THE EFFECTS OF E-LEARNING ON NURSE IDENTITY CONSTRUCTION

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<u>IN MEMORIAM</u>

This work is dedicated to the memory of my mother and father,

Margaret and John Leslie Broome.

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ABSTRACT

The Effects of E-Learning on Nurse Identity Construction

The development of a nurse identity is known to be a gradual process which takes place by students through social interaction in both academic and clinical settings. It is a crucial element in retaining students within the nursing profession and enabling them to perform the nurse role competently and effectively. Constructing a nurse identity is a complex and individual process, but, it is recognised that it will contain universal traits such as caring and compassion. Failure to absorb a nurse identity by students is not well documented, but, it is thought to contribute towards the number of recruits who leave the profession prior to or on qualifying. This phenomenological study examines the ways in which student nurses construct and adopt a nurse identity whilst studying for the theoretical component of their nursing course. The lived experience of both traditional, classroom based student nurses and those studying by electronic learning (e-learning) is explored through in-depth interviews and participant observations. E-learning is being introduced into nurse education in place of traditional methods of teaching and the research examines the impact of this mode of learning on professional socialisation to the identity of a nurse.

The study gathered data from in-depth interviews with six student nurses studying by traditional methods and, also, from six student nurses studying by e-learning; all students were in the third year of a Diploma in Nursing (Adult Branch) course (comparisons were made between the findings from the two groups of students, in order to discover if nurse identities and the ways in which these are formulated differ between traditional students and those studying by e-learning). Findings from the data disclosed similarities and differences between the two groups of students, however, definitive conclusions as to the effects of e-learning on the construction and adoption of nurse identities could not be made. The findings did disclose strengths and weaknesses in both types of education, and the overall conclusion was that e-learning could be a success in student nurse education only if it is introduced with sufficient funding and on a solid foundation of research and development, by nurse educators who are knowledgeable in this style of pedagogy.

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1: Introduction to the Chapter

Continuing a discussion on nurse identities, the researcher asked:

"Is it important to adopt a nurse identity?"

Student: "Well yeah, it is important, really important [pause]. Well, you know, you can't just pretend to feel like a nurse can you? I mean you can't go on the wards and see everything you see if you don't feel like a nurse [laughs]. It's like when you're on your first ward and you just feel stupid and, well just awful, its embarrassing and you're seeing things you can't believe and, and you don't know what to do, all you can think about is how awful you feel." (ES1)

(Excerpt from an interview with a third year e-learning student nurse, conducted by webcam with audio)

The construction of a nurse identity is known to be a gradual process for students, which takes place through social interaction in both academic and clinical settings (Adams et al, 2006; Bunce, 2002; Takase et al, 2006b). This phenomenological study explores the ways in which student nurses construct and adopt a nurse identity. The lived experience of both traditional student nurses and those studying by electronic learning (e-learning) are explored through in-depth interviews and participant observations. E-learning is being introduced into nurse education (DfES, 2003a, 2003b) and the research examines the impact this solitary activity has on the formation of a nurse identity.

1.2: Background to the Study

Interest in this research began when I was employed as a senior lecturer at Manchester Metropolitan University and had responsibility for leading the pre-registration nursing programmes. The Department of Health Care Studies, in which the courses were delivered, was encouraging its academic teams to provide modules of study via e-learning. This was in order to fulfil the university's requirement to deliver the Government strategy on information technology in education (DfES, 2003a, 2003b).

In 2003, four members of the Pre-Registration Nursing Team, myself included, commenced a working party to examine the feasibility of delivering, by e-learning, the two anatomy and physiology modules in the Common Foundation Year (first year) of the Diploma in Nursing course (Manchester Metropolitan University [MMU], 2001). I had some misgivings about the delivery of these particular modules by e-learning, as I was concerned that classroom interaction played a large part in the students' understanding of these topics. Due to these concerns, I observed teaching sessions of these modules in which I made notes of classroom interactions and critical incidents, in an attempt to examine primary data which may indicate whether or not to proceed with this venture.

Although the initial field notes disclosed a great deal of peer interaction and lecturer contact and support in these sessions, the journal entries also pointed to another phenomenon, which, at that time, I had not considered. The students appeared to gain confidence in associating with a nurse identity during classroom interactions; for instance, students would discuss their role in clinical practice in response to a question and often receive praise from the lecturer for an example of good nursing care. I also noted that lecturers prepared students for their future role by, for example, reiterating the nurse role in an answer a student may have given, or, by emphasising points which referred to a positive nurse identity, such as caring traits.

I observed that students were often encouraged to discuss experiences from clinical placements in order to link theory to practice. These stories frequently evoked a chain reaction within the rest of the student group, resulting in other students telling stories, and nods of approval and recognition from peers as they associated with the nurse role. To illustrate, the following field

notes were taken from a classroom observation of an anatomy and physiology session on the Circulatory System with first year student nurses.

> *Lecturer*: "Who has experienced a cardiac care ward"?
>
> A few of the students raised their hands hesitantly. The lecturer indicated to a student.
>
> *Lecturer*: "Would you like to tell us about treatment and care you've been involved with on this ward"?
>
> During the student's reply, the lecturer nodded and smiled encouragingly, interrupting in places to reinforce the role of a nurse in patient care and to relate the treatments discussed to anatomy and physiology. Students around the room began to nod in recognition of the role being described by the student and some students had raised their hands in the air in order to speak.
>
> *Lecturer*: "Yes, good reply, does anyone else have anything to add to this"?
>
> Around half of the group were now waving their hands in the air, eager to be chosen. (CO2)

This combination of subtle preparation by tutors, and discussing stories from clinical placements, all appeared to have a delicate part to play in socialisation to a nurse identity. It seemed that traditional methods of teaching in student nurse education were important in assisting students to adopt the persona of a nurse. The literature confirmed the importance of the academic setting in the process of nurse identity adoption, both through formal and informal socialisation (Adams et al, 2006; Hind et al, 2003; MacIntosh, 2003).

Following on from these preliminary observations, I began to consider how e-learning may affect students' adoption of a nurse identity. In the virtual classroom, there may not be the same opportunity for relaxed and personal discourse as occurs within traditional classrooms, therefore, creating less opportunity for peer and tutor support. In addition, with traditional teaching, peer support is available outside of the classroom in informal settings such as the refectory, which is not available to e-taught students.

Preliminary literature reviews revealed that adopting a nurse identity had implications in terms of good nursing care, in that students adopt knowledge and skills through this process, in addition to internalising the values and norms of the profession (Masters, 2005). Humanistic attitudes, such as caring and kindness, figure prominently in nurses' perceptions of their professional identity (Bjorkstrom et al, 2006; Meulenbergs et al, 2004). The effects of e-learning on adopting a nurse identity are not clear and the literature search revealed a dearth of published work in this area. E-learning does not offer face-to-face exchanges and the literature revealed that socialisation into the nurse role occurs through personal interactions such as these (e.g. Adams et al, 2006; Apesoa-Verano, 2007).

I pondered what were the effects of producing nurses who may not associate with the profession? Would there be implications in terms of patient care? Would there be consequences for an already depleted workforce in terms of attrition from nursing? This led me to reflect on the professional ethics of introducing e-learning to student nurses without first investigating the consequences and thus this study was born.

1.3: Justification for the Study

A nurse identity refers to how students or nurses conceptualise what it is to be, and act as, a nurse (Fagerberg, 2004). This conceptualisation consists of beliefs and values which influence thought processes, actions and interactions (Fagerberg and Kihlgren, 2001). When students enter nurse training, they commence, through professional socialisation, the transitional process of constructing a concept of 'nurse' with which they can identify and adopt. This process of adopting a nurse identity is also referred to in the literature as *socialisation to the nurse role* (e.g. Mooney, 2007a) acknowledging the process of human interaction that is needed in order to formulate and take up a nurse identity. A person's concept of a nurse changes throughout their nursing career, as knowledge and experience develop, and beliefs and values become modified (Van Sell and Kalofissudis, 2001). The concept of a nurse is individual to each person, although, there will be commonalities between accounts, such as humanistic attitudes and professional knowledge (MacIntosh, 2003; Meulenbergs et al, 2004).

It is well established within the literature that adoption of a nurse identity has implications in terms of good nursing care (e.g. Du Toil, 1995; Fagermoen, 1997; MacIntosh, 2003; Meulenbergs et al, 2004). Although perception of a nurse identity differs amongst nurses to varying degrees, and although perception changes with time, it maintains humanistic elements which are constant throughout, such as caring, altruism and empathy (Parker, 2005; Takahashi, 2004). Holland (1999) discussed how the rationales of student nurses in regard to their career choice differ, but how all maintained "the idealized and vocational imagery of nursing as helping and caring for sick people" (p.232). Failure to adopt a nurse identity is not well documented, however, from considering its importance, it can be deduced that this could lead to isolation, confusion and disassociation from the profession, progressing ultimately to departure. This could go someway to account for the large numbers of recruits to nursing who leave the profession during their training or in the first year of qualifying (Royal College of Nursing [RCN], 2005a), although other factors such as home sickness or financial difficulties will also have a part to play in attrition rates. The student's comments at the beginning of this chapter aptly illustrate how awkward students feel in clinical areas when they first commence nursing and have not yet begun to adopt a nurse identity. If a nurse identity is linked with good nursing care, then lack of an identity may result in poor nursing care, or, treatments given without due consideration because of a lack of caring and compassion.

The *Making A Difference* pre-registration nursing curriculum (DoH, 1999), which is the current nursing curriculum, divides the content equally between theory and practicum over three years duration, with equal weighting placed on assessments in both areas. That is, theory within the academic setting and practicum within clinical areas. It is well researched, that the process of role identity occurs during students' clinical placement experiences (e.g. Benner, 1984; Schon, 1991; Wheeler, 2001). However, it is also acknowledged that whilst undergoing clinical placement experience, the student is often the most inexperienced member of the team and may, at times, feel quite alienated from the nurse role (Bunce, 2002). In contrast, when in university, discussion with peers and reinforcement of the role by nurse lecturers reassures students in regard to their progress and encourages alignment with a nurse identity (Hall, 2005).

Formation of a nurse identity and adoption of this persona takes place through a process of socialisation to nurses and nursing practice (Adams et al, 2006; Apesoa-Verano, 2007; Hall, 2005). Although there are various theories of socialisation to a nurse identity, (e.g. Benner, 1984; Oleson and Whittaker, 1968; Van Sell and Kalofissudis, 2001), it is clearly established that the process takes place in academic and clinical settings during nurse training (e.g. Adams et al, 2006; Bunce, 2002; Takase et al, 2006b). "Educating the development of the individual as a nurse to be socialized into the nursing profession requires the individual understand the interlocking language, concepts, relationships, structured ideas, disciplined inquiry and outcomes of nursing practice" (Van Sell and Kalofissudis, 2001, p.5).

Should adoption of the nurse role not take place during the theoretical component of a nursing course, due to a lack of face-to-face interaction with e-learning, then could students still go through the process of professional socialisation by interacting with nurses and observing nursing practice during clinical placement experiences? Would a lack of assurances from peers and tutors in the academic setting that students are performing satisfactorily for their expected level of competence, make the process of adopting a nurse identity take longer and be more traumatic for students? The literature indicated that although adopting a nurse identity is an on-going process, it is beneficial to the student the earlier this commences, as it encourages understanding of the theoretical concepts of nursing and practical skills (e.g. Coudret et al, 1994; Quinn, 2000).

The impetus for change in the education of student nurses is emanating from several distinct, but, interrelated factors originating from within and outside of the education sector. The Government is keen to increase productivity within the United Kingdom and in 2004 it commissioned an independent review under the chairmanship of Lord Leitch with a remit to:

> …identify the UK's optimal skills mix for 2020 to maximise economic growth productivity and social justice, set out the balance of responsibility for achieving that skills profile and consider the policy framework required to support it. (Leitch, 2006, para. 1)

The review established a clear link between productivity and workforce education and training (Longhurst, 2007) with implications for the higher education sector that a demand-led, as opposed to supply-led, system of education was required, with employers having a greater say into what is taught, by whom and to what level (Tallantyre, 2007).

Thus the higher education institutes are eager to embrace new partnerships with employers and implicit in these discussions is the need to change delivery modes in learning and teaching to meet the changing demography of an increasingly ageing workforce (Broady-Preston, 2007). The Department of Health (DoH) is increasing the use of information technologies by National Health Service staff generally (DoH, 2005a, 2002; E-mpirical, 2006) and, in the nursing profession this aim is to be achieved in all areas of nursing, including education. Not only is the higher education sector required to teach student nurses how to use new technologies effectively, but also, it is encouraging widening participation through the more flexible approach of e-learning (E-mpirical 2006, DoH, 2005a, 1999). This method of learning is also supported by the Department for Education and Skills (DfES) which advocated its use in higher education (Blunkett, 2000, DfES, 2003a, 2003b) and by the National Health Service (NHSIA, 2002) which is promoting e-learning courses for practitioners, including nurses.

E-learning is being introduced into the theoretical component of student nurse education partly with the intention of increasing recruitment to nursing, especially topical as the nursing workforce is in crisis due to staff shortages. "The NHS is in a 'race against time' to replace the 50,000 nurses who will retire over the next five years, a nursing leader has warned." (BBC News, 2003). To date, a large number of NHS trusts have put staff recruitment on hold, leading to fears of reaching an unprecedented crisis (RCN, 2007a). "There is an underlying shortage of nurses at the same time as the nursing workforce is being cut and nursing workloads are increasing." (RCN, 2007a, p.2). This has resulted in 38% of nurses having study leave cancelled and 54% having requests for professional training refused (RCN, 2007a, p. 3); all of which strengthens the case for flexible and distance learning modes of education. E-learning in nurse education also ties in neatly with the higher education agenda of increasing technological skills across all disciplines, in order that Britain can compete equally in the global market (NCIHE, 1997; Blunkett, 2000).

E-learning is an all-encompassing term to describe learning supported by the use of information and communications technologies. Previously referred to as *computer enhanced learning*, e-learning now includes the use of mobile technologies such as personal digital assistants and MP3 players (Mason and Viner, 2007). It is suited to distance learning, but, it can also be used in conjunction with face-to-face learning, whereby it is often referred to as *blended learning*. In higher education, it is common to create a virtual learning environment, often in conjunction with a managed information system, in order to create a managed learning environment. These can support all aspects of a course through a user interface which is standard throughout the institution (Mason and Viner, 2007); examples of such environments are Blackboard and WebCT. *Distance learning*, *flexible learning* or *open learning* are all broader terms which incorporate e-learning, but, include all instructional situations where educators and students are physically separated. Historically this encompassed correspondence courses and other paper-based approaches.

In this study, e-learning refers to education which takes place through a managed learning environment belonging to a higher educational institute. However, it is acknowledged that although students are engaged with e-learning through managed virtual learning environments, this may involve other mediums such as web-based resources and mobile technologies. For example, students may be directed to research articles online or be given hyperlinks to websites for research purposes; in addition, the e-learning within the virtual environment may be presented as a downloadable podcast for use with an MP3 player. Moule (2007) discussed a conceptual model, *The E-learning Ladder* which recognises a range of e-learning methods including e-resources such as CD-ROMs, web-based materials and mobile technologies. Within Moule's model there is an acknowledgement that e-learning may involve various learning styles from instructivist through to constructivist and that all of these approaches have their place depending upon the students and learning involved. Salmon's Five-Stage Model (2000, 2003) described stages that both e-students and moderators need to engage with for successful e-learning to occur. However, Salmon's model embraces only constructivist learning within an online environment and can, therefore, be regarded as rather limited in its approach. However, some students, possibly new to online learning, may feel more comfortable primarily with an instructivist approach to their education, gradually acclimatising to a more constructivist mode of education if

it is introduced slowly in order to foster confidence. Whilst this study supports a constructivist approach to e-learning, as discussed in Chapter 6, it also acknowledges the place of other approaches depending upon the discipline, the subject and the students involved. It is commonplace for nurse training courses to recruit mature students who may have been away from education for several years and it would not be feasible to expect these students to feel comfortable with online education unless this was principally of an instructivist nature to begin with, in order to gain the students' confidence with the medium.

There has been much written in regard to the use of e-learning in nurse education (e.g. Glen, 2005, 2006; Glen and Moule, 2006; Twomey, 2004; Wright, 2004) and some of the literature warns of negative consequences which may result from introducing e-learning into student nurse education without due caution (e.g. Farrell, 2006; Glen and Cox, 2006; Haigh, 2004; Kennedy, 2001). No specific literature could be found in regard to e-learning and its influence on the formation of a nurse identity, although McDonald, (2002) recommended that research should be conducted into: "What is involved in "socializing" students into professions? How do we impart the cultures of professions in traditional education and how can that be done at a distance?" (p.20). There is much established research in regard to nurse education and the ethical implications of e-learning (e.g. Kennedy, 2001; Leasure et al, 2000; Morris et al, 2002) although, again, nurse identity adoption did not figure in this. Association with a professional identity, generally, is an area of prolific research, and nurse identity is a well researched area within this, but, once again, the link between the adoption of a nurse identity and e-learning is an area which could not be found within the literature, although, some overseas studies on distance learning (teleconferencing and video conferencing) and professional socialisation were found which had similarities to this study and are discussed in Chapter 2.

E-learning is being introduced nationally into higher education (Levesque and Kelly, 2002) and nurse education. Many universities are offering a selection of modules via this method for nurse training courses. Although, to date, no university in the United Kingdom provides e-learning modules for the entire theoretical component of student nurse training, it seems inevitable that this will become a reality at some point (Farrell, 2006). The Open University commenced training student nurses in 2002, and offers the entire theoretical component of its Diploma in

Nursing courses by distance learning methods, which include e-learning (The OU, 2003). E-learning has been utilised in nurse education in America, Australia, Canada and New Zealand since the 1990's, as a progression of distance learning, popular in these countries due to the spread of populations over large geographical areas (Gulati, 2003). Through the Worldwide Universities Network overseas and British universities are collaborating on the delivery of nursing programmes through e-learning (HERO, 2008), however, to date these have been post-registration nursing programmes.

It appears, through internet searches, that e-learning in pre-registration student nurse education is only being offered globally as a blended learning approach at present, although complete e-learning courses in continuing professional development for qualified nurses are well established in many countries, including Britain (Smith, 2008). This may be because student nurses, as part of their pre-registration courses, are required to attend practical placements in teaching hospitals, which are large city based establishments within travelling distance of universities, so that traditional attendance is not generally problematic as they will be living within the vicinity. Whereas qualified nurses may be working and living in rural areas away from cities and universities. In addition, high attrition rates from e-learning courses are common: "Drop-out rates for online learning programmes are worryingly high and can range as high as 80%, giving the incorrect impression that online learning is not effective or successful" (Flood, 2008, p.1). This is thought to be due to learners lacking advanced educational skills, which is applicable to pre-registration nursing students, but not, usually, to post-registration nurses. It may be that universities, worldwide, do not want to risk losing their students, especially as there is a global shortage of nurses. The lack of e-learning for the entire theoretical component of student nurse education worldwide, and the relative newness of e-learning, may go someway to account for the lack of research into some areas of e-learning in pre-registration student nurse education.

1.4: Aims of the Study

E-learning is being introduced into nurse education in place of traditional methods of teaching and this inquiry seeks to investigate the impact of this mode of learning on professional socialisation to the identity of a nurse. E-learning does not offer face-to-face exchanges and the literature revealed that socialisation to the nurse role occurs through such personal interactions (e.g. Adams et al, 2006; Apesoa-Verano, 2007) both in academic and practice settings. The literature indicated that adopting a nurse identity had implications in terms of good nursing care, in that humanistic attitudes, such as caring and kindness, figure prominently in nurses' perceptions of their professional identity (Bjorkstrom et al, 2006; Meulenbergs et al, 2004). The effects of e-learning on adopting a nurse identity are not clear and the literature search revealed little published work in this area, as discussed in Chapter 2. Therefore, the overall aim of the study is to discover if student nurses studying by e-learning construct and adopt a nurse identity in ways comparable to those of students studying by traditional methods of education.

1.4.1: Research Question

To further clarify the research aim, the subject of inquiry was developed into a research question, in order to focus the work (Parahoo, 2006). This was posed as:

Does studying the theoretical component of the Diploma in Adult Nursing course by e-learning, influence the ways in which students develop a nurse identity?

The question was divided into three main areas of inquiry:

1. How do traditional and e-learning student nurses' concepts of a nurse identity compare?
2. How do students studying via traditional methods develop a nurse identity during the theoretical component of nurse training?
3. Does the process of developing a nurse identity differ when students study the theoretical component of nurse training by e-learning methods?

The approach to investigating these three areas of inquiry is outlined in this section, although, Holloway and Freshwater (2007) considered that proposals cannot function as recipes or scripts, but, only as projections or suggestions and Punch (2001) believed that much qualitative research is of the unfolding, emerging type. It is envisaged that the theoretical framework on which the research is based will act as a catalyst in bringing together the various areas of the project, forming a coherent whole (Holloway and Wheeler, 2002).

The research examines students' notions of the nurse role and nurse identity and how this is constructed comparing data to findings within the literature. The study takes the viewpoint that the concept of a nurse is evolutionary in nature and association with this identity is, also, ever-changing (RCN, 2003a). The literature is clear that it is detrimental for nursing students not to associate with, and adopt, a nurse identity (e.g. Flaming, 2005; Lindsay, 2006; Mooney, 2007a) although, there was little information on the effects of this.

The study investigates how development of a nurse identity occurs within a university setting and through e-learning methods of education. In order to research these phenomena, I observed ten teaching sessions from within a Diploma in Nursing (Adult Branch) curriculum, at Manchester Metropolitan University where I was employed. I took notes on critical incidents within these sessions, in an attempt to explore how students associate with and eventually adopt a nurse identity. In addition to these observations, I conducted in-depth interviews with traditional and e-learning students, in order to compare their concepts of a nurse identity and how construction of this identity was taking place. The interviews were considered in-depth as they contained open-ended, discovery orientated, unstructured, prompt questions which explored the students' points of view, feelings and perspectives (Rubin and Rubin, 2004). Data was transcribed and analysed following interviews and further interviews were conducted with the same students, to verify themes or provide further clarification on concepts.

As no university within the United Kingdom currently provides the entire theoretical component of a pre-registration nursing programme through e-learning, it became necessary to compromise in this area from the original research design. I had initially thought that the Open University conducted its theoretical component by e-learning, only to later discover it was through distance

learning methods generally, which included e-learning. After researching British universities, I discovered that the only undergraduate courses in Adult Nursing conducted totally by e-learning were 'top-up' courses, whereby qualified nurses top-up their diploma to degree level by studying e-learning modules. However, I did not want to compare qualified nurses with pre-registration nurses as I felt that this included too many variants. I decided that the most relevant data I could obtain would be from pre-registration diploma nurses who were currently studying one or more modules via e-learning methods. I considered that although these students would have experienced traditional methods of education within their courses, the e-learning experience was current and may influence the process of adopting a nurse identity to some degree. Adoption of a nurse identity is an evolutionary process (MacIntosh, 2003), so I anticipated that the e-learning experience, although only part of the theoretical content of the course, may have impact upon the students' experiences and ideas.

With this in mind, I advertised online at the Royal College of Nursing website on the 'members only' student forum (only nurses and student nurses have access) for suitable participants. I received eleven replies from students studying at universities across Britain. I thanked all of the students for responding and selected for interview six students who were in the third year of a Diploma in Nursing (Adult Branch) course and were currently studying one or more modules by e-learning. I then obtained their informed consent and conducted in-depth interviews, of a similar format to those conducted with traditional students, except that they took place online via instant messaging, or by telephone, depending upon the students' choice. Again, data was analysed following interview and further interviews were conducted, in order to gain clarification and to confirm initial thematic analysis.

In total, interviews were conducted with twelve students; six traditional students from the university where I was employed and six e-learning students from universities within England. All students were in the final year of a Diploma in Nursing (Adult Branch) programme, as it was considered that by the third year, students would have adopted a nurse identity to some degree (Day et al, 2005).

1.5: Ontological Position

Early in the conception of this study, it became clear that the research lent itself to qualitative methods of inquiry. It was considered that the research questions could be best answered by listening to the individual perspectives of student nurses who were involved with this particular phenomenon. Lincoln and Guba (1985) stated that qualitative research assumes a different ontological position than traditional quantitative research, claiming that it is characterised by the researcher constructing a reality as they see it. Alongside this is the idea that participants also construct their individual reality. They state that the epistemological foundations of qualitative research are based on values and value judgments, not facts, claiming that the researcher's values, guide and shape the conclusions of the study because the researcher constructs the reality of the inquiry (Lincoln and Guba, 1985). However, the researcher needs to demonstrate sensitivity to the 'truths' of others, and the consequent differences and possibly conflicting values, therefore, it would seem that all findings in a qualitative study are socially negotiated.

It would not be appropriate to begin this study without making it clear that I cannot, being a nurse, avoid having my own set of preconceptions and beliefs about nurse identity. Flaming (2005) discussed the importance, from a research perspective, of the researcher situating themselves "explicitly or implicitly within a variety of frameworks when studying phenomena" (p.95). This allows for a more robust study as the reader is given an overview of the researcher's viewpoints. I have many memories of unforgettable experiences witnessed throughout my nursing career which I believe have influenced my construct and adoption of a nurse identity, which I discuss in more detail in Chapter 6. However, I also consider that it is in everyday nursing, where nothing exceptional is deemed to occur, that the construction of a nurse identity occurs. I believe that a nurse should have genuine care and concern for other human beings and be compassionate and empathic towards those in his or her care. In addition, I hold the view that nurses should possess good communication skills, both verbal and non-verbal, and possess the ability to relate to people from all walks of life, as so much of nursing is based on communication. I deem knowledge of nursing theory to be essential to good nursing, as it underpins all clinical practice, and believe that this should be continually updated within the speciality in which the nurse practices. The ability to effectively teach others; students, colleagues and patients, is also, in my opinion, an essential requisite for a nurse. I am of the

belief that a nurse should be hardworking, as having worked with nurses who are not, I realise that laziness can affect the care given to patients and places additional strain on colleagues. Also, I hold that diligence should be an essential trait of a nurse, as mistakes in nursing can affect people both physically and emotionally. I have included self-reflections throughout this study because, as Lincoln and Guba (1985) point out, we cannot escape theoretical presuppositions, but we can try to make our approach as explicit as possible.

In this study, a phenomenological approach was used to gather and analyse data, influenced by the work of several descriptive phenomenologists, as discussed in Chapter 3. Descriptive phenomenology was regarded as being the most suitable approach, as it focuses on specific phenomenon from the viewpoint of those who have experienced it and supports exploring data in order to discover the essence of the experience under scrutiny, thus allowing for comparisons to be made between groups of participants. The study may be regarded as hybrid in its phenomenological design as it is tailored to fit the research, in accordance with much modern phenomenology. Many phenomenological researchers believe that method designs should be flexible and adapted to the phenomena being researched (e.g. Crotty, 1996; Giorgi, 1997; Pollio et al, 1997; Valle and Mohs, 1998; van Manen, 1997). Giorgi (2000b) believed that researchers should be inspired by theorists, not by applying their ideas, but by being attracted to these ideas and then modifying and adapting them to suit particular needs. Overall, the design is in keeping with eidetic (descriptive) phenomenology as opposed to hermeneutic (interpretive) phenomenology. Although originally conceived by Husserl (1999/1907), I chose this style of phenomenology as I was influenced by the works of modern descriptive phenomenologists such as Giorgi and van Manen who focus on phenomena as it appears through experience or consciousness and provide rich textured descriptions of participants' stories in their writings.

1.6: Ethical Education

To consider the focus of this study – the effects of e-learning on the adoption of a nurse identity; my ethical priority as an educationalist is to ensure that student nurses are afforded every opportunity within their educational experience to associate with and adopt a nurse identity. I am aware of the importance of this for students, and, as a nurse educator, it is my moral endeavour to educate nurses to the best of my ability in order that they are responsible, conscientious, safe and effective practitioners (Milton, 2006). Therefore, because my concern that e-learning may not assist with the adoption of a nurse identity to the same extent as classroom learning, I am conducting this research in order to provide clarity to the situation.

However, contrast this to the ethical priorities of the Department of Health who are attempting to administer to an overstretched and understaffed work force within the National Health Service (RCN, 2007a). Their ethical priority is to ensure patient safety, which can be achieved by increasing recruitment to the health service professions or by providing professional development courses by distance learning, in order to ensure that limited staff remain in clinical areas. Providing nurse education by e-learning, although, not without its critics, is one method of achieving this and so it is within their interests to drive this learning forward (DoH, 2005a, 2002; E-mpirical, 2006). So, even though both the Government and I have patient care as our main concern, we may differ in our decisions as to the best way to achieve this.

Present day education is taking place in an era where major decisions are made by central Government, and educationalists, based at student interface level, have little opportunity to affect the implementation of new courses or curricula (McCarthy and Holt, 2007). In *Professionalism Reborn,* Friedson, (1994) enquired how professionalism can be taken forward. In considering this question, it would seem that one way of progressing professionalism is for educationalists to make small changes that they can affect with the resources available to them. These changes should be based on ethical decision making, in order to influence educational practice in possible, practical and principled ways (Winston, 2007). Research is a resource which can positively influence decision making. Although it may be considered that educationalists have no say in the big picture of education, a gigantic movement of small, ethical changes could prove to be an effective method of inching the profession forward from an operational level (Byrd et al, 2004).

Ethical issues abound in times of change and uncertainty, especially in areas of multiple stakeholders; resulting in conflicting interests and values and no clear guidelines with which to resolve issues (Byrd et al, 2004). Nurse education in one such area; Government departments, nursing bodies, health providers and educationalists all wield influence over the curricula to varying degrees. Ethical priorities differ depending upon the concerns of the group, and, as with all ethical decisions, there are no right or wrong answers if they are arrived at through ethical deliberation and reflection (Shapiro and Stefkovich, 2000).

Schon (1991) maintained that the most effective professionals are constantly evaluating and re-evaluating their work, and this "reflection-in-action" should be encouraged in all professionals. He regarded technical knowledge as insufficient to produce a modern professional workforce, but regarded an ability to reflect upon ones practice and to synthesise knowledge and apply it to each individual situation, with good effect, as essential. The importance of reflection upon practice is recognised by many educationalists, Stenhouse (quoted in Day, 1999) suggested that teachers as professionals should not only engage in "systematic self-study", but, should also adopt a questioning stance with respect to the policy frameworks in which they are engaged. This point is a pertinent one for this study, as it would appear that no matter how much educationalists reflect upon their practice, there is only a limited room for improvement if it is based upon a framework of policies which do not emanate from the profession itself (McCarthy and Holt, 2007).

1.7: Chapter Summary

This chapter provided a brief overview of the study by introducing the research question and the queries which emanate from this. It placed the study into context by discussing the larger picture, including tensions between a Government concerned with skills mix, productivity and widening participation and an education sector encouraged to produce modules of study by e-learning. A discussion of ethical education and the drive to provide best practice in nurse education, which led to this study, was examined in order that some of the conflicts underpinning the work were confronted and challenged. The choice of a methodology suited to answering the research question and yet fitting with my worldview was included and the research methods and underlying rationale for these established.

The chapter also raised questions in regard to introducing e-learning into nurse education. Why is this mode of learning being introduced without a solid foundation of research and development? This chapter has uncovered one area in which there is very little research or information; nurse identity and e-learning, but, it can be presumed there are others. Why are nurse lecturers with little or no experience of e-learning being asked to design and facilitate e-learning modules? Presumably this is for financial reasons, but it seems that it could prove to be a false economy if student attrition rates are increased due to poorly designed e-learning environments. If students studying by e-learning do not construct and adopt a nurse identity, will this have an effect on the patients they care for? As the effects of e-learning and nurse identity are unknown, it appears that the welfare of patients is presently being put at risk by the Government and higher educational institutions in introducing this style of learning for student nurses without researching the full effects of this. It is intended that this study will be a starting point for research into nurse identity and e-learning and that it will also explore some of the tensions and challenges raised in this introductory chapter.

Over the next five chapters, the construction and adoption of a nurse identity and the possible impact of e-learning upon this identity are discussed from various angles. In Chapter 2, relevant selections from literature are described including a review of the significance of obtaining a nurse identity and the consequences of failure to adopt this persona. The second part of the chapter examines e-learning and considers the drivers that are steering it into nurse education, in order to

understand the underlying rationale for this initiative. The intent of this chapter is to put the study into context by discussing issues that challenge the research question, thus placing it within a larger conceptual framework.

Following a review of the literature, Chapter 3 discusses some of the methodological considerations in conducting this research. Phenomenology is discussed and, in particular, the way it has been applied to this study is explored and justified. Also, the methods used within this study for sampling, data generation and data analysis are considered and rationales provided. In keeping with the phenomenological tradition, a dialogue in regard to the position of the researcher within this research is discussed within the chapter, in order to explore how my experiences and construction of meanings may influence and inform the research.

Drawn from the interviews with students and from the classroom observations and researcher notes, Chapters 4 and 5 present narratives on nurse identity that are designed to condense and organise these conversations, in order to present the reader with a clear picture of students' experiences of constructing and adopting a nurse persona, as well as to elucidate essences and meaning units inherent within them. Chapter 4 examines data which illuminates what the concept of a nurse means to both traditional and e-learning students, whilst Chapter 5 examines how these nurse identities are constructed and adopted. Taking the themes beyond the structure of the narratives, Chapter 6, the final chapter, draws inferences from the research data in order to expound upon the essences and meaning units. The thematic analysis is reviewed from the aspect of constructing and adopting a nurse identity and what this means and from these considerations a model for socialisation to nursing through e-learning has been developed, in order to assist future student nurses studying by these methods to adopt a nurse persona efficiently and effectively.

CHAPTER 2

LITERATURE REVIEW

2.1: Introduction to the Chapter

Whilst discussing university life, the student stated:

"It's a help because if things haven't gone very well on placement you can talk about it with your peers and because you're together, they sort of defend your actions, and it makes you feel a whole lot better, because we're on the same level. I suppose when you're on the wards you can speak to your mentor, but, you're on a different level to them. It's not the same." (TS5)

(Excerpt from an interview with a third year traditional student nurse)

The intent of this chapter is to put the study into context by discussing a number of issues which challenge the research question, thus placing it within a larger conceptual framework. Preliminary literature searches conducted prior to the commencement of the research, indicated that students' adoption of a nurse identity takes place through influences emanating from both university and practice settings (e.g. Adams et al, 2006; Bunce, 2002; Takase et al, 2006a). However, the question of whether role adoption would take place in a similar manner when student nurses study the theoretical component of the course via e-learning modules could not be fully answered through the literature, as little information was found on this topic. It is recognised that professional interaction is often orchestrated to take place within online nursing modules, but, it is not known whether this is as effective in orientating students to adopting a nurse identity as face-to-face socialisation, which takes place in the university setting. Therefore, literature which connected to these areas was examined, such as, the importance of nurse identity, and socialisation through e-learning, in order to shed light on this question.

Establishing the empirical data to support the research, involved an extensive literature search. This was conducted through established databases (ASAP, ASSIA, British Education Index, CINAHL, EdiTLib, Educationline, ERIC, Internurse, Medline, National Research Register, OvidSP, PubMed, Scopus, SSCI and ZETOC), search engines, and university library catalogues containing journals and literature on both nurse identity and e-learning. Keywords used in the search were "distance learning" "e-learning" "nurse identity" and "professional socialisation". Boolean operatives and truncation were used to fine-tune the search and no limitations were placed on it. A wide variety and significant amount of literature was unearthed on both the subjects of e-learning in nursing and professional socialisation to the nurse role. The literature identified significant themes in the development of e-learning, such as socialisation, access, and frameworks of e-learning. Likewise, the search also produced a dearth of literature on nurse identity and professional socialisation to the nurse role. The literature was reviewed in terms of identifying work which highlighted the key characteristics of socialisation to the nurse role and e-learning in nurse education and also informed the use of suitable data collection methods for the study.

The chapter is divided into two parts and opens by discussing what is meant by a nurse identity and why it is considered important for students to assume this. In addition, factors which influence role adoption in the academic setting are considered and failure to adopt a nurse identity perused. The second part of the chapter considers drivers which are steering e-learning into nurse education in order to understand the underlying rationale for this initiative. In addition, the impact of e-learning on nurse education is examined; including its significance for students and educationalists in general and in particular those engaged with pre-registration nursing courses. Finally, the chapter concludes by discussing studies which have researched the effects of distance learning in socialisation to the nursing profession, in particular, an American study which researched the effect of distance learning on nurse socialisation is compared to this study and contrasts noted.

2.2: A Nurse Identity

Literature which discussed a nurse identity phrased this concept in various ways, it was referred to, sometimes interchangeably, as: *being a nurse*; *the concept of a nurse*; *occupational identity*; *occupational self*; *nurse identity*; *nurse role*; *professional identity*; *professional self*; *professional self concept*; *self concept* and *self identity* (e.g. Adams et al, 2006; Apesoa-Verano, 2007; Arthur et al, 1999; Chan and Schwind, 2006; Cook et al, 2003; Fagerberg and Kihlgren, 2001; Flaming, 2005; Happell, 2006; Mooney 2007a; Takase et al, 2006a). With scrutiny it could be recognised that the terms used within the literature referred to part, or all, of three main areas. These can be categorised as:

1)   Professionalism (e.g. Gregg, and Magilvy, 2001)
2)   Perceptions of the nurse role (e.g. Mooney, 2007b)
3)   Self-concept of nurses (e.g. Cook et al, 2003)

These three areas are closely woven together in everyday reality to form the concept of a nurse identity, and, therefore, are often discussed as a whole, being teased apart solely for the purpose of academic study. Put succinctly, professionalism, although not a straightforward concept to define, may be regarded as complying with a code of conduct which emphasises public duty, autonomy and a sense of dedication (La Sala and Nelson, 2005). Whereas perception of the nurse role is the construction of nurse identity and nursing, that a student or nurse has devised through socialisation to the profession. The self concept of nurses is the identity nurses hold of themselves; a combination of self identity and professional identity merged into one and in keeping with their worldview. In this study, the term *nurse identity* is used with reference to the three areas, as these are all regarded as integral to the concept as demonstrated within various studies (e.g. Adams et al, 2006; Apesoa-Verano, 2007; Chan and Schwind, 2006).

A nurse identity is defined in various ways throughout the literature and viewed through various philosophies, such as sociological (e.g. Apesoa-Verano, 2007) psychological (e.g. Cook et al, 2003) and ontological (e.g. Flaming, 2005) and through various research frameworks and paradigms such as, action research, ethnography, feminist theory, grounded theory, symbolic

interactionism, narrative inquiry, phenomenology and positivism (e.g. Adams, et al, 2006; Apesoa-Verano, 2007; Asp and Fagerberg, 2002; Benzies and Allen, 2001; Chan and Schwind, 2006; Hope and Waterman, 2003; Manias and Street, 2001; Mooney, 2007a, 2007b; Takase et al, 2006a; 2006b). Different methodologies are chosen for research studies in keeping with researchers' worldviews and in order to best answer research questions (Parahoo, 2006). In this study, nurse identity is explored within a framework of descriptive phenomenology which is discussed in detail in the next chapter. However, the work makes reference to definitions of a nurse identity from various philosophies and paradigms in order to examine the term in its broadest context.

The literature discussed clearly demonstrated that a nurse identity is an evolving concept, as nursing itself constantly changes due to new technologies, procedures, patient expectations, health care resources and political influences (Flaming 2005). A nurse identity can be regarded as emanating from the internalisation of values, culture, mores and ethical standards of the profession (Apesoa-Verano, 2007, Chan and Schwind, 2006). Research by Ohlen and Segesten (1998) into nurse identities, uncovered that nurses themselves describe this as the experience and feeling of being a nurse. This identity continues to develop throughout a nurse's career, as the concept matures with knowledge and experience (Apesoa-Verano, 2007) and differs from person to person, although, there will be similarities between accounts (Adams, et al, 2006). Allen (2004) highlighted that in nursing: "contrary to contemporary theories which promote an image of nursing work centred in individualised unmediated caring relationships, in real-life practice the core nursing contribution is that of the healthcare mediator" (p271). This is in keeping with other studies, discussed within this chapter, that highlight the tensions between nursing theories and the reality of nursing practices. Several studies, discussed in the next paragraph, demonstrate that students mediate the contradictions between rhetoric and reality by creating their own interpretations of nursing and nursing work.

Boys in White (Becker et al, 1961) disclosed new findings in regard to professional socialisation. Previously regarded as a process of cultural reproduction, whereby attitudes and values were absorbed by students along with facts and skills, Becker's study of medical students revealed a process where adaptation took place by forming a sub-culture in which students socialised to the

role of student rather than doctor. This included acquiring values and practices seen to be in opposition to their future profession, such as humorous attitudes to serious subjects. A subsequent study of student nurses by Olesen and Whittaker (1968) documented the creation of student guidelines and standards in response to educational demands found to be overwhelming and unrelated to preconceptions about the nursing profession. These findings have since been repeated in other studies (Adams et al, 2006; Apesoa-Verano, 2007; Bjorkstrom et al, 2006) and may be accounted for by students adopting a nurse identity which is a merging of their personal and professional identity, resulting in nurse identities which may not fully mirror those portrayed by professional bodies such as the Nursing and Midwifery Council (NMC, 2004) or the Royal College of Nursing (RCN, 2003a).

The adoption of a nurse identity may involve negative changes in attitude from those previously held by students, for example, Henderson (2002) found that nurse education had a dehumanising effect on students in that they became less caring about human need. This was echoed in work by MacIntosh (2003) who conducted a longitudinal study on student nurses at the beginning and end of their training and discovered that socialisation brings with it negative elements such as desensitisation to human need, due to a willingness of students to focus on the role of the nurse at the expense of earlier notions of caring and oneness with humanity. MacIntosh's findings resonated with earlier studies (e.g. Andersson, 1993; Goldenberg and Iwasiw, 1993; Manninen 1998; Stevens and Crouch 1995; Wilson and Startup, 1991). However, other studies have not corroborated this (e.g. Apesoa-Verano, 2007; Bjorkstrom et al, 2006). The studies by MacIntosh and others demonstrated that students did score lower than previously in caring skills, but, this appeared to establish that they had developed a more realistic attitude towards nursing, whereby many factors such as time and resource constraints have to be considered alongside those of caring skills. Work by Allen (2004) illustrated how nursing ideologies of individualised holistic care are unrealistic due to the constraints of healthcare systems and this may go someway to explain why other studies have demonstrated a lack of care on the part of nurses. The study by Apesoa-Verano (2007) concluded that students identify a normative dimension of caring as central to their concept of nurse and construct an occupational identity based on educated caring; a practical mixture of some of the ideologies of nursing worked into the constraints of nursing practice.

It is common for definitions of nurse identity and the nursing role to include humanistic values such as kindness, caring, empathy, altruism and compassion. Chan and Schwind (2006) discussed how nurse education over the last decade has seen the revival of caring skills in the curriculum. Bjorkstrom et al (2006) identified that caring for other people was still regarded by the profession as the mark of a good nurse alongside humaneness, upholding others rights, fostering trust and attending to needs for help and protection. These findings are similar to a much earlier study by Roach (1992) who found the characteristics of professional nurses are: compassion, competence, confidence, conscience and commitment. Pryds Jensen et al (1993) added courage to this list when describing an excellent nurse, indicating a sense of autonomous working. Humanistic attitudes in nursing are still regarded as important today by nurses as they were in Florence Nightingale's era (Lewis, 2007). On the subject of nurse identity, Nightingale (2007/1859) stated "No man, not even a doctor, ever gives any other definition of what a nurse should be than this - 'devoted and obedient.' This definition would do just as well for a porter. It might even do for a horse". Which illustrates that even in 1859 a nurse identity appeared difficult to define, perhaps due to the multi-dimensional nature of the role?

Students are known to enter nurse education with a pre-conceived notion of a nurse identity, which has led to their interest in the profession (Adams et al, 2006; Apesoa-Verano, 2007). It is common for students to have relatives or friends who are nurses and this will have influenced their perception of a nurse identity to a large extent (Saltmarsh et al, 2001). The literature demonstrated that these early concepts are based on humanistic ideals and altruistic notions, such as making sick people better and caring for people (Holland, 1999). Saltmarsh et al (2001) discussed how students are coming to terms with adopting a nurse identity at the same time as contending with their identities as students, causing crises for some people. For example, mature students whose own or partners' social class indicators are low, tend to struggle because of a combination of lack of support from family, lack of money, weight of domestic responsibility and lack of knowledge or skills expected at university (Scott et al, 2006). Widening participation initiatives within universities are encouraging students from diverse backgrounds (NCIHE, 1997) and this is seen within nursing cohorts, however, the support mechanisms for these students are not always as visible (Gilchrist and Rector, 2007).

A common theme within literature which examined students' career choices was the notion that nursing was a vocation for many nursing students (Nursing Standard, 2004), which implied that the profession chose the student rather than the other way round. Vocation is a word often used when discussing people entering religious orders and implies notions of altruism and sacrifice. This is in keeping with stereotypical images of nurses as administering angels (Derbyshire, 2002). Stereotypes of nurses abound and they provide insights into how the role of the nurse is perceived by those not involved in nursing and, therefore, some of the recruits to the profession, thus providing a starting point from which the reality of the role is adopted. Derbyshire (2002) coined the phrase "heroines, hookers and harridans" in the title of his article on popular images of nurses. The image of the selfless angel still thrives and although many nurses deride this, Salvage (1993) claimed that it is an image which is secretly colluded with. It is certainly not an image to be ashamed of, as some of the other stereotypes might be, it is, however, rather an impossible representation to emulate, which may account for the derision.

A new nurse identity seen to be emerging, is one of an independent careerist which includes traits such as technological expertise, management skills, clinical expertise and career expectations (Joel, 2003; Leininger and McFarland, 2002). This appears to be in keeping with today's image of nursing as a professional career with emphasis on nursing knowledge as a scientific discipline. The increased number of male recruits into nursing courses within recent years may be accounted for by the professionalisation of nursing, and the resulting increased status and salaries. The last national statistics released by the Nursing and Midwifery Council (2005) showed that more than one in ten nurses are now men, a total of 89,172 male nurses nationally in 2005.

Nursing was regarded historically as a female profession due to its emphasis on caring qualities, which were regarded as womanly skills and thus devalued in terms of status and remuneration. Professional work may be regarded as the opposite of caring, as it is seen as objective, disengaged and rational, providing unbiased opinions and expert judgements (Apesoa-Verano, 2007). This perceived polarity between modern nursing and caring has engendered debate in the literature (e.g. Apesoa-Verano, 2007; Bjorkstrom et al, 2006). However, some studies have emphasised the role of educators in promoting caring skills in students alongside issues of professionalism (e.g. Flaming, 2005; Hughes et al, 2003). Although work by Apesoa-Verano

(2007) found that educators attempted to socialise students towards professionalism to the detriment of caring, however, the study also demonstrated that, despite this, students maintained an image of nursing as "educated caring" which emphasised humanistic traits. Work by Bjorkstrom et al (2006) and Cook et al (2003) found that the move towards nursing as a profession, with nurse education taking place in university settings, made no difference to students' and nurses' earlier perceptions of humanistic qualities being of primary importance. Issues related to education, such as nursing theory, were recounted as important aspects of nurse identity, but, humanistic concepts were still cited as the most important considerations.

Schein's (1990) work on career anchors identified eight themes he believed people prioritised and showed preferences towards. Schein maintained that people remain anchored to one theme and their careers reflect this. The theme *Service Or Dedication To A Cause* is seen to represent the primary anchor of nurses, although they may also be drawn to secondary anchors such as *Technical Or Functional Competence*. This is similar to work by Holland (1997) on vocational personalities which identified six personality types he claimed categorised occupations and the people who worked in them. Nurses are seen to belong mainly to the type described as *Helper (Social)* which is regarded as being concerned with the welfare of others and containing humanistic ideals. Both of these works dovetail neatly with research which has disclosed that novices to nursing enter the profession with preconceived ideas of nurse identity involving caring and humanistic traits (Adams et al, 2006; Apesoa-Verano, 2007).

2.3: Formation of a Nurse Identity

It is widely accepted that a nurse identity is constructed and adopted through professional socialisation within educational and clinical settings, both in formal and informal contexts (e.g. Adams et al, 2006; Apesoa-Verano, 2007; Bunce, 2002; Lu et al, 2000). Socialisation to the nurse role is a complex process whereby students acquire the knowledge, skills and identity of a nurse which is fitting to their world view. It involves internalising values and norms peculiar to nursing and combining these with the student's own behaviours and self-concepts. During this process, initial notions of a nurse identity are abandoned or adapted to pertain to this new knowledge.

Mooney (2007a) clearly defined professional socialisation to nursing:

> The term refers to the process through which novice practitioners are merged into the profession to become professional practitioners. Within this system newcomers are instructed in the ways and attitudes of the organization and gradually adopt the attitudes, values and unspoken messages within the organization (p.75).

Mooney made the point that during training, a student entering into nursing will absorb and reflect the values which the profession holds in high regard. As previously discussed, nurse identities are changing and individual concepts, but humanistic qualities are seen to be constants within these, which students will absorb and reflect. Mooney made the further point in her definition that a change occurs in the person's concept of self, as professional values and norms integrate and a nursing identity emerges. Carlsen et al (1984) viewed a professional identity as part of a nurse's personal identity, whereas, Hermansen (1987) believed that personal identities are drawn towards engagement with certain professional identities, which is in keeping with Schein (1990) and Holland's (1997) work on career anchors and vocational personalities. However, what is clear is that at some point in absorbing nurse identity, there is a merging of professional and personal identities.

The merging of identities was neatly illustrated to me by a third year student in an *Ethics in Nursing* lecture which I recently taught, whereby she stated: "I can't change a bed with the last sheet on the ward any more, without a moral debate about which patient needs it most. And I can't watch the news about stem cell research, or stuff like that, any more without asking myself if it's morally right what they're doing." At some point, the student's embracing of nurse identity had included the need to morally justify issues in practice, and as this newly focused morality integrated with her personal identity, issues of national interest now caused an internal moral dialogue. Hartrick Doane (2002) discussed the emergence of moral identity in nurses and disclosed that this was a crucial part of role identity, whilst Du Toil (1995) noted that the acculturation process, whereby the values, norms and symbols of the profession are internalised, can be so strong that personalities are sometimes transformed by it, which the illustration above neatly discloses. Anecdotal evidence exists of adult students returning to education with resulting changes in their worldview, so much so that they divorce spouses whom they can no longer relate to because of differing outlooks (Bates and Norton, 2002).

There are various theories of socialisation to a nurse identity, Van Sell and Kalofissudis (2001) discussed how nursing is undergoing an evolutionary phase with an ageing workforce, shortage of nurses, and a rapidly changing healthcare arena. This ties in with Allen's (2004) review of previous studies, which showed that discrepancies between nursing theory and nursing practice have led nurses to articulate their role as one of holistic patient centred carer, when in reality it consists of healthcare mediator, with less emphasis on caring skills. Van Sell and Kalofissudis (2001) suggested a new theory of socialisation to nursing stating that "the Science of Nursing has reached a critical point in time requiring the profession to re-establish and reconstruct from its historical foundations and its accomplishments" (p.13). The theory they suggested is practice based and concentrates on interactions between nurses and patients in clinical settings. This is similar to Benner's (1984) socialisation theory *From Novice to Expert* which, again, is practice based and concentrates on nursing skills. Reuland's (2000) theory of professional socialisation, based solely in educational settings, focused on collaborative learning between various professions and suggested that guidelines should be followed to develop nursing education curriculum as a means of professional socialisation. This theory based the educational environment as the pivotal point in preparing future nurses for their roles, by providing current and innovative curriculum to meet the needs of present day nursing, which includes collaboration with others.

The differing theories of professional socialisation to a nurse identity placed emphasis on the importance of where this socialisation occurs. Some emphasised socialisation within practicum (e.g. Benner, 1984; Schon, 1991; Wheeler, 2001), whilst others emphasised the importance of the educational setting (e.g. Apesoa-Verano, 2007; MacIntosh, 2003). Mooney (2007a) studied newly qualified staff nurses and found that their experience of practice differed from theory they were taught in university and, generally, nursing practice left them feeling disappointed and disillusioned. This appeared to indicate that they had socialised to nursing through their educational experiences, not practicum, otherwise, they would have adapted to the clinical environment. Adams et al (2006) stated "The professional socialization of an individual comes about through critical experiences where procedures and rules experienced by students or novice professionals trigger the construction of a professional identity" (p.57). Clearly, for nursing students these procedures and rules are learnt within both academic and practice settings, where

time is divided equally during their course. It would appear that theories of socialisation need to emphasise the importance of both practicum and education in socialising students to their professional role.

2.4: Socialisation Within the Academic Setting

The importance of the classroom situation in assisting with role adoption is clear, student nurses are all too aware of their short comings whilst in the clinical arena, being surrounded by experienced qualified nurses who appear both confident and competent (MacIntosh, 2003). "Whilst undergoing clinical placement experience, the student is often the most inexperienced member of the team and may feel alienated from the nurse role" (Bunce, 2002 p.24). In contrast, when in university, discussion with peers and reinforcement of the nurse role by tutors reassures students and allows for realignment with professional identity (Adams et al, 2006). The classroom situation may be regarded as a safe environment which can aid role adoption by reinforcing appropriate behaviours and encouraging professional confidence, both through tutor and peer support. MacIntosh (2003) stated:

> Professional socialization of nurses begins in initial nursing education programs where students learn work - preparatory knowledge, skills, and qualities and adopt the ideals that nurses are autonomous, competent, respected professionals. New nurses often find that their workplace experiences challenge their ability to enact these learned professional ideals. (p.725)

It is a Government requirement that lecturers who teach on pre-registration nurse programmes are qualified nurses, which involves keeping abreast of current nursing practices (DoH, 1999). Inherent in these practices are nursing values which, in turn, lecturers will relate to their students. Values in nursing are generally regarded as the central concept within the professional socialisation process (Brennan and McSherry, 2006). During preliminary classroom observations undertaken for this study, it was seen that nursing theory is commonly applied to practice situations and there is constant reiteration of the nursing role, factors involved in aiding socialisation to nurse identity. Fagerberg and Kihlgren (2001) stated that students bring to the classroom their paradigms of life and that nurse lecturers take part in extending students' paradigms by enriching them and, thereby, facilitating their transition to a nurse.

Porter and Porter (1991) believed that a positive self-image reflecting a solid professional image was a prerequisite of good patient care. They stated that this was advanced through career structures and education. Qualifications provide knowledge and confidence in one's ability to nurse which leads to raised self-esteem and self-image, and this is rewarded by career structures which allow for progression. Fitzpatrick et al (1996) believed that the key aim of any nurse training programme was to gradually socialise students into gaining a nurse identity as this was crucial to providing good nursing care; this view was echoed in several studies (e.g. Adams et al, 2006; Chan and Schwind, 2006; Cook et al 2003; Flaming 2005; Mooney, 2007a). The importance of role models within the academic setting was stressed by Adams et al (2006) who believed that students need to find an appropriate role model to emulate and who will be supportive of them during the stages of professional socialisation. This is often orchestrated, for example, through the allocation of a personal tutor for student nurses, in order to support the learner academically and pastorally throughout the three years duration of the course.

Another important influence upon students is that of their peers and interaction with other students within academic settings is an important aspect of socialisation to a nurse identity. Numerous studies have suggested that the development of caring behaviours can be enhanced through relationships with peers (e.g. Carter and Maxwell, 1998; Hughes et al, 2003; Lewis, 1998; Overton, 1997). Discussions with peers allow for open and honest discourses, whereby, views may be influenced or reinforced (Parsons and Griffiths, 2007). Strong friendships often develop during courses and conformity to the expectations and views within peer groups are part of professional socialisation. Noddings' (2003) work on moral education stated that opportunities for students to engage in meaningful interpersonal relationships based on compassion, respect and consideration are necessary for students to develop into moral agents who can enact and respond to caring behaviours. Noddings identified four aspects necessary to nurture caring in a learning environment: modelling; dialogue; practice and confirmation, and emphasised the importance of peer interaction in providing opportunities for practice in caring.

The university setting reflects the four areas regarded as important by Noddings for nurturing caring behaviours. Nurse lecturers are experienced qualified nurses who students may choose to model themselves upon. Opportunities for both formal and informal peer interaction are numerous within the educational setting, whereby reinforcement of a nurse identity, including caring skills, can take place. Preliminary classroom observations disclosed lecturers reinforcing nurse identity through stories of practice and by confirming and praising students' discussion of this. Students participate in structured, managed discussions during sessions and in relaxed, informal and personal discourses during break times and free periods. Informal discourses allow for ideas to be expressed freely without the constraints of conforming to lecturer expectations, and during these times students can explore their own views and those of their peers (Hughes et al, 2003).

2.5: The Importance of a Nurse Identity

What is clear and uniform throughout the literature is the importance for student nurses to develop and assume a nurse identity if patient care is to be optimised (Cook et al 2003; Flaming 2005). Humanistic values of the role are constants in a nurse identity, no matter how the concept changes due to knowledge, experience or time. Nursing work is often physically and emotionally demanding and combined with unsociable hours and moderate pay scales, it must be tempting for nurses to leave the profession for greener fields elsewhere. However, a strong nurse identity, in which altruistic and humanistic notions are forefront, may balance the difficulties of work by providing rewards in terms of satisfaction in caring for others and making improvements to other people's lives. Advertising campaigns launched by the Department of Health in recent years have utilised altruism as a means of increasing recruitment to nursing, by asking such questions as "Do you make a difference?" and showing pictures of nurses assisting people. As discussed, research has demonstrated that students enter nursing with pre-conceived nurse identities based on ideals such as wanting to care for others and helping people to get better (Apesoa-Verano, 2007, Adams et al, 2006) and these adverts will, no doubt, have philanthropic appeal.

If nurses were clinically proficient and academically knowledgeable, could they perform the job just as efficiently if they had not adopted a nurse identity and, therefore, did not think of

themselves as a nurse? This hypothetical question is flawed because it can be surmised that if a student is not adopting a nurse identity because, for example, the values and mores of the profession did not fit with their world view, then they could not absorb the intricacies of the role and concepts will, ultimately, not make sense to them. Therefore, this scenario is impossible because a nurse will not be clinically proficient nor academically knowledgeable if they have not adopted a nurse identity. To illustrate, a student who is sat in a classroom listening to how a nurse should be compassionate towards a patient who is physically and verbally abusive to them, will, in today's world of litigation, presumably, not relate to this concept unless they have adopted a nurse identity to some extent. Therefore, to effectively perform the nurse role, a person must have absorbed or be absorbing a nurse identity which is intermingling with their self-identity until a nurse becomes part of who the person is.

I have had various experiences in my career in nurse education of meeting students to whom a nurse identity did not correspond with their personal identity and, in all cases, they left nursing to pursue a career elsewhere. One example, which exemplifies this trait, was an eighteen year old, lively and friendly student who was, generally, an endearing character. The first eight weeks of the nursing course were spent on an induction programme within the university, which prepared students for clinical placements. The student concerned was extremely eager and excited to start "proper nursing" and being confident and vocal; she would often start enthusiastic discussions in regard to clinical placements during sessions, voicing her eagerness to commence her practicum. During the second day of clinical placement she telephoned to inform me, as her tutor, that she was leaving the course. I arranged a tutorial with her where I explored the rationale for her decision to leave. She explained that her mentor expected her to work evenings and weekends and she was not prepared to do this, as she had a busy social life which she did not wish to forego. When I asked her why she had not considered this before commencing the course, she explained that it had never occurred to her that nurses worked evenings and weekends. Incredibly, it was something that she just had not thought about. As there was no persuading her to stay unless she worked sociable hours, she had no choice, but, to leave nursing as a career. The student would not forgo her personal priorities and, therefore, could not begin adoption of a student nurse identity which involves working unsociable hours in order to qualify as a nurse.

2.6: Failure to Adopt a Nurse Identity

Failure to adopt a nurse identity is not clearly documented. From the literature, one can deduce that this would go someway towards accounting for the large number of students leaving the profession either prior to qualification or on qualifying (RCN, 2003b). It can be reasoned that if students do not associate with the nurse role and fail to adopt the identity of a nurse, then they will be as a fish out of water, uncomfortable, confused and not functioning in the clinical environment. From my own experience of teaching student nurses, this is a very common feature of first year students, and, in particular, students who have had no previous experience of working within health care settings. Brennan and McSherry (2006) identified the shock students felt who had no prior nursing experience, when confronted with the realities of clinical areas. There is also a higher attrition rate in the first year of nursing courses (The Guardian, 2006) which lack of role association must go some way to account for.

On analysing nurses who fail to perform in a manner associated with the underpinning values of the role, for example the notorious Beverly Allitt, one can deduce that there was a distinct lack of role adoption, although this may be better ascribed to the sociopathic nature of the nurse concerned (Stewarts, 2005). However, malpractice cases aside, it is important for the future of the profession that the increased numbers of recruits to nursing are maintained and developed, and it is therefore imperative that educators both in practice and educational settings ensure that role adoption is made a priority concern for lowering attrition rates. As nursing has fought its way into the ranks of professional careers, so salaries have steadily increased (Blegan and Mueller, 2007). In addition, nursing is one of the few university courses which does not incur tuition fees and, on diploma courses, all students are awarded a yearly bursary regardless of personal circumstances. These factors may prove to be incentives for people to enrol upon a career in nursing who possibly lack the desire to care for others at this stage, however, this should not prove detrimental to the profession as long as successful role adoption takes place during the training years and beyond.

However, if the academic setting is replaced by a virtual environment, will socialisation to a nurse identity still take place and, if so, will it be a similar process within a similar time frame?

2.7: E-Learning in Education

Successful e-learning takes place within a complex system involving the students' experiences of learning, teachers' strategies, teachers' planning and thinking, and the teaching/learning context (Glen and Cox, 2006).   Theories of learning such as behaviourism, cognitivism and constructivism place emphasis on the way students learn, namely, as a lasting changed state, emotionally, cognitively, and physiologically, brought about as a result of experiences and interactions with content or other people. They are all based on the tenet that learning occurs within a person, that is, brain based learning. These theories were devised in an era prior to learning through the means of technology and, therefore, may require reviewing for modern education (Siemens, 2004). They do not recognise knowledge that is stored and manipulated by artificial intelligence, nor organisational learning.

Knowledge is growing at an expediential rate and with this comes a shelf life which diminishes as new knowledge is generated (Gonzalez, 2004). Learning has become a life-long process and, in order to remain updated, new means of deploying instruction are being generated.   Mobile learning, or m-learning, is the latest mode of knowledge transfer, whereby learning can take place anytime and any place by means of mobile, hand-held computers for delivering oral and visual podcasts along with e-learning packages (Prensky, 2005).

Siemens (2004) devised a new learning theory he regarded as suitable for education by technology, named *Connectivism,* which is influenced by theories of chaos, network, complexity and self-organisation. Siemens purported that learning is a process which occurs within nebulous environments, not fully under the control of the individual. He believed that "actionable knowledge" (learning) resides not only in humans but, also, within organisations or databases and is focused on connecting specialised information sets (groups of relevant people, organisations or networks). These connections enable people to learn more and are driven by the understanding that decisions are based on rapidly altering foundations. New information is continually being acquired and the ability to draw distinctions between important and unimportant information is vital. The ability to recognise when new information alters the effects of decisions made yesterday is also critical (Siemens, 2004).

Connectivism presents a theory of learning which acknowledges the massive shifts in society brought about through technology. How people work, function and learn has been altered and new methods of education impact upon the way in which students learn. The main premise of Siemens theory is questionable, however; as it is based on interconnectivity between groups of people, believing that prior to technology learning was "an internal individualistic activity". However, much of the literature contradicts this by describing computer based learning in this manner, believing traditional education to involve socialisation and interactivity, which e-learning seeks to emulate (e.g. Christie and Ferdos, 2004; Moule, 2006). Verhagen, (2006) also found criticisms with Siemens theory, believing that it lacked substantiation, and cited various examples, including the point that "actionable knowledge" has always been available, residing in books, libraries, museums, notes and journals.

Other authors have adapted established theories of learning to aid understanding of computer based learning.   For example, socio-cultural theory (Vygotsky, 1978), an extension of constructivism, emphasised that human intelligence originates in society through interpersonal interaction with the environment and then through a process of internalisation. This has been adapted for e-learning practices ensuring that interactive communities are incorporated and supported in programme web designs alongside tests for knowledge comprehension and retention (Robertson, 2007). Cognitive Flexibility Theory (Spiro et al, 1988) was developed in the early days of computer based instruction and borne out of a perceived dissatisfaction with the ability to apply other theories of learning to this mode of education. It built upon prior theories of constructivism, but, differed by believing that human understandings are constructed using prior knowledge to go beyond the information given and that this prior knowledge is itself constructed, rather than retrieved intact from memory. Cognitive Flexibility Theory was a response to the difficulties of advanced knowledge acquisition in ill-structured domains. It suggested meeting the needs of learners by providing flexible learning with the use of hypertext design, (links to other web pages and sites) now commonly used within e-learning environments (Spiro et al, 1988).

The rate that technology is advancing means that it is difficult for educationalists to establish theories of learning without these becoming immediately dated and obsolete. Computers and media have provided different means of accessing and processing information. Traditional books are now less effective for retrieving information, as by the time they have come to print, information may be irrelevant. Lectures may prove difficult for concentration, as students are orientated to television which provides information in quick, flashy, entertaining segments (Robson and Young, 2007). Students can have difficulty reasoning and writing in traditional ways, as society moves into an image and technology dominated environment (Romesh, 2005). Technology based messaging services have resulted in abbreviated writing, conducive to speed, whilst media, such as television, has removed the need for in-depth reasoning and synthesis skills. There has been a surge in the use of technology, not only as a means of research but, also, as a means of avoiding research and writing by students. Phones being used to send answers via text messages during tests have been discovered by educators, along with bespoke assignments bought online, which would ordinarily take hours of research and writing (Coll, 2007). Students have also become life-long learners, due to fluctuations in work modes, resulting in mixed ability and mixed age classes. In addition, intellectual property rights of online information are not always clear and debates rage (Merges et al, 2006) causing further confusion for educationalists.

2.8: E-Learning and Nursing

There is a global shortage of trained nurses, a trend echoed in Britain. The Government pledged to increase the nursing workforce by 80,000 extra nurses by the year 2008 as compared to 1997 (NHS, 2000), and by 2006, 73,000 extra nurses were employed in community and hospital services (DoH, 2007). However, NHS hospitals are still functioning with low levels of qualified nurses (The Guardian, 2007). The reasons for the crisis in the nursing workforce are numerous, but, they can be classified into three categories.

1. Staff leaving the profession due to retirement, staff shortages and low morale.

2. Poor recruitment due to low salaries, changes in nursing image, less altruistic society and unsociable working hours.

3. Less recruitment due to financial constraints.
    (RCN, 2005c).

The Government and the nursing bodies recognise that increasing the workforce within the NHS is a major key to reforming the health service of Britain (DoH, 2005d; RCN, 2005c). Even though nurse training is one of the few university courses to waiver course fees and to offer a non-means tested bursary to its diploma students, recruitment is still problematic in some areas.

Universities have been encouraged to widen their entry criteria to nursing and other courses under the Government's Widening Participation Agenda (NCIHE, 1997). Widening Participation is a term which encompasses the Government's intention to open up access to higher education for all members of society regardless of disability, socio-economic factors, or race. It has been borne out of perceived inequality in life chances, including education, on the basis of colour, sex, ethnic origin, age, social class or disability. The National Committee of Inquiry into Higher Education 1997 (Dearing Report) stated that there were groups in society which remained under-represented in higher education. The report recommended future funding of higher education to be dependant on the institutions pledge to widening participation, in order to ensure cooperation.

> We recommend to the Government and the Funding Bodies that, when allocating funds for the expansion of higher education, they give priority to those institutions which can demonstrate a commitment to widening participation, and have in place a participation strategy, a mechanism for monitoring progress, and provision for review by the governing body of achievement (NCIHE, 1997, 7.21, Recommendation 2).

The Dearing Report perceived the United Kingdom to be a "learning society", where flexible lifelong learning would be essential in providing education for an expanding and diverse student population. One means of delivering this flexible approach is through e-learning technologies, which are seen as opening up new ways of teaching and learning. The National Health Service, the Royal College of Nursing and the Department of Health are joined in their thinking that the nursing workforce needs expansion and they all appear to regard e-learning as one possible answer to achieving this aim. In Government terms, both the NHS and Education are political 'hot potatoes'. They are potential vote-winners or losers depending on party politics in regard to these topics. To be seen to increase the workforce within the NHS can only prove beneficial for a political party in terms of support. In addition to increasing student numbers, the widening participation agenda aims to reduce unemployment and benefit claiming.

Presently, student nurses attend university for 50% of their Diploma in Nursing Course and a local hospital or primary health care trust for the other 50% of the course. Many students complain of the problems of travelling to university, which may be quite a distance from their home. Some students travel, by public transport, a distance of 30 to 40 miles to attend university. Should the theoretical component of nurse education be offered via e-learning, the course may well appeal to a wider catchment and also go some way to alleviating attrition rates. With reference to the subject of providing clinical education via e-learning, the National Health Service Information Authority (NHSIA, 2002) stated:

> The opportunities for eLearning are increasing very rapidly and we consider that there is a growing opportunity for these methods to be used for effective teaching of some learning outcomes. Providers should regularly review their programmes to identify opportunities for additional distance and eLearning methods that can be used as feasible options for delivery of information education (p.19).

The RCN reviewed the utilisation of e-learning in nurse education, stating: "In order to support the resulting complex nurse education programmes and increased numbers of nursing students, there has been heightened interest in maximising the efficiency and effectiveness of teaching and learning resources. The new learning technologies are seen by many as an answer to some of these issues" (RCN, 2003c, p.3). However, the RCN also warned of the dangers of implementing e-learning too quickly and without proper care and attention to materials.

E-learning is one way in which student nurse education can be made more accessible, especially for adult returnees who may have family responsibilities and be unable to commit to travelling to a university miles away from where they live. When examining the appeal of e-learning it can be viewed as a convenient means of education that may attract a less conventional student, which fits in neatly with the Widening Participation Agenda. In its document 'Towards a Unified E-Learning Strategy', the DfES (2003b)stated that:

> Many people who have had negative experiences of formal education have become disenchanted with the concept of learning as a whole. E-learning provides a supportive and private return to education. It can make a major difference to those with minority languages, disabilities or different preferred learning styles (pp.63-64).

The document also goes on to discuss the range of diversity amongst learners and states that e-learning can help to remove barriers to learning and participation, by meeting individual needs and supporting all learners in reaching high standards.

This view is echoed by both the RCN and the NHS in various documents they have produced (NHS, 2000, NHSIA, 2002; RCN, 2004; 2003c). In addition, e-learning is viewed as labour saving, as nurses do not need to be given set leave to undertake study, but, this can be undertaken flexibly to suit the needs of the employer (NHSIA, 2002), if not always the learner. In an era where there is a shortage of qualified nurses, regular time off duty for professional development may necessitate the further use of agency and bank nurses. However, if courses can be delivered by e-learning methods then this particular problem is relieved, as staff can be encouraged or coerced into studying in their own time. The Audit Commission (2001) recognised this need for adaptability in training and stated this clearly in its document 'Hidden Talents':

> Human resource directors and professional heads should develop more flexible training opportunities (with HEIs where appropriate) to improve access for part-time staff, night staff, staff with caring responsibilities and others for whom release from clinical activities is often a barrier to meeting their training and development needs. These opportunities should make full use of the potential of IT and web-based solutions (p.63).

It can be imagined that some ward managers operating on a confined budget could take this statement as a green light to demand that all staff undertake training in their own time, in order to maximise staff numbers.

The United Kingdom is falling behind the rest of Europe in terms of skilled workers, in part due to a lack of adult returnees to education. Lord Leitch, chairman of the National Employment Panel, said:

> Skills present a formidable challenge and a brilliant opportunity. Despite recent improvement, there is consensus that we need to be much more ambitious and a clear message that the UK must raise its game. This is an urgent task. The UK is in a strong position with a stable and growing economy and world-leading employment rates. However, UK productivity continues to trail many international comparators and poor skills continue to have a direct effect on social inequality (Leitch, 2006, Foreward, p.1).

Economists have urged the Government to take action to encourage employers to educate and train people in skills and trades in order for Britain to stay competitive in the European labour market (Van Reenan, 2004). There was particular emphasis placed on recruiting 18–30 year olds into higher education via foundation degrees (DfES, 2003a). However, measures have not succeeded in persuading school leavers to return to education and training in the numbers hoped for (Leitch, 2006). A less formal education, as offered by e-learning, may prove an attractive proposition for larger numbers of people. Not only will courses delivered by distance learning methods have appeal to a wider range of students but, also, the learners will gain skills in information technology which can be transferred to the workplace.

In addition to controversial overseas recruitment of nurses, the NHS is spending vast amounts of money on bank staff and agency staff to fill the gaps in staffing levels. "Last year the NHS spent just under £1.45 billion on agency staff, which accounted for 5.06 per cent of the total NHS spend on pay in England" (DoH, 2005d, ch5). Bank nurses are employed on NHS salaries, whilst agency nurses are employed by private organisations who charge the NHS for their time. Not only is it expensive for the NHS to employ agency nurses, but it is also damaging to the morale and motivation of permanent staff (DoH, 2005d). It can be seen that there is a financial and moral need to recruit and train more nurses from within Britain and to offer attractive career packages to retain permanent staff. A much better solution for the Government and the nursing bodies is to increase the nursing workforce from within the UK, by making nursing a career which is not only appealing but, also, one which is accessible in terms of training. In this way, the moral criticism of exploitation of developing countries is abated, employment figures are lowered, the skills workforce increased and the numbers of both student nurses and qualified nursing staff improved.

The appeal of e-learning to an under resourced higher education sector is obvious and the Department for Education and Skills (2003b) stated that e-learning could help educational institutes: "Achieve better value – Education leaders could develop innovative ways of deploying their resources, exploiting e-learning alongside other teaching methods, to improve quality and economies of scale" (p.2). The document continued by discussing the cost effectiveness of sharing software and assessment tools and collaboration between professionals and institutions. E-learning is cost effective in terms of expenditure on resources used within buildings, as most

students choose to use home computers saving on university rooms, personnel, heating and lighting costs. The NHS views e-learning as a labour saving device in terms of the ability for staff to undergo professional development in their own time without impinging upon their working lives (NHSIA, 2002, p.19). Overall, the underlying message within official documents appeared to be that e-learning is a cheaper solution to education than traditional methods. However, there is a plethora of work which purports that good quality e-learning resources are not cheap methods of education, nor should they be regarded as such (e.g. Adams, 2003; Lewis and Whitlock, 2003).

2.9: A Nurse Identity and E-Learning.

On searching the literature, two studies were found which connected with the work of this study. Faison (2003) conducted a literature review on issues related to distance learning and professionalisation to nursing and concluded that more work needed to be undertaken in this area, especially in establishing reliable and valid research instruments to measure nurse professionalisation. She cited two relevant works, her own unpublished doctoral thesis which examined distance learning and professionalisation to nursing, and work by Nesler et al (2001) which examined distance learning and professional socialisation. Professionalisation, as discussed by Faison (2003), appeared to refer to professional traits nurses demonstrate, which is an aspect of professional socialisation, although not the whole picture and, therefore, it did not correspond fully to this research.

The study by Nesler et al (2001) was a comparison of two groups of senior degree nursing students in America, one group enrolled on a campus based programme and one group enrolled on a distance learning programme conducted through audio teleconferencing. The study also included a third test group which was composed of non-nursing degree students. All groups were allocated two measures of professional socialisation to complete, the Stone Health Care Professional Attitude Inventory and the Nursing Care Role Orientation Scale. The results demonstrated an increase in professional values in the distance learning students, more so than in the group who were campus based and both of these groups' values were demonstrated to be higher than the non-nursing group. This led the authors to conclude that health care experiences are the important determinants in professional socialisation, more so than the mode of education.

This conclusion appeared to contain the premise that e-learning per se could not have accounted for the rise in professional values and, therefore, the students must have gained this from their practicum experience, even though the campus students would also have engaged with practicum.

The study had parallels to this work, in that it compared data between two groups of senior student nurses in order to examine the impact of a distance learning mode of study on nurse identity formation. However, there were also many differences, for example, the distance learning mode of study was by audio teleconferencing, which allows for more detailed discussions than e-learning typed messaging, although it is more formal in terms of time constraints. Socialisation to nursing was judged by professional values as expressed by the students, which appeared to be a very limited method of judging the broad area of professional socialisation and, in addition, the authors were reliant on the validity and reliability of the test measures. The students who studied by distance learning tended to be mature students with families, who are inclined to be more worldly wise than younger, campus based students and, therefore, more likely to be in tune with professional values. The conclusion that improved socialisation to nursing was due to placement experiences also seemed limited, in that it did not acknowledge the impact of professional socialisation through teleconferencing or campus experiences at all. It also appeared to infer that teleconferencing was an inferior method of education, as the study concluded that the distance learning students' enhanced professionalisation was due to practical experiences and not education. Although the study contained similarities to this work in terms of the research topic, I consider it to be quite different from the research focus contained within this work. This study is exploring the effect of e-learning on nurse identity and by researching students' lived experiences of socialisation to the nurse role through education, these experiences can be compared between e-learning and traditional student groups. By engaging with the educational experience of students, the research question of this study is best answered.

The literature revealed a small number of studies which examined professional socialisation through online discussions, these focused on post-registration courses, whereby the students were qualified nurses and the socialisation referred to post-registration qualifications. For example, a study by Sit et al (2005) which examined post-registration degree nurses experiences of online

learning from a Hong Kong university, found a major hindrance was the inadequate opportunities for interaction deemed necessary for establishing peer support and developing in-depth group discussions on subject matter. Likewise, work by Gruendemann, (2007) which examined distance learning in perioperative nursing in America concluded, in part, that a lack of face-to-face interaction is of foremost concern and educators need to develop new teaching strategies to address this problem. Again, these studies were from overseas, which, whilst helpful in informing British nursing as parallels exist, have different curricula, health care systems and cultures which must be considered when reviewing these articles.

Mancusco-Murphy (2007) conducted a nursing literature review to ascertain the student perspective of distance education and disclosed that studies had varied conclusions and more research was needed in this area. An American study by Rush et al (2005) which examined professional growth in student nurses studying by distance learning methods, including televised broadcast and online instruction, concluded that the design of programmes had a large part to play in professional socialisation. They also stated that "Research addressing the perceptions of professional development among RN–BSN [registered nurse-Bachelor of Science Nursing] students taking their nursing program by distance delivery is lacking" (p.291). An early American study conducted by Lia-Hoagberg et al (1999) which examined professionalisation and connectedness for nurse students on a masters degree nursing programme, conducted through interactive television and campus attendance, concluded that students' perceived professionalisation was more pronounced in the same site (campus) students, which was opposite to the findings in the study by Nesler et al (2001) .

The American studies were of interest and informative to some degree, in that they conducted research on a similar topic to this study, but, used approaches which I had not considered. For example, it had not occurred to me that there may be tools to measure professional socialisation to the nurse role and I considered that these could prove useful for measuring e-learning students' nurse identities to ensure that adoption is taking place. However, all of the studies related to distance education methods which tended to be based on televised or audio conferencing. In addition, nursing qualifications in America are quite different to those in Britain, with America offering several routes to obtaining qualified nurse status and several top-up qualifications for

qualified nurses. Therefore, American studies which examined student nurses enrolled on programmes, may involve qualified nurses who will have already established a nurse identity prior to commencement of their programme.

2.10: Ethical Implications with E-learning

The digital age is upon us and there appears to be a great rush to achieve online programmes within higher education institutions (Lewis and Whitlock, 2003; Segrave and Holt, 2003). However, there is a need to use these technologies correctly if they are to be effective, and this requires skills and training and is a time consuming endeavour (Christie and Ferdos, 2004; Salmon, 2000). For example, it was estimated that for every hour of online learning material, there is a need for 30 – 200 hours of development time (Horton, 2000; Macleod, 2000). Programmes have to be correctly designed to optimise student performance and both educators and learners have to be computer competent to gain maximum benefits from this style of education.

There are implications in introducing an e-learning curriculum into nurse education without having first considered the full effects of this and without having a solid base of research which will inform and support programmes. Should student nurses studying by e-learning fail to fully engage with the professional role as compared to traditional student nurses, then not only is the education system failing the nurses concerned, but it is also failing the future patients that these nurses may care for. The literature is clear on the link between nurse identity adoption and high quality patient care, this in indisputable (e.g. Cook et al 2003; Flaming 2005). If the specific factors which assist in role adoption during the theoretical stage of the nursing course can be clearly established for the traditional students in this study, then it may be that similar strategies can be incorporated into the virtual environment.

Both academia and the corporate world appear keen to embrace the new technologies of e-learning with all the advantages that this style of education can bring with it. However, as is common with new ventures, challenges are accompanying the introduction of e-learning which need to be addressed. One such challenge is the ethical concern that e-learning may not be suited to nurse education unless it undergoes bespoke tailoring via an underpinning of research based

evidence. Chozos et al (2002) discussed the concern that due to lack of face-to-face contact, new policies need to be implemented in regard to "equity, legality, privacy and justice stemming from political, social, cultural and economical implications" (p.1). For example, how can educators ensure that the person taking the online assessment is the enrolled student? In nursing, this could have serious implications for patient care. Iris recognition software is available, but, this is expensive and out of the economic reach of most nursing faculties.

Stahl (2002) discussed how educational institutions are introducing e-learning with little thought for the ethical concerns of this type of pedagogy. Converting traditional modules of study into e-learning modules without an underlying research base appears irresponsible on the part of the stakeholders concerned. Branching from this are other ethical issues such as challenges facing educationalists in managing a virtual classroom with little or no experience in this field. The Royal College of Nursing has shown concern with the introduction of this style of learning, stating:

> In order to support the resulting complex nurse education programmes and increased numbers of nursing students, there has been heightened interest in maximising the efficiency and effectiveness of teaching and learning resources. The new learning technologies are seen by many as an answer to some of these issues - but their application and effectiveness require serious consideration. Before e-learning technologies can be used effectively, their purpose, benefits, and the implications for staff training, have to be carefully thought about (RCN, 2003c, p.3).

Early in the conception of e-learning, Mason (1998) noted that there was an evolution occurring in higher education teaching due to the haste to "digitise, virtualise and globalise the campus" (Chap.II.E). This type of learning brings with it a paradigm shift in terms of the role of the educator. It is not just a passing trend, or a matter of honing one's technical skills. The whole focus of learning shifts from one of teacher centred to learner centred (Glen and Cox, 2006) and the role of the educator changes to one of facilitator, which, whilst offering benefits such as independent learning, requires the educator to be versed in this style of pedagogy. Lecturers need to be able to foster management of knowledge, and programmes need to encourage independent inquiry and not be packaged units of information. Learning via technology is a challenge to traditional styles of teaching and learning and, as Bourne et al (1997) noted, is evolving its own

science of teaching. Much of the literature on e-learning in nursing stressed the importance of interactivity in the virtual classroom and the need for group working and online communities, so that the learner is not isolated and marginalised (e.g. Farrell, 2006; Haigh, 2004; Kennedy, 2001; Moule, 2006; Twomey, 2004; Wright, 2004).

It would seem essential that when e-learning is used to educate student nurses, it must be properly implemented, researched and evaluated if this is to be a success story (Salmon, 2000). Hyde and Murray (2005) discussed how nursing students can feel disconnected and isolated when undertaking e-learning education programmes. They caution that that e-learning programmes used in nurse education need to be strengthened. Whilst Kennedy and Duffy (2004) discussed the importance of collaboration between educators, administrators, librarians, technical support staff and students if online education in nursing is to be effective.

The rapid pace of technology in health care, means that nursing programmes need to be constantly updated and reviewed if they are to remain current and constructive (RCN, 2004). Field (2002) highlighted the fact that the challenge in nurse education currently is to design curricula that will address the health care needs of the future. E-learning may be viewed as the way forward, but the rapid rate of progression indicates that solid foundations gained through research and evaluation are not yet established in nurse education (Hyde and Murray, 2005).

The literature on e-learning in nurse education made it clear that this is not a cheap or easy option to traditional education, but one that is both time-consuming and expensive if produced and run correctly (Macleod, 2000, Murphy, 2003, Naidu, 2003). However, e-learning is being driven forward at such a pace that proper implementation is not always possible. The Department of Education and Skills (DfES, 2003a) stated that e-learning "can enhance the quality and reach of teaching, and reduce time spent on administration" (p.9). They go on to comment that "e-learning achieves economy of scale through wide access to digital resources and information systems, combined with quality through shared tools and resources, and common standards of design and effectiveness" (p.11). Finally, the document stated that: "The role of e-learning in education and training will grow substantially in the next decade. The drivers are partly economic, although there have been several failures of online learning organisations" (p.13). The

view that e-learning is economically advantageous over traditional methods of education is contrary to views expressed within nursing literature which is clear that e-learning is not a cheap option when implemented with the intention of optimising student learning (Farrell, 2006; Glen and Cox, 2006; Haigh, 2004; Horton, 2000; Kennedy, 2001).

There has been concern since the introduction of Agenda for Change (DoH, 2005c), that nurse lecturers salaries have fallen behind those of colleagues in clinical practice who were previously on a similar pay-scale, thus resulting in a future shortage of nurse educators: "The continuing rise in student numbers together with the ageing profile of university lecturing staff, will undoubtedly cause a future shortage of nursing lecturers" (RCN, 2004, p.6). Perhaps, e-learning is viewed by education providers as a way of supplying education with less numbers of educators and more administrative staff? Baer (2000) believed that the idea of "computer as teacher" is still a distant reality, whereas Haigh, (2004) alleged that a capable educator can still respond and adapt to most situations as they arise far more effectively than artificial intelligence.

The indications are that the virtual environment should not be viewed as a means of providing education which can be mass produced and mass circulated, and that it is not a cheap alternative to traditional teaching methods. The RCN (2003c) was concerned that equality to access will be compromised by students' varying technical abilities, and was apprehensive that e-learning could bring with it "social costs, since interaction could be reduced by this 'lonely learning'" (p.11). The future may show an increase in attrition rates for student nurses because of e-learning, even though it may attract more candidates because of its appeal to those from diverse backgrounds (RCN, 2003c). Within the UK E-University Project Consultation Document there was a forecast that a single module may need an investment of £1million (HEFCE, 2000), which with today's inflation will be considerably increased. However, such costs are contestable and the document failed to provide a cost breakdown, nonetheless, it would appear that e-learning units will require considerable forward investment. Roscoe (2003a) stated that there are both pros and cons to e-learning and that these have to be carefully considered prior to the introduction of any programme. He noted that, "The claimed benefits make a number of important assumptions about the way people learn and the ability of those developing e-learning materials to use the virtual learning environment in a way that will facilitate learning" (p.2).

E-learning is being introduced into higher education at a rapid pace, however, Roscoe (2003a) believed that in order to be effective, e-learning needs to be thought through and not adopted because it appears to be a cheap way to provide education and extend provision. Salmon (2000) identified the importance of including the academics perspective in designing e-learning programmes, whilst White (2000) discussed the need for multiple levels of intervention and support for learners. Roscoe (2003b) considered the main challenges to be focused around tailoring learning to the learner, building in learner participation, providing learner support, staffing, quality, security and external examiners. Sherry (1996) cautioned the need to ensure interactivity in e-learning between students and educators, students and the learning environment and the students themselves. Gagne and Shepherd (2001) noted how online learning hampers relationships between the students and the students and educators. Ryan (2000) observed that, interaction online using email, telephone, or messaging demands greater efficiency than face-to-face discussion, and therefore is more limited. According to Ryan (2000) this is the greatest limitation of the online delivery method. The Department of Health, when discussing nurse education, emphasised the need for strong tutorial support and nurturing relationships between lecturers and students in order to cultivate them for the nursing role (DoH, 1999). A criticism of the earlier Project 2000 nursing curricula was that student attrition rates were high, due in part to the large impersonal lecture mode of education; it was considered that, to be successful, students needed to relate to tutors and build learning relationships with them (Watkins, 2000).

When comparing a traditional class with an e-learning group, Gagne and Shepherd (2001) found that the students' evaluations of the course differed in that the e-learning students were less satisfied with tutor availability. This was echoed in work done by Ponzurick et al, (2000) who found in their comparative study that e-learning students were generally less satisfied with the course, even though they had elected to study via the e-learning route. The Association for the Advancement of Technology (IEEE, 2004) stated:

> Yet despite the hype and promoted benefits, the large and complex e-learning field has experienced considerable problems. These have included high development costs, not always having the desired cost-saving ability and poor usability levels in implemented systems. The issue of poor usability levels suggests some e-learning developments have focused too heavily on making use of the latest technologies and have not been designed with the end-users, i.e. the learners, in mind. There is also the issue of

ensuring ICT is used in ways that actually improve the learning process. Such
problems have contributed to many e-learning tools not meeting the expectations set
for them (p.23).

Both Farrell (2006) and Glen and Cox (2006) discussed the need to design resourceful e-learning
environments to ensure educators are making the most of the technologies employed. Cooper
(2000) warned that a loss of identification with ones peers may lead to a loss of identity as a
student. He discussed the support mechanisms that students put in place for each other when they
integrate well: "Help and advice on all aspects of life as a student, such as money, entertainment,
careers and relationships – as well as learning skills – is [sic] passed between students" (p.260).
The Learning and Teaching Support Network, now replaced by the Higher Education Authority,
believed that in developing e-learning services it is imperative that the needs of the learner are
placed as priority (LTSN, 2003).

Conclusions can be drawn that e-learning environments need to be carefully designed with built-
in support mechanisms, so that students feel neither isolated nor disorientated from the course
they are studying. However, many of these courses are being hurriedly designed by willing or
coerced educationalists who have little knowledge or experience of this type of education (Stubbs
and Martin, 2003) which corresponds with my own experiences.

2.11:   Chapter Summary

Socialisation to a nurse identity takes place in both academic and clinical settings during student
nurse training. It can be reasoned that not only is a nurse identity necessary for students to sit
comfortably within their profession and thus continue to work in nursing, but, also, it is essential
for the delivery of optimum patient care. It appears imperative that students begin to adopt their
occupational identity during training in order to ensure the delivery of high quality patient care
and longevity in the service. Nursing is presently undergoing a paradigm shift with rapid
changes in the delivery of health care and the role of the nurse expanding to encompass what was
previously regarded as medical work (DoH, 2005b). Assertiveness, evidence based care,
managerial skills and political awareness may be regarded as roles for the new breed of nurse
(RCN, 2005b). However, humanistic skills, such as caring, empathy and compassion are still

regarded as important by students and educators and emphasised alongside these newer, more masculine traits (O'Hara, 1989). No matter which identity of a nurse, students relate to, and these are individual and varied, all involve humanistic qualities which enhance patient experience and care. It seems, therefore, that the important question for a nurse educator to ask is not: "Which nurse identity will my students adopt?", but: "How can I ensure that my students will adopt a nurse identity?" In traditional methods of education the literature indicates that nurse lecturers can assist with professional socialisation to nurse identity not only by teaching students relevant nursing topics, but, also by discussing issues from practice and reassuring students as to their performance within the clinical environment (e.g. Fagerberg, 2004; MacIntosh, 2003; Mooney, 2007a). Can this be orchestrated in a similar manner through e-learning, and, if so, will it prove successful?

The Government is keen to introduce e-learning into higher education, as it has appeal to a diverse range of learners and is, therefore, in keeping with the Government's Widening Participation agenda. Britain is falling behind Europe in terms of education and training and this is one feasible way of appealing to non-traditional students to return to study. It is also conforming to the Governments agenda for information technology in education.

In nurse education, e-learning is seen by the Government and the nursing bodies as a viable means of increasing the numbers of student nurses and, therefore, a means of ending the controversial recruitment of overseas nurses and the expensive employment of agency nurses. The Royal College of Nursing has supported e-learning, but, cautions that it must be implemented properly and not be regarded as a low-cost alternative. This type of learning has many benefits to offer nurse education in terms of appealing to a diverse range of students and providing flexible learning opportunities. However, there are also drawbacks with e-learning, not least in that it is an isolated activity and face-to-face socialisation with peers and tutors is minimised. Literature on e-learning in nurse education indicates that for curricula to be successful, it needs to be underpinned with a solid foundation of research and not introduced hurriedly, or on an inadequate budget. It is not a cheap alternative to traditional teaching methods, but, if implemented successfully, is a time consuming and expensive operation.

Lecturers in higher education are engaged in developing e-learning resources for their programmes, often with no prior knowledge of this pedagogy. Literature on e-learning reveals the problems which students may encounter when studying via distance learning on programmes that have not been well designed. Isolation and a lack of tutor and peer support may lead to increased attrition rates, courses folding and students who are possibly not identifying with their occupational or student role. Will e-learning have longevity in nurse education if it continues to be developed by educators with limited knowledge of this style of pedagogy? How will educators know if the person undertaking the student assignments is the student nurse and not a friend of the family who is a nurse? The implications of this for nursing could be dangerous, especially if clinical skills are assessed in virtual laboratories which is now taking place in some universities (Solomonescu, 2006).

Acquiring the occupational identity of a nurse whilst undertaking nurse training is essential in ensuring that students complete their education and deliver optimum patient care prior to and after professional registration. Nurse identity encompasses the values and mores of the profession and enables students to associate with nursing and the role of a nurse. Identity is acquired during the nursing course through socialisation within clinical placement and educational settings. The implications of introducing e-learning to replace traditional methods of student nurse education is not really known and this is an area which requires further research, in order to design and maintain virtual environments based on these findings.

The next chapter proposes a methodology for researching how traditional student nurses and e-learning students construct and adopt a nurse identity whilst engaged in the theoretical component of nurse training. It considers the best research methods and methodology for answering such questions as: What do traditional and e-learning students consider a nurse identity to be? Are there differences in these identities? How do students adopt this identity? Does adoption of this identity differ when students study by e-learning and, if so, how and in what ways?

CHAPTER 3

METHODOLOGY

3.1: Introduction to the Chapter

Continuing a discussion about nurse education, the student commented:

"A lot of it's really useful, like the things you don't learn in placement, like all the law
and ethics sessions, they're really useful…and A and P [anatomy and physiology], it's
hard but we need to know it and there's no time in placement to learn things like that.
But, some of it [pause] well, you don't know why you're learning it, it's not really
anything to do with nursing, well, you know, not actual proper nursing. You know,
things like theory and models, I don't really understand it, well, I don't really
understand why I'm learning it." (TS2)

(Excerpt from an interview with a third year traditional student nurse)

This chapter examines the methodology used within this study. The philosophy of
phenomenology and its application to this research study is explored and justified. Also, the
methods used within this study for sampling, data generation and data analysis are considered and
rationales provided. Issues of rigour and trustworthiness are included and, also, an informed
consideration of being a participatory researcher for both the conduct of the study and
implications for the research findings. In keeping with the phenomenological tradition, a
dialogue in regard to the position of the researcher within this research is woven throughout the
chapter, in order to explore how my experiences and construction of meanings may influence and
inform the research.

3.2: The Research Paradigm

The paradigm which supports this study is interpretive, which holds that reality is constructed in the human mind as opposed to independently of people (Neuman, 2002). There are a variety of genres within the interpretive paradigm and this study espouses the specific epistemological position of interpretive constructionism. Constructionism purports that reality is constructed through relationships of meanings (Gergen, 1999), or through our experiences and interpretations of these (Sarantakos, 2005). A research paradigm may be considered a combination of philosophical, epistemological and ontological positions and the methodology which underpin these (Denzin and Lincoln, 1994). This section provides an overview of this paradigm and the rationale for its choice.

The philosophy underpinning this work is phenomenology, in particular, it is influenced by the style of eidetic phenomenology as proposed by Husserl (1931, 1970, 1971/1927, 1999/1907). Essences common to all shared experiences and concepts is a principal feature of eidetic phenomenology; Husserl (1931) refers to these essences as eidetic structures or universal essences. It is the aim of eidetic phenomenological research to discover the shared essences of the phenomenon under study (Portney and Watkins, 2000). So, to illustrate, the descriptions in Chapter 4 and 5 of the concept of a nurse and adoption of this identity when studying by traditional methods and e-learning, have been thematically analysed in order to arrive at the essence of these concepts. Although participants' accounts were individual, when the data was reduced to the essences, commonalities appeared.

Experiences that are based in everyday life are regarded as being the most suitable for the phenomenological approach (Streubert and Carpenter, 1999) and should be recognisable to those who have had the experience, but, provide an insight for those who are new to the phenomenon (Loiselle et al, 2004). Nurses reading Chapter 4 will associate with these descriptions as they have already adopted a nurse identity and other readers will be informed of the essence of adopting a nurse identity. Recognition of the description of essences is light-heartedly referred to in the literature as the *phenomenological nod* (Bollnow as discussed in van Manen, 1997).

A popular research methodology in nursing is interpretive (or hermeneutic) phenomenology as proposed by Heidegger (1962) and it was initially considered for this study but, rejected, as it places emphasis on individual, subjective accounts. It differs from eidetic phenomenology in both how findings are created and how they are used to expand professional knowledge. In Heidegger's philosophy, hermeneutic phenomenology seeks to look further than core concepts to the meanings that are embedded in common practices (Conroy, 2003). For example, in this study the students nurses were asked to describe what the concept of a nurse meant to them and how they considered they adopted this identity. However, with hermeneutic phenomenology the students may have been asked about their lifeworld, perhaps by describing a typical day, which would illustrate how they adopted a nurse identity. The focus in hermeneutic phenomenology is on what a person has experienced rather than their construction of concepts (Barua, 2003). This study is investigating students' concept of a nurse and how this is adopted, in order to explore if studying by e-learning influences either the identity of a nurse or the way in which this is adopted. Therefore, it was considered that asking the students about their concept of a nurse and how they adopted this, was more relevant in answering the research question than to ask students for examples of when they considered nurse construction may have occurred, as this appeared to me to be rather a nebulous notion which may be difficult to encapsulate.

Heidegger's philosophy does not support the idea of bracketing pre-conceived ideas, which was attempted in this study, as it believes that humans are inextricably linked with their environment and the socialisation processes which occur (Conroy, 2003). Although I had some concerns in regard to reductionism and bracketing as proposed by eidetic phenomenology (discussed in the next section), I also considered that it could assist with clarifying my own views on the formation of nurse identity which would be beneficial to the study. This view is supported by Richmond (2007) who stated: "Knowing the women in the study so well from my professional role as a diabetes specialist nurse (the insider view), had to be balanced with the outsider view – myself as the researcher. In the main, this was achieved by using Husserl's concept of 'bracketing'" (p.59). In addition, hermeneutic phenomenology is more concerned with individual experiences than general findings, which did not lend itself to comparing data across two sample groups, crucial to this work. Therefore, I decided not to engage with hermeneutic phenomenology, as I considered that eidetic phenomenology could better inform this research study. Not only does eidetic

phenomenology support bracketing of pre-conceived ideas but, also, it seeks to find shared essences within the research data that would enable comparisons to be made (van Manen, 1997) between traditional and e-learning students' lived experiences of constructing and adopting a nurse identity.

Although the sample size of twelve participants may be considered small for comparing data, van Manen (1997) maintained that it is the quality of information obtained from the participants that is important, as opposed to the number of participants per se. Likewise, Giorgi (2000a) discussed sample size in regard to two main criteria: the 'depth dimension' that is retrieved and a pragmatic evaluation of time and effort needed to undertake the work. Collecting data by in-depth interviews was considered a means of generating rich data which would enable comparisons to be made between the two groups of six students and it was considered that this was a manageable number of participants for this particular study; as detailed later in the chapter.

Transcendental subjectivity, a Husserlian notion is attained by constantly assessing the impact of the researcher on the study (Paley, 1997). Achieving transcendental subjectivity through reductionism, or bracketing, is not without its critics (Bell, 1990; Lapointe, 1980; Smith and Smith, 1995; Stroker 1993, Zahavi, 2003) who believed it is either undesirable or impossible. Paley (1997) believed that this philosophical concept is not possible, because to enact it would remove the researcher from the social world which would render a person incapable of functioning. I have sympathy with Paley's view and also regard the concept of reduction, as described by Husserl (1931) as untenable, however, I agree with Kern (1977) who believed that it is necessary and that there are several ways to accomplish this state. Whilst this view edges away from pure eidetic phenomenology, it still maintains the essential concepts of the philosophy. This research preserves an intrinsic character of methodological openness, of searching, probing and describing, rather than declaring, which is the spirit of Husserlian phenomenology (Barua, 2003).

To illustrate, in this study a reflexive account is woven throughout the chapters in order to place myself, the researcher, in context within the study (Parahoo, 2006). This allows the reader to be aware of researcher preconceptions and serves to remind myself of these too. For example, by declaring that I am a nurse in the introductory chapter, it becomes clear that I have ideas

regarding nurse identity and how this is adopted. I believe that it is not necessary for students to have a vocation or calling to enter the nursing profession, as long as they care about other people to some degree. I regard humanistic qualities such as caring and compassion as equal in importance to clinical proficiency in nursing and I believe that a nurse identity must include both of these factors. Succinctly put, in my opinion a nurse is a kind, caring, compassionate professional who is clinically proficient in their area of work and keeps current with their area of expertise. In my experience a nurse identity is absorbed slowly by integration with nurses and student nurses, by discussing the world of nursing and by working as a nurse or student nurse. I consider that a person's nursing identity changes over time, for example, when I first qualified the importance of staying updated with nursing knowledge was not an area I considered to be of particular importance, as I had not then witnessed the speed with which nursing and health care changes.

During the research process I kept reflexive journals in which I recorded preconceptions about nurse identity and its adoption, plus other relevant ideas, emotions and feelings which were later scrutinised by coding the data into categories (Allan, 2006).   This is a common technique in qualitative studies and Richmond (2007) stated that during her study "I made comprehensive field notes regarding my feelings" (p.61) in order to examine how these changed over the study period. Ahern (1999) discussed how such journals assist researchers with bracketing pre-conceived ideas and her suggestions influenced the recording of the journals. For example, Ahern suggested that the researcher makes notes of interest which could be taken for granted, and in this study I noted my own construct of a nurse identity and my ideas on how this was adopted, prior to commencing the interviews. In this way, an ongoing record of subjectivity was maintained, in order to clarify my own ideas and to avoid influencing the study, as far as possible, whilst gathering and analysing data (Bradbury-Jones, 2007). Relevant notes from my research journals are discussed in Chapters 4, 5 and 6 of the study, often alongside student discourses, in order to achieve credibility and transparency, for example, I write about my rapport with participants during interviews including how I enjoyed the company of certain students, but, had difficulty in establishing a bond with others. Also, to provide further attempts at objectivity, all preliminary analyses of interview data were checked for accuracy of interpretations with the participants concerned.   Whilst these actions may not merge perfectly with Husserl's

philosophical notion of phenomenological reduction, and, as such are subject to the criticisms of both Crotty (1996) and Paley (1997), they are a practical means of achieving a degree of pre-subjective consciousness which is what eidetic phenomenology espouses (Giorgi, 2000a). Gadamer (1976) believed that there was no method to apply phenomenology to research as there is a practical/theoretical dichotomy between the two. However, Giorgi (2000b) believed that with slight adjustments, such as these discussed, workable solutions are possible.

On describing reductionism, Husserl (1931) stated that empirical or individual intuition could be transformed into essential intuition from which the essence is obtained. He further described the technique of *free variation* whereby the researcher adds or subtracts essences to the phenomenon to see if it still holds as a concept, enabling identification of what is and isn't an essential component (Husserl, 1931). To illustrate, on considering nurse identity, if the concept of *humanistic qualities* is taken away from the concepts of *professional*, *proficient in nursing skills* and *knowledgeable in nursing studies,* would this still describe the essential components of a nurse? In other words are humanistic qualities essential essences of a nurse identity? The students' experiences indicate that they are and this is supported by my knowledge and nursing literature (e.g. Parker, 2005; Takahashi, 2004) and, therefore, they would need to be included in a description of the essence of nurse identity. However, is the component *dedicated to the profession* necessary to describe the essence of a nurse identity? The students did not consider that it is and this seems logical, as many nurses who are good practitioners are dissatisfied with their careers due to staff and resources shortages and feelings of being unable to do the job properly (Shields and Ward, 2001; Robinson and Bennett, 2007).

The technique of free variation has also been the subject of literary criticism. Husserl describes how intuitively the researcher becomes aware of the universal description (Husserl, 1931). However, Bell (1990) highlighted that this is an imaginative procedure and not an empirical one. Paley (1997) made the point that in nursing research, the description of essences is often composed of accounts of participants, whereas Husserl's notion of description has to be that of the researcher's objective consciousness, which would have no reference to the external world. This would not be desirable in the majority of nursing studies, as findings need to be relevant to the external world of nursing practice. On this subject, Giorgi (2000b) stated that: "the nature of

the experience depends on the manner in which it was experienced, how can one avoid obtaining descriptions from subjects?" (p. 14).

This point appears to be contradictory in Husserls' work as the hub of his philosophy focused on investigating the nature of phenomena as an essentially human experience (van Manen, 1997). So, as in this study, it becomes necessary for researchers to move away from pure philosophical notions and apply practical solutions by describing the essence of the phenomenon through participants' dialogue. Many phenomenological researchers are of the opinion that phenomenological designs should be flexible and adapted to suit the research investigation (Crotty, 1996, 1998; Giorgi, 1994, 1997; Pollio et al, 1997; Valle and King, 1978; van Manen, 1997).

For Husserl, the aim of phenomenology was the rigorous and unbiased study of things as they appeared, in order to arrive at an essential understanding of human consciousness and experience (Valle et al, 1989). Both Husserl and Heidegger were critical of the consequences that culture and tradition could have on the examination of pure phenomena (Caelli, 2000). Husserl held that phenomenological reduction does not negate the world, but demonstrates the possibility for a belief in the world as it exists prior to any theoretical positing (Simmons, 2002). However, this view opposes nursing philosophy which emphasises the importance of culture, tradition and individuality. To ignore cultural references in a participant's dialogue is tantamount to presenting an ethical dilemma for a nurse researcher. Once again, nurses lean away from purity towards pragmatism by adjusting the methodology and, as mentioned earlier in the chapter, many use phenomenological research methods to explore cultural issues (e.g. Callister et al, 1999; Chan et al, 2002; Vydelingum, 2000).

In this study, I could not foresee the phenomena of a nurse identity and its adoption raising any particular cultural dilemmas as I regarded it as a multi-cultural concept. However, an article by Chan and Schwind (2006) discussed how students were moulded to fit into the culture of nursing, which did not always allow for aspects of their own culture to be expressed. Similarly, a study by Apesoa-Verano (2007) noted how middle-class white lecturers influenced students to fit into a professional identity which they perceived as correct. I did not note any specific cultural

references within the student data for this study and classroom observations revealed lecturers of varying ethnic backgrounds constructing a generic nurse identity which appeared to have universal traits such as, humanistic qualities.

Husserl (1931) also purported that the primordial consciousness required to study phenomena, strips the concept of all cultural and societal influences, including time and place. At first, I considered that this could prove problematic in this study, as I could not envisage how the concept of a nurse would be the same today as it was, for example, in Florence Nightingale's era, since nursing has undergone such radical changes. However, on analysing the data, universal essences such as caring and knowledge of human conditions are universal phenomena devoid of time constrictions. It is only the meaning units used to illustrate the essences, such as *technically proficient*, which carry a modern ring to them.

3.3: The Methods

Many universities are offering their pre-registration nursing courses by blended learning with some modules taught by traditional classroom methods and others by e-learning. It appears inevitable that the future of higher education will be via these new technologies to a large degree (Christie and Ferdos, 2004; Meyen et al, 2003; Taylor, 2004). The design for this study compares data in regard to nurse identities and their adoption between students studying the theoretical component by traditional methods and students studying by e-learning. This study is regarded as a starting point and further research and development into this area will need to be undertaken.

It was decided to explore nurse identity and socialisation to nurse identity by listening to students' lived experiences and by observing classroom interactions for critical incidents relating to these concepts. A nurse identity is not a fixed view as the literature has demonstrated, it can mean different things to different people and can change with time (Fagermoen, 1997; Roach, 1992), however, it will contain universal traits common to all accounts.   The data collection methods used in this study were in-depth interviews, classroom observations and researcher journals and their particular application is discussed later in the chapter. The aim of using mixed methods is also discussed within this chapter in *Section 3.5.1: Triangulation*. Groenewald's (2004) article *A Phenomenological Research Design Illustrated* was very influential in assisting

with the study design as it discussed eidetic phenomenology and, although the design differed considerably from this one, it did explore useful concepts and design problems. For example, it was very helpful in aiding exploration of my epistemological position and also in providing clarity in regard to bracketing which was discussed in relation to utilising researcher field notes.

3.3.1: In-depth Interviews

In total twelve students were interviewed. Each interview lasted approximately one hour in length, with follow up interviews of varying times, as required, to clarify issues and confirm preliminary data analysis. The interviews were considered in-depth as they aimed to generate information in regard to the students' understandings, perspectives and beliefs taken from their time in university vis-à-vis their concept of a nurse identity and how they adopted this. The processes by which the students gained these perspectives were probed during interviews and also observed during classroom interactions. The duration of the first interviews proved sufficient in order to comprehensively explore the students' views on nurse identity and adoption of this identity and interviews seemed to naturally conclude after around sixty to eighty minutes. The interviews proved to be quite intensive due to the concentration required by both the students and myself; continual probing of student' statements in order to gain further clarity and presenting answers to penetrating questions, proved tiring for both parties involved.

The interviews were based around open-ended questions and, although I had some pre-planned questions to ask in case prompting was needed, I allowed questions to flow naturally from the discussions and found that I referred to the prompt questions infrequently. As the students explained concepts, I would further question, explore and probe what they were saying in order to gain deeper understanding and to seek clarity in regard to the respondents' views. Prior to conducting the interviews, I considered that the students may not comprehend the concept of adopting a nurse identity. However, at interview, it transpired that all of the students understood what I was referring to and they all disclosed that they regarded themselves as having adopted a nurse identity to some degree. I made notes of non-verbal behaviours during the face-to-face interviews and I recorded my views and feelings immediately after all interviews.

Streubert's (1991) ten procedural steps were followed to generate the interview data and to initially analyse this. This approach was chosen as the steps were clear and straight forward for a researcher new to phenomenology. Also, the journal article applied the steps to a nursing study which made it easy to comprehend and relate to. However, the data was further analysed using Giorgi's (1997) method which was more detailed and specific as described in *Section 3.6: Data Analysis.*

3.3.2: Classroom Observations

In total, I observed 10 teaching sessions which ranged across the whole of the Diploma in Nursing curriculum. The observations of second and third year cohorts were all Adult Branch students, first year classes were a mixture of Adult Branch and Mental Health Branch students. All of the students and lecturers concerned consented to be observed, over a six month period; although they were not necessarily aware of the teaching sessions in which these observations took place. I co-taught with other colleagues the ten teaching sessions I observed, which was a teaching method used on occasions within that curriculum. This was orchestrated by dividing the session into two halves with each lecturer taking one half; both lecturers remained in the session in order to observe the content, to avoid repetition and build on previous knowledge. I undertook the observations whilst the other lecturer was teaching. I decided to utilise these co-teaching sessions, as students and lecturers may forget that they were being observed and this would reduce the Hawthorne effect in which the behaviour of the observed may change due to their knowingly being watched (Parahoo, 2006). I did not regard this as covert, as I had permission from everybody concerned, I was openly taking notes during the sessions and had explained that these observations would take place over a six month period. Also, should any of the students or lecturers have questioned me as to whether they were being observed, I would have confirmed this. I consider that I met the criteria of overt observation described by Macionis and Plummer (2008) as consisting of the researcher being open about their presence in the field of study and being granted permission by those being observed and by those in control, in this case the other lecturers.

The observations took place in the university where I was employed. The first two sessions were recorded on tape; however, I later discarded this method of documenting the observations. The tape also recorded background noise, which, when played back, made some of the discussions difficult or impossible to hear and, also, the majority of the two hour tape contained data irrelevant to this study. Instead I commenced note taking during the sessions, in which I wrote down critical incidents which I considered to illustrate the concept of a nurse, or adoption of a nurse identity. This method proved more fruitful and I continued to observe sessions until I felt that I had sufficient, varied examples to illustrate how the concept of a nurse is constructed within the classroom by both students and lecturers. The journal entries illustrated how lecturers orchestrated sessions to include discussions and group work on the identity of a nurse, thus allowing students to formulate ideas in regard to this concept. The observations raised concerns that these methods may not be easily transferable to a virtual environment. To illustrate, the following notes are taken from my field journal in regard to the third classroom observation (CO3) which was an anatomy and physiology session with second year student nurses in regard to the Endocrine System.

> Having been discussing anatomy and physiology of the pancreas and diabetes, K [lecturer] asks the class if they have nursed any diabetic patients. Several students raise their hands. K asks the students if the symptoms she has just described were observed in the patients that the students had encountered. The students join in a discussion in regard to which symptoms were obvious and which they had not observed. Following this discussion, K asks the students how the patient may feel about the symptoms and diagnosis, and group work commences on this. Following feedback from the group work, K asks the students how they can assist the patients to deal with their diagnoses, symptoms and treatments. The students begin to talk about nurse qualities such as good listening skills, patience, kindness, and taking the time to explain diabetes to patients in layperson's terms. K asks about the clinical procedures required and plays Devil's advocate by asking if the qualities the students have discussed are actually part of the role of a nurse and not those of a health care assistant. The students begin a heated discussion on nurse identity and the qualities needed to be a good nurse. K keeps the discussion going by continuing to provoke the students by asking if three years training is needed to carry out the humanistic skills the students have just described.

The extract demonstrates how the lecturer coordinated the discussion to include the role of the nurse and nurse identity, in order to allow students time to express and fine-tune their ideas in regard to these concepts. The discussion allowed the students the opportunity to reflect on why

they considered the qualities they stated to be important in the role of the nurse and nurse identity.   The extract also revealed that by the second year of the course, students had formed a strong impression of what a nurse identity consisted of and which qualities this should include. The data was later analysed in the same manner as the interviews using Giorgi's (1997) stepwise method which is described in *Section 3.6: Data Analysis* and in *Appendix 3: Examples of Data Analysis.*

 3.3.3: Research Journals

From the very start of this research, I commenced a journal in which I made notes in regard to my feelings throughout the various aspects of the research process, with the intention of utilising this data later to further illuminate possible influences upon the study. The journal is a recording of my emotions, notes of interest and impressions of events surrounding the research throughout this period (Ahern, 1999). I have always kept a diary, on and off, since being a child and, therefore, it seemed a natural way to generate data which I thought could prove useful in the analytical stage of the research process. Also, it was an instinctive way for me to organise my thoughts in regard to the study, as I also used the journal as an aide-mémoire and wrote in it a mixture of; things to do, articles to read, authors of note, and words or phrases to look up or remember. Koch (1994) discussed how field journals assisted her, amongst other things, to acknowledge prejudice within her role as researcher and within the research process and this was something which I also documented within my research journals. I would record thoughts and emotions prior to and following interviews and during classroom observations and later reflect upon these entries in order to observe for bias which could affect the authenticity of the research findings.

Analysis of the data within my journals took place by allocating categories to the journal entries. Five main categories were identified:

1. Notes on Classroom Observations
2. Notes on Interviews
3. Notes on Pre-Conceived Notions and Bias
4. Notes on Personal Thoughts
5. Notes on Theory

The categorised notes were read through carefully several times, and I then bracketed pre-conceived notions and bias (as discussed earlier in the chapter) prior to analysing the data from the classroom observations and interviews, in order to be as objective as possible. Date from the classroom observations and the interviews were both analysed in the same manner using Giorgi's (1997) stepwise method and this is discussed in *Section 3.6: Data Analysis*. The notes on personal thoughts also assisted in writing the reflective pieces within the study and, likewise, the notes on theory assisted in writing the theoretical aspects of the work.

In Chapters 4 and 5 I discuss some of my journal entries in relation to the interviews I conducted, in order to inform the reader of my position within the research. I had particular problems in understanding the meanings of one interview participant and the entries in regard to these interviews discuss the tensions I encountered. However, other entries mention rapport with interview participants and ease in analysing data, which alerts both the reader and myself to predispositions, whereby, I feel that I understand the participant's data and possibly project my own views onto this. To illustrate, the following journal entry is dated Thursday, February 19th 2004 and is following an interview with a traditional student (TS3).

> Really good interview. Loads of information on what she considered a nurse identity to be and how she is adopting this. Really good rapport throughout. Hardly needed prompting at all, was very chatty and responded well to questioning further on topics she raised. Interview lasted around 75 minutes and came to a natural conclusion as quite intensive and tiring. Lovely student, really helpful and friendly. Arranged to meet at the end of the week to go through the data analysis and check this. Feel exhausted as concentrating so intensely throughout.

This journal entry was dated two days later and written after transcribing the data and conducting a preliminary thematic analysis.

> Finished the basic analysis for TS3, just needs printing off to discuss with her. Loads of data in regard to nurse identity and how this is being adopted. Some really interesting stuff about what she used to regard nurse identity to be, when she worked as a health care assistant and how this has changed since commencing training. Not sure if fully relevant to study though, have to have a think about this? She felt the main influence on adopting her nurse identity as a student, was through interaction with peers in placement and university, more so than with lecturers and practitioners who she sees as being removed from the student's viewpoint to some extent. Can understand and agree with this view, although lecturers and practitioners must influence the students' positions.

This following journal entry is dated one week after the first interview and was written following the second interview with the student, in which the thematic analysis of her interview data was discussed.

> TS3 agreed with all of the themes discussed and felt that her interview data fitted into these categories. She did not see any inconsistencies and felt that I had understood her meanings correctly in all cases. She was interested in how the themes had evolved and I explained to her the process I had gone through to arrive at the theme headings. She did not have any particular issues to raise. A lovely friendly and interested student, I feel that we have a really good rapport which has been strengthened though the interviews, probably by discussing feelings and thoughts which doesn't normally happen at such a personal level during class.

On re-reading these entries, it became clear that the student may have agreed with my data analysis in order to please me, rather than because she thought it was correct. We had obviously built a strong rapport and the student may have felt that she would spoil this in some way, if she were to correct my assumptions. The entries demonstrated that I agreed to a large extent with what I regarded as her view of how nurse identity is adopted, although, it could be that I had misinterpreted her view and she did not wish to point this out to me. Although these journal entries cannot prevent misinterpretation of data, they can alert the reader and myself to possible presumptions I may hold, in order to enlighten the study. Analysis of the journal data is discussed in *Section 3.6: Data Analysis.*

3.3.4: Participatory Research

Participatory research may be regarded as systematic inquiry which collaborates with those affected by the issue being studied, for purposes of education and effecting change (Cornwall and Jewkes, 1995). Questions about control and power, especially in relationships between the researcher and participants, has led to notions of collaboration between these two parties. Participatory research is not a single approach, but cuts across a broad collection of approaches, and, therefore, the forms and extent of collaboration may vary. In this study, my role as researcher sometimes involved being that of a facilitator working collaboratively with research participants; for example, all interview data once coded, was checked in detail with participants in order to ascertain authenticity of coding. Being a participatory researcher has implications for both the conduct of the study and the research findings and these are discussed in this section.

Cornwall and Jewkes (1995) stated that "The key difference between participatory and other research methodologies lies in the location of power in the various stages of the research process" (p.1667). The interviews conducted within this study raised issues of power and control. The fact that I was a lecturer at the university where the six traditional students were taught and that I knew all of the students concerned, presented implications in terms of coercion and power relations. To overcome notions of coercion, I discussed my study with all of the third year Diploma of Adult Nursing students at the university where I worked and distributed information leaflets in regard to the study and consent forms to be involved in interviews; which I left with the students. I explained the ethical considerations of being involved in the interviews and explained that they could withdraw at any point with no effect to their education. I then informed the students that they could voluntarily opt into the interviews by leaving the signed consent forms in my pigeon hole and gave the students one week to consider this. Eighteen students volunteered to be interviewed and, as there were two cohorts in the third year of the course with three base groups within each cohort, I chose one student from each group. I considered that this would be representative of the current, third year population of student nurses by ensuring that a range of participants was included. I thanked all of the students who volunteered and explained that to those who did not participate that I had sufficient numbers.

The power implications of interviewing students whom I taught were more complicated. I assured all students that anything they told me would, not only be anonymous, but, also, that this would not effect my relationship with the students. I also assured the students that they could withdraw from the study at any point with no ill effect to their education and that I would destroy any data belonging to them if they requested this. Ritchie and Rigano (2001) discussed power relations between educational researchers and student participants in interviews and concluded that positioning theory is useful in making sense of how both the researcher and participants position themselves and each other. To take this study as an example, a student could position themselves during interview, through their dialogue, as a conscientious, hardworking and caring student, in the hope of gaining researcher sympathy, especially if they had been achieving poor marks for their course work. The researcher, on the other hand, could position themselves as an academic who is also an intellectual and involved in demanding research projects, in order to gain admiration and respect from their students. Positioning theory appeared to be based on ego and

whilst, I could sympathise with this view, I felt that it was human nature to put a personal spin on a story and, that it was dependent upon personalities how much of a student's dialogue was factual and how much personal perspective. Ritchie and Rigano (2001) also discussed how different readings or interpretations of interview data are possible when one is aware of positioning theory, but, this appears true whether one is aware of this theory or not.   However, they also believed that power relations within such interviews are fluid and stated opposition to the view of total asymmetry of power. They believed that within such interviews, participants achieved an 'open space' where they may be 'neither dominant nor resistant' but, allowed to tell their story spontaneously (p.749). This appears to be a realistic view, as it could be argued that in educator/student interviews, the participants are also in a position of power, as without their voluntary assistance there can be no study. I believe that in this study the interviews were conducted within an atmosphere of shared mutual trust, whereby participants had the opportunity to talk about the subject openly in a safe environment.

3.4: The Participants

In total there were twelve interview participants involved in this study. Giorgi (1997) when discussing eidetic phenomenology suggested that while a study can be based upon one participant or many, he considered it desirable to include several. I considered that as I was conducting in-depth interviews through purposive sampling, the point of which is to generate rich data; six students in each group would produce sufficient data to compare within groups and, to contrast between groups. I recognised that twelve students was a limited number in terms of generalisability of findings, but, I did not intend the research to produce measurable results, but, to form impressions that could be informative in regard to similar nursing students, in keeping with qualitative research studies (Giacomini and Cook, 2000). Experience plays a large part in judging an acceptable sample size (ibid) and, although, 'small is beautiful' (Sandelowski, 1995, p.179) in qualitative sampling, inadequate sampling can undermine the credibility of research studies. To inform this research, I examined phenomenological studies which had compared data from in-depth interviews between participants or groups of participants, in order to gauge an acceptable sample size for this study (e.g. Anders and Astrid, 2004; Friedrichsen and Erichsen 2004; Oae et al, 2001). The samples tended to range between eight and sixteen participants and I

thus decided on twelve students, as I considered that this would generate an amount of data which could inform, and be manageable for a study of this nature.

Six of the participants were student nurses studying the theoretical component of their course by traditional university attendance, and the remaining six were studying one or two modules of their course by e-learning. The traditional students were a convenience sample, chosen because they studied at the university where I taught. All of the participants were in the third (final) year of a Diploma in Nursing (Adult Branch) course in England. I chose third year students as I considered that their concept of a nurse would be more embedded and they would have experienced more opportunities to adopt a nurse identity. I was concerned that all of the students should be studying at English universities as the syllabus would be concerned with the English system of health care as there are differences across the British Isles. Eidetic phenomenology is not interested in the social background or history of participants, as the knowledge generated is thought to be free from socialisation or acculturation (Allen, 1995), so student backgrounds were not a consideration. The group consisted of 8 female and 4 male students and ages ranged between 21 and 46 years.

The traditional students were interviewed within the university they attended and they all granted permission for the interviews to be taped. I only interviewed one student per week over a six week period, as I transcribed and preliminary analysed the data following each interview. Each student was interviewed a minimum of twice in order to confirm the initial data analysis, or to seek further clarification on parts of the dialogue. One student was interviewed three times, as I had sought clarification of the original data at the second interview, and then conducted a third interview to confirm the analysis was correct.

3.4.1: The Selection of E-Learners

The six e-learning students involved in the study responded to requests for research participants which I posted on the members only, Student Forum of the Royal College of Nursing website. Members of this forum are registered with the Royal College of Nursing which ensured authenticity of the participants. I chose the first six students to reply who fitted the criteria of being third year Diploma in Adult Nursing students studying in England, out of eleven responses. I thanked all of the students who replied and explained to students whom I did not interview that I now had sufficient participants. Five of the students interviewed were studying one module by e-learning and one student was studying two modules. Two students were studying at the same university, but the other four were from different universities across England. I had originally intended to conduct fact-to-face interviews with these students too, but the reality and logistics of travelling across England with nowhere to interview made this an impractical solution. I, therefore, suggested to the students that interviews took place by instant messaging (real time, typed computer messages) as I thought that this would offer more opportunity for building an interpersonal rapport than telephone interviews, due to the aid of webcam with voice technology or the use of emoticons (small pictures intended to convey emotions) in typed messages. However, two of the students did not have access to instant messaging and so I conducted tape recorded telephone interviews with these students. Instant messaging presented its own problems though, as only one student had access to webcam with voice technology and, of the remaining three students, only one could type with speed.

The issue of volunteer bias was considered as all of these students replied to adverts for interview participants, indicating that these were 'enthusiastic' students and not, necessarily, typical or representative of the rest of their peer group.   This would mean that research findings could be skewed to some extent. However, on consideration it seemed that this claim could be made of all interview participants who are, of necessity, volunteers (Oppenheim, 2000). In addition, on analysis, the interview data from the e-learning students did not reveal itself to be very different from the traditional students in terms of compliance with the researcher's questions and both groups did criticise nursing and nurse training to some degree during interviews. I would propose that current student nurses are very aware of the importance of nurse research, especially as this is inbuilt within their curricula, and requests for them to participate in research are commonplace.

Therefore, it may be regarded by the students as part of their educational experience to take part in research studies, meaning that a range of student nurses will volunteer to take part in studies and thus participation by only 'good' or 'enthusiastic' students is minimised.

The e-learning students were interviewed one year after the traditional students. The delay was due to researching universities in Britain who may offer the Diploma in Adult Nursing completely by e-learning. It was thought that interviews with the e-learning students would also take approximately one hour; however, these often took longer as typing messages proved to be much slower in the majority of interviews. All of the e-learning students were interviewed on two occasions. One participant, with whom I had particular trouble understanding his discourse, was interviewed on three separate occasions. This participant was interviewed by telephone, the first interview lasting one hour and thirty minutes, as I continually asked him what he meant by the statement he had just made, only to be further confused by his explanation. To expound, in my research journal I noted that he spoke in a mixture of nursing and educational jargon and at the end of three telephone interviews, I did not feel that I understood what this student really felt or experienced. The limitations of telephone interviews were made clear on these occasions, (this is discussed in greater detail in Chapter 6, Section 6.4.2: Limitations with Online and Telephone Interviews) as I did not consider that I had built a rapport with this participant in any meaningful way (Wilson and Edwards, 2001) although he was always very helpful and willing to take part in yet another interview. Also, as I was unable to read his body language, apart from the tone of his voice, I considered that it was all too easy to misinterpret his meanings.

To illustrate the style of his dialogue, when I asked him to explain to me what the word 'nurse' meant to him, he paused for quite a while, (in fact I was about to ask if he was still there) and then he slowly replied:

> "Well, [pause] I **categorically** believe that a full understanding of the nature of professional nursing is, is, is, erm, well, it's beyond the means of a simple telephone conversation really [nervous laugh]. However, [sigh] [pause] I **strongly** believe in the integrity of nurses and, and, the, the, the **professionalism** of nurses, and the techno-rational knowledge we hold. I think we're pioneers in a new era, erm, erm, [much faster now] its like a new dawn, I mean in health care generally, not just in nursing. But **we're** leading it, **we're** the champions, the patients' champions too. It's

really exciting, we're a new professional breed, **we're** leading the way. It's a whole paradigm shift, a seismic shift. [pause] [slows down speech again]. Erm, erm, well I think scientific knowledge has had its day it's coming to an end, there's so much dissatisfaction with it [pause] and we're leading the way in innovative health care, **definitely**, we're **definitely** the pioneers. (ES2)

When I asked him to clarify in which ways he thought nurses were leading the way in health care, he discussed advances in technology, drugs and equipment. I asked him if he considered that other professionals may have had a part to play in the advancement of medical knowledge, drugs and equipment too. However, he did not reply to this except to reiterate that he considered nurses to be pioneers; the conversation continued in this manner with me trying to extort examples or clarification of what he was saying.

As I found it difficult to analyse his discourses, it was very tempting to discard the data from this student and simply substitute another student, whom I could relate to more easily. However, not only did I consider this unethical, but also, I thought that if I persevered with the data which was at odds with my worldview, then this student may disclose a new standpoint which I had not considered. When discussing difficult data, Giorgi (1997) stated that this may be due to "ignorance, faulty memory, emotional conflict and so on" (p.249) and suggested that these false assumptions should be corrected; however, he failed to state how.   Mooney (2007a) stated that "deviant cases" (p.77) enhance the trustworthiness of findings and enrich studies and I, therefore, decided to treat this data no differently and to thematically analyse it alongside the rest of the interview data.

3.5: Rigour and Trustworthiness

In this study, the emphasis is on knowledge generated and constructed through the lived experience of the student nurse participants. The scientific ideal of objectivity has been rejected in favour of a holistic approach that incorporates the diverse perspectives, values, agendas and interpretations of the participants involved. However, as Dick (1992, 1999), Guba and Lincoln (1989) and Thomas (2000) suggest, rigour need not be lost in this approach. Mayoux and Chambers (2005) argue that when used well, 'participatory methods generate not only qualitative insights but also quantitative data which are generally more accurate than those from conventional survey approaches and methods' (p. 272). Guba and Lincoln (1989) propose that the criteria of trustworthiness which parallels the conventional criteria of internal and external validity, reliability and objectivity, are: "credibility, transferability, dependability and confirmability" (p. 236).

The credibility criterion involves establishing that the results of qualitative research are credible or believable from the perspective of the participants in the research. Since from this perspective, the purpose of qualitative research is to describe or understand the phenomena of interest from the participant's eyes; the participants are the only ones who can legitimately judge the credibility of the results. Issues of credibility were incorporated into this study by "prolonged engagement with research participants" (Sandelowski, 1998, p.467) and by checking all data analysis with them in order to address any assumptions and ensure correct interpretation of statements and, also, correct coding.

Transferability refers to the degree to which the results of qualitative research can be generalised or transferred to other contexts or settings. In this study transferability was enhanced by describing the research context and the assumptions that were central to the research. In addition, the participants in this study were restricted to third year, Diploma in Adult Nursing students studying in English universities, which assists with the data from this study being transferable to students in similar situations.

The notion of dependability stresses the need for the researcher to account for the ever-changing context within which research occurs and to ensure that results are as unbiased as possible. In this study, a mixed methods approach to collecting data – semi-structured interviews, participant

observations and research journals (see *Section 3.5.1: Triangulation*) ensured that results were as consistent as possible and cross checked that data was less likely to be influenced by the collection method used or by researcher bias.

Qualitative research assumes that each researcher brings a unique perspective to the study. Confirmability refers to the degree to which results can be confirmed or corroborated by others. In this study, it was achieved by deep immersion in the data and profound commitment to purpose (Sandelowski, 1998), in addition the data gathering and data analysis procedures used within the study are detailed for the readers. Also, researcher observations and personal reflections, which alert the reader to researcher bias, are woven throughout the study in order that the results may be viewed with openness and transparency. In Chapter 6, shortcomings within the study and the potential for bias or distortion of the data are detailed, again in an attempt at honest, transparent research.

In addition, as a researcher I attempted to develop an atmosphere of mutual trust and open communication with the participants of this study, by actively listening in an empathic way, facilitating discussions and gathering feedback which was used to improve the data analysis and therefore the results of the study. I considered that the development of such relationships was vital to achieving high-quality outcomes and more trustworthy and richer data, as well as leading to better feedback in terms of the interviews and interpretation of the data. However, as Koch (1994) pointed out "Previous experiences no doubt influenced the way in which I interpreted and participated in making the data" (p.984). This is corroborated by Mavundla (2000), who also noted how the results of qualitative research are not value-free. Although Koch (1994) acknowledged that this is inevitable with qualitative research, she also explained why it is important to expose researcher bias by providing honesty and transparency for the reader, which I have also attempted in this study by discussing weak spots within the research process and discussing my own views on nurse identity and displaying excerpts from my researcher journals. Sandelowski (1998) stated that researchers should move away from a preoccupation with validation of findings towards issues of craftsmanship and accountability within their research. I consider that I have achieved a degree of craftsmanship within this work through my writing style, especially within Chapters 4 and 5 which display the data findings. Accountability has also

been achieved through honesty, transparency, bracketing, attention to detail and thoroughness whilst gathering, analysing and displaying the data throughout the study.

3.5.1: Triangulation

Although mixed methods, or triangulation, are not always a feature of eidetic phenomenology which favours the in-depth interview method, I considered these to be important in this particular study. When designing the methodology, I reflected that if I observed classroom interactions this could provide additional information as to how a nurse identity is constructed and adopted within the classroom situation, which nursing literature indicated it was (e.g.Andersson, 1993; Coudret et al, 1994; Simpson, 1967). The type of triangulation used within this study is referred to as *within-method triangulation*, which is where a mixture of methods are utilised, for example in this study, in-depth interviews, participant observations and researcher journals are utilised. Within-method triangulation was used to increase confidence in the research data in addition to providing a clearer understanding of the problem (Thurmond, 2001), as data was gathered from a variety of sources offering different perspectives in answering the research question. For example, although during interviews the students discussed that the construction and adoption of a nurse identity occurred through interaction with peers and tutors; classroom observations reinforced the students' discourses by allowing the various nuances of identity construction and adoption to be clearly demonstrated.

3.6: Data Analysis

Data from the two interview groups, traditional and e-learning students, was analysed separately in order to compare essences. Giorgi, (2000a) believed that meaning can be found within data by using comparative methods and that comparisons are best approached by harnessing significant types and amounts of data. In this study, data is compared between two groups of students and gathered by three different research methods; in-depth interview, participant observations and research journals. Data from the classroom observations was analysed using the same thematic analysis method utilised in analysing the interview data, described within this section. Instead of applying the analysis to student discourses, it was applied to my notes of critical classroom incidents taken from my researcher journals. Phenomenological methods are systematic in approach and individual phenomena can best be understood, not as isolated snap shots, but as

belonging to a complex system of experiences all of which are related together (Giorgi, 2000a). Chapters 4 and 5 describe the research findings and discuss these alongside relevant field journal entries, in order to provide a balanced view of the data analysis and conclusions drawn from this. The thematic analysis of the data was recorded onto five tables, in order to provide an overview of the findings; these tables are situated in Chapters 4 and 5.

Giorgi's (1997) stepwise method was adopted to analyse the data following the preliminary analysis using Struebert's (1991) method. Streubert recommends the researcher submerge themselves into the interview data and review the transcripts to uncover essences in order to capture essential relationships. However, Giorgi's (1997) method gives specific details as to how to thematically analyse the data. This method was chosen as it was clear, but detailed, and it provided a step by step method of thematically analysing data which could be used for data from interviews and classroom observations. For example, Giorgi (1997) provided clear details in regard to transcribing the interviews and thematically analysing the data. In addition, he detailed a constant comparative approach to determine similarities and differences across data, which was relevant to this study. He is a proponent of eidetic phenomenology and his data analysis was in keeping with the philosophical leanings of this study. The Streubert's method was very helpful initially in the data generation stages, but it held a generic stance towards phenomenological research, and at the latter stage of data analysis, I felt that a more detailed approach which was pertinent to eidetic phenomenology was required.

Giorgi (2000b) stated that the phenomenological method of data analysis has four principal characteristics: it is descriptive, it uses reduction, it searches for essences, and it is focused on intentionality. In brief, description refers to the idea that the researcher must analyse the data as the participant intended it and not interpret meanings or give explanations from the researcher's standpoint. Reduction refers to the meaning of any concept as it appears in the consciousness, "Whatever presents itself to consciousness should be taken precisely with the meaning with which it presented itself, and one should refrain from affirming that it is what it presents itself to be" (Giorgi, 1985, p.50). This involves a radical transformation in approach whereby the researcher must strive to suspend presuppositions and go beyond assumed understanding. "No work can be consider[ed] to be phenomenological if some sense of the reduction is not articulated

and utilized" (Giorgi, 1997, p.240). The search for essences is looking for the unchangeable characteristics of the particular phenomenon under study, for example in this study, the search is for the essences of nurse identity in traditional and e-learning students and also the search for the essences of how this identity is constructed and adopted. Finally, Giorgi's last characteristic refers to the intentional act of a human mind to be aware of their world. Intentiality is within human consciousness and means that humans are constantly consciously aware of something.

Both methods recommend that the researcher submerges themselves into the data in order to become familiar with it, Giorgi calls this *familiarization*, the purpose of which is to comprehend the participant's experience (Giorgi, 1985). To accomplish this I listened to the interview tapes on several occasions. I then transcribed the tapes, which meant continually playing and replaying them whilst I transcribed what was said. Once transcribed, I took each interview participants data and systematically went through the script line by line, examining the data and creating new questions to ask participants at the follow up interview, in order to clarify issues and comprehend the discourse from the participant's experience. Once an initial impression of the participant's experiences was gained from the data, the descriptions were then divided into what Giorgi (1997) termed *meaning units*, which are sentences or phrases which possess a self-contained meaning. Although meaning units are self-contained, it is important to understand them in terms of the overall meaning of the discourse, so that assumptions are not assigned to the meaning units which the participant did not intend.

The next step was to transform the meaning units by allocating a word or phrase, in my own words, to describe them. Giorgi (1997) commented that the units are divided by searching for different key terms, aspects, attitudes or values of the participant. For example, in one meaning unit the student (TS3), when discussing the identity of a nurse had stated, "well, I immediately think of caring." This was allocated the phrase *Humanistic Quality*. Following the stage of transforming the meaning units, I read and re-read the text in an attempt to ensure as far as was possible, that I was not interpreting it to suit my own assumptions, but, those of the participant. Giorgi stressed at this point in the data analysis, that the researcher should not transform the data into expressions which suit the research, but should maintain the situated context of the participant.

The third step involved imaginative variation, which involved considering the meaning units and imagining all the possible meanings these could have, whilst striving to attain the essential and unchangeable meaning. To illustrate using the same example as in the above paragraph: "well, I immediately think of caring." When I came to apply imaginative variation to this meaning unit, I considered that the student could have meant caring in several ways and not necessarily in caring for patients, which I had taken it to mean. For example, she could have meant caring for the nursing profession, caring for her career progression or caring for her fellow nurses. However, on considering the meaning unit within the whole of the discussion, and on imagining myself in her position, I concluded that the essence of her meaning was caring for the patients she nursed. This follows Husserl's recommendation that phenomenologists imagine the other's viewpoint. "I not only empathize with his [sic] thinking, his feeling, and his action, but I must also follow him in them" (Husserl, cited in Davidson, 2003, p.121).

Finally, the last stage in Giorgio's analysis takes place by integrating the transformed meaning units into one coherent and consistent description which, in this study, takes place in Chapters 4 and 5. In order to assist with this process, the transformed meaning units were gathered into clusters within the essence under scrutiny, in order to disclose what the descriptions had in common. In this study the data was clustered into three essences, namely, *The Essence of Nurse Identity*, *The Essence of Nurse Identity Construction* and *The Essence of Nurse Identity Adoption.*

A more detailed examination of the data analysis methods is provided in Appendix 3: Data Analysis. In addition, a summary of the data analysis findings is provided in Tables 1, 2, 3, 4 and 5 in the relevant sections of Chapters 4 and 5. It can be noted that the core clusters were the same for both the traditional and e-learning students, however, the meaning units within the clusters contained differences in all three of the comparative tables of interview data.

3.7: Research Ethics

The informed consent of the following people was obtained prior to commencement of this study in 2004:

1. Head of the Department of Health and Social Care at Manchester Metropolitan University.
2. The Faculty Research Ethics Committee at Manchester Metropolitan University.
3. The Research Degrees Committee.
4. All of the student nurses involved in this research.
5. The pre-registration nursing team of lecturers at Manchester Metropolitan University.

Furthermore, all participants were informed that they could withdraw from the study at any point, without explanation, and this would not affect their education in any way, nor their relationship with me. They were also informed that should they withdraw at any point, all information pertaining to them would be destroyed, if they so required. All data gathered during the course of the study was rendered anonymous via coding, in order to protect the confidentiality of the participants involved. Any names used within this research have been changed so that people cannot be identified. Participants were informed that any information held pertaining to them would be used for the sole purpose of this study and any publications in regard to this.

3.8: Chapter Summary

Like most nursing research, this study was born out of a perceived problem in practice (in this case the practice of nurse education) which fed directly into the research question. The literature was reviewed prior to commencing the study in order to find out information in regard to the specific topic. By conducting the research I hoped that the findings would assist in answering the research question posed by the study.

I am aware that some of these steps contravene traditional phenomenological methods of inquiry. Seeking information prior to the study and, indeed, having a research question in mind is not in keeping with a constructionist epistemology which seeks objectivity through reductionism (Crotty, 1996). Participants in the interviews were primed that the study was investigating the adoption of a nurse identity, which removed the reductionist stance from their descriptions to some degree. It would have been unethical to tell them otherwise and, also, it was obvious from

the focus of the interviews. Interviews took place on more than one occasion which allowed for students to reflect between interviews and possibly alter perspectives; again, this could be seen to obstruct objective descriptions. The number of students interviewed, twelve, was considered a sufficient number in which to compare findings between the two sample groups, but without being overloaded in data and possibly overlook vital information. The fact that data was compared between two sample groups is a little unusual for phenomenological studies, where data is normally compared across all participants. Nonetheless, I am aware that, like other researchers who have adapted phenomenology to suit their investigations, I have enabled modifications and fine-tunings in order to gain further research into my chosen topic.

This chapter discussed phenomenology, as applied to this study, and provided rationales for this choice of research paradigm. An implicit examination of the methods used in this research and their applications were incorporated and this included data analysis methods and the underlying logic. Also, an informed consideration of being a participatory researcher for both the conduct of the study and implications for research findings was discussed. The issues of rigour and trustworthiness were considered and defended within this work.

The next chapter examines the findings from the in-depth interviews and classroom observations and discusses these in the light of relevant journal entries, in an attempt to impart transparency to the research findings. The main themes of the data are discussed with examples from both interviews and classroom observations. The meaning units are explored and these are compared to the literature in order to confirm findings. Tensions and challenges presented by the data are also discussed and relevant literature is reviewed an attempt to illuminate some of these conflicts. Although the traditional students' and e-learning students' data have been analysed separately, as have the interviews and observations, the chapter unites the themes by an inclusive exploration in order to provide a coherent and unified discussion.

CHAPTER 4

FINDINGS 1: "A NURSE IS SO MUCH MORE"

4.1: The Concept of a Nurse: Introduction

Whilst discussing the concept of a nurse, the student stated:

"It's somebody who cares. A nurse uses clinical skills and theories of practice, critical thinking now. It [concept of nurse] has changed from the beginning [of the course] completely. At first I would have just said somebody who cares and looks after people, but a nurse is so much more than that, I think at first I just saw it as a caring role, just [a caring role] you know, but, I think there's a lot more to it than that. It's so in-depth, more than you think it is." (TS5)

(Excerpt from an interview with a third year traditional student nurse)

The next two chapters examine data from in-depth interviews and classroom observations in order to understand student nurses' concepts of a nurse identity and how they construct and adopt this persona during the theoretical component of nurse training. This chapter focuses on the concept of a nurse and what image this evokes for students, whilst Chapter 5 centres on how this concept is created and adopted by students during the theoretical component of their courses. The discussion within this chapter concentrates on the differences in the data between traditional and e-learning students' concepts of a nurse, in order to ascertain if studying by e-learning influences the formation of these concepts to any degree. Data relating to how the image of a nurse is constructed within the classroom setting is also examined. Entries from my personal field journals kept throughout the data collection and analysis stages are discussed, where appropriate, in order to expose possible researcher influence on data generation, analysis and findings.

4.2: The Students' Stories

The students' concept of nurse can be understood through their narratives or stories (Chan, 2002; Lindsay, 2006; Schwind, 2003). This section examines excerpts from student interviews and from classroom observations in order to examine the students' image of a nurse and how this is constructed. As the majority of data from the classroom observations consisted of field notes (two sessions were taped) the extracts provided from the observations may not be verbatim, but, will provide an accurate representation of the discussions recreated from my notes.

To briefly recap from earlier chapters, a nurse identity refers to an individual's personal image of the qualities and attributes a nurse possesses (Clark, 2006). These images differ from person to person, although, there will be similarities between accounts (Adams et al, 2006). The nursing literature sometimes uses the phrases *professional identity, occupational identity* or the *concept of a nurse,* when referring to nurse identity (see, Adams et al, 2006; Apesoa-Verano, 2007; Chan and Schwind, 2006). According to Apesoa-Verano, (2007) students and nurses construct a nurse identity with which they are comfortable and undergo a process of adopting this identity until it becomes part of who they are. The concept of a nurse is constructed through professional socialisation within educational and clinical settings; it continues throughout a career, as the concept changes with knowledge and experience (Apesoa-Verano, 2007).

The overall concept of a nurse, as discussed by the students, was thematically analysed into four core clusters, which were identical for both sets of students (see thematic tables in Chapter 3). These clusters correlate with previous studies on nurse identity (for example, Benner, 1984; Flaming, 2005; Mooney, 2007a) indicating that the study has produced generalised findings. In keeping with descriptive phenomenology, the reduction technique known as free variation (Husserl, 1931) was applied to the data during the analytical stages in order to disclose the essence of nurse identity, as discussed in Chapter 3. Essences of phenomena should be easily recognised to those who have experience of them and inform the inexperienced (Loiselle et al, 2004).

The four core clusters revealed within this study can be regarded as the essence of a nurse identity for both traditional and e-learning students and can be summarised as:

A nurse is somebody who:

1. is clinically proficient in nursing skills

2. demonstrates humanistic qualities

3. is professional in attitude

4. has and maintains theoretical knowledge of nursing matters

These four core clusters are all common topics within nursing literature (e.g., Basford and Slevin, 2003; Hicks et al, 2003; Watson, 2005; Young, 2005) and give weight to the results of the interviews. However, as the clusters were analysed as being identical for both sets of students, they do not provide insights into the particular research questions posed by this study and, therefore, are only briefly considered within the sections. Instead, the chapter discussion focuses on the meaning units pertaining to the core clusters, as it was within these that subtle differences were noted between the two student groups. The section is organised under the four core cluster headings identified when analysing the essence of nurse identity: *Clinical Proficiency*; *Humanistic Qualities*; *Professionalism* and *Theoretical Knowledge.* Picked out for debate under these headings are particular meaning units, wherein differences between the students studying by traditional methods and those studying by e-learning were noted. Also discussed are particular meaning units which were alike in the two sets of students' data, but, which exemplified a particular phenomenon within the students' concept of a nurse which I considered to be unusual, or which the students placed particular emphasis upon. The essences and meaning units analysed from the student interviews under the overall heading of *The Concept of a Nurse* have been tabulated, for ease of reference, and this is displayed under *Table 1* on the following page.

4.3: Table of Findings

Table 1: Thematic Analysis of Interview Data - The Concept of a Nurse

ESSENCE OF A NURSE IDENTITY	TRADITIONAL STUDENTS	E-LEARNING STUDENTS
Core Clusters & Meaning Units		
Cluster 1	**Clinical Proficiency**	**Clinical Proficiency**
Meaning Unit 1	equipment proficiency	equipment proficiency
Meaning Unit 2	evidence based care	evidence based care
Meaning Unit 3	interpersonal skills	interpersonal skills
Meaning Unit 4	skill proficiency	skill proficiency
Meaning Unit 5	_	*technology proficiency*
Cluster 2	**Humanistic Qualities**	**Humanistic Qualities**
Meaning Unit 1	calming	calming
Meaning Unit 2	caring	caring
Meaning Unit 3	empathic	empathic
Meaning Unit 4	kind	kind
Meaning Unit 5	sympathetic	sympathetic
Cluster 3	**Professionalism**	**Professionalism**
Meaning Unit 1	calm	calm
Meaning Unit 2	confident	confident
Meaning Unit 3	organised	organised
Meaning Unit 4	reliable	reliable
Meaning Unit 5	respectful	respectful
Meaning Unit 6	team player	team player
Meaning Unit 7	_	*independent worker*
Cluster 4	**Theoretical Knowledge**	**Theoretical Knowledge**
Meaning Unit 1	disease processes	disease processes
Meaning Unit 2	issues around nursing	issues around nursing
Meaning Unit 3	multi-disciplinary care	multi-disciplinary care
Meaning Unit 4	nursing care	nursing care
Meaning Unit 5	nursing and related theories	nursing and related theories

 The Concept of a Nurse

4.4: Cluster 1: Clinical Proficiency - "Knowing what to do"

The students often discussed *Clinical Proficiency* within both the interviews and classroom interactions. The discourses revealed that the traditional students regarded clinical proficiency as part of the identity of a nurse in four distinct ways, which were: *Equipment Proficiency*; *Evidence Based Care*; *Interpersonal Skills* and *Skill Proficiency*. However, the e-learning students' data was analysed as containing an additional meaning unit: *Technological Proficiency*.

4.4.1: Meaning Units 1, 4 and 5: Skills, Equipment and Technology

Both sets of students tended to talk about skill and equipment proficiency together during interviews as part of clinical proficiency, however, the e-learning students also discussed technology in some depth within interviews, including this alongside equipment proficiency, a dialogue absent from the traditional students' data. As both traditional and e-learning students are exposed to the same clinical areas and, therefore, to the same technology, it can be presumed that the reason this was more dominant in the minds of the e-learning students was due to it being a large part of their modus operandi within the course. Several universities are now teaching the theory of nursing skills via e-learning, with consolidation of theory taking place in clinical skills laboratories (Bloomfield and Tofts, 2006, Thorburn et al, 2001) and some of the e-learning students in this study indicated that they were learning about clinical skills via this route.

The following extract is taken from a telephone interview with an e-learning student (ES3) in which, when discussing a nurse identity, she included technological proficiency as an essential skill in clinical care. Technology was at the forefront of her view of clinical equipment and she demonstrated confidence in learning about and using this technology.

> *Researcher:* "What do you mean by 'good at nursing' could you explain that further please?"
>
> *ES3:* "Yeah, I mean good at clinical care, like good at caring for patients and carrying out clinical procedures, you know. Like knowing how to do stuff properly and being confident, really."

Researcher: "You say 'good at clinical care'. What do you mean by 'good'?"

ES3:   "Well, knowing how to use equipment properly and being a safe practitioner. And explaining to patients what you're doing and why. [pause] And knowing how to use the equipment and the technology, like making full use of the technology and what it's capable of."

Researcher: "Do you use technology a lot in the clinical area?"

ES3: "God, yeah, all the time. Most of the equipment's computer based. You know, even basic stuff like BM's [blood monitoring machines] and IV's [intra-venous pumps] and Sphygs [blood pressure monitors] and even thermometers, they're all computer based. I worked in ICU [Intensive Care Unit] for three months, its all technology there. I was really nervous at first, but it all starts to make sense after a bit and I felt really confident around the machines when I left. My mentor was really good, he taught me loads, dead patient too [tolerant with her]."

Compare this to a similar conversation which took place with a traditional student, in which, again, essential skills in clinical care were being discussed. Although this student discussed clinical equipment and listed similar items to the previous student, there was no mention of technology within this discourse, almost as if the student had not connected technology with the equipment she used.

Researcher: "So what sort of things do you need to know [for clinical skills]?"

TS3:   "Well, knowledge of equipment, a nurse has to know how to use all the basic equipment such as ECG's, IV pumps, that sort of stuff. It's important to learn how to use it properly and be able to teach others. Part of being a nurse is passing on skills too."

Researcher: "Can you explain what you mean by 'use it properly'?"

TS3: "I mean use it according to research protocols, be up-to-date really. Know what you're doing and why you're doing it. You need to be able to explain why you've done something if anything goes wrong.'

Researcher: "Are there other aspects to clinical skills that you consider important?"

TS3:   "Mmm, yes, not all procedures are equipment based. And for all skills you need good communication and be able to explain to your patient what you're doing and why. A lot of the clinical skills are about reassurance really."

Nursing literature states how e-learning develops the confidence and competence of student nurses in relation to technology (e.g. Jones, 2005; Kenny, 2005: Trowler et al, 2003). Jones (2005) believed that students develop a positive attitude to learning about new ideas and skills when studying through e-learning, which continues when they graduate. Within this study, the e-learning students demonstrated independent researching skills too, not shown by the traditional students, discussed later in this chapter. Howatson-Jones (2004) commented how learning with technology enhances confidence in technological advances for student nurses, in that they become secure around new technology, as they feel assured that they will quickly learn how to use new equipment or technological designs such as computer programmes. These views were echoed by the e-learning students within this study, as they talked confidently about technology and demonstrated a matter-of-fact attitude towards it.

Although the traditional students in this study used information technology within their university course, this was mainly for the purposes of research and communication by e-mail. The interviews with the traditional students did not include discussions on technology and it would seem that they did not consider this to be an important aspect of nursing. As the two sets of students would be privy to the same equipment within clinical areas, it would appear that the traditional students did not recognise or acknowledge that the equipment they used was technology based, whereas the e-learning students were more aware of technology within their everyday environments. Confidence with new technology is an excellent skill to have in healthcare, as equipment is changing constantly and this can prove quite daunting for students and qualified nurses alike. It appears that the e-learning students were better prepared for dealing with technological equipment due to their confidence in using computers daily for their studies and this is an area which could be addressed by traditional educators.

Clinical equipment changes frequently and different clinical areas have different makes of similar equipment, such as intra-venous infusion pumps and blood pressure monitors, all of which work slightly differently. Students are placed in various clinical areas and differences in equipment and skills, are very noticeable to them, more so than to qualified nurses who work in one clinical environment. Both sets of students within this study expressed anxiety in regard to the on-going need to learn how to use new equipment and perform new clinical skills. Many nursing skills are

peculiar to patient conditions and so will vary in the clinical areas to some degree, for example, out-patient departments require very different nursing skills to those within an opthalmic ward and, consequently, require the use of different equipment too. Both sets of students expressed anxiety with regard to gaining knowledge quickly in order to socialise into the clinical environment, which is common within student discourses generally (Levett-Jones et al, 2007).

The extracts below demonstrate the anxiety shown by both e-learning and traditional students in regard to gaining knowledge in order to keep updated and being able to socialise into clinical environments. The following excerpt is taken from an interview with a traditional student and clearly illustrates the students concern in regard to keeping current with skills and equipment in order to remain a safe practitioner.

> *TS1:*   "Keeping up to date's really important, it's never ending. Things change in nursing; drugs, equipment, treatments, everything changes so quickly too, there's very few nurses stand still because if you stand still you're gonna go backwards. By, [pause] due to the fact that what's happening will overtake you. Even when you qualify, it's no different. The qualified nurses are picking our brains [the students] as to what's the latest thinking on things. We're seen as being at the cutting edge. We're probably the most up-to-date that we'll ever be, now. It's scary! And if you don't keep updated then you have no defence if anything goes wrong. It's our responsibility and, well, there's just so much to know"

This extract is taken from a telephone interview with an e-learning student and highlights similar anxieties; however, this student is expressing concern in regard to gaining knowledge in order to professionally socialise into clinical areas as quickly and easily as possible.

> *ES3:*   "All the placements are different, different staff, treatments, equipment, different forms; you just have to learn it all as quickly as you can, to fit in."
>
> *Researcher:*   "How do you learn this and what do you mean by 'fit in'?"
>
> *ES3:*   "Well, I always review my skills before I go onto placement. I revise relevant skills which I think I'll need in that area. All of the clinical skills are accessible on our programme space [online], so I go through these and refresh my knowledge. It's really easy to forget when you haven't been on placement for months.
>
> *Researcher:*   "And you do this so you'll 'fit in' easier?"

ES3: "Yeah, if you know what you're doing you're not seen as such a nuisance, you get more respect. The last ward I was on, I heard my mentor telling the ward manager, 'Oh she's good, you can leave her to do things,' meaning me. I know that's 'cos I just get on with stuff and I'm not always pestering them to show me stuff. I think they see students as a nuisance when they're like that. They won't say it, but you just know. It's not fair really 'cos you're there to learn, but they expect you to know it anyway, especially at this stage [third year]."

Skills and equipment proficiency were also a regular topic within classroom discussions when conversing about the nurse role. Corlett et al (2003) discussed how students are aware of a gap between theory and practice within their education and would prefer more practical skills lessons, a view reinforced by the students' within this study. A study by Elms and Chumley, (2006) demonstrated that nurse education competency based approach to skill acquisition (DoH, 1999) produced good results, however, the nursing curriculum limits these practical sessions.

Classroom discussions regarding clinical skills and equipment followed a similar theme to those within the interviews, being viewed as important parts of the nursing role which students regarded as being neglected to some degree. Anxiety was demonstrated in interview dialogues, by both sets of students, about the need to learn clinical skills and this was also present during some classroom discussions, as students expressed concern that they had not seen or performed a skill which other students were familiar with. It appears that students would benefit by being better prepared for clinical placements by curricula placing more emphasis on clinical skills. Many e-learning packages are now available which allow students to practice skills online in a virtual environment and this could aid students' confidence in this area. Some of the e-learning students did indicate that they were studying skills online and this did not appear to lessen their anxiety in this area, compared to the traditional students. However, it can be presumed that this anxiety is in regard to learning numerous skills and not the means of achieving this, and it may be that the e-learning students' proficiency in skills outweighed that of the traditional students due to the availability of unlimited practice facilities online.

The following example is taken from a classroom observation of second year students and demonstrates their angst in regard to acquiring knowledge of nursing skills. In this example a student has answered a question and then continues to discuss the skill that she has just described:

> "The thing is I know how to do it in theory and on the dummies, but I've never done it for real. I've never had a medical placement. I feel like I don't know half the stuff that everyone else does, it's not fair. He [the clinical placement co-ordinator] should allocate everyone a medical and surgical placement. I've had two surgical placements and out-patients where I learnt nothing, it's mad." (CO3)

The student obviously felt disadvantaged because she had not been allocated a medical placement and regarded her education as deprived in that area. The student had not considered that two surgical placements may have enriched and consolidated her knowledge of surgery, nor did she consider a placement within an outpatients department to be beneficial in any way, although she will, inevitably, have learnt new knowledge and skills from this placement. Students appear orientated to regard medical and surgical nursing as 'real' nursing and other clinical areas such as Outpatient Departments or Occupational Therapy Departments, as areas which are secondary in terms of training placements. This attitude may escalate as student recruitment is increased and ward areas are closed as more patients are nursed in community settings and it would seem prudent to orientate students to the fact that nursing experience is valid no matter which clinical setting it is gleaned from.

This undercurrent of anxiety in regard to the perceived need for immediate knowledge regarding clinical proficiencies, which was seen in all the students involved in these interviews, correlates with data from a study conducted by Chesser-Smyth (2005) which examined the lived experiences of student nurses on their first clinical placement and, with work by Kevin (2006) in which assessment of students' clinical skills was explored. Astin et al (2005) discussed how registered nurses often have unrealistic expectations of students' ability to perform clinical skills, thus increasing students' concerns, which the earlier extract from student ES3 clearly demonstrated. The students' anxieties are centred around the diversity and range of knowledge needed in regard to skills and equipment, and the need to absorb this knowledge quickly in order

to fit into the clinical area. Confidence and proficiency with technology, which was apparent within the e-learning students' discourses, may enable students to socialise professionally into the clinical areas with more ease and self-assurance and also, increase students' confidence in learning new skills and proficiencies inherent throughout their career. Likewise, having availability to practice clinical skills online in virtual clinical settings may hone students' skills and allay some anxieties in regard to clinical proficiencies.

4.4.2: Meaning Unit 2: Evidence Based Care

Evidence based care was another topic mentioned frequently within the students' discussions on clinical proficiency as part of the identity of a nurse. This was not surprising as evidence based care is an important subject within the Diploma in Nursing curriculum (DoH, 1999; Mohide and Matthew-Maich, 2007) and students are engaged with this topic throughout the three years training in both clinical and academic settings (Smith et al, 2004). It is something that will be fresh in the minds of students and, from the discourses, regarded as an important aspect of clinical proficiency. Both sets of students talked about evidence based care with fluency and both sets of students regarded it as an important aspect of a nurse identity, in that the image of a nurse is a clinically proficient person who practices evidence based care. A study by Flaming (2005) in which senior nurse students were asked to explore their experiences of becoming a nurse, produced similar findings. The students in this study tended to mention evidence based care when talking about nursing skills and, again, it appeared to be an area of unease for them. The need to provide evidence based care is often a concern for qualified nurses within clinical areas, in terms of ensuring the best care is given (Kelly et al, 2005), and these anxieties may be transmitted to students.

Although both sets of students discussed this topic, differences were noted between the traditional and e-learning students' data containing references to evidence based practice. When I asked students where they acquired their evidence based knowledge, the traditional students replied ward protocols or procedures and when probed further some mentioned peer reviewed nursing journals. Although, e-learning students replied in a similar vein, they also added that they would research articles online, via medical and nursing search engines. This is illustrated in the two extracts below from an interview with a traditional and an e-learning student.

The following excerpt is in regard to evidence based care is from an interview with a traditional student. The student was discussing the role of the nurse and included evidence based care within this role, he discussed the various methods he used for accessing evidence based care.

> *TS1:*   "The role of the nurse is [pause] primarily patient centred. It's erm, [pause] centred on the patient initially, looking after all aspects of the patient care on a day to day basis. Providing evidence based care for patients daily."
>
> *Researcher:*   "How do you know if it's [the care] evidence based?"
>
> *TS1:*   "There's a file kept on the wards and they all have a Marsden [A research based clinical skills manual]".
>
> *Researcher:*   "Are there any other ways you access research based practice?"
>
> *TS1:*   "Yeah, your mentor usually shows you evidence based procedures, they're up-to-date on the wards with all the routine procedures. Also, they've journals you can access and the hospital library if there's something that's a bit uncommon. The library's got archives of journals and books you can go at. They [the clinical staff] sometimes send us off to research stuff for them in the library, then it goes in the ward file."

In this extract from an interview with an e-learning student conducted by instant messaging, she is similarly discussing the importance of evidence based care and how this may be accessed. She cites similar methods to the traditional student, except that she also talks about researching online through medical and nursing search engines.

> *ES4:* "u no nowin wot 2 do."
> *ES4:* "u av to practice evidenc base care."
> *ES4:* "u no, research base nursing 🫤 [confused smile emoticon]."
>
> *Researcher:* "How do you know if it's evidence based care you're practicing?"
>
> *ES4:* "well the ward usually as a book"
> *ES4:* "or file of written procedures which r e b [evidence based]"
> *ES4:* "we usually follow that"
> *ES4:* "sometimes if it isnt in the ward file"
> *ES4:* "i luk it up on net by goin onto cochrane or pubmed or medline"
> *ES4:* "well if iv got time or if its for an assignment"

Researcher: "Do the clinical areas always practice evidence based care 😇 [Angelic emoticon]?"

ES4: "i think the common procedures r".
ES4: "but if its sumat different n theres no time to research it …"
ES4: "no not really 🤐 [zipped mouth emoticon]"
ES4: "its usually research base"
ES4: "cos we can access the net on placement, so we luk it up wen thers time 😜 [winking emoticon]"

Having taught research modules to traditional students, I am aware that although students are encouraged to search online to access research articles in their own time, very often lecturers give handouts of articles to students during sessions, thereby reducing opportunities for independent research. Cowman's study (1995) on student nurse learning styles demonstrated that most student nurses prefer teacher-structured strategies as opposed to independent learning, however, later studies have disclosed a variety of learning style preferences within the classroom, including independent learning (e.g. Arthurs, 2007; EIHMS, 2007). The literature is clear on the link between e-learning and nurturing independence in the learner (e.g. UCEL, 2003; Williams et al, 2005), and the student data in respect to accessing research on evidence based care correlates with this. E-learning students are, by the nature of the medium, independently engaged with online work and will be used to researching and accessing articles within their modules (Glen and Cox, 2006). It may be that by accessing articles and reports on students' behalf, lecturers are failing to promote independent research skills in traditional students.

4.5: Cluster 2: Humanistic Qualities: "I immediately think of caring"

The core cluster H*umanistic Qualities* as part of a nurse identity, was analysed as containing five meaning units, which were identical for both sets of students. These were: *Calming*; *Caring*; *Empathic*, *Kind* and *Sympathetic*. Other qualities were mentioned, such as concerned and thoughtful, but these were regarded as fitting within the five meaning units already analysed. For the purpose of this discussion, humanistic qualities will be explored as a whole in keeping with the manner in which they were discussed by students. The data between the two sets of students was similar in regard to this cluster, with both students discussing the importance of humanistic skills and both sets of students regarding these in a similar way. Humanistic qualities were often

the first thing that both sets of students mentioned when they were asked to describe their concept of a nurse. They were also at the forefront of classroom discussions on the role of the nurse in clinical situations. This indicated the importance of humanistic qualities in the students' concept of a nurse. Every student mentioned these qualities during interviews and, consequently, they were the first essence to be identified.

Humanistic qualities may be defined as the consistent demonstration of integrity, respect and compassion for other human beings. Golde et al (2002) further defined these qualities as "warmth, empathy, listening, trust, availability, acceptance, and an individualized approach to care" and stated that these result in enhanced comfort levels, motivation and adherence behaviours in patients (p.1). It was heartening to see that despite advances in technology and nursing care, and increased responsibility for nurses over the last decade, caring or humanistic qualities were still regarded as extremely important in nursing, by both lecturers and students in this study. Covington (2003) discussed how caring presence and "caring-healing ways of being and relating" (p.301) have reappeared in the literature over the last two decades, indicating a resurgence of interest in humanistic qualities. Almost all my journal notes, taken during classroom observations in which lecturers or students were discussing the nurse role, included mention of humanistic qualities. During student interviews, all of the participants talked about humanistic qualities in their concept of nurse, to some degree; which illustrates the importance of these qualities to students and how they are regarded as a main feature of the nurse role (Dries, 2003).

The following extracts are examples taken from interviews and classroom observations and have been chosen as they exemplify the importance placed on humanistic qualities by students. The extracts are from interviews with both a traditional and an e-learning student and are part of replies to questions regarding the students' concept of a nurse.

Traditional Student

> *TS1:* "It's somebody who cares. Cares for the patients and cares for their colleagues"
>
> *Researcher:*   "What do you mean by care?"
>
> *TS1:*   "Erm, to show concern for somebody and to want their best interests and to try to understand how they're feeling. To give something of yourself that's more than just what the job is [laughs], well on paper, if you know what I mean?"
>
> *Researcher:*   "What do you think that something is? Can you define it?"
>
> *TS1:*   "Erm, [coughs] well it's sort of, I can't think how to put it apart from 'care' [laughs]. You're giving emotionally; you're giving of yourself sort of, well, more than just your basic role as a nurse. Sort of. You're sort of giving your emotions too [coughs]. Does that make sense? I know what I mean, but it's difficult to define it really."

This extract is taken from an interview with an e-learning student conducted by instant messaging. The student is discussing her concept of a nurse and the qualities she believes a nurse should possess.

> *ES4:* "i mean nurses av to care"
> *ES4:* "thats really important 🙂 [smile emoticon]"
>
> *Researcher:*   "And what do you mean by care?"
>
> *ES4:* "b concerned 4 yor fellow human beins"
> *ES4:* "want the best outcum for your pts 👍 [thumbs up emoticon]"
>
> *Researcher:*   "How do you show this concern?"
>
> *ES4:* "in wot u say and do"
> *ES4:* "that little xtra"
> *ES4:* "smiling"
> *ES4:*   "therapeutic touch"
> *ES4:*   "goin out of yor way 😉 [wink emoticon]"

There were numerous examples of where humanistic qualities were also discussed within classroom observations. The following excerpts are taken from two classroom observations and are typical of students' brief passing comments which demonstrated their accepted views that humanistic skills were an established part of a nurse identity. In the following excerpts, the students are answering questions in regard to the role of the nurse in clinical scenarios they had been given.

> "I'd constantly reassure the patient by talking to them and using therapeutic touch such as holding their hand or touching their arm or shoulder." (CO5)

> "I'd stay calm and composed so that the patient wouldn't be frightened." (CO5)

> "The patient could be confused, frightened, upset or embarrassed and I would let them know that I was there for them." (CO5)

> "I'd reassure the patient that I was there and would help them." (CO8)

> "It's important to listen to patients, to show you care" (CO8)

I did not notice any differences in the discussions on humanistic qualities between the two groups of students. Humanistic qualities feature prominently in both practice and academic settings and both sets of students will have been exposed to these particular caring skills for three years. However, entries in my research journal noted an interesting phenomenon appearing within the interview data in regard to humanistic qualities, which occurred more with traditional students than e-learning students, due, I suspect, to differences in the types of interviews. The traditional students appeared to be apologetic for mentioning humanistic qualities as important in their concept of a nurse. For example, they paused prior to mentioning them, or, they gave a small laugh or cough before or after they discussed them. One student (TS3) stated: "I know this is corny" and then proceeded to discuss humanistic qualities as important in nursing. This was also noted in one of the telephone interviews with an e-learning student, who gave a small laugh after mentioning these qualities, and in one of the instant messaging interviews, previously shown, where a smile emoticon (😊) was placed after a comment about caring, and a wink emoticon (😉) was placed after a dialogue about humanistic qualities.

A literature search did not disclose any information on this particular aspect of humanistic qualities in nursing. Apesoa-Verano (2007) stated that there are tensions between professionalism and caring, for students, as educators seek to socialise students towards professionalism, whilst students maintain a normative concept of caring as central to their identity. In the classroom observations for this study, however, I noted that lecturers promoted humanistic and caring qualities as part of professionalism. I would speculate that concepts such as caring and kindness have stereotyped nurses for so long, that students subconsciously gave a small apology prior to mentioning them, to demonstrate that they knew nursing contained more qualities than these. It is the stereotype of 'caring angel' which demotes nurses by ignoring their professionalism and clinical skills and homing in on humanistic skills only (Ferns and Chojnacka, 2005). By laughing or making comments prior to mentioning the importance of these skills, I would conjecture that students were subliminally stating that they did not agree with the stereotype, although they did regard the skills as important.

4.6: Cluster 3: Professionalism: "You're on show to the public"

Professionalism was discussed by both groups of students as a major aspect of their concept of a nurse. It was discussed in the context of the professional qualities which a nurse should possess. The meaning units identified by the students in regard to professionalism appear to be universal qualities, applicable to any profession (Maister, 2000). Calmness was also used as a meaning unit within the central concept *Humanistic Qualities*; however, it was placed into both core clusters as it was discussed by the students in these ways.   The cluster was analysed as containing six identical meaning units for the two sets of students, with the e-learning students having an additional meaning unit included in their cluster. The six identical meaning units in both sets of student data were: *Calm*; *Confident*; *Organised*; *Reliable*; *Respectful* and *Team Player*. However, the e-learning student data was analysed as containing an additional meaning unit: *Independent Worker*. Both the traditional and e-learning students mentioned the importance of team work and of being a reliable team member, however, the e-learning students also discussed the importance of working independently which was absent in the traditional students' dialogues.

The following are extracts from e-learning students' discussions on working independently and demonstrate the importance these students place on working solo. The first extract is from a telephone interview with an e-learning student who is discussing the importance of professionalism in the nurse role and what she regards professionalism to be.

> *ES3:* "And I'm much more aware of professional needs. I realise how important it is to work as a team member and yet be able to work alone too. As a nurse you're a professional, you're on show to the public and you have to instil confidence in patients."
>
> *Researcher:* "How can you do this?"
>
> *ES3:* "Well, [pause] by your attitude, keeping a calm manner in a crisis, and by being dependable, being a team member, being efficient and capable and, and confident."
>
> *Researcher:* "What do you mean by dependable?"
>
> *ES3:* "Well, both your team and patients need to know that you can do your job effectively and efficiently. People need to have confidence in your ability to be a good nurse, to do a job on your own, without supervision, but know it's going to be done properly. That's what team work's about, everyone working independently, but, as part of a team."

The following extract is from an interview with an e-learning student conducted by instant messaging, in which he is also discussing professional skills.

> *ES5:* "[A nurse should] work independently
> *ES5:* "an be reliable"
>
> *Researcher:* "Always work independently?"
>
> *ES5:* "no yor part of a team"
> *ES5:* "but u work alone 2"
> *ES5:* "colleagues have to kno yor reliable"

The emphasis on being part of a team, but, working solo within the team, is also echoed in this interview with another e-learning student conducted by instant messaging.

> *Researcher:* "So you're a team worker?
>
> *ES6:* "yor a team worker but u work on yor own 2"
>
> *Researcher:* "Even as a student?"
>
> *ES6:* "yes"
> *ES6:* "yor supervised but not all the time"
> *ES6:* "u work alone but yor mentor checks yor coping ok"

Although the e-learning students talked about independent working, it would be unusual for student nurses to work unsupervised for long periods, due to their supernumerary status within the workforce (DoH, 1999), although this does occur on occasions, namely when students undertake community placements and are allocated a small caseload. The students' discourses appeared to be referring to carrying out tasks without qualified nurses alongside them, although they were still being supervised from within the clinical area. Pinkerton (2001), when discussing professionalism in nursing, stated that working autonomously is a characteristic of professionalism, although many nurses practice with little or no autonomy as they are in close proximity to colleagues and prefer it this way. Wyand (2003) also discussed autonomy as one of the characteristics of professionalism in nursing. Whilst autonomous working involves making decisions independently of others, and taking responsibility for these, it also incorporates independent working or working solo, which is the focus of the e-learning students' data.

Traditional students are exposed to clinical practice and will be aware that nursing consists of team work with some autonomous practice. It could be reasoned that independent working was mentioned by the e-learning students because they are constantly reminded of this whilst engaged with their theoretical studies, which they all were when these interviews took place, and it was, therefore, prominent in their minds. Also, if they had recently been engaged in lectures on professionalism in nursing, the concept of autonomy as an aspect of professionalism may have been fresh in their minds and reinforced by their mode of study. When I interviewed the

traditional students they were occupied, with numerous other students, in a block of study within university and were far removed from clinical areas, where they would sometimes experience independent working. This may have influenced their discussions on team working, and independent working may have been forgotten or regarded as insignificant. Having an awareness of autonomous working may give confidence to students in terms of their ability to make independent clinical decisions and perform clinical care unaided. It would seem that the e-learning students' dialogue in this area can be viewed as a positive awareness of nurse identity and perhaps traditional students' learning could also reinforce the importance of autonomous working in nursing to a greater degree, in order to install confidence in students' abilities, especially as nursing is moving more into community settings where nurses often work alone.

4.7: Cluster 4: Theoretical Knowledge: "It's just never ending"

The data in regard to T*heoretical Knowledge* as a part of a nurse identity was thematically analysed into five identical meaning units for both sets of students, which were: *Disease Processes; Multi-Disciplinary Care; Nursing Care; Nursing Issues* and *Nursing and Related Theories*. The meaning unit *Nursing Issues* was used to incorporate all of the miscellaneous concepts in regard to theoretical knowledge which the students discussed, such as legal and ethical issues and issues surrounding diversity. No differences were noted between the traditional and e-learning students' discourses in this area. Classroom data which focused on theoretical knowledge also disclosed similar themes to the interview data and no disparities were noted there either. Both groups of students will have been exposed to theoretical knowledge of nursing in all aspects of the course since commencement of their training, so, notions of what this consisted of, and its importance to the concept of a nurse, appeared to be firmly established in both groups of students.

Benner (1984) divides nurses' knowledge into two distinct areas, theoretical knowledge developed through research; and nursing knowledge acquired through the practice of nursing. Both sets of students within this study also divided knowledge into these two areas; theoretical knowledge being discussed in this section and nursing knowledge was discussed under the core cluster *Nursing Skills.* Theoretical and nursing knowledge have increased dramatically over the

last two decades with the expansion of the nursing role and developments in patient care and treatments (Chin and Kramer, 2004). Theoretical knowledge was another area in which both sets of students appeared anxious in regard to, expressing views that there was a lot of knowledge for them to learn and keep updated with. Corlett et al (2003) conducted a study of theoretical knowledge and skill acquisition in student nurses and concluded that theoretical knowledge was better promoted within the clinical environment as this allowed for theory and practice to be assimilated. The nursing curriculum is organised so that nursing theory precedes the relevant practice, however, this is not always practical for every student, due to a shortage of clinical places. The lack of corresponding clinical placements following theoretical learning may account for some students not fully grasping the theoretical knowledge at that stage and, also, for the anxiety witnessed in this study.

The following extract taken from an interview with an e-learning student conducted by instant messaging, typifies the anxiety demonstrated by both sets of students in this study in regard to the theoretical knowledge of nursing they perceive themselves as needing to learn.

> *ES5:* "the knoledge u need is never endin"
> *ES5:* "n it changes constantly"
> *ES5:* "new procedures"
> *ES5:* "new practices"
> *ES5:* "new diseases"
> *ES5:* "new models of nursin"
> *ES5:* "u ave to keep updated 2"
> *ES5:* "uve got to no the law"
> *ES5:*   "n be aware of ethical issues"
> *ES5:* "people r suin hospitals all the time 🙁 [sad emoticon]"
> *ES5:* "uve 2 really no wot yor doin"
> *ES5:* "its jus never endin wot u need to no"

All of the students within the study were in the last year of their course and near to completion. The anxiety they demonstrated may have been due, in part, to concern that they would soon be qualified nurses and carry the responsibility of this role. A study by Garrett, (2005) which examined final year student nurses' perceptions on clinical decision making exposed similar anxieties, as did a study by Day et al (2005) which commented that final year students were "looking toward graduation but were worrying about their abilities" (p.641). A few of the

students specifically mentioned anxiety in regard to qualifying and practicing as a nurse, focusing on concerns that they did not have all of the knowledge they needed for this role.

The following extract is taken from an interview with a traditional student and also typifies the anxiety demonstrated by all the students in the study in regard to qualifying as a nurse.

> *TS1:* "I am worried about qualifying, erm, and if I wasn't that would be a good reason to be very worried indeed. Erm, I think that when we are actually, erm [pause] when we are all here [in university] we are all worried together. It's just that we don't feel we have learnt everything yet, we don't feel prepared, it's quite scary to think we will be holding the keys [to the ward and drug cabinets] in less than six months."

Student nurses are grounded in a basic generic knowledge of nursing, but will focus on one area when they qualify. On gaining their first post, nurses then obtain an in-depth knowledge of the speciality in which they work. However, student nurses work with qualified nurses from numerous clinical areas and are exposed to these nurses' knowledge of their specialism. The students may not make the connection that this in-depth knowledge is limited to one clinical area; which could lead to the impression, for students, that qualified nurses possess an in-depth knowledge of nursing per se, and that they, also, must achieve this seemingly impossible task.

MacIntosh (2003) stated that professional socialisation during training does not adequately prepare students for what they have to expect in the work place, she suggested that given this schism between theory and practice, nursing curricula should establish realistic expectations in students, by ensuring that they expect a period of adjustment upon entering the workplace. It would appear that the students within this study could have benefited from such instruction within the curricula as their self-expectations appeared overwhelming.

4.8: Chapter Summary

Examination of the data from interviews, classroom observations and research journals in regard to traditional and e-learning students' concepts of a nurse identity, demonstrated both similarities and differences between the two sets of students' data. However, the variations were far more subtle than I had anticipated and, the e-learning students' concept of a nurse, despite restrictions with the interview methods utilised, appeared to be more comprehensive than that of the traditional students, which I was not expecting. I was surprised by the results of the data analysis in that differences between the two sets of data were limited and unpredicted. I had anticipated that the e-learning students' concept of a nurse would be less complex, to some extent, to that of the traditional students due to the observations, that demonstrated how classroom interactions assisted with constructing and adopting a nurse identity for students, which I considered could not be completely replaced by a virtual environment. I noted in my research diary that I was disappointed by the results of the data analysis as it appeared very weak and consequently spent several hours scrutinising the data again, to ensure that I had not overlooked any meaning units or clusters which could have affected the results of the analysis.

On reflection, I concluded that there could be several reasons why the concept of a nurse for e-learning students was, on analysis, similar although slightly more inclusive than that of the traditional students. The e-learning students I had interviewed were only studying one or two modules at that time by e-learning, and although they were all engaged with full-time e-learning study at that point in their course, they had previously experienced traditional study within the last three years. Therefore, they had all recently been engaged with professional socialisation within the classroom and, thus, data from these students in regard to e-learning was 'diluted' to some degree. These students would know their peer group personally, having met previously within the classroom situation and, consequently, friendships could have been established which carried on outside of the course, ensuring that professional socialisation occurred with peers outside of the virtual environment. Therefore, not only had these students benefited from traditional teaching methods, but also, they had the added benefits which online learning fosters, such as independent study skills.

In addition, perhaps I had not anticipated the extent to which professional socialisation could occur within a virtual environment and, conceivably, I had overemphasised the need for face-to-face interaction for successful professional socialisation to nursing to take place. Nursing literature emphasises the need for professional socialisation online in order for e-learning students to feel connected to others within the virtual environment and it would seem, from the results in this study, that virtual socialisation has not disadvantaged these students in their formation of a nurse identity. However, the results of the data analysis in respect of how traditional students and e-learning students viewed the concept of a nurse, pointed to further research being needed in this area, preferably by conducting studies with students who are engaged in studying for the theoretical component of their pre-registration nursing course completely by e-learning, when this commences in Britain. The analysis also pointed to further research being required into how lecturers may foster independent study skills; confidence in technology; and recognition of autonomous practice in their students when using traditional teaching methods.

On a different note, disconnected to the research question, the data findings introduced issues in regard to students' writing skills generally and when studying online modules. All of the students who participated in the online instant messaging interviews wrote in a uniform style of short-hand, as the extracts demonstrated. This was a time saving practice and, as stated earlier, I was tempted to join in this style of writing during interviews, for reasons of brevity. However, I decided to maintain my normal writing format as I considered that in interviews of this nature, it was important to present myself as professional in order to maintain integrity and this was one way of achieving it. On consideration of this shorthand style of writing, it would be interesting to know if the students discussed issues in a similar style when involved in online modules, as this introduces implications in regard to an erosion of traditional writing skills when studying by e-learning. However, at the time of conducting the interviews, I did not regard it as appropriate to question students in regard to anything about writing styles as this was not connected to the study and I was concerned that the students may regard it as criticism. I have also noticed abbreviations creeping into traditional students' work, which I assume are from writing in this format during instant, online messaging discussions and mobile phone messaging.   This shorthand style of writing could have serious effects if utilised when writing nursing reports, as

it could easily be misinterpreted, leading to possible consequences for patient care and it seems imperative that it is discouraged in nurse education.

The next chapter continues to examine data from interviews, classroom observations and research journals, in order to examine how traditional and e-learning students construct and adopt a nurse identity. Again, extracts from data will be examined in order to illuminate concepts and exemplify points.

CHAPTER 5

FINDINGS 2: "SHE WAS A GREAT NURSE"

5.1: Construction and Adoption of a Nurse Identity: Introduction

Whilst discussing mentors within clinical placements the student claimed:

"The mentor on my second ward was brilliant, really brilliant. She really knew her stuff and she'd loads of time for me. Yeah, she went out of her way to teach me stuff, she was great, brilliant. She was a great nurse too, the patients loved her, she was lovely with them, but, professional too, she was really good. Whenever I'm not sure what to do, I think about her and I think, 'I wonder what Sara would do?' [chuckles] It's a bit like that Christian thing, where you wear a bracelet to remind you what God would do, well I wonder what she'd do instead." (TS6)

(Excerpt from an interview with a third year traditional student nurse)

This chapter examines data from interviews in regard to how traditional and e-learning students consider themselves to construct and assume the identity of a nurse whilst studying the theoretical component of their nursing courses. Relevant literature in regard to these topics is explored and discussed alongside the findings. Data from observations which highlight the role of classroom interactions in aiding with the formation and adoption of a nurse identity are also examined and discussed. Comparisons of how nurse identities are constructed and absorbed by traditional and e-learning students whilst engaged in their studies are made and possible rationales proposed. As in Chapter 4, relevant entries from field journals kept throughout the data collection and analysis stages are examined, where appropriate, in order to explore possible researcher influence on the data and findings.

To briefly recap from previous chapters, a nurse identity is adopted over time through the process of socialisation to nursing and involves gaining knowledge of nursing practices and the development of the necessary skills and values of the profession. It can be described as adopting the "attitudes, values, knowledge, beliefs and skills that are shared with others" (Adams et al, 2006, p.59). A nurse identity is a person's subjective concept of what it is to be a nurse and what this role involves. Adoption of a nurse identity occurs for students through the process of socialisation to nursing in classroom and clinical settings and continues when the student becomes a registered nurse. An important step in adopting a nurse identity is the ability to recognise and discuss perspectives that differentiate nursing practice from that of other professions (Noveletsky-Rosenthal and Soloman, 2005) and this can be read in some of the student discourses within this study.

The data gathered from the two groups of students during interviews was thematically analysed under two separate headings: *The Essence of Constructing a Nurse Identity during the Theoretical Component of the Course* and *The Essence of Adopting a Nurse Identity during the Theoretical Component of the Course*. In addition, data gathered from the classroom observations was analysed separately under these two headings; resulting in four separate analyses of data for this chapter (see Thematic Analysis Tables in Chapters 4 and 5). This was in order to clearly differentiate between how traditional and e-learning students consider themselves to construct and adopt a nurse identity within the theoretical component of the course and, also, to observe how this occurs within the traditional classroom setting, with the aim of supporting the interview findings. Consequently, this chapter has been divided into two sections: the first part centres on how students consider that they construct a nurse identity and how this was observed within the classroom setting; and the second part of the chapter centres on how students consider that this identity is adopted and how this was observed within the classroom settings. The chapter summary draws together the two parts of the chapter and discusses this as a whole, in order to provide unity and an overview of the findings.

Part 1 of Chapter

5.2: Construction of a Nurse Identity

The essence of constructing a nurse identity during the theoretical component of the Diploma in Nursing Course, as discussed during interviews with the two groups of students, was analysed into four core clusters containing seventeen meaning units in total. The cluster headings did not differ in any way between students studying by traditional methods and those studying by e-learning, although differences in the meaning units pertaining to these four core clusters demonstrated subtle differences in the ways the two groups of students regarded themselves as constructing a nurse identity. These four core clusters may be regarded as the essence of constructing a nurse identity according to student nurses, and can be summarised as:

Construction of a nurse identity occurs for students through:

1. Discussions about nurses and nursing

2. Intuitive knowledge about nurses and nursing.

3. Learning about nurses and nursing

4. Observing and listening to nurses

However, data from the observations in regard to the construction of a nurse identity within the classroom, disclosed two core clusters: *The Students' Construction of a Nurse Identity* and *The Lecturer's Construction of a Nurse Identity*, with a total of six meaning units pertaining to these two clusters. The essence of constructing a nurse identity within a traditional classroom can be summarised as:

Constructing a nurse identity within a traditional classroom occurs through:

1. The students' construction of a nurse identity, formulated from
   - students' discussions
   - engagement in work on nurse identity

2. The lecturer's construction of a nurse identity, inherent within
   - the work set in class
   - the resources used in class
   - the lecturer's discussions
   - the lecturer's emphasis on nurse identity

These essences are quite obvious as the study is not researching an unusual phenomenon, but, comparing data between two groups of students. Therefore, the discussion within this chapter places little focus on the core clusters, but concentrates on the meaning units pertaining to these, as, like the previous chapter, it was here that differences were noted between the two groups of students' data. This section addresses the construction of a nurse identity during the theoretical component of the course and is arranged under the core cluster headings taken from the student interviews, but also draws on data gathered from classroom observations and personal researcher journal entries, in order to further inform the discussion. Findings are considered alongside nursing literature, so that data is placed into context and issues under discussion are illuminated.

The essences and meaning units analysed from the student interviews and classroom observations under the overall heading of *Constructing a Nurse Identity* have been tabulated, for ease of reference, and this is displayed under *Table 2 and Table 3* on the following pages.

5.3: Tables of Findings

5.3.1: **Table 2: Thematic Analysis of Interview Data - The Essence of Constructing a Nurse Identity during the Theoretical Component of the Course**

ESSENCE OF NURSE IDENTITY CONSTRUCTION	TRADITIONAL STUDENTS	E-LEARNING STUDENTS
Core Clusters & Meaning Units		
Cluster 1	**Discussions About Nurses/Nursing**	**Discussions About Nurses/Nursing**
Meaning Unit 1	with colleagues from placement	with colleagues from placement
Meaning Unit 2	with family and friends	with family and friends
Meaning Unit 3	*with peers formally*	*with peers on telephone*
Meaning Unit 4	*with peers informally*	*with peers in virtual chat room*
Meaning Unit 5	*with university tutors*	*with peers via email.*
Meaning Unit 6	*with guest lecturers who are nurses*	_
Cluster 2	**Intuition about Nurses/Nursing**	**Intuition about Nurses/Nursing**
Meaning Unit 1	common sense	common sense
Meaning Unit 2	inherent knowledge of image of a nurse	inherent knowledge of image of a nurse
Meaning Unit 3	just know what a nurse is	just know what a nurse is
Cluster 3	**Learning About Nurses/Nursing**	**Learning About Nurses/Nursing**
Meaning Unit 1	completing assignments	completing assignments
Meaning Unit 2	through nurse training	through nurse training
Meaning Unit 3	through reading about nursing	through reading about nursing
Meaning Unit 4	*through lectures*	*through research*
Cluster 4	**Observing and Listening to Nurses**	**Observing and Listening to Nurses**
Meaning Unit 1	to media portrayal of nurses	to media portrayal of nurses
Meaning Unit 2	to people's reactions to nurses	to people's reactions to nurses
Meaning Unit 3	to qualified nurses	to qualified nurses

5.3.2: **Table 3: Thematic Analysis of Classroom Observations – Essence of Constructing a Nurse Identity**

THE ESSENCE OF CONSTRUCTING A NURSE IDENTITY (NI)	TRADITIONAL STUDENTS
Core Clusters & Meaning Units	
Cluster 1	**Student Construction**
Meaning Unit 1	student discusses a NI
Meaning Unit 2	student engages in work on a NI
Cluster 2	**Tutor Construction**
Meaning Unit 1	tutor discusses a NI
Meaning Unit 2	tutor emphasises a NI in student's discussion
Meaning Unit 3	tutor sets work involving a NI
Meaning Unit 4	resources used in class demonstrate a NI

5.4 Cluster 1: Discussion: "It helps to talk amongst your peers "

The core cluster *Discussion* when constructing a nurse identity, although similar in title for both groups of students, contained only two duplicate meaning units, with data from the traditional students being analysed into six meaning units and data from the e-learning students into four. Both groups of students discussed how constructing a nurse identity during the theoretical component of the course was reinforced by talking about nurses and nursing with *colleagues from practice* and with *family and friends*. However, the traditional students stated how they discussed nurses and nursing both *formally and informally with peers* whilst in the university setting, whilst the e-learning students stated that they *telephoned peers* to discuss matters, or they *used private chat rooms or email*, both accessible from the e-learning platforms they utilised for their studies. The traditional students also discussed how *lecturers and guest lecturers* influenced their ideas on nurses and nursing through discussions within the classroom, however, this discourse was absent from the e-learning students' data. The classroom observations reinforced findings from the traditional students' data, as analysis of the observations emphasised the importance of both students and lecturers discussing nurse identity in order to assist students to construct this persona.

The following extracts are taken from an interview with a traditional student and from an instant messaging interview with an e-learning student; in both interviews the students are discussing how they gather knowledge about nurses and nursing in order to construct a nurse identity which fits into their life world.

This extract is taken from an interview with a traditional student:

> *Researcher:* "Are there other ways that you gather information about nurses apart from clinical practice?"
>
> *TS3:* "Oh yeah, lots of ways. Like reading about nursing and television, I mean documentaries and news programmes, real nursing, not ER [a fictional television programme] [laughs]. The tutors are good too when they talk about when they were nursing, that really brings it to life, and some of the guest lecturers have been great, especially when they're from practice. That nurse manager who came to talk about Agenda for Change [pay grading] was brilliant, she really knew her stuff, she related it all to practice, she was funny too, really good."
>
> *Researcher:* "So you think that your tutors and guest lecturers assist you in developing an image of a nurse?"
>
> *TS3:* "Oh definitely, especially in the first year when you're not really sure about what the role consists of; definitely, listening to tutors talking about nursing really helps you to understand it. And you talk about it in class too. In class discussions, we're always discussing what we do in practice, and what we've seen in practice, that helps you to understand the role too [pause] to get insight and to listen to other people's opinions too."

This interview on a similar topic is taken from an instant messaging interview with an e-learning student; although there are opportunities to mention the influence of course lecturers this remains absent from her discussion.

> *Researcher:* "Does your online learning help you to fine-tune your image of a nurse at all?"
>
> *ES4:* "yes i think so"
>
> *Researcher:* "How do you think this happens?"

ES4: "online discussions an readin bout the nurse role i think 🙄 [thinking emoticon]"

Researcher: "Who is involved in the online discussions?"

ES4:   "the hole cohort bout 40 of us"

Researcher: "So you think online reading and discussions assist you to develop your image of a nurse?"

ES4: "yes"
ES4: "the discussions are important cos yor readin other peoples points of view and that makes u think 🤓 [emoticon with glasses]"
ES4:   "gives u new ideas 💡 [emoticon of lightbulb]"

Researcher: "Can you think of an example?"

ES4: "my friend was discussin community nursin in australia and how they fly around in helicopters cos of the huge distances"
ES4:   "an apparently they do this in sum cities 2 like london"
ES4:   "an thats sumthin I hadnt considered b4"
ES4:   "a flying nurse 😉 [winking emoticon]"

Researcher: "Good example, I see what you mean."
Researcher: "Were you discussing this online as part of a session?"

ES4: "no"
ES4: "I foned her bout an assignment and she was tellin me shed sent of 4 a pack about nursin in oz 😎 [emoticon with sunglasses]"

Researcher: "Are there any other ways in which you learn about nurses within your online learning?"
Researcher: *"Apart from discussions and reading."*

ES4: "the assignments 2 if there applied [to practice]"

Researcher: "Yes that must help. Is there anything else that helps?"

ES4: "no 😳 [embarrassed emoticon]"
ES4: "cant think of anything"
ES4: "we discuss things in private chat rooms 2 not formal discussions😉 [winking emoticon]"
ES4: "sumtimes we talk bout stuff there that could help 🤫 [secret telling emoticon]"

Although the e-learning student was given ample opportunities to bring in some mention of the influence of course lecturers online, this was not discussed at all. It is as though the student disassociated the reading she mentioned, presumably course content, from being written by human means; almost as though she considered that the course was being delivered by the computer itself and not by a course tutor. From her discourse, one can surmise that the voice of the course tutor was not strong within the e-learning environment she was involved in and this was a common feature with all the e-learning students' discourses. The literature is clear on the importance of e-learning facilitators maintaining a strong presence within the online environment in order to nurture students and to eliminate feelings of isolation or neglect (Naeve et al, 2006; Pertti et al, 2006; Salmon, 2004; Zaulkerman, 2006). As these students were only studying in part online they would have experienced relationships within the classroom with their lecturers previously within their courses, however, it appears that this has not held sway in the students' minds. As the study has no evidence of attrition rates from the nursing courses which involved e-learning, it is difficult to draw concrete conclusions from this aspect of the data. However, it can be surmised that should students study more than the one or two e-learning modules which appears to be the future of student nurse education and should modules continue to lack a strong tutor presence in some courses; then this can only result in higher attrition rates and lower pass rates. This raises moral questions for both education and health care sectors which function with limited financial resources, and in healthcare, limited nursing staff.

The classroom observations clearly emphasised the importance of both lecturers and students in assisting with the construction of a nurse identity, through discussions in class. The following observation (CO6) taken from a teaching session on *Complex Health Needs* to second year students, clearly illustrates the significance of lecturer led discussions on nurse identity in assisting students to construct their own ideas in regard to this. The lecturer concerned was discussing a case study in regard to a patient within the community who had complex health needs, including chronic asthma, and who insisted on smoking heavily despite the community nurse's health advice. The lecturer continually provoked the students into debating both the identity of a nurse and the role of a nurse within the discussion.

Lecturer: [To the class generally] "Is it our role to support the patient and work with them, knowing they are smoking heavily, or do we just keep reinforcing the 'no smoking' message? [Indicates to a student who has raised her hand] Yes?"

Student 1: "We have to continually hammer home the health education. We can't be seen to condone smoking."

Lecturer: "And what if we smoke ourselves. Isn't that hypocritical? [Indicates to another student] Yes?"

Student 2: "We haven't got chronic asthma."

Lecturer: "Does that make a difference? Shouldn't we empathise with how hard it is to give up smoking? Shouldn't we be giving safety advice in regard to smoking with oxygen in the house?"

Student 2: "Yes, it's our duty to safeguard the patient."

Lecturer: "But if we just keep telling patients to give up smoking are we really helping them? Are we respecting their autonomy? Are we giving them choices and respecting their rights? [Indicates to another student] Yes?"

Student 3: "As a nurse we should give health advice, but what we do in our own time is up to us. That's our prerogative."

Lecturer: "Is it though? Are we ever off duty? And to get back to our lady who smokes, if we know that she is smoking heavily and not even attempting to give up, isn't it demeaning to her, and to us, to simply keep reinforcing the health education message? Suppose it was a business man who had a high stress job which resulted in hypertension, would we tell him to give up his job?"

A lively discussion ensued on the role of the nurse and nurse identity, with no particular conclusions being drawn by the group as a whole, but with the lecturer continually provoking the students into further contemplation of the issues. There are questions as to whether similar discussions occur within e-learning environments? There is no technical reason why such dialogues cannot take place, but if lecturers are unaware of their importance then it may be that they will be omitted from the design of e-learning modules.

5.5: Cluster 2: Intuitive Knowledge: "You just know what a nurse is"

The core cluster *Intuitive Knowledge* when constructing a nurse identity was divided into three meaning units which were identical for the two sets of students. Evans and Donnelly (2006) described intuitive knowledge as "a generally unarticulated, preconscious form of knowledge that forms a basis for human judgement and decision making" (p.152). The data indicated that both traditional and e-learning students regarded intuitive knowledge as influencing their construction of a nurse identity and both sets of students concurred with Evans and Donnelly's definition, as they believed this knowledge to comprise of the meaning units: *common sense*; just *knowing what a nurse is* and *always seeming to have had this knowledge*. Intuitive knowledge was regarded as the basis for their later more complex and realistic construction and adoption of a nurse identity which influences their behaviour as a nurse.

Intuitive knowledge in nursing practice is a well discussed area within nursing literature, often debated alongside evidence based practice (e.g. Billay et al, 2007; Effken, 2007; Evans and Donnelly, 2006) and it may be that the students were reminded of this when asked how they developed their concept of a nurse. Also, images of nurses are commonplace within the media and are popular figures in fictional television programmes, so both sets of students may have absorbed their seemingly inherent knowledge of what constitutes a nurse from this medium. In addition, nurses are commonplace within general practitioner's surgeries and health centres, as well as in community and hospital settings, and both sets of students may have constructed their initial nurse identities from observing nurses in these settings prior to the commencement of their courses. It would appear from the data that both traditional and e-learning students arrive on their courses with an inherent knowledge of what constitutes a nurse and build an enriched image from this starting point, which is in keeping with information within the literature (e.g. Apesoa-Verano, 2007; Adams et al, 2006).

5.6: Cluster 3: Learning about Nurses: "You talk about the nurses you've met"

The core cluster *Learning about Nurses* in constructing a nurse identity was divided into four meaning units with both sets of students discussing three of these units, namely how learning about nurses and nursing occurred through: *completing assignments*; *undertaking nurse training* and through *reading about nurses and nursing*. However, the traditional students also discussed how learning about nurses and nursing occurred through *course lectures*, whilst the e-learning students discussed how *research into nurses and nursing* assisted with learning about the topic. These differences appeared to reinforce the two learning styles that the students were engaged in and, once again, reiterated the impression that the e-learning students' mode of instruction was impersonal as they appeared distant and detached from their course tutors in comparison to the traditional students; however, their efficiency with independent study skills was re-emphasised.

The following short extract is taken from an interview with a traditional student and illustrates the importance she placed on the knowledge gained about the world of nurses and nursing through teaching sessions and the lecturers conducting these sessions

> *TS6:* "I think university helps too, some of the tutors are brilliant, not all of them, but the majority are really good. They bring the role to life, with explaining about patient care and when they relate it to practice, that's really good."
>
> *Researcher:* "So you find relating theory to practice helps you understand the role of the nurse?"
>
> *TS6:* "Oh definitely, and the course content helps too. Not always, sometimes you can't see the relevance in it at all to be honest, but modules like *Evidence Based Care* and *Acute and Chronic Conditions* are really informative. They give really good insight into the role"

In comparison, the following extract is taken from a telephone interview with an e-learning student who is also discussing where he learns about nurses and nursing. Prior to this extract he had just mentioned that the course itself had informed him about the world of nursing and I then asked him what aspect of the course in particular:

ES2: "Well the practical component of the course, because you're submerged into the world of nursing in all its glory …and gory [laughs], of course."

Researcher: "And what about the theoretical component, your online learning?"

ES2: "The course reading's informative in regard to building an image of nursing. But, I think I consider individual research to be the most informative for me personally. I've found the course information to be extremely predictable and quite basic, to be honest. I'm interested in the sociological aspect of nursing and the psychological aspect, so a lot of my research is into these areas. That's definitely influenced my views on nurses, Freud and Jung and Pavlov, all the greats have played a major influence"

Researcher: "And who recommended this reading, is it part of the course content?"

ES2: "Yes it's recommended on the course, but most students just skim read it and quote bits in assignments, they don't really understand it and aren't interested in it like me. Psychology fascinates me though. I feel that the psychological role of the nurse is unexplored territory to a large extent. Dream analysis, I'm really into dream analysis and I spend hours researching this. I can't find it in connection to nursing though, although I think it would be a fascinating subject to explore. Nurses' dreams, wow. I could write a book about my dreams, they're fascinating; I find the whole topic of nursing psychology fascinating."

Researcher: "Is there anything else that's influential within your online course in helping you to create an image of nursing and feel like a nurse?"

The student continued to discuss his personal interests and the conversation did not return to online course content. Again, the extract demonstrates how the e-learning students appeared to regard the online content of their courses as floating components, disconnected from human intent. There was no mention of course tutors, lecturers or course developers in this student's discourse, although there was ample opportunity for him to include these. This was a common feature within the e-learning students' discourses and, once again, the impression that course tutors did not maintain a strong online presence, with the inherent problems that this might lead to of low pass rates, higher attrition rates and nurses who possibly do not identify with the role, was reinforced.

The classroom observations produced numerous examples of where lecturers discussed the role of the nurse and the identity of a nurse, reinforcing the traditional students' opinions that course lecturers assisted them to formulate an image of a nurse suited to their particular life world. The following extract is taken from my research journal and was written just after analysing data from the classroom observations; it is in regard to the extent that lecturers encourage and support students to construct and adopt a nurse identity.

> I seem to be seeing examples everywhere of colleagues supporting students with nurse identities in the various ways I've analysed…I was sat in E's office today and we were discussing the classroom observations and how lecturers support students in the various ways I'd identified, when a student came in to drop off some documents from practice. A discussion ensued about the practice area, with E encouraging and praising the student in regard to her placement report and the nursing qualities she'd demonstrated. After the student had left, I pointed out to E what she'd done, and she burst out laughing clapping her hands together. It was only five minutes earlier that she'd expressed concern that she was neglecting her students, as she couldn't recognise herself as participating in the behaviours I'd described (Research Journal, April 2005)

Support from lecturers can easily be built into an online environment also; however, the challenge will be in educating lecturers as to the need for professional socialisation to nursing online, as to date there is little information on this subject, as previously discussed. Whilst the literature discusses the need for a strong online presence of e-learning facilitators in order to nurture student nurses (e.g. McCleland and Williams, 2002); the role of the nurse lecturer in shaping students' construction and adoption of a nurse identity is not identified and unless lecturers are aware of this it may not take place. This indicates a strong need for further research, development and dissemination of results to nurse lecturers to ensure that our future nurses are enabled to construct and adopt a realistic nurse identity with online learning in order to foster optimum patient care.

5.7: Cluster 4: Observing and Listening to Nurses: "She really knew her stuff"

The cluster *Observing and Listening to Nurses* as part of constructing a nurse identity was again identical for both sets of students and analysed into three meaning units. Both the traditional and e-learning students regarded observing and listening to nurses to be part of constructing a nurse identity, and both groups identified this in three distinct ways: *observing and listening to how the media portrays nurses and nursing*; *observing and listening to people's reactions to nurses*; and *observing and listening to nurses* themselves. The classroom observations also reinforced this cluster, as discussions here often focused on the behaviour of qualified nurses; what they had said; how patients reacted to nurses in particular situations; and to television programmes or newspaper articles which focused on nurses.

This cluster ties in neatly with Cluster 4 from the next section, *Adoption of a Nurse Identity* which examines the influence of role models on student nurses. The quotation which opens this chapter clearly demonstrates how students observe and listen to qualified nurses and use this knowledge to construct an impression of what constitutes a good nurse and this was also apparent in the discussions of both groups of students. The nursing literature on role models reinforces the students' views on the importance of observing qualified nurses; in this quotation, Scott (2007b), a student nurse, described similar experiences to the students within this study: "Like most students I look to qualified staff as role models. Watching them is usually a positive experience – I like to imagine myself in their shoes as a qualified nurse" (p.1). As both sets of students had experienced a considerable amount of time in practice, it is not surprising that the data produced from both sets of interviews was identical in regard to this cluster.

Part 2 of Chapter

5.8: Adoption of a Nurse Identity

Thematic analysis of the interview data in regard to the essence of adopting a nurse identity disclosed identical core cluster for both sets of students, and sixteen of the eighteen meaning units belonging to the four core clusters were identical also, with the only differences being that the traditional students' data contained two extra meaning units in two separate clusters. However, despite similarities in the thematic analysis of the two sets of data, subtle differences were noted in the way in which the two groups of students addressed the issues concerned, which this part of the chapter will address. The essence of adopting a nurse identity according to both traditional and e-learning students can be summarised as:

A nurse identity is adopted by students because of:

5. Their own expectations and those of significant others

6. Their experiences of nursing

7. Their knowledge of nursing

8. The influence of nursing role models

The data pertaining to the meaning units within the four core clusters was indicative of a transformative occupational process and the classroom observations clearly demonstrated this being conducted across the three years of the curriculum, and demonstrated a fine-tuning of nurse identity occurring over time. This correlates with literature on professional socialisation into nursing (e.g. Apesoa-Verano, 2007; Fetzer, 2003; MacIntosh, 2003). Mooney (2007a) discussed adoption of a nurse identity as a key component which aids newly qualified nurses to settle into their occupational roles, indicating the importance of this process.

Data from the classroom observations was also thematically analysed into the *Essence of Adopting a Nurse Identity* and this contained two core clusters: *Students Immersed into the World of Nursing* and *Tutor Encouragement.* The classroom observations clearly demonstrated that in the first year of the course students began the process of adopting a nurse identity and then fine-tuned and strengthened this process throughout the following two years. The essence of adopting a nurse identity by students within the classroom setting can be described as:

A nurse identity is adopted by students within a classroom setting through:

1. Students being immersed into the world of nursing, established by:
   - Students demonstrating a knowledge of a nurse identity
   - Students describing peers as nurses
   - Students describing themselves as nurses
   - Students identifying having nurse qualities
   - Students identifying positively with nurses
   - Students demonstrating camaraderie with nurses
   - Students demonstrating pride in belonging to the nursing profession

2. Tutors encouraging students to adopt a nurse identity through:
   - Demonstrating expectations that students will qualify as nurses
   - Praise when students demonstrate nursing qualities
   - Support when students do not demonstrate nursing qualities
   - Relating stories or providing lesson content which illustrate a nurse identity
   - Relating stories or providing lesson content which indicate nurses' fallibility
   - Relating stories or providing lesson content which indicate nursing camaraderie
   - Relating stories or providing lesson content which creates a pride in nursing

This section of the chapter examines the students' views on adoption of a nurse identity under the headings of the four core clusters. The clusters will be briefly introduced to put the research into context, but, as in the previous chapter, the clusters are common themes within nursing literature and will not be dwelt upon. The discussion will focus upon the meaning units contained within the four core clusters and the differences noted between the two groups of students, traditional and e-learning. Again, extracts from student interviews and classroom observations will be included to illustrate the discussion and exemplify points. In addition, notes and extracts from my personal research journals kept throughout the process will be drawn upon, where appropriate, to further illuminate the discourse. The essences and meaning units analysed from the student interviews and classroom observations under the overall heading of *Adopting a Nurse Identity* have been tabulated, for ease of reference, and this is displayed under *Table 4 and Table 5* on the following pages.

5.9: Tables of Findings

5.9.1: **Table 4: Thematic Analysis of Interview Data - The Essence of Adopting a Nurse Identity**

ESSENCE OF NURSE IDENTITY ADOPTION	TRADITIONAL STUDENTS	E-LEARNING STUDENTS
Core Clusters & Meaning Units		
Cluster 1	**Expectations**	**Expectations**
Meaning Unit 1	of clinical mentors	of clinical mentors
Meaning Unit 2	of family and friends	of family and friends
Meaning Unit 3	of university tutors	of university tutors
Meaning Unit 4	own	own
Cluster 2	**Experience**	**Experience**
Meaning Unit 1	gain confidence	gain confidence
Meaning Unit 2	gain knowledge	gain knowledge
Meaning Unit 3	practice role	practice role
Meaning Unit 4	spend time in role	spend time in role
Meaning Unit 5	talk nursing	talk nursing
Meaning Unit 6	*influence of others experiences*	_
Cluster 3	**Knowledge**	**Knowledge**
Meaning Unit 1	nursing knowledge	nursing knowledge
Meaning Unit 2	of clinical environment	of clinical environment
Meaning Unit 3	of nurse role	of nurse role
Cluster 4	**Role Models (RM's)**	**Role Models**
Meaning Unit 1	copying RM's	copying RM's
Meaning Unit 2	peers as RM's	peers as RM's
Meaning Unit 3	qualified nurses as RM's	qualified nurses as RM's
Meaning Unit 4	watching RM's	watching RM's
Meaning Unit 5	*nurse lecturers as RM's*	_

5.9.2: **Table 5: Thematic Analysis of Classroom Observations – The Essence of Adopting a Nurse Identity**

THE ESSENCE OF ADOPTING A NURSE IDENTITY (NI)	TRADITIONAL STUDENTS
Core Clusters & Meaning Units	
Cluster 1	**Student Immersed in Nursing**
Meaning Unit 1	student demonstrates knowledge of a NI
Meaning Unit 2	student describes peers as nurses
Meaning Unit 3	student describes themselves as a nurse
Meaning Unit 4	student identifies having nurse' qualities
Meaning Unit 5	student identifies positively with nurses
Meaning Unit 6	student demonstrates camaraderie with nurses
Meaning Unit 7	student demonstrates pride in belonging to nursing profession
Cluster 2	**Tutor Encouragement**
Meaning Unit 1	expectation shown that students will qualify as nurses
Meaning Unit 2	encouragement for students not demonstrating nursing qualities
Meaning Unit 3	praise when students demonstrate nursing qualities
Meaning Unit 4	stories/content to illustrate a NI
Meaning Unit 5	stories/content to illustrate nurses' fallibility
Meaning Unit 6	stories/content which indicate nursing camaraderie
Meaning Unit 7	stories/content which indicate pride in nursing

5.10: Cluster 1: Expectations: "Both my mum and my sister are nurses"

In interviews and classroom discussions, students discussed agents of professional socialisation, such as clinical mentors and peers, and the expectations these agents held that the student would become a nurse. Their own role expectations, and those of others, appeared to have a significant part to play in the adoption of a nurse identity and this is reinforced within the nursing literature (e.g. Gray, 1999; MacIntosh, 2003). MacIntosh (2003) discussed how self expectations and those of others are one of the important factors in adjustment to the realities of clinical practice for newly qualified nurses. Day et al (2005) discussed how orientation to the nurse role is "the process whereby the student perceives and acts on others' expectations" (p.637) demonstrating that this is a common occurrence. Classroom observations disclosed lecturers encouraging students to discuss their role as a nurse and assisting students to adopt this role, which is an important part of nurse educators work (Andrews and Roberts, 2003). The expectations of family and friends regarding the student's career role and the influences these expectations exerted were also discussed by both sets of students. Law and Arthur (2003) found that family, friends and interaction with nurses in practice played a major part in influencing the career choice of nursing.

In total, the core cluster of *Expectations* was divided into four meaning units which were identical for both sets of students, these being the expectations of: *clinical mentors*; *family and friends*; *university lecturers* and the *students own expectations*. Although the meaning units were duplicated in both sets of data, there were noticeable differences in the ways in which the two groups of students discussed the expectations of university lecturers that they would qualify as a nurse.

To illustrate these differences, the following extract is taken from an interview with a traditional student (TS3) who was expressing how they considered the adoption of a nurse identity to occur.

> *TS3*: "Well, you're a student nurse, so you're talking about nursing, you're talking about being qualified, and people expect that you'll qualify, that you'll be a nurse. Your tutors and mentors and mates, they all expect it to happen. I suppose you think you'll become a nurse, so you start to feel like a nurse. Being a nurse is part of me now, [laughs], well, a student nurse. I can't wait to qualify, I'm nervous, but, I really want to be a qualified nurse. I'm ready now."

This similar extract is taken from an interview with another traditional student (TS5) who was discussing why they entered nurse training.

> *TS5*: "I've always wanted to nurse. I think it was expected of me really. I can't really remember wanting to be anything else. Both my mum and my sister are nurses and my aunty."
>
> Researcher: "Do you feel it was your family's influence that encouraged you to start nursing?"
>
> TS5: "Oh, definitely, I don't think anyone considered anything else for me as a career, it was just kind of expected that I'd nurse. And once you start nursing then everyone expects you'll qualify and the pressure's really on"
>
> Researcher: "Who do you mean by 'everyone'?"
>
> TS5: "Oh, family, friends, mentors, tutor, everyone's talking about when you qualify, it's scary. Makes you feel under tremendous pressure, you know, you don't want to let anyone down."

The following are comparable extracts from two interviews with e-learning students who were discussing how they considered themselves to be adopting a nurse identity. The first extract is taken from an interview using web cameras with audio technology.

> *ES1:* "…and placements and university push you forward. I think if you get a good mentor on placement that really helps. Encourages you to achieve. Makes you feel like you're a good nurse."
>
> *Researcher:* "Does the theoretical component of your course help you to feel like a nurse too?"
>
> *ES1:* "Yes, it does 'cos you're learning about nursing in everything you do, everything you read or write about is about nursing, so it's bound to help. I think the whole course helps you to feel like a nurse really, both university and your mentors in placement."

This extract is from an instant messaging interview with an e-learning student in which he also discussed how he considered himself to be adopting a nurse identity.

> *ES5:* "yor c in nurses in the workforce and u no thats wot yor goin 2 do"
> *ES5:* "so you watch them"
> *ES5:* "the hole things [student nurse training] geared 2wards u bein a nurse"
> *ES5:* "2 bein registered"
> *ES5:* "its xpected of u"
> *ES5:* "every1 xpects it"
> *ES5:* "uni"
> *ES5:* "the wards"
> *ES5:* "the others [students]"
> *ES5:* "n i expect it 🎉 [partying emoticon]"
> *ES5:* "wel u av 2 or u wudnt succeed 🙂 [smiling emoticon]"

Although both sets of students mentioned expectations emanating from university as having a part to play in orientating them to the nurse role, the discourse from the e-learning students was quite impersonal in regard to this. As the excerpts demonstrate, the e-learning students did not use the words *tutor* or *lecturer* but, used the more impersonal words *university* or *uni'* when actually referring to nurse educators within these establishments. The assumption drawn from this was, again, that the e-learning students did not have the same personal rapport with their educators as that demonstrated by the traditional students and this leaked out through their choice of language.

The classroom observations reinforced the interview findings by disclosing numerous examples where lecturers showed expectations that students would qualify as nurses, even from the beginning of the course. The following extract is taken from a classroom observation of first year student nurses during the second week of their 4 week induction programme, the session concerned was entitled *An Introduction To Interpersonal Skills*. In this short extract, the students had been expressing concerns to the lecturer in regard to their forthcoming placements and the lecturer is reassuring the group in regard to this.

> *Lecturer:* "I think you're all getting a little anxious and that's natural, but trust me, you'll enjoy it [their first clinical placement]. Most students love clinical practice, they prefer it to theory. But if you want my advice, make the most of all of your course, because it will fly by, honestly, you'll be staff nurses before you know it. The three years will just fly by. I can see you all in three years time starting out on your careers. You're laughing, but it's true" (CO7).

The extract demonstrates a lecturer stating clear expectations that the students would all qualify as nurses and students will absorb this knowledge over the three years of their course. A study by Broady-Preston (2007) discussed how libraries within universities are used less as students access more knowledge online, however, she explained that the role of the librarian is more than just supplying a need and it is essential that a collaborative relationship with clientele is maintained. There are parallels between this study and the relationships between e-learning student nurses and their course tutors, in that the role of the nurse educator is more than just a supplier of nursing knowledge, it is, for example, also nurturing and mentoring (McCleland and Williams, 2002), and it seems essential that this relationship is maintained, no matter the style of education utilised. However, for this to successfully take place, educators need to be aware of good e-learning pedagogy in regard to student nurse education, which will require substantial on-going investment on the part of the higher education sector and further research, development and dissemination on the part of nurse educators.

The e-learning students within this study were engaged with online learning part-time within their courses, which meant that they will have attended university for some modules in the last two years. Despite this, their relationships with the course tutors and nurse lecturers at their universities appeared to be distant and vague, especially when compared to the traditional students. This may be due, in part, to the interviews with traditional students taking place face-to-face with a nurse lecturer, so they were reminded of this role when discussing issues. Interaction between educator and learner is an essential requisite in learning (McDonald, 2002), students cannot learn solely by reading information and there are models of e-learning design which ensure this rapport is maintained (e.g. Teja and Simsek, 2002). Shepherd (2003) stated that: "Research is constantly reinforcing just how important the e-tutor is to the success of an online course. The courses that provide the best support also have the highest completion rates and the most satisfied students" (p.1). The e-learning students in this study did not appear to have developed firm relationships with their e-tutors although this did not appear to have affected their construction or adoption of a nurse identity. However, these students were only studying online part-time and as nursing students spend fifty per cent of their time in practice, it may be that this lack of tutor rapport was recompensed by relationships with mentors in practice.

5.11: Cluster 2: Experience: "Over time you're going to change your views"

The students discussed *Experience* repeatedly during interviews and classroom observations and regarded it as an important component of adopting a nurse identity. The core cluster was divided into five meaning units which displayed different aspects of experience. Both sets of students discussed: experience in terms of *gaining confidence* in their role as a future nurse; *gaining nursing knowledge* through experience; experience in *practicing the nurse role*; experience in terms of *spending time in the nurse role*; and experience gained through *discussion of nursing issues*. However, the traditional students' data contained an additional meaning unit; *influences from other people's experiences,* reflecting discussions that their ideas were influenced by listening to other people's experiences, a discourse absent from the e-learning students' data.

The discussions from the e-learning students were generally more nebulous and less defined than the traditional students in respect to experience, in that they did not specifically talk about being influenced by other agents or events. Again, this could be explained, in part, by the medium used to interview these students, as conversations were generally less flowing and more disjointed in style. However, it does appear indicative of a lack of socialisation to some degree, as none of the e-learning students mentioned other people in their discourses on experience. On consideration, I would surmise that because the traditional students were intermingling with their peers in university during the weeks that the interviews took place, they were reminded of the influence of others upon their experiences, whilst, in comparison, the e-learning students were studying alone at the time of their interviews. Although online discussions and interactions with others may have occurred for the e-learning students, this happens in a virtual world which differs from actual face-to-face socialisation and may not have had the same impact. The solitary mode of study offered by e-learning is echoed in these students' discourses to some degree, as discussions relating to socialisation are limited in comparison to those of the traditional students. There are questions which need to be asked as to the effect this would have on students if the whole of the theoretical component of their courses were conducted by e-learning? Again, this raises ethical concerns with e-learning in student nurse education as it is presently being introduced in some higher education establishments by staff untrained in this style of pedagogy. Could this lead to raised student attrition rates, low module and course pass rates and a lack of professional socialisation to nursing resulting in unknown detrimental effects on patient care?

To illustrate the differences between the two groups of students' data on experience, the following two extracts are taken from an interview with a traditional student and an e-learning student. In the first extract, the traditional student is discussing his idea of a nurse identity and how other people's experiences may impact upon his view and vice versa.

TS1: "Other people probably perceive something else, which is probably important. Because that's all to do with diversity"

Researcher: "And you think that's important?"

TS1: "Yes because if you don't have that, then again it could stagnate. And other people, if you're going to go in with specific ideas based on your beliefs and experiences, and those are going to be your ideas and you're going to think this is how things are, but, then you're going to meet other people who have different beliefs and more importantly different experiences. You're going to mix with them and they're going to share their experiences with you and you're going to think "Oh yeah! Never come across that before." But yes.. Oh and little things, it's probably rarely going to be a big epiphany, but the tiny little things, and over time you're going to change your views or [stutters] modify your views, as your experiences which you share with other people will modify theirs."

Researcher: "So you're learning off one another, sharing an exchange of ideas and practices?"

TS1: "Well that's right, yeah. It's a natural thing, it's not something you're doing [pause] consciously. It's just a natural thing that happens. Because you've all these different people, all these different experiences, and all coming together in the same melting pot and it's bound to change." (TS1)

In contrast, the following excerpt is taken from a telephone interview with an e-learning student and whilst following a similar theme, it appears to focus on change due to innovation as opposed to an exchange of ideas. The student is, like the previous student, discussing her individual concept of a nurse and how this will alter with experience:

"It's definitely not going to stand still because nursing itself is changing, there's always new innovation, there's always new things to learn, new ideas. So I mean my idea of a nurse is.. will change with time. When I qualify it will probably change, 'cos then I'll have real insight into the role, even when I'm qualified it will probably change 'cos nursing changes, it's not static." (ES3)

These excerpts typify the exchanges from the two groups of students, with both groups discussing how adoption of a nurse identity was an ongoing process due to it subtly changing with experiences. However, the traditional students' discourses focused on examples of specific experiences, whilst the e-learning students' discussions were vague and discussed issues like innovation and experience, but without giving precise illustrations of these.

Experience is, not surprisingly, a major feature in nursing literature in terms of students adopting a nurse identity and fitting into the nurse role. The adoption of a nurse identity is known to be a transitional process (e.g. Apesoa-Verano, 2007; Fetzer, 2003; Mooney, 2007a) indicating that this happens with time and experience. A study by Day et al (2005) demonstrated that students moved from a lay to a professional image of nursing over the course of their programme, as they became more experienced in the ways of nursing. The students in this study also discussed notions that their concept of a nurse identity would change as knowledge increased, so that it would become enriched with underpinning concepts, which relates to studies within nursing literature, for example, Benner's (1984) well-known work which documents how student nurses' knowledge and practice develops with experience, and work by Adams et al (2006) on professional identity. Although the students acknowledged that their concept of a nurse would continue to change with experience, they regarded the concept as individual to themselves, which is also in keeping with nursing literature (e.g. Apesoa-Verano, 2007; Flaming, 2005; Mooney, 2007a).

The ten classroom observations provided valuable insights into the adoption of a nurse identity by student nurses and how this is aided by nurse lecturers. Class discussions and student feedback from individual and group work, inadvertently disclosed pertinent information from students in regard to adopting nurse identities. It was interesting to note how the traditional students' concept of a nurse identity changed during the three years of the course, as observations took place across all student groups. In year one, nurse identity started out as a simple, almost stereotyped construction, but, by year three, it had evolved into something much more complex, realistic and less idealistic, correlating with work by Day et al (2005). As the interview data was from third year students, it is difficult to ascertain if the concept of a nurse changed over the three years for the e-learning students, although, there was no indication to the contrary. Their

descriptions of the concept of a nurse during interviews tallied with those of the traditional students as the core clusters were identical and meaning units very similar for both groups.

To exemplify this growth of knowledge through experience, the following two discourses refer to nurse identity as discussed within classroom settings. Discussing and observing the nurse role assists students in developing a concept of a nurse with which they are comfortable and can adopt (Apesoa-Verano, 2007). The accounts were made by a first year and a third year student nurse respectively. The lessons were both in regard to moving and handling patients and all student nurses have to be updated yearly on this subject. Diary entries in regard to these sessions noted that I was assisting in the classroom as a moving and handling instructor, which meant that I was not conducting the session, but, was assisting in demonstrating correct techniques to students and observing small groups of students practicing these skills. The lecturer was the same person in both sessions and had considerable experience in teaching clinical skills. We were friends both inside and outside of the university setting. Notes made during the observations took place whilst the lecturer was teaching theory in the first half of the sessions and I was simply observing.

The nurse lecturer was discussing moving and handling patients and asked the students what they would do if a patient, who had just arrived on the ward, began to fall off the chair they had been placed on by the ambulance personnel.

A student was chosen to answer the question.

> *First Year Student*: "Well, I'd go to help the patient."
>
> *Lecturer*: "Can you describe how you would help them?"
>
> *Student*: "Well, I'd get hold of them to stop them falling?"
>
> *Lecturer*: "But wouldn't this mean that you would be lifting the patient manually, which means that you could injure both the patient and yourself?"
>
> *Student*: "Yes, but you couldn't just let a patient fall onto the floor. You can't let a patient do that. That's not caring, that's neglect. That's not being a good nurse. It's an emergency situation and you'd have to lift them. It would be automatic to help them, to lift them." (CO4)

In comparison, this response is from a third year student who was attending a moving and handling update session and was asked the same question.

The student group as a whole replied "let the patient fall". The lecturer asked one of the students why they would do this.

> *Third Year Student*: "Well, if I grabbed the patient I could hurt them and hurt myself. So I'd attempt to place my hand under the patient's head to prevent it banging onto the floor and I'd reassure the patient that I was there and would help them. I'd stay calm and composed so that the patient wouldn't be frightened. Once they were on the floor I'd put a pillow under their head, cover them with a blanket and ask if they were hurting anywhere.   I'd then place screens around the person and, with their permission, perform a full body check. Depending on what the patient said and what I observed and felt, would determine my next move. However, all being well, I'd ask for help from a colleague and, using a floor hoist, if there was one, lift the patient into a winged chair or bed. I'd constantly reassure the patient by talking to them and using therapeutic touch such as holding their hand or touching their arm or shoulder. The patient could be confused, frightened, upset or embarrassed and I would let them know that I was there for them." (CO5)

The naïve reply of the first year student demonstrated the concept of a nurse which fits the popular stereotype of a caring person who puts others before themselves (Day et al, 2005). However, the third year student's reply demonstrated an image of a nurse who is a knowledgeable, capable, efficient professional, but, also one who revealed humanistic traits of caring, empathy and compassion. The third year student's discussion displayed an in-depth and realistic knowledge of the nurse role gained through experience, especially in comparison to the description by the first year student.

5.12: Cluster 3: Knowledge: "Your body of knowledge grows."

Nursing knowledge was discussed by the students as important in adopting a nurse identity and they all considered this in three distinct ways which guided the meaning units; knowledge of *nursing matters*, knowledge of the *clinical environment*, and knowledge of the *nurse role.* Although the two sets of student data produced the same core cluster which contained identical meaning units there were still subtle differences noted in the way the students discussed knowledge of nursing.

Clark (2000) believed that nursing has no special knowledge base, but, uses knowledge taken from medicine; however, she stated that nursing is rapidly developing its own knowledge base embedded in clinical practice. This view is similar to that of Benner (1984) who described the progression of nurses' skill level on a continuum from novice to expert, believing that nurses develop clinical expertise and knowledge through clinical practice of nursing. Ramprogus, (2002) stated that nursing knowledge should be practice led and "without fragmenting it or dissociating it from its contextual reality" (p.63), and criticised empirical methods of producing nursing knowledge as, often, removed from reality. The students in this study echoed the nursing literature in that they discussed knowledge briefly in terms of evidence based practice, but, the main context was in terms of knowledge gained through experience of working in clinical practice.

Theoretical knowledge of nursing was discussed in Chapter 4, as students regarded this as important to their concept of nurse. However, in this section, nursing knowledge was analysed as referring to students adopting a nurse identity and engaging with the role of a nurse. The meaning units pertaining to knowledge in this section are quite different from those in Chapter 4 (see Thematic Analysis Tables in Chapter 3) and are practice led. Apesoa-Verano (2007) discussed how nurse educators promote a scientific, technical basis for nursing, whilst student nurses construct a normative comprehension of educated caring as their basis for nursing, which is rooted in practice but adopts theoretical notions. This was echoed by the data in this study, as students appear to place emphasis on nursing practice, although acknowledging the role of theory to some degree. Both groups of students discussed knowledge needed to adopt a nurse identity in a similar fashion, that is, the growth of their knowledge corresponded with the growth of their

nurse identity. This compares to work by Cook et al (2003) which recognised that a nurse identity develops through knowledge and experience, although they stated that students commence nursing courses with more than a rudimentary conception of a nurse identity, seen in the student discussions within this study as discussed under the previous heading, *Cluster 2*.

In the following extract, a traditional student eloquently discusses how his nursing knowledge has expanded over the three years of his training resulting in influences to his nursing practice.

> "Ah.. it's like erm.. (pause) as your body of knowledge grows about a particular subject you tend to become first of all more knowledgeable about it and second of all, it's like you notice.. like when you look at a painting. And then you walk away and the second time you look at that painting you may notice bits of detail within the painting that you didn't originally see. So then as you're working and as I'm going through my training, you notice little aspects of care which you didn't really notice and look at before. Not necessarily that it's been done, but, you've learned the reasons why things are done or are done in a certain way. So it adds more depth to your knowledge." (TS2)

Nursing knowledge was highlighted by the students in this study as another area for concern, in that they felt there was an endless amount of knowledge to absorb in a limited time frame. Grealish and Trevitt (2005) discussed how the traditional approach to learning "where knowledge is certain, context-free, and disciplinary or subject focused, is insufficient to assist student readiness for the world of work" (p.137). This adds to well established discussions within nursing literature of divides between theory and practice (e.g. Landers, 2000; Maben et al, 2006; Molassiotis and Gibson, 2003; Swain et al, 2003) and may account for some of the anxieties demonstrated by these students. Evans and Kelly (2004) discussed how unrealistic expectations in terms of knowledge and experience place undue stress on nursing students.

Although both sets of students discussed knowledge in similar ways, it was noticed that several of the e-learning students made references, again, to independent researching of information, as highlighted in the previous chapter which was absent in the discourses of the traditional students. This reinforces opinions that e-learning students are encouraged towards independent research skills due to their modus operandi (Bates et al, 2005; Bose, 2003) whilst traditional students, to a greater degree, are given information which has been researched by the lecturer. However, it was

also noted in the data, that several of the traditional students discussed the benefits of conducting oral presentations in class. Students regarded these presentations, as affording them confidence and experience in public speaking which they require in their role as a nurse. MacAndrew and Edwards (2003) discussed the advantages, in terms of motivating students to achieve, of authentic assessments which resemble tasks that are performed in the workplace. As the e-learning students did not mention oral presentations, it can be presumed that this was absent from their studies, however, as they were only studying part-time by e-learning they would have a chance to practice these skills when in university. This does have implications for present and future students studying full-time by e-learning and is a factor which needs to be considered by e-module tutors. Although it would be possible to orchestrate presentations online through web camera or video facilities, this can only take place if e-learning facilitators are aware of the need for this through on-going training and education.

The following extracts are taken from interviews with an e-learning student and a traditional student and highlight their encounters with different learning experiences enabled through the teaching mediums they are engaged with. This first excerpt is from an instant messenger interview in which the e-learning student was conversing about her experiences of clinical placements and the knowledge needed for these placements. She describes in a matter-of-fact way how she will research online to find information about the clinical area.

> *ES4:* *"well my placements av bin quite varied"*
> *ES4:* *"iv bin lucky like that* 🙂 *[smile emoticon]"*
>
> *Researcher:* *"Do you have a placement plan for the year or three years ahead?"*
>
> *ES4:* "yes 4 the year"
> *ES4:* "an i usually prepare 4 goin on placement by researchin the ward or placement area"
> *ES4:* "so i can review the type of care that takes place"
> *ES4:* "i feel more confident if I no wot type of care takes place and iv read up bout it"
> *ES4:* "i slot in easier then 😉 *[winking emoticon]"*
>
> *Researcher:* *"What types of things do you look up?"*
>
> *ES4:* "well i go on the hospital website to look up what the area specialises in"
> *ES4:* "an then i look up that care 😎 *[emoticon with glasses]"*

ES4: "like if its a rehab ward"
ES4: "i research care of the older person and nursin care of strokes"
ES4: "that sort of thing"

Researcher: "Where do you research the information?"

ES4: "depends wot im researchin"
ES4: "online databases or nice [National Institute for Clinical Excellence]"

In this interview extract, the traditional student is discussing the advantages of conducting oral presentations within the classroom situation.

> "I think it's quite good that we have to do presentations and things here because erm.. when you do go out on placement you're teaching, well, we will be teachers as such, whether you're teaching a patient or somebody else. We're also expected to go up in front of MDT's [multi disciplinary teams] and present patients and things like that and I must admit a lot of us didn't really have the confidence to do that before we started, but, it's only because we had to do it in front of our peers that we've all started to become sort of ok with it. And I think that it puts us in good standing for when we qualify, because we're going to have to do seminars and all sorts of things." (TS4)

The extracts clearly demonstrate how both types of educational settings have provided different learning opportunities for the students concerned and how their confidence has developed as a result of this. It appears that there are lessons to be learnt from these discourses by both traditional and e-learning tutors in embracing varied teaching methods, no matter the platform used for learning.

5.13: Cluster 4: Role Models: "The mentor on my second ward was brilliant."

Role models exert an important influence in assisting students to socialise to the role of the nurse (Law and Arthur, 2003). Role models were discussed frequently by students, both in interviews and in classroom observations. Both sets of students clearly identified the significance of role models in influencing their adoption of a nurse identity and this core cluster was thematically analysed into four meaning units from both sets of student data: *copying role models*; *peers as role models*; *qualified nurses as role models* and *watching role models.* However, the traditional students' data was analysed as containing an additional meaning unit: *nurse lecturers as role models*. Although the data was very similar for both sets of students, I regarded this section as important in providing clear insights into the powerful influence that role models can exert over

students and I have, therefore, included a discussion on all of the meaning units contained within this cluster. As a nurse lecturer, I felt that there were vital messages to be heard within the students' discussions in this section, in regard to the ability of experienced professionals to act as an inspiration for recruits to the nursing profession and how easy it is to overlook this chance to influence future nurses.

The following extract from my personal diary written after the third interview with the traditional students, disclosed how discussions on role modelling have powerfully reminded me that I am on show and being judged by my students as a professional nurse as well as lecturer.

> I hadn't realised the extent to which tutors influence students' opinions of nurses. This is the third interview and everyone has emphasised how important role models are in informing their opinions of a nurse identity. They copy role models, judge role models and listen and watch role models. I suppose I knew this, but thought of RM's as being their mentors or nurses from practice. But no, we [nurse lecturers] can definitely be regarded as role models too – and not always good ones. S discussed how lecturers are regarded as good or bad nurses, as well as being good or bad teachers! We're being judged. Apart from the ethical implications in terms of it being our duty to teach good practice, being a role model is a nice way to teach students with no prep or marking needed, just good morals and nursing qualities on show (Research Journal, June 2004).

5.13.1: Meaning Unit 1: Copying Role Models

The student discourse which opens this chapter makes it clear how students watch and copy role models. Lankford et al (2003) discussed how health care workers copy the clinical behaviour of peers and those of higher ranks. This was apparent in several student accounts.   Whilst discussing a 'good' nurse in a telephone interview with one of the e-learning students, I asked her how working with this nurse had helped her adopt the nurse role, part of her reply was: "Well, I copied her." I asked the student to give me examples of what she copied, and she replied:

> *ES3:* "Well, whenever a new patient came onto the ward, she would go up to them and introduce herself and explain the layout of the ward and meal times and where the toilets were and stuff like that. It seemed a good thing to do, so I've started doing it now. Its just sensible, good manners really, but you'd be surprised how many [nurses] don't bother."

The students appeared to instinctively know what constituted a 'good' nurse and these professionals were elevated to role models in the students' minds. Both sets of students discussed watching and copying desired skills and behaviours of good role models, which is a common theme within nursing literature (e.g. Donaldson and Carter, 2005; Hongo et al, 2004; Lankford et al 2003). Some nurses were seen as poor role models and the students discussed how these nurses taught them how not to nurse, as discussed under a following heading. Nurse lecturers are qualified nurses who interact with students on a regular basis, they can exert a powerful influence on students' socialisation to the nurse role. There is no reason why this cannot happen in the virtual classroom just as effectively as long as communication is constant, relevant and facilitators are aware of the need for professional socialisation to nursing with e-learning.

5.13.2: Meaning Unit 2: Peers as Role Models

The data demonstrated that both traditional and e-learning students regarded certain peers and qualified nurses as role models. These were people who demonstrated qualities which the students viewed as belonging to their ideal concept of a nurse. Filstad (2004) discussed how newcomers to an organisation may copy several role models through interaction and observation and acquire different qualities from imitating the behaviours of "multiple contingent role models" (p.396), which was echoed in this study, as students discussed different role models they had met. Several of the students demonstrated the importance of their peers as role models and this was especially noticeable in the classroom observations, although, it was also mentioned in both sets of interviews.

Within the classroom, it was quite common for students to praise other students and state what good nurses or student nurses they were. To illustrate, in a classroom observation of a teaching session on *Complex Health Needs* to second year students, the lecturer asked a question in regard to patient care and the room went silent. Then, one student laughingly pointed to the student next to her and said: "Ask Florry, she'll know" (a reference to Florence Nightingale). It was good natured, flattering banter, and the student whom she referred to laughed and answered the question in detail, clearly demonstrating her clinical knowledge in that area. Again, with knowledgeable facilitators this can be orchestrated within discussions in the online classroom, as it appears to be important for student nurses, when adopting the role of the nurse, to recognise

their peers as nurses. Perhaps by recognising the nurse in others, they become accustomed to the notion that they too are on the same journey as their peers in becoming a nurse.

5.13.3: Meaning Unit 3: Qualified nurses as role models

Understandably, both sets of students within this study talked a great deal about nurses in practice acting as role models. Girard (2006) discussed how qualified nurses can be positive role models for students and how role models are essential for recruiting and retaining nurses. She described role model behaviour as "demonstrating competence in skills, maintaining a sense of humour, staying flexible, exhibiting confidence, promoting a positive environment, and showing respect for others" (p.14). These traits were echoed in a study by Hongo et al, (2004) which investigated role model behaviours as perceived by student nurses. The students in this study appeared to concur with these definitions as demonstrated in their discourses within the interviews. Donaldson and Carter (2005) established that role models need to provide constructive feedback to learners and to "enable students to convert observed behaviour/skills into their own behaviour and skills set" (p.353). Again, the students in this study confirmed this statement within their discussions, mentioning the importance of mentors and role models in helping them to learn.

Both groups of students discussed meeting negative role models and this demonstrated to them how nursing should not be conducted. Scott (2007b), when discussing inadequate role models, stated that, "Behaviour that presents a negative role model is unprofessional, unethical and inappropriate" (p.1) and this was recognised by the students in this study. Some of the students' mentors were seen as negative examples and from these the students learnt how not to behave. Donaldson and Carter (2005) discussed how student nurses are aware of both good and poor role models and will shape their own behaviour on favourable examples.

To illustrate, how students perceive negative role models, this extract is from an instant messaging interview with an e-learning student who was discussing the problems she experienced with a mentor on her first placement:

ES6: "she jus had no time 4 me"
ES6: "i felt like i was a nuisance"
ES6: "she would sigh when i went up to her to ask wot to do"
ES6: "i went home cryin every night 😢 [crying emoticon]"
ES6: "my mum kept sayin - jus giv it 1 more week jus giv it 1 more week"
ES6: "she wanted to contact uni 4 me but I wudnt let her"
ES6: "i felt stupid it was hell"

Researcher: "In what ways was it hell?"

ES6: "well I jus didnt kno wot to do"
ES6: "an she never told me anythin"
ES6: "every1 jus ignored me"
ES6: "i was left stood there doin nothin 4 hours"
ES6: "if i asked her wot 2 do she wud sigh an say can you tidy around"
ES6: "it wudnt have bin so bad if it wasnt my first ward"
ES6: "in the end 1 of the auxiliaries took me under her wing an i worked with her"
ES6: "it got a bit easier then but i didnt learn anythin…"
ES6: "well i suppose i did actually".
ES6: "i learnt how not to be a mentor 😄 [laughing emoticon]"
ES6: "i wud never ever treat a student like she did"
ES6: "it was jus a big power trip"
ES6: "she shudnt have bin a nurse 😈 [emoticon with horns]"

I questioned the student about her belief that the mentor should not have been a nurse, asking if she meant that she should not have been a mentor; but the student was adamant that she regarded her as not possessing the right attributes for nursing. The student discussed the importance of nurses demonstrating humanistic skills such as caring, compassion and empathy and also the importance of qualified nurses being leaders and teachers and, according to the student, her mentor had failed to demonstrate any of these skills.

The majority of role models discussed by both sets of students were qualified nurses that they had encountered in clinical practice. Several students expressed the importance of clinical mentors in making the placement experience worthwhile. Andrews and Roberts (2003) stated, "A good

mentor from the student perspective is someone who is supportive, acts as a good role model, teacher, guide, and assessor" (p.476). This was summed up by a student in the second classroom observation (CO2), who, when asked by the nurse lecturer during a post placement briefing, "How important is your mentor?" Replied, "Well, put it this way, it can make or break your placement!"

The students' dialogues were a reminder of how easy it is to influence learners when their concepts of nurses and nursing are not fully formed. It was also a reminder of how students have a pre-formed idealistic concept of nurses and nursing and how they may judge agents of professional socialisation based upon these early concepts. For example, it is simple within the classroom environment to make a careless, derogatory remark about a challenging patient which may leave a lasting impression on students. I would assume that the uncaring mentor in the student's discussion, examined previously, was just a nurse in a busy clinical area who had no idea of the devastating effect her attitude was having on her charge. The student data was a clear indicator of how lecturers and mentors are regularly on show to students and how easy it is to become a good or poor role model depending on how they present themselves. It can be assumed that the same is true of e-learning facilitators and online discussions.

5.13.4: Meaning Unit 4: Watching role models

The students' discussions disclosed the importance of role models in formulating their concept of nurse and in adopting this identity. The qualities contained in their concepts of a nurse matched those of good role models, according to students. Although they did not voice this as such, their descriptions of a nurse identity and of good role models had matching qualities. Donaldson and Carter (2005) found that students actively seek out competent role models in order to observe and practice modelled skills and behaviours, demonstrating a prior knowledge of what constitute these model attributes.

To illustrate this correlation between nurse concept and role models, in this excerpt from a telephone interview with an e-learning student she was discussing what a nurse identity meant to her:

ES3: "[laughs], Well, all of the caring qualities, those are majorly important; patience, kindness, empathy, caring…and nursing skills, evidence based care, a nurse has to know their stuff. And people skills, communication, non-verbal skills and writing skills too. God, it's endless really. And knowledge of the law and ethical issues, things like confidentiality and informed consent, that sort of thing. Oh, and knowledge of equipment and drugs, you can't know everything, but a nurse should know everything about their speciality, where they practice…and they should have a good idea what other professionals do too, for liaison and such. [pauses] I'm sure there's loads more I've missed out, but those are the important things that make up a nurse, well, I think so anyway. Is that the sort of thing you meant?"

Compare this to an interview with a traditional student who was discussing the qualities possessed by a nursing sister she admired on her last placement:

TS4: "She was very professional, very caring, very knowledgeable. I learnt such a lot on that placement. It was very student friendly. They'd made teaching packs all about nephrology; it was really good, really useful. She was very patient too, very kind, took her time to teach me skills and went into all the theory too, so I really understood why it was being done. She was good at giving responsibility too, she would teach me a skill like peritoneal dialysis, then watch me perform it until she was sure I was confident and then she was quite happy for me to do it on my own. I gained loads of confidence. She always made me feel like I was a good nurse, competent, she didn't treat me like a student, just like another member of the team really. I think just knowing she trusted me gave me confidence in my own skills. She encouraged me to sit and talk to patients too, I learnt such a lot from the patients, how it felt for them and their worries and things. This was the first placement in three years that encouraged me to sit and talk to patients, it always felt like I was avoiding work on other wards."

She continued:

TS4: "She was lovely with the patients, her manner with them was superb, she was really calm and kind, but respectful, I learnt a lot from her there too. She was firm too, there was one man who didn't want to take his medication, said it gave him awful indigestion, so she sat with him and discussed the effects of not taking the tablets. She didn't pressurise him, just told him why he needed these tablets, how they worked, but she sat next to him and held his hand all the time she was talking, she reassured him that they could give him some antacid for the indigestion, to stop this. And then she said to him, 'but its up to you, Mr X, I can't force you to take them, but I do care about you, and if you asked my honest advice about it, I would advise you to take them.' and then she just carried on with the drug round. At the end of the round, she asked me to go back to the patient and to see if he'd take his tablets, they were to increase the blood flow to his kidneys 'cos they were failing, so they were important drugs. I went back and asked him and he just said, 'oh, yeah, can you pour me a glass of water please?' like nothing had happened."

What is clear in comparing the two accounts is that the qualities which students regard as essential in describing a nurse identity are also the qualities they discuss their role models as possessing. Humanistic qualities and interpersonal skills are listed by the first student when discussing a nurse identity and the second student describes how the nursing sister was 'lovely with patients', how her manner with them was 'superb'. She goes on to demonstrate how the sister interacted, sitting next to the patient, holding his hand, taking time to explain about medication; all humanistic and interpersonal qualities. Both students discussed the importance of clinical knowledge and the second student gave examples of this when she discussed the sister teaching her skills and also when talking to the patient about pharmacology. She also discussed the nursing sisters' knowledge of legal and ethical issues, which the first student mentions, when she states how the sister told the patient that she couldn't force him to take his medication, but gave him the facts allowing for informed consent. The data from all of the interviews contained numerous examples where role models of qualified nurses demonstrated the students' ideal concept of nurse. This reinforces the strong influence of role models on student nurses formation of a nurse identity, again demonstrating the need for lecturers and mentors to act in a manner they wish to encourage their students to aspire to.

5.13.5: Meaning Unit 5: Nurse lecturers as role models

A striking difference within the data from the two groups of students was that traditional students also included nurse lecturers, based at their university, as positive role models. Nurse lecturers as role models are recognised within nursing literature, (e.g. Blair, 2004; Davis et al, 2005; Girard, 2006). Lown (2007) discussed how nurse educators within universities act as "role models for students, graduates, and family, as well as for the larger community" (p.27). These short extracts are taken from interviews with the traditional students and are in response to a question regarding how students adopt the nurse role:

> *TS1:* "…and of course you've got the experiences of the tutors because what's happening there is that you're getting experiences not just of your tutors but of the whole learning experience. I didn't explain that very well."

> *TS2:* "We talk about placements and we talk about how tutors teach us like, 'oh we think he's great or she's great.' [pause] It really brings it together."

> *TS3:* "and the tutors too, when you have a good lecturer you learn loads about being a nurse."

However, neither lecturers as role models, nor lecturers assisting students to adopt the nurse role, were mentioned by e-learning students at all during interviews. This was a noticeable feature, as all of the traditional students mentioned the positive impact of nurse lecturers to some degree. However there could be several reasons for why this phenomenon occurred. The differences in the data could be explained away as coincidental, although I am inclined not to regard it as such, as all of the traditional students mentioned nurse educators as positive influences to some degree, whilst none of the e-learning students mentioned this at all, which appears to indicate something more than coincidence.

The traditional students were involved in face-to-face interviews with a lecturer from their own university, which may have served as a reminder of the function of educators as role models. This would not have been as obvious to the e-learning students, as I was not from their universities and the interviews took place via mediums which involved less personal contact. Also, all of the traditional students were known to me, I was personal tutor for some of them and had taught all of them, at some point, during their course. It may be that by discussing lecturers in a positive light, the students concerned hoped to curry favour with me. In contrast, I had never met any of the e-learning students, nor was I likely to, so the possibility of sycophancy was not as acute. However, the traditional students concerned were not usually shy or reticent in criticising aspects of the course, when deemed necessary, and I cannot imagine that they would resort to flattery on this occasion, especially as there was no significant recompense for such behaviour. Also, as discussed, the literature demonstrates clearly how nurse educators are often perceived as positive role models by students.

I am inclined to consider that the lack of inclusion of nurse lecturers as role models by the e-learning students was because their online learning was not conducive to building strong relationships with their educators. This distance from educators denied them opportunities to consider nurse lecturers as influential role models. It may also be, as discussed previously, because their online facilitators did not maintain a strong presence. Constructivist and postmodern theories of learning discuss the social nature of knowledge and how meaning is constructed through social interaction (McDonald, 2002). Headley (2005) stated the importance of strong relationships between teacher and students in online settings, in order to create highly

interactive, deep learning experiences for students. Whilst Bernard et al (2004) suggested, "Instructionally relevant contact with instructors and peers is not only desirable, it is probably necessary for creating learning environments that lead to desirable achievement gains and general satisfaction with DE [distance education]" (p.412). This lack of bonding with nurse lecturers may be attributed to hurriedly designed online modules by nurse facilitators who are unsure of the medium and unwittingly neglectful of their students. However, with nurse education this has ethical implications in terms of possible detrimental patient care due to both nurse shortages through higher student attrition, lower course pass rates and nurses who have not adopted the nurse role and, therefore, fail to perform adequately in the clinical role.

5.14: Chapter Summary

The data from student interviews, classroom observations and researcher journals demonstrated many similarities but, also, subtle differences between how traditional and e-learning students construct and adopt nurse identities. Both sets of students acknowledged the same eight core clusters as being the main influences on constructing and adopting a nurse identity, which concur with much of the nursing literature on these topics (e.g. Adams et al, 2006; Apesoa-Verano, 2007; Benner, 1984; Day et al, 2005). However, there were differences between the two groups of students in the meaning units belonging to these clusters. Once again, the variations between the two sets of student data were limited and I had expected to notice a far greater disparity due to the frequency I witnessed the construction and adoption of a nurse identity taking place within classroom situations. On consideration, it would seem that, as discussed in Chapter 4, the effect of the e-learning students' experiences may be regarded as 'diluted' due to them attending university during their courses. Also, perhaps I had under-emphasised the effects of clinical practice on professional socialisation to nursing and overemphasised the effects of the university experience, although the literature does stress the importance of both components of the course in professional socialisation to the nurse role.

To briefly recap on the differences between the two groups. The e-learning students, when discussing nurse lecturer expectations that they would adopt a nurse identity, referred to educators by discussing the institution where they worked, as opposed to names or titles; this conveyed impersonal, distanced relationships. Likewise, they did not acknowledge nurse lecturers as being influential role models which the traditional students all highlighted. This was regarded as indicative of poor relationships between online educators and e-learning students. However, surprisingly, because the literature stresses the importance of lecturers' input on students' formation of a nurse identity, the e-learning students constructed and adopted a comparable nurse identity, in a similar manner to that of the traditional students. Again, this could be attributed to their earlier attendance at university during their courses. The discourses from the e-learning students were generally more nebulous and often lacked specific mention of the influences of others from the educational setting on their perceptions of nursing, which differed from the traditional students' accounts which mentioned guest lecturers, nurses from practice who gave talks in university, and peer influence. Again, this was explained by a lack of face-to-face socialisation whilst studying, although e-learning students may interact online, it was considered that their virtual environments may not be as conducive to influence by peers and educators as offered by traditional modes of learning. What also remains unknown, are the student attrition rates, satisfaction rates and pass rates on the e-learning courses compared to the traditional course and it may be that a greater number of e-learning students were dissatisfied with modules, had failed to pass modules or had left courses due to feelings of isolation and being unsupported during studying online.

It is practice for higher education institutes to deploy willing yet inexperienced lecturers as web designers and web instructors (Lacara, 2003; Smith, 2005), yet the literature is clear as to the intricacies of designing and conducting successful e-learning modules (e.g. Shelton and Saltsman, 2004; Smith, 2005; Turner, 2005). It may be that the e-learning students in this study, did not have experienced web designers or web instructors and this was reflected in poor relationships with their educators. Poorly designed e-learning modules are known to result in lowered pass rates, increased student attrition rates, and a lowering of student satisfaction with courses. What is not known is the effect of poorly designed e-learning modules on professional socialisation to

nursing. This could have serious implications in terms of nurses leaving the profession due to feelings of alienation, or, even more worrying, inadequate delivery of patient care.

Traditional students discussed the benefits of oral presentations conducted in class and reported how they gained experience and confidence in public speaking, a skill needed for the workplace. E-learning may not afford students this style of practice and, therefore, e-learners are denied opportunities to perfect their oral skills whilst learning. However, the situation could easily be remedied by the use of video conferencing facilities or, more cheaply, by the use of web-cameras which can be linked to multiple viewers and this would appear to be an area that online educators need to consider. When discussing online socialisation, McDonald (2002) stated "Another consequence of text-based communication is that online education is less responsive than face-to-face, potentially inhibiting expression and eliminating non-verbal communication. This can result in misunderstandings and lack of socio-emotional communication" (p14). This was demonstrated, to some extent, with the e-learning interviews which were conducted online and, it can be added, communication becomes shorter and less detailed due to the time and effort involved in typing messages. Therefore, the very nature of online education is less conducive to professional socialisation if it is orchestrated by typing messages and it is only if voice technology is used, with or without web cameras, that communication on a more equal footing to that of face-to-face communication can be achieved. However, this has resource implications and requires investment in equipment for both staff and students.

Beaty et al (2002) discussed how e-learning afforded two significant capabilities, namely, its ability "to support distributed collaborative interaction and dialogue and its ability to support access to information rich resources" (p.5). However, they considered it is only the latter which is concentrated upon in most higher education ventures. They proposed a system of collaborative networking which will allow for, amongst other things, "…support for and the legitimisation of work done by academics towards the sharing of practice through both case study accounts and networks of practice" (p.6). Networking of practice occurs naturally within traditional classrooms as the observations within this study have demonstrated. Both lecturers and students regularly discussed experiences from practice and related these to nursing theory. Case studies were also a regular feature of classroom practice, and whilst there is no reason why these cannot

be used in virtual classrooms, it appears that this is not the usual case (Beaty et al, 2002). Again, this may be attributed to poor quality e-learning design with all the inherent problems this may cause, as discussed earlier.

When discussing nursing knowledge, the e-learning students, once again, demonstrated independent skills in accessing knowledge, whereas the traditional students appeared to expect knowledge to be made accessible to them. It seems that e-learning has fostered independent self motivating students in terms of knowledge retrieval, whereas, traditional teaching methods have encouraged a dependency on others for information. This has implications for traditional educationalists, because despite advances in the nursing curricula which encourage independent learning within the classroom such as Problem Based Learning, traditional students appear to be disadvantaged through educators' over reliance on supplying course materials, which may be indicative of a need within the educator to nurture students. Independent researching skills foster confidence and self reliance in the learner, all excellent qualities to encourage in nursing students.

The findings from this chapter highlighted areas for consideration by both traditional and e-learning educationalists in order to improve the learning experience. The next chapter discusses findings from this chapter and Chapter 4, draws conclusions from the data and makes recommendations for future nurse education by e-learning. Limitations to the study are discussed and recommendations for future research and development proposed.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1: Introduction to the Chapter

Whilst discussing becoming a qualified nurse the student declared:

"I'm nervous about being qualified, I mean if anything goes wrong and the responsibility and everything. But, I'm ready too. There's the preceptorship, where you're shown the ropes and not left in charge, so that's a reassurance. I think I'll be fine though. I'm looking forward to it; I'm really excited about it. I'm ready now to start my career, I've enjoyed my training, but, I'm ready now for work. I'm ready to start nursing. I feel like a nurse now." (ES4)

(Excerpt from an interview with a third year e-learning student nurse conducted by telephone)

Learning through technology is not considered to be a passing trend that will disappear with time (Glen and Cox, 2006; Jones and Beynon, 2007). Education appears to be relatively slow in responding to the technological age we now inhabit, as the growth in computer usage for learning has lagged behind its incorporation into society in general, and education has, for the most part, maintained traditional classroom methods (Erekson and Shumway, 2006; Glen, 2005, 2006; Jones et al, 2006). This final chapter of the study examines findings from the two previous chapters and draws conclusions from these, in order to make recommendations for the future education of student nurses. Some of these conclusions have been developed into *A Model for Professional Socialisation to Nursing through E-Learning* in order to optimise future nurse education through e-learning. The study acknowledges limitations with this model of professional socialisation and these are explored within the chapter. A discussion of the potential wider impact of the study and the contribution of the work to nursing knowledge and practice is included. Finally, suggestions are made for future research into areas disclosed within the study, in order to base e-learning in nurse education on a solid bed-rock of research and development.

6.2: The Technological Era

There is an opinion that the future of education will be delivered, in the main, at a distance from the learner through technology (e.g. Pausch, 2002; Williams, 2002) in the form of computer learning environments, electronic books, journals and newspapers, handheld televisions, interactive videos, podcasts, smart phones, MP3 payers, telebroadcasts and, possibly other, yet to be invented, modes of transmission and receiving. Technology offers a flexible individualised approach to learning whereby students can proceed at their own pace, at their chosen time within their chosen environment. However, education may be considered sluggish in taking advantage of the digital learning age, and has moved forward with technology at a pace slower than other parts of society (Erekson and Shumway, 2006; Glen, 2006; Jones et al, 2006). Most educational institutes still maintain central control of learning by delivering standardised courses which students attend and administering to these courses with a top-down approach. This was reflected in the method of education experienced by the traditional students involved in this study and also to a major degree by the e-learning students, who still attended university for a large part of their learning; all of the students' courses were standardised with mandatory attendance and with universities maintaining central control.

It is considered that technology could dramatically change how education is delivered by altering both the learning and teaching environment.

> No longer will the teacher disseminate information in the form of lectures and textbooks. Rather the teacher will adopt the role of facilitator, tutor, and learner. Similarly, the student's role will change from a memorizer of facts and principles to that of a researcher, problem-solver, and strategist. The "keep your eyes on your own paper" value of independent scholarship will be augmented with learning communities and cooperative workgroups. Skilled collaboration, interpersonal communications and project managements will define successful learner teams. (Siegel, 2002, p.2).

Using university buildings as central contact points for learning can create problems. The lecturer controls the classroom which means that they also control the time when learning takes place, the students who participate, the environment, the resources, the pace of learning, the subject matter and, in many cases, the results. Forman et al (2002) commented that there is a prevailing, yet misguided, perception that learning takes place only when teaching is directly controlled by educators. In this study, the traditional students echoed this view by reinforcing the

importance of the role of the nurse lecturer within their course, which was absent from the e-learning students discourses to a large extent, without any apparent detrimental effects. Although, it may be that the lack of direct lecturer contact did have an effect on the e-learning students, as many relevant areas to this study, such as module satisfaction rates, module pass rates and course attrition rates were not examined due to the nature of this study.

A lecturer centred approach to education can prove costly and one of the challenges in a financially constrained education sector is to deliver programmes which will reduce class contact time without reducing the quality of programmes (Glen, 2005). Whilst delivering nursing courses by e-learning is not a cheaper option initially due to starting-up costs, there is a body of literature which considers that expenditure can decrease once courses are up and running effectively (Berke and Wiseman, 2004), especially as some institutions are pooling learning resources. However, it appears there are several issues to consider in introducing e-learning into nurse education if this is to prove a success story, not least that the transition from classroom based lecturer to facilitator of e-learning requires educators to adapt to different working practices. Cambell (2001) asserted that this is a major role change and educators need to rethink teaching. This will involve ongoing investiture in learning technology as it is developed, and in continual programmes of staff development due to the rapidity of technological advances. It will also require investment in terms of research and development to ensure courses are up to standard and learning outcomes are being achieved. The key challenges for educators can be summarised as alterations to workloads and overall development of technological skills including adjusting to new technologies; skills in online course management including student support, and effective design of e-modules and courses. The literature commonly states that e-learning cannot replace educators (e.g. Conole and Fill, 2004; Salmon, 2004; Washer 2001) however, it does appear that it can change the role considerably.

The average three years it takes to study for a bachelor's degree in university may be considered to be based on an increasingly outdated model which ignores prior knowledge or existing priorities. In many fields, including nursing, the life of knowledge is now measured in months and years, which can result in learning at the beginning of a nursing course being outdated by the

time the student qualifies. Gonzalez (2004) described the challenges of rapidly diminishing knowledge life:

> The "half-life of knowledge" is the time span from when knowledge is gained to when it becomes obsolete. Half of what is known today was not known 10 years ago. The amount of knowledge in the world has doubled in the past 10 years and is doubling every 18 months ……. To combat the shrinking half-life of knowledge, organizations have been forced to develop new methods of deploying instruction (p.1).

This increase in knowledge was an area of concern for the students involved in this study as they perceived nursing knowledge to be a developing subject area, requiring them to not only learn and retain this knowledge, but also to continually update it when qualified. Classroom based instruction for professional development may be regarded as inconvenient for today's nurses who are often expected to fit this into a working schedule in days off, due to a shortage of staff cover for study leave (NHSIA, 2002).

There is a growing gap between new information and its delivery through educational courses; an example of supply not meeting demand, referred to as a 'courseware vacuum'. Siegel (2002) discussed how only a small percentage of information being developed today is passed onto future generations in the form of classes or courses within the higher education sector. In today's free economy where market forces are encouraged, opportunities are opening, due to courseware vacuums and lack of online programmes, for private companies to offer educational courses through technology. Some universities, aware of their limitations, are amalgamating with private companies in order to offer online degrees and courses (Glen and Cox, 2006; Hoare, 2006). This would be an area for concern in nurse education, as it is currently a Government requirement that lecturers on nursing programmes are current on the Nursing and Midwifery Council register (DoH, 1999). To apply this to e-learning, it could be argued that only nurse educators should design online nursing programmes due to their specific knowledge of nursing and although they may work alongside information technologists, they would need to be undertaking the majority of the work involved in course design and content. This places additional pressure on universities to ensure that online modules and courses are provided in nursing faculties, but without the assistance of outside agencies, which will require considerable investment in staff development and protected hours, if learning is to be successful.

Siegel (2002) stated that due to the advances in learning through technology, education is at the beginning of a paradigm shift from the basis of a "time served" apprenticeship model, to a model of achievement judged through demonstration of knowledge and skills. This can be seen to some extent in current nurse education, whereby the Government has introduced proficiency based assessment criteria and initiatives in terms of accrediting time off courses in lieu of prior learning or experience (DoH, 1999). In response to Government directives, institutions are currently rushing to offer e-learning courses and these have doubled over the last few years (Larson-Daugherty, 2007). As a consequence, universities are competing against each other nationally and globally to enrol students, as geographical mobility is no longer an issue with e-learning. However, in the haste to design e-learning courses and modules, and enrol students onto these, the possibilities offered by e-learning may not be fully utilised, course and module designs may not be effective and research into the success of e-learning courses in nurse education may not be funded (Farrell, 2006; Glen and Cox, 2006).

6.3: Ethical Concerns with E-learning and Nurse Education

The findings from this study did not discover any major differences in the way that the two sets of student nurses, traditional and e-learning, constructed, adopted and perceived the identity of a nurse, although minor differences were noted between the two groups. However, the e-learning students concerned were only studying one or two modules by this method and had experienced professional socialisation within a classroom setting previously within their courses and thus the data may be regarded as 'diluted' to some degree. None-the-less, the findings did determine that the e-learning students' relationships with their nurse lecturers were not as strong as those of the traditional students, nor did they regard lecturers as role models which the traditional students discussed. Also, influences from guest lecturers and peers had made an impression on the traditional students which was not mentioned by the e-learning students and the inference drawn from this being that socialisation by e-learning did not form such a lasting impact as that of face-to-face interaction. Further research which examines data from traditional and e-learning student nurse module satisfaction surveys, module pass rates and student attrition rates from courses would be useful for ascertaining additional information in regard to the effects of e-learning on student nurses as compared to traditional students. Also, other unknown factors in this study were the design of the e-learning modules and how much of an online presence the e-learning

facilitators presented. It may be that these modules were designed by educators who were unaware of good e-learning pedagogy and maintained very little online presence. Again, further research is needed into comparisons between students engaged with well designed e-learning modules and traditional students, in order to achieve better informed comparisons of the adoption of a nurse identity and of the effectiveness of e-learning in student nurse education generally. The difficulties with a lack of face-to-face communication with e-learning are well documented within e-learning literature (e.g. Glen and Cox, 2006; Roscoe, 2003b; Salmon, 2004) and were echoed in the interviews undertaken for this study which used telephone and instant messaging formats, as discussed in Chapter 4.

Glen and Cox (2006) stated that the advancement of learning cannot be achieved by networking existing education systems through a computer learning environment or recording lectures for later broadcast via computer; methods purported as being utilised in nurse education within some institutions. I have seen nursing modules transferred to e-learning format by relocating PowerPoint presentations online with an accompanying set of lecture notes and directing students to consider these within discussion rooms, with little or no lecturer input. This was done due to departmental pressure to put nursing modules online, by lecturers with little time and no experience of the best ways in which to achieve this. Although, in my experience, universities run in-house courses on web design, these have consisted of half or one day programmes that have demonstrated the technicalities of using the virtual learning environments concerned and have barely touched on issues of good e-learning pedagogy.

The goal of technology in education should not be to force learners into a different kind of mould, but rather to remove the mould altogether (Siegel, 2002), enabling students to learn through discovery and build on existing knowledge. In its current state, nurse education is considered by many to be an outdated mode of delivering information; a system which is hindering achievement through adherence to inflexible programmes which are educator centred (e.g. Farrell, 2006; Massey and Osborne, 2004; Walker, 2004). New and exciting forms of information transmission can be provided by technology; such as virtual clinical areas in which student nurses can practice realistic nursing, or video case studies of actual patients presenting with bona fide problems (Kenny, 2002). However, nurse education is not fully embracing these new technologies due, it

appears, to financial constraints and a reluctance to change embedded teaching styles. This hesitance in moving nursing modules and courses to an online environment in many universities may be due to a lack of staff training in e-learning pedagogy, resulting in a fear of the unknown and a perceived notion that e-learning will result in a loss of lecturing posts (Twomey, 2004).

Health care is changing phenomenally. Advances in pharmacology, genetics, personalised treatments, technology, medicine, surgery, treatments, and equipment are rapidly altering the practice of nursing. There is a requirement for nurses to update knowledge and skills, not only to remain employable, but also to maintain safe and effective practice (NMC, 2004) an area of concern expressed by all of the students in this study. In addition, a shortage of nurses and doctors and the European Working Time Directive which has reduced junior doctors hours, has resulted in development of the nursing role to include tasks previously assigned to doctors, such as prescribing medicines and minor surgery, whilst nursing tasks, such as fundamental care, have been assigned to health care assistants and assistant practitioners (Case et al, 2002). These changes have led to life-long learning for nurses in order to maintain currency, but, due to workload demands and staff shortages, there is also a need for flexible modes of delivery.

Clifford (2002) stated that the ultimate outcome of education is to assist learners with the ability to analyse personal knowledge and be empowered to take action to improve social, political and organisational conditions and this can be seen in student nurse education, whereby learners are encouraged to understand the political and social agenda in order to improve working practices. However, it can be considered that health care operates within a system of patriarchy and control, whereby medical knowledge based on scientific reason determines patient care. This can create a dependence upon patriarchal forms of education for nurses, in which the rhetoric of learning increasingly collides with the diverse needs of learners and educators (Kuokkanen and Leino-Kilpi, 2000). Nurse educators are often aware of the ethical dilemma that the idealised theory they are required to teach from a Government led curriculum, is a far cry from the reality of practice, whereby healthcare takes place in an imperfect environment of staff and resource shortages (Franklin and Martinsen, 2006). Allen (2004) noted how the theories of nursing focus on "unmediated caring relationships" whereas real-life practice is mainly that of healthcare mediator (p.271). Many nurse lecturers, in order to keep updated with knowledge and skills,

practise nursing part-time and the irony of the optimum patient care that they teach and the imperfect world in which they practice is all too apparent to them. A means of updating nurse education could be provided by utilising intelligent and creative approaches to learning, such as interaction in realistic, virtual clinical environments, or viewing and discussing real life recordings of clinical situations, in order that nurses can better empower themselves and, consequently, their patients.

E-learning is fast becoming the delivery mode of choice for continuing education in nursing (Gilchrist and Ward, 2006). In addition, it is also being used to educate pre-registration student nurses, although to date, this is mainly being utilised through a blended learning approach consisting of studying a mixture of traditional and online modules (Glen and Cox, 2006) as experienced by the e-learning students within this study. However, it may be envisaged that the future of nurse training could involve studying the entire theoretical component of the nursing course by e-learning, as there is a perceived need to increase recruitment to nursing whilst minimising costs. This is considered by the Government to be achievable through a widening participation agenda which will offer courses through flexible patterns of e-learning resulting in reduced costs and appeal to a more diverse range of learners (DfES, 2003a, 2003b). However Walker and Harrington (2004) discussed how e-learning is usually only successful for those with a good educational background, as students need to have advanced reading and educational skills to perform well within this independent mode of learning. Although, at present in student nurse education, entry requirements are some of the lowest for university diploma courses, requiring only five GCSE passes at grade 'C' or above, in order to maximise student numbers (DoH, 1999).

It may be that student nurses are not always the best candidates for e-learning and this will prove to be more successful in qualified nurse education, whereby the students have more experience in educational skills. It appears that other countries are reluctant to engage with e-learning on a full-time basis for student nurse education, possibly for this reason. Australia, due to its geographical expanses and widespread population, has long been a pioneer of distance learning in higher education and, as a consequence, was also one of the first countries to introduce e-learning into nurse education generally (Stuparich, 2001). Scotland, for similar reasons albeit on a smaller scale to Australia, has been the pioneer in Britain of distance education and is consequently

leading the way in e-learning in nurse education (Harasim, 2006). However, it appears, through online research of university courses, that both of these countries have concentrated on post qualifying nurse education and are utilising a blended learning approach, as experienced by the e-learning student nurses who participated in this study, for their pre-registration nurse education.

Although e-learning is being introduced nationally into student nurse education, it appears that there are ethical concerns with this, as often modules are being developed by academics with limited experience or knowledge of this type of medium (Gottlieb, 2000), presumably due to financial implications. Glen (2002) observed that there was a tendency for nurse educators to produce stylistic vibrant web pages that remained academically shallow. This has serious implications for student nurses in terms of the future effect on patient care. Although it seems important that nurse educators deliver student nurse education, due to their experience within and understanding of the profession, it is also imperative that nurse education does not erode its standards if optimum patient care is to be maximised and student attrition rates minimised. Due to the relatively recent introduction of e-learning into nurse education, it is being launched without a solid foundation of research and development on which to base this education, although this is a growing subject area (Hyde and Murray, 2005). A lack of information in the literature on professional socialisation to nursing through e-learning as discovered through this study, demonstrates just one area in which research is lacking, it may be assumed that there are others. This was summed up neatly by Nichols (2003):

> If literature is likened to a 'tree of knowledge' about a particular subject the dire need for more eLearning theory becomes clear. Practice based research can be likened to the branches of the tree, those parts that are readily visible and most easily appreciated. Theoretical principles can be likened to the roots; they do not provide any practical things for people like shade or fruit and neither are they aesthetically pleasing. However it is the root system that determines the health of the tree and also the extent to which it can grow. Unless attention is given to eLearning theory, the branches cannot stretch out for fear of toppling the entire structure. Unless attention is given to eLearning theory, eLearning practice cannot develop fully. Without further debate and development in the theoretical underpinnings, we will be left with bonsai eLearning (p.1).

There is a body of literature which regards e-learning as an effective form of nurse education if financed adequately and developed by knowledgeable educators with sound pedagogical principles and coordinated by a range of professionals (e.g. Glen and Cox, 2006; Hyde and Murray, 2005; Kennedy and Duffy, 2004). The e-learning students within this study demonstrated superior skills in independent research and confidence with technology when compared to the traditional students, even though this mode of learning was limited to one or two modules within their courses. However, there is also an abundance of literature which discusses the negative effects which may result from producing inadequate e-learning modules and courses (e.g. Farrell 2006; Haigh 2004; Hyde and Murray 2005). Poor design of e-learning courses due to limited finances could prove to be counter productive, resulting in raised student attrition rates and lowered module and course pass rates with the financial implications that this brings (Hyde and Murray, 2005). Also, in nurse education, this could result in isolated students who have not professionally socialised into nursing and consequently do not deliver optimum patient care on qualifying. This could result in possible cases of patient neglect or harm in the future and it may be viewed as immoral and deplorable on the part of educational establishments to risk these situations occurring.

It seems imperative that e-learning is introduced into nurse education cautiously, with due care and consideration, being based upon a solid foundation of research, development and evaluation, in order to maximise its success and minimise course design flaws. This will require considerable investment in research and in educating academic and ancillary personnel, such as student support staff, learning support staff, librarians and administrative staff in the ways of good e-learning pedagogy, which to date does not appear to be forthcoming in all universities (Roscoe, 2003b). In my experience, students who are studying online courses cannot access either student or learning support online and would have to attend the university in order to take advantage of these services. Not only is this discriminatory against e-learning students, but it is placing them at a disadvantage when compared to their traditional peers. The infrastructures within universities are not designed to take account of online learning and large institutions appear to be slow at instigating changes in established systems (Kennedy and Duffy, 2004). Whilst this is inadequate for part-time e-learning students such as those involved in this study, it is inexcusable for students studying courses full-time by this method of learning.

The Government has invested money into information technology in higher education (HEFCE, 2008) but, presumably, this investment has proved insufficient for some institutions who are struggling financially in a competitive marketplace. In the universities where I have been employed, transferring traditional modules of study to online environments does not require course leaders to submit changes to the quality assurance mechanisms within the university, as this does not fall under the remit of new modules, nor has the content been modified or amended and, consequently, there is no quality check on the design of these e-learning modules. Again, this is an example of university infrastructures not being designed to take account of online learning and this, it would appear, is another area which needs addressing within some institutions. It seems prudent that these ethical concerns with e-learning in nurse education are raised by educators in order that nursing bodies are made aware of them and can lobby the Government for extra finance in this area of education. It would be neglectful to introduce strategies to prevent inadequate education by e-learning only after patient care is discovered to be unsatisfactory. This situation occurred with Project 2000, whereby student nurse education was transferred to higher education institutes and students spent little time in clinical areas; with the results that nurses were qualifying without adequate clinical and nursing skills (Shields and Watson, 2007). It seems imperative that lessons should be learnt from this and that e-learning be introduced with due care and attention on a solid foundation of research and development which is an on-going concern.

6.4: Reflections on the Doctoral Journey

This section has been included to offer the reader personal reflections on my doctoral journey and to provide some 'behind the scenes' information, in order to identify and explore considerations and tensions that have arisen during the research. The doctoral 'journey' has not been a straightforward movement from A to B as originally planned; there have been diversions and hold-ups along the way and, sometimes, alternative routes from those originally envisaged have had to be found. In keeping with many long journeys, I have experienced memorable times, enjoyable and oftimes frustrating, but, now that I can see my destination on the horizon, I am aware that I have changed and developed as the journey has proceeded, in ways that are immeasurable in many instances.

6.4.1: My Story

The following reflection is my first experience of clinical nursing. I have included this dialogue as I consider it important for the reader to understand where I situate myself in regard to my concept of a nurse identity and how I consider I began the process of constructing and adopting this identity. This will afford the reader insight into my pre-conceived notions in order to expose predispositions which may influence data gathering and analysis (Bradbury-Jones, 2007). Chan and Schwind (2006) believed that "…one way to approach the task of delineating our professional identity as nurses is through individual self-reflection on, and sharing of our personal and professional narratives" (p.303). It is intended that by sharing this narrative, the reader will gain some understanding as to the assumptions under which I am working in regard to the concept of a nurse and how this identity is constructed and adopted.

> I started my nurse training two months after my eighteenth birthday. Looking back to that time, I can see that I was naïve for my years and quite immature in my outlook on life. Prior to commencing my training, I had no idea what I wanted to do for a career and had decided upon nursing after talking to a family friend who was in the first year of her children's nurse training course. The discussion had focused on the social life in nursing and the fun that she and her friends had living together. I don't recall her telling me anything about nursing practice, and, incredibly, I don't remember asking anything about it either. In my naivety and youth, I was happy to go into any career which provided fun along the way. I had no experience of hospitals or sick people and my concept of what nursing involved must have been formed mainly from the media.
>
> My training started two months after my eighteenth birthday. I managed to obtain a place quickly as somebody had dropped out of the course. The first twelve weeks were spent in a school of nursing and I fitted into this well, as it was similar to school which I had just left, and I found the course quite interesting. However, the reality of the career I had chosen did not dawn upon me at any stage during those first few weeks; I was merely going along with things, preoccupied with feeling grown up because I was independent and earning my own living. During this time, the nursing school arranged for the students to experience a working shift, on the wards we would be allocated to for our first placements. My shift, in the second month of commencing my training, was a night duty on a medical ward.
>
> I have a dominant, clear memory of one of the patients I met on that night shift and it was this powerful experience that provided me with the beginnings of a realistic understanding of the identity of a nurse and, also, initiated the process of my adopting this identity. The gentleman concerned was elderly and terribly emaciated. He was confused and restless. To stop him climbing out of bed, and to stop him pulling the intra-venous infusion out of his arm, the nurses had bandaged his arms to the cot-sides

attached to his bed. His arms were bloody and bruised from where he had ripped out previous infusions and from pulling against the bandages, which had rolled up into ties with the constant pulling. He was naked from the waist down and covered with a sheet which he constantly kicked off. His pyjama jacket was open as the buttons were missing and exposed his thin, bony chest. He was rambling and restless all night long, constantly sitting bolt upright and moaning loudly.

I had never, in my eighteen, sheltered years, seen anything so shocking or so upsetting. I was traumatised by what I saw and had an overwhelming urge to start crying but, also, to comfort the gentleman. I recall that I sat all night by the man's bedside, talking to him and trying to reassure him. I covered him when he kicked off his sheet and tried to keep his pyjama jacket across his chest. I stroked his shoulder when he started moaning and when he rambled I tried to make sense of what he was saying and kept trying to orientate him to where he was and who I was. I would give him drinks from a beaker with a lid and spout, and wipe the dribble from his mouth. All of my actions were instinctive. I assisted the nurses to change the sheets and wash him when he was incontinent. I remember that I kept crying throughout the night as I was so shocked by it all and felt quite helpless to really assist him. I was embarrassed that the nurses would realise I was crying and kept surreptitiously wiping my nose and eyes.

That night I learnt what nursing was about and the reality of the career I had chosen. I also understood how tough this was going to be for me emotionally. It was definitely a turning point and, after that first duty, I began to take pride in my chosen career and in being a student nurse.

I still take pride in the fact that I am a nurse as I consider it to be a worthy profession. Although my career is now in education, I work as a bank nurse in a hospice occasionally, in order to keep updated with nursing skills, and because I gain satisfaction from this work. I like fundamental nursing care. I obtain fulfilment from caring for people who are very ill or dying. Even now, I experience the same overwhelming urge to comfort people when they are vulnerable or poorly which I experienced on that first night duty. I still get emotional at times when I nurse, as I easily identify and empathise with patients and their families. However, I now regard this as one my strengths, because I view it as part of my caring about people. I strongly believe that a nurse must demonstrate caring skills; this is of equal importance to clinical knowledge and clinical performance. When teaching, I continually stress to the students the importance of 'caring about the people you care for'. I don't believe that you need a vocation to be a nurse, but, I do believe that you have to care about other people.

I consider this unsettling experience at the beginning of my nursing career to be the point at which I began to formulate a realistic concept of a nurse and, consequently, began the adoption of this persona. I believe nursing to be emotional work that involves giving of one's self in an intimate and empathic manner, which is not necessarily inherent within other healthcare professions. Bolton (2000) divided emotional labour into two distinct parts; emotional work as a 'gift' in which emotions are given to patients, and emotional labour as a chore whereby nurses strive to control their feelings in order to work effectively. I can agree with this viewpoint and consider that my story, above, clearly demonstrates these two categories, as I gave my gift of care and concern to the gentleman, whilst labouring with shock and distress, and hiding this from both the patient and my colleagues.

By discussing my concept of a nurse and how I began to construct and adopt this persona, I aim to enlighten the reader as to my preconceived ideas in keeping with descriptive phenomenology. Having been involved in nursing for around thirty years, I have well developed concepts regarding a nurse identity, which may subconsciously influence data collection and analysis, despite conscious attempts to bracket these pre-conceived ideas by, for example, maintaining a research journal and reflecting on my views. This is in an attempt to put findings into perspective and explore possible researcher influence on data generation and analysis in keeping with descriptive phenomenology (Finlay, 2004). However, has my thirty years experience in nursing subconsciously overridden efforts to maintain the integrity of research findings? Could my ideas on the identity of a nurse be so strong that I unwittingly looked for a mirroring of these ideas in the students' discourses? Was my first introduction to the world of the nurse so impacting, that I unintentionally disregard data where my view of nurses needing to help those in misery is not apparent or contradicted? In attempting to directly and candidly inform the reader of my assumptions in regard to issues surrounding nurse identity, I am intending that these questions can be considered and informed conclusions reached regarding the integrity of the data gathering, analysis and findings.

6.4.2: Limitations with online and telephone interviews

In order to examine the interview methods utilised within this study, this section has been included which discusses the differences experienced between the face-to-face interviews conducted with the traditional students, and telephone and instant messaging interviews conducted with the e-learning students. By including this section, it is intended that the reader will gain an understanding of the challenges faced by the various interview methods and that this will add clarity to the data.

On analysis of the interview data, the e-learning students' discourses appeared succinct in comparison to data from the traditional students. I wondered if the e-learning students were not as relaxed during interviews, as their discussions were generally shorter and less in-depth and I intervened far more during these interviews, by asking questions, in order to keep the conversations flowing. This was a common feature throughout the interviews with the e-learning students, with the exception of one talkative student whose interview was conducted by telephone. On consideration of why these interviews were generally less flowing, I reflected that there were probably several reasons. Unlike the traditional students, I had never met the e-learning students and rapport was not established, in addition, these interviews were conducted at a distance, which resulted in a weaker bond forming between the participants and myself. Also, four of the interviews were conducted by instant messaging which is not conducive to long conversations, as both the interviewer and participant are typing messages, which is a slow, arduous process for people lacking typing skills. Inability to observe non-verbal communication with instant messaging also hindered rapport and increased the chances of messages being misinterpreted. Although I encouraged students to use emoticons to convey meaning, the emoticons themselves were ambiguous at times. For example, one student favoured using a smiley face that winked, which I interpreted to mean that the reply was a flippant one. However, when analysing the data, I reflected that the student may have meant something entirely different by this emoticon; she could have been conveying rapport, camaraderie or support, rendering the message to have different meanings. This ambiguity resulted in me having to check with students in follow up discussions, exactly what they meant to convey by including the emoticons they did.

All of the students using instant messaging utilised an abbreviated text for writing during interviews which, at first, I found difficult to interpret although, towards the end of the interviews I became tempted to adopt this text myself, as students understood it and it would have been much quicker to type in this abbreviated form. However, I decided that it was appropriate as a researcher to maintain a professional attitude, as I had when conducting the face-to-face interviews, which in the case of instant messaging discussions could be upheld by formal language on my part. During the first instant messaging interview I conducted, due to a lack of instant messaging etiquette on my part, I confused the conversation by writing and posting messages at the same time as the student, thus causing exchanges to become bewildering as I would ask a question to which a reply arrived from a question asked earlier. However, the student politely directed my attention to a sign at the bottom of the screen which indicated when the other person was writing a message and suggested that I wait until this had cleared before commencing writing my message and in this way confusion was eliminated.

The students also used another writing style during these interviews; due to instant messaging being slow because of constraints with inadequate typing skills; they would break the message up into several sound bites. To illustrate, instead of replying in one long sentence, they would post a short reply and then another and then another, in this way the person waiting for the reply could read the first part whilst the writer was typing out the second part, thus eliminating wasted time waiting for the whole reply. As this was such an effective method, I quickly adopted it on the occasions that I wished to write a longer sentence, as I considered that it aided rapport with the students, to some extent, as it demonstrated an affinity with their mode of communication. However, this style of writing reinforced the stunted, staccato style conversations lacking in flow which typify instant messaging conversations, as the extracts demonstrate.

McDermott et al (2005) reported that when conducting face-to-face and telephone interviews for a pilot study, they found little difference in terms of rapport between the two modes. However, in their study they had not met any of the participants previously, whereas, I was known to the traditional students I interviewed. Britten, (1995) discussed how a researcher's non-verbal communication can affect participants in interviews; an example of this may be a researcher smiling to put a participant at ease. This form of communication is missing from telephone and

online interviews to a large degree, although tone and pitch of voice may go someway to assist, as do certain, obvious emoticons. Also, as mentioned, typing out conversations is not conducive to long musings lending itself more to short staccato answers. On reflection, I do not consider the brevity of interview responses from the e-learning students to be an expression of their personalities, but, regard this as due to the interview methods utilised and the students not having met me.

Only one of the four students who chose to be interviewed by instant messaging disclosed that they had a web camera with voice technology and, consequently, part of her interview was conducted via this method. However, I found it rather difficult to sit looking at somebody whom I did not know, for over an hour through a web camera, to conduct an interview. I wrote in my journal that I found the experience to be rather "embarrassing and bizarre" although I was not quite sure why. I had an overwhelming urge to laugh at one point, which I can only put down to nervousness on my part, although I did not feel nervous during any of the other interviews. I would imagine that the student also found the experience rather embarrassing, as she looked awkward and shy and did not maintain eye contact even though it was through a camera lens. However, as the audio was difficult to hear due to white noise, we agreed to abandon both the voice technology and web camera after, approximately, forty minutes of interview and conducted the rest of the discussion by instant messaging. I noted in my diary that it was with relief that I suggested we abandon this medium and I noted she looked and sounded pleased as she agreed.

Orgad (2005) stated that "there is a real challenge in building rapport online. Trust, a fragile commodity … seems ever more fragile in a disembodied, anonymous and textual setting" (p.55), which certainly proved to be the case in this study. Kivits (2005) explained that when facilitating email interviews, she purposively used the technique of disclosing personal information in order to build trust and rapport with participants. So, for example, included in her emails were the interview questions, but, she also either began or ended the email with exchanges of personal information regarding such items as holidays, family life and work. This technique helped to maintain a friendly rapport which enabled her to develop an online relationship, in which she could ask questions of a more sensitive nature. I also used this technique to some extent during interviews, for example, at one point during the web camera interview my dog walked into the

room, so I showed her to the student over the camera, which did break the ice a little, as we spent the next five minutes talking about our pets.

O'Connor and Madge (2001) in online interviews with parents, attempted to build a stronger rapport by directing the respondents to a website which contained photographs of the researchers, in an attempt to personalise the interviewers. With hindsight, this was something that I could have attempted with the e-learning students, as I did not know what any of these students looked like, nor they me, apart from the one student whose interview was commenced using web cameras, and there is no doubt that this did hinder rapport with the students.

To illustrate the variance in my relationships between the two groups of students, and to demonstrate how observation of interview participants assists with a greater understanding of their dialogue, I have included two extracts from my research journal. The journal was used both during and after interviews to capture thoughts, impressions, and feelings I experienced in an attempt to examine and bracket pre-conceived notions in keeping with descriptive phenomenology (Giorgi, 2000a). The first example is in regard to an interview with a traditional student. This example describes a moment during the interview in which I react to a subtle, non-verbal gesture which TS1 used when describing his life world. The movement tugged me out of my believed understanding of his discourse and afforded me greater insight into the emotions and feelings he was describing. Through one gesture, the student reminded me to adopt an open presence to his story, as it unfolded.

> During my interview with TS1, he talked powerfully about how he had given up a good job to go into nursing. How he was putting both his wife and children under financial strain because of his calling to nurse and to help others, and to do a job he regarded as worthwhile…
>
> He talked quite a lot about how guilty he felt in regard to the sacrifices his family had to make… At first, I began to think about his experience in terms of long term goals, how it would turn out alright in the end… Then he did something that tugged me into his life world...
>
> He was describing how Christmas would be sparse that year and how his nine year old son wanted a particular bike, but he wouldn't have the money to buy it. He described the sense of shame he felt at letting his son down and said, "Sometimes I feel I'm

being selfish pursuing my dreams" and, very quickly, wiped a tear away from his eye, stating "He's a good kid though and he'll understand."

In that instant I realised how much this student was sacrificing to follow his dream of becoming a nurse. This was somebody who had previously earned a good salary working in the field of Information Technology, but, had felt the urge to pursue a career which was concerned with helping others. In that moment, I understood … his urge to nurse, to make a difference to people's lives … the sacrifices he was making to achieve this dream (Research Journal, May 2004).

The clarity of my insight was gained through being able to observe the student's gestures and expressions, not available during telephone or instant messaging interviews. Without this observation, I may not have realised the extent to which this student was making sacrifices in order to fulfil his ambition of being a nurse, nor the strength of his concept of a nurse as containing qualities which made a difference to people's lives and, consequently, enriching the life of the nurse.

In contrast, this extract from my research diary in regard to a telephone interview with an e-learning student (ES2) demonstrates a lack of complete understanding on my part, in regard to the student's life world. With hindsight, I can see that this lack of comprehension may have had some effect on the student's responses and, could have affected the integrity of the data to some degree. Was I to have conducted the same interview face-to-face, would I have gained an enriched insight into this student's life world? Phenomenology is concerned with the study of people's experiences and, it may be, that by conducting these interviews using methods other than face-to-face, I have limited my understandings of the students' data to some degree. Perhaps, if I could have observed this student's mannerisms or gestures, I may have understood with more clarity what he was telling me about his concept of a nurse, in the same manner as occurred with the traditional student described previously.

[With ES2] I found myself feeling annoyed with what I regarded as a cold, impersonal approach; one that was inappropriate in a student nurse. As a result I became uncharacteristically challenging with him. I pushed him to get an emotional response. However, he would merely avoid the questions by delivering inappropriate answers which were not related to the questions I'd posed. I felt as though there was a barrier between us which I couldn't get through or get over. I continually challenged myself

to try to truly listen to him, to understand what it was that he was telling me. However, feelings of frustration would rise up in me again, and I could feel myself wanting to say "Stop telling me what you think I want to hear and tell me what you really feel".

Later, reflecting on the discussions [I conducted one interview and two follow up sessions with this student], I wondered to what extent I had set up my initial assumptions? Was there something in the tone of his voice which made me respond in a certain way, which set up his response in return? To what degree did he produce the behaviours because I was, in some way, inviting them? If I had some indication of his non-verbal gestures or facial expressions, it might have been easier to build a rapport. As it was, we conducted three telephone discussions in a manner of extremely polite coldness towards each other (Research Journal, June 2005).

In general, my diary notes in regard to interviews with the e-learning students were briefer and tended to focus on my feelings about the interviews and the discussions, with fewer references to the students themselves.   I did not know these students and the rapport was definitely not as developed as with the traditional students, and the style of interviews did not assist with developing a strong affinity which may have had an effect on the responses students gave.

6.4.3: Study Limitations

The findings from this study gathered from the lived experiences of student nurses in keeping with the phenomenological tradition, have been developed into a model to aid students with the development of a nurse identity when studying e-learning modules for nursing courses, discussed in the next section. A model is often used to describe the application of theory to a particular situation and should provide a succinct and uncomplicated method of illustrating a set of circumstances or issues (Brennan and Anthony, 2000).   In the development of this model, data from this study which documented how student nurses constructed and adopted a nurse identity was examined and, where feasible, transferred to the virtual environment, in order to promote professional socialisation through e-learning. It is recognised and acknowledged that there are limitations in developing a model based upon the research of one small scale study. However, it was considered that this model could provide a starting point for developing professional socialisation through e-learning from which further research and progress can take place, moreover, it was thought that it could inform my own practice in this field, as there is a shortage of other literature from which to gather relevant information.

This is a relatively small scale study and, as such, findings cannot be generalised to student nurses elsewhere, although it is intended to be informative for other educators. However, as the research examines an area which has been ignored to a large extent within the literature, it does provide a foundation from which further research and development can take place. The study is concerned with students enrolled on the *Making a Difference* nursing curriculum (DoH, 1999) and this is to be phased out in the near future, as discussions are underway in regard to a new national curriculum for nurse training (NMC, 2007). The students participating in this study were all Adult Branch students from a Diploma in Nursing course, however, the study did not include the three other branches of nursing; Children Nursing, Learning Disability Nursing and Mental Health Nursing. Similarly, the study did not include student nurses enrolled on degree courses, which again limits the findings of the study.

The study utilised descriptive phenomenology as its methodology, chosen because of its strengths in exploring phenomenon from the participant's viewpoint. It allowed for understanding of construction and adoption of a nurse identity by those who were currently experiencing this, student nurses, thus providing lived contextual realities and concerns (Lopez and Willis, 2004). With its emphasis on analysing data to capture the essence of the phenomenon under scrutiny, it was possible to effectively compare findings between the two sets of student data. However, due to the choice of methodology and time limitations, the findings did not disclose information in regard to the design of the e-learning modules, student satisfaction rates with e-learning modules, student attrition rates from e-learning courses, or information on students pass rates on e-learning modules. Such findings, although not feasible for this study, would have provided factual information with which to compare e-learning and traditional modules of study. To explore such information would require a positivist style of inquiry and it is recommended that future research is undertaken into these areas.

The study could also have benefited by comparing findings between traditional diploma students and those studying the course entirely by e-learning, but, as no university in Britain was offering nurse training by this method, this could not be achieved. In hindsight, due to the limitations of instant messaging and telephone interviewing, face-to-face interviews with both sets of students would have been preferable for comparing data between the two groups. On a positive note, the

interviews by instant messaging did afford me first hand experience of socialisation online, which prompted consideration of more effective means of communicating in the development of the *Model for Professional Socialisation to Nursing through E-learning.*

The model is based upon the findings of this study, and, as this was small scale there are, consequently, limitations with these findings. However, as so little information could be found in the literature on the topic of professional socialisation through e-learning, it is intended that the model will provide a basis from which to take forward further research and development in this area. In addition, many of the suggestions incorporated into the model have been recommended within literature on e-learning as beneficial practice, so application of the model should support students through good e-learning pedagogy.

6.5: A Model for Professional Socialisation to Nursing through E-learning.

6.5.1: Underpinning Foundations of the Model

A range of models have already been developed in regard to learning through technology (e.g., Conole and Fill, 2004; Laurillard, 2001; Moule, 2007; Salmon, 2000; Twining, 2002) and these were considered prior to the development of this work. The models are varied in their focus depending upon the main concepts they explore; for example, the model by Salmon (2000) was designed to assist practitioners with practical approaches to e-learning, whereas work by Laurillard (2001) focused on learner interaction and conversation. However, no models were discovered which deliberated on professional socialisation, although there were numerous papers and studies which discussed the more generic topic of socialisation through e-learning, which informed this model (e.g. Johnson, 2005; McPherson and Nunes, 2004; Naeve et al, 2006; Pertti et al, 2006).

As I am concerned with informing my own practice in developing e-learning modules for nursing, I was particularly interested in theories which were recent and British. I considered that recent studies were important as nursing changes so rapidly that older studies may be outdated and unrelated and, as British nursing is concerned with a system of healthcare peculiar to this

country, I also considered this to be an essential factor. I was interested in studies which focused on socialisation within the academic setting, as many studies were concerned with professional socialisation within practicum. A study by Brennan and McSherry (2006) was informative, although it was based on former health care assistants who had enrolled on nurse training courses and focused somewhat on these issues. Another study by Newton and McKenna (2007) was worthy of note, but, based in Australia with different healthcare and curricula. Many of the studies looked at professional socialisation through a narrow angle of inquiry applicable to the interest of the research paper. For example, the study by Newton and McKenna (2007) examined, through focus groups, how nursing students developed their skills and knowledge. Whilst this is professional socialisation to the nurse role, which is part of socialisation to nurse identity, it is not the whole picture and I was concerned with developing a model which supported students in professional socialisation to a nurse identity whilst studying by e-learning.

The model is based upon the constructivist learning theory which is recognised as being applicable to e-learning (e.g. Gottlieb, 2000; Paurelle, 2003; Zualkernan, 2006).   There are numerous learning theories which attempt to explain how people absorb knowledge, and thus aid the understanding of education.   However, most theories fit into three main philosophical frameworks: *Behaviourism*, *Cognitivism* and *Constructivism* and within these sit various perspectives such as *humanistic theory* or *social learning theory* (Siemens, 2004).

To briefly summarise learning theories, behaviourism is an approach to psychology which believes learning is the result of operant conditioning whereby reinforcement results in increases in behaviour and punishment results in decreases in behaviour (Skinner, 1974). Behaviourism is consistent with classroom teaching and lecturing, in which it is considered that the lecturer holds the information and imparts this to students, who are seen as empty vessels waiting to be filled. Student learning is based on the teacher's knowledge and what they consider important for students to learn (Alonso et al, 2005) and this could account for why the traditional students within this study placed emphasis on tutor knowledge and experience. Acknowledgement of students' prior knowledge and experience is limited, as is transference of existing skills, and students are constricted to learning at the same rate, within the same time frame, as acknowledgment of individuality is limited (Curzon, 1998). This was typical of the courses that

both students within this study were engaged upon, although the e-learning students' mode of study did allow them some flexibility through e-learning, as demonstrated in the findings which showed that they were more independent learners.

Cognitivism builds upon behaviourism, but, looks beyond behaviour and includes brain based learning, including memory. Therefore, the physiological processes of storing information in short term and long term memory become important to educators, as this information guides curriculum design (Grendler, 2005). For example, lecturers may choose to expound upon a principle and then construct student group work on this topic, so that learning is consolidated and then revised in order to reinforce ideas. Again, this was a learning style used for the students within this study as nursing curricula is commonly designed to have key lectures followed by seminars or group work which consolidates learning. The e-learning students were also engaged in this learning style as they discussed learning clinical skills online and consolidating this independent learning within the classroom or practice arenas.

Constructivism, also maintains that learners build new ideas based upon previous knowledge and experience. Developed by Dewey, Piaget and Vygotsky (Gottlieb, 2000) constructivist theory maintains that knowledge cannot be separated from the person who knows, therefore, it is through learning that knowledge comes into being. The student's knowledge can be likened to a half built construction, in that the student explores the existing structures in order to discover how to complete the creation. The learner uses existing knowledge in order to create new knowledge, sometimes the prior knowledge, learnt in a different context, has to be adapted to make sense of the new learning. Learning is regarded as a personal endeavour, whereby the teacher acts as facilitator in encouraging students to discover principles and construct knowledge by working through realistic problems and case studies (Gredler, 2005). This involves social constructivism, in which ideas and concepts are discussed with others in order to share perspectives and build scaffolds on which to construct knowledge (Weller, 2002). An example of this may be the students within this study who all discussed having knowledge of the identity of a nurse before they commenced their course and they then built upon this image with further knowledge and experience.

Constructivism promotes free exploration within a given framework and appears suited to modern education, whereby concepts of lifelong learning, diversity and widening participation are important considerations. E-learning is suited to this theory, as students can study at their own pace within asynchronous learning environments and independently research concepts and ideas. Within this paradigm, student nurses might take two years to develop what the university agrees are diploma or degree level proficiencies, whilst others might take seven years (Mayer, 2004) depending upon prior knowledge and experience and how quickly students grasp concepts. The Government appears to be moving towards this model with the introduction of fast track nurse training for graduates and those with relevant clinical experience such as cadet nurses. The asynchronous learning environment offered with online learning can benefit students who, due to domestic demands, need to study at a more leisurely rate, which can also assist with widening participation agendas. To enable this model to function effectively, students would need to be measured against specific levels of nursing proficiencies. Proficiencies have already been mapped out for measuring student nurses' knowledge and skills in nurse education (DoH, 1999) and these are used to guide curriculum design and aid with assessment in conjunction with national academic standards devised by the Quality Assurance Agency. Designing online tests and assessments which measure these standards and proficiencies could aid students to absorb knowledge at their own pace, allowing for fast tracking of knowledgeable experienced students and a slower progression for students who require more time to construct knowledge.

However, there are challenges presented by constructivism, as some students do not adapt to a learner centred approach and function more effectively in traditional classroom environments (Paurelle, 2003). This would also require considerable expenditure in terms of developing effective systems for mapping student proficiencies and ensuring authenticity in that the person taking the online assessment was indeed the student concerned. Iris recognition software is available but at a price not affordable presently to most educational institutions, however, webcam technology could be utilised if students undertook assignments at arranged times. Again, this would require considerable time, effort and expenditure in arranging curricula to take account of individual schedules for students studying at different paces; much more arduous than having, for example, a cohort of 100 students in one lecture theatre following a set timetable, such as experienced by the traditional students in this study.

Not all students are technically proficient, nor do they have the equipment to take advantage of online learning, although universities offer the use of computers, this contradicts the philosophy of distance learning. Perhaps, the nursing bursary awarded to students to assist with living costs and learning resources could be used to fund equipment such as laptops, especially as the need to purchase books is now almost obsolete due to online facilities such as e-books and e-journals. Local libraries offer the use of computers and the Internet, but it would be unrealistic to expect students to undertake full-time e-courses travelling on a regular basis to use library equipment; traditional learning may prove more convenient. Technical ability concerns could be addressed by diagnostic assessment of technical skills prior to enrolment, and provision of short introductory courses to e-learning. The literature is reassuring that students are, in the main, keen to enrol on e-courses (e.g. Gresty and Cotton, 2003; Glen, 2006; Washer, 2001) due to reasons of convenience due to travel and time constraints presented with traditional learning. The e-learning students in this study discussed the convenience of studying from home, especially as some had considerable distances to travel to the university by public transport. But as stated earlier, the literature warns of the problems of feelings of isolation resulting in high student attrition rates and low pass rates due to poorly designed e-learning modules and courses (e.g. Christie and Ferdos, 2004; Glen and Cox, 2006).

As stated previously, innovative methods of education are emerging slowly within nurse education, for example, universities are accrediting prior experience and learning and encouraging students to adapt prior knowledge and skills, thus fast tracking suitable students (Scott, 2007a). However, this is presently a laborious process for students and educators, consisting of presenting portfolios of evidence for scrutiny against learning outcomes. With e-learning this process could be fast tracked, by students completing online assessments to measure proficiencies. This could include complex skills assessments by means of virtual skills laboratories and interactive media equipment. This may not be as expensive as it initially appears, because nursing faculties provide skills laboratories and equipment which are extremely costly in terms of pump priming and maintenance costs, which can be replaced by virtual laboratories.

> Given the high cost of laboratory equipment, most universities cannot afford to set up multiple versions of the same experiment. For example, there is only one optical spectrum analyzer at the Université Laval; it cost approximately $75,000 and students

have to sign up in advance to use it. The rapid emergence of new technologies and the inevitable breakage of existing equipment add to the problem of resource availability by creating a perpetual need for replacement. In the virtual world, however, lab maintenance becomes relatively easy and inexpensive. (Solomonescu, 2006, p.1).

However, university nursing faculties already have skills laboratories and equipment in place and replacing these with virtual laboratories may not be considered financially viable, unless an influx of Government monies were made available for this purpose.

The success of online learning is thought to be dependent upon students being able to independently retrieve information, share their views with others and reflect upon personal learning (Zaulkernan, 2006). Constructivist learning theory when applied to e-learning relies, in many cases, upon students learning how to learn. Communication online is essential, not only to encourage learning, but also in terms of professional socialisation to the nurse role. However, 'lurkers' who observe, but, do no participate in online discussions are renowned (Salmon, 2004), and successful methods of encouraging learners to participate in discussions need to be included if e-learning is to be of benefit to all of its participants. Including participation in discussions as part of the assessment process is one way of achieving this; however it is a little forced and may not encourage frank and open dialogue. Having experienced online education from the student perspective I can appreciate why learners may be reluctant to join in discussions. In classroom debates, a spoken comment may be regarded as foolish by lecturers or peers and cause momentary embarrassment, however, it is soon forgotten as the moment is not recorded. In the virtual environment, discussions remain online for participants to read, in many cases for the duration of the module or course. In addition, typed messages used for 'conversations' are not conducive to in-depth discussions and can often be ambiguous in meaning. This was clearly demonstrated during interviews for this research, where limitations with instant messaging became obvious as students struggled with one finger typing; comparisons between the spoken and typed interviews displayed restrictions with the typed medium due to the laboriousness of the process, resulting in abbreviated, condensed, staccato style conversations. This could be overcome in the virtual classroom by the use of video conferencing or webcam discussions, but, this takes away the advantage of asynchronous learning, as timetables for discussions would need to be arranged. Voice technology is now quite effective in converting the spoken word to text,

but long written discussions equate with hours of reading, again, not a realistic compromise, demonstrating the challenges with some aspects of e-learning compared with face-to-face teaching methods.

If online learning is to be successful, then it would seem essential that a solid infrastructure is put in place in terms of equipment as well as design. There is a need to ensure that students are satisfied with e-learning methods and that attrition rates are not increased (Salmon, 2004). There is also a need to ensure that student nurse e-learners are well educated and successfully adopt a nurse identity. Online student support and learning support need to be available, as does online library and administration support in order that e-learning students are not disadvantaged. Voice enabled webcam technology is commonplace and affordable, with some devices retailing for less than £20 and these could be utilised for personal tutorials, which are considered to assist with lowering student attrition rates in nurse education (DoH, 1999). However, it is not only students who may lack technological equipment to ensure the success of e-learning, and universities may need to invest in technology for staff usage, to enable video conferencing and personal, camera aided interactions to take place. Weller (2002) discussed the problems with group work online, due to a lack of visual clues which aid face-to-face communications. Group interactions are vital to build the scaffolding on which personal learning can take place and, also, for students to construct and absorb a nurse identity. The use of webcam technology can aid group work, by supplying a face to a name and allowing for more personal interactions. However, issues with synchronous and asynchronous learning are raised again and it may be that a timetable needs to be devised whereby discussions and group work are given set times, however, this detracts from students who wish to fast-track or slow-track their courses. One way of overcoming this would be for students to study single modules or several modules simultaneously, depending on the timescale they intend to progress through their courses.

The constructivist approach to learning is not always an efficient method, as learning can prove to be slow and laborious for some students, which may lead to impressions that instructionist modes of delivery are less time-consuming and thus more effective. However, constructivist methods are believed to enrich understanding, as the learner has actively constructed knowledge by integrating new information and experiences into existing knowledge, thus creating enriched

understandings (Paurelle, 2003).   For this style of education to be effective, it seems crucial that web educators have knowledge, understanding and affinity with constructivist theory.   Simply transferring traditional modules from courses into a virtual learning environment could spell disaster for students.   As discussed, the virtual environment requires different methods of delivery suited to the medium.   This will require educational establishments to invest substantial amounts in staff training to ensure educators are updated in the skills required for this style of learning, which in my experience has not been the case.   Nurse lecturers need to transform from lone workers to worldwide net workers, in order to liaise with students and other facilitators.   It is imperative that a human infrastructure is in place alongside the technological structures to support e-learning and this includes technicians and web administrators working alongside educators to ensure expertise and efficiency.   When commenting on constructivist methods in education, Gotllieb (2000) noted that:

> We now refer to our participants as "learners", we rapture over the notion of "learning organizations," and we trumpet the coming of the new era where the learner becomes primarily responsible for his or her own learning. More often than not, the differences are semantic or an excuse for not being able to get the job done, or the justification of an economic motive.   Despite the changes in terminology, most training and development initiatives continue to follow the behaviourist approach that has dominated education, in which the teacher disseminates selected knowledge, measures the learners' reception of facts, and focuses on task control and task completion. Often the event (or module) is structured using individualistic or competitive learning strategies rather than cooperative learning strategies that emphasize, or at least take into account, the social factor (p.2).

It is important with e-learning that students feel supported and this can be maintained by web educators responding to students within twenty four hours, so that a strong lecturer presence is maintained (Stark and Warne, 1999), however this requires flexible workloads.   Distance education should not result in students feeling detached. Infrastructures within universities, such as learning support and counselling services, should be made available online for students to access in the same timescale as for traditional students. At the university where I presently work, I am involved in coordinating an e-learning module which, due to a lack of online administration, students are unable to enrol for online but have to attend university or send in an enrolment form by postal mail; likewise, the summative assessment for this module cannot be transferred across online, but has to be posted or manually delivered.   It seems essential that university

infrastructures are updated to take account of e-learning, otherwise, courses may lack credibility and students lose confidence.

Interprofessional education, important within nurse education, can be orchestrated online with comparative ease compared to the logistics of organising timetables, curricula, assessments, rooms and lecturers, required with traditional modes of interprofessional education. Theoretically, health care professionals can interact in web chat rooms and via learning communities from anywhere throughout the nation and, indeed, the globe, enabling enriched knowledge and understanding of other professions and health care regimes. Liaison with other healthcare professionals assists in strengthening a student's professional identity through reinforcement of characteristics and individualities. However, one study by Varga-Atkins and Cooper (2005) which researched an evidence-based interprofessional educational course found that there were implications for educators: "Comments suggested that good awareness of multimedia capabilities, prior experience of e-learning, and having a clear understanding of the context in which materials will be used were essential requirements alongside an understanding of differences in e-learning pedagogy" (p.102). Again, this reinforces the need for investment in continuing staff development and advanced equipment. Also, market competitiveness, a feature of modern day higher education, does not lend itself to collaboration between university faculties or between other universities, unless there is recompense for all parties involved which may prove difficult or undesirable to achieve.

Burchum et al, (2007) maintained that in the fast changing world of healthcare the aim of developing a contemporary nursing curriculum lies in designing a course to meet future nursing needs, in order to maintain currency. Likewise, the key to developing an effective model of professional socialisation to nursing through education must be achieved by designing a model based on the forecasted future of nurse training. In this way, education can be introduced based upon a theoretical model, which can be reviewed and adapted as necessary. The model presented in this study is aimed at student nurses of the future who may study the entire theoretical component of their course by e-learning. The model is intended to introduce e-learning on a foundation of research and development in order to maximise professional socialisation to nursing. Meanwhile, it can be utilised for present day student nurses who are studying via

blended learning approaches and can be regularly reviewed and further developed and improved through research.

6.5.2: Using the Research Data to Support the Model

The model is based upon the findings from this study which examined the lived experiences of student nurses in regard to how they constructed and adopted a nurse identity and what this identity consisted of. Descriptive phenomenology supported comparisons of data between the two sets of students by analysing the findings into essences of the phenomena under scrutiny and comparing these between groups. In addition, research observations provided data which demonstrated how a nurse identity is constructed and adopted within classroom situations and conclusions have been drawn from these findings which have also informed the model. References to literature which demonstrate how professional identity is formed and adopted within classroom situations are given to support the classroom findings and, therefore, the model.

The findings from this study noted differences between the two groups of students, discussed in Chapter 4 and 5 and these also influenced the development of the model. Also disclosed in the findings were areas of weakness within both e-learning and traditional modes of study and suggestions for addressing these deficits have been included in this model. For example, limitations were noted in student interviews conducted by instant messaging and this has direct consequences for students engaged in e-learning, so that alternative methods of online communication, such as the use of web-cameras, have been suggested where appropriate. Also, traditional students practiced oral presentations in front of their peers during seminar sessions, which was absent from the e-learning curricula, however, this has been incorporated into the model. The e-learning students demonstrated advanced online researching skills including literature searches compared to traditional students and these skills have been noted and reinforced in the model design.

Following each of the six diagrams which make up the model; a detailed explanation is provided which explains the diagram and details how the research data fed into this diagram within the model. The five tables of data analysis displayed in Chapters 4 and 5 are integrated into the model as detailed here.

Table 1 (detailed on page 86) : The four core clusters which make up the essence of a nurse identity, as discussed by both sets of student nurses during interviews, have been incorporated into the model by including discussions and work on nurse identity which reflect these clusters.

Table 2 (detailed on page 112): The four core clusters which make up the essence of constructing a nurse identity, as discussed by both sets of student nurses during interviews, have been incorporated into the model by including discussions and work on nurse identity and by encouraging lecturers and mentors to discuss a nurse identity online.

Table 3 (detailed on page 113): The four core clusters which make up the essence of adopting the identity of a nurse, as discussed by both sets of student nurses during interviews, have been incorporated into the model by encouraging lecturers and mentors to be aware that they should demonstrate expectations that the students will qualify as nurses and that they should discuss their own experiences of being a nurse, where appropriate. Work online should, obviously, provide students with a good knowledge of nursing practice and the model reminds both lecturers and mentors that they are role models and should behave accordingly, as the data demonstrated the important influence of role models for students.

Table 4 (detailed on page 125): The two core clusters which make up the essence of constructing a nurse identity, as observed during classroom interactions, have been incorporated into the model by including class work, resources and discussions on nurse identity as this was demonstrated as strongly influencing students to construct and adopt a nurse identity.

Table 5 (detailed on page 126): The two core clusters which make up the essence of adopting a nurse identity, as observed during classroom interactions, have been incorporated into the model by immersing students into the world of nursing through online learning and by lecturers encouraging the adoption of a nurse identity through discussions and class work as discussed following diagram 5 and diagram 6 of the model.

6.5.3: Diagrammatic Representation of the Model

The model is displayed within this section in diagrammatic format, comprising of six illustrations which consist of an overview of the model and five diagrams to detail the synopsis. All figures are designed to be self-explanatory and aim to assist with understanding strategies within the virtual environment which aid nurse identity construction and adoption. A discussion of each diagram, including rationales behind the strategies are presented following each illustration.

A critique of the model is provided following the diagrammatic representation and explanations.

A MODEL FOR PROFESSIONAL SOCIALISATION TO NURSING THROUGH E-LEARNING

Figure 1 (of 6): Overview of the model

a) The Three Stages of Constructing and Adopting a Nurse Identity by Students

1: Nursing Recruit

Enrols online with a preliminary concept of a nurse, based upon influences from family, friends and the media.

2: Student Nurse

A realistic concept of a nurse is formed in keeping with the student's world view and this is absorbed into the student's self identity.
The model is concerned with this stage of the continuum

3: Qualified Nurse

A realistic nurse identity is formed and adopted although this will change with time and experience

b) Construction of a Nurse Identity by Students when Studying via E-learning

Students formally construct a nurse identity through e-learning

Students informally construct a nurse identity through e-learning when socialising with peers online

Nurse lecturers assist with constructing a nurse identity within the online environment

Practice mentors assist with the construction of a nurse identity online

c) Adoption of a Nurse Identity by Students when Studying via E-learning

Students begin the process of adopting an individual nurse identity whilst studying online

Lecturers support students online in adopting a nurse identity

Practice mentors support students online and in practice in adopting a nurse identity

<u>Explanation of Figure 1</u>

Figure 1 presents an overview of the model which illustrates findings from this study, confirmed in the literature, which demonstrate (in part a) how students commence training with a preliminary concept of a nurse commonly based on humanistic notions of caring for others (Apesoa-Verano, 2007, Adams et al, 2006). These preliminary notions of the concept of a nurse are based on information gathered from family, friends and the media and these ideas will be individually fine-tuned and honed over the duration of their course by professional socialisation within the online environment and clinical settings. From the enrolment stage, the model demonstrates (in part b) the different ways in which online education can assist with enriching the student's preliminary image of a nurse to correlate with the reality of the nursing world and the student's world view, with the intention that (shown in part c) the student will absorb this into their psyche by the time they are qualified (Apesoa-Verano, 2007, Chan and Schwind, 2006).

The findings from the student interviews and classroom observations demonstrated how construction of a suitable nurse identity takes place for students both by formal discussions and informal discussions with peers; and opportunities for this to occur have been created within this model. The findings also demonstrated how traditional students are aided in constructing a nurse identity by lecturers within the classroom and this has been transferred to the online environment within the model. Proposals that clinical mentors from practice areas communicate with students online is incorporated, in order to discuss issues from practice and to provide additional opportunities for professional socialisation to a nurse identity, such as reinforcement of a nurse identity. Presently, with traditional education, liaison between mentors from practice and nurse lecturers and students occurs by telephone or in-person by travelling into the practice areas, however, this can easily be transferred to the online environment through email or web discussions, saving time and travel costs. In addition, issues regarding students who may be causing concern in practice can immediately be raised online with lecturers, enabling prompt support for these students, as necessary.

The following pages present five diagrams of the model which detail Figure 1, parts b) and c) by explaining how the construction and adoption of a nurse identity by students can be assisted through e-learning. Again, an explanation is provided following each diagram.

A MODEL FOR PROFESSIONAL SOCIALISATION TO NURSING THROUGH E-LEARNING

Figure 2 (of 6): Students' formal construction of a nurse identity through e-learning

**STUDENTS' FORMAL
CONSTRUCTION OF
A NURSE IDENTITY
THROUGH
E-LEARNING**

Students discuss the identity of nurse during interactive web sessions. Students undertake web-cam presentations on nurse identity

Students engage in work on nurse identity which is set and viewed online

Students engage in formal interaction through discussion boards, instant messaging or email. Students' names, formal photographs and university email addresses are posted online to enable formal contact encouraged during sessions
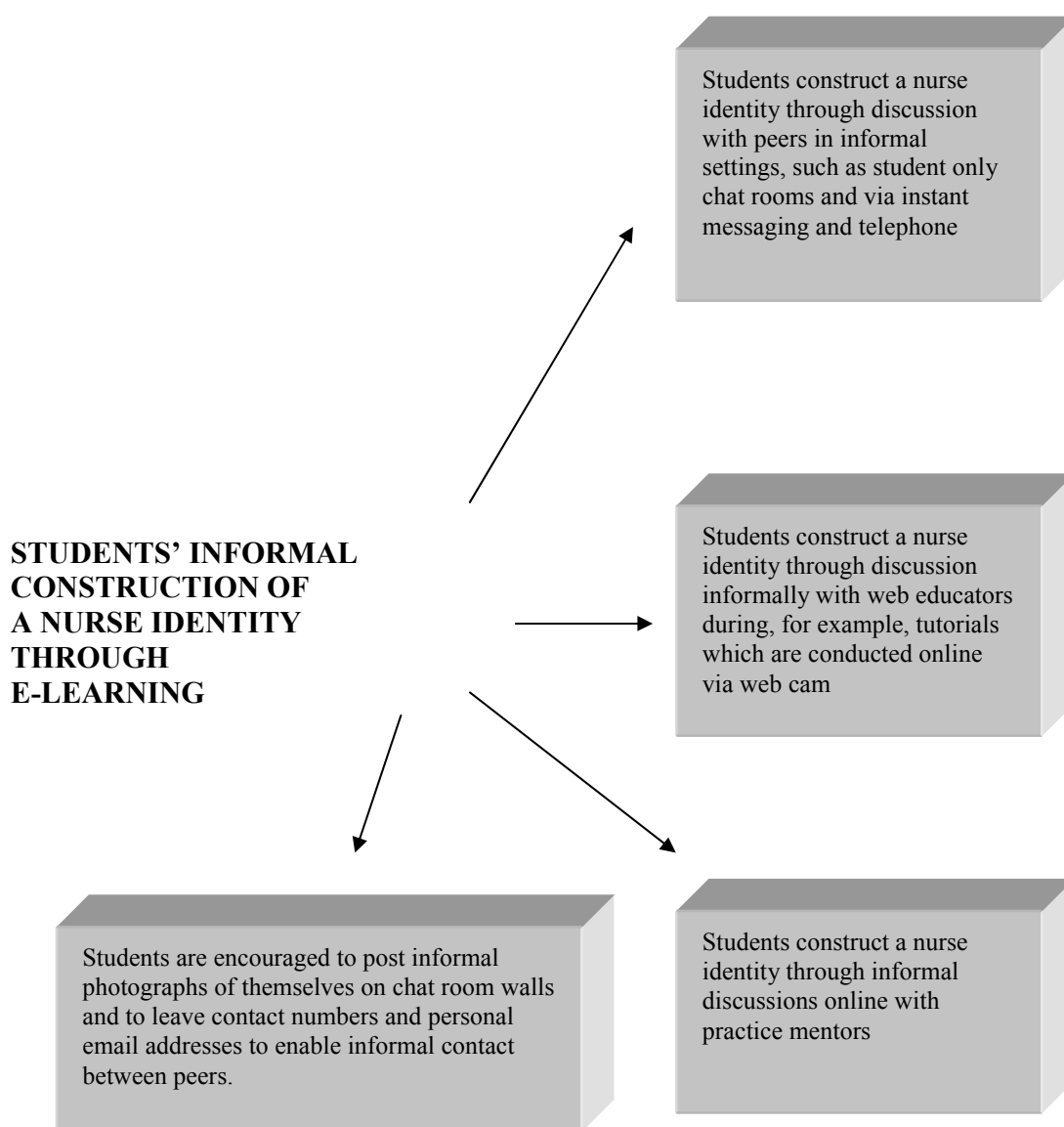
<u>Explanation of Figure 2</u>

Both sets of students from this study highlighted the importance of interacting with peers in both formal and informal ways and it was, therefore regarded as important to transfer this to the virtual environment. Formal interaction can take place in online discussion rooms, closely facilitated by web educators in order to provide structure and frameworks (Salmon, 2004). To ensure that all students are involved in discussions, educators can construct assessments involving discussion of set topics and the tone and depth of these can be set by educators though personal involvement. Assessments should include discussion of scenarios in which the nurse role is considered and debated as the research data illustrated the importance of these dialogues. Bernard et al (2004) suggested that with e-learning: "Instructionally relevant contact with instructors and peers is not only desirable, it is probably necessary for creating learning environments that lead to desirable achievement gains and general satisfaction." (p.412). Students can undertake online presentations on nurse identity which reinforce professional socialisation and hone valuable presentation skills.

The classroom observations clearly demonstrated the importance of class discussions in aiding with the construction and adoption of a nurse identity. As previously discussed, the aid of webcam and video conferencing allows for more personal styles of communication, however, this detracts from the environment being asynchronous as participants would have to log-on at pre-arranged times. This could be used intermittently to promote familiarity between participants which could encourage more relaxed discourse. Educators can arrange for students to submit photographs of themselves and short biographies, which can be accessed through clicking on usernames, which will assist with creating a more personal dimension shown to assist with online socialisation. Both students discussed the importance of informal socialisation in constructing and adopting a nurse identity. University email addresses, made available within biographies would enable personal interactions to occur. A list of students and educators can be posted within the domain so that students can familiarise themselves with their peer group and lecturers, and can read the short profiles, in order to acquaint themselves with others and promote feelings of inclusion.

The classroom observations and student interviews established how certain coursework, such as clinical scenarios and case studies can assist with the formation and adoption of a nurse identity. This can easily be transferred to online learning in parallel with classroom methods. It seems imperative that web educators closely monitor student discussions and online work in order to gauge students' construction and adoption of the identity of a nurse and lead discussions in this direction if this is not seen to be occurring spontaneously; this is further discussed in Figure 5.

A MODEL FOR PROFESSIONAL SOCIALISATION TO NURSING THROUGH E-LEARNING

Figure 3 (of 6): Students' informal construction of nurse identity through e-learning

STUDENTS' INFORMAL
CONSTRUCTION OF
A NURSE IDENTITY
THROUGH
E-LEARNING

Students construct a nurse identity through discussion with peers in informal settings, such as student only chat rooms and via instant messaging and telephone

Students construct a nurse identity through discussion informally with web educators during, for example, tutorials which are conducted online via web cam

Students are encouraged to post informal photographs of themselves on chat room walls and to leave contact numbers and personal email addresses to enable informal contact between peers.

Students construct a nurse identity through informal discussions online with practice mentors

Explanation of Figure 3

The data from the traditional students within this study documented how informal discussions with peers are important in constructing and reinforcing a nurse identity and this can also be encouraged through e-learning. Provision of chat rooms which can be designated 'student only' will allow for informal social interaction to take place between peers (Headley, 2005). These private chat rooms can be open to students from other healthcare disciplines who are involved in interprofessional online learning with nursing students, in this way a multitude of viewpoints is rendered accessible in order to assist with nurse identity construction. A guide to 'netiquette' in which acceptable and unacceptable behaviour in chat rooms, such as no derogatory comments, can be made available to students to prevent misconduct occurring or students can devise this themselves, in order that they take ownership of the guidelines.

Online educators can arrange for the provision of an informal 'wall' where photographs of family, friends and pets can be posted in order to create an atmosphere of friendly informality and which may enable students to become acquainted (Salmon, 2004). The traditional students in this study mentioned in interviews how informal discussions during break and lunch times aided their construction of a nurse identity. Likewise, the e-learning students also discussed phoning their peers to informally discuss issues outside of the online environment. Private phone numbers and email addresses can be posted online by students enabling personal socialisation to take place outside of the learning environment. Headley (2005) discussed how he encourages informal discussions to take place in chat rooms between students in order to promote socialisation:

> "Within the online course environment, I create interactive spaces, such as a virtual student lounge, wherein I encourage students and participate in casual, off-subject conversation. I will "seed" the lounge with talk of my family, travels, personal concerns, and favourite sports teams. Further, I also require as the first activity in all courses the posting of a biographical statement by each student, which is always followed by a great deal of personal interaction in a threaded discussion"(p.1).

As with traditional methods of student nurse education, it is recommended that students are allocated a personal tutor, in order to provide academic and pastoral support (DoH, 1999). Tutors can monitor online attendance statistics and participation in modules and discuss these matters with tutees. In addition, this is an opportunity for informal discussions to reinforce nurse identity
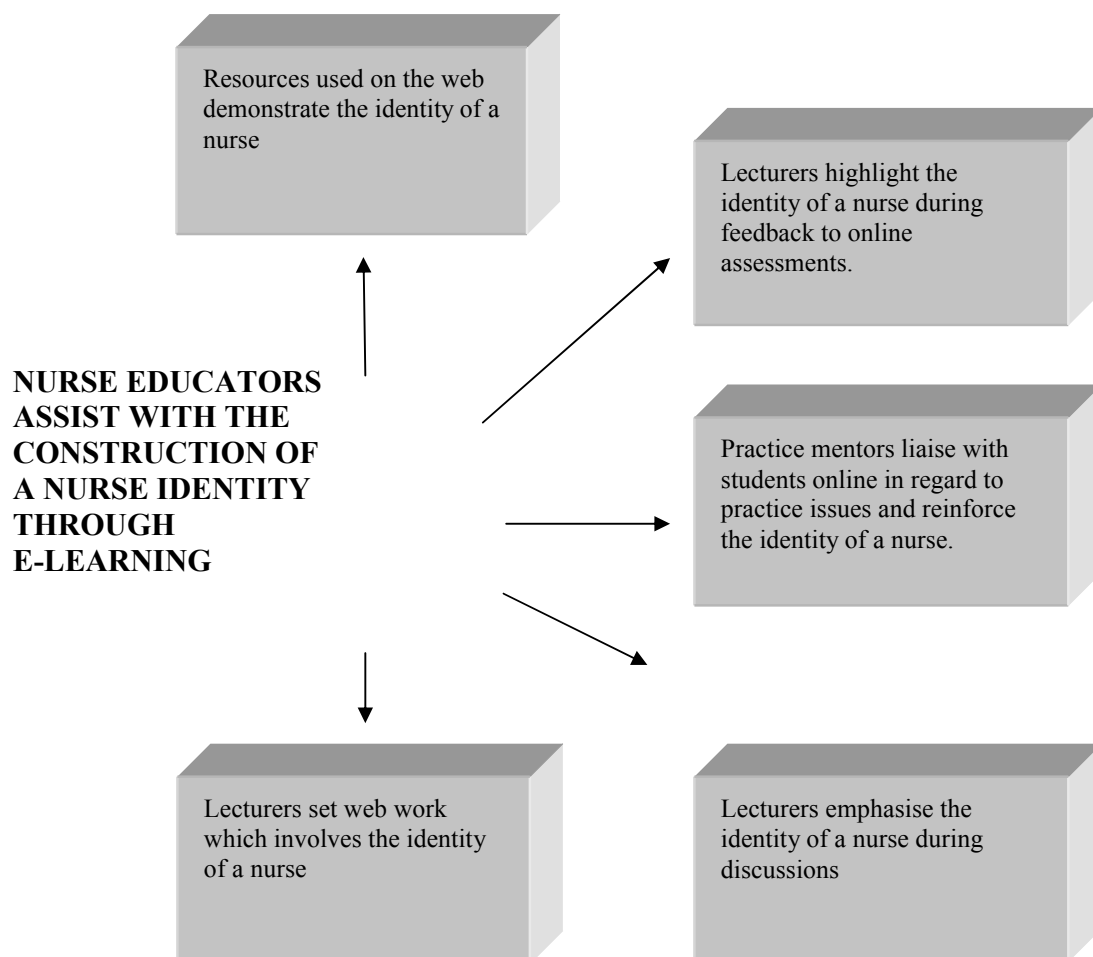
and act as a role model for students; which the research data showed to be important in constructing and adopting a nurse identity. Private and group tutorials can be held regularly through webcam or video conferencing facilities, if available, in order that students and educators have sight of each other to promote the experience of 'caring education' (Noddings, 2005).

Informal discussions can also take place with colleagues or mentors from clinical practice areas through email, private and public online discussion rooms. The students demonstrated in interview the importance of mentors as role models. With traditional education, educators and students usually contact colleagues from practice by telephone, only because email addresses are often not known. This can prove time consuming as quite often phones are engaged or nursing colleagues busy with practice; the reverse is also true when nurses from practice attempt to contact students or lecturers within university. A list of participant email addresses can be made available in the online environment for use by students, educators and practice colleagues. This will require universities making online modules and courses available to practice mentors, which would require some organisation, but should not prove too onerous a task. It is a Government requirement that regular liaison occurs between practice and universities in regard to student nurse education (NMC, 2006) and passwords can be made available through these meetings and regularly changed in order to promote security.

Informal interaction with peers will allow students to fine-tune their perception of a nurse identity in a safe environment, so that it becomes fitting with their worldview. Although formal discussions which take place through the learning environment allow for exploration of a nurse identity, students may feel less freedom to speak openly and explore issues of concern in these situations, especially in online group discussions which are available for all participants to read. Parsons and Griffiths (2007) discussed how strong friendships can develop between students on nursing courses and conformity to expectations and the views of peer groups are part of the professional socialisation process. Data from the traditional students' interviews and from classroom observations disclosed the importance students placed on peers in assisting with the formation and adoption of a nurse identity. It therefore seems essential that arrangements are made for e-learning students to have opportunities to informally socialise with peers away from the learning environment in order to build robust relationships.

A MODEL FOR PROFESSIONAL SOCIALISATION TO NURSING THROUGH E-LEARNING

Figure 4 (of 6): Nurse lecturers and mentors assist with the construction of a nurse identity through e-learning

Resources used on the web demonstrate the identity of a nurse

Lecturers highlight the identity of a nurse during feedback to online assessments.

NURSE EDUCATORS ASSIST WITH THE CONSTRUCTION OF A NURSE IDENTITY THROUGH E-LEARNING

Practice mentors liaise with students online in regard to practice issues and reinforce the identity of a nurse.

Lecturers set web work which involves the identity of a nurse

Lecturers emphasise the identity of a nurse during discussions
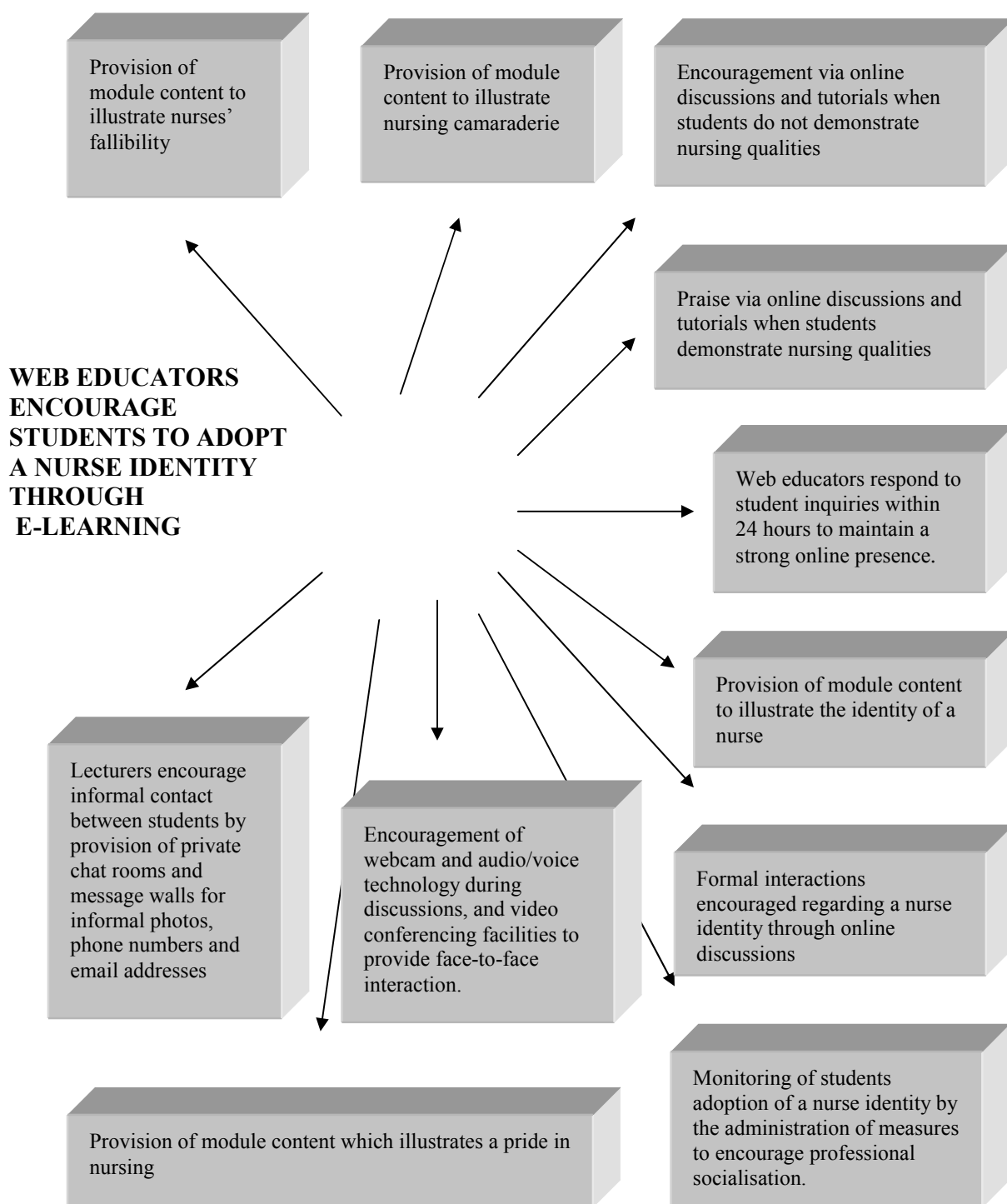
Explanation of Figure 4

Within the classroom observations, the importance of lecturers assisting students to construct a nurse identity was demonstrated by the choice of lesson materials and ways in which they led discussions. These strategies can be transferred online in order to achieve similar results. Interactive resources built into web pages can assist with constructing a nurse identity, for example, the inclusion of video clips demonstrating nursing practice. In addition, work set by educators can assist in this area, for example, the use of real or realistic video case studies or clinical scenarios, can add additional dimensions in comparison to paper copies by enabling observation of actual patients and these can be designed to explore aspects of a nurse identity.

As observed in traditional classrooms, lecturers can ensure that online discussions with students include the nurse role and identity of a nurse. Likewise, feedback to student online work can also include these topics. The importance of students feeling nurtured can be achieved through web educators regularly logging on and checking emails and discussion boards and returning students' queries within twenty four hours (Stark and Warne, 1999). In this way, a feeling of isolation with e-learning is avoided where possible, as students are nurtured and supported. However, these rules need to be adhered to by students likewise, as e-learning is a two way process. A set of guidelines regarding online learning can be devised at the beginning of the course by lecturers and students in order that students take responsibility and ownership for this style learning (Salmon, 2004).

Concerns by practice mentors in regard to students' clinical practice, such as a lack of nurse identity, can be raised with students and tutors online without delay, either personally through email or in private discussion rooms whereby three way discussions can be orchestrated. In this manner practical action plans to address these concerns can be devised in collaboration with all concerned, in order to eliminate problems before they escalate. As observed happening within the classroom situation, educators can monitor students' construction and adoption of a nurse identity through online discussions and assessments to ensure that these are being addressed in a manner regarded as appropriate for the students' stage of the course. This allows for suitable strategies to be implemented promptly, if necessary before issues worsen and become of serious concern.

A MODEL FOR PROFESSIONAL SOCIALISATION TO NURSING THROUGH E-LEARNING

Figure 5 (of 6): Nurse lecturers and mentors encourage students to adopt a nurse identity through e-learning

Provision of module content to illustrate nurses' fallibility

Provision of module content to illustrate nursing camaraderie

Encouragement via online discussions and tutorials when students do not demonstrate nursing qualities

Praise via online discussions and tutorials when students demonstrate nursing qualities

WEB EDUCATORS ENCOURAGE STUDENTS TO ADOPT A NURSE IDENTITY THROUGH E-LEARNING

Web educators respond to student inquiries within 24 hours to maintain a strong online presence.

Provision of module content to illustrate the identity of a nurse

Lecturers encourage informal contact between students by provision of private chat rooms and message walls for informal photos, phone numbers and email addresses

Encouragement of webcam and audio/voice technology during discussions, and video conferencing facilities to provide face-to-face interaction.

Formal interactions encouraged regarding a nurse identity through online discussions

Provision of module content which illustrates a pride in nursing

Monitoring of students adoption of a nurse identity by the administration of measures to encourage professional socialisation.

Explanation of Figure 5

The classroom observations and interview data from the traditional students disclosed how nurse educators can assist students to adopt a nurse identity. Strategies taken from these findings have been transferred to the virtual environment in order to enhance students' adoption of a nurse identity when studying by e-learning. These are practical methods which nurse educators can utilise to assist students and, again, they can be briefly listed to act as an aide memoire for educators. Salmon (2004) discussed the importance of educators building strong relationships with students online and suggested that in the initial stages they give clear instructions to students regarding course expectations, building into courses opportunities for students to interact. By incorporating these ten strategies into the virtual environment, educators can transfer strategies which ensured success with constructing and adopting a nurse identity within the classroom situation, into modules of e-learning.
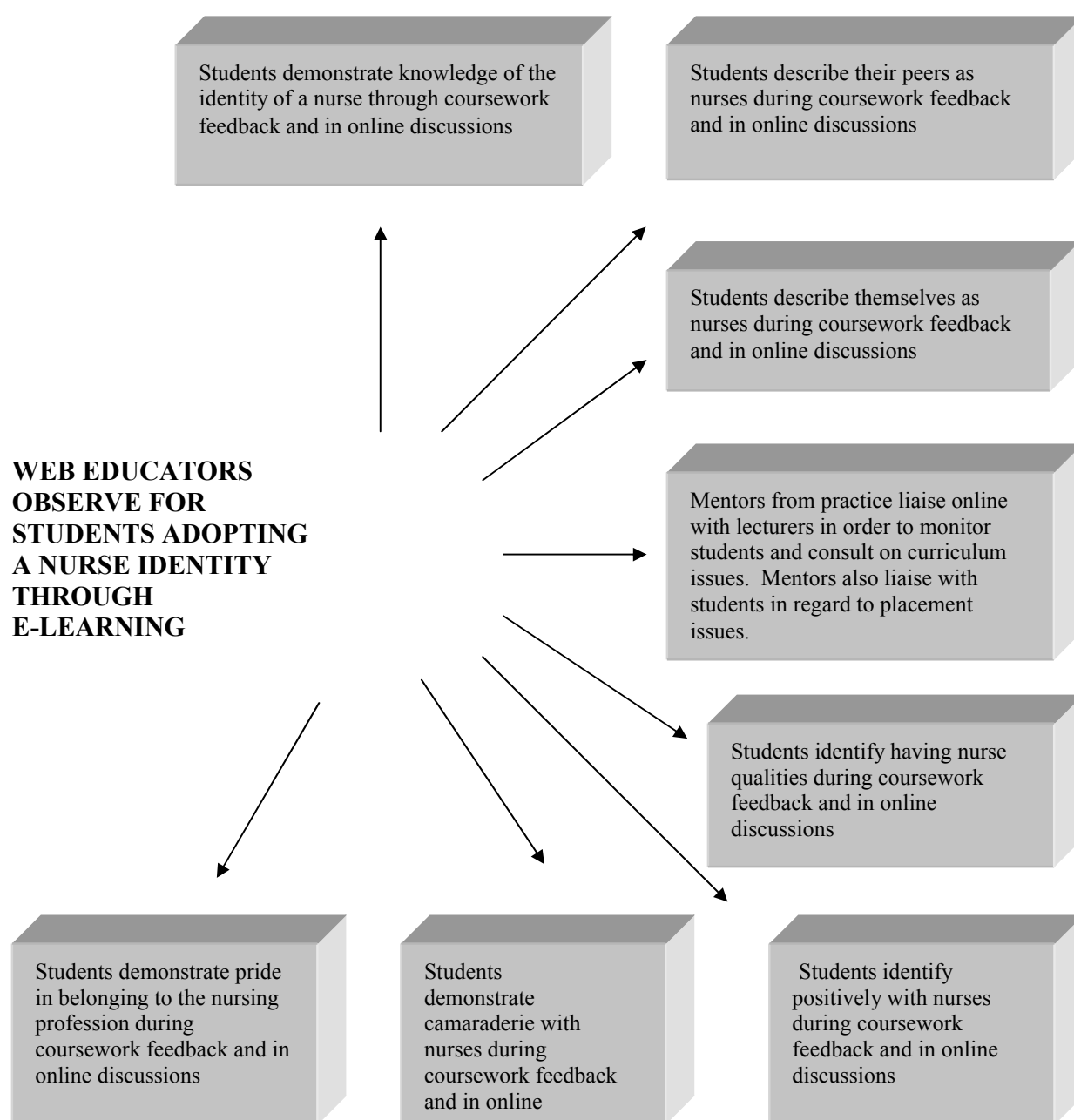
1. Classroom observations demonstrated students adopting the role of the nurse by showing empathy towards nurses' fallibility within clinical environments, which can be transferred to the online environment. Web content can be devised to illustrate the human, imperfect side of nursing and thus encourage student' empathy with nurses. Such examples can be videos of incidents from practice, such as clinical errors due to busy work schedules which can then be unpicked within discussion rooms.

2. Observations within the classroom also disclosed students relating to a nurse identity through demonstration of camaraderie with nurses during discussions of clinical scenarios. Online module content can be planned to demonstrate various scenarios of the nurse role in order to appeal to a diverse range of students. Module content can also be included which encourages a pride in nurses and nursing, for example, real life scenarios of nurses who have worked in aid relief or with HIV/AIDS orphans in Africa.

3. As demonstrated in the classroom observations and mentioned by both sets of students in this study, part of module discussions and assessments should include work where a nurse identity is explored, in order to assist students to adopt this concept. Such strategies can be transferred to an online environment in the form of clinical case studies and scenarios.

4. The classroom observations demonstrated lecturers praising students who identified and discussed nursing qualities or nurse identity, in order to reinforce professional socialisation. With e-learning it seems important that this praise is also included in online discussions,

which means that web educators should closely monitor and join in student debates and discussions.

5. Lecturers were observed within the classroom encouraging students who were not demonstrating that they were constructing or adopting a nurse identity, by gently coaxing them to further consider issues. In the online environment similar strategies can be devised through feedback during discussions and through personal tutorials with students.

6. One of the criticisms of e-learning is that students may feel isolated and abandoned (Stark and Warne, 1999) and to avoid this online nurse educators should respond within 24 hours to student queries in order to provide caring education (Noddings, 2005) and to ensure that students feel nurtured.

7. As discussed in Figures 2 and 3, web designers need to provide facilities and opportunities for students to engage in formal and informal discussions online with peers, lecturers and practice mentors. Both sets of students involved in this study discussed in interviews how formal and informal discussions with various agents of professional socialisation assisted with their construction and adoption of a nurse identity.

8. The interviews with the e-learning students clearly highlighted limitations with discussions which do not take place on a face-to-face basis. Whilst it must be acknowledged to some extent that these challenges cannot be overcome, the use of technology to engage in face-to-face interactions may go some way to provide a personal presence. Web cameras and video conferencing facilities allows for a more personal style of communication, although as one of the interviews for this study demonstrated, the use of web cameras between strangers can prove to be embarrassing and awkward.

9. The traditional students in this study also discussed during interviews the benefits of conducting presentations in front of their peers and this can be designed online through video conferencing or web cameras, in order to hone oral presentation skills. Communication skills are essential in nursing and it is imperative that students be allowed to practice these skills within courses.

10. Several questionnaires have been devised which measure professional socialisation to nursing (Nesler et al, 2001) and these could be administered within online courses, at various stages, in order for nurse educators to formally monitor students' construction and adoption of a nurse identity.

A MODEL FOR PROFESSIONAL SOCIALISATION TO NURSING THROUGH E-LEARNING

Figure 6 (of 6): Students begin the process of adopting a nurse identity through e-learning

Students demonstrate knowledge of the identity of a nurse through coursework feedback and in online discussions

Students describe their peers as nurses during coursework feedback and in online discussions

Students describe themselves as nurses during coursework feedback and in online discussions

WEB EDUCATORS OBSERVE FOR STUDENTS ADOPTING A NURSE IDENTITY THROUGH E-LEARNING

Mentors from practice liaise online with lecturers in order to monitor students and consult on curriculum issues. Mentors also liaise with students in regard to placement issues.

Students identify having nurse qualities during coursework feedback and in online discussions

Students demonstrate pride in belonging to the nursing profession during coursework feedback and in online discussions

Students demonstrate camaraderie with nurses during coursework feedback and in online

Students identify positively with nurses during coursework feedback and in online discussions

Explanation of Figure 6

The classroom observations disclosed how student nurses begin the process of adopting a nurse identity and how this was leaked out through their language within classroom discussions. Within the online environment, web educators, both lecturers and practice mentors, can observe students for signs that they are effectively constructing and adopting a nurse identity. These demonstrations of behaviour were clear to observe in the classroom observations and it is surmised that similar displays should be obvious in discussions and work produced by online students. This can be monitored by web educators through discussions and assessments especially if some of these are specifically designed to address these issues.

The factors observed within the classroom observations which demonstrated students adopting a nurse identity can be listed as follows:

1.   Discussions which disclosed students displaying a camaraderie with nursing

2.   Discussions which disclosed students demonstrating a pride in being a student nurse

3.   Students identifying positively with other nurses

4.   Student identifying themselves as having nurse qualities

5.   Students describing themselves as being a nurse/student nurse

6.   Students describing their peers as nurses/student nurses

7.   Students accurately identifying widely recognised nurse qualities, such as caring

In addition to the above, lecturers can discuss online with clinical mentors whether students are disclosing a nurse identity within the practice arena. If students are not displaying some of these seven pointers, then nurse tutors can monitor students and arrange personal web-cam or private discussion room tutorials to address concerns. Tutorials may be better approached with the aid of webcam, in order that non-verbal communications can be observed.   Glen (2005) stated that e-learning is more concerned with "presentation of content rather than ensuring that students are fully engaged and learning. Millions of words have been written about the technology and its potential, but not much about what the lecturers and learners actually do online" (p.416). It seems imperative that the welfare of online learners is nurtured in terms of achievement of course objectives if e-learning is to successfully produce nurses who are fit for practise and purpose.

6.6: The Potential Wider Impact of the Study

As discussed previously, the literature disclosed little work which examined e-learning and professional socialisation to a nurse identity, therefore, this appears to be an important area of nurse education which has been overlooked. It is intended that this study will raise awareness of the importance of ensuring that student nurses studying by e-learning are constructing and adopting a nurse identity effectively during their training, in order that the patients they nurse in the future are provided with optimum care. As such, this study will, when published in nursing journals, raise awareness of a subject of real consequence to the world of nursing. It may also be informative to other higher educational institutions, enabling staff to adapt to the e-culture as this becomes more prevalent in nurse education.

Another immediate impact of the research would be to consider a more encompassing study, in order to identify whether the findings might be supported in a wider context. It could also be beneficial for other higher educational institutions to run similar studies, using this research as a point of reference. Indeed, the study may have influence on other professions such as Social Work, Education, and Medicine.   Literature searches disclosed minimal information on the influence of e-learning to professional socialisation per se, this was not restricted purely to nursing. E-learning is a relatively new phenomenon and, as such, research into this subject is limited. This study has revealed an area of importance when considering e-learning in nurse education and it is intended that this is a starting point for further research and development into this important area.

6.6.1: Possible Influences on the Nurse Education Community

As this study has investigated an area in nurse education not previously examined in any depth, it has provided a focal point for future research and development. The study has revealed an important area in nurse education which might have been overlooked, with possible disastrous results in terms of future patient care. E-learning is a relatively new mode of education, and research and development into its efficacy in nursing is, therefore, limited. It is my intention that a précis of the research is presented in nursing and nurse education journals in order to raise awareness of this topic and to further knowledge and debate. This study has implications for nurse education (long and short term) as e-learning is fast becoming a popular mode of delivery and the factors involved in students constructing and adopting a nurse identity within the educational setting appear to be many and varied. It seems imperative that factors discussed in the findings of the study are considered when

designing e-learning modules in order to maximise opportunities for students to professionally socialise to nursing when learning through this mode of education. As this area may have impact on patient care through nurses not fully socialising to the profession, this is a subject of consequence to the nurse education community.

6.6.2: Contribution to Nursing Knowledge and Practice

E-learning in nurse education is a relatively new mode of instruction which has much to offer the nursing community in terms of convenient and innovative education. This study provides detailed information in regard to both the advantages and drawbacks of utilising e-learning in student nurse education in terms of its effect on professional socialisation to a nurse identity. It details student nurse education as viewed by both traditional student nurses and those studying by e-learning and compares and contrasts these opinions, addressing differences between them.

Nursing makes many demands on its practitioners; students are required to master wide ranging theoretical and technical skills. In addition, nursing has its own unique subculture which includes specific normative standards symbolised by a professional code of practice. The adoption of a professional identity can be so powerful that personalities may change to a noticeable degree, referred to by the French as 'deformation professionelle' (Du Toil 1995). The identity of a nurse is constructed formally, for example during clinical practice and educational learning, and informally when in contact with peers. Therefore, this study has implications for nurse educators within higher educational settings and also nurses, particularly nurse mentors, in clinical practice.

 The study provides practical guidance on ensuring that student nurses studying by e-learning are afforded every opportunity to construct and adopt a nurse identity during their course. Chapter 6 details *A Model for Professional Socialisation to Nursing through E-learning* that provides the reader with clear, detailed and easy to follow suggestions for ensuring that a nurse identity is efficiently constructed and adopted. This model has been based on the research data from the study and, also, incorporates suggestions from various seminal texts on good e-learning pedagogy. As both an experienced nurse and nurse educator, my knowledge of education and clinical practice has been crucial in applying the research data to the development of the model.

E-learning in nurse education is rapidly becoming commonplace and unless professional socialisation to nursing through e-learning is addressed by higher educational institutes and clinical practice alike, then this may have disastrous results in terms of higher attrition rates from nurse training courses and inadequate nursing care for patients. This study provides a focal point from which further research and development into this important area of nursing can emanate.

6.6.3: Recommendations for Future Research and Development

Although I have primarily devised this model of professional socialisation to nursing to inform my own practice of educating student nurses by e-learning, presently it would be impossible to fully implement it for several reasons. At the university where I am employed, video conferencing facilities and web cameras are not available to academic staff. In fact, much of the computer equipment issued is now rather old and slow, with accompanying software outdated, resulting in computers running dated versions of Windows. This has meant that, in some cases, lecturers are unable to critique student work that has been emailed to them, if it has been written using a more modern version of the software. Literature in regard to e-learning within universities indicates that this position is not unusual due to the rapid rate that technology is developing and the limited finances available within institutions to invest in new equipment (Farrell, 2006; Glen and Cox, 2006). The Government did initially provide funding for computer equipment and information technology personnel for universities (HEFCE, 2008), but this is not an ongoing situation and it is now primarily up to institutions to update equipment independently of outside financial sources.

Whilst there is much online software available for nurse education, such as clinical scenario videos and online workbooks of clinical skills, this is quite expensive to purchase and, at the university where I work, finances are not available for investment in these products. Although educators could use university equipment to devise their own videos, unless protected time is allocated for these activities, it is likely that the results will be unprofessional and amateurish and will not instil confidence in the learners involved. Some institutions share resources, but these appear to be limited to written case studies and scenarios, as more innovative modes of delivery have copyright limitations attached to them. Presently, due to limited finances, many lecturers are being encouraged to develop e-learning modules in addition to their usual workloads, which, understandably, research has shown to

be inadequate in many cases, due to limited resources, time, and knowledge of the online environment (Glen, 2002; Glen and Cox, 2006).

In order for e-learning in student nurse education to be successful, it would seem that a considerable package of investment is needed in this area. Finances are required to fund staff training and development; to buy new and effective equipment and software for both staff and students; to fund staff posts to review and implement new university infrastructures which will take account of online learning; and to support research posts to undertake on-going review of the various aspects of e-learning. Initiating online learning for student nurses without these strategies in place seems tantamount to a lack of concern for public safety, as these students are the nurses of the future and poorly educated nurses may result in inadequate nursing care. It appears that e-learning in nurse education cannot prove to be a success story until considerable investment is put into this area in order to optimise e-learning and to ensure that there are no negative consequences which could affect student attrition from courses, student performance or, ultimately, patient care.

In a sector which is competing for funding in a competitive market, it is unlikely that additional finances can be made available in many of the higher educational institutions. A compromise whereby protected time is given to interested academics for education and development of e-learning modules may be a feasible alternative. As courses grow in student numbers and more income is generated, funding could be allocated to purchase online resources such as interactive scenarios or virtual clinical skills laboratories so that the online environment is continually updated. Research and development by academics in regard to e-learning could be encouraged, in order to evaluate the efficacy of modules and courses.

The results from this small scale study which compared professional socialisation to nursing between two groups of six students, traditional and e-learning, were inconclusive. The data between the two groups was comparable, but this may have been due to the fact that the e-learning students were part-time and had professionally socialised to the nurse role whilst previously in the university setting. Further work into professional socialisation to nursing through e-learning is required before online learning for student nurses becomes a fait accompli. As stated previously, studies which compare data, such as student satisfaction surveys, module pass rates and course attrition rates between traditional modules of study and those conducted by e-learning in student nurse education are needed in order to assess the

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efficacy of e-learning in this situation. Also, studies which assess the amount of nurse facilitator input into e-learning modules and if this affects student outcomes in regard to the module, need to be conducted. Presently, universities within Britain are commencing e-learning in student nurse education on a part-time basis, without full knowledge or consideration of the implications of this style of pedagogy and larger research studies need to be conducted in order to clearly ascertain if it is ethical to educate student nurses via this style of learning. Finally, it is recommended that this research into online learning is undertaken prior to it being introduced for the full theoretical component of student nurse education.

6.7: Chapter Summary

When I commenced this study I did not expect the findings to demonstrate that e-learning benefited student nurse education in any significant way when compared to traditional face-to-face education.   I had come to consider e-learning as a quick fix solution to the problems of nurse shortages and limited nurse training budgets. However, since conducting this research and from reading literature in regard to e-learning in nurse education, I have begun to think differently. The e-learning students in this study, although only studying one or two modules by this method, clearly demonstrated confidence in independent research and technological skills and this is supported in e-learning literature (e.g. Bose, 2003; Bates et al, 2005).

If e-learning is implemented with sufficient time for development by experienced and knowledgeable educators, technicians and administrators, and if sufficient finances are allocated to its operation in order that innovative equipment can be installed to maximise capabilities, then e-learning could prove to be a success in terms of educating student nurses. Not only could it assist with the problem of nurse shortages by aiding recruitment through flexible modes of delivery, but also, it can provide flexibility in the length of time students take to qualify. The asynchronous learning environment offered by e-learning allow for a variety of, otherwise exempt, nursing recruits to enrol. Online learning can provide efficient means of fast tracking students with prior knowledge and experience, which can be assessed online, and of slow tracking students who may require more time to qualify. It appears that e-learning can prove to be cost effective once initial pump priming costs have been allocated, especially if the future sees an increase in the sharing of curriculum resources by institutions nationally and globally.

E-learning offers new and exciting possibilities in nurse education if utilised to its full potential. Interactive environments can provide innovative and stimulating settings in which to explore nursing related subjects. Online videos can broadcast lectures and presentations from anywhere in the world, by anyone, including media stars and historical figures. Imagine the interest generated in a presentation by, for example, Angelina Jolie on *International Aid,* or a discussion by Mother Theresa on *Child Malnutrition,* or, indeed, a lecture by Florence Nightingale on *The Nature of Nursing.* All of these scenarios are possible and, indeed, feasible through e-learning. In addition, as the e-learning students in this study demonstrated, online learning fosters independent learners who become confident with researching information and using technology; skills all beneficial for nurses. However, unless considerable investment is afforded to online nurse education in many universities, these innovative methods of education are simply unobtainable.

E-learning is in its infancy and it seems that by careful nurturing through research and development it could grow and develop successfully within nurse education. Constructing and adopting a nurse identity is a crucial element during the education of student nurses and it does appear that this can be achieved through e-learning, no matter if this is by a blended learning approach or by studying the entire course online. I feel that my original concerns in regard to professional socialisation to the nurse role through e-learning can be overcome by sufficient investment which would allow for careful design of the online environment and knowledgeable web educators and others involved in the delivery of content. However, these conclusions are being drawn from the findings of one small scale study, and further research, development and funding are urgently needed into e-learning in student nurse education if this is to be implemented successfully.

In conclusion to this study, I would like to leave the reader with the student voice on which this research has depended. Unless student nurses construct a nurse identity and absorb this into their psyche, they could not stay in this moderately paid profession that, although rewarding in an altruistic way, commonly consists of working unsociable hours and involves physical and emotional labour in dealing with aspects of humanity that are often unseen by the rest of society. During an instant messaging interview with one of the e-learning students, I asked her if she felt she had made the right career choice. Her reply, succinct but to the point, completely encapsulated the concept of adopting a nurse identity on which this study is based.

 She replied:

ES6:   "wel I kno il always b a nurse"
ES6:   "sumtimes i wonder y i dont get an easier job"
ES6:   "wen yor not home til 10 and yor up b4 6 for the next shift"
ES6:   "u wonder y yor doin it"
ES6:   "its not easy"
ES6:   "but its in my blood now"
ES6:   "its part of who i am now 😊 [smile emoticon]"
ES6:   "my names hannah"
ES6:   "im 29 years old"
ES6:   and im a nurse."

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APPENDICES

APPENDIX 1: EVIDENCE OF ETHICS APPROVAL

THE MANCHESTER METROPOLITAN UNIVERSITY

ACADEMIC DIVISION

Agenda Item 5.1.2
IRDegC 7.2.03

APPLICATION TO REGISTER FOR A
RESEARCH DEGREE: CONFIRMATION OF SCRUTINY

CANDIDATE (FULL NAME): _Jillian McCarthy_

I confirm that the application has been scrutinised by myself/on my behalf. The application has been fully completed and includes:

Please tick

Section

1. outline of the research proposal (no more than 1000 words) — ✓

2. curricula vitae for all supervisors, unless held on file in the Academic Division — ✓

3. (a) if appropriate, a letter from the Director of Studies explaining why more than 6 months backdating is requested — na

   (b) if necessary, two academic references (applications for Master's (by research) or MPhil), see regulation 12.16 — na

   (c) proposed examination requirements under regulation 12.9 (candidates own creative work) — na

   (d) details of any research to be carried out abroad — na

   (e) confirmation from any outside body to whom access may be required for the purpose of research — na

   (f) reasons for requesting an external Director of Studies — na

I suggest that the application should be referred for external advice — X

I consider that any ethical issues in this proposal have been approved by an appropriate ethics committee. — ✓

I suggest that the application should be referred to ...John Robinson.... for scrutiny
Dr Sheila Stark

Signed _____ Date _____
(Departmental Research Degree Co-ordinator)

Following completion please send this form and the application (RD1) to the Institute Research Degrees Officer, or if PhD (by Alternative Route) to the Research Degrees Officer, All Saints

k:/judith/rdforms/rd1a.doc

APPENDIX 2: THE DATA COLLECTION TOOLS

The three data collection tools consisted of:

- In-depth Interviews (also discussed in Chapter 3, Section 3.3.1: In-depth Interviews).

- Classroom observations (described in Chapter 3, Section 3.3.2: Classroom Observations).

- Research Journal (described in Chapter 3, Section 3.3.3: Research Journal)

In-depth Interviews

The in-depth interviews were semi-structured and conducted individually with participants and allowed for significant probing of beliefs and attitudes in order to 'get to the heart of the matter'. Typically each interview lasted approximately one hour in duration with follow up interviews as necessary to query statements which were unclear and to check that analysis was correctly interpreted. The interview questions were designed to be broad and open-ended and I was careful to avoid influencing the students' answers in any way.   I was attempting to engage in purposeful conversation and, therefore, I was conscious of attempting to ask fewer questions in order to elicit conversations and stories with deeper meanings.   I was also conscious not to interrupt students and to allow for silences when these occurred. Therefore, the interview questions were organised into five broad headings and I probed participants further, when I considered that this was necessary, in an attempt to elicit more detail.

Prior to the interviews all participants had been given an information sheet in regard to the study and had, in the case of the traditional students, signed a consent form. Participants who were interviewed by instant messaging or telephone had consented via e-mail. Immediately prior to the interviews commencing, participants were reminded of the purpose and nature of the study. They were, once again, assured in regard to anonymity and it was explained, again, that all responses would be treated in the strictest confidence. They were also assured again that they could withdraw from the study at any point, with no adverse effects.   The participants were told that there were no right or wrong answers, but that I was interested in personal opinions and experiences. They were also told that they were free to interrupt, ask for clarification or to criticise any line of questioning should they deem this necessary. Permission was obtained from the students to tape record the interviews when this was conducted face-to-face or over the telephone. The following is a copy of the five broad interview questions which I referred to as an aide memoire during interviews.

<u>INTERVIEW QUESTIONS</u>

The interviews were focused around the following five questions and participants were guided into answering these and prompted for more information or clarification as deemed necessary throughout the interviews.

1. **What do you consider to be the identity of a nurse?**

2. **How have you formed this impression of a nurse?**

3. **Do you consider that you are adopting this identity during your nurse training?**

4. **Can you describe how this is occurring?**

5. **Is there anything else you would like to discuss in relation to the construction of nurse identity and how this is adopted by student nurses?**

APPENDIX 3: EXAMPLES OF DATA ANALYSIS

Data from the in-depth interviews and the classroom observations was analysed using Giorgi's (1997) stepwise method (further described in Chapter 3, Section 3.6: Data Analysis). Data from the two interview groups, traditional and e-learning students, was analysed separately in order to compare essences. Giorgi's (1997) stepwise method consists of the following stages:

- *Familiarization:* All transcribed discussions were read through thoroughly on several occasions in order to comprehend the participants' experiences. Bracketing was applied whereby I attempted to sidetrack any pre-conceived notions in order to view the data in an unbiased a way as possible.

- *Meaning Units:* Once an initial impression of the participant's experiences was gained from the data, the descriptions were then divided into what Giorgi (1997) termed *meaning units*, which are sentences or phrases which possess a self-contained meaning.

- *Transformation:* The next step was to transform the meaning units by allocating a word or phrase, in my own words, to describe and categorise them.

- *Imaginative Variation:* This step involved considering the meaning units and striving to attain the essential and unchangeable meaning thus arriving at the essence of the meaning.

- *Clustering:* Finally, the last stage in Giorgio's analysis takes place by integrating the transformed meaning units into one coherent and consistent description by gathering them into clusters within the essence under scrutiny, in order to disclose what the descriptions had in common.

The following extract of data is taken from an interview with a traditional student (TS3) and has been transformed using the methods outlined above in order to illustrate the data analysis method described.

Step 1: Familiarisation

The passage was read through several times in order to understand the participants meaning.

> *Researcher:* "Can you describe to me what the identity of a nurse means to you? What image does the word 'nurse' conjure up for you?"
>
> *TS3:* "Erm (pause) in my opinion it means (pause) you're there to care for people, you're there as a professional body, you're the front line person, you're the patient's advocate erm (pause) you're there for relatives as well, support relatives. Erm, having experience in a critical area it's important I feel to care for the family as well as the patient. The patient was unconscious and I felt we were giving our care to the patient but at that moment in time it was the family that needed maximum support because either the way the patient's going to get it anyway. But er with the circumstances that it was, it was family (Thoughtful silence).

Step 2: Meaning Units

The descriptions were then divided into meaning units, which are sentences or phrases that possess a self-contained meaning; this was achieved by underlining the relevant parts.

> *Researcher:* "Can you describe to me what the identity of a nurse means to you? What image does the word 'nurse' conjure up for you?"
>
> *TS3:* "Erm (pause) in my opinion it means (pause) <u>you're there to care for people</u>, <u>you're there as a professional body</u>, <u>you're the front line person</u>, <u>you're the patient's advocate</u> erm (pause) <u>you're there for relatives as well, support relatives</u>. Erm, having experience in a critical area <u>it's important I feel to care for the family as well as the patient</u>. <u>The patient was unconscious and I felt we were giving our care to the patient</u> <u>but at that moment in time it was the family that needed maximum support</u> because <u>either the way the patient's going to get it anyway</u>. But er <u>with the circumstances that it was, it was family.</u>

Step 3: Transformation

The meaning units were then allocated a word or phrase, in my own words, which summarised them **(this has been written in bold type and is in brackets next to the phrase).**

- you're there to care for people **(caring)**

- you're there as a professional body **(professional and organised)**

- you're the front line person **(reliable and cutting edge)**

- you're the patient's advocate **(empathic and reliable)**

- you're there for relatives as well, support relatives **(kind and caring)**

- it's important I feel to care for the family as well as the patient **(caring, kind and sympathetic)**

- The patient was unconscious and I felt we were giving our care to the patient **(giving nursing care)**

- but at that moment in time it was the family that needed maximum support **(caring and empathic)**

- either the way the patient's going to get it anyway **(giving nursing care)**

- But er with the circumstances that it was, it was family **(empathic and organised)**

Step 4: Imaginative Variation

This step involved considering the meaning units and striving to attain the essential and unchangeable meaning, which condensed the number of meaning unit headings, allowing for the data to be categorised in the next step. Again this involved reading and re-reading the transcripts and making notes on any ambiguous meanings to check with participants at future meetings.

- you're there to care for people **(caring)**

- you're there as a professional body **(organised)**

- you're the front line person **(reliable)**

- you're the patient's advocate **(empathic)**

- you're there for relatives as well, support relatives **(issues around nursing)**

- it's important I feel to care for the family as well as the patient **(caring)**

- The patient was unconscious and I felt we were giving our care to the patient **(nursing care)**

- but at that moment in time it was the family that needed maximum support **(empathic)**

- either the way the patient's going to get it anyway **(nursing care)**

- But er with the circumstances that it was, it was family **(empathic)**

Step 5: Clustering

The transformed meaning units were gathered into clusters within the essence under scrutiny, in order to disclose what the descriptions had in common. The essence under scrutiny in this extract was identified as the *Essence of a Nurse Identity* as this is what the participant was describing. Six meaning units, as described above, were identified in the short transcript; these can be listed as:

- Caring
- Organised
- Reliable
- Empathic
- Issues Around Nursing
- Nursing Care

The meaning units were then allocated to clusters which were major categories, in this example three clusters were identified.

1. Humanistic Qualities
   Caring
   Empathic

2. Professionalism
   Reliable
   Organised

3. Theoretical Knowledge
   Issues around nursing
   Nursing Care

Following analysis of data, further interviews were arranged with participants in order to clarify any ambiguous statements and to confirm with participants that they agreed with the themes allocated. Some participants had two follow up interviews as ambiguous statements were re-themed and these were also confirmed.

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