSH Suggestions About MeSH Browser Contact Us

Attitude MeSH Descriptor Data 2018

Details Qualifiers MeSH Tree Structures **Concepts**

Attitude *Preferred*
Opinions *Narrower*

Expand All

page delivered in 0.123s

Character MeSH Descriptor Data 2018

Details	Qualifiers	MeSH Tree Structures	Concepts
MeSH Heading	Character		
Tree Number(s)	F01.752.190		
Unique ID	D002805		
Scope Note	In current usage, approximately equivalent to personality. The sum of the relatively fixed personality traits and habitual modes of response of an individual.		
Date Established	1966/01/01		
Date of Entry	1999/01/01		
Revision Date	1989/04/28		

page delivered in 0.122s

Street Drugs MeSH Descriptor Data 2018

Details	Qualifiers	MeSH Tree Structures	Concepts
Street Drugs Preferred			
Illicit Drugs Broader			
Recreational Drugs Related			

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National Institutes of Health, Health & Human Services, Freedom of Information Act

Sex Work MeSH Descriptor Data 2018

Details	Qualifiers	MeSH Tree Structures	Concepts
Sex Work Preferred			

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Appendix 5 Sample Review table

Reference	Type of paper	Research Q or focus	Methodology/Methods	Sampling	Findings	Key concepts
Morgan et al, 2014	UK – Delphi study	Define what professionalism means in terms of attitudes and behaviours for nurses and midwives in Wales.	<p>Delphi study - questionnaires had qualitative and quantitative components.</p> <p>35 experts invited 29 participated (8 nursing directors 27 from the consultant nurse/midwife forum) some of whom hold honorary contract with universities.</p> <p>Round 1 = 93% RR, Round 2 = 93% RR Round 3 = 88% RR</p> <p>Likert scale used for obtaining consensus.</p> <p>Thematic analysis. Strong consensus achieved when 75% of the scores for each category scored 4 or more or 2 or less.</p>	Purposive sampling of panel of experts based on their clinical post acknowledging them as expert clinical leaders in there organizations clinical specialty or professions.	862 descriptors were analysed and subsumed in to 71 categories from which 6 themes emerged across all 4 questions.	Themes = person centeredness; context of practice; Commitment to ongoing development of self and others; respectfulness, context of practice; bedrock/fundamental.
Keogh, K. (2013)	Survey UK	<p>Doesn't specify but title suggests it's to explore why FtP is an UG issue</p> <p>Quantitative data</p>	Doesn't state anything more than survey.	25 HEI's in Eng, Scot & wales, doesn't say if this is all HEI's or if not how selected?	805 students involved in allegations of plagiarism, unprofessional conduct on placement (doesn't state what these	Differences in ways HEI's interpreted FTP issues

					constituted) and failing to disclose criminal offences over last 3 years. Sanctions were verbal or written warnings, no expulsions.	
Haycock- Stuart et al, 2016 <i>Linked with MacLaren et al, 2016 paper</i>	Empirical Scotland	Aim to explore std's & mentor's understanding of FtP processes in pre-reg nursing programmes.	Interpretative paradigm Qualitative mixed methods = focus groups (4 student groups and 2 mentor groups) & semi-structured interviews (n=4) NVIVIO for thematic analysis Short time scale = new themes were constantly emerging through data collection period, i.e. did not reach saturation and some themes were unique to a particular group.	Purposive sampling 17 pre-reg nursing students 18 nursing mentors Students not req'd to have been through FtP processes but 3 had. Sampling may have been affected by stds not wanting to participate because of the potentially sensitive nature of the topic.	Stds greater focus to health & conduct. Mentors still focused on competence, which should be dealt with under practice assessment rather than FtP, so don't understand concept.	Conceptualizing FtP - difficult Good health & Character Fear & anxiety surrounding processes.
Hensel et al, 2014	American Survey	Describe drinking behaviours and professional identity formation among baccalaureate of nursing students.	Cross-sectional descriptive study. Survey design Cross-sectional and compared cohorts, so couldn't look at professional identity across time.	Convenience sample 333 students from all 3 years of a baccalaureate nursing programme. Nurse-self concept questionnaire and student alcohol	Dimensions of professional self concept did not vary among students at different levels, therefore this study did not capture transformations in	Disconnect between the personal and professional self and that students do not fully appreciate their responsibility to protect public safety beyond the workplace.

				<p>questionnaire ANOVA and Pearson r statistical tests were used for analysis using SPSS</p> <p>Self-reporting so reliability maybe questionable, also those missing from class on day of survey may have been off due to alcohol associated issues.</p>	<p>professional identity that would be expected to have come from that experience.</p>	
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Appendix 6 CASP appraisal tool

Paper for appraisal and reference: Pezaro et al (2020)

A systematic review of the literature on midwives and student midwives engaged in problematic substance use. *Midwifery* 89 pp 1 - 7.....

Section A: Are the results of the review valid?

1. Did the review address a clearly focused question?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: An issue can be 'focused' In terms of

- the population studied
- the intervention given
- the outcome considered

Comments: Population focus was midwives and midwifery students' problematic substance misuse. Review of existing literature to identify new understanding and perspectives for future primary research.

2. Did the authors look for the right type of papers?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Clear search strategy, based on a previous search strategy into PSU in nurses (Ross et al, 2018) but refined to focus on midwifery and std midwives.

Is it worth continuing?

3. Do you think all the important, relevant studies were included?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Look for

- which bibliographic databases were used
- follow up from reference lists
- personal contact with experts

- unpublished as well as published studies
- non-English language studies

Comments: Identified relevant databases such as CINAHL, Medline etc. MESH and subject terms were utilised. Key words were appropriate and well defined in the paper. Those included had to be in English and demonstrate empirical evidence into the topic. Peer review between all authors undertaken to determine if the papers were appropriate. Reference lists were screened to identify any further literature. 3 studies used were from Scotland, Ireland, Australia, and New Zealand. The 3 studies included a total 6182 participants. All 3 used quantitative surveys but one was a MMR and undertook S.S interviews as well.

4. Did the review's authors do enough to assess quality of the included studies?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments: Suitable tool (MMAT) used to quality assess literature. Initial quality assessment was performed by first author and then reviewed by team. PRISMA statement used for reporting. All three studies met at least 2 of the quality criteria, none met all 5. Most issues related to small samples, low response rates, self-reporting or social desirability bias and partial survey answers.

5. If the results of the review have been combined, was it reasonable to do so?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- results were similar from study to study
- results of all the included studies are clearly displayed
- results of different studies are similar
- reasons for any variations in results are discussed

Comments:

Only 1 paper was used for qualified midwives PSU (Schluter et al, 2012). The other 2 were used for student midwives.

Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider

- If you are clear about the review's 'bottom line' results
 - what these are (numerically if appropriate)
 - how were the results expressed (NNT, odds ratio etc.)

Comments:

Harmful daily drinking was associated with long working hours (Schluter et al, 2012)

Deasy et al (2014) 41.9% were psychologically distressed and utilised avoidance behaviours that included substances use. Nursing & Midwifery students more likely to use these avoidance coping strategies (mean 8.45) that student teachers (7.61).

Watson et al (2006) Student substance use was higher than general population. 74% were classified as hazardous/harmful drinkers. Results from Deasy et al (2014) were lower than the results in Watson et al's survey.

7. How precise are the results?

HINT: Look at the confidence intervals, if given

Comments: Where CI were cited, they were all above 95%

Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

HINT: Consider whether

- the patients covered by the review could be sufficiently different to your population to cause concern
- your local setting is likely to differ much from that of the review

Comments: Only 3 studies with small samples sizes. Studies specific to students were in Ireland and Scotland which may have different cultural attitudes towards alcohol and other substances.

9. Were all important outcomes considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

HINT: Consider whether
• there is other information you would like to have seen

Comments:

10. Are the benefits worth the harms and costs?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider
• even if this is not addressed by the review, what do you think?

Comments: Risks could be identifying PSU to be more of an issue than previously considered. This could cause issues with the reputation of the profession and the faith service users, and their families have in their midwives. However, identifying if there is an issue and identifying ways to support staff with PSU would likely reduce the of making mistakes, missing work etc but also long-term costs of PSU on health services and wider society.

Appendix 7 Literature review theme table

Paper /theme	FtP/GC Professionalism	Stds & sex-work	Social media	Substance use	Appearance
Hanna & Hanna (2019)	X				
Sagar (2015)		X			
Keogh (2013)	X				
Knott & Wassiff (2018)			X		
Affleck & McNish (2016)			X		
Mason et al (2020)	X				
Holmström (2014)	X				
Finn et al (2010)	X		X		
Haycock-Stuart et al (2016)	X				
Ellis et al (2011)	X				
Wright et al (2011)	X				
McLaughlin et al (2010)	X				
Morgan et al (2014)	X				
Mak-van der Vossen (2017)	X		X		
Barnhorn (2017)	X		X		
Hanna et al (2017)	X			X	
Hensel et al (2014)	X			X	
Lo et al (2018)	X				
Stokes (2007)	X				
Semple et al (2004)	X				
Tee & Jowett (2009)	X				
Aldridge et al (2009)	X				
David & Lee-Woolf (2010)	X		X	X	
Wright et al (2014)	X				
Neville (2017)			X		
Wiles (2011)	X				
White et al (2013)			X		
Rammage & Moorley (2019)			X		

Kenny & Johnson (2016)			X		
Roff et al (2012)	X				
Nason et al (2016)			X		
Dobson et al (2019)			X		
Jain et al (2014)			X		
Hubbard Murdoch et al (2018)			X		
Bagley & Lawyer (2014)			X		
Curtis & Gillen(2019)			X		
Ness et al (2014)			X		
Hall et al (2013)			X		
Wylie (2014)			X		
Search et al (2018)					X
Fang et al (2014)			X		
Power & Lowe (2018)					X
Snow et al (2014)	X				
Monrouxe et al (2011)	X				
Roff et al (2013)	X			X	
Motluck (2018)					X
Kitsis et al (2016)			X		
Santen et al (2015)	X				
Moyo et al (2016)	X				
McKenzie et al (2013)	X				
Levati (2014)			X		
MacDermott (2019)					X
West et al (2018)			X		
Gronowski et al (2016)	X		X		X
Gholami-Kordkheile et al(2013)			X		
Cuesta-Briand et al (2014)	X				
Gettig et al (2016)			X	X	
Stubbing et al (2019)	X				

MacDonald et al (2010)			X		
Taylor & Grey (2015)	X				
Sagar et al (2016)		X			
Roberts et al (2013)		X			
Roberts et al (2010)		X			
Sanders & Hardy, (2015)		X			
Sanders (2015)		X			
Maclaren et al (2015)	X				
Bradburn (2012)	X				
Unsworth (2011)	X				
Bernard et al (2011)	X				
David (2015)	X				
Papadakis et al (2005)	X				
Traynor & Buus (2016)	X				
Lyneham & Lovett-Jones (2016)	X				
McCrink (2010)	X				
Nicholls et al (2011)	X				
Resenhoeft et al (2008)					X
Monroe & Kenaga (2010)				X	
Lamberti et al (2017)				X	
Davoren et al (2016)				X	
Bozimowski et al (2014)				X	
Burke & McCarthy (2011)				X	
Çavuşoğlu & Bahar (2010)				X	
Al-Shatnawi et al (2016)				X	
Ayala et al (2017)				X	
Ross et al (2019)				X	
Perry et al (2015)				X	
Ryan et al (2019)	X		X		
Borelli (2013)	X				
Hensel (2011)				X	
Cohen et al (2018)					X

Bair et al (2016)	X				X
McCombie (2019)				X	
Chiarella & Adrian (2014)	X				
Braatvedt et al (2014)	X				
Snelling (2016)	X				
Verissimo et al (2016)					X
Dorwart et al (2010)					X
King & Vidourek (2013)					X
Broussard & Harton (2017)					X
Baggaley et al (2011)					X
Khanfar et al (2012)					X
Sklar & DeLong (2012)					X
Howe et al (2010)	X				
Krom (2019)	X				
Blake et al (2011)				X	
Blake & Harrison (2013)					X
Deasy et al (2016)				X	
Pezaro et al (2020)				X	
Ruetzler et al (2012)					X
Holden (2017)	X				
Wolf & Baggaric (2018)	X				
De Gagne et al (2019)			X		
Tuckett & Turner (2016)			X		
Ryan (2016)			X		
Marnocha et al (2015)			X		
Barlow et al (2015)			X		
Deasy et al (2014)				X	
Deasy et al (2016)				X	
Ross et al (2018)					
Griffin et al (2021)			X		

Pezaro et al (2020)				X	
Pezaro et al (2020)				X	
Searle et al, 2017				X	
Schulter et al (2021)				X	
Garner & O'Sullivan, (2010)			x		
Duke et al (2017)			X		
Cain, Scott & ackers (2009)			X		
Cain & Romanelli (2009)			X		

‘Anti-gay’ Facebook post sparks battle over free speech

A Christian thrown off a social work course by his university is taking his case to the High Court

Nicholas Hellen,
Social Affairs Editor

A devout Christian thrown off a social work course for “anti-gay” Facebook posts will argue in the High Court this week that the ruling puts 6m professionals — including doctors and teachers — at risk of disqualification for their beliefs.

Felix Ngole, 40, from Barnsley, who was doing a two-year course at Sheffield University to become a social worker, quoted the Bible to state that “homosexuality is a sin” and said “the devil has hijacked the constitution of the USA”.

The university’s lawyers said they had to consider the mature student’s “fitness to practise” and warned that his posts would damage public confidence in social workers.

Lawyers for Ngole, who will be seeking a judicial review in the Appeal Court on Tuesday, will argue that if a previous court ruling is not overturned anyone working in a regulated profession will lose their right to free speech.

Paul Diamond, a barrister specialising in religious and human rights, will suggest that regulators would, by implication, have to be given the powers of the Orwellian thought



Ngole: argues that he does not discriminate against gay people
PA

police to monitor social media accounts. He is expected to argue that it would leave a fifth of the workforce vulnerable to the charge that they had breached their professional code of conduct if they expressed unpopular beliefs.

There are more than 200 regulated professions in the UK.

The court will hear that Ngole’s comments on Facebook are shared by millions of Christians that simply quote or paraphrase the Bible and are beliefs protected by human



Northumbria Police

1 hr · 🌐

...

Northumbria Police have confirmed it is fighting the decision of an Appeal Tribunal which overturned the dismissal of a PC.

Katie Barratt was dismissed at a misconduct hearing last year after she used racist language while off-duty on a night out.

However, the officer appealed the decision and was reinstated by an independent Appeal Tribunal in March.

Northumbria Police's Deputy Chief Constable Darren Best said: "It is important and right that the communities we serve know that Northumbria Police are fighting the decision of an independent Police Appeal Tribunal to reinstate PC Katie Barratt.

"First and foremost, the language used by the officer that night was abhorrent. I want to be absolutely clear that racist language is completely unacceptable.

"I am extremely disappointed by the Appeal Tribunal's decision and as a Force we are committed to challenging this and will therefore be applying for Judicial Review.

"We are also seeking a court order to support our position that the officer should not return to work during these proceedings or receive the back salary the Tribunal directed be paid.

"It is important to understand that the Appeal Tribunal was completely independent of Northumbria Police.

"It is also important to recognise that we are still awaiting the final written judgement in relation to the Tribunal decision, which was due within three working days of the hearing. This would have further clarified the options available to us, but feel we have now reached a position where we are not prepared to wait any longer before progressing this matter.

"I want to assure the public that the actions of one individual are not representative of the officers and staff who display unwavering professionalism and commitment every single day, as they protect the communities we serve and in doing so they have my full and absolute support.

"I also want to take this opportunity to reiterate that the officer who



A Northumbria Police officer has been sacked after sharing images of himself of a "sexualised nature" on social media.

He was dismissed without notice after a directed Independent Office for Police Conduct (IOPC) investigation.

Following a referral from the force, the investigation was carried out by Northumbria Police's counter corruption unit, under the IOPC's direction.

[Go here for the latest crime news and breaking North East police updates](#)

It discovered several photos had been posted on public Twitter and Instagram profiles. They appeared to show the officer engaged in poses of a sexualised nature.

Several inappropriate comments on the photos were also found to have come from a profile attributed to the officer, who has not been named.

The investigation found the officer may have breached the standards of professional behaviour in respect of his conduct, by allowing the photos to be taken and posted as well as confidentiality and orders and instructions, with regard to his inappropriate use of social media.

The force agreed he had a case to answer for gross misconduct and arranged disciplinary proceedings, which were chaired by the Chief Constable Winton Keenen and held in private to protect the identity of a vulnerable witness.

Appendix 9 Poster for survey

What do you think are the **best** behaviours that reflect 'good character' when 'off-duty'?



Take part in a research study exploring your views, opinions and experiences of the NMC's requirement to demonstrate 'good character' at all times.

The survey has ethical approval, is confidential and anonymous, and only takes approximately 20 - 30 minutes to complete.

Interested? Go to <https://northumbria.onlinesurveys.ac.uk/good-character-off-duty> to find out more and participate in the survey.

If you have any questions about this research study, please contact vivien.perry@northumbria.ac.uk

Appendix 10 Comparison of definitions in literature for the terms Good Character & Professionalism

The NMC (2010 & 2016)	State that registrants and students should demonstrate ‘good character’ at all times, stating it is essential for fitness to practice and accounts for a person’s conduct, behaviour and attitude
CHRE (2008)	Regulators have a common core in terms of what is assessed in relation to character (? Evidence). The issue can be approached as clearer criteria rather than requiring an abstract notion of GC. Don’t provide a formal definition of GC, CHRE provide principles to approach the issues raised by GC.
CQC (Regulation 19) (2014)	It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of honesty, trust, reliability and respect
HCP (2017)	<p>“The relationship between a registrant and the service user is based on trust, confidence and professionalism. By checking a person’s health and character, we can help to reduce the risk of harm and support the public’s trust in the professions that we regulate.</p> <p>When making decisions about character, we look at whether someone is of ‘good character’ or whether there is any evidence of past actions which might suggest that the person is not of ‘good character’. Evidence that someone might not be of ‘good character’ could include evidence of untrustworthiness, dishonesty, actions which harmed a service user or a member of the public or actions which might affect the public’s confidence in the registered professions.”</p>
GMC (2019) Good medical practice	Be honest and open and act with integrity. Never abuse your patients’ trust in you or the public’s trust in the profession
RCoP(2005) Dr’s in society	Dame Janet Smith stated ‘professionalism is the basket of qualities that enables us to trust our advisors.
Social Work England	Behave in a way that would bring into question my suitability to work as a social worker while at work, or outside of work.
HCSW in Scotland	Characteristics (13) =accountability, integrity, advocacy; sensitivity; objectivity; consideration & respect; consent & confidentiality; co-operation; development & alertness. GC as something that is expressed through practice. In your work you should always be of GC.
General Teaching Council	Criminal offences, being barred from working with children, employment disciplinary action, any other information that would bring the reputation in to disrepute

Solicitors Regulation Authority	States need to be of the 'character and suitability" but the terms are not defined but the SRA states its role is to ensure those admitted to the profession have the level of honesty, integrity and professionalism expected by a member of the public, profession and other stake holders and do not pose a risk to the public or profession"
The King's Fund (Levenson et al, 2008, p1).	Professionalism = "a set of values, behaviours and relationships that underpins the trust the public has in doctors".

Appendix 11 Feedback on pilot survey

Initial Pilot Survey Feedback

1. Did you have any issues accessing or displaying the survey?

NO

2. Was the length and time to undertake the survey **acceptable** (delete those that are not applicable)

3. Was the phrasing or presentation of the questions easy to follow/a little confusing*/very confusing*? (delete those that are not applicable)

*If so, Could you briefly explain what was confusing and identify any particular question(s) this related to.

Page Four - the pictures and tables were a little difficult to follow - because of the numbers I think (It was a bit of a brain tease! I always find it difficult to get my head around matching

things up). And I wasn't sure about the scale - may have been clearer if it was positive or negative impact? I assumed five to be a negative impact.

4. Any other comments or feedback would be appreciated. - Interested to find out the results!

Adapted Survey Pilot Feedback

I think it's much easier with the low impact-high impact specified!

I've done it again.

It's better now that you can select the same number for each picture, however, I am still a little confused about the high impact low impact wording. Is high better or worse, or higher/lower levels of professional conduct? Is the question asking about the ability of individual to demonstrate professional conduct or how the tattoos/hair would affect patients' perception of their professional conduct?

Could it maybe say - on a scale of 1-5 (1 being low professional conduct, 5 being high professional conduct) rate which picture demonstrates the most/least professional conduct?

Hope this helps - if not sorry! the rest was great.

Appendix 12 Interview schedule

Interview guide

Aim - To explore if social class impacts on midwifery student's opinions and experiences of the Nursing and Midwifery Council's expectations of professional 'good character' whilst 'off-duty'.

Research Q's

What do student midwives consider to be the attributes and behaviours that reflect 'good character' when 'off-duty'?

Does social class have a bearing on this?

What are the social and cultural drivers which determine these attitudes and opinions?

Interview questions

Age.

Year of study.

Home postcode aged 16.

Question	Prompt
The NMC (2010 & 2016) state that registrants and students should demonstrate 'good character' at all times, stating it is essential for fitness to practice and accounts for a person's conduct, behaviour and attitude (NMC, 2016 & 2010). What do you think is meant by 'good character'?	What do you understand by 'at all times'?
What attitudes or views do you think may or may not reflect GC? What have you based this on?	Can you give examples of what behaviours, attitudes or actions that might occur in your

<p>What behaviours do you think may or may not reflect GC? What have you based this on?</p> <p>Do you feel these expressions of GC you have mentioned are the same when on duty and off duty?</p>	<p>private life that could impact on your professional life?</p>
<p>Can you tell me what awareness you had prior to commencing the course about the requirement of GC?</p> <p>How do you think your family may have influenced how you demonstrate GC when off-duty?</p> <p>How do you think your pre-existing friendships may have influenced how you demonstrate GC when off-duty?</p>	<p>Is there anything from your background, upbringing or family history that you think may impact on the ability to demonstrate good character at all times?</p>
<p>What are your thoughts about how this requirement to demonstrate GC at all times may have influenced you, since becoming a student midwife?</p> <p>Can you tell me about any personal experiences of having to demonstrate GC when off-duty?</p> <p>Can you think of any examples where your behaviours and attitudes when off-duty have changed because of the requirement to demonstrate GC since you started the course? How or what do you think caused these changes?</p> <p>Have your relationships with friends or family changed or been affected because of the requirement for you to demonstrate GC at all times? Can you explain how or why things have changed or not changed?</p>	<p>Can you give any examples how this requirement influences anything you do in your day to day life?</p> <p>Have your views, opinions, experiences on good character changed since you commenced your midwifery programme?</p> <p>Can you explain how your behaviours, conduct or actions in this example, this might have been influenced by the requirement to demonstrate GC?</p> <p>Why do you think you made these changes or what influenced you to make these changes?</p> <p>How do you think your friends and social circle impact on demonstrating good character at all times?</p>

<p>Has training to be a midwife and this requirement to demonstrate GC when off duty, created any tensions for you in relation to feeling a part of your community? Can you explain why you feel this way?</p>	<p>If your friends were impacting on your ability to demonstrate GC do you think those friendships can be maintained?</p> <p>In sociology, we define community as a group who follow a social structure within a society (culture, norms, values, status)</p> <ol style="list-style-type: none"> 1. Society refers to a system or network of relationships. However, community refers to a group of individuals with a certain sense of belongingness. 2. A community is defined by a geographical boundary. However, society is universal as it has no definite locality or boundary. 3. A sense of belongingness is central to the community. However, a society refers to the network of human relationships and does not require people to feel like they belong to the society. Society exists irrespective of personal royalties. 4. Community is concrete i.e. it exists in physical reality and is defined by a territorial boundary. Society, however, is abstract and does not exist in physical space.
<p>In the results from the survey some responses talked about the right to a personal life that was separate from their professional life. What are your thoughts about this?</p> <p>Can you give me any examples of behaviours, actions or attitudes from your private life that you think should be seen as separate to your professional life? What have you based these examples on?</p>	<p>Do you think there a difference between what is expected of students/midwives compared to the general public?</p> <p>Do you think it's possible to keep them separate?</p> <p>Have ever changed the way you behave on a night out because of the requirement to demonstrate GC? Can you explain how and why?</p>

<p>What are your thoughts about student midwives going out, getting drunk, letting off steam in terms of demonstrating GC whilst off-duty?</p> <p>In the survey, some respondents mentioned, it was none of their business how colleagues behaved, what are your thoughts on this?</p> <p>How do you think, something a midwife does in their personal life, might impact on their ability to do the job?</p>	<p>Have you ever worried about how other people's actions on a night out may impact on how your GC is viewed?</p>
<p>The NMC (2016) state that registrants should "not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way". What do you think this means?</p> <p>How does this requirement extend to when you are off-duty?</p> <p>How might this requirement impact on how you express your personal beliefs when off-duty?</p> <p>Can you give me any examples of what you think may be appropriate ways that a student midwife could express their political, religious or moral beliefs?</p> <p>How do you feel about how you express your personal beliefs being regulated by the NMC?</p>	<p>Do you think this means you can't attend a political or religious rally/event?</p> <p>Who do you think decides what is appropriate?</p> <p>What has influenced how you feel about this?</p>
<p>There were recent news articles about hair colour and tattoos on health care professionals, what are your views on appearance in regard to demonstration of GC.</p>	<p>Is there any time/occasion/scenario when how you look might impact on GC?</p> <p>What has influenced how you feel about this?</p>

<p>What do you think about appearance when off-duty, what does how you look when in public, impact on the demonstration of GC?</p>	
<p>When given scenarios in the survey many identified contextual factors that they considered may influence how people behave or react, such as financial hardship. What are your thoughts about this?</p> <p>Do you feel contextual factors can impact on behaviour? Why and can you give me some examples of contextual issues you think my impact.</p>	<p>Are there any boundaries to how much contextual issues may play a part in someone actions?</p>
<p>In the survey it was suggested that the general public's perception of midwives is unrealistic (saints/angels), what are your thoughts on this?</p> <p>Is there anything you think the public would find unacceptable for a midwife to do when off-duty or out with friends?</p> <p>In the survey, a number of responses talked about being a role model. What do you think this means?</p>	<p>Why do you think how the general public perceives us could matter?</p> <p>Is it a problem if the public's perception of midwives is unrealistic?</p> <p>Can you give examples of things we should role model.</p>
<p>This requirement of GC has existed since 1902, when midwives were registered for the first time. Do you think this is remains relevant to midwifery in the 21st century?</p> <p>How did you feel about this obligation being something you have to comply with to become a midwife?</p>	<p>Why do you think that?</p> <p>How do you feel about this?</p> <p>Can you give examples of what has changed?</p> <p>Why do you think this has changed or not?</p> <p>What sort of things should we role model and how do we role model these?</p> <p>What has influenced how you feel about this?</p>

Appendix 13 – Interview reflections

w/c 21/9/20

Interview 1

Felt very nervous but I am also relieved and excited to be moving forward, I keep checking the technology and hoping the internet quality is good and uninterrupted. The need to transfer to online interviews (due to pandemic) and trying to ensure the same atmosphere and development of rapport when not in the same room but over the internet seems to have added another dimension to the interviews. The use of online synchronous interviews has been increasing over the past decade, they are considered a valid research method. However, issues with access to equipment and the internet plus confidence in IT skills, are possible reasons it hasn't been implemented to a greater extent as a research method (O'Connor, 2017). I utilised my 'private' collaborate platform on Blackboard Ultra, which students have been using this over the last few months when learning went online during the pandemic. I chose this as I hoped the students would therefore feel comfortable using it and reduce any technical issues.

In teaching sessions students' cameras and audio is off to improve 'internet connection' but I asked the student to have her camera on to aid the development of rapport and enable me to look for any non-verbal clues etc. In a study by Weller (2017) it was identified that whilst online interviews felt less personal, participants often felt at greater ease compared to face to face interviews. It was suggested this is because the participant was in their own safe space. The utilisation of cameras made me feel more comfortable in establishing a rapport, reflective of face to face interviews, no participants declined to have the camera on. I wonder if me knowing the students already made rapport development easier and them acquiescing to my request for cameras. Current literature supports that building rapport in these online environments is no different to face to face interviews and the same interview etiquette should be implemented (O'Connor, 2017)

In addition, the move to undertaking the interviews in home settings made me review aspects of my ethical approval, such as, confidentiality. I ensured that the interviews were undertaken in a private room and family members also working from home were aware not to disturb me.

It didn't seem too bad for a first interview. I picked up and probed at times, for example when she used the phrase 'dangerous territory' but also missed some opportunities to delve further, for example I could have further explored the point regarding 'there is a line'. I did utilise techniques such as paraphrasing and repeating points back to them to ensure I had understood this correctly but think this is something I need to develop.

I did find that on this first interview I asked the questions on the interview schedule almost verbatim initially and followed the pattern planned. However, it started to become obvious that these were too formal in format and as my nerves settled a more narrative and natural conversational tone began to develop, again this needs consideration for future interviews. Adapting the interview schedule as the study progresses is considered acceptable, it reflects a reflexive and iterative approach to interviewing (King, Horrock, Brooks, 2019; Josselson, 2013).

w/c 28/9/20

Sent a further email regarding recruitment as only have two participants planned at the start of this week. I get a steady influx of 2nd and 3rd years but still no 1st years. I wonder if because they haven't met me in person, they feel reticent (I am currently on sabbatical). I had hoped this lack of knowledge of me personally and that I have never been their personal tutor or programme lead might encourage them. I have therefore implemented an alternative approach and mentioned to personal tutors if they could publicise the study.

Interview 2

I felt a little more apprehensive about this interview. A number of issues may be underpinning this feeling. I probably know this student on a more personal level as I have had pastoral input during this student's time on the programme. Interestingly, she also picked up on this and stated pre-recording, how we "knew each other so well". This raises the issues of being an insider researcher. In some ways I believe being an insider researcher has been beneficial as I do think students have wanted to help me on my PhD journey and have offered to participate because of that. However, with that there are some tensions:

- a) power imbalances and the student's perceptions of me as researcher rather than the programme lead or personal tutor.
- b) the requirement to manage any fitness to practice concerns that may result of anything a student discloses.

I have started to ponder if I am only recruiting students who have no fears or worries of talking to me in regard to good character. In addition, those I am interviewing are they guarded or being truthful of their version, what skills as an insider researcher do, I need to develop to set them at ease without being over familiar, or is familiarity helpful? Larkin (2013) identifies familiarity can assist with the development of trust, which is an essential ingredient in interviews and there were some occasions during interview 2 where I felt the familiarity was helpful in aiding her to relax but it also came with its challenges.

One such challenge arose during this interview. The participant started recounting a 'story' of a colleague/friend who had been called to a meeting with members of the programme team to discuss a posting on social media. I was one of the programme team at that meeting. The participant comments on how she felt what had been posted wasn't inappropriate and was contextual to the effect of the pandemic. As the story was being told, I began to feel uncomfortable. Josselson (2013) suggests two possible causes for discomfort in an interview. Firstly, something may not be quite 'right' in the relationship between researcher and participant or secondly something significant is being recounted. In this interview, I think the relationship and my 'other' role was the cause of my discomfort, I needed to not express awareness of the story, yet fully aware that the student knew of my involvement. I couldn't break confidentiality and I couldn't comment on what had occurred. I wanted to challenge the viewpoints expressed in relation to the demonstration of good character. I didn't though, because I still need to retain my professional stance as a member of the lecturing team and whilst I felt unprepared for this challenge of decisions within my professional role (which would probably never have been discussed or raised with me in any other forum). I was worried if I delved in to this deeper it could lead me into a discussion that was not about her views and opinions but on that specific case. I think I made the right decision, but it also

bought home to me the difficulties of being an insider researcher. Something to consider for future research and interviews.

I noticed in this interview I have started to respond with comments, such as “yes, that’s great”. On reflection, I wonder if this could be misconstrued and leading or encouraging the student to answer my questions in a manner that they think I want to hear rather than their own version of experiencing this phenomenon.

Interview 3

I am really excited about this interview; I have had a reflective and constructive discussion with my supervisor regarding interview techniques. I have also had a flurry of students agreeing to participate (still no first years) and it is beginning to feel that the data collected will be really beneficial to the purpose of the research.

The student was quite apprehensive initially and when recording stopped she asked, “if that was the sort of thing I wanted?”. The issue of power imbalances and students wanting to say the right thing and also give me what I need for my PhD is apparent and again raises the issues of insider researcher. The interviews are becoming far more of a discussion, which I think is helpful for setting nerves of students aside, less of an interrogation and more a debate and again allays fears that this is about their view and I am not trying to catch them out or find issues with their demonstration of good character. Developing trust and rapport are important in obtaining a true reflection of the participants experience rather than them telling you what they think you want to hear. It is unlikely that they wouldn’t tell me the truth, but they may hold back or play up certain aspects in a bid to provide the researcher with the answers required (King, Horrock, Brooks, 2019). Setting the focus and context of the research when starting the interview could assist with this and in subsequent interviews when introducing the aims of the study, I made a greater point of reiterating this was about their experiences and that there were no right or wrong answers (Josselson, 2013).

I am becoming much more flexible in identifying when the student introduces a topic. For example, in this interview the participant introduced the concept of being a role model very early on and so I followed that line of discussion rather than sticking rigidly to the interview schedule. This fits with a semi structured interview and allowing participants to demonstrate what they think is important in relation to the topic (King, Horrock, Brooks, 2019).

I think I was better at trying to get her to expand on her responses by utilising prompts, such as “can you elaborate on that” (Josselson, 2013). It also encouraged her to reflect on her comments as the interview progressed. At one point she acknowledged her changing thoughts, when she identified she had ‘shot herself in the foot’, having suggested that upbringing and good character is integral but that it is also subjective and explaining where the ‘line is’ was difficult.

The utilisation of pauses works well, and I don’t jump in when these last awhile, this encourages the participant to fill in the gap rather than me and encourages them to continue talking and expand naturally on their responses (King, Horrock, Brooks, 2019). However, I

don't leave these to become uncomfortable just so she is aware I am listening and hearing her (Josselson, 2013). I find myself, saying "ok and thank you" on a number of occasions on this interview. I think this happens when she is struggling with the answers "that's a hard one" and is probably something I do when undertaking oral assessments/OSCE's because you don't want the student to freeze when unable to answer something but to move onto the next question, without making too big a deal of it. Is it a helpful technique in research interviews? I also making a lot of 'hmmms' and I think this is a good way of encouraging the student to carry on talking or explain further (Josselson,2013).

I reframed some questions when the participant asked for clarification, I think this went well but on relistening to the interview, I do wonder about wording and leading questions. For example, when I clarify the point on role modelling, I ask, "why might this be important?" and rather should have asked "do you think this is important?", as who is to say in her lived experience of this requirement it is important. As a novice researcher formulating full questions can be helpful in avoiding leading or difficult phrasing of questions (King, Horrock, Brooks, 2019). My interview schedule was filled with full questions but reading them verbatim made it feel less of a discussion (see interview 1 reflection) and therefore as the interviews became more conversational in a bid to relax participants and enable greater exploration of their comments, I may have inadvertently led some questions. Awareness of this will hopefully contribute to avoiding this in subsequent interviews.

Then the challenge of doing interviews virtually and away from an interview room became apparent, as my elderly dog suddenly required some assistance. Luckily this was towards the end of the interview and didn't appear to affect the student's engagement, but it didn't feel professional. Alternatively, does them seeing me in my own environment and with my own discomforts help them relax and make me feel more human and less of a threat, in terms of power imbalances?

I am still fascinated by the topic and am intrigued by the variety and depth (or lack of) of experiences and views relating to demonstration of good character whilst off-duty. I am reflective of how different their experiences are from my own when I entered the profession and again am beginning to question if the interviews are attracting those that have never faced a conflict or challenge in this requirement. Self-selection of participants might result in such a degree of bias within the interview sample (King, Horrocks, Brooks, 2019), but this version of reality is their truth and remains relevant and important to the study. Alternatively, it could suggest that we are selecting people/students with the right values at interview and therefore screening out those from lower polar 4 quintiles (need to relook at the survey data to see how many overall were from each quintile but aware this data was a little incomplete?). think that this reflection on my "surprise" at these differences is showing phenomenological attitude and the need to see afresh and from the perspective of others living this experience. It is a long time since I was a student and therefore my experience is likely to be different of those who are students now.

Interview 4

Two major issues occurred during this interview. Internet connection was difficult on both sides and the interview was interrupted by a telephone call to the participant advising her daughter was unwell and needed collecting from school.

I had paused the recording when she took the call, hopefully ensuring her privacy. Reassured her, it was fine and that she needed to go and collect her daughter. She emailed me later and asked to rearrange to complete the interview. I am still contradicted by this because her experience's and input were unique, and the discussion was really useful to the study but what are the implications of the break? However, I also did not want her to feel her valuable time was wasted or not helpful and so decided to complete the interview at a later date (4 days later due to the weekend).

There were only a few remaining areas to cover but I felt disjointed and uncertain on the completion interview, the IT difficulties and time lag were particularly prominent on the completion interview and I think this did impact on my questioning and asking for depth. For example, I could have asked for examples when she was discussing 'keeping things behind closed doors). The internet connection issues also created a quality issue and a time lag, so it often appears that I maybe talking over her or moving on to the next question, but this was a result of the technical issues. I need to consider the impact of these on the quality of the data and how it is interpreted. The freezing of screens and audio has been identified as an issue when using online synchronous means to undertake interviews, with suggestions that these disruptions could hinder rapport and result in participants limiting how much they say (Deakin and Wakefield, 2014; O'Connor, 2017; Weller, 2017). Whilst the technical difficulties were frustrating, they did not appear to affect the depth and volume of disclosures by the participant and again might suggest the prior relationship between the participant and the researcher may be beneficial and almost protective to the interaction (Weller, 2017).

One thing I think I did much more of in this interview was using her words to refocus or encouraging her to expand on the responses, for example, the word 'tribe' was used to describe friends and community, so I utilised this word.

I don't think I have been as responsive to non-verbal clues in the interviews so far, this may be because of the virtual format or my novice experience at interviewing, or both. In this interview, when I introduced the topic of appearance, she instantly lifted her arm to her head, allowing me to see her own tattoo's and then played with her hair to show me the colourings. I am not good at this aspect though. I previously would have considered myself quite intuitive in looking at non-verbal communication due to experiences from clinical practice and can only wonder if this is a result of the virtual interview format and also the picture freezing constantly etc?

Interview 5

When planning the interview schedule, I remember trying to avoid closed questions and focussing on open questions because the aims and methodology are exploring in depth that persons experience (Josselson, 2013). Yet, in relistening to this interview, I have noticed as the conversational tone is becoming more relaxed, I have started to use questions that could be answered with only a yes or no response. For example, on asking if, "she felt it was easier

to demonstrate good character because of the values instilled in her by parents”, she could have just replied with a yes or no. However, this doesn’t happen, she instantly gives me more than I have asked for, without even requiring a prompt and I notice this on a couple of occasions. Whilst I know that it would be better to avoid this type of question, I am becoming more confident and less worried about their occasional incursions on the discussion because it doesn’t seem to impact the depth and quality of the participants responses.

I also notice, that I am laughing at some of her responses, again in a confirmatory or conspiring manner, is that appropriate, am I just mirroring her behaviours to make her relax? Maybe this laughter is an empathetic response, I am demonstrating I feel and hear what she is saying, which will encourage her to share more (Josselson, 2013)

w/c 5/10/20

Over the weekend, a first year has emailed regarding participation, I have emailed back to try and organise a date but have heard no more. Still no other first years participating. I have sent an email specific to them, reassuring them they don’t need to know a lot on the subject, that I want to know what they think and their views on the topic. Fingers crossed as I think it would be really useful to hear their experience’s before, they receive a lot of teaching on it. Its currently very difficult with the pandemic situation and for many being at university for the first time in the current climate, many maybe self-isolating or unwell.

Interview 6

This was the hardest and longest interview so far. My initial reaction is that this was due to trying to keep the conversation focussed. The participant did have a tendency to digress. I found it very hard to reign that back in. I think this was because she was using her own life events and I wanted to be respectful and hear these without making her feel rushed or that they weren’t relevant which could result in the participant backing off from freely sharing (Josselson, 2013). This participant is giving her time up for me and I need to respect that, but I need to consider how I may manage this in the future or whether actually sometimes you do have to accept that the interview may travel in unanticipated ways. There are techniques suggested by Josselson (2012) to refocus the discussion, such as bringing the discussion back to a key point or identifying how it related to the initial question. However, interrupting the story could have disrupted the flow of the discussion and impacted on her willing to share other examples from her personal experience.

However, I don’t think it was just about going off on tangents that made this interview so hard. I think there was a lot of content, coming quickly and as the interviewer trying to keep all those threads and delve deeper at the right points was taxing and on relistening to the audio, I think I did miss opportunities to explore her experiences in more depth.

I think despite both of these reflections, the interview did cover the areas identified in the interview schedule, but I still feel I have a lot to consider in terms of managing the interview process.

Interview 7

I loved doing this interview. It wasn't always easy to navigate because the conversation took many twists, but I think I followed them quite well, whilst ensuring all aspects of the interview schedule were covered. Note taking during the interview is suggested as a way to keep track of things you need to come back to but the complexity of focusing and listening has meant I haven't been able to do this (King, Horrocks & Brooks, 2019). Not taking notes is supported by Josselson (2013) as she suggests this causes a distraction and may leave the participant wondering what you are noting or feeling that you are not listening to them. Instead I relistened to each recording afterwards and made notes and reflections in my journal (which supplemented this section). The phenomenological methodology and plan to return to participants and determine if my interpretation and themes reflects the meaning they intended will also enable me to clarify and explore anything that may have been missed within the primary interview.

There was a point towards the end of the interview where I wondered if I was being repetitive (as the answer kept coming back to social media) but in actual fact, I think I was trying to unpack some of the earlier comments and dig a little deeper. I am not sure if I wholly achieved this. However, when I asked for any other comments the discussion took a path that hadn't come up in previous interviews, in regard to sex/love life. I should have explored this a little more – she stated, “if two consenting adults”, what if not two but three? What if the practice isn't within realms of what society would be accepting of? I think because this had taken the discussion in a new way, I wasn't as prepared for taking this conversation further. I had previously considered I had possibly over prepared my interview schedule for semi-structured interviews but maybe it was also a way for me to prepare myself for the interviews and rather than a rigid schedule to stick to it was a way of enabling me to consider as many options as possible in relation to the questions and answers I may receive, whilst still enabling the participant to identify unanticipated lines of inquiry. Flexibility as an interviewer is considered an essential skill (King, Horrock, Brooks, 2019). I am developing a greater degree of this as my experience increases. Whilst, I could have explored some aspects of this new line of inquiry in greater depth, I think I responded quite quickly and reflected on politicians involved in sex scandals and how a similar situation may reflect on a health care professional.

I have also, started to think how this role modelling could be a bigger issue after seeing an ex-student post on social media about the HPV vaccine for her children and another post regarding the NHS insisting all staff members are vaccinated against the flu – how does this fit with personal choice and role modelling behaviours to the public. It feels like this concept of role modelling is vast and wider than I had initially perceived.

Interview 8

Again, I really enjoyed this interview. The participant gave lots of examples unprompted and it felt like she was giving me something of herself, it felt like she was being very honest. I then considered why I felt this way compared to interview 6 when the participant gave lots of examples (stories) from her own experiences and have concluded that the nature and content of the examples given in this interview were much more specific and pertinent to the areas identified in the interview schedule and therefore 'relevance' maybe the reason.

At times, I could hear her trying to make sense and meaning, as she was processing the discussion, for example when discussing attending a “white lives matter rally, its wrong but that is their view and they would see it as right”, the complexity surrounding good character becomes apparent here, even for a student who has considered some of these issues previously (“I was thinking about this earlier”) and had articulated her position, views, and feelings with clarity and with some degree of certainty up until this point. The more I think about the content of these interview, the more I think we should incorporate some of these scenarios into sessions with the students as a way of contextualising the grey areas relating to demonstrating good character at all times.

I notice I am still asking double questions in places on this interview. Multiple questions can result in only one aspect being answered and should therefore be avoided (King, Horrock & Brooks, 2019). I am lucky that the participant copes well and answers both aspects. However, it is something I need to work on for future interviews, otherwise I could miss some aspects of answering the research question.

I have also come back to issues with doing interviews virtually and problems surrounding this. The participants husband entered the room she was in on a number of occasions (passed through the room) and I wonder about the impact this could have on responses. The issue of saying the right thing if others can hear you (as in a focus group), participant safety and ability to be honest if the questions had been of a more intimate nature. Deakin and Wakefield (2014) identify that interviewing participants at home can be affected by disruptions and cause distractions and they suggest ensuring a suitable environment for the interview is as essential as in face to face interviews. In an ideal world this would appear a sensible suggestion but during a pandemic with a lockdown, utilising alternatives from the participants home was not possible. Therefore, this method of interviewing could potentially induce some sample bias as it is possible only those who feel ‘safe’ and ‘comfortable’ being interviewed would volunteer to participate. This may need to be accounted for at data analysis and discussion stages.

The example regarding participation in reality TV when working as a HCP was interesting and something new that appeared to challenge the prior idea of private and professional lives being constantly intertwined and this idea of there being a line that cannot be crossed.

9/10/20

Really useful supervision session discussing my reflections to date. My supervisor asked me to clarify why I had enjoyed interview 7 and 8 so much more. It could be a result of my confidence improving in relation to interview technique but actually both of these participants had well considered views and opinions on the topic and were able to articulate these with clarity and depth. As such this made my job as interviewer much easier, I had to do less ‘unpacking’ of what their statements meant, this doesn’t mean I didn’t use the techniques of paraphrasing and repeating of key phrases they used but that the joint understanding of what they has said was easier to locate. The fusion of horizons between researcher and researched was easier even if our views and experiences were completely different.

12/10/20

I have an interview with a first-year student arranged for tomorrow. No more have come forward and I am unsure how to tackle this. I don't think I considered what would happen if I didn't get any volunteers to participate, how would you manage this? I am honoured that a number of students have agreed to participate but is something I would consider in future research proposals.

13/10/20

Interview 9

It was really interesting to do this interview with no previous knowledge or experience of the participant. I wondered if it would take me longer to develop a rapport because she didn't know me. I spent slightly longer before starting the recording just asking her "how things were going? What had she done before starting the course etc?". Whilst she was still a little hesitant in her initial answers this didn't last long, you could see her confidence increasing as her responses became longer and she provided greater depth. I couldn't ask all the same questions as the 2nd and 3rd years students. For example, in terms of changing behaviours, as it is possibly too soon since starting the programme. I had discussed this with my supervisor when developing the interview schedule and felt prepared for this.

Initial thoughts regarding this interview are the obvious pride and excitement at being a student midwife and that this may play a part in wanting to demonstrate good character at all times. This is also the first student in the lowest polar 4 quintile and whilst she alluded to her hometown being different, the fact that she hasn't come from the programme straight from school or college, the impact of this may not be so apparent, possibly?

3/11/20

Interview 10

I felt that I covered all aspects of the interview schedule but that it was also more of a discussion. Many of the same issues are arising – human, higher standard etc. Slightly different views regarding background and homelife tensions - a little similar to some issues highlighted by participant 2. Not sure that I will achieve anything new by doing further interviews at this point, unless it was with 1st year students. However, despite repeated attempts to recruit, they are just not coming forward. There are 1st year responses within the survey at least.

I have been pondering about the students that have come forward and the comments they have made about, 'not going out', 'being boring', 'quiet' and wonder if the students who like to party, socialise, go out, would have had different opinions and that they haven't come forward for the interviews as they would be worried about either being judged or told their behaviour was inappropriate for a student. Or have we recruited the type of student that 'fits' the profile of a well-behaved, well-mannered student. Are we as a profession reproducing our own reflections (especially when you consider the white, British fairly middle-class faculty), how does this fit with unconscious bias and widening participation?

Appendix 14 - Affirmation meetings

Interview 4 – affirmation

I asked if she had read the transcript – she had and despite laughing and saying, “god I talk a load of rubbish sometimes”, she felt it reflected the discussion accurately. I asked her if she felt there was anything she wanted to clarify or expand on or we hadn’t considered or discussed, and she said no. She agreed with many of the codes/themes.

I clarified she had used the term “the line” and asked if she could expand on what she felt constituted ‘the line’ and what would differentiate between stepping over the line and being under the line”. She said, “it’s difficult to define, I don’t know, its, you have, sort of a moral compass comes into play, you know when you’re doing the wrong thing and a lot of that is the way you are brought up and things”. She clarified that you base what is acceptable or unacceptable on what you learn as you grow up and your own personal values and this may alter where the line is, maybe for people, “upbringing, where you are from, culture, social determinants, what’s acceptable on your doorstep”. She felt the legal/illegal divide was one example of the line. I asked about things such as safeguarding/DV issue in your personal a life and she said, that’s an interesting one and could impact, some people make some strange decisions in their personal life and what they consider to be acceptable and makes you question their judgement a little and ability to recognise if a situation was dangerous for other people if you were putting yourself in that situation”.

Role modelling was discussed in terms of demonstrating legal behaviours and if people in authority are seen to push the boundaries, then so will others and therefore you have to “toe the line a little bit more because you’re in a different position to others”, you’re representing all the time. Your line is different”. I asked if she felt this was because of the expectations of the role we inhabit, and she felt definitely this was the case.

I asked her about preparing before and after the programme and she felt we do a lot already on the programme, we talk about the code, social media with them and they are reminded quite often that they are representing not just the university but also the profession and they are in a position where they are meeting lots of people and they have responsibilities, big responsibilities, that affect people’s lives and poor character may make people us trust us less. She suggested that being older made her understand the requirements more. Identifying that when she was 18 she wouldn’t have been ready to take this expectation on, so she did her partying when she was younger and got it out of her system and knew she was ready now but maybe younger students might find it harder and they may benefit from more support around what it is.

Interview 5 – affirmation

I asked if she had read the transcript – she had and felt it reflected the discussion accurately. I asked her if she felt there was anything she wanted to clarify or expand on and she said no. I talked through the themes that were emerging (identifying they were still

developmental), but she stated she felt the themes reflected her experiences and views relating to GC.

I asked if she could explain what she thought might constitute “stepping over the line” or being near the line”. The response related to what she considered “professional or not” and what her family would think of her actions defined the line for her. She then stated that the line would be impacted by a person’s own moral and ethical opinions, which differ between people.

I asked if she felt the line related to the legal/illegal divide she reiterated that this was a grey area as because something may be legal, she may personally find it unethical or immoral. In exploring this, I asked if the example of the NMC suggesting that a one-off DUI conviction, that isn’t linked to another offence or professional practice may not be a fitness to practice issue, would be something she considered crossing the line. She said “yes, because just because no one got hurt or just because no-one might find out, doesn’t make it right”. I asked if this related to integrity and she said yes, it was about being professional at all times and safeguarding yourself and others at all times.

On discussing the theme regarding role modelling and being human, I asked if she felt this was an additional responsibility and she felt it wasn’t for her, that she wasn’t perfect all the time and would go out for a drink but that it was that line again, knowing what was acceptable. I then asked her about the term ‘uniqueness’ she had used in the interview and whether she felt the profession tolerated this in midwives and she said, ‘we aren’t robots, who are all the same, but we have to accept everyone’s different and that can be good,

some women will like a quieter midwife compared to me, who talks non-stop". She also identified that the diversity of working with different midwives was good and that she quite liked SSSA which enabled her to work with a variety of midwives. This merged into the question on how we can support students to learn about GC because she commented on the fact that "we", meaning lecturers often say to them, read the evidence and research and then be the midwife you want to be.

I asked if she thought there was anything, we could do to help future applicants or student midwives with the requirement of good character. She suggested a day where it was focused on, similar to the "bereavement study day", where there was a lot of personal and self-reflection on own character. Debates around difficult situations may also be helpful.

Interview 7 affirmation

I asked if she had read the transcript – she had and felt it reflected the discussion accurately, although she was felt she said 'like' too often. I asked her if she felt there was anything she wanted to clarify or expand on and she said reflected on the fact that she felt she had contradicted herself in defining good character. I reassured her that she was quite common and used the codes of 'it's tricky" and it's 'subjective' to demonstrate that a number had found it difficult to articulate and clarify. She said the interview had certainly made her revisit her thoughts and assumptions on GC.

She also wanted to clarify, that she thinks people have the right to think what they want to think and do what they want to do but when you become an HCP or student that it is very

important that you are conscious that your thoughts and actions could potentially impact your care. When you become a HCP its more than just you now and I think we need to be conscious of what's going on at home, behind closed doors and in our private lives as you just don't know when that's potentially going to cross into your professional life. But agreed with everything she had said but this was what she wanted to get across.

I talked through the other themes that were emerging (identifying they were still developmental).

I asked if she could define what or where the line between good character and not good character. Initially she stated below the line is moderation – drinking and drugs is OK as long as you don't let it impact your practice but getting close to the line. If it impacted on practice that's over the line – coming in hungover/recovering. Being recognised in a particular state is over the line. Things such as fans only and she said “I suppose if you monetise something, that's crossing the line and if it's made public” but went on to say she wasn't sure where that line is with being made public because what if it was a party with all her friends and she did something, is that public. She summarised that she felt if she the way you behaved off-duty was known by a patient and you would be embarrassed by that, then you have crossed the line. She stated on reflection she felt it was if a person was acting in their own interests over other peoples. If their root intention isn't good and they are aware of this. Being selected to be a student midwife – would already have the core characteristics so shouldn't need to explain the line, like to think it's a given that they would know the line. Suggested that whilst she can't explain 'the line' she would hope they didn't

need describing to them, that they knew when choosing the profession that has certain requirements.

I asked if the illegal/legal divide reflected this line and she said “I don’t know, so many grey area’s because I know many law-abiding people who are totally unpleasant people and I know others that may have done illegal things but would do anything to help a person and who are so kind. It’s not as black and white as legal or illegal”. We then explored some things that happen behind closed doors as we had discussed this in her original interview. I asked about legal versus illegal behaviours as an example of the line and she felt it was circumstantial, whilst people knew it wasn’t appropriate however, if certain things in their private life that had impacted on their judgements, such as divorce, something that has knocked them to their core but fundamentally a brilliant midwife but made some bad decisions, then it isn’t as black and white as legal or illegal. Cultural issues came into this too, such as FGM or ways of disciplining children when you know the theory behind why it’s wrong that despite the culture the professional should be able to identify it’s not appropriate for them because of their profession but also family pressure could be an issue but still would expect them to apply their professional knowledge to their personal life.

I explained there had been mixed views on the idea of being a role model or constantly demonstrating GC and for some this felt like quite a pressure, I asked her how she felt about this. She identified that she was in a privileged position, not really drinking, doing drugs and being slim, so she may not feel this as a pressure. Stating she didn’t think midwives who

were overweight were unprofessional but that a person's outlook and character shouldn't have to adjust, it should be there already.

I asked if she felt there was anything, we could do to support applicants or students regarding GC and she said prior to the course, I don't know but that you gain from life experience, which you can't teach and that with immaturity they "may not have developed full range of empathy and its more black and white", maybe using contemporary examples, like "you go to the self-checkout, do you put through 5 croissants or just 4".

Interview 10

She felt that the transcript reflected her views and experiences of demonstrating GC when off-duty and agreed with many of the themes. When asked about the line, she reiterated the grey areas and difficulty in defining but suggested, if she would be embarrassed about her behaviour if a woman had observed it then that would be crossing the line. She raised similar issues to participant 7, in that she said there were almost 'soft illegal activities' that were acceptable and suggested that who was to say smoking weed whilst off-duty was any less serious than drinking alcohol till 2am and then going on shift at 7am. She also suggested degrees of illegal activity such as taking drugs for personal use was less serious than selling drugs to children, illuminating the difficulties in defining the concept.

When asked about greater expectations and whether it was a pressure, she stated she hated the idea of being a role model but that actually her behaviours and values hadn't needed to change and therefore she felt comfortable with the requirement. She felt whilst

you could learn about grey areas that you couldn't teach those core attributes such as caring, you either had it or didn't. And when asked if we could do anything to support those applying for the programme, she suggested more situational questions at interview to explore for bias and attitudes (this participant had been observing group interviews of applicants recently).

She did state that she found it difficult sometimes to be a student midwife in her personal life, she worried about dating and then in a few years that man will come in with a woman. She also had become increasingly aware of sharing her opinions with others in case this affected how people viewed her, this was particularly prominent to her, as she would soon be applying for jobs and she had many midwives on her social media accounts. She did feel that the profession needs to be more accepting of diversity regarding opinions but was also shocked how some midwives appeared professional at work but then expressed opinions that she felt were not appropriate on Facebook, I asked if she thought it was possible to have almost 2 personas and she said 'well yes, because they are working as midwives still' but she thought if women knew they held those views they probably wouldn't be comfortable being looked after by them.

She also suggested she had become more aware of good character and what other people did off-duty following being part of this research. A younger student had asked her if she thought she should go on love island and she had been "like no!" because of how she may be viewed.

When asking what we could do on the programme she suggested peer workshops, to learn from each other. She stated that she felt some of the younger students on her course still didn't know what was expected of them as a professional.

Interview 1

Agreed with her transcript and the codes and themes, particularly 'a mixed blessing'.

Still finds the line difficult to articulate. Thinks it is a definitive boundary but that it's a moving/changeable concept that differs for everyone. Never been told where the line is. She bases the line on what she feels comfortable with. Not confident with what NMC say is GC so her boundaries are possibly tighter.

She felt the legal/illegal debate was related to judgement and if make a bad decision that results in an illegal issues then this reflects and may impact on their ability to make professional judgements and there should be consequences of these decisions such as referral to FtP. I used the conviction for drink/driving as an example and she felt that this should be referred to FtP, it might not mean they couldn't be a midwife but that the context of that decision should be examined before a decision is made regarding ability to continue.

She felt that there is a lot of pressure because people look up to you but that she felt this was a privilege and a responsibility she enjoyed, it wasn't a burden or something she had to

live up to. She could see how some people may feel it is a pressure. She felt that 'a mixed blessing' explained it so well.

She feels that we don't discuss GC enough and that we should have more discussions about it, and she stated that being part of this study had really made her consider her views on it. She felt the application process (has been interviewing) screened for the right attributes, so picking students who know about these requirements. Seminars in the programme, using the questions and findings from the research to create student to student discussion. I suggested some examples that had come from the findings, and she felt that these would be really useful conversation points to explore GC. She felt the more conversations we had about this, the better because it's such a big deal and its assumed and implied that we have GC, but we talk about it so little and wasn't aware that the LME has to sign off on it and the end of the programme.

Appendix 15 - Examples of coding

1.	Codes	Interview 1
2.		I - And so we're now recording. All right, so the date is the 24th of September and the time is 1pm. Okay? So, the NMC say that registrants and students should demonstrate good character at all times, stating it's essential for fitness to practice and accounts for a person's conduct, behaviour and attitude. So can you tell me what you think good character means and consists of?
3.	<i>Being law abiding</i> <i>Being a good citizen</i>	P1 - I've always thought of it as being both law abiding outside of the university, but it's kind of a little bit beyond that as well. So not just doing what is required of you to not be in trouble with the law, but also kind of being a good citizen, not getting noise disturbance complaints from your neighbours, not being seen to be going out and kind of - it sounds peculiar, like making a scene, I've always taken it as you need to maybe not be professional all times, but you have to behave in a way where if somebody told somebody at work what you done, you wouldn't think, Oh, I need to go and hide because they've told them that story.
4.	<i>Subjective</i> <i>Values</i>	P1 - I don't know, it's tricky, because good character is so subjective. Because, for me, good character is kind of tied to people's views and attitudes. I would see good character as somebody who embraces like, equality and diversity, but how I perceive that within my political feelings is different to how somebody else might. And so I think, if you like, controversial topics, like immigration, what I consider to be the right opinion, and what I would see as good character, or a, like a moral response to that is different to somebody else's, but it doesn't necessarily mean they have bad character, it just, for me, is in bad taste, if that makes sense?
5.	<i>Family influence</i>	P1 - I think to be honest, it's probably my own kind of thoughts and feelings the way I was raised about it because I don't think the guidance is particularly precise to what good character is. It's vague. So I think if everybody else, depending on how they were raised, how what they've seen as acceptable in their life, and so then what they emulate.
6.	<i>Learning and developing GC</i> <i>Ways of managing</i> <i>The line</i>	P1 - I think some of that has come from seeing the midwives in practice, and understanding how they manage good character on a day to day because they're qualified so they have, well, they appear to have a greater understanding of that concept. And so by by seeing how they carry themselves outside, I think that has been a big factor. But also, I've kind of taken the approach of, especially with social media, of kind of avoid at all costs, just don't even tread anywhere near the line.

1.	Codes	Interview 5
2.	<p>6 C's</p> <p><i>Helping people</i></p> <p><i>Ethics</i></p> <p><i>Social media</i></p>	<p>P5 - Things that would demonstrate good characters, just things like being kind to people, such as like the six constitution 6 C's thing, and sort of things, if you can show them throughout your life and the way you sort of go about things, I think it sort of reflects what you should be like in practice, as well as just in everyday life. So like being kind and compassionate and sort of helping people out, that sort of behaviour speaks a lot more than what anything else, would have said. And then things like bad behaviours, it's not just like the physical drinking, that sort of thing. It's more your behaviour towards people, your ethics. As well as things like social media it's all them sort of things all paint a picture about you. So it's sort of, thinking about it that way.</p>
3.	<p><i>Setting a good example/Role model</i></p>	<p>P5 - Yeah, I think it is important, I think, if you're going to talk to somebody about a certain issue, and sort of lead them into sort of it in terms of health promotion, down, what would you class as maybe the right direction, and it sort of you have to set a good example in the first place to be able to then go forwards from it, cos I mean, someone was talking to me about something, say I was, I dunno, used to just eat burgers all day. There's like, sort of getting on the obese side of things. If then I was to then go and start telling somebody else, don't do this. Don't do this. Don't do this. Because it's not good for you. It sort of looks bad if then I then go and do it.</p>
4.	<p><i>Entitled to an opinion</i></p> <p><i>Knowing when it's the right time</i></p>	<p>P5 - Everyone is still entitled to an opinion. So if I was to have an opinion about something, say it came up on the telly, and I was sat down with a family or wherever, then I could maybe express my opinion to them, because it's that close family, but I wouldn't just go spouting my opinion off to some randomer. Because of like, I don't know, I would say unless it was needed. It wouldn't be sort of the appropriate place to do so. I think it's about knowing when it's the right time, to sort of express your opinion. And to think well is your opinion actually worthwhile to the conversation? Like, if it's completely random and nobody's really that bothered and it's just something you randomly put in then maybe not. There's sort of a time and a place for it.</p>
5.	<p><i>Same expectations as qualified RM</i></p>	<p>P5 - Probably similar things, not just students like, because when you're a student, you're training to be a qualified midwife. So the same expectations as midwives, I would say, should be expected of students. And just because they're, just because they've got 'student' before 'midwife' doesn't necessarily mean that they are sort of any different in terms of what they should and shouldn't be allowed to do. And so, yeah, does that answer that?</p>

1.	Codes	Interview 6
2.	<p><i>Ethical</i></p>	<p>P6 - I think it's a holistic thing. It's not just about being a good character whilst we're in university or was doing your practice. For me personally, it's about you entirely as a person. And so if you go back to the like, the definition that you said, way that you conduct is, you know, like, I would say that your conduct isn't just about what you're doing in front of people. It's like</p>

	what you're doing behind the scenes to. How your attitude is with people when you're being watched, but also when you're not being watched. And I don't know just how you are, as a person holistically, I cannae put it better than that. That's my definition of good character.
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1. Codes	Interview 7
2. <i>Ways of managing the requirement</i>	P7 - No, I think it's just understanding like when and where it's appropriate to behave in a certain way. So I think understanding like, maybe don't get absolutely hammered out on the town, and then post videos in your Snapchat stories of it. But if you're in a home with friends, like you could have a wild one, but it stays with friends. It's just knowing how to adjust that behaviour so it's appropriate.
3. <i>Family influence</i> <i>Law abiding</i>	P7 - Yeah, I think so. So I was brought up quite religious and my parents are religious. And I think like very law abiding kind of see things as quite like either is like it's wrong, or it's right. So I think me and my sister were brought up, like quite strict in that sense, and also that it's really important to be kind to people and respectful to people. And that's more important than getting what you want or like getting a laugh, like... I think, yeah, I did have quite a strict upbringing in that sense.
4. <i>Greater awareness</i> <i>Ways of managing</i>	P7 - Yes. But I think... I think you'd have to maybe think like quite carefully about where you're where you positioned yourself within that. Maybe talking a lot more about what you're for, rather than what you're against. Maybe that would be like a less, less abrasive way of being, so talk about yeah, but you're pro pro gay rights or like pro Black Lives Matter. Rather than being like, I can't stand the sight of white supremacists, they all need to go burn in hell. Yeah.
5. <i>Normal people/life</i> <i>Representing</i> <i>Role models</i>	P7 - Just as long as it's not offensive, I think it's fine. I think it's good to see people like different looking people working in health care, and like in positions of authority and like education, because it would encourage then, like the people that you're working with, whether it be like the women or their children to be like oh just because like my mum's got blue hair doesn't mean that I can't be a midwife, or I can't go on to be a teacher or something. I think it's good to have a spectrum because what you wear really doesn't say a lot about your character. Unless it's like swastika tattoos or, anything offensive, I think it's, I think it should be encouraged.
6. <i>Life experience</i> <i>Learning and developing</i> <i>GC</i>	P7 - I think you can learn. And I think maybe for some people it's more difficult than for others, particularly their upbringing, if you've always been brought up in a, in a certain way, like good character, the idea of good character is the same idea that everyone else has then I think it's easier for you. But I don't know it would be a bit depressing to say oh there's like no way for anyone to ever change. I think, yeah, people can definitely learn.
7. <i>Restrictions</i> <i>More than just a job</i> <i>Normal human</i> <i>Additional expectations</i>	P7 - I think yeah, people need to remember that we are just normal people. So even though I guess like maybe I've like erred on the side of, if you sign up to be a midwife or a health care professional, then you need to realize that that's going to affect your personal and professional life to an extent. I think people still need to remember that we are just like normal humans.

<i>Weight of expectations</i>	And so that's why I think it's good to see like a range of like how people dress and look, I think that's a good reminder that we're not all just like one type of person. I think a certain level of expectation is okay. Like, in the same way that I don't know, if you're in a crisis, like who do you look to? But yeah, you need to be careful that it doesn't like swing to being unrealistic or sort of damaging.
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1.	Codes	Interview 9
2.	<i>Values</i> <i>Family influence</i>	P9 - In terms of a midwifery student, I think a good character is a well rounded... in a funny way, someone that you'd take home to mum and dad, and like, absolutely fine to introduce them to, someone who is just kept just kind and warm hearted and someone who you want to be around? And who, yeah, it's quite a broad one, isn't it? And, but yeah, someone who's just warm, I think is amazing and kind and that you'd always enjoy being around.
3.	<i>Prior knowledge</i>	P9 - I knew that before the program. And if I'm honest, I think with midwifery I think because the application process is so intense, I think you do get to know those things. Or I would assume that you get to know those things. Because I think that's what a big part of being successful in your in your application is. I think that's why the screening for midwifery's so rigorous, because you want to know that that person does have a good character. And it's been mentioned, very briefly so far on the program - I know that we're going to go into the NMC code. I think it's next week, actually. But yeah, I think it's one of those that you get to know that when you want to pursue midwifery. It's a very rigorous, it's a very rigorous application. So you kind of get to know these things. And if I'm honest, I knew - I had, I've always been very much in terms of I did journalism, I know how powerful social media can be. And I think it's taught quite a lot if I'm honest, like within colleges and schools now I think that there's a broader thing of social media now. Everyone uses social media really. And yeah, so I think it is a taught thing now, but especially within midwifery, I think with the application process, that's something that you kind of get to know.
4.	<i>Unacceptable behaviours</i> <i>Peers</i> <i>Life experience</i> <i>Pedestal</i> <i>Additional expectations</i> <i>Learning and developing GC</i>	P9 - I wouldn't be great if they were photographed doing drugs, and all sorts. This is on me in terms of being a role model. Don't get me wrong, I'm not. I'm not saying drugs, etc. But obviously, other university students do it. And a lot of students do them. Whereas I can imagine a student midwife- I couldn't ever imagine, them thinking, oh, this is good to do, because this is - I'm not saying it doesn't happen. It does. But I do think that a student midwife or like say something like a history student or something like that, I do think there is like a public expectation of them. That if I'm honest, thinking about an 18 year old going to uni that I haven't actually thought of before, I do think that that would be quite hard to... quite a lot to think about.

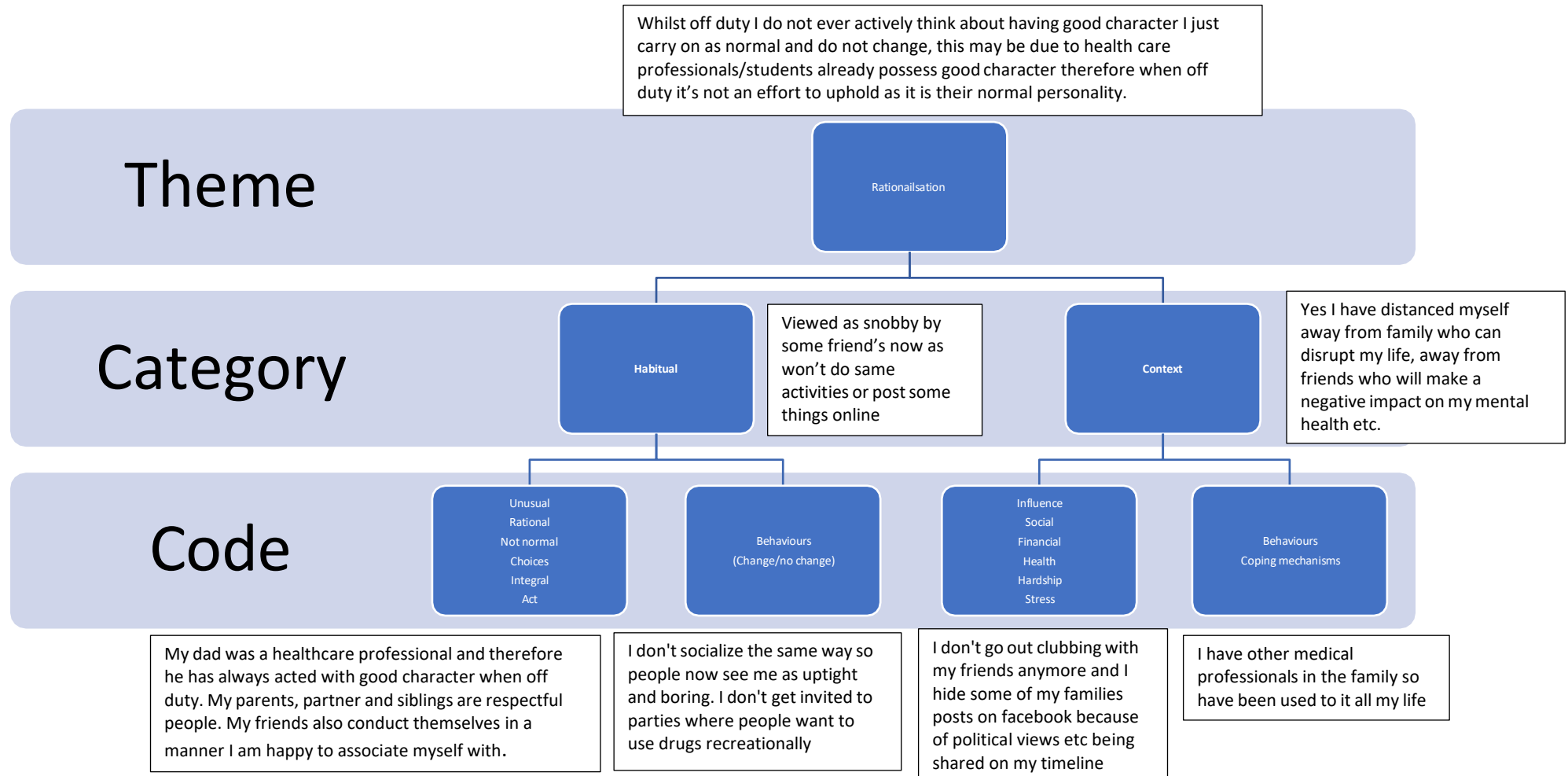
Appendix 16 - 1st attempt at interview thematic analysis.

Themes	Categories	Codes
Being a good citizen (social contract/role theory?)	Social acuity (what we need to do or not do to create the desired impression)	<i>Altruism –</i>
		<i>Doing right -</i>
		<i>Being law abiding</i>
	The grey areas	<i>Social media</i>
		<i>Subjective</i>
		<i>The line</i>
<i>It's tricky -</i>		
Role model	<i>Circumstantial -</i>	
	<i>Being a good example</i>	
Mortification of self (Goffman)	Self-presentation	<i>More than just a job</i>
		<i>In the spotlight</i>
		<i>Greater awareness of actions</i>
	Greater expectations	<i>Pedestal</i>
		<i>Weight of expectations</i>
		<i>Prior knowledge</i>
	Still human	<i>Normal person</i>
		<i>Restrictive</i>
		<i>Entitled</i>
Cultural fit	Social & Cultural capital (Bourdieu)	<i>Reproduction</i>
		<i>Life experience</i>
		<i>Peers</i>
	Belonging to the profession	<i>Representing</i>
		<i>Learning about GC</i>
	Identity predicament	<i>Ways of managing</i>

Appendix 17 - Final thematic analysis (Interviews)

Themes	Categories	Codes	In-Vivo codes
Foundations of GC	Elements of GC	Values	6 C's/Care, compassion, understanding/Kind Being respectful/ Being non-judgemental) Being trustworthy/Trust/Polite/Integrity
		Being ethical/moral	(knowing what is right or wrong /Doing the right thing/ Prepared to step up/self-control) Altruism not be out for yourself/ Desire to help/ Can go above and beyond/ Being a good citizen
		Law abiding	Legal/illegal/drugs/drink driving/stealing
		Appearance	Tattoos/hair colour/clothing
		Unacceptable behaviours	Not being violent or malicious/Not fighting in street/Not being offensive/ Excessive drinking/ drugs/homophobic/racist
	Influences on views and opinions of GC	Family	Impact if not aligned/how they learnt what is considered acceptable
		Societal influences	Religion/views of profession
		Life experience	Age/maturity/partying/rite of passage/uni life
		Friends & Peers	Peer pressure/supportive
	Becoming a professional	More than just a job	Representing
Challenges			Challenging/difficult/ Circumstances and context/ Subjective/grey area difficult to explain/ freedom of speech
Consequences			Impact on role/overlap
Transition		Prior knowledge of GC	Awareness prior to starting course/
		Developing GC	Learning about GC/Increasing self-awareness & self-control
		Ways of managing the requirement	Separate life/The line/Challenges

Appendix 18 - Survey (Attempts at thematic analysis)



Appendix 19 Code Weaving

Foundations of GC

This theme consisted of values, attitudes and behaviours that students used to describe what they considered were key elements which demonstrated good character or not, and the influences that had shaped these views and opinions.

Complexities associated with GC

The complexities in defining and delineating the boundaries of how good character is demonstrated in students' personal lives resulted in confusion and ambiguity. For many students this complexity was compounded by the challenges of demonstrating this requirement in all aspects of their life.

Becoming a professional

On entering the profession there was a period of transition for some students which consisted of increasing self-awareness as they learnt about the requirements of good character and impacted on how they managed this in their private life. Students perceived that becoming a professional was important because the role was more than just a job, there were greater expectations regarding the standards of behaviours and attributes that they were required to role model in all aspects of their life. However, some identified that despite these expectations they were still normal people, with normal lives.

Themes	Categories	Codes
<p>Foundations of GC</p> <p>The majority of students felt that these attributes were pre-requisites and something integral to people in a caring profession. It was suggested that these characteristics are developed in the formative years and influenced by things such as, society, family, peers and life experiences. There were some differences in participants views regarding whether these attributes could be learnt. However, there was some agreement that people cannot act or pretend to have these attributes.</p> <p><i>P3 - Because it's in your nature.... You can't - you can't, I mean, you could act it, but you'd have to be a good actor. I wouldn't, I wouldn't change my character on or off duty, because I feel like it's just me, and how I feel like how I conduct myself I do have good, I feel like I have good character...I think good character for me - I think you've either got a good character or you don't.</i></p> <p><i>P 5 "So yes, you're entitled to a private life but at the same time, you have to remember your role. Sort of what your profession is, and not just out for yourself....Yes, everyone should have their own sort of private life at the same time. I</i></p>	<p>The ingredients (or personal attributes) of GC</p> <p>It was identified that these characteristics were like a list of ingredients for a recipe, each person's list of ingredients may vary but as a whole these projected an image of an individual.</p> <p><i>P8 - Yes, I do. I think good character is probably a good phrase, because it can span a lot of a lot of people and a lot of personalities. And like I said earlier, that you come across a whole variety of different healthcare professionals. And it all, they all work and they all they're subjectively really good at their jobs for the most part. But they're so different. So I think it's hard because it will never be a cookie cutter, one size fits all characteristics required, because everyone's gonna have them to an extent.</i></p> <p><i>P5 "So like being kind and compassionate and sort of helping people out, that sort of behaviour speaks a lot more than what anything else, would have said. And then things like bad behaviours, it's not just like the physical drinking, that sort of thing. It's more your behaviour towards people, your ethics. As well as things like social media it's all them sort of things all paint a picture about you."</i></p>	<p><i>Values 6 C's/Care, compassion, understanding/Kind/ Being respectful/ Being non-judgemental/ Being trustworthy/Trust/Polite/Integrity</i></p> <p><i>A number of participants suggested that attributes reflective of the NHS values and the 6C's constituted good character in all aspects of a registrant's life.</i></p> <p><i>P1 - I think it's more about demonstrating kind of the six C's of it all the compassion, the care, the real desire to help. I think that's important to show people and to show the world that that is something that matters.</i></p> <p><i>P4 -Good character for me is things like being respectful and being kind and being lawful and doing things that - well, not doing things that would be perceived as being really negative to other people. Sort of anything violent or malicious, or... Yeah, that sort of thing.</i></p> <p><i>P5 - Things that would demonstrate good characters, just things like being kind to people, such as like the six constitution 6 C's thing, and sort of things, if you can show them throughout your life and the way you sort of go about things, I think it sort of reflects what you should be like in practice, as well as just in everyday life.</i></p> <p><i>P6 - You could go down the whole line of the like 6 Cs thing and say that that is like a definition of what being a good character in terms of a healthcare student.</i></p> <p><i>P9 - someone who is just kept just kind and warm hearted</i></p> <p>Altruism not be out for yourself/ Desire to help/ Can go above and beyond/ Prepared to step up/ Being a good citizen</p> <p><i>Altruistic behaviours were identified by a number of participants, such as helping others. For many of the students they felt this was part of their duty as a student midwife, suggestive that they consider themselves public servants once they become students.</i></p> <p><i>P3 - showing a good judge of character. I mean, if, say, if someone was to need help in the street, then stopping and helping.</i></p> <p><i>P6 - I always think about if there was like an emergency situation when people are out and about...I think that if you're seeing this as a career in a profession, to like have forever sort of thing, then you need to be prepared to step up whenever that might be.</i></p> <p><i>P7 - I feel like you have like an additional responsibility to step up and pay.</i></p>

<p>don't know, it would almost seem wrong to be a completely different person in practice as what it will be in your own personal life. Like, you shouldn't just like flick a switch when you finish your shift. And that's it. You can go party, do whatever you want, and sort of be a different person.... So yes, you're entitled to a private life but at the same time, you have to remember your role. Sort of what your profession is, and not just out for yourself",</p> <p>P8 – “I think you're coming into the role of a nurse or midwife it is who you are for the most part. I think there is definitely parts of a person that can be shaped and formed and moulded but for the most part, it should be who you are as a person already. And not everyone's going to have the same personality. It wouldn't work would it, if we were all the same people kind of clones, but yeah, I think I would like to think that I don't change outside of that anyway”</p> <p>P7 “I think maybe for some people it's more difficult than for others, particularly their upbringing, if you've always been brought up in a, in a certain way, like good character, the idea of good character is the same idea that everyone else has then I think it's easier for you. But I don't know it would be a bit depressing to say oh there's like no way for anyone to ever change. I think, yeah, people can definitely learn.”</p> <p>P4 - I think it, I think if you're going to do, be a midwife and do that role, you should</p>		<p>P10 - I'm very aware of the fact like, I stop to help people a lot more than I did before I started the degree. Maybe I'm a bit more proactive in offering help and assistance to people than I would have done previously. And if I don't stop, I feel like a bit guilty.</p> <p>Being ethical/moral (knowing what is right or wrong /Doing the right thing/Integrity)</p> <p><i>In addition, students felt that being ethical and having moral standards aligned with society were also a component of good character. This was also linked to integrity and should to be demonstrated in all aspects of their lives.</i></p> <p>P3 - good character would - it requires you to do, what society would deem the right thing,</p> <p>P5 - I would say that your conduct isn't just about what you're doing in front of people. It's like what you're doing behind the scenes to. How your attitude is with people when you're being watched, but also when you're not being watched.</p> <p>P7 - it's treating everyone with respect, like regardless of the context, and regardless of whether you think people are watching you. So I always think that with like, when you're dealing with customer service people, it doesn't matter that you're sat alone in your home, and that maybe no one else can hear you, you still need to be respectful.</p> <p>Being law abiding</p> <p><i>In the initial interviews most participants identified that being law abiding was linked to good character. Whilst this was still deemed important. At the summation meetings to discuss and clarify codes and themes, some participants suggested it wasn't as black and white as implied. Stating that people who may have done things that were illegal, could still reflect altruistic behaviours and core values, whereas people who had never broken the law may not necessarily be nice or good people.</i></p> <p>P1 - I've always thought of it as being both law abiding outside of the university, but it's kind of a little bit beyond that as well. So not just doing what is required of you to not be in trouble with the law, but also kind of being a good citizen, not getting noise disturbance complaints from your neighbours, not being seen to be going out and kind of - it sounds peculiar, like making a scene</p> <p>P3 - if you were willing to do something illegal in your personal life, would you be willing to do something illegal in your professional life?</p> <p>P7 - I think it's following the law and doing anything illegal.</p> <p>Unacceptable behaviours Not being violent or malicious/Not fighting in street/Not being offensive/ Excessive drinking/ drugs</p> <p><i>Participants seemed more able to articulate and identify actions and views they considered, did not reflect good character. A focus on behaviour associated with drinking, recreational drug usage and activities on social media.</i></p>
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<p>know that that you have to have that good character that should - I think that's part of the bread and butter. It's you know, standard, you expect it to be like that anyway. I don't think it needs to necessarily be put down in writing because it should be that's, that's an expectation of you. But I understand why it is.</p> <p>P5 "I think if you can't show it throughout your studies and throughout interviews and things, then you're not going to be - if you can't do it to a standard that say, lecturers think is acceptable, then maybe you may be in - because I don't think it's something you can be taught, I think it's something that is influenced from a young age. And it's built on, say, someone wants to show like a really bad character, I don't think say me and you talking to them now, can say, just change all this. Because there's always going to be that thing that they go back to, that sort of that them, the heritage and the roots of it all. And so I think it's definitely something that if you don't have in the first place, it's not something you're going to gain, really, you're only going to sort of improve it. So yeah, if you don't have the good character in the first place, turning sort of a bad character into a good character is going to be really difficult because, yeah."</p> <p>P6 - I think that part of the reason that I have chosen to do this is down to the character that I have. And I think that character, like that was what was obviously noticed when I interviewed, which that was, luckily, still seems to be the case in terms of the fact that I get those sort of comments when I'm on placement, from mentors, from colleagues</p>	<p>What may influence GC</p> <p><i>Students identified a number of ways they felt their GC had developed or was influenced and what the implications of these influences may be on good character.</i></p>	<p>P10 - causing a scene that is the biggest issue in your personal life and you can like, cause a scene in any number of ways, it doesn't have to just be like alcohol.</p> <p>P2 - stories of other students who I've known where they've been talked about maybe being on a night out and getting into a fight, breaks out, and me thinking oh, my God, you know, if anyone saw that. And then, so you're at work, you know, those types of things?</p> <p>P3 - I suppose, not showing a good judge of character would be you know, going out and getting drunk every weekend and you know, staggering home</p> <p><i>Some participants were able to suggest why they felt these actions and views when off-duty, could be problematic.</i></p> <p>P6 - I just don't see how you could be homophobic like, or proud to be like, homophobic or racist, and attend rallies and so on for things like that and then come to work and work with people who are black, Asian, you know, from lots of different backgrounds, lots of different cultures, and be able to work as a team effectively and be able to care for any woman who came at all, regardless of her race or sexuality or beliefs generally. That concerns me, I don't see how I could not cross over in some sort of way.</p> <p>P10 - everyone's allowed to have a night out and go out drinking and enjoy themselves. But I don't want- I wouldn't want to see like someone who's going to care for me starting a fight in a bar, engaging in that kind of behaviour.</p> <p>Self-control Keeping self in check/Being in control/ Using common sense/responsible for actions</p> <p><i>Students identified that they may need to demonstrate self-control as a component of their GC, so that they do not get involved in situations that may influence how they demonstrate good character.</i></p> <p>P1 - I find that I've got to - I kind of keep myself in check if that makes sense.</p> <p>P4 - You need to be a person who you're, that other people can come to you, you're always sort of in control of a situation.</p>
		<p>Family influence</p> <p><i>For the majority of students, they felt that their family was possibly the fundamental element of how they knew what good character consisted of and how they developed and demonstrated their own character.</i></p> <p>P1 - my own kind of thoughts and feelings the way I was raised about it because I don't think the guidance is particularly precise to what good character is. It's vague. So I think if everybody else,</p>

<p><i>from women and their families. So I'm not and it doesn't take work you know.</i></p> <p><i>P7 - I think it's just as much a reflection of the kind of person you are and someone who wants to go into health care. I don't - I think it would be to, it wouldn't work if you were a person of bad character, who didn't care about people and who was sort of selfish and behaved in a really negative way that didn't contribute to society, I don't think you could be that person, and then go into midwifery. I just don't, I don't really see how that would happen.</i></p> <p><i>P8 - I think if you're constantly trying to be somebody or not, or acting some sort of like somebody different, you're going to burn yourself out, or it's going to kind of bleed through into different aspects of your life. And especially with something like midwifery, which I would say is like a career a vocation, rather than like just a job, it's, it does kind of run through the like, fibre of your being doesn't it, it's not something that you can kind of leave at the door and come home, and you're a different person, or you can leave issues. It's something you're going to take home with you.</i></p> <p><i>P9 - I think in terms of character, I want to say it's something you build throughout your life, not to say that young people have no character at all, I just mean, the more experience that you have.</i></p> <p><i>P9 - I think you've got the character within you, but you build it and it gets moulded as you train in midwifery.</i></p> <p><i>P8 - I think, obviously, when you say character, you think of the characteristics,</i></p>	<p><i>P8 - I can't think anything off the bat that would completely disclude somebody from being able to be a good nurse or midwife. Because I think everything comes into your stories so if it's like what happened in the past like, it shaped you into who you are. So without those experiences or that way of life, you're not going to be who you are today. So I think everybody has the opportunity, it may just be then further down the line that it doesn't quite work out.</i></p> <p><i>P3 I think to some people, yes, they may find that difficult, because maybe things that society do deem as inappropriate they may enjoy doing and they might think, if I've got to stop that, or if someone finds out I'm doing this then I'm not going to be able to be a midwife. Again, it's circumstantial, but yes, I think for some people, it probably is difficult.</i></p>	<p><i>depending on how they were raised, how what they've seen as acceptable in their life, and so then what they emulate.</i></p> <p><i>P3 - I've had it instilled in me deep down from my parents from a young age.... But I think the way I've grown up is, I mean, yes, definitely learned behaviour, but it's, it's due to what they've told me, how they've brought me up and how they've taught me</i></p> <p><i>P4 - I think so I think I've learned a lot from my family from my family's army background as well.... I do think they do have an influence on it.</i></p> <p><i>P5 - I mean, definitely, everybody's family has some sort of influence on it. I grew up in like a really close community where my uncle lives next door, my grandma lives, about five houses down, we're all sort of middle of the way close together. And you sort of, you get snippets of everybody's character, or that building it on you.....And so they all have different aspects of good character, that then influence and sort of come down on to sort of get passed down on to the different generations. And so I definitely, I think families and things do have an influence of it....So definitely families especially like, very like mums and dads and things, play a really close part on how you develop that sort of character and that personality you have for yourself, and that sort of sense of what's right, and what's wrong, and so on.</i></p> <p><i>P2 "I think it's, it's just that the morals and the standards that my parents had, for me anyway the standards of behaviour that would be accepted in me day to day life, so I wouldn't say it was, it's any way, particularly aimed with me profession in mind."</i></p> <p><i>P7 "So I think me and my sister were brought up, like quite strict in that sense, and also that it's really important to be kind to people and respectful to people.....it's definitely made it easier because it's kind of how I've lived my life, like up to this point anyway, it's not like, I've had to change a lot of things about myself starting a degree. Because it's been like that from day one."</i></p> <p><i>P9 - And I think that I also think that as a parent if I'm honest, because bringing up my little one, I'm very conscious of it. Even though she's three, but I'm very conscious of please and thank you and always be kind and I know that that's not always the case. In terms of like, when I think about where I grew up and things like that, like you said about earlier about where people grew up, where I grew up in quite a rough town, say poor town. In terms of character, I think that's where you kind of learn character and when I think of family I do think the way that my mum brought me up was to always be kind. Always. So I do think she had to be part of that. Yeah.</i></p> <p><i>However, some participants were able to suggest family could also have had a negative impact on what is viewed as good character.</i></p> <p><i>P8 - I've been very blessed that I've had a really good upbringing, and I'm very, very lucky with that. But for some people, I guess, who have come from the opposite end it's going to shape them with either they're going to be if they're going to take and be like, I'm going to be complete</i></p>
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<p><i>the different things that make up a person or their personality. But then I think, because it kind of runs so through everything, it's a lot of integrity, as well isn't it? And so are you seeing the same thing with each person have you got, do you like, show that integrity like throughout your whole practice? And I guess, does it run through you as a core of a person as well? But yeah, so mainly the characteristics like the personality.</i></p>		<p><i>opposite of that. I don't want to be like that, or they're going to be like, oh, and or they'll go down the same route basically. So I think there's a big impact.</i></p> <p><i>One participant identified the difficulties she faced with her family because of becoming a different person due to the professional requirements of the programme.</i></p> <p><i>P10 "it's really hard. That's why I basically just deal with it by having as little to do with them as possible. So I ended up leaving like the family Whatsapp group that we had, and I'll probably only see them at like Christmas now. Because it's not worth the way that it makes me feel to be around that kind of toxic environment and they don't see it as a professional, like requirement. They don't... Probably because they don't see being a midwife as being a particularly professional, like career. So they don't, they don't see the fact that being a midwife is more than just delivering a baby. And yeah, so I just have to sort of distance myself from it. And then I just, half the time, I've stopped arguing back because it's not worth the distress and the heartache really..... Because they don't like the person that I am now. And I do quite like the person that I've become. And yeah, so it's difficult.</i></p>
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Appendix 21.0 Ethics approval forms

Reply Reply All Forward Delete Move Mark Complete Report Message Report

Research Ethics: Amendment Approved ☺ ↶ ↷

E EthicsOnline@Northumbria <EthicsOnline@Northumbria> Wednesday, 6 February 2019 at 11
To: Vivien Perry

This message is flagged for follow-up. Mark Complete

Dear Vivien Perry

This email is to notify you that your coordinator (Pauline Pearson) has approved your amendment request in respect of Research Ethics submission 4445.

Research Ethics Home: [Research Ethics Home](#)

Please do not reply to this email. This is an unmonitored mailbox. If you are a student, queries should be discussed with your Module Tutor/Supervisor. If you are a member of staff please consult your Department Ethics Lead.

Research Ethics: Your submission has been approved ☺ ↶ ↷

E EthicsOnline@Northumbria <EthicsOnline@Northumbria> Monday, 4 June 2018 at 14:07
To: Vivien Perry

This message is flagged for follow-up. Mark Complete

Dear Vivien Perry,

Submission Ref: 4445

Following independent peer review of the above proposal*, I am pleased to inform you that **APPROVAL** has been granted on the basis of this proposal and subject to continued compliance with the University policies on ethics, informed consent, and any other policies applicable to your individual research. You should also have current Disclosure & Barring Service (DBS) clearance if your research involves working with children and/or vulnerable adults.

* note: Staff Low Risk applications are auto-approved without independent peer review.

The University's Policies and Procedures are [here](#)

All researchers must also notify this office of the following:

- Any significant changes to the study design, by submitting an 'Ethics Amendment Form'
- Any incidents which have an adverse effect on participants, researchers or study outcomes, by submitting an 'Ethical incident Form'
- Any suspension or abandonment of the study.

Please check your approved proposal for any Approval Conditions upon which approval has been made.

Use this link to view the submission: [View Submission](#)

Research Ethics Home: [Research Ethics Home](#)

Please do not reply to this email. This is an unmonitored mailbox. If you are a student, queries should be discussed with your Module Tutor/Supervisor. If you are a member of staff please consult your Department Ethics Lead.

Appendix 22 – Consent form

Study Title: Good Character whilst off-duty.

Investigator: Vivien Perry

Consent Form



This study will be exploring what students think good character consists of when off-duty, what their personal experiences are in relation to this requirement and what social and cultural drivers impact on these views and experiences. The research will also consider whether family and social circles have any impact on how students view and experience this requirement.

Material gathered during this research will be treated as confidential and securely stored. Please circle the answer to each statement concerning the collection and use of the research data.

I have read and understood the information sheet.	Yes	No
I have been given the opportunity to ask questions about the study.	Yes	No
My questions have been answered satisfactorily.	Yes	No
I agree to participate in a 1-hour semi-structured interview, followed by a 30 minute meeting to review the themes from the interview and for the date to be used in the writing up of the research.	Yes	No
I understand that the findings of this research maybe published but that my confidentiality will maintained by the use of pseudonyms etc.	Yes	No
I understand that the utmost will be done to uphold my confidentiality. In exceptional circumstances (as stated in the information leaflet) confidentiality may need to be broken for reasons of safety.	Yes	No
I understand that I can withdraw my consent, up until the data had been analysed, without having to give an explanation but am aware that some data	Yes	No

may have already disseminated as part of a publication.

Name (printed) _____

Signature _____

Email address _____

Phone number _____

Date _____

Researchers Signature _____

Date _____

Contact for further information:

Researcher email: vivien.perry@northumbria.ac.uk
Research Supervisor: sean.mccusker@northumbria.ac.uk



Participant Information Sheet

I would like to invite you to participate in a research study. I am Vivien Perry, a midwifery lecturer at Northumbria University. This research is being undertaken as part of my PhD programme. Before you decide, it is important for you to read this leaflet, so you understand why the study is being carried out and what it will involve.

Reading this leaflet, discussing it with others or asking any questions you might have will help you decide whether or not you would like to take part.

What is the Purpose of the Study

Nurses and Midwives are required to demonstrate 'good character'. The NMC (2016 & 2010) state, it is essential for fitness to practice and accounts for a person's conduct, behaviour and attitudes, it also extends to their personal life. The NMC's 'Code' (2015, p15) states we should "uphold the reputation of your profession at all times".

This study will be exploring what students think good character consists of when off-duty, what their personal experiences are in relation to this requirement and what social and cultural drivers impact on these views and experiences. The research will also consider whether family and social circles have any impact on how students view and experience this requirement.

Why have I been asked to participate?

You have been asked to participate because you are enrolled on the undergraduate midwifery programme. I am hoping to identify approximately ten midwifery students to participate in the interview component of the research. Therefore, all undergraduate midwifery students at Northumbria University have been invited to participate in the study. It is important to obtain a range of experiences and opinions on this subject.

A country wide survey is also taking place as part of the study.

Do I have to take part?

No, participation in this study is completely voluntary.

This information sheet is to help you make that decision. If you do not want to participate, you need do no more.

If you do decide to take part, you can stop being involved in the study whenever you choose, without telling me why. You are completely free to decide whether or not to take part, or to take part and then leave the study before completion.

The researcher is happy to describe the study and answer any questions you have. Deciding not to take part, or leaving the study, will not affect your rights or experiences as a student at the University of Northumbria.

What will happen if I take part?

If you agree to participate in the study, the researcher will discuss the information sheet with you and clarify any queries you may have about the study or your potential participation in it, prior to commencing the interview. If you agree to take part, you will be asked to sign two consent forms, one for the researchers records and one for your own.

You will engage in a face to face interview of up to 1-hour duration with the researcher. This interview will be organised for a time and location that is mutually convenient. Whilst the interview may occur in university premises the researcher will ensure the location is private and quiet.

You will be asked questions regarding your opinions of what attributes and behaviours reflect 'good character' whilst off-duty and if any cultural or social issues have had an impact on this. You can decline to answer any questions that you feel invade your privacy.

The interview will be audiotaped, to enable an accurate reflection of the discussion. The interviewer may also make occasional notes. The interview will then be written up. A follow up interview will be required to clarify any issues and verify the transcript, this should not last longer than 30 minutes.

If you become upset or distressed during the interview you should request to stop the audiotape, the researcher may also stop the interview if she deems it necessary. The data would then be removed from the sample. You can withdraw from the study, up to the point data analysis has been completed (2020), by contacting the researcher.

What are the possible benefits of taking part?

Research participants can find having the time to discuss and talk about their experiences to be beneficial and rewarding. Your insights in to student's perspectives of demonstrating good character may enable the development of guidance for midwifery educators to support future students in achieving their goal of becoming a midwife.

Experience of participating in a research study maybe beneficial later in your career when you may undertake your own research.

What are the possible disadvantages of taking part?

It is not anticipated that participant's well-being will be affected by their involvement within this study, but it is difficult to predict what may cause distress when discussing personal and emotive issues such as social and family background. Participants and the researcher can ask for the interview to be paused or stopped, if it is felt that a participant is distressed by the discussions. Support will be offered by the researcher, but should participant's feel they require further support, the universities counselling services may be accessed.

You will have to provide up to an hour of your time for the actual interview and a secondary meeting of up to 30 minutes to consider the findings from the analysis of the interview.

The researcher has a professional requirement to safeguard the general public and the research participants. Therefore, if anything is disclosed during the interview that identifies a legal or professional parameter has been breached or if the safety of yourself, a patient or member of the public was deemed a concern, the researcher would need to inform the Lead Midwife for Education and potentially escalate the issue to internal and external safeguarding services. If the issue was of a serious nature the student may need to be referred to the universities fitness to practice committee.

Will my taking part in this study be kept confidential and anonymous?

I will do my utmost to uphold your confidentiality. Ethical and legal requirements to data protection will be employed at all times. All information about you will be handled in confidence, anonymised and stored securely. Your name will not be written on the recorded interviews, interviewer's notes or on the typed-up versions of your discussions from the interview. Once the audiotapes have been written up, the recording of the interview will be destroyed. Any identifying data, except for age and year of study will be removed from the interview transcription, to anonymise the interview material. Data on home postcode at age 16, will be removed from the transcripts once the Higher Education Funding Council for England Polar 4 classification has been applied.

The consent form you have signed will be stored separately from your other data. You should you're your consent form in case you wish to withdraw from the study at a later stage.

Your contribution will not be disclosed to other parties. Responses and themes that emerge from the data will be discussed with academic supervisors and presented anonymously in any documents, reports or potential publications.

Exceptions to maintaining your confidentiality would occur if any legal or professional parameters had been breached or if the safety of yourself, a patient or member of the public was deemed a concern. In which case the Lead Midwife for Education would need to be informed and potentially to external safeguarding services.

How will my data be stored?

All paper data, the typed-up transcripts from your interview and consent forms will be kept in locked storage. All electronic data; will be stored on the University U drive, which is password protected. The recordings from your interview will also be downloaded on to the universities U drive but once the data analysis and maybe kept for up to 5 years, after which it will be deleted. All data will be stored in accordance with University guidelines and the Data Protection Act (1998).

What will happen to the results of the study?

You will be invited to review the transcripts from your interview to ensure understanding of the discussion is reflected as accurately as possible. A report will be generated from the research findings that will be submitted for assessment as part of the PhD and the general findings might be reported in a journal or presented at a research conference, however the data will be anonymized and you or the data you have provided will not be personally identifiable.

I can provide you with a summary of the findings from the study if you email the researcher at the address listed below.

Who is Organizing and Funding the Study?

The researcher is organising and funding the research as part of a PhD programme being undertaken at the University of Northumbria.

Who has reviewed this study?

All research at Northumbria University is looked at by an independent group of people called a Research Ethics Committee, to protect your interests. This study has been reviewed and given a favourable opinion by Northumbria University Ethics Committee.

The Lead Midwife for Education at the University of Northumbria has also reviewed the study and given permission to approach midwifery students.

Contact for further information:

**Researcher email: vivien.perry@northumbria.ac.uk
Research Supervisor: sean.mccusker@northumbria.ac.uk**

Good Character off-duty

Page 1: Introduction

I would like to invite you to participate in a research study. My name is Vivien Perry, I am a midwifery lecturer at Northumbria University and this research project is being undertaken as part of my PhD programme. The study has received ethical approval from the university ethics committee. Before you decide on whether to participate, I would like you to understand why the study is being undertaken and what your involvement would include.

The purpose of this study is to explore the concept of good character for students on health programmes whilst off-duty, specifically student midwives. Your insights into student's perspectives of demonstrating good character may enable the development of support and guidance provided by midwifery educators to support future students in achieving their goal of becoming a midwife.

You have been invited to participate because you are a student midwife. The process involves you filling in an online survey, this will take approximately 20 - 30 minutes. The questions and scenarios are exploring student midwives' views, attitudes and experiences of demonstrating good character whilst off-duty. Completing the survey should not cause any emotional distress but if it does, please discontinue and if you wish to discuss the issues it raises, you can contact the researcher at the email address below.

Your participation is voluntary. You may choose not to participate or withdraw at any point up until the data analysis has been completed. Participation and non-participation will not be linked to you as an individual or have any implications for your studies. Please note the receipt number on the completion email, to enable withdraw of your data at a later stage, should you so wish.

Your responses will be confidential and anonymised in any future publications that result

from this research. To help protect your confidentiality the only personal data that will be collected is your age, year of study, and home postcode when you were aged 16. I will not collect identifying information such as your name, email address or IP address. To ensure anonymity a participant number will be allocated to each survey and only this will be used to identify your data, you should keep a record of this number in case you wish to withdraw from the study at a later date. All data will be stored in a password protected electronic format for up to 10 years and will be treated in accordance with General Data Protection Regulations (GDPR).


The results of the survey will be used for scholarly purposes and maybe shared with academic supervisors. The findings may be submitted for publication.

If you have any questions about this research study, please contact vivien.perry@northumbria.ac.uk or my supervisor sean.mccusker@northumbria.ac.uk

CONSENT: Please select your choice below. Clicking on the

"agree" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.  *Required*

Are you already a registered nurse or healthcare professional? *Required*

Have you ever played a practical joke? Required

Please select exactly 1 answer(s).

Yes

No

Do you have a tattoo? Required

Please select exactly 1 answer(s).

Yes

No

Have you ever had a row with someone in a public place? Required

Please select exactly 1 answer(s).

Yes


No

Have you ever had a physical altercation with someone in a public place? Required

Please select exactly 1 answer(s).

Yes


No

Have you ever been so drunk, you were incoherent, in a public place?  *Required*

Please select exactly 1 answer(s).

Yes


No

Have you ever been so drunk, you vomited in public?  *Required*

Please select exactly 1 answer(s).

Yes

No

Have you ever been so drunk, you needed help to get home?  *Required*

Please select exactly 1 answer(s).

Yes

No

Have you ever worked in any aspect of the sex industry (including pole dancing, lapdancing, glamour modelling, escort work or prostitution)?  *Required*

Please select exactly 1 answer(s).

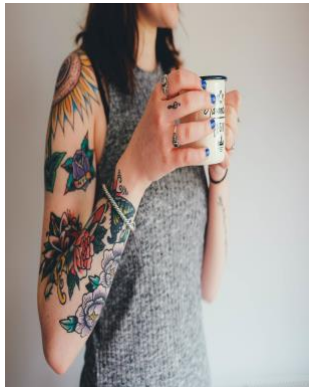
Yes

No

Please tell me how you think the following images impact upon your perception of the person's ability to demonstrate good character, "By 'good character' we mean that your character is such that you are capable of safe and effective practice as a nurse, midwife or nursing associate." (NMC, 2019).

Tick the box that reflects your answer. With 5 implying that the image has a large negative* impact on the person's ability to demonstrate good character whilst off-duty and 1 reflecting that you view the image as having little impact on the person's ability to demonstrate good character whilst off-duty.

* Negative relates to unfavourable or disagreeable (The Free Dictionary [Online]).



Picture 1



Picture 2



Picture 3



Picture 4



Picture 5

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Picture 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Picture 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Picture 1



Picture 2



Picture 3

Picture 4



Picture 5



Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Picture 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Picture 1



Picture 2



Picture 3



Picture 4



Picture 5

Please don't select more than 1 answer(s) per row.

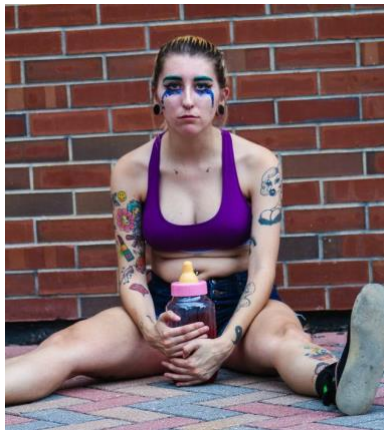
	1 - Little impact	2	3	4	5 - Large impact
Picture 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Picture 1



Picture 2



Picture 3



Picture 4



Picture 5

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Picture 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 5: Questions

Please tell me how you think the following behaviours impact upon your perception of the person's ability to demonstrate good character. "By 'good character' we mean that your character is such that you are capable of safe and effective practice as a nurse, midwife or nursing associate." (NMC, 2019).

Tick the box that reflects your answer. With 5 implying that the image has a large negative* impact on the person's ability to demonstrate good character whilst off-duty and 1 reflecting that you view the image as having little impact on the person's ability to demonstrate good character whilst off-duty.

* Negative relates to unfavourable or disagreeable (The Free Dictionary [Online]).

Verbal abuse to a member of the public.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verbal frustration/anger towards a shop assistant/call centre employee.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Having an argument with a family member in public.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Having a physical altercation with someone in a public place.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playing practical jokes.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Being very drunk at a party or social function.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Posting photographs or comments related to your drunken related activities on a social networking sites (Facebook/Twitter etc).

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

'Liking' or sharing a friend's racist joke on a social media site, such as Facebook/Twitter.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Posting or discussing contentious political views on a social network or in a public forum.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Posing naked or semi-naked for photographs that are to be published (online or in hard copy)

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working as an erotic dancer (pole dancing/lap dancing).

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working as a phone/internet sex operator.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working as a stripper.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working as an escort.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working as a prostitute.

Please don't select more than 1 answer(s) per row.

	1 - Little impact	2	3	4	5 - Large impact
Student Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A friend on your programme is experiencing financial difficulties which potentially impact on her ability to continue on the programme. She discloses to you that she is doing some occasional evening work as an escort. She is paid to accompany gentleman to social events. Do you think undertaking this work impacts on the professional requirement of demonstrating good character whilst off-duty?

- Yes
- No

To help understand why you think this, please describe your feelings and views about this scenario.

You are attending a “music festival” with some other midwifery students in your annual leave. You are aware that 2 members of your group participate in recreational drug use whilst at the festival. What do you think? Please tick as **many** responses that are relevant.

- Everyone does it
- They are not at work or going on shift They
- don't do it regularly
- It is wrong but no-one knows that they are student midwives It
- does matter but they are not qualified
- It is wrong
- Other

To help understand why you think this, please describe your feelings and views about this scenario.

You are aware that a member of your cohort is repeatedly absent from class due to a hangover. What do you think? Please tick as **many** of the following responses that are relevant.

- Everyone does it
- They are not in practice
- That is what university life is about
- They are missing vital theory that could affect patient care
- This behaviour doesn't fit with the public health message about reducing alcohol intake that health professionals advise clients of.
- It is wrong
- Other

To help understand why you think this, please describe your feelings and views about this scenario.

A family member offers you some toiletry items at a reduced cost, you suspect they may have been stolen. What would you do? Please tick as many of the following responses below that are relevant.

- Buy them, it's a great deal Everyone
- does it occasionally

- You find it difficult to decline because it is a family member. It's
- not OK but no-one will find out
- It's not OK but you are a student Decline, it
- is wrong
- Other

To help understand why you think this, please describe your feelings and views about this scenario.

Do you think good character should extend to when you are off-duty?

- Yes
- No

To help understand why you think this, please describe your feelings and views about this question.

Do you think the general public's perception of what good character whilst off-duty consists of, has changed over time?

- Yes
- No

To help understand why you think this, please describe your feelings and views about this question.

Do you think your background, upbringing or family history have any impact on you demonstrating good character whilst off duty?

Yes

No

To help understand why you think this, please describe your feelings and views about this question.

Do you think a person's current social circumstances can impact on demonstrating good character whilst off-duty?

Yes

No

To help understand why you think this, please describe your feelings and views about this question.

Do you feel your own conduct, behaviours or attitudes whilst off-duty have changed since commencing your midwifery training?

Yes

No

To help understand why you think this, please describe your feelings and views about this question.

Do you think the requirement to demonstrate good character whilst off-duty has impacted on your personal relationships with family and/or friends?

Yes

No

To help understand why you think this, please describe your feelings and views about this question.

To help classify your answers and be able to make statistical comparisons, would you please answer the following questions on age, postcode (or location, e.g. Chelmsley Wood, Birmingham) and stage of training. This information is confidential and anonymous. Home postcode or location information will be removed once it has been categorised.

What is your current age? Required

- 18 - 21
- 22 - 25
- 26 - 30
- 31 - 35
- 36 - 40
- 41 - 45
- 46 - 50
- 51 - 60

Please state your home postcode aged 16 (please state as much as you can remember).

Required

Your answer should be no more than 7 characters long.

If you cannot remember your postcode, please state where you lived aged 16.

What year of your midwifery programme are you in?  *Required*

1

2

3

Thank you for your time and effort in completing this survey. I wish you success in becoming a midwife.

Key for selection options

1 - CONSENT: Please select your choice below. Clicking on the

"agree" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

Agree Disagree

2 - Are you already a registered nurse or healthcare professional?

Yes

No

Appendix 24 - Dissemination

Date	Format and Conference	Title
4/9/19	Advance HE NET Conference Poster & Oral Presentation	Exploring midwifery students experiences and opinions of the NMC's expectations of demonstrating professional 'good character' whilst 'off-duty' – initial results of UK wide survey.
11/6/19	RCM Education Conference Poster presentation - Winner	Exploring midwifery students experiences and opinions of the NMC's expectations of demonstrating professional 'good character' whilst 'off-duty'.
4/6/19	SLIPPS International conference Poster presentation	Good Character and patient safety.