

**(RE)PRODUCTION OF COMMUNITY NURSING – THE JOURNEY OF
PROFESSIONAL SOCIALISATION: A GROUNDED THEORY STUDY OF
COMMUNITY NURSE PRACTICE TEACHERS**

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by

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Journeying



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Abstract

This study explored how community nurse practice teachers understand their experiences with the aim of illuminating the concept of practice teaching in community nurse education and gaining an insight into what it is like to be a community nurse practice teacher. The study also explored the understandings community nurse practice teachers have of their own development as educators of community nursing students. This study is timely as no previous research has undertaken an in-depth qualitative study with community nurse practice teachers, thus narratives do not exist of what it feels like to be a practice teacher. No studies have explored how such practitioners develop their role and how this development impacts on community nurse students.

The study took a constructivist grounded theory approach to explain the social processes involved in the professional development of community nurse students and practice teachers. Semi-structured interviews with thirty community nurse practice teachers resulted in interview data which was explored and interpreted for emerging categories. Analysis was informed by a theoretical framework developed within situated learning and community of practice literature (Brown *et al.* 1988, Lave and Wenger 1991). Tension between a grounded theory approach and use of an existing theoretical framework was reconciled through the application of the concept of 'emergent fit' (Glaser 1978).

The findings from this research were analysed to develop a substantive theory of practice teaching in community nursing settings, in doing so this study discovered the underlying social process involved in community nurse and practice teacher professional development, a discovery which has implications for practice and education related to community nursing education. This study identified that the primary focus is on identity transformation with the change seen to take the form of a journey. The ultimate aim is to create new members of the community nursing profession and develop existing members to become skilled in creating new members. The outcome of the process is the professional (re)production of community nurses and community nursing communities of practice.

Acknowledgements

I wish to thank every interviewee who shared their professional experiences so willingly. Although I encroached on their professional lives momentarily they have had a lasting effect on mine and have been present with me throughout the analytical process. I hope their complex worlds are adequately reflected within these pages.

Much credit for this thesis rests with my supervisor, Jean Murray, for which I offer my thanks. Having picked me up at a point where I could have easily given up, she gave me the self belief that I could achieve what seemed an unrealistic goal. Along the journey she has been there to offer support, guidance and advice, with quick responses that modelled good supervision practice. This has kept me committed and motivated and enabled me to suspend my disbelief.

Finally I would like to thank my family and work colleagues who have allowed me to become self absorbed whilst undertaking this project, without this I would never have had the time required to get this far.

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GLOSSARY

Glossary & abbreviation of terms used in the thesis

Council for the Education and Training of Health Visitors (CETHV formerly CTHV)
- Professional Body from 1962 to 1983

Coach – A peer or supervisor who “trains” a person while working on a short-term project, assignment, or challenging situation. A coach helps employees fulfil their job description

Community of practice – A concept developed by Lave and Wenger in 1991 to describe a group of workers sharing knowledge, tasks, activities and a common physical location. However, this view does not provide for the complexity and contentions surrounding a definition of the concept, for such a discussion see Chapter 4.5.

Community – A community is a group of people living or working in a geographically defined area (geographical community) or who have a characteristic, cause, need or experience in common (community of interest). A community is one form of group. (NMC 2004a)

Community nurse – A qualified nurse who works in a community setting. In this study community nurse is used to denote a nurse who has undertaken a further post-registration nursing course to become qualified as a community nurse, see specialist practitioner and staff nurse below

Community practice teacher (CPT) – Predecessor of the practice teacher

Development – The term development within this thesis is used to denote the professional progress and growth taking place during all phases of a nurses’ career, through professional education programmes and professional practice experiences.

ENB – English National Board for Nursing, Midwifery & Health Visiting - regulatory body for nursing, midwifery and health visiting from 1983 to 2002

DOH & DH – Department of Health

Epistemology – concept relating to theories of knowledge

Fieldwork teacher (FWT) – Predecessor of the community practice teacher for health visiting.

Mentor – A mentor is a supportive, experienced person facilitating and or helping an inexperienced individual to learn new skills, using structured or unstructured approaches (Byers and CPHVA 2002:7)

Nursing and Midwifery Council (NMC) – Professional body from 2002 to date

Pre-registration nursing programme – Preparation for an initial nursing qualification.

Post-basic nursing programme – Educational nursing programme undertaken after qualifying as a nurse.

Post-registration nursing programme – Preparation for a ‘post initial qualifying’ nursing qualification, which results in a qualification recorded by the professional body. It is usually in a specialist area of practice, for example community nursing.

Practice educator - A practice educator has a strategic, visionary, educational leadership role within nursing. Responsibilities include support of mentors and practice teachers, teaching, audit and research activities (Byers and CPHVA 2002:7).

Practice teacher – The name replaces community practice teacher. An expert practitioner and role model who teaches 50% of specialist practice, designs and conducts clinical assessment; is accountable for student registration and fitness for practice (Byers and CPHVA 2002:7)

Practical work teacher (PWT) – Predecessor of the community practice teacher for district nursing

Preceptor – An experienced person working with an inexperienced individual to help induct the inexperienced individual. This relationship is task-oriented, short-termed, assigned.

Role model – A practitioner who models their practice to a learner; the learner can then identify the behaviour and activity of the role model in order to acquire the same skills. An approach which is passive and can result in copying without understanding if used in isolation.

Specialist practitioner – A term used to denote qualified community nurses from 1997

Staff nurse – A term used to denote qualified nurses working in the community who have not gained a community nurse qualification, they work under the supervision of a qualified community nurse.

QAA – Quality Assurance Agency for Higher Education

UKCC – United Kingdom Central Council for Nursing, Midwifery & Health Visiting - professional body from 1983 to 2002.

Chapter One

Background and context to the research

1.1. Introduction

The purpose of this thesis is to explore how community nursing practice teachers understand their experiences with the aim of illuminating the concept of practice teaching in community nurse education and gain an insight into what it is like to be a community nurse practice teacher. The study also explores the understandings community nurse practice teachers have of their own development as educators of community nursing students. This study is timely as no previous research has undertaken an in-depth qualitative study with community nurse practice teachers, thus narratives do not exist of what it feels like to be a practice teacher. No studies have explored how such practitioners develop their role and how this development impacts on community nurse students.

Wengraf's (2001) qualitative research design was applied to these issues in order to provide the study with two Central Research Questions (CRQs):

- CRQ1 How do community nurse practice teachers understand the experience of being a community nurse practice teacher?
- CRQ2 How do practice teachers describe learning to enact their role?

These two questions form the foundation of the study and will be revisited throughout to explore how they informed the study's design, implementation and analysis. Answers to the questions will permeate the findings chapters and be summarised in the concluding chapter.

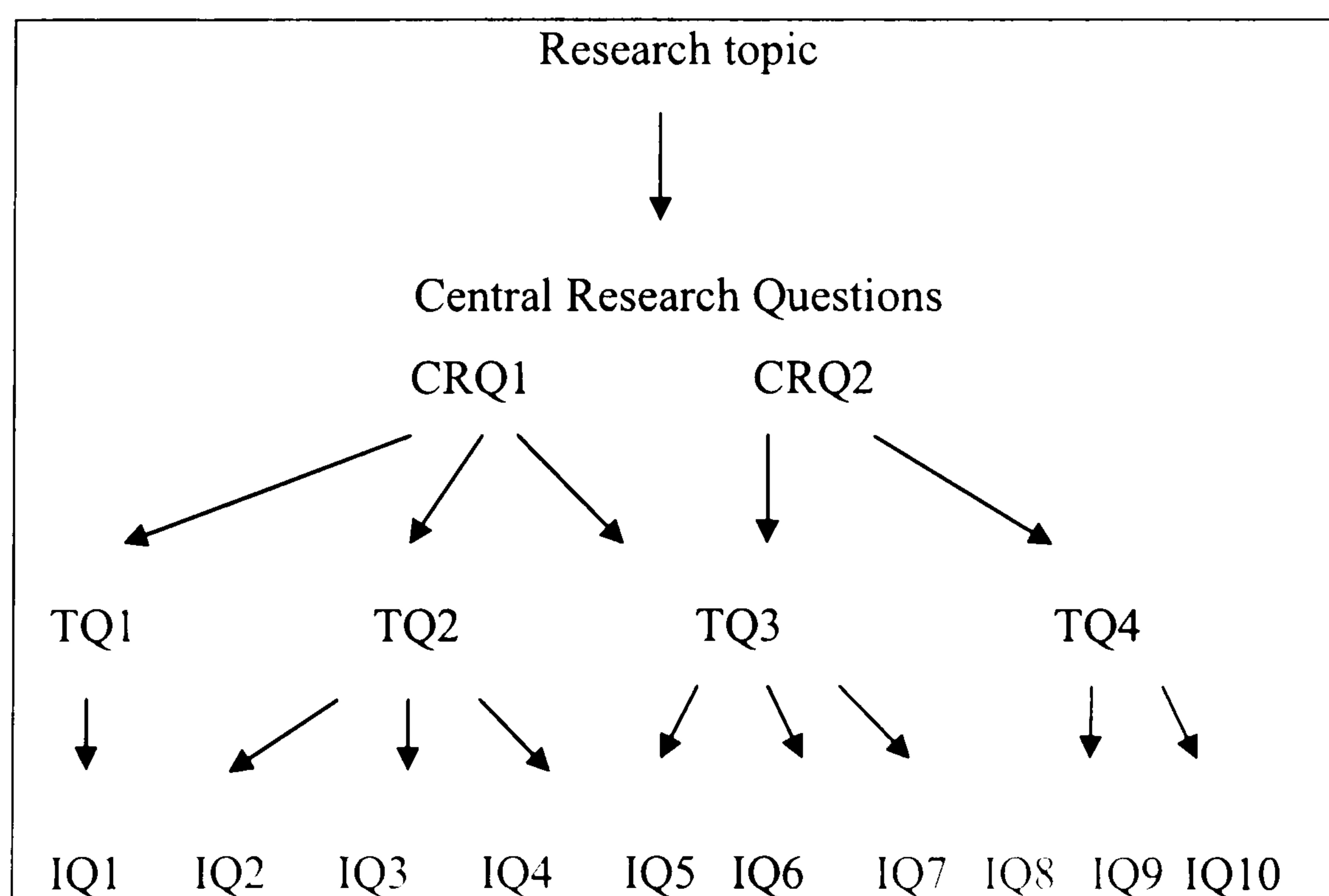
Continuing with Wengraf's (2001) model the Central Research Questions (CRQs) were developed into four Theory Questions (TQs):

- TQ1 What is it like to be a community nurse practice teacher in the current health care climate?
- TQ2 How do practice teachers think they prepare students to become qualified community nurses?

- TQ3 How practice teachers believe they learn their role?
- TQ4 What attributes practice teachers perceive to be the most valuable in facilitating community nurse students professional development?

TQs 1 & 2 relate to CRQ 1 and TQs 3 & 4 relate to CRQ 2 (Figure 1.1.). The TQs were interpreted into language appropriate to ask an interviewee in order to create the Interview Questions (IQs) (See Figure 1.1.) within the interview guide (See Appendix 1). This guide was used with 30 community practice teachers, the resulting data from the IQs was analysed using a constructivist grounded theory approach (Glaser and Strauss 1967, Strauss and Corbin 1990, 1998, Charmaz 2000, 2006). This research design has been discussed in detail within Chapters 3.2. and 3.3. This approach resulted in the emerging theory being examined in relation to findings from the mentorship literature, especially regarding what practice teachers consider the attributes that make effective and skilful mentors. The grounded theory approach investigated the phenomenon of practice teaching from the interviewees perspective, emerging as significant at the conceptual category level (Chapter 3.3.) was a developing cognisance of the apprenticeship, induction, situated learning and communities of practice literature. Key theoretical perspectives within this literature were thus utilised through a process of ‘emergent fit’ (Glaser 1978) (See Chapter 3.3) in relation to the development of a grounded theory.

Figure 1.1. Wengraf’s (2001) Qualitative Research Design Pyramid Model



This chapter will now orientate the reader to the phenomena being explored and provide a background to the contextual development and emergence of the role of the community nurse practice teacher.

1.2. The research problem

As will be highlighted below, we are currently in a period of significant change and turmoil in community nursing which is adversely impacting upon the ability to provide high quality practice placements for the education of community nurse students. This study is therefore important as it examines the issues affecting practice teachers today and sheds light on what practice teachers consider is needed to provide the quality of practice placement for our future professional education of community nurses. The thesis has resulted in proposals being made, within Chapter 10., to enhance the quality of professional education in practice for community nurse students of the future. As such it also identifies practice which could benefit other professional education such as medicine, social work, the allied health professions and teaching.

There have been a plethora of documents highlighting the importance of professional education and training in practice for initial and post initial nurses. Policy documents such as *Making a Difference* (DoH, 1999a), *Saving Lives* (DoH, 1999b), *A Health Service of All the Talents* (DoH, 2000a) and *The NHS Plan* (DoH, 2000b) express the government's commitment to encourage workplace education and enhance practice-based teaching for health and social care workers, which includes community nurses. Additionally, the previous professional body for nursing, midwifery and health visiting emphasised in the *Fitness for Practice* document (UKCC, 1999) the need to acquire skills in practice and for service providers and higher education institutions (HEIs) to work in partnership (Clay and Wade, 2001). The NHS Plan (DoH, 2000b) specifically stated the need to have appropriate qualified, high quality teaching staff that are committed to delivering education in practice (Clay and Wade, 2001). This need was reiterated in the document *Preparation of Mentors and Teacher* (DoH/ENB, 2001a) where the importance of dedicated, appropriately qualified and supported staff to support learning in practice was stressed (Forester and Hudson, 2001; DoH/ENB, 2001b).

These documents are informing practice at a time of increasing turmoil for the community nurse practice teachers, who facilitate practice placements. Practice teachers have undergone a significant time of change over the last 40 years in relation to preparation for, and title given to, their role. Since the mid 1990's the title Community Practice Teacher (CPT), which was awarded high status and required lengthy preparation (2 years) has been eroded, the advocated title by the professional body until September 2007 was 'mentor' and the preparation took on average five days in university. Disharmony has resulted from these changes with many practice teachers (former CPTs) feeling devalued and demoralised. The NMC undertook a consultation exercise in 2004 (NMC, 2004a) and, based on the strength of feeling from the consultation, the professional body introduced a new standard for practice teachers of community nurse students (NMC, 2006). However this standard will not apply to all community nurses until September 2010. In the meantime practice teachers, using a variety of titles, undertake the role of practice teacher with community nurse students, facilitating their professional education in practice to gain the community nurse qualification. It is the experiences of these practitioners which this study sought to gain.

A key to understand the current position for community nurse education in the practice sphere is through an examination of the history of the community nurse teacher practitioner role, which has been undertaken and presented in Chapter 1.7.

1.3. Terminology

This study was carried out with community nurse practice teachers. These individuals reach this position through the following career pathway. Firstly individuals come forward for initial nurse education and undertake a three or four year course in nursing to qualify as a registered nurse. They then work for a minimum of two years as a qualified nurse in a hospital or a community setting, or a combination of both. After at least two years in practice the nurse can then enter a community nurse course, which is a one year full-time or two year part-time course to gain a community nurse qualification. Whilst on the course the community nurse student specialises in one of eight community nursing disciplines,

community children's nursing; community mental health nursing; district nursing; health visiting; learning disability nursing; occupational health nursing; general practice nursing; school nursing. It is then expected that community nurses work for at least two years as a qualified community nurse in their specialist discipline before becoming a practice teacher to community nurse students of the same discipline. Thus community nurses are already qualified nurses and all community nurse practice teachers are qualified community nurses. From commencing nursing as a career a community nurse practice teacher must therefore have at least eight years nursing experience.

Throughout this thesis 'practice teacher' will be used as the overarching term to describe the person and the role of community nurse practitioners who facilitate the professional development of community nurse students in practice. This term emphasises the duality of role undertaken by these practitioners. 'Teacher practitioner' would also have been equally applicable, a term used by Jarvis in his work on professional education in the caring professions (Jarvis, 1983; Jarvis and Gibson, 1985, 1997). However, as the term practice teacher is to be the title required by the Nursing and Midwifery Council (NMC) its use throughout the thesis has been selected to avoid confusion.

1.4. What existing research on community nurse practice teachers says?

The research of relevance to the experience of community nurse practice teachers falls into two key areas. The first could be placed under the general heading of mentorship research, the second relates to workplace learning. Within the first category research covers many professions, semi-professions and business. Nursing is heavily represented within this research, however, the field focuses on pre-registration nursing, consisting mainly of surveys of pre-registration nurse students experience of being mentored and mentors views of their role, the costs and benefits of undertaking their role and being prepared for their role. Only nine studies have focussed upon community nurse practice teachers and these have pursued similar interests to nurse mentorship research.

Of these nine studies focussing upon community nurse practice teachers, the first was in 1979 (Chapman, 1979) and the latest in 2002 (Byers and CPHVA, 2002). The most recent

two were both by Byers (Byers, 2002; Byers and CPHVA, 2002), and succeed the third most recent by a decade. The three most recent studies, the two by Byers and the third by Mackenzie (1992) relate to community practice teachers (CPTs), whereas the first six all related to Fieldwork Teachers (FWT) and Practical Work Teachers (PWT), the forerunners of the CPT, these former titles disappeared from use in 1990, well over a decade ago. In only two of these studies were conceptual models used or developed, these were both PhD studies (Mackenzie 1992, Twinn 1989), the rest were atheoretical.

Byers' studies (Byers, 2002; Byers and CPHVA, 2002) involved surveys, the first looked at the continuing education needs of CPTs and the second (Byers and CPHVA, 2002) although looking at the CPT role was more akin to market research. The two doctoral studies (Twinn, 1989; Mackenzie, 1992) are notable within this literature as the underpinning theoretical frameworks are identified, debates are explored and the philosophical stance of the research methodology elaborated. However, Mackenzie's ethnographic study of district nurses, examined learning from the perspective of the student not the practice teacher. The practice teacher was the main focus of Twinn's thesis but only examined their assessment role, focusing on the difficulties FWTs experience in assessing student health visitor competence.

Three studies looked at the role of the practice teacher (Chapman, 1979; Dean, 1981; Fish *et al.*, 1990); two of these were small qualitative pilot studies (Chapman, 1979; Fish *et al.*, 1990). The third a quantitative study by Dean (1981) identified characteristics of 'good' or 'effective' fieldwork teaching and the support required by FWTs and their students. The final two studies (Battle and Salter, 1981; Maggs and Purr, 1989) focussed on the course preparing PWTs and FWTs for their role these identified some interesting perceptions of the FWT and PWT course, these findings will be explored further in Chapter 2.5.

1.5. What issues does the above research leave and why is the proposed study significant?

In summary the body of research above provides a picture of the trials and tribulations of being a mentor, their attributes and views of what makes an effective and skilful mentor. However, the majority of these studies are atheoretical, failing to use or develop conceptual models. As can also be seen from Chapter 1.4. above none of the research undertakes an in-depth qualitative study with community nurse practice teachers, thus narratives do not exist regarding what it feels like to be a practice teacher. No studies have explored how such practitioners see themselves as developing their role and how this development is perceived to impact on community nurse students. Thus this study by exploring these phenomena within a theoretical framework undertakes original research.

This study is also likely to be significant because little is understood about the processes of interaction between practice teachers and their students. A better understanding of practice teaching and these processes of interaction offers the potential to improve the quality and effectiveness of community nurse education.

The second area of research, mentioned in Chapter 1.4., provided a more fruitful theoretical understanding of how learners develop competence in the workplace. These studies cover apprenticeship, induction, situated learning and communities of practice in a range of professions, semi-professions and business (Engestrom and Middleton, 1996; Fuller and Unwin, 2003a, 2003b; Hodgkinson and Hodgkinson, 2003, 2004; Hodgkinson *et al.*, 2004; Snyder and Wenger, 2004; Wheatley, 2004; Fuller *et al.*, 2005). The research undertaken within teacher education draws extensively on these theoretical frameworks and provided many important insights into the development of professional practice. Nursing and particularly community nursing research in this field though is sparse, featuring less than a handful of studies. This area highlighted a gap in community nurse practice teaching research, which my study recognised and was able to address and in so doing makes a significant contribution to the field. The theoretical framework of situated learning and communities of practice provided support in the development of the substantive grounded

theory. As a consequence the theory of professional (re)production¹ in community nursing offers a significant contribution to the body of literature about professional nurse education and workplace learning. The theoretical framework is explored in-depth within Chapter 4.6. and the how the tension over the use of a theoretical framework within a grounded theory approach using the concept of 'emergent fit' was reconciled is examined in Chapter 3.3.

1.6. Personal rationale for the study

I am a community nurse lecturer with a career in nursing spanning 30 years. After gaining a degree in nursing and health visiting from the University of Manchester I went into health visiting practice in London. Two years later I undertook the FWT course and became a practice teacher. A few years after that I embarked on a tutors course at the University of Surrey, since qualifying as a tutor I have worked for three Higher Education Institutions as a community nurse lecturer. Since going into community nurse education as a lecturer in 1987 I have at different times taken on roles as curriculum developer and/or course leader for FWT, CPT, ENB 998, Mentor, Specialist Practice Teacher, Practice Educator courses as well as health visitor certificate and diploma courses, community nursing (community specialist practitioner) ordinary and honours degree and postgraduate diploma/MSc courses. This background has rooted my experience, interest and commitment in the professional education of community nurse students in practice and university settings. Like many of my colleagues I have felt the frustration and disappointment of the apparent undermining of the value of practice teacher preparation and role. I have also been witness to the demoralisation of practice teachers experiencing poor support and respect for their role, as well as the complaints of students who report poor experiences in practice with practice teachers providing inadequate learning experiences to meet their professional development needs.

The above is contrasted with the many experiences of working with expert practitioners, who are also expert teachers, working effectively with students enabling the development

¹ The term (re)production combines two processes, production and reproduction. Reproduction is a process that recreates and thus maintains continuity through replication, whereas production, results in change occurring for the individual, the discipline and/or the culture. See Chapter 9.5. for a full discussion of the meaning of (re)production within this thesis.

of community nursing practice. It is through all these experiences that the desire arose to uncover the understandings that community nurse practice teachers have of expertise in practice teaching and explore their experience of this role.

I recognised the anomaly of some practice teachers being required to undertake a two year course to prepare them for their role, whilst other teacher practitioners undertake the role without any preparation whatsoever. This led me to question whether practice teachers required a two year preparation course, or whether something that remained robust but less costly and more accessible would be appropriate. I therefore hope this study sheds light on whether educational preparation of practice teachers contributes positively to the quality of their practice.

1.7. History of community nursing practice teachers

Nurse education has always heavily relied on the transmission² of knowledge and competence taking place in practice settings under the guidance of qualified practitioners. These practitioners therefore straddle “two professionalisms” (Jarvis and Gibson, 1985) nursing and teaching and should have expertise in both. Nowhere in nursing is this duality of role more evident than in the community nursing specialisms of health visiting and district nursing. Health visitors and district nurses are qualified nurses, who have practised the art and science of nursing and may have taken responsibility for the training of nursing students. They have then become students again to train as a health visitor or district nurse and after at least two years practice in their specialism have been able to complete a course of continuing professional education to prepare them for the role of practice teacher.

Hudson and Forester (1995) argue that:

[T]he focus of community nursing practice is different from nursing practice in other settings. It involves unsupervised, independent practice, with high levels of decision-making and complex practice skills such as advocacy, prioritising, and caseload management. It is a long-term process, dealing not just with single clients and single

² The term transmission is used within this thesis to exemplify the ‘standard paradigm’ of learning (Beckett and Hager 2002) where knowledge is transmitted from one individual to another. This approach to learning and subsequent competing approaches will be explored in depth with Chapter 4.

episodes of care but also with families and communities, in a complex interaction of social influences” (Hudson and Forester, 1995:139).

They consider the setting for community nursing student practice to be similarly complex.

Community nurse students have one practice placement for the duration of their degree or postgraduate course. This placement is facilitated by one practice teacher. The practice teacher and student are thus in a long-term, nine to twelve months, intense one to one teacher-learner relationship. Within this relationship the practice teacher takes on the main responsibility for facilitating the development of community nursing competence and examining fitness for practice and purpose at a post registration level. The practice teacher is therefore the gatekeeper to the profession, unlike the mentors of pre-registration nursing students, who share responsibility over a number of practice placements (DoH, 1997; Byers and CPHVA, 2002). This level of responsibility has been reflected in the educational preparation for the role of practice teacher, the evolution of this preparation over the past forty years is examined below.

In the 1960s the professional body for health visiting, the Council for the Education and Training of Health Visitors (CETHV), laid down the requirements for the practice teachers of the day, who were called ‘fieldwork teachers’. These practitioners were responsible for the practice-based teaching and learning of health visitor students from the 1960s. This body required practical teachers to have not only the capacity to work well as health visitors, but also to analyse work in order to assist the student to learn (CETHV, 1978; Wilkie, 1979). Fieldwork teachers for health visitor students continued to be the title of the role when the CETHV was superseded by a new set of regulatory bodies for nursing, midwifery and health visiting. These were the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC), whose duty was to set the regulations, standards and code of practice and the English National Board for Nursing, Midwifery and Health Visiting (ENB), whose duty was to approve and monitor the educational preparation of practitioners to meet the UKCC’s standards for practice.

The equivalent practice teacher for district nurse students was called the 'practical work teacher'. At this time the district nurse course and the health visitor course were run separately, as were all the other community specialisms. All these courses were of different lengths and had different entry and exit requirements, for example the school nurse course was a twelve week course that led to a school nursing certificate, with the practice nurse course being ten days in length and leading to a certificate of attendance. The longest course was the health visitor course, which at 52 weeks was mandatory to practice and resulted in a registerable qualification with the UKCC.

1.8. Preparation for fieldwork teachers and practical work teachers

Fieldwork teachers (health visitors) and practical work teachers (district nurses) were the first and, at the time, only nurses required to undertake educational training for their teaching role. Other practitioners such as ward sisters, were not expected to have been trained for a teaching role, their experience as practitioners was seen to be sufficient for them to perform a teaching role (Jarvis and Gibson, 1985).

The fieldwork teacher (FWT) course consisted of a period of education and preparation based in a higher education institution (HEI) and lasted two years. The first year was theoretical comprising six weeks attendance over three terms at the HEI. The second year was a year working with a student whilst being supervised. The education and preparation of practical work teachers consisted of the same theory year after which the PWT qualified, there was no second year of supervision (ENB, 1987). Many HEIs delivered the FWT and PWT courses together and by the late 1980s were preparing the new Community Practice Teacher (CPT) Course, which merged the FWT and PWT courses together and standardised their format, so each lasted two years. This also made the course accessible to potential practice teachers from other community nursing specialisms.

Although the CPT course was now accessible to all community nursing pathways, health visitors and district nurses still predominantly accessed it. Alongside this a change in workforce planning, recruitment and retention during the early to mid 1990s resulted in the numbers of recruits to CPT courses diminishing, with some courses across the country

either closing or running with very small numbers. A watershed occurred in 1994 with the publication of the UKCC regulations Post-registration Education and Practice (PREP) (UKCC, 1994). This document heralded the introduction of the new curriculum for community nurse courses, whose graduates would be placed on the UKCC's professional register as 'Community Specialist Practitioners'. The PREP regulations did not specify the type or level of preparation needed for practice teachers of community specialist practice students, thus it was no longer a requirement for practice teachers to be prepared through the CPT course or be given that title.

It was recognised that the new Community Specialist Practitioner Courses required equity in their practice settings and as the majority of specialisms did not have a tradition of practice teacher preparation many did not deem it feasible, necessary or desirable for this to take place along the lines of a two year CPT course. The ENB continued to advocate the CPT course as the gold standard and recommended it as the preparation for practice teachers. However when managers, sponsors and recruiters started to realise there was no longer a requirement to educate CPTs, a dramatic downward trend in CPT course recruitment was seen, resulting in few courses being left by the early twenty first century.

Although as Jarvis and Gibson (1985) had stated, nursing experience was seen as sufficient for nurses to perform a teaching role, there had been an ENB approved course for teacher practitioners of nursing students. These practitioners were called 'mentors'³. The course called the ENB 998 (ENB 997 for midwives) was a short course, usually around five days in length and although not mandatory was the advised standard for practice laid down by the ENB. The course was typically undertaken by staff nurses as a means of career progression.

The removal of the CPT course as a requirement within the PREP regulations resulted in many community nurses undertaking the ENB 998/7 course or equivalent to prepare them for their practice teacher role. In fact the interpretation by some sponsors and HEIs based

³ Throughout the thesis mentor will be the term used to describe the teacher practitioner for pre-registration nursing students, in order to unambiguously differentiate this person from the practice teacher of post-registration community nursing students.

on the PREP regulation was that no formal preparation was required. To move from a two year preparation course to no formal professional education to undertake this role certainly appeared to devalue the practice teaching role (Hudson and Forester, 1995). It could also be argued did not enable them to become experts in two professions, teaching and nursing as advocated for professional education (Jarvis and Gibson, 1985, 1997).

In 2002 the ENB and UKCC were replaced as professional bodies by the now current professional body the Nursing and Midwifery Council (NMC). Prior to their demise, however, the UKCC produced *Standards for the Preparation of Teachers of Nursing, Midwifery and Health Visiting* (UKCC, 2000), these standards were interpreted by the ENB in the document *Preparation of Mentors and Teachers: A new framework of guidance* (DoH/ENB, 2001a). The latter announced that from September 2001 no further students would be admitted to Community Practice Teacher Programmes or the ENB 997/998 Teaching and Assessing in Clinical Practice Programmes. In their place advisory standards for mentors were introduced, which applied to new nurse mentor programmes commencing from September 2001. The document stated that mentor preparation would equip appropriately qualified and experienced practitioners to assume responsibility for student learning in any practice setting, hospital or community, and for any level of nurse, pre or post registration.

The outcome was that mentor programmes were developed replacing ENB 998/7 and CPT programmes, mentor programmes across the country however, aligned themselves quite closely in length (approximately five days) and content to the previous ENB 998/7 courses. The result was that the CPT programme and role had gone to be replaced by the mentor course and title. In 2003 the NMC went onto make the mentor standards mandatory instead of advisory, at this point the pendulum began to slowly swing back.

In response to the mentor course standards, community staff along with their local HEIs who did not consider the short mentor course sufficiently robust started to develop their own courses. As a result a range of different courses of different lengths were set up across

the country, with different titles for practice teachers being used. Although these initiatives have gone some way to meeting professional education needs of community nurses they have been ad hoc and gained no professional body recognition. At the same time other specialisms within nursing faced similar dilemmas regarding preparation and titles of their teacher practitioners, the outcome has been a plethora of titles including: Mentor; Preceptor; Supervisor; Clinical Supervisor; Clinical Facilitator; Teacher Practitioner; Lecturer Practitioner; Practitioner Lecturer; Practice Teacher; Community Practice Teacher; Specialist Practice Teacher; Specialist Community Practice Teacher and Practice Educator. In a research report funded by the ENB, White *et al.* (1993) reported this array of titles to be problematic, referring to it as 'a tautological maelstrom'.

The term 'mentor' is not considered by many within community nursing to reflect the higher expectations required of the role of the practice teacher for community nursing students (Byers and CPHVA, 2002). The Community Practitioner and Health Visitor Association (CPHVA) advocate the term 'practice teacher'. The CPHVA sought the views of existing CPTs and educationalists using questionnaires, focus groups and consultation discussions (as previously discussed on Chapter 1.4.) (Byers and CPHVA, 2002). Respondents felt strongly that the mentor role was inadequate to meet the needs of community specialist practitioner students and suggested that a middle role similar to the CPT should be developed if professional accountability, credibility and public safety were not to be compromised. This role would reflect the responsibility practice teachers hold for delivering fifty percent of a specialist practice course at degree level and assessing 'fitness to practice' for students entering new parts of the professional register (UKCC, 2000).

The NMC having heard the voices of a wide range of practitioners and organisations decided to undertake a review of student learning in practice. As reported in Chapter 1.2., the NMC undertook a consultation exercise (NMC 2004a) following which the standard was published in 2006 (NMC 2006). This standard will be a mandatory requirement for practice teachers supporting community nurse students, but is to be brought in incrementally from September 2007. Thus having reached a position in 2001 where there was no requirement for teacher practitioners to be prepared for their educational role with

community nurse students, over the next few years all community nurse students will have to be supported by a practice teacher prepared beyond the level of mentor. This change is welcomed by the majority of stakeholders, particularly educationalists, students and practice teachers. However although it is welcomed there will be difficult challenges faced by the profession to ensure all community nursing disciplines are able to meet the new standard.

1.9. The essence of practice teaching

The quotes below start to identify the essence of a practice teacher's skill or expertise by outlining the duality of skill and expertise of the teacher and of the practitioner.

[A Practice Teacher is] an expert practitioner and role model who teaches 50% of specialist practice, designs and conducts clinical assessment; is accountable for student registration and Fitness for Practice (Byers and CPHVA, 2002: 7).

The NMC practice teacher is a registrant who normally will have previously fulfilled the NMC requirements to become a mentor, and who has received further preparation to achieve the knowledge, skills and competence required to meet the NMC defined outcomes for a practice teacher (NMC, 2004a: 19).

These definitions accord with the views of both Dean (1981) and Jarvis and Gibson (1985, 1997), who consider that in order to be an effective facilitator of learning for the student community nurse, the practice teacher must also be an effective professional in that specialism. Jarvis and Gibson go on to argue that as a practice teacher

[If] her knowledge or skill is deficient not only will the patients or clients be put at risk, students entering the occupation will not have had the best introduction they might have received, for the teacher practitioner will also certainly become a role model for her learners (Jarvis and Gibson 1985:6).

Hudson and Forester (1995) support this view believing practice teachers are required to develop the student's skills of reflection and adaptability, whilst modelling the 'expert practitioner' role. This dual role of practitioner and teacher requires a foundation of educational theory and the ability to use a range of teaching and learning strategies to meet the individual student's learning needs.

Students tend to add a further dimension to those provided above, Davies (1993) writing as a student said that practitioner teachers need to be sympathetic, tolerant and challenging, and confident enough to allow their student to ask questions about their practice. This sympathetic attribute was echoed by the student respondents in Maggs and Purr's (1989) study who saw practitioner teachers as role models who should be effective professional practitioners, good teachers, up to date and having a caring manner with patients and clients.

Although there is considerable overlap in the literature between mentors and practice teachers, Gosby's (2001) doctoral thesis sheds some light on the potential difference stating that mentors are not required to be teachers. Historically nurse mentors did not assess students, focussing instead on supporting them. Further development enables mentors to extend their expertise to teach and assess a wider range of students, especially those studying at a level beyond that of initial registration, they thus take on the role of practice teachers (NMC, 2004a).

1.10. What original investigation and significance does the study provide?

This study gained valuable insights into the role of the practice teacher, as experienced by a range of novice and experienced practice teachers. This study also provides a clearer understanding of how practice teachers can be prepared and supported to develop the community nurses of the future. The purpose of this research was to develop a substantive theory of practice teaching in community nursing settings, in doing so this study discovered the underlying social processes involved in community nurse and practice teacher professional development, a discovery which has important implications for practice, education and policy related to community nursing education.

This study undertook original research by investigating the two central research questions outlined in Chapter 1.1. Making specific use of situated learning and communities of practice conceptual frameworks, which have never been applied to community nurse practice placements, this thesis illuminates issues that need to be addressed in order to provide positive practice learning experiences for community nurse students of the future.

To emphasise the original nature of this investigation the following claims are made:

Claim Number One. This thesis contributes to the professional knowledge base of workplace learning by explaining how practice teachers consider they contribute to the development of community nurse students through a process of professional socialisation. In so doing this thesis provides a voice for a previously under-researched group.

Claim Number Two. This thesis makes an original contribution to knowledge with an analysis of the extent to which the situated learning and community of practice theory apply in community nurse practice placements and how these have been built upon and developed to provide a theoretical framework used in data analysis.

Claim Number Three. This thesis makes an original theoretical contribution through the development of the grounded theory of community nursing professional (re)production.

My original contribution is therefore based on the claim that I offer a new and deeper understanding of the phenomena, which not only provides an analysis of a new area but also extends current ideas.

1.11. The structure of the thesis

The rest of this thesis consists of nine chapters, the first three are presented in the following order to provide a logical structure to a process which occurred concurrently. Reviewing the literature (Chapter 2) occurred throughout the study and is presented first based on traditional thesis presentations. The research design (Chapter 3) follows but in reality the process started soon after the study commenced. The theoretical framework (Chapter 4) emerged from the literature review, at a point in time when data analysis within a grounded theory approach was underway, and as such is presented following the design chapter.

Chapter 2 – Sets the scene in reviewing the existing literature on practice teaching and mentorship. Although the literature on practice teaching in community nursing is sparse, mentorship in nursing is heavily represented. The mentorship literature reviewed defines nurse mentorship within a modern

rewriting of Homer's Ancient Greek myth and offers a gendered view of nurse mentors. Participants within this research were found to emphasise the social nature of the processes involved in nurse education within practice placements. Within the research on work-based learning, areas having direct relevance to this thesis have been included especially the nursing literature related to situated learning and communities of practice, which provide the theoretical framework for this study.

Chapter 3 – Identifies the research methodology and offers a rationale for the choice of a constructivist grounded theory approach. The chapter explores how the tension between the methodology and the use of the existing communities of practice theoretical framework is reconciled through application of 'emergent fit'. A discussion of the study's design is provided, including ethical approval, data collection through semi-structured interviews and analysis using constant comparison.

Chapter 4 – Develops the theoretical framework for the thesis. Situated learning and community of practice theory were discovered to be directly applicable to community nurse students' identity development in the workplace as perceived by practice teachers. As a consequence they were developed as the theoretical framework for this thesis. The central tenets of Lave and Wenger's (1991) community of practice theory were adopted within the theoretical framework with some innovations which extend Lave and Wenger's framework.

Chapters 5-8 – Presents the data analysis within a grounded theory approach. The three theoretical categories identified are explored within these chapters along with the key finding from the study which are summarised in Chapter 1.12. below.

Chapter 9 – Develops and explores the substantive grounded theory, which is one of professional (re)production. Professional (re)production is identified as the

social process which socialises new community nurses and develops existing community nurses so that they in turn can socialise new community nurses for the profession. The journey of professional (re)production is seen to be enhanced by taking place within communities of practice which feature a foregrounded *learning dimension*. This feature is one of a number of extensions to Lave and Wenger's (1991) framework which makes my study unique.

Chapter 10 –Offers an overview of the thesis and outlines the original contribution it has made to the field of community nurse education. This includes the way I innovated around Lave and Wenger's (1991) community of practice theory in order to develop and apply the theoretical framework. This resulted in a normative and analytical grounded theory of professional (re)production. The limitations of the study are acknowledged and suggestions for future researcher offered.

Summary of findings

1. Practice teachers induct qualified nurses into the community nursing profession through a process of socialisation. They undertake this socialisation process with the goal of facilitating the student's development towards a vision of an 'ideal' community nurse.
2. The socialisation process is situated within a community of practice where students gain experience that transforms their identity from a nurse to a community nurse. Practice teachers take responsibility for this transformation through their ability to nurture the student's relationships and participation within the community of practice. This approach directs focus away from a pass/fail competence model of education as currently favoured by the nursing professional body and government. The result is that practice teachers rarely fail students, out of 132 students no examples of failure were found in this study.

3. Practice teachers develop their role through a similar process of socialisation which takes place over many years, where they increasingly move away from a transmission approach to learning towards a transformation approach.
4. The socialisation process of students, practice teachers and other members of the community of practice provide reciprocal gain for all. The primary focus is on transformation with the development seen to take the form of a journey. The ultimate aim is to create new members of the profession and develop those existing members to become skilled in creating new members. The outcome being the professional (re)production of community nursing.

Chapter Two

Literature review

2.1. Introduction

Chapter 1. introduced the existing research on community nurse practice teaching, however this only involves nine studies. The majority of research in the field of nurse education in practice settings examines mentorship of pre-registration nursing students. This chapter thus reviews this literature along with some key studies from nurse education and other professional groups that address socialisation. Areas within this literature, considered most salient to this thesis have been selected for the review, these were chosen for their relevance to the categories emerging from the data. The areas addressed within this chapter are outlined below

1. Context - Practice placements and the learning environment, this includes a review of nursing literature related to situated learning theory⁴ and relationships within communities of practice.
2. Mentorship -
 - Characteristics of good and bad mentors.
 - Role - What mentors do with their students, this literature explores the process enacted with students.
 - The needs of mentors, this considers what mentors need to develop and enact their role.
3. Socialisation - The outcome of the students practice placement experience on their development.

2.2. Literature review context

As stated in Chapter 1.4. there has been little published research about practice teaching, only nine studies focus upon community nurse practice teachers or their forerunners (Chapman, 1979; Battle and Salter, 1981; Dean, 1981; Maggs and Purr, 1989; Twinn, 1989; Fish *et al.*, 1990; Mackenzie, 1992; Byers, 2002; Byers and CPHVA, 2002). The

⁴ Situated learning relates to learning which takes place in the context where it is applied, such as the workplace. The concept is explored further in Chapter 2.3. and 4.3.

nature of these studies was highlighted (Chapter 1.4.) and from this discussion the most recent, that of Byers and CPHVA (2002) was found to be most closely aligned to this study as its aim was to review the experience and role of practice teachers. However, as stated in Chapter 1.4. although this is the only study to specifically look at the role of the community practice teacher (CPT) it is not true research, but takes the form of market research. Other than these nine studies the rest of the nursing research in this field predominantly examines pre-registration nursing practice. Research consisting mainly of surveys of pre-registration nurse students experience of being mentored and mentors views of their role, the costs and benefits of undertaking their role and being prepared for their role. However the ongoing search showed this field to be vast, a decision was therefore made to limit the literature reviewed in this chapter to that published from 1990 onwards as seventeen years is longer than would traditionally be deemed current. Three exceptions were made to the exclusion of pre 1990 literature and these relate to the seminal work on nurse socialisation undertaken by Dingwall (1977) and Melia (1987) and Darling's (1984a) research on mentorship potential which have all been included due their significance to the field.

A significant number of studies on student nurses practice placements such as Orton's (1981) and Fretwell's (1982) were undertaken in the 1980s however these studied a system of education quite different to that seen today. The studies that emerged during the 1990s were those undertaken to explore two very important changes in nurse education, firstly the introduction of a new nursing curriculum called Project 2000 (UKCC, 1986), where students were required to spend 50% of their course in practice, the majority of that as supernumerary students under the guidance of a mentor. That was a significant change from the traditional apprenticeship model in existence prior to this, one more closely aligned to the structure of the community nurse student curriculum. The second change was that pre-registration nursing courses moved into higher education institutions (HEIs) thus removing them from Schools of Nursing located within the NHS organisations where placements were provided. Again this brought pre-registration in line with community nursing which had always been based in HEIs removed from practice placements.

The introduction of Project 2000 across the United Kingdom led to government funding of a number of large scale studies, so that the new system could be investigated to examine the impact on student learning and the required preparation for the mentorship role (White *et al.*, 1993; Davies *et al.*, 1994; Neary *et al.*, 1994, 1996; Wilson-Barnett *et al.*, 1995; Phillips *et al.*, 1996a, b; Twinn and Davies, 1996; Neary 1997). This pattern of nurse education provision was also being replicated in a number of developed countries across the world with a tradition of nursing research, hence studies identified in this search and included in the review have emerged from countries with a similar nurse education system, especially America and Australia.

Studies such as Armitage and Burnard's (1991) examine the debate about the use of titles within the field such as mentor, supervisor, coach and preceptor, which have been variously used and contested. However such a debate is not relevant to this study as the focus of the review is on qualified practising nurses who provide nursing students with one-to-one support, facilitation, supervision, coaching or assessment within the practice placement. Thus studies using all of these titles have been included in the review.

Overall 115 articles, dissertations and theses have been identified related to mentorship or student nurse education, within the specified time period, including the nine focusing on community nurse practice teachers. A decision was made to manage this large amount of literature by placing boundaries round the topic areas to be included, this resulted in the omission of areas which did not have specific relevance to my study, for example literature which did not address the role or experience of mentors or practice teachers. The omitted studies covered the following areas:

- Alternative models of providing placements for nursing students
- Studies that only looked at the title given to roles
- The role of lecturers in practice placements
- Placements for students with special needs
- Evaluation of the taught content of mentor preparation courses
- Student nurses feelings and experiences in practice placement which do not involve experience of other staff in the placement.

This reduced the 115 articles to sixty two which have been included in the review.

Of the sixty two studies in this review over two thirds are atheoretical. A large number of these studies heavily emphasised quantitative survey methods or qualitative interviews and provide scant theory related to education or learning and none regarding research methodology. Sixteen studies did discuss research methodology, of these seven were ethnographic (Dingwall, 1977; Mackenzie, 1992; Marrow and Tatum, 1994; MacNeil, 1997; Holland, 1999; Burkitt *et al.*, 2000; Gosby, 2001), four were phenomenological (Baillie, 1993; Watson and Harris, 1999; O'Callaghan and Slevin, 2003; Papp *et al.*, 2003), three used grounded theory (Melia, 1987; Gray and Smith, 2000; Duffy, 2003) and two were action research studies (Ewens *et al.*, 2001; Sibson and Machen, 2003). Of these six were doctoral studies (Twinn, 1989; Mackenzie, 1992; Gray, 1997; Spouse, 1998b; Gosby, 2001; Duffy, 2003) which explored the philosophical stance of the research methodology and/or used/developed a theoretical framework. A further four studies discussed the theoretical frameworks they had used. These included community of practice and situated learning theory (Burkitt *et al.*, 2000, Cope *et al.*, 2000, Lauder *et al.*, 2004), and social constructionist and modelling-role-modelling theory (Lamb, 2005)

A few of the studies in this field (Burkitt *et al.*, 2000; Cope *et al.*, 2000; Spouse, 2001) provided leads into searching other substantive areas, including apprenticeship, induction, professional education, situated learning and communities of practice within a range of professions, semi-professions and business. By the time these other substantive areas were searched and reviewed data collection and analysis was underway and categories had been developed. The literature was thus able to further the development of a theoretical framework by comparing the literature with the emerging categories from the data analysis. Leaving a detailed review of the extant literature until after categories had emerged from the data was in keeping with Charmaz's (2006:166) suggestion to let the literature 'lie fallow' until categories have been developed. The review of this non nursing literature has been incorporated in the discussion of the theoretical framework of situated learning and communities of practice within Chapter 4.

Late on in the literature search 'professional socialisation' was included to identify relevant literature missed using other search terms. Much of this literature had previously been identified, for example Melia (1987), Dingwall (1997), Burkitt *et al.* (2000) and Gray and Smith (2000). However some relevant, non nursing literature was identified and reviewed from this search. Key studies from this literature (Becker *et al.*, 1961; MacNeil, 1997; Clouder, 2003) have been included where they add to the review but as this is in itself another vast area the use of this literature has been limited. An additional reason for omitting much of this literature is its lack of focus on the role of a mentorship figure.

2.3. Context - practice placements and the learning environment

The importance of practice placements has been increasingly emphasised within nurse education literature (UKCC, 2000; DoH/ENB, 2001a, b; Edmond, 2001; NMC, 2004a, 2006). Eraut (2001) considers practice settings provide opportunities for students to experience and learn the skills of applying theoretical knowledge to practice, clinical reasoning, identification of problems and solutions. Greeno *et al.* (1999) also placed importance on the situatedness⁵ of learning. Participation in the authentic contexts of practice they point out is significant for the replication of the practices and perspectives of the community. Greeno's *et al.* view thus introduces the significance of the learning environment as a whole in influencing the student's professional development rather than one specific individual within the placement.

Many authors note that a crucial aspect of student learning is the capacity to learn from a range of established members of the community, in fact students learn from all with whom they interact, (Melia, 1984; DuToit, 1995; Fitzpatrick *et al.*, 1996; Holland, 1999; Andrews and Chilton, 2000). Wilson-Barnett *et al.* (1995) noted that where staff work well together and are motivated and satisfied, students feel more supported and the placement learning environment is more effective. In such placements students say that they had good learning opportunities and were made to feel included as team members. While in areas with low morale and dissatisfaction, students may be seen as an imposition by other members of

⁵ 'Situatedness' is used to mean that learning should take place in the authentic social context where it is to be applied. I.e., learning occurring in the practice placement rather than the classroom.

staff (Pulsford *et al.*, 2002). It is in the former situations where students are more likely to be included and accepted, whereas in the latter students may be rejected resulting in marginalisation and isolation (Hay, 1993). Many factors influence the incorporation and acceptance of students into communities of practice, for example student and practice teacher personality, attitudes and behaviours. Along with this the philosophy and value of the placement as a learning environment and the support of managers and educationalists, all have a part to play. However, in the current climate of community nursing the most significant role is that held by the practice teacher, who holds a large burden of responsibility for the student's successful incorporation into the community of practice and mediates many of the above processes. However before progressing onto consider the mentor the nursing literature related to communities of practice is explored.

2.3.1. Communities of practice

Communities of practice a concept created by Lave and Wenger (1991) has been well researched as an empirical manifestation by human relations, organisational and educational researchers, however it has thus far not had a major impact in nursing. Only four studies have explicitly explored the concept within nurse education (Burkitt *et al.*, 2000 and 2001; Cope *et al.*, 2000; Spouse, 2001; Lauder *et al.*, 2004). As community of practice theory forms the theoretical framework of this thesis these studies have been reviewed and synthesised.

Disappointingly research by Lauder *et al.* (2004) which seemed the most significant as it related to an area of community nursing, i.e., the preparation of family health nurses, had only minor focus on communities of practice. The study included the development of a virtual community of practice for students on a new course working in remote and rural areas in Scotland. Although ongoing rigorous evaluation of the study is underway preliminary findings suggest information technology is beneficial in supporting communities of practice. Defining communities of practice which are never constituted in space and time like the virtual community of Lauder *et al.* was also a problem faced by Burkitt *et al.* (2000, 2001). These researchers although finding the community of practice concept useful, had to innovate around the community of practice framework due to

problems they encountered. The first problem they faced was the attempt to talk about a community of practice in nursing as a whole. They found plenty of evidence for many communities within nursing, which showed great variation. for example Accident and Emergency nurses and Intensive Care nurses. They termed these 'actual communities of practice' in contrast to the generic sense of 'nurse' whose identity was gained from an 'imagined community'. The imagined community although holding core values, was never united through co-participation and joint activity unlike the actual community. However these communities were found to interrelate, with the existence of each being dependent on the other. The researchers' identification of 'actual' communities of practice, in a range of distinct settings, was revealed to comprise complex environments shaped by multiple interacting variables. Many were 'specialist' communities of practice, which tended to have distinctive working environments and strong in-group norms exerting powerful collective specialist identities.

These strong in-group norms were identified as a challenge for students in all four studies, where the need to be accepted by the community of practice was of major concern for the students. Being accepted into communities of practice is of specific relevance for Lave and Wenger's (1991) framework. Acceptance was found to be a key element of 'joining the community of practice' a concept related to Burkitt's *et al.* (2001) finding of how students trade on practical skills to become peripheral members of the community and for Spouse's (1998a) students who learnt to 'survive in practice'. Cope *et al.* (2000) report that it is the social context of the placement that is important to students, being able to join the community of practice is a priority of student nurses on placement easily equalling their need to gain the clinical skills of nursing. Cope *et al.* argue that acceptance is comprised of two elements, social acceptance and professional acceptance. Social acceptance is often granted before competence has been achieved and is initially more important to the student. Social acceptance makes familiarisation easier and builds confidence. This acceptance is facilitated through the processes of sponsorship. Professional acceptance is based on ability and has to be earned through the students work within the community. In this way the student gradually builds the trust of other members of the community. This 'work' takes place through the process of legitimate peripheral participation. These elements of

acceptance were often connected in facilitating the student's incorporation into practice (Cope *et al.*, 2000). Burkitt *et al.* (2000, 2001) found students required practical skills to trade on in order to become peripheral members of the community, without these skills students had difficulty gaining entry to the community of practice. Based on their findings a recommendation was made that student placements should entail long continuous blocks so that students can become more fully integrated into the full working routine of a community of practice, rather than the existing shorter placements which require repeated attempts to gain entry to new communities of practice.

The studies of Burkitt *et al.* (2000), Cope *et al.* (2000) and Spouse (2001) found that it was vital that students succeed in being accepted by the community of practice, as these complex social contexts appear to hold the key to the development of student competence. Their findings support Lave and Wenger's (1991) stance that learning in practice is a matter of acculturation, of joining a community of practice, rather than the application of particular skills or principles, which operate independently of social context. Cope *et al.* found that gaining competence was as much to do with joining the culture of the community as it was to becoming clinically skilled. Of significance to joining the community and thus to their socialisation was the students ability to make a valued contribution to the collective activity of the community. These contributions are initially peripheral in keeping with the student's level of skill, but still important to the overall work of the community. Lave and Wenger call this process legitimate peripheral participation and consider it to be a crucial aspect of a learner's eventual success. Through this students feel valued and are seen, by other members of the community, as making a valuable contribution, thus enhancing social and professional acceptance.

The four studies regarding communities of practice within nursing all focussed on the student's perspective although the studies by Burkitt *et al.* (2000, 2001) and Spouse (2001) also collected data from mentors. In Burkitt's *et al.* (2001) study discussion of the research methods used to collect the data was the weakest part of the study. Little detail was provided regarding the data collection methods used or how they were used. Thus the themes identified and the research team's analysis using the concept of community of

practice is not based on any evidence of the process. In contrast Spouse's (1998b) PhD thesis was the most robust study regarding theory development within this field of nursing research. This study explored communities of practice through which nursing care was delivered. Spouse's (2000) multi-method approach however could be accused of methodological slurring (Baker *et al.*, 1992). This accusation is based on Spouse's use of Glaser's (1965) grounded theory approach of constant comparison, identification of themes influenced by phenomenology and development of strategies using ethnography. Unlike the more extensive range of data collection approaches used by Burkitt *et al.* (2000) and Spouse (2001), Cope *et al.* (2000) only employed semi-structured interviews. However a noteworthy aspect of good research practice within this study involved two researchers examining each transcript, thus providing inter-researcher reliability.

Along with the key area of gaining access to the community of practice, these three studies (Burkitt *et al.*, 2000; Cope *et al.*, 2000; Spouse, 2001) found that learning to become a nurse was always situated within particular communities of practice. To learn in such contexts, both in clinical and educational settings, was not simply to master a range of intellectual concepts, but also to learn through embodied performances that involved engagement and interaction within the community of practice. The importance of Cope's *et al.* study in particular stems from its use of a theoretical framework derived from situated learning theory to inform the emerging themes, this occurred as elements of situated learning were found in the complex social and cognitive practices that student nurses experienced during learning in their practice placements. Within the theme 'support of learning in practice' the researchers report that the experience being described fitted with Brown's *et al.* (1988) model of cognitive apprenticeship. This model explores the features of learning in a practice context where experts (mentors) are able to guide novices (learners) through the complexities of practice. Brown *et al.* used the term apprenticeship but clearly distinguished this from the concept of 'sitting by Nellie' where learning takes place passively through an osmotic like process. They emphasised the way experts focus the learner towards salient features of the activity, by employing strategies such as modelling, coaching, scaffolding, fading, articulating, reflecting and exploring.

Experts firstly model practice, which involves demonstration and discussion so that particular aspects of practice are brought to the student's attention. Coaching follows, here the student undertakes the activity observed by the expert, who is then available to discuss and feedback on the student's performance. In effect the expert builds a scaffold of support (Bruner, 1983) around the student which is gradually dismantled (fading) as the student gains competence and confidence. The scaffold allows the expert to step in if necessary and reconstruct the scaffold if the student's confidence or competence is set back for any reason. As the scaffolding fades the expert encourages the student to use higher order cognitive strategies, for example articulation, reflection and exploration. "Articulation requires learners to make explicit their understanding of practice while reflection is a process of comparison between their competence and that of the expert" (Cope *et al.*, 2000: 851). Through this process the expert has made explicit their situational knowledge and as Burkitt's *et al.* (2000, 2001) study concluded these expert clinical practitioners work as co-participants with students (re)producing the community over time by the gradual induction of new members. The finding from Rosser's *et al.* (2004) study of twenty six mentors, twenty six mentees and twenty six managers mirrors the discussion by Cope *et al.* with regards to apprenticeship, and scaffolding. In Rosser's *et al.* study they discovered that the typical relationship between mentor and student as being one where the student gains independence in line with their increasing confidence which parallels a role change for the mentor from guide to colleague and critical companion.

However Burkitt's *et al.* (2000) and Spouse's (2001) studies also identified problems for students learning within communities of practice. Themes emerged from Spouse's (1989b, 2001) study included 'surviving the contradictions', within this theme students attempted to maintain nursing values in a hostile environment, another theme was 'stress and coping within communities of practice'. These two themes paralleled Burkitt's *et al.* (2001) themes of fragmentation and stress. Burkitt's *et al.* (2001) study in particular identified a problem regarding the reliance within the community of practice concept on an apprenticeship model, where experienced community members co-participate with newcomers and novices. Nurses concerted efforts to move away from such a model, giving emphasis to an education-based model within universities was found by Burkitt *et al.*

(2001) to have created a tension for students who are faced with two models of learning and two communities of practice to identify with. The competing demands created by the two communities left students caught between them. A difficulty that can lead to the theory/practice gap much bemoaned of within nurse education.

However, even with the difficulties identified a major conclusion from the studies by Burkitt *et al.* (2000), Cope *et al.* (2000) and Spouse (2001) was that students were able to learn from mentors who were able to use knowledge by situating it in within the authentic contexts of communities of practice. Although the rest of the literature failed to make explicit reference to community of practice and situated learning theory their findings resonate with such a framework. For example issues of students needing to fit-in to the team (community) and participate by undertaking a valuable role (legitimate peripheral participation) to gain acceptance and respect are all prevalent features which will now be explored, as is the need for effective relationships (sponsorship) with all team members but particularly a mentor (full participant).

Feeling part of the team was closely linked to the opportunity to learn by Nolan (1998). The finding from Nolan's study of six, second year student nurses was that until the students felt accepted their time and energy was used trying to fit-in. It was considered that the anxiety generated during this process impaired the student's concentration and their ability to receive and process information. If the anxiety level was too high for the student it had a negative impact on their performance and consequently on their acceptance as a team member. This in turn led to more anxiety and loss of confidence, whereas students who fitted-in well could use their energy to participate and had more active roles on the placement. Nolan concluded that students must fit-in if they are to actively participate and they need to actively participate if they are to learn. Fitting-in to the team was also found to be very important in Phillips' *et al.* (1996b:1085) study, the way students managed this was by 'being useful' (legitimate peripheral participation). Gray and Smith (1999) found students achieved this by 'mucking-in', sharing the workload and being useful. These findings resonate with those of Burkitt *et al.* (2000), Cope *et al.* (2000) and Spouse (2001). In relation to anxiety Earnshaw (1995) reported that a 'good' mentor was seen by students

to reduce their stress and anxiety especially in the early stage of the relationship which helped the student settle in to the placement.

Following the theme above Mackenzie's (1992) findings fit a community of practice framework although her work has not been theorised in this way. Mackenzie's ethnographic research study, discussed in Chapter 1.4., articulated a similar process of being accepted into the community of practice. The district nurse students reported that their practice teachers showed them respect by jointly identifying their learning needs with them and allowing negotiation of experiences, which made the students feel accepted and increased their confidence. The students did not feel learning took place until they had been accepted by the group and that attention needed to be given to the fitting-in process. For some students they felt this was enhanced if they could bring new ideas from college to 'give' to the group. This discussion complements Quay's (2003) view that learning is dependent upon access into communities of practice and that this access then allows learning to take place, learning that moves members with access from legitimate peripheral participation to full participation.

Relationships with staff within the practice placement were identified in a number of studies, including those of Hart and Rotem (1994), Cahill (1996), Dunn and Hansford (1997) and Papp *et al.* (2003). The quality of the student's relationship with staff and the provision of support were found to be the crucial factors in creating a positive learning environment within these studies. Hart and Rotem as did the other studies found that students highly valued positive relationships with clinical staff and needed to feel they belonged and were accepted by the staff in the setting.

However with regards to relationships Spouse (1996) concluded that the most important element of the 'micro' learning environment is the quality of the relationship between student and mentor, which supports White's *et al.* (1993) finding that the nature of the student-mentor relationship is fundamental to the quality of the learning experiences for pre-registration nursing students. Earnshaw's (1995) Cahill's (1996) and Spouse's (1996), studies identified mentor relationships based on mutual respect and partnership are

fundamental to the process of effective mentoring. The respect and partnership identified by Earnshaw was found to develop through different stages of the relationship, after a settling in period where both mentor and student assess each other, trust develops as the relationship becomes more open and relaxed. When this happened students considered the relationship to be mutually beneficial. Trust was also a feature for the students in Bodley's (1991), Wilson-Barnett's *et al.* (1995) and Lamb's (2005) studies, where they saw the ability of the mentor to develop a relationship based on trust to be necessary for effective mentorship to take place. Although Lamb's study was of poor academic and research quality with the findings presented as a descriptive list followed by limited discussion, three characteristics of the mentor were found to positively influence the relationship, the levels of nurturance, facilitation and acceptance.

For the mentors in Atkins and Williams (1995) study, as well as acknowledging the importance of the relationship for the student, which echoes the studies cited above, a key element of the relationship was what they gained from it. Participants in this study considered reciprocity to be important, where students not only gained from mentors but gave something of themselves, in this way the relationship was considered to develop by building trust. Examples were given where mentors had not only demonstrated their support of students but also where students had shown themselves to be sensitive and supportive of their mentors needs. Where participation and mutual co-operation did not occur and the relationship did not become established mentors reported factors such as the student's lack of commitment or motivation to be the causative factors.

Not all the literature offers a positive view of relationships, Burnard (1990) for example warns that relationships with mentors can foster conformity and dependence rather than encourage independent thought and personal growth and as such can be a mechanism of social control within the profession. However, were the principles of articulation, reflection and exploration as discussed by Cope *et al.* (2000) are utilised this danger is diminished. In a literature review Field (2004) concluded that:

[T]he literature related to situated learning and legitimate peripheral participation demonstrated the key position of mentors within

communities of nursing practice and the opportunities available to them to coach students from novice to expert performances (Field, 2004:564).

From this and the above discussion of the key position of mentors in communities of practice a more detailed exploration of the literature on mentorship will follow.

2.4. Mentorship

The mentorship literature included in this review divides into three perspectives, one third is from the students perspective (sixteen studies), one third is from the mentors perspective (fifteen studies) and one third is from both mentor and student perspective (fourteen studies). The literature on mentorship predominantly falls into three categories by findings, first the characteristics of mentors both 'good' and 'bad', secondly the role of mentors. The third category includes the needs of mentors. Literature from each of these will be reviewed below.

In Colley's (2001, 2002) work on mentorship she identifies four models, the first involves the Ancient Greek myth of Homer's *Odyssey*, the second is the modern re-interpretation of Homer's myth, the third is the Victorian model. The fourth and final model involves the current approach being advocated by the government to tackle social exclusion through work with disaffected youth. It is exclusively the first two models on which nurse mentorship literature was found to draw. Twelve of the nurse mentorship studies included within the review made direct reference to Homer's *Odyssey* and the story of Mentor (Cameron-Jones and O'Hara, 1996; Smith *et al.*, 2001). Although these twelve refer to the Greek myth, Colley demonstrates that it is not the original but a modern re-interpretation of the myth to fit the ideals of mentorship advocated in modern times that is being put forward. Colley outlines in detail that the original was a story of vengeful violence and bloodshed where the powerful (Athene) mentored the powerful (King Odysseus and his son Telemachus) in order to gain political, economic and sexual domination (see Colley, 2001, 2002 for full discussion). Whereas the re-writing of this myth, which all the nursing mentorship literature appears to base its definition on, creates the view that Mentor and Athene demonstrate the mentorship qualities of nurturance, self-sacrificing and saintly care with the power to transform their mentee. Telemachus the mentee is informed, advised,

guided and encouraged in order to increase his self-esteem and enable him to develop autonomy. All features perceived to be central to modern mentoring activities and all features which place a heavy burden on those enacting the mentorship role. Hochschild (1983) considers the portrayal of Athene as displaying in-depth care plus high standards of professional practice places expectations on mentors to act out the leading roles of 'womanhood'. Expectations that bring significant cost, in terms of emotional labour especially if failure is encountered, as mentors within this model are expected to work above and beyond the call of duty to gain the desired outcome. There is thus a strong gendered positioning of mentors within the rewritten Homeric myth that plays into the stereotypical view of the caring professions such as nursing. Positioning taken cognisance of in the review below.

2.4.1. Characteristics of good mentors

Gray's (1997) study to discover the effect(s) of mentorship on student nurses took a longitudinal approach over three-years. Students in the study described a good mentor as understanding, having a sense of humour and being professional, organized, self confident and caring, similar attributes also reported by Orton *et al.* (1993), Davies *et al.* (1994), Cahill (1996), Spouse (1996), Neary *et al.* (1996) and Phillips *et al.* (1996a, b). Other attributes of a good mentor have been tabulated in Table 2.1. below.

Table 2.1. Attributes of 'good' mentors depicted in nursing research literature

Attribute	Research studies
Enthusiastic	Orton <i>et al.</i> (1993), Shay and Stallings (1993), Davies <i>et al.</i> (1994), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b), Cahill (1996) Spouse (1996), Gray and Smith (1999, 2000)
Friendly	Orton <i>et al.</i> (1993), Davies <i>et al.</i> (1994), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b), Cahill (1996) Spouse (1996), Gray and Smith (1999, 2000), Chow and Suen (2001), Jackson and Mannix (2001)
Approachable	Orton <i>et al.</i> (1993), Andrews (1993), Davies <i>et al.</i> (1994), Earnshaw (1995), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b), Cahill (1996) Spouse (1996), Gray and Smith (1999, 2000), Jackson and Mannix (2001)
Patient	Orton <i>et al.</i> (1993), Davies <i>et al.</i> (1994), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b), Cahill (1996) Spouse (1996), Gray and Smith (1999, 2000), Jackson and Mannix (2001)
Good communicator	Bodley (1991), Andrews (1993), Baillie (1993), Orton <i>et al.</i>

Good role model	(1993), Davies <i>et al.</i> (1994), Earnshaw (1995), Wilson-Barnett <i>et al.</i> (1995), Cahill (1996), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b), Spouse (1996), Twinn and Davies (1996), Gray and Smith (2000) Baillie (1993), Earnshaw (1995), Wilson-Barnett <i>et al.</i> (1995), Cahill (1996), Neary <i>et al.</i> (1996), Kotzabassaki <i>et al.</i> (1997), Andrews and Chilton (2000), Gray and Smith (2000), Jackson and Mannix (2001)
Devote time to the mentorship role	Davies <i>et al.</i> (1994), Wilson-Barnett <i>et al.</i> (1995), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b)
Genuinely concerned for students	Davies <i>et al.</i> (1994), Neary <i>et al.</i> (1996), Phillips <i>et al.</i> (1996a, b), Gray and Smith (2000), Jackson and Mannix (2001)
Knowledgeable about the students course	Gray and Smith (1999, 2000)
Realistic in their expectations of the student	Gray and Smith (1999, 2000)

As highlighted in Table 2.1. the need to be a good communicator was found by the most studies, whereas two attributes were only cited by Gray and Smith (1999, 2000). Jackson and Mannix's (2001) study highlighted that the features considered to be good enabled students to feel a sense of belonging and contributed to their socialisation into nursing and made them aspire to emulate their mentors. Many of the above studies involved small samples where qualitative analysis was undertaken on the data collected, usually identifying themes. Table 2.2. provides a summary of some study sample sizes.

Table 2.2. Summary of some nursing research sample sizes

Study	Sample size
Nolan (1998)	6
Baillie (1993)	8
Gray (Gray and Smith 1999, 2000)	10
Papp <i>et al.</i> (2003)	16
Earnshaw (1995)	19
Chow and Suen (2001)	22
Cahill (1996)	23
Hart and Rotem (1994)	30

Cahill's (1996) study although only a small study undertaken as part of an undergraduate degree programme has been significantly influential within the field, having already been cited in thirty one other published studies. The findings from the study resonate with other studies and although the study was atheoretical the themes identified were well articulated and supported with data.

In contrast two large scale studies investigated the introduction of Project 2000 which both produced numerous research reports, (White *et al.*, 1993; Davies *et al.*, 1994; Neary *et al.*, 1994, 1996; Wilson-Barnett *et al.*, 1995; Twinn and Davies, 1996; Phillips *et al.*, 1996a, b). The two studies covered areas within England and Wales, sampling 115 and 455 participants over a two and four year period respectively.

Shay and Stallings (1993) report that in their study honesty, empathy and respect were discovered to be valued attributes in mentors, respect has also been mentioned by Cahill (1996) and Kotzabassaki *et al.* (1997) whose study participants along with respect added genuineness and consistency. However, the most important quality was reported to be support. Wilson-Barnett *et al.* (1995), Cahill (1996), Neary *et al.* (1996), Spouse (1996), Andrews and Chilton (2000) and Gosby (2001) report that students valued the support provided by their mentors over the teaching and highlighted support as the most important quality in a mentor.

At the end of Gray's (1997) study students were asked how they would perform their future mentoring role. By incorporating the important points from their mentoring experience students produced a list which reflected the attributes of a good mentor from their perspective as consumers, they said they would: support the student, encourage the student to participate, form a relationship, identify the student's needs, provide opportunities to meet these needs and at an appropriate time reduce supervision and increase independence. This list would also accord with the stereotypical characteristics of mentors within a modern interpretation of Homer's Ancient Greek myth (Colley, 2001, 2002).

Spouse (1996) concluded that the personal characteristics and interpersonal skills of mentors were of significant importance in ensuring effective clinical learning for their students. Interestingly in a review of American literature by Smith *et al.* (2001) what mentors look for in mentees was examined and this discovered that many of the characteristics looked for by mentors in their mentees are the same characteristics looked for by mentees in mentors. Although this article was reviewed because it focussed on the

benefits of mentoring public health nurses, a role equivalent to community nurses in the UK, it was of limited value as it was not a research study and it concentrated on managers mentoring qualified nurses. However the article was only one of three that mentioned gender and the only one to mention race, which may reflect the greater awareness of discrimination and oppression in American nursing in comparison to the UK.

2.4.2. Characteristics of poor mentors

In essence the characteristics of poor or bad mentors are the opposite of the above. Poor mentors brake promises, lack knowledge and expertise, have poor teaching skills, have no structure in their teaching and consequently chop and change their minds about things (Spouse, 1996).

Poor mentors lack the skills, knowledge and attitudes of good mentors. In terms of poor mentors, Darling (1984b) identified what she calls a gallery of toxic mentors, these include avoiders, dumpers, blockers and destroyers/criticizers. Avoiders make themselves scarce when it comes to having anything to do with the student. This type of mentor was reported by students in Gray and Smith's (2000) and Wilson-Barnett's *et al.* (1995) studies as mentors who did not spend time with the students thus did not build a relationship with them. Gray and Smith (2000) found that poor mentors delegated their unwanted jobs onto students in her study, which would be described by Darling as dumpers, mentors with the deliberate philosophy of throwing students in at the deep end, hoping they swim in the process. As such dumpers literally abdicate responsibility for the student and their learning. In Wilson-Barnett's *et al.* study such mentors were perceived to be lazy and make the student do all the work and were a source of dissatisfaction to students but one they were reluctant to voice for fear that if they did not conform and fit-in they would get a bad report. Fitting-in was perceived to be achieved by doing all the work necessary and not challenging by students in Wilson-Barnett's *et al.* study as it was for students in Burkitt's *et al.* (2000).

Blockers are mentors who refuse to meet student needs by either refusing to help the student, deliberately withholding information, knowledge and skills or inhibiting the

student's development by too close supervision. Finally Darling (1984b) identified mentors who undermined and criticised students, 'destroyers/criticizers'. This description accounted for Gray and Smith's (2000) students' views of poor mentors being distant, less friendly, unapproachable and intimidating. The study by Holloran (1993) supports Darling's findings by identifying three common behaviours of harmful mentoring in her study these were, over-possessiveness, rejection and misuse of power, which could apply to all of these toxic mentors. In a number of studies (Wilson-Barnett *et al.*, 1995; Cahill, 1996; Spouse, 1996; Gray and Smith, 2000) students reported experiencing some type of toxic mentoring during their course and used coping strategies such as keeping a low profile. None of these 'toxic' mentor behaviours fit the stereotype of a good nurse, which the students in Davies' (1993) study related to bad role models. These mentors were perceived by students to be nurses who did not fulfil the 'ideal' image of a nurse that is they did not demonstrate caring, respect for others, positive attitudes toward their work and a high level of ability. Kirk and Reichert (1992) and Groah (1996) also report from their studies that mentors with attitudes of superiority were perceived to exploit, smother, or foster dependency within students, thus they may cause rather than reduce anxiety.

2.4.3. Mentorship roles

The literature review of mentor characteristics started to resemble a 'catch all' list of every positive attribute as researchers endlessly described what people think mentors should be or do. This listing process becomes a meaningless exercise in directing future application, practice or research. However in more recent literature, attempts have been made to condense long lists of attributes into meaningful categories. Spouse (2001) identified four main activities ascribed to mentoring these are:

- supervision
- teaching whilst engaged in expert practice activities
- assessment feedback
- provision of emotional support to students in their care

All these role categories were also identified in Darling's seminal research on nurse mentors. Some findings from Darling's (1984a) theory generating research have previously been discussed (Chapter 2.3.2.) with regards to qualities of 'bad' mentors. Her

North American research was used to develop a scale called ‘Measuring Mentoring Potential’ (MMP). Darling highlighted three core roles which linked with fourteen other roles, which are presented in Figure 2.1. below.

Figure 2.1. Adaptation of Darling’s (1984a) characteristics of effective mentoring cited in Andrews and Chilton (2000)

1 Model }		6 Challenger
2 Envisioner }	Inspirer Role	7 Standard-prodder
3 Energiser }		8 Coach
		9 Feedback-giver
4 Investor	Investor Role	10 Eye-opener
		11 Door-opener
5 Supporter	Supporter Role	12 Idea-bouncer
		13 Problem-solver
		14 Career counsellor

Darling (1984a) developed the MMP scale into a questionnaire which has been referred to, used and adapted by numerous nurse researchers including Cameron-Jones and O’Hara (1996), Andrews and Chilton (2000) and Gray and Smith (2000). Using the questionnaire Cameron-Jones and O’Hara’s (1996) report that nurse mentors and students agreed on three essential core mentorship roles, these are supporter, feedback-giver and model. However, beyond this core the authors stated that mentors emphasised the supportive aspects of their role, whereas students predicted that challenging aspects will be more important to mentors of the future. The authors concluded that their results demonstrated that nurse mentors continue to present a traditional, supportive view of mentoring whereas students predict that mentoring in future should develop more challenging characteristics. However, this conclusion is based on the authors judging that the three extra roles selected by students were challenging roles. These roles were problem-solver, assessor and energiser. The basis for their judgement is not made explicit and it could be argued that being a problem-solver and energizer does not necessarily make someone challenging and being an assessor is not a surprising choice by students whose major focus on any course tends to be assessment. Also when examining answers to the instrument’s item titled ‘challenger’ only two students listed it as an essential role aspect and twelve students deemed it least

important making it ranked the fifteenth of eighteen roles. Thus Cameron-Jones and O'Hara's (1996) conclusion does not appear to be supported by their data. Findings unsupported by the data were also a criticism Gray and Smith (2000) made of Darling's research, Gray went on to point out that Darling's publications of her research lacked information on sample selection and interview data analysis. However, even with these limitations Darling's work has probably been the most frequently cited on the subject of nurse mentorship.

From the above studies providing support, acting as a role model, giving time and constructive feedback to students were identified as the main roles. All of these have been reiterated in other studies, which correlate with the discussion on the most valued qualities of mentors (Chapter 2.3.1). Undertaking a supportive role was included in the findings of the studies by Atkins and Williams (1995), Phillips *et al.* (1996b) Watson and Harris (1999), Ewens *et al.* (2001) and Clarke *et al.* (2003). Atkins and Williams' (1995) study although only involving twelve participants is valuable as it not only takes the perspective of the mentor it was one of the first studies to do so and some of the mentors included were health visitors within community settings. The study does not make explicit reference to any research theory or framework. However the findings are presented within six conceptual categories which would imply a grounded theory approach. As stated above supporting students was perceived to be a significant part of the role, with mentors believing they reduced student anxiety especially at the start of the placement and that this was due to the concern they showed for the students as individuals. This anxiety reducing function supports the findings of Earnshaw (1995), Phillips *et al.* (1996b) and Nolan (1998). Phillips *et al.* found that the presence of a mentor provided emotional support which was crucial to the students well-being and learning potential, this anxiety relieving effect was seen to be particularly key early in the students placement or in placements that made students feel particularly vulnerable such as mental health settings. The concept of mentors providing a safety net was included in Gosby's (2001) study, here the support of the mentor was found to provide a safe learning environment and safety net for the student from which the student could manage their own learning, a process that mirrors Bruner's (1983) scaffold.

In the action research paper by Ewens *et al.* (2001) comments made at a community nurse practice teacher meeting were included, reporting that practice teachers believed students need support and ‘pastoral care to guide them through the ‘shock of the new’’. The practice teachers therefore ensured the students were in a protected and safe learning environment so they could ‘be absorbed into the prevailing culture’ (Ewens *et al.* 2001:132). Although this study is limited regarding its research value the views practice teachers held that their role entailed supporting, nurturing and socialising their students was very evident. This report resonates with the findings of Andrew and Wallis’ (1999) review of the literature which concluded that students valued a mentor’s support and approachability more than the mentor’s teaching skills, the indication was that students learnt more when they were more comfortable and supported by a mentor with whom they had a good relationship rather than through the ‘direct transference of knowledge’ (Andrew and Wallis, 1999:206).

Supporting and fostering self confidence in the students by advocating on their behalf was related to the concept of sponsorship within traditional models of apprenticeship by Atkins and Williams (1995), although they made no mention of situated learning or communities of practice. However during the mid 1990’s when many of these studies found relationships and social support to be crucial there was a growing momentum for nursing to distance itself from the perceived outdated tradition of apprenticeship. As a consequence all aspects of apprenticeship and work-place learning became tainted and devalued. Field (2004) suggests the belief that nursing has moved from its earlier apprenticeship model in an attempt to hold onto the standard paradigm⁶ of learning has resulted in a reluctance to embrace new socio-cultural approaches to workplace learning. There are many forces maintaining this position, such as the positivist, scientific and medical traditions that have exerted their influence over nursing from its inception (Salvage, 1985; Hart, 2003), to the

⁶ The ‘standard paradigm’ of learning was a phrase used by Beckett and Hager (2002) to denote the dominant knowledge base that saw the learner as an individual receiver of external knowledge through a process of transmission. This approach is discussed and critiqued in Chapter 4.2.

current drive for quantitative outcomes, evidence based practice. and the criterion referenced 'objectified' assessment of practice to ensure inter-rater reliability (UKCC, 1999).

Whether or not nurse theorists devalue the role of social processes within student nurse education the studies cited above demonstrate their perceived importance in practice. The place of social and emotional support, role modelling and relationships within communities of practice are still the dominant ones found by nurse researchers to influence students and mentors in practice. Clarke's *et al.* (2003) study evaluating the practice placement facilitator role reported that students in the study felt the key factors in positive placement experiences were having a mentor who was supportive and a good role model, plus the student's ability to get on with clinical staff. Role modelling was also identified as a major feature of the mentors' role in a study by Cerinus and Ferguson (1994) and Papp *et al.* (2003). These latter authors found that students reported difficulties if good role modelling and support were absent. In Atkins and Williams' (1995) study the role modelling aspects of mentorship were not left to stand alone to be accused of 'sitting by Nellie', mentors also considered that they facilitated student learning through negotiating learning experiences and reflecting on experience during individual supervision sessions. Thus these mentors were implicitly using Brown's *et al.* (1988) theory by demonstrating how a cognitive apprentice approach to role modelling does not entail passive osmosis.

Through enacting their facilitation and support role mentors were found to ease the student's transition into the workplace, increase their clinical competence and socialise students into the nursing profession (Rittman, 1992; Voignier and Freeman, 1992). Through coaching, mentors make a significant contribution to developing students who are both critical thinkers and reasoned decision makers (Field, 2004) in this process students change from being observers to doers (Gray and Smith, 2000). To achieve this however quality time is required, where minimal contact occurs between mentor and student the result is a less effective process (Andrew and Wallis, 1999; Watson and Harris, 1999).

An ethnographic study by Marrow and Tatum (1994) which used non participant observation provided validation that mentors were indeed using strategies which involved supervising, teaching and assessing. However when these mentors were interviewed they were unable to articulate what supervision meant and what the skill of supervision involved. Marrow and Tatum cited the study on health visitor FWTs by Fish *et al.* (1990) as having a similar finding that these FWTs were not aware of the skills of supervision. Marrow and Tatum concluded that mentors have not effectively grasped the principles of clinical supervision during their ENB 998 course which highlights inadequacy in the courses. However there are other explanations of why mentors in these studies had difficulty articulating the skills of supervision that they were clearly demonstrating in their practice. McLaughlin (2003) for example describes how teaching, as a social practice, is difficult to articulate due to its multidimensional and opaque nature. Altheide and Johnson (1994) also view the tacit knowledge mentors or practice teachers use with their students as 'beyond words' and thus difficult to articulate.

In a lot of the studies taking the mentors perspective, assessment was a contentious area, with mentors finding assessment difficult or not feeling comfortable giving feedback (Twinn, 1989; Cahill, 1996; Cameron-Jones and O'Hara, 1996; Duffy, 2003). However what is evident from looking at these studies collectively is that mentors are undertaking assessment but this is formative and it is being used to identify students learning needs in order to tailor opportunities to meet these needs. Atkins and Williams (1995) report that the mentors in their study saw assessment in this way, they saw it as less formal and concerned with monitoring the students progress in a formative way. However, the most important study of the assessment role undertaken by nurse mentors is Duffy's PhD study commissioned by the UKCC. Findings from this study revealed that students were passing clinical assessments even when there were doubts about their clinical performance.

Several reasons emerged why some mentors 'fail to fail' students. A significant one was the difficulty mentors have failing students they have got to know well. This supports a suggestion by Watson *et al.* (2002) that if a mentor carries out an assessment over a period of time a socialisation process takes place which influences the mentor's ability to assess

the student. Duffy (2003) also found that failing a student was viewed as an uncaring practice which was in direct opposition to the central tenet of the nursing profession. This would fit with the view from Fraser's *et al.* (1998) study that failing a student in a practice placement is difficult for a 'care' professional. Lecturers and mentors highlighted the high demands on time, emotion and resources supporting a weak student, which was not acknowledged by university management and managers in clinical placement areas (Duffy, 2003). Mentors describing the process of being involved in failing a student as 'horrendous', 'traumatic' and 'draining' were often left with a sense of personal failure. This finding of mentors emotional labour when faced with student difficulties and failure mirrors Colley's discussion above (Chapter 2.4.) regarding the re-writing of the Homeric myth.

Literature outlining poor mentorship qualities and the significant number of studies that find students stating that they have experienced poor mentorship demonstrates that the positive characteristics and attributes of mentors are not always put into practice. The reasons for this are many and complex. Pulsford *et al.* (2002) indicate one factor could be the extent to which practitioners regard mentorship as integral to their job, or as a separate, additional responsibility. Practitioners who see mentorship as being a fundamental part of their job are less likely to be frustrated by the time impositions of mentoring students (Atkins and Williams, 1995). However, if the workload is such that teaching becomes an add-on after the important work has been done students will not experience the type of placement advocated by Cope *et al.* (2000). A number of authors comment that mentors may not always recognise the need to provide students with guidance and support, which can lead to relationship difficulties between mentor and student (Marrow and Tatum, 1994; Wilson-Barnett *et al.*, 1995; Cahill, 1996). This would appear to be caused by inadequate preparation for the mentor role. There is also an indication in some studies that nurses may find certain aspects of the mentorship role more difficult and thus avoid them, for example assessing and challenging students. As stated previously by Darling (1984a), Spouse (1996) and Cameron-Jones and O'Hara (1996), the ability to challenge is an important part of the role and one necessary for the development of critical thinking.

The issue of challenging, either of mentors challenging students or students challenging mentors was found to be the most contested area of the literature review. For example Spouse's (1996) was the only study to find that challenging was a characteristic of a 'good' mentor. Students in Wilson-Barnett's *et al.* (1995) study referred to staff being unable to take any challenge or constructive criticism which was also a finding in Cahill's (1996) study, which was attributed to the staffs insecurity and defensiveness and poor relationships with the students. This finding that staff do not like to be challenged has had mixed support from other studies, studies which found students were unable to challenge staff members including mentors were Mackenzie's (1992) Wilson-Barnett's *et al.* and Cahill's. Whereas Lankshear (1990) found that qualified staff report welcoming questioning and innovative students who challenge their practice. Atkins and Williams (1995) also found in their study of mentors that participants reported finding students questioning refreshing and that such challenges were a helpful part of the reciprocal learning process. However, nurses are often socialised not to challenge and to be compliant (Salvage, 1985; Meila, 1987). Consequently if students do not invite challenge from their mentor because they feel threatened or lack confidence (Mackenzie, 1992; Wilson, 1994; Wilson-Barnett *et al.*, 1995; Cahill, 1996) and mentors are reluctant to challenge (Twinn, 1989; Cahill, 1996; Cameron-Jones and O'Hara, 1996; Duffy, 2003) the outcome is a less stimulating learning environment. This would certainly support the strong view held by mentors, within the literature, that their role is to be supportive. The conclusion to be drawn from the literature is that the difference stems from varying perspectives, students see themselves as unable to challenge their mentors, whereas mentors perceive themselves to welcome challenge.

In conclusion the above discussion highlights that a range of factors will influence whether mentors enact good or poor quality practice. It is therefore important to explore the literature regarding: motivation, stress, support, resources and preparation in more depth.

2.5. The needs of mentors

An almost universal problem, in one form or another, was the time required to complete the demands of the work associated with being a mentor. Time was regarded as the biggest constraint on effective mentoring by Atkins and Williams (1995), Wilson-Barnett *et al.*

(1995), Phillips *et al.* (1996a, b), Watson and Harris (1999), Pulsford *et al.* (2002), Shardlow *et al.* (2002), Byers and CPHVA (2002), O'Callaghan and Slevin (2003) and McGowan and Mallik (2004). Mentors also report giving up their own time to meet their responsibilities towards their students (Atkins and Williams 1995, Phillips *et al.* 1996a, b).

Davies *et al.* (1994) and Pulsford *et al.* (2002) found that mentors reported conflict between the competing demands of providing patient care and fulfilling their mentor role. These competing demands were expressed as workload in a number of studies and were linked as a key factor in mentor dissatisfaction and stress (Luker *et al.*, 1996; Runciman *et al.*, 1998; Gilmour, 1999). Managing the demands was predicated on the level of support mentors received from their colleagues, managers and education staff. It was the support of colleagues within close knit teams that proved the most important to mentors within Pulsford's *et al.* study and one in accord with community of practice theory. Support was also valued when it came from wider peer support where groups of mentors could meet regularly and share their experiences (Spouse, 2001). The community nurses in Pulsford's *et al.* sample emphasised this to be of particular value perhaps because of their more isolated position. Pulsford's *et al.* study of 198 mentors found that little more than a third of respondents felt they had sufficient support from the HEI, or from their managers, with a quarter feeling that their managers gave them no support whatsoever. Lack of support by managers and education staff was also a finding of Armitage and Burnard (1991), Byers and CPHVA (2002) and Watson (2000). Watson's was a particularly negative study in which mentors indicated that they did not want to be mentors, did not understand the role and had not been prepared for this role. The lack of manager support was felt to be a factor in these mentors lack of preparation and commitment to the role. A study by Usher *et al.* (1999) is of particular interest as this study, as well as finding similar views on the need for support as those above, was one of only three studies to mentioned gender. The study found that there was no statistical difference between male and female mentors in their response to perceptions of support and commitment to mentorship.

There is considerable research to show that mentor preparation is a significant factor in terms of providing support for mentors, enabling them to feel competent to undertake the

role and for improving reliability in the assessment of pre-registration nursing students (Jinks and Williams, 1994; Atkins and Williams, 1995; Spouse, 1998b; Duffy *et al.*, 2000; Watson, 2000; Watson, 2004). The importance of such preparation being through some kind of course was also reported in a number of studies (Jinks and Williams, 1994; Twinn and Davies, 1996; Andrews and Wallis, 1999).

Neary *et al.* (1994) and Wilson-Barnett *et al.* (1995) found that short teaching and assessing courses were inadequate preparation and that most mentors report learning 'on the job'. Jinks and Williams (1994:49) found that nurses who undertook a shortened preparation programme reported feeling 'short changed', thus indicating that the more extensive programmes are perceived by mentors to be better preparation. Jinks and Williams' study also highlighted that those mentors who had undertaken a formal teaching and assessing programme felt significantly more able to undertake the role. The possession of a teaching and assessing qualification was also found to influence mentors perception of themselves in Andrews and Chilton's (2000) study. Those who held this qualification perceived themselves to be more confident with regard to the principal functions associated with mentoring than did those without the qualification. Spouse (2001) also reports that preparation was needed to help experienced practitioners learn to become mentors. As she says such practitioners have an abundance of craft knowledge (*phronesis*) but often lack the theoretical knowledge and terminology to describe it to their students.

In contradiction to the above research Maggs and Purr (1989) identified some interesting perceptions of the FWT/PWT course. This study which included 80 semi-structured interviews provided evidence that the FWT and PWT courses of the past should not be idealised, as there is a tendency to do when reviewing the history, as seen in Chapter 1.6.2. Participants in this study expressed concern that the course did not prepare them for the one-to-one FWT/PWT role and that the theory of education was not adequately related to the practice of teaching in the field. Twinn's (1989) study mirrored the above findings with FTWs reporting their preparation was inadequate for their assessment role. It is interesting that a course many now hold up as the gold standard was not necessarily viewed as such by participants. A key issue appeared to be the separation between theory

undertaken in year one and practice undertaken in year two, current courses although much shorter have addressed this seemingly unhelpful divide by integrating theory with practice.

In conclusion Atkins and Williams (1995) recommended that nursing establishments and manpower planning need to fully take into account the mentoring responsibility and mentors needs for support and preparation, in order to maintain the quality of client care and student experience.

2.6. Socialisation

Socialisation has been selected as a final theme within this literature review as it brings together all the preceding issues, the placement learning environment, communities of practice, mentor characteristics, role and development and considers how these impact on the students' professional development.

Merton *et al.* (1957:278) define socialisation as 'the process by which people selectively acquire the values and attitudes, the interests, skills and knowledge – in short, the culture – current in the group of which they are, or seek to become, a member'. Howkins and Ewens (1999:41) go on to say 'it is the process by which professionals learn during their education and training, the values, behaviours and attitudes necessary to assume their professional role', in short how they develop their occupational identity. Cohen's (1981) definition of socialisation also includes identity, internalisation and self-conception. With the view that as the students values change during the process of socialisation so does their behaviour. The outcome is that their concept of self changes as their 'nursing identity' becomes established.

Ten studies specifically considered the socialisation of nurses, all were taken from the perspective of the student looking at their experience of the course and how they changed during different stages of the course and afterwards (Melia, 1987; Olsson and Gullberg, 1991; du Toit, 1995; Fitzpatrick *et al.*, 1996; Dingwall, 1997; Gray and Smith, 1999; Holland, 1999; Howkins and Ewens, 1999; Burkitt *et al.*, 2000; Stott, 2004). There was agreement that nurses underwent a process of socialisation during their course in order to

take on the identity of 'nurse' (Melia, 1987; Holland, 1999; Burkitt *et al.*, 2000). This literature fits within a much bigger field of research on professional socialisation including socialisation in medicine (Becker *et al.*, 1961; Shuval, 1980), occupational therapy (Clouder, 2003), teaching (Lacey, 1977) and lecturing (Becher, 1989; MacNeil, 1997). MacNeil (1997) undertook a study of nurse lecturers looking at their transition from being nurses to being nurse lecturers, she found that lecturers described a similar apprenticeship system in their induction to becoming nurse tutors as they experienced in becoming nurses. The effect was to change their identity from being a nurse to being a lecturer as they gradually distanced themselves from clinical nursing and started to fit-in and meet the expectations of their lecturing colleagues. This study was of interest not only because of its description of the socialisation process where professional attitudes and goals are integrated into the persons identity, but also because it discussed identify transformation from 'nurse' to a new role.

The early studies on socialisation interpreted the student as being a passive recipient of the process (Melia, 1987; Dingwall, 1977), whereas the more recent studies have viewed the student as taking an active role (Burkitt *et al.*, 2000, 2001; Clouder, 2003). The papers by Burkitt *et al.* relating to their ENB funded research on nurse education and communities of practice have already been discussed in Chapter 2.3.1. above. Similarly Gray's (1997) study has already been included in the review (Chapter 2.4.1.), Gray concluded that the mentor was crucial to the professional socialisation of nursing students on Project 2000 courses, a view also taken by Burke (1994). Buckenham (1998) considered role models such as mentors to be important socialising agents as did Orton *et al.* (1993) and Fitzpatrick *et al.* (1996).

Melia's (1987) seminal work demonstrated the significant impact of nurses, whether they be qualified, unqualified or students, on student nurse professional socialisation. Melia compared the experience of student nurses with those of the medical students in Becker's *et al.* (1961) study who developed apprenticeship roles in their second year, Melia however found student nurses frequent placement changes and the amount of time they spent with unqualified staff limited the traditional apprentice model, where the apprentices time is

spent with 'masters' and 'journeymen'⁷. This was an interesting parallel as the reference to Marshall's (1972) 'journeymen', predates Lave and Wenger's (1991) theory of community of practice. However, as Melia (1987) drew upon some of the apprenticeship literature that Lave and Wenger (1991) used, it is not surprising that terms such as journeymen are included in her thesis. The process of socialisation outlined in Melia's study is one where students enter on the bottom rung of the ladder and in order to fit-in and increase their social position they do what is necessary. It was the attempt to dismantle this process that the Project 2000 nurse education curriculum with supernumerary status for students was introduced (UKCC, 1986). It is therefore pertinent to note that the studies from Chapter 2.3.1. (Phillips *et al.*, 1996b; Nolan, 1998; Cope *et al.*, 2000) along with Holland's (1999) study show fitting-in and undertaking the work of the ward in order to be 'useful' are still significant features of current student nurse socialisation.

Du Toit's (1995) Australian study of the professional socialisation of nursing students discusses how professional socialisation is used as a process that enables professions to merge novices into the profession so they can continue the skills of the profession in the labour market. A similar point to that made in Chapter 2.3.1. by Burkitt *et al.* (2000, 2001) with regards to (re)producing the community. Du Toit also points out that within sociology 'role models' are considered to be stereotypes of the ideal professional who has fully accepted the professional culture. These models then become contrasted with anti-models whose behaviour is to be avoided (Shuval 1980). Thus the section within this review on 'good' or 'bad' mentors (Chapter 2.4.1. and 2.4.2.) can be reframed as ideal professional models and anti-models. Du Toit's study entailed 173 first and third year students completing a professional socialisation scale. The results were interpreted to mean that a

⁷ Although Melia's study of nurse socialisation and Lave and Wenger's community of practice theory use the term journeymen, this gendered concept seemed inappropriate to my study as did the term 'master'. Whilst analysing the data within this study and developing the grounded theory I have adapted the terms and use instead 'journier' in preference to journeyman and 'full participant' in preference to 'master'.

strong socialisation process is in place that transforms⁸ novices personalities into the ideal professional role model a process du Toit refers to as ‘deformation professionnelle’.

However the data indicates only a slight increase in the scores from the first to the third years, which du Toit interprets to mean first year students have already been socialised by the time the scale was completed. Alternatively it could mean that the attributes associated with an ‘ideal’ nurse, which mainly related to personality such as, deference, nurturance and caring were possessed by individuals prior to commencing the course. Interestingly Cohen’s (1981) meta-synthesis of previous research identified that these traits were more common in nursing students than other college students.

Similar to the discussion on anti-models highlighted by du Toit (1995) above, is Davies (1993) finding which was raised in Chapter 2.4.2. that bad role models were perceived to be nurses who did not demonstrate caring and respect for others. Care was mentioned by Stott (2004) in relation to socialisation of male students, which initially appeared an important area to consider. However, as mentioned previously there were only three papers that addressed gender in relation to student nurse education or mentorship, only Usher’s *et al.* (1999) was a research study, this paper by Stott like Smith’s *et al.* (2001) was a literature review. Although this literature review cites a number of studies these mainly relate to attitudes towards male student nurses and the consequences of undertaking nursing as a career for men, neither of these being relevant to this study. However being the most recent study it confirmed the absence of research on the gender of mentors. The paper did however draw attention to two studies which identified both men and women pursued nursing because of their desire to care for others (Perkins *et al.*, 1993; Boughn, 1994). Holland’s (1999) ethnographic study also mentioned that her data revealed male and female third year students had chosen nursing partly because of the idealise image of caring for the sick.

⁸ Transformation is the process whereby a learner’s professional identity is changed through a process of enculturation. The transformation affects the person as a whole as the cultural practices of the group become ingrained into the learner’s personality through a subconscious learning process. This is in marked contrast to a model of transmission where knowledge and skills are consciously acquired by a learner to enhance their performance or competence.

Clouder (2003) offers a critique of the research on nurse socialisation, stating that these studies offer a deterministic view of the process with the student nurse internalising the profession's culture completely to become the stereotypical ideal professional. Taking a social constructionist approach to her research, she sees professional socialisation as being an interactive process influenced by the agency of the individual. Clouder interpreted the agency of the occupational therapy students to be one of them learning to 'play the game' and deciding how to present themselves. Clouder's data is not that dissimilar to that of Melia and Dingwall where students recognise the expectations of others and learn how to use these in order to fit-in. The 'work' referred to in Dingwall's (1977:12-13) quote below does not indicate passivity:

[A] process by which newcomers to a group worked to make sense of their surroundings and came to acquire the kinds of knowledge which would enable them to produce conduct which allowed established members of that group to recognise them as competent.

Whether Clouder's interpretation that Melia and Dingwall view students as passive whereas she sees them as active is correct is open to debate. The difference in interpretation could be the result of where learning is located, on a continuum from the individual to the collective, this debate will be explored more fully in Chapter 4.2.

2.7. Conclusion

The literature within this field of study was found to be vast and required boundaries to ensure the studies included were relevant. As identified in Chapter 2.2. a significant proportion of the literature involved small survey style studies which were atheoretical in relation to research and disciplinary concepts. However a number of clear messages emerged from the literature, of most significance was the finding that interpersonal interactions within communities of practice appear to be essential to the professional socialisation of student nurses. It is through the relationships that students have with members of the community that leads to their adoption of their professional role identity.

Studies reviewed clearly identified that student placements provide a community of practice context where students attempt to fit-in to the community, a process eased by 'good' mentors and positive members of the community. Within the community students

are then socialised into their professional role. At its most effective socialisation occurs with the mentor taking the lead by building a relationship of respect and trust which enables support and cognitive apprenticeship to be provided, in a learning environment conducive to the students learning needs so they can make optimum use of these strategies. Students were also seen to employ various strategies both social and practical which together with their mentors sponsorship facilitated their incorporation within the community of practice and fitted Lave and Wenger's (1991) view of legitimate peripheral participation. In Chapter 4. the community of practice theoretical framework will be explored drawing upon a body of literature which takes a social view of learning, then the literature within both this chapter and Chapter 4. will be compared and contrasted with the findings from my study presented in Chapters 5. to 8.

Mentors within student nurse education were found to emerge during the mid 1990's when nurse education moved from a traditional apprenticeship model to one of professional education. Nurse mentors were defined within the literature using a modern interpretation of the classic Homeric story of Odysseus. This interpretation permeated the reviewed literature related to good and bad characteristics and mentorship roles, which emphasised the gendered position of nurse mentors. Mentors were exclusively nurses qualified in the discipline, such as staff nurses, who in order to undertake their role required support and preparation, however many studies indicated that these were lacking.

It is advocated within grounded theory not to review the literature in the substantive area being studied (Glaser, 1992), as it is felt that such reading of the literature will lead to forcing data into pre-existing categories.

It is vital to read, but in a substantive field different from the research. This maximises the avoidance or pre-empting, preconceived concepts which may easily detract from the input. ... It is hard enough to generate one's own ideas without the "rich" derailment provided by the literature in the same field. (Glaser, 1978:31)

However, this creates a tension when the ethical approval process requires a literature review to be undertaken at the start of the study and the when a researcher is already familiar with the substantive field. How these tensions were reconciled is explored in Chapter 3., where an in-depth discussion of the research design is provided.

Chapter Three

Design of the study

3.1. Introduction

A constructivist grounded theory approach (Glaser and Strauss, 1967; Charmaz, 2006) has been taken to answer the research questions within this study. This chapter outlines what a constructivist grounded theory approach means and how the underpinning social constructionist philosophy informs the approach (Chapter 3.2.). The study is qualitative and as such is located within the interpretivist paradigm, where sense is made of subjective reality by the researcher attaching meaning to it (Holloway and Wheeler, 2002). The strengths and limitations of this approach within my study are woven throughout this chapter and returned to in Chapter 10.

As stated in Chapter 2. there is a tension between undertaking a literature review and following a grounded theory approach, as there is with using an existing theoretical framework, *communities of practice*, and following a grounded theory approach. I am cognisant of these tensions and consequently offer detailed justification in Chapter 3.3. for deploying the concept of 'emergent fit' (Glaser, 1978) to reconcile these tensions.

The chapter proceeds to discuss how the research design was implemented through the use of semi-structured interviews with thirty community nurse practice teachers. The typed transcripts were analysed through a process of constant comparison. This data analysis resulted in codes and categories emerging and ultimately a grounded theory of professional (re)production. As the study mainly involved health care professionals employed within the National Health Service (NHS) stringent ethical processes were complied with, these are described in Chapter 3.4.1.5.

3.2. Research design – a grounded theory approach

Grounded theory, based on symbolic interaction declares that meaning is socially constructed, negotiated and changes over time (Morse, 1994). Blumer (1969:2) describes symbolic interactionism as possessing three premises:

1) human beings act towards things on the basis of the meanings that the things have for them; 2) the meaning of such things is derived from, or arises out of the social interaction that one has with one's fellows; and, 3) meanings are handled in, and modified through, an interpretive process and by the person dealing with the things he encounters.

These premises can be related closely to a social constructionist view of learning and the processes involved in Lave and Wenger's (1991) community of practice theory. As such this makes a grounded theory research approach an ideal accompaniment to a social constructionist study of practice teaching and complements the use of *communities of practice* as the theoretical framework for my study which will be discussed in Chapter 4. Symbolic interactionism assumes "people construct selves, society and reality through interaction" (Charmaz 2006: 189), this assumption is informed by social constructionism. Charmaz's (2000, 2006) constructionist qualitative perspective to grounded theory has strongly influenced this study. Her view that "we construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices" (Charmaz, 2006: 10) was a guiding principle throughout the process of data collection and analysis.

Social constructionism originates within a postmodern philosophy which emphasises the plurality of diverging interpretations (Kvale, 1996), where knowledge is considered to be both situational and conditional because it emerges within a continually changing world. The social researcher examines meanings that have been socially constructed, meanings thus emerge through interaction and consequently values and views differ and are not standardised from place to place, person to person or group to group. There is no 'one reality' out there to be measured, objects and events are understood differently by different people and consequently there are multiple views of reality (Hughes and Sharrock, 1997). Any claim to meaning therefore must be viewed within the social context in which it occurs (Mishler, 1986). As interpretation and meaning are contextual and situated and do not relate to an external reality, issues of truth do not arise, except insofar as a community or consensual version of reality and truth may be recognised. This view is ideologically opposed to the positivist approach taken in studies developed from the natural sciences, which seek to validate one reality.

3.3. Data analysis using grounded theory

Although the data has been analysed using a grounded theory approach the flexibility and pragmatism of the approach has also been applied. As Holloway and Wheeler state (2002) adaptation of methods during the process of research is not unusual, this study is no exception, however the rationale for these adaptations have been justified and their strengths recognised, their limitations are also acknowledged. The fundamental elements within grounded theory methodology listed below were used and are discussed within the chapter to highlight their application within this study:

- Theoretical sampling (See Chapter 3.5.1.)
- Constant comparative method
- Memoing
- Diagramming
- Saturation

Grounded theorists define theory as abstract statements showing the relationships between concepts (Soulliere *et al.*, 2001). The theory although abstract is developed from successive analytical iterations of the data, so even though the theory is abstract it shows correspondence with the data and thus fits with the realities of practice teachers experience as evidenced through a diversity of interviews. The process to develop and verify a theory from the data is called constant comparison (Strauss and Corbin, 1990).

Constant comparison is a major premise underlying grounded theory and involves concurrently collecting, coding and analysing the data. Through the process of constant comparison I maintained sensitivity to the emerging theory and enabled concepts to develop which were sufficiently rich and dense to justify the developed theory being trustworthy.

As the data was compared and coded, categories emerged which directed me to further data collection through theoretical sampling. Thus the two were intimately linked and central to the grounded theory approach taken. In order to undertake constant comparison and

theoretical sampling interviews were conducted on average once every week or two for two months followed by a gap of two months. This process continued for approximately eighteen months, as shown in Table 3.1. below:

Table 3.1. Table charting data collection process

Time in months	2	4	6	8	10	12	14	16	18
Average number of interviews undertaken per month	6		6		6		6		6
Running total number of interviews undertaken	6		12		18		24		30

The process allowed time for transcription to occur close to the interview, reflexive memos to be written and initial coding. Time was then allowed between groups of interviews to direct subsequent interviews using theoretical sampling and to arrange for these to take place. Analysing the data during the data collection process rather than leaving it to the end is also advocated by Miles and Huberman (1994).

This study more closely follows Strauss and Corbin's (1998) approach, which uses open coding at the initial stage where data is broken down, analysed, compared and categorised. During this stage incidents and events are labelled and grouped together to form categories. The second stage is axial coding where relationships between categories and subcategories are identified. Finally selective coding is the process where a core category is identified as the basis for the grounded theory and the other categories related to this core category (Strauss and Corbin, 1998). Thus the process began with open coding where data were labelled line by line (Morse, 1994), this proved useful as ideas which would have escaped attention were picked up and material was considered in new ways. Coding is the labelling of segments of data to identify categories and enable effective data retrieval. A decision was taken to code and analyse the data manually rather than use computer software, this decision was based on the view by a number of writers that computer packages can

distance researchers from the data and stifle the process of conceptual analysis (Weitzman and Miles, 1995; Fossey *et al.*, 2002).

As analysis progressed segments of data were coded, codes were then grouped under category labels, whilst negative cases were searched for and explanations for differences sought (Kearney *et al.*, 1994). The purpose of seeking negative cases was to enable preconceptions and assumptions to be examined and interpretations seen in a different light. Categories were related to each other until eight conceptual categories were identified, these conceptual categories which are listed in Table 3.2. below will be elaborated upon in Chapters 5. to 8.

Table 3.2. Conceptual categories

<ul style="list-style-type: none"> • Relationships between practice teacher and student • Relationships with other COP members • Reciprocity 	<ul style="list-style-type: none"> • Stages of the students socialisation process • Practice teachers role in student socialisation 	<ul style="list-style-type: none"> • Practice teacher as legitimate peripheral participant • Practice teacher as journier • Practice teacher as full participant
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As the data were analysed and coded, ideas and potential insights were recorded in memos (Heath and Cowley, 2004). Strauss and Corbin (1998:110) define memos as ‘records of analysis, thoughts, interpretations, questions and directions for further data collection’, thus they are intended to help in the formulation of the grounded theory by freeing the imagination (Holloway and Wheeler, 2002; Cutcliffe, 2003). Sorting memos was important in order to keep contact with the data and ensure I was looking at the data rather than looking for data to fit the category (Robrecht, 1995). Diagrams were also valuable as they showed relationships between concepts visually (Strauss and Corbin, 1990; Miles and Huberman, 1994). They were also used to develop clustering, where sections of the data were examined to see how they fitted together providing insight and creativity.

Diagramming and clustering were thus used to play with the data.

Theoretical sampling as stated is a central tenant of grounded theory and in Chapter 3.5.1. it will be discussed regarding the selection of interviewees, but theoretical sampling is

broader than this. As Glaser and Strauss (1967) acknowledge all data available to a grounded theorist can be included in the process of constant comparison and theory development. This includes the researcher's past experience and knowledge plus the existing literature available to the researcher. In taking this stance it is important to acknowledge that the analysis within this study was thus filtered through my position based on my past personal and professional experience and knowledge. As Morse (1999) points out bias is always present in qualitative research however if this bias is used to direct the study it is purposeful (Cutcliffe and McKenna, 2004). My prior knowledge thus set boundaries with built-in bias regarding my choice of topic, choice of setting and sample. This bias impacted on the initial descriptive data analysis at Level 1 (Wilson and Hutchinson, 1991), where codes draw on the interviewees own words, which Strauss (1987) calls *in vivo* codes. Deeper abstract analysis followed at Level 2, when conceptual categories emerged, at which point knowledge from the extant literature regarding situated learning and communities of practice (Lave and Wenger, 1991) was applied to enable further development of conceptual categories to form theoretical categories at Level 3. The three theoretical categories developed were:

- *Relationships within micro communities of practice*
- *Community nurse students professional socialisation*
- *Community nurse practice teachers professional socialisation*

As stated by Charmaz (2006) deeper levels of analysis would not be possible without a broad knowledge base gained from the extant literature, in this study the literature which made this possible formed the theoretical framework identified in Chapter 4.3. and 4.4. The core category to emerge from this analytic process was:

- *Professional (Re)production of Community Nursing*

The development of these categories will be explicated in Chapters 5. to 9.

Theoretical sampling from the literature and the use of the theoretical framework of situated learning and communities of practice produced what Glaser (1978) terms 'emergent fit' with regard to the development of the grounded theory within this study. Emergent fit is a complex iterative process as outlined by Wuest (2000) where existing literature and theoretical frameworks can be used to support the emerging theory and which

can demonstrate the theory is applicable to other substantive areas. Stern (1994) takes a similar stance reporting that a researcher's own theoretical sensitivity from previous knowledge informs the process, using previous theory as part of the iterative process is to engage in theoretical sampling. Attempting to bracket off my existing knowledge of relevant literature and theoretical concepts was not possible and thus during constant comparative analysis this information was acknowledged to be available. However the tension ensured I remained aware that the codes and categories had to emerge and be evidenced through the data and that more focussed comparison with pre-existing theory was delayed until later in the process. The delay ensured I was not forcing the data to fit what was already known. The key to this was to remain close to the data and to keep checking what the data was saying as a consequence the theory is grounded in the data. Thus data analysis drew upon the concept of 'emergent fit', as deployed to good effect by other authors (see, for example, Ingram and Hutchinson, 1999; Wuest, 2000; Hellström, 2005; Jafari *et al.*, 2007). By using the approach these authors avoided what Glaser (1978) sees as overlapping yet disconnected theories, they used concepts emerging from existing theory and modified theory based on their data in creating their own grounded theory.

Emergent fit as discussed above is supported by Charmaz (2006:16) who believes the researchers "background assumptions and disciplinary perspectives alert them to look for certain possibilities and processes in their data", a belief similar to the views of Blumer (1969) who made reference to 'sensitising concepts' which provide a loose framework or guide for the researcher's empirical interests. My initial research interest lay in practice teachers' views on their experiences of working with students, however disciplinary perspectives enabled me to depart from this descriptive idea and deepen the analysis whilst remaining open to seeing what was in the data and not foreclosing on the data.

The overall process enabled new variations to the theory, as the community of practice theoretical framework was elaborated, extended and built upon. A process outlined by Glaser (1978:7) who recognised the value of having a well developed knowledge base.

Other works simply become part of the data and memos to be further compared to the emerging theory to generate an even more dense, integrated theory of greater scope.

Overall sampling, data collection, analysis and interpretation became linked in a cyclical and iterative manner (Fossey *et al.*, 2002). The result by the end of the data collection and process of constant comparison was to achieve theoretical saturation, which occurs when categories have been identified, as have the social processes which relate the categories to each other (Soulliere *et al.*, 2001). Constant comparison and theoretical sampling moved the study forward until a sense of closure was reached where surprises and contradictory findings were not occurring this led to a view that theoretical saturation had occurred.

Saturation is not merely a case of repetition it occurs when no new theoretical insights arise and no new properties of categories emerge. The claim for saturation in this study is made on the basis that all the data was transcribed and coded and no new properties were emerging from the final interviews to be transcribed. However as Backman and Kyngas (1999) report it is difficult to identify when data saturation has been achieved. I am also conscious of Dey's (1999: 257) criticism that claims of saturation are an 'unfortunate metaphor' when it is the researcher making assumptions that saturation has occurred without having the proof. Dey suggests the term 'theoretical sufficiency' more accurately reflects the process that occurs. I must therefore concede that it is likely that within this small study and sample, theoretical sufficiency is all that can be claimed.

In conclusion I thus drew on the flexibility of grounded theory, using the tools of the method to construct a theory which is and must be part of me; reflecting the position from which I viewed the data, a position that resulted from my previous and present experience. Whilst undertaking this study I kept in mind the pragmatic advice of Wuest (2000), which is to draw on what works and recognise the importance of discovering what fits.

3.4. Implementing the study

Chapter 3.4. explores the process undertaken within this qualitative study of thirty community nurse practice teachers who participated in semi structured interviews whilst being audio taped. Each step of the process is outlined commencing with the ethical approval process. Detail of the process is included as appendices.

3.4.1. Research ethics, ethical principles and access to participants

As a community nurse, educationalist and researcher I was cognisant of the principles, rules and codes of ethics laid down by the professions of nursing and education for researchers (Couchman and Dawson, 1995; Holloway and Wheeler, 2002; NMC, 2004b), whether practicing as a nurse, researcher or educator. The essence of these rules is that those with whom we work including patients, clients, students or participants of research should be protected from harm and risk.

Whilst undertaking this study ethical codes of practice were reviewed (British Psychological Society (BPS), British Educational Research Association (BERA), British Sociological Association (BSA), Social Research Association (SRA), and Medical Research Council (MRC)). The BSA (2002) statement of ethical practice was selected as the ethical framework to underpin and guide the study because it is comprehensive and addressed the potential areas of ethical conflict and dilemma arising from this study. The BSA guidelines provide support by explicitly addressing social research and power relationships. However, the SRA (2003) ethical guidelines were also drawn upon to supplement information, where relevant aspects of these guidelines are fuller, e.g., ‘protecting the interests of subjects’, which deals in depth with harm to subjects, ‘maintaining confidentiality of records’ and ‘preventing disclosure of identities’, which deal with storage of data on computers.

Specific ethical issues in relation to this study and strategies to address them are explored below.

3.4.1.1. Potential distress of interviewees

This study explored the inner feelings and thoughts of interviewees who could discuss aspects of their practice that might be sensitive, embarrassing or upsetting. It is therefore possible that questioning their own competence could distress interviewees, for example reflecting upon difficult experiences may result in interviewees exploring feelings of failure. Thus harm to interviewees may arise through increased self-awareness, uncalled for self-knowledge and loss of self-esteem (BSA, 2002; SRA, 2003). The potential for this

to occur has been recognised by Patton (1990) who stated that interviews might deeply affect interviewees who become aware of hidden feelings themselves for the first time. The interview, in this case, could change the life of the informant.

As this research could involve interviewees in a failure experience, where a loss of self-esteem is experienced, it was essential to ensure that interviewees did not leave the situation more humiliated and insecure than when they arrived (the principle of non-maleficence). Interviewees were informed at the commencement of the interview that if they chose to discuss information, which caused emotional distress, they would be provided with a number of options to support them. The options offered were put in writing and interviewees informed that at any point following the interview they could choose any of the support mechanisms put in place, these options and a copy of the debriefing letter are outlined in Appendix 2.

Only one interviewee expressed any distress during the interview, this occurred when she discussed her experience of the difficulty she had experienced with her first student. I felt she was looking to me to provide her with answers, however, I kept saying to myself I was there as a researcher. This interviewee however did not choose to take up offers of debriefing any time after the interview. At the final draft stage of this thesis no interviewees had sought any of the support mechanisms.

Although social research encroaches into the lives of those studied research interviews do not have to cause distress or harm. Ideally interviews should be positive, welcome and of benefit to the interviewee. Lofland and Lofland (1984) suggest that there is often a quid pro quo in research, with interviewees finding listeners for their thoughts, which results in reciprocity during the interview process (Cohen *et al.*, 2004). Four interviewees said they found the interview an enjoyable experience and that they had gained from it especially their ability to debrief about difficult experiences as the quote below demonstrates.

051/OHN/2 It's good to talk about it because I haven't really before, it's actually really good for me because looking back at it, which you do with these things, is that perhaps that wasn't the best way to serve the issues at the time, but I felt at the time that is how I should do it.

3.4.1.2. Issues of Power

There are power relations between myself as an interviewer and practice teacher interviewees, who may concurrently have a student on placement with them from the researcher's university, or may do so in the future. Issues of power could result in:

- a. Feelings of obligation in participants, which prevent them from refusing to participate in the research although they may wish to refuse.
- b. Lack of trust, preventing participants being open and honest in their views.

In recognition of these power differentials informed consent became a crucial element of the research, this gives interviewees the right to be informed about what will happen in order to make a decision as to whether they will participate. However, informed consent is problematic in qualitative research as interviewees cannot be fully informed at the beginning. At the beginning the researcher may have only general aims, it is the ideas that arise during data collection which the researcher uses for further data collection (Holloway and Wheeler, 2002). Each interview is thus unique and therefore unknown beforehand consequently the researcher is not able to inform interviewees exactly how the interview will proceed. Consequently informed consent must be subjected to a process of continuous negotiation (Ford and Reutter, 1990).

In this research study informed consent was sought initially through a participant information sheet and letter informing interviewees about the study and inviting them to participate (Appendix 3). The information alerted potential interviewees to the disadvantages, which could arise from the study, the researcher thus ensured that interviewees were not deceived over possible consequences. Interviewees were able to consent to take part by volunteering in the form of a reply to the researcher. This provided the interviewee with as much time as they needed to make their decision. Time was then taken to arrange a mutually convenient interview date, again allowing interviewees to continue the process of decision making. Consequently interviewees were not coerced or rushed into making a decision to participate, freedom from coercion is one of Garity's (1995) cornerstones to ensure participants are able to make an informed decision to consent. This action hopefully combated the influence of any feelings of obligation an

individual may have been experiencing. Prior to commencing the interview the participant was once more informed about the purpose of the study and their right to withdraw at any point prior to or during the interview. At this point interviewees were again reassured that non participation would have no consequences to them in their role as practice teacher and that it would have no effect on their relationship with the University or its staff, including the researcher. Interviewees were asked to sign a consent form prior to starting the interview if they agreed to participate. All of the thirty interviewees who agreed to participate signed the consent form (Appendix 4) and none withdrew during the interview.

Trust is a key issue when addressing power relations between researcher and participant. It is probable that my position in the University affected the interaction and discussion during interviews and it is likely that the influence was both inhibiting and enhancing. The rapport I built with interviewees during the interviews and the respect and trustworthiness demonstrated, gave interviewees the confidence to be open in their responses, which their narratives indicated was the case.

3.4.1.3. Breach of anonymity, confidentiality and betrayal

The essence of anonymity is that information provided by interviewees should in no way reveal their identity. An interviewee agreeing to a face-to-face interview, can in no way expect anonymity from the researcher, at most the interviewer can promise confidentiality. Confidentiality means that although the researcher is able to identify interviewees from the information given, they will not make this connection public (Cohen *et al.*, 2004). The participant information sheet and the information given at the start of the interview were explicit in explaining to interviewees what confidentiality meant in relation to this study.

The researcher ensured that interviewee anonymity could not be threatened by publication of the detailed description of the research process, the data or the sampling. Care was taken to ensure that any identifier was either removed or changed, or data aggregated to prevent an individual being traced.

The potential for breaching confidentiality through storage of electronic and paper data was examined. There are two important requirements concerning research data specified in the Data Protection Act (HMSO, 1998), the first is that personal data shall be held only for specified and lawful purposes. The second that appropriate security measures shall be taken against unauthorised access to, or alteration, disclosure, or destruction of personal data and against accidental loss or destruction of personal data (HMSO, 1998). To ensure these principles were observed interviewee information in the form of audiotapes and hard copies of transcripts were stored in a locked filing cabinet and only accessible to the researcher and PhD supervisor. Electronic data was held on the researcher's home PC and backed up on floppy disk, data was not stored on the University computers to increase security. During the process of ethical approval the Research Ethics Committee (REC) required the security measures of password protection and floppy disk encryption to be put in place and documented in the application.

The term 'betrayal' is usually applied to those occasions where data disclosed in confidence are revealed publicly in such a way as to cause embarrassment, anxiety, or perhaps suffering to the participant. It is a breach of trust, in contrast to confidentiality, and is often a consequence of selfish motives of either a personal or professional nature (Cohen *et al.*, 2000:63).

Betrayal of trust can seem obvious where the information is negative, this study produced a transcript for the interviewee as a way round this problem, the interviewees were thus given the opportunity to see their comments in writing and express their views and add caveats. Although this occurred only one interviewee responded following receipt of their transcript to correct an error regarding their previous mentoring experience.

3.4.1.4. Role conflict

I recognised my conflicting role expectations as a researcher and an educationalist for example, if practice teachers divulged poor or unsafe practice or negative attitudes towards working with students how would this affect my educationalist role and relationship with the practice teacher? As predicted in the literature (Kvale, 1996; Price, 2002) this rare occurrence did not manifest itself during my study. The NHS REC however required written information to be provided regarding the management of more serious disclosures.

This information was included in the participant information sheet (Appendix 3). Although planning for this eventuality was a valuable learning experience it was with relief that this circumstance did not arise.

I felt quite acutely the wearing of two hats in some interviews where conflict arose even though of lesser seriousness to the above, an example of a conflict situation occurred where one interviewee had issues with the university course on which I work and she reported what she did not like about the course. This was an issue for me as an interviewer but also involved in the programme, should I be feeding back to the lecturing team the issues she had with the course? Maintaining my role as researcher I had not discussed with the interviewee whether she wanted me to feed this information back, I thus kept the information confidential.

3.4.1.5. Research ethics approval

As this study involved NHS staff I recognised that independent ethical review was required by not only the University by also by the Central Office for Research Ethics Committees (COREC) and that this would be a lengthy and time consuming process. The steps taken in the process and the dates on which they occurred are listed in Appendix 5.

Concurrent to applying for COREC approval university ethical approval was sought, resulting in approval in November 2004 (See Appendix 6.). As I sought to interview practice teachers in eight NHS (Primary Care Trust PCT) sites the Research and Development Director in each PCT also needed to give permission. This entailed being provided with an honorary contract from one PCT and then using this to gain permission from the other seven. To gain an honorary contract I had to provide evidence of COREC ethical approval (Appendix 7), sponsorship for the project and indemnity cover, the latter two being provided by the HEI. The process undertaken to gain approval and then access to interviewees took one year to complete.

Whilst waiting for the honorary contract and permission letters from the PCTs I did two things. Firstly a practice teacher meeting took place at the University attended by thirty-

one community nurse practice teachers. I took the opportunity of telling these practice teachers about my study, ten of them expressed an interest in participating. However these practice teachers did not provide participants unknown to me who took students from other universities. As Warren (2001) states in some research, sampling begins with acquaintances and moves on to strangers, this reflected the above position as negotiating access to the practice teachers who had students at other universities took longer and formed part of the theoretical sample discussed below (See Chapter 3.5.1.).

The second thing I did was commence the piloting process. University ethical approval was sufficient on its own to approach non NHS staff, thus OHNs working as practice teachers in private companies, industry or local authorities could be approached without NHS permission. A pilot interview was therefore organised with an OHN practice teacher.

3.5. Sampling

The sampling strategy selected was primarily purposive as a decision that the sample would be comprised solely of community nurse practice teachers was taken at the beginning of the study before any data collection had occurred. Some writers such as Patton (2002) and Sandelowski (1995) consider all sampling in qualitative research to be purposive, thus purposive could be considered an umbrella term within which variation occurs. Purposive sampling is a non-probability sampling technique, which results in data that is not generalisable as is appropriate for qualitative research due to the subjective nature of the choice of participants (Higginbottam, 2004). Purposive or purposeful sampling aims to select appropriate information sources so that the researcher can learn about the topic being studied.

Much has been written about sampling in qualitative research with many different terms used. One for example is convenience sampling where the researcher selects subjects that are easily accessible. Factors that usually influence the choice of convenience sampling are money, time and access (Beyea and Nicoll, 1997). Convenience sampling was also a strategy applied to my study as time and access were reasons that led to a decision being made to sample from practice teachers in the Strategic Health Authority within the

catchment area of my employing university. This decision was taken on the basis that I was familiar with the infrastructure of the local PCTs and would therefore more easily gain access to the sample. Geographical familiarity was also a factor as the study would involve visiting practice teachers in their places of work. However the convenient nature of the sample brought the disadvantage of some practice teachers being known to me. This may have led to a refusal to participate by some people who would have agreed if they had not known the researcher. Although I was aware that I would be known to many practice teachers within the area I also knew that there would be practice teachers who I did not know and who did not know me. I was particularly keen to include these practice teachers in my sample as they may have led to negative cases, especially based on the danger that interviewees known to me may be inclined to tell me what they think I wanted to hear. However the seemingly fluent and natural way interviewees answered questions, did not give the impression that they were pausing to consider what they felt they should be saying to me. The content of a lot of the discussion was of a personal nature that did not necessarily show them in a good light, accounts seemed to be a 'warts and all' commentary. Also the interviews were long stretching over at least an hour and a half and the information within interviews was consistent which indicated that interviewees were being honest to themselves and to me and not saying what they thought I wanted to hear.

Ethical approval was given for the eight PCTs within the Strategic Health Authority, this was followed up by seeking permission from the Research and Development Lead in six of the PCTs. The other two were small PCTs with very few practice teachers. I therefore decided that PCT approval for these two PCTs would only be sought if insufficient practice teachers were recruited to the study from the other PCTs for saturation to occur. This became unnecessary as a diverse range of practice teachers agreed to participate from the six PCTs and non NHS organisations employing OHNs. The total potential population of practice teachers available, those invited, those who accepted and those who were interviewed are outlined in Table 3.3. below.

Table 3.3. Population of practice teachers (PTs) and sample

PCT/Organisation	Total population of PTs	Invited PTs	Number of PTs who agreed to participate	Interviewed PTs
PCT A	10	10	4	4
PCT B	7	7	6	5
PCT C	15	10	4	3
PCT D	9	7	6	5
PCT E	13	8	6	6
PCT F	5	5	4	4
Non NHS OHNs	7	7	3	3
TOTALS	66	54	33	30

The total population of practice teachers within the six PCTs was identified by approaching the PCT Education Leads responsible for community nurse student practice placements. This approach produced the 59 listed above (PCTs A-F column 1). The population of occupational health nurse PTs was not possible to identify due to the nature of their work in private employment settings, as a consequence the OHN Course Pathway Leader was approached to obtain contact information for OHN practice teachers. From this process 30 practice teachers were interviewed a range of characteristics were recorded from these interviews which are summarised in Appendix 10, with individual data provided in Appendix 11.

Each interviewee was allocated a code by which they are referred to throughout the thesis. These codes are used instead of names to ensure confidentiality. The codes were initially made up of six features which made constant comparison during data analysis easier. The features were identified in Table 3.4. below:

Table 3.4. Construction of unique code allocated to each interviewee

A sequential number	Community Nursing Discipline	Gender	Ethnic grouping	Number of Community Nursing students	University taken students from
O39	HV	F	W	6	Researcher's HEI
					Various HEIs
					Other HEI than researcher's

When interviewee narratives were analysed three features did not make a difference to the types of experiences, views and practices being discussed by the interviewees and were thus removed in the final thesis, these were:

- Gender
- Ethnic group
- University students from

The fact that interviewees whose students came from different universities made no difference to the narratives was gratifying as these included interviewees who did not know me prior to the interview. Thus the concern that interviewees known to me may not be open or honest in their discussion was not supported by evidence, this issue will be explored in the limitations section (Chapter 10.4.). That ethnicity had no influence was not a surprise to me having working with a very diverse practice teacher population for nearly twenty years, as over a third of the interviewees were non white the accuracy of the finding was made with confidence. Of greater surprise was that gender did not make a difference to the practice teachers narratives, this sample is much smaller as there were only three male interviewees, this probably reflects the national picture regarding gender of practice teachers. The lack of difference regarding gender is returned to in Chapter 8.2.1.1.

Another reason to remove these coding features was that in some cases these features could identify interviewees and thus to also protect confidentiality they were removed. This resulted in interviewees being referred to in the thesis by Number Discipline No. of students, for example 039/HV/6. Information about the interviewees discipline and level of experience adds to the readers' ability to interpret the data analysis and quotes in the findings chapters (Chapters 5. to 9.).

3.5.1. Theoretical sampling

The grounded theory approach to this study led to specific sampling issues which are explored below. Glaser and Strauss (1967) acknowledge the sampling undertaken in the initial stage of the research is purposive as used in this study, but then consider subsequent theoretical sampling to be a key part of a grounded theory approach. This has been confused in many publications, with Morse (1991) in particular viewing purposeful and theoretical sampling as synonymous, but my interpretation of theoretical sampling follows Coyne's (1997) view that it is a variant of purposive sampling, so it could be stated that all theoretical sampling is purposive but not all purposive sampling is theoretical (Sandelowski *et al.*, 1992). Theoretical sampling is a specific type of sampling used in grounded theory where the sample is selected on theoretical grounds to explore emerging ideas and build theory as data analysis progresses (Rice and Ezzy, 1999). By the time thirty interviews had been undertaken the critical categories appeared fully developed in the sense that patterns were recurring and no new information was forthcoming, a state of theoretical sufficiency (Dey, 1999). The sample had been as diverse as possible within the parameters set through ethical approval. For example the search for practice teachers not known to me increased through the process of data collection in my attempt to fulfil the requirements of theoretical sampling.

Theoretical sampling therefore comprised decisions that were taken after data collection has commenced, where the selection of interviewees were made to further the development of the emerging theoretical categories. Theoretical sampling can also include the selection of questions to collect specific data to complete the emerging theory to a point of saturation or sufficiency. This approach is supported by Coyne (1997) who also viewed theoretical sampling as involving changing the interview questions as a study progresses. Glaser (1992:102) outlines the process of theoretical sampling as follows:

The general procedure of theoretical sampling is to elicit codes from the raw data from the start of the data collection through constant comparative analysis as the data pour in. Then one uses the codes to direct further data collection, from which the codes are further developed theoretically with properties and theoretically coded connections with other categories until, each category is saturated.

Theoretical sampling on any category ceases when it is saturated, elaborated and integrated into the emerging theory.

The study sought to sample from the full range and variation of practice teachers to guide the emerging theory. Developing categories were tested against new interview data in an attempt to gain information about the full range of the category and verify the category and its relationships (Coyne, 1997). The sample was directed by features considered important, such as whether interviewees were known to me, their professional discipline and their level of experience.

The first pilot interview took place with a non NHS occupational health nurse whilst awaiting permission from the Primary Care Trusts (PCTs). The initial purposive sample following the pilot included ten practice teachers who had volunteered to be interviewed following discussion of my study at a practice teacher forum, therefore these interviewees were all known to me. After eight to ten interviews sufficient codes had emerged to form categories which directed the rest of the sampling strategy, thus sampling for the final seventeen practice teachers was formulated using theoretical sampling in order to develop the emerging categories and move towards data sufficiency.

The theoretical sample of seventeen interviewees comprised of as many practice teachers who I did not know and who had taken students from universities other than the one I was employed (n=5). As many district nurses, school nurses and occupational health nurses who I had access to and agreed to participate (n=8) were also included as these were underrepresented in comparison to health visitors, who represented the largest discipline of practice teachers in the total population as well as the total sample. These choices were made in an attempt make the range of practice teachers as diverse as possible so the richest source of information to address the emerging categories was available.

Thus the overall sampling decisions led to the following approach being taken:

- All PTs were invited who I did not know
- All PTs were invited who had taken students from other HEIs to mine
- All SN PTs were invited

- All OHN PTs were invited who I was given details of by the OHN Pathway Leader.

The following tables (3.5. and 3.6.) provide a comparison of the sample

Table 3.5. Summary of invited participants

82% of the total population were invited to participate (n=66)
61% of those invited to participate agreed to participate (n=33) (equalling 50% of the total population)

Some of the practice teachers who accepted the invitation in the end were unable to participate due to a variety of reasons such as: personal problems (n = 1), work related problems (n = 1) and going on maternity leave (n = 1).

Table 3.6. Summary of interviewed participants

30 practice teachers were interviewed this comprised:

- **45% of the total population were interviewed**
- **56% of the invited population were interviewed**
- **91% of those who agreed to participate were interviewed.**

There are limitations that must be acknowledged within the study with regards to a robust application of theoretical sampling. There are a number of reasons these limitations occurred, firstly the strictures I put upon myself through the ethical approval process limited my ability to change sampling technique, sample size and use of the interview guide. Unfortunately at the stage when ethical approval was being sought I was not sufficiently familiar with grounded theory to argue the case for flexibility. Sandelowski *et al.* (1992) also state that ethics committees are not likely to approve a research project if there is not a clear specification regarding the subjects desired for the study, which was in accord with the advice being given by experienced research colleagues. In hindsight it was a shame this part of the process came so early and took so long, now with greater confidence in my ability I would make a different application for approval, however time was not available for this to occur.

The second reason for theoretical sampling not being applied as rigorously as Glaser and Strauss would have expected was my lack of confidence as a neophyte researcher. I

recognised that as interviewing progressed I could focus down my area of enquiry so the interviews became progressively narrower to fill the theoretical categories, which Glaser (1992) includes as theoretical sampling. However, I did not feel able to ignore the other areas of the interview guide. As a consequence I believe I focused my attention on information gathering in the areas needed to fill the emerging categories taking a theoretical sampling approach to gain saturation, whilst still covering all the original areas set out in the guide. I thus hedged my bets and continued to collect data related to the other interview areas in case I subsequently discovered categories emerging that I had initially missed, or focussed on an area that turned out to be a chimera. This attempt to prevent myself from focusing the data by closing down other routes too quickly led to a very high volume of data, much of which does not see the light of day within this thesis.

By making explicit the processes I undertook in sampling within this study and acknowledging the limitations I hope to have enhanced the credibility of the work (Higginbottom 2004). In the future having learnt from my mistakes I believe I could take steps to be more efficient without foreclosing on critical areas of data and ensure my methodology was decided before the study commenced. However although there are limitations within the sampling strategy of the study I believe that the strategy served its purpose and ultimately this is the most important aspect, rather than slavishly adhering to strategies that do not necessarily fit a particular study. A more sensible approach as Coyne (1997) advocates is one which is adaptable and offers a pragmatic approach to deal with real-world conditions but that continues to meet the information needs of the study, this project adhered to this advice.

3.6. Recruitment

Recruitment to the sample was very high with 61% of those invited agreeing to participate. A factor in this was probably the choice of area to recruit from, being that around the researcher's university. Thus the main advantage of selecting this geographical area was the relative ease with which I accessed and recruited the sample. However, finding interviewees who were both strangers to me and me to them proved more difficult.

I made attempts to interview as many people as possible who had not worked with me or with the University I work at, however I discovered there were only three interviewees out of the 30 who had no knowledge of who I was prior to my letter of invitation. Two of these interviewees were novices with their first students from different universities and the third was someone who had been out of practice for many years. The issue of being known to interviewees is addressed further in Chapter 3.4.1.2. and within the limitations section of Chapter 10.4.3.

I never asked interviewees why they had agreed to participate, this may have proved interesting as one person said she had agreed because she felt sorry for me in case no one replied, as in her experience people often don't volunteer. Also a couple of the school nurses implied they had taken part because they wanted to raise the profile of school nursing and school nurse practice teachers. The issue of self selection by interviewees is explored in more detail within the limitation section of Chapter 10.4.

3.7. Qualitative interviewing

In social constructionism as in postmodernism, the emphasis is on the multiplicity of meanings in local contexts, on the social and linguistic construction of reality from different perspectives (Kvale, 1996). Focussing on language shifts attention away from the notion of an objective reality, it is language and context which are considered to be the site of knowledge creation. This is understandable when it is the relationship between the individual and the world that is seen to create knowledge. Knowledge does not exist in an interviewee, or in the outside world, it is constructed between the two. This argument not only mirrors the discussions about learning, situated learning and professional education within Chapters 4.2. and 4.3. it also provides this study with a coherent argument to justify the use of qualitative interviews where knowledge arises through interpreted and co-constructed meaning. The use of the qualitative interview as a method of generating knowledge is also emphasised within constructivist grounded theory (Charmaz, 2006). Qualitative interviewing within this approach places an emphasis on the active participation of the interviewer and the importance of giving the interviewee voice. This was

particularly pertinent in this study as practice teachers form an under-researched group who have not previously been given a voice.

The qualitative research interview is thus a construction site of knowledge, however researchers must recognise that the data collected during qualitative interviews do not report on an external reality displayed in an interviewee's narrative but on an internal reality constructed as both interviewer and interviewee produce the interview (Fielding, 1993). As Maxwell (1996: 5) states "interviewing someone can only tell you what that person thinks or feels or values about what they think is real. It can never tell you what is essentially real now or was actually real in the past." This was a salient point, because presenting practice teachers views as facts was an easy mistake to make (Wengraf, 2001). Thus the language shared during the interview is not representing a separate reality, but is creating a 'reality' about the practice teachers experiences and each revisiting of the data will create a new 'reality' (Burkitt, 1999).

Co-construction taking place within the interview implies that both participants are active within the process, Rubin and Rubin (1995, 2005) use the term conversational partners to denote this situation. The research interview conversation however, differs in significant ways from social conversations. One difference is over the issue of power. For many writers the balance of power rests clearly with the interviewer (Mishler, 1986; Kavanagh and Ayres, 1998; Price, 2002). The semi-structured format used for this study provides the direction, which puts power in the hands of the interviewer. Along with this the researcher recognises that this study also adds 'status' as another dimension of interviewer power as interviewees may consider a status differential between lecturers and practice teacher. For some of the interviewees, there may also be the added power issue that they are current students on the practice teacher course, for which the researcher is course leader. The danger of power lying with the interviewer is that interviewees may seek to please the researcher with answers that they believe to be wanted by the interviewer.

However, a different view of power is that held by the interviewee. Interviewees clearly have power over the level of response they provide to questions and have the ultimate

power of withdrawing from the interview. They are also likely to present themselves in a good light, which demonstrates their ability to use their power to address their own agenda. It is the perception the interviewee holds of the interviewer that will influence what they are willing to say and how open they are willing to be. Thus it is the skill of the interviewer in building a rapport with the interviewee that will allow the interview to become as equal a partnership as possible (Gordon, 1997; McDougal, 2000). As I developed my interviewing skills the level of rapport seemed evident to me from the responses of the interviewees, the evidence was contained in the verbal and non verbal actions with a number of interviewees overtly stating they had enjoyed, valued or benefited from the encounter.

3.7.1. Semi-structured interviewing

Wengraf (2001) views most interviewing as semi-structured, because he views the majority of interviews as having some structure, the difference being the range, i.e., from light to heavily structured. The key factor he believes it that interviews like other forms of research activity have to be planned and prepared for. The planning results in a partially scripted interview guide that is then improvised as the researcher implements the interview, this description closely matches the approach taken within this study. Qualitative research texts can give the impression that unstructured interviews are more highly valued than semi-structured, however, MacHaffie (1988) and Sque (2000) consider interviews without structure which are conducted with a minimum of preparation to be limited, as they often result in relatively superficial accounts. Semi-structured interviews can also be viewed as having been chosen because they are easy. However they are not easier to plan, prepare and implement than fully structured interviews, in many ways they are more difficult (Wengraf, 2001).

The interview guide contained a list of questions and prompts designed to give the interview focus, yet the interviews were undertaken in a flexible and conversational manner (Minichiello *et al.*, 1990). The interview guide focused on the topic areas to be covered and the lines of inquiry to be followed but left me free to alter their sequence and to probe for more information (Fielding, 1993). However the skill required to adapt and listen was more difficult than had initially been appreciated.

The flow of the interviews became more natural and fluid as my experience and confidence increased which fits Charmaz's (2006) view that interviews are an emergent technique. In line with grounded theory however, the semi structured interviews became more structured due to theoretical sampling (as discussed in Chapter 3.5.1.) as the interviewing process continued, interviews were used to follow up on specific codes and categories which emerged from the initial less structured interviews (Fossey *et al.*, 2002).

The above discussion highlights the inherent tension within grounded theory data collection strategies and what may be viewed as 'forcing', an area which Charmaz (2006) considers is still unresolved. I checked my attempts to distinguish between asking important questions and not forcing interviewees to respond in a particular way by carefully listening to the tapes and reading the transcripts. I could see how I improved in my ability to follow through on leads without forcing the interviewee in any particular direction, I increasingly noticed how I used prompts such as 'tell me about' or 'tell me more about', 'how', 'what' and 'when' instead of asking further directing questions, so the interviewee was able to take the discussion in the direction they wanted. As the interviews progressed this also became easier because I found I needed to speak less and less to gain data from the interviewees which became richer.

Although Glaser (1998) advises against the use of interview guides, Charmaz (2006) sees their value when they are open-ended, as they are felt to help novice researchers plan so they avoid loaded questions and unwittingly force data. As an interview guide was required for ethical approval I had little choice in this matter, so I attempted to use the guide as openly as possible, this became very easy as interviewees were so giving of their perspectives that they needed very little prompting and I learnt how to do this less and less over the course of data collection. The use of the guide in these semi-structured interviews also allowed data to be more easily compared across interviewees. Hammersley and Atkinson (1995) see this as an advantage during data analysis and Pritchard (2005) recommends as it contributes to the rigour of the study.

In 1981 Brenner asserted that 90% of all social science research involved interviews. This position has obviously not changed as Holloway and Wheeler in 2002 report that 'interviews have been the most common form of data collection in qualitative research over the last decade' (2002:79). This is perhaps not a surprising finding as we live in an 'interview society' according to Atkinson and Silverman (1997). However, Johnson and Burnard (2002) criticise its use within doctoral theses, in particular their view that the semi-structured interview dominates, stating they would prefer to see more varied methods. Although this criticism is unfortunate for my study, which exclusively utilises this method, the criticism can be countered by arguing that it is important that research methods match the research question and purpose. So although writers such as Johnson and Burnard amongst others consider the use of interviews, especially semi-structured interviews rather mundane and tedious, I argue that it is the most appropriate method for this particular study, as demonstrated above.

Piloting was undertaken as a means of helping me get acquainted both with the interview guide and with the research interview (Sorrell and Redmond, 1995; Price, 2002). The first pilot interview proved to be essential as the process of commencing data collection was much more difficult than I had anticipated.

All the interviews were recorded using a tape recorder, which allowed me to give my full attention to the interviewee. I also felt confident that it would give me the detail required and when listening to the tapes it felt like I returned to the interview as I could picture the interviewee in discussion as I listened. Recording interviews on audiotape thus helped get the material down in an accurate and retrievable form and the tapes kept in case they could not be transcribed within the week as occasionally occurred. According to Rubin and Rubin (1995, 2005) some interviewees appreciate being recorded because they see the tapes as a symbol of durability to get their message out accurately. Some of the interviewees made comments indicating they were rather nervous about the tape recorder but none of them seemed inhibited in their discussion. However all interviewees agreed to be taped and quickly seemed to ignore the tape recorder, the tape did not appear to inhibit the discussion during the interviews a finding reported by other researchers (Kearney *et al.*,

1994; Cahill, 1996; Sque, 2000). However the use of the tape was not without anxiety or incident. The anxiety was that I would discover at the end that nothing had been taped, even though I did check early in the interview that the tape was working. There were only two incidents of problems with taping, fortunately neither of them led to serious data retrieval problems.

The impact of transfer of knowledge and meaning constructed through discussion across contexts and modalities, such as from oral narrative in the interview, to oral narrative on tape, to written narrative on the transcript (Mishler, 1991) is a critical issue for studies such as mine. It is therefore recognised that a limitation within this study was the potential for changes to, and loss of, data using the procedure of taping and transcribing interviews. In order to minimise this limitation audio-tapes were fully transcribed as I felt it would give me an understanding of the data that I may otherwise miss, which as a novice researcher I did not feel able to risk. It also ensured that I read the interviews and thus familiarised myself with the data a number of times, which proved essential for data analysis.

Transcriptions of the interviews were then sent to the interviewee so they could check the accuracy of the content and add further information they considered important. However as stated in section (3.4.1.3.) only one interviewee responded with a correction to the transcript. Koch and Harrington (1998:885) question what seems to have become a rule that requires qualitative researchers to undertake 'member checking' in order to authenticate the data and demonstrate the rigour of the process. They consider this approach is not always appropriate or feasible and does not necessarily add verbal accuracy, thus there are more problems with this than the literature reveals.

The other area that can be trialled in pilot interviews is the ending because after eliciting depth and emotional honesty, the interviewee should not be left exposed, but helped to calm down and feel protected, otherwise they are likely to feel violated. An approach to lowering the emotional tone of the interview is to direct the conversation to subjects that are of importance but little threat (Price, 2002). In this study this was accomplished by ending with questions about the future of community nursing and practice teaching which were less personal.

After each interview general discussion started at which point I turned the tape off. We then often had a few minutes of continued conversation, but none of these 'off tape' conversations revealed anything new. Research writers such as Kvale (1996), Green and Thorogood (2004) and Rapley (2004) consider 'off tape' discussions to commonly occur. I therefore wondered whether I was in some way discouraging this. However at the end of one interview when the tape stopped the interviewee joked saying 'now the most important thing is this'. I shared with her the information I'd read about people disclosing information when the tape stops at which she laughed and said she had nothing else as I'd got her to share all her secrets during the interview. This reassured me somewhat that I was not stifling 'off tape' opportunities.

3.8. Conclusion

This chapter explored constructivist grounded theory and examined how this methodology has been implemented within this study. The tension between a grounded theory approach and use of extant literature to provide the study with a theoretical framework was recognised. The application of 'emergent fit' to overcome the tension was then explicated. The extant literature regarding situated learning and the theoretical framework, *communities of practice* (Lave and Wenger, 1991) are examined in Chapter 4.

The chapter then progressed by discussing the application of the central tenets of grounded theory, including constant comparison and theoretical sampling. This led onto a detailed exploration of how the research design was implemented following the steps of the process in chronological sequence. This exploration started with seeking ethical approval to undertake the study with thirty community nurse practice teachers and progressed through sampling, recruitment, semi-structured interviewing and transcribing. At each stage the principles of the process were elaborated followed by the method of application within this study.

The interview data collected resulted in 229,391 words of transcript, the shortest transcript was 4,640 words with the longest 11,089. The mean transcript length was 7,646 and the

median 7,680 words long. Interviewees had worked as practice teachers with a total of 132 community nurse students and it is the experiences they shared with me that have formed the constructed grounded theory of this thesis. The categories that emerged through constant comparison of this data and the extant theory offered by the community of practice theoretical framework have been used to frame the 'findings' chapters (Chapters 5. to 9.).

Chapter Four

Theoretical framework - situated learning in communities of practice

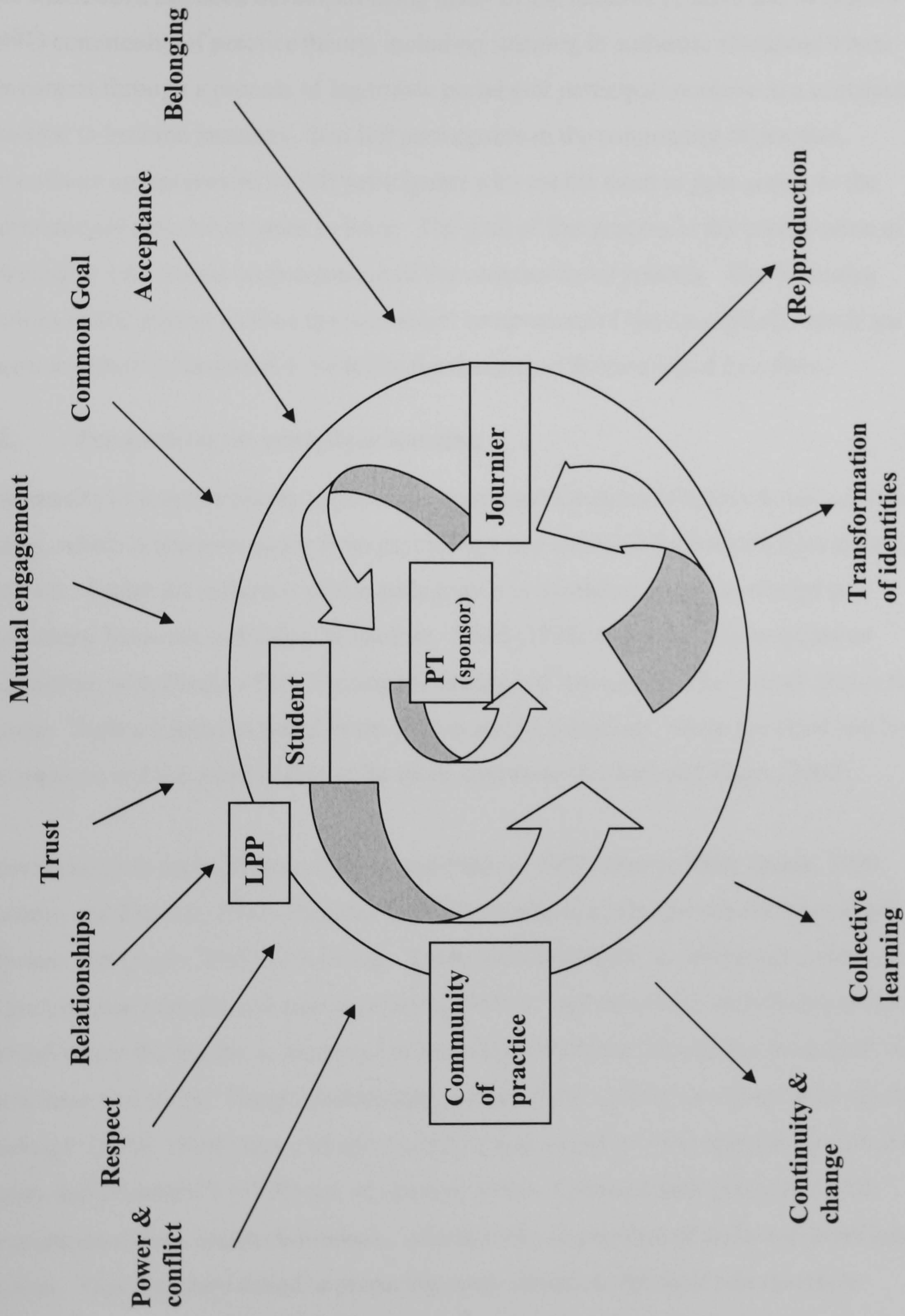
4.1. Introduction

Chapter 2's review of the literature identified that although relatively little of the nursing literature within the field made explicit reference to communities of practice and situated learning there was much that could be applied to this approach to learning. Students and mentors clearly recognised the central role of the socio-cultural context within the education of students. They were found to focus on fitting-in (accessing the community of practice) and interpersonal relationships between all members of the community of practice, with the mutual support that such relationships bring being emphasised.

Learning as socially constructed within *communities of practice* appeared in tune with my study's data and emerging categories. As a consequence it provided a theoretical framework which enhanced the theoretical sensitivity of the grounded theory developed. The tension between a grounded theory approach and use of extant literature and an existing theoretical framework was acknowledged and discussed in Chapter 3. Chapter 3. gave an account of how this tension has been reconciled by the use of Glaser's (1978) concept 'emergent fit' within this study. Consequently in this chapter the theoretical framework is explicated, however the chapter commences by providing an overview of the competing theoretical approaches to workplace learning, and examines the debates and critiques which make this a hotly contested arena not only between approaches but within them.

Community of practice theory has been established sufficiently long enough to have been critiqued in depth (Fuller and Unwin, 2003a, 2003b; Hodgkinson and Hodgkinson, 2003, 2004; Hodgkinson *et al.*, 2004; Fuller *et al.*, 2005). These authors have presented an analysis of the complex field of learning and some of the pitfalls for the educational researcher. Their exposition which this chapter goes on to discuss has helped prevent me adopting an unquestioning stance to Lave and Wenger's (1991) framework. The theoretical framework to emerge from the situated learning and communities of practice theory which has been used in my study is represented in Figure 4.1. below.

Figure 4.1. Theoretical framework



This framework has been developed using many of the features of Lave and Wenger's (1991) community of practice theory, including learning in authentic situations where newcomers through a process of legitimate peripheral participation move in a centripetal direction to become journeymen, then full participants in the community of practice. Newcomers are sponsored by full participants who enable them to gain access to the community of practice in order to learn. The goal of this process is the socialisation of newcomers who enable (re)production of the community of practice. The following sections of the chapter outline the theoretical components of the framework, which are drawn together in Chapter 4.6. to define the theoretical framework of my study.

4.2. Perspectives on workplace learning

Community of practice theory opposes the dominant discourse of conventional educational theory, which is predominantly from psychology and abstracts individuals from their social contexts. Under the influence of this pedagogy it is considered that knowledge is transmitted from one individual to another. Sfard (1998) states that this emphasises acquisition, with Bereiter (2002) using the analogy of 'transfer' to the 'vessel' that is the learner. Such a Cartesian belief of the person adopts a dualism, where the mind and body are separate and the mind is seen to be more important (Beckett and Hager, 2002).

Nurse education texts (Morton-Cooper and Palmer, 1999; Neary, 2000; Quinn, 2000; Canham and Bennett, 2002) continue to display a bias towards this standard paradigm (Beckett and Hager, 2002) of learning. These texts emphasise the dominant constructions of professional education in nursing (Jarvis, 1999b). Individualistic approaches to learning abound where the learner is perceived to acquire competence through the transmission of knowledge and skills. These constructions include Kolb's (1984) learning cycle approach, Knowles' (1984, 1990) theory of andragogy, Schon's (1987, 1991) reflective practice and Honey and Mumford's (1992) use of learning styles. Constructions permeated with descriptions of how expert individuals, influence the acquisition of skills and knowledge of novices. This literature aimed at preparing nurse educators for their role therefore continues to stereotype pedagogy as the passage of knowledge and skills from one individual to another (Scribner and Cole, 1973). Whall and Hicks (2002) and Tabak *et al.*

(2003) view nursing curricula to be greatly influenced by the positivistic paradigm which holds up as sacred the model of medicine and objective evidence based knowledge. This model is particularly apparent in the recent emphasis on competence driven professional education (UKCC, 1999; Field, 2004; NMC, 2006).

Even the softening of the 'transmission' approach within adult education approaches of 'facilitation', where students recognise their own needs and learning opportunities (Knowles *et al.*, 1984), still positions the individual as amassing knowledge and skills (Bleakley, 2002). The literature removes the cultural complexity of learning leaving a psychological input-output model, where the student is regarded as a competent practitioner when a given level of knowledge, skill and understanding has been acquired. However students learning in practice cannot be adequately explained within the standard paradigm of knowledge and skill accumulation and of expert to novice transmission as highlighted by McCormick's (1999) research. Such an approach misses the cultural process of socialisation into attitudes and values informing professional practice and the construction of a professional identity.

As a counter to this individualistic approach, academics mainly from backgrounds of social psychology and anthropology, theorised learning in practice placements as a social activity. Learning started to be viewed not as acquisition by an individual, but as a social phenomenon, i.e., as participation in a social context (Sfard, 1998; Hodgkinson and Hodgkinson, 2003, 2004). As a social phenomenon, culture is seen to mould identity, however such approaches are accused of determinism, where the focus is on culture constructing identity at the expense of the individual. Neither the deterministic aspects of cultural models nor the individualistic learning theory of psychology fully explain practice learning and professional development. Recent literature within both the constructivist and the socio-cultural approaches to learning has addressed the deficits of the above approaches to help explain the development of practice learning. These approaches take the view that learning is both culturally situated and individually constructed (Field, 2004). Although learning within constructivist and socio-cultural approaches takes the middle ground they do not lie at the same point along the continuum. The constructivist view of learning is to

the individual side of the continuum, whereas socio-cultural perspectives are to the cultural side of the continuum. The continuum, however, is not so easily delineated due to the plethora of terms used by theorists within the range of disciplines contributing to this area. For example, social constructivism, cultural cognitivism, socially situated, situated cognition, situated learning, activity theory, communities of practice and social learning.

A means of understanding this complex literature according to Hodgkinson and Hodgkinson (2004) is by examining the approaches adopted by three groups of writers. Constructivists see learning situated within the individual but strongly influenced by the situation (Beckett and Hager, 2002; Illeris, 2002). The second group focus on interrelationships, which direct people's activities (Engestrom, 2001; Billett, 2001), activity theorists fall within this group. Writers from the third group take a socio-cultural perspective, in comparison to the first two groups they see individual learners as integral components of the situations in which they work and learn, not separate from them (Brown and Palincsar, 1989; Wenger, 1998). Lave and Wenger's (1991) account of situated learning, communities of practice and legitimate peripheral participation is located within this perspective. Much socio-cultural research has taken place in the workplace where learning and practice are seen as inseparable (Lave and Wenger, 1991; Billett, 1998; Palincsar, 1998).

4.3. Situated approaches to learning

Vygotsky (1978) has been a major influence in situated learning approaches (Brown and Palincsar, 1989; Matthews and Candy, 1999; Quay, 2003) as he led the transformation in our current view of learning. Vygotsky was instrumental in our recognition of the social processes involved in cognitive development and learning.

All higher psychological functions are internalized relationships of the social kind, and constitute the social structure of personality.
(Vygotsky cited in Valsiner, 1987 : 67).

Vygotsky considered learning and development to involve and be reliant on two processes, the individual (intramental/intrapsychological) and the social (interpersonal/ intermental), the latter being the shared activities which the individual engages in. Vygotsky's zone of proximal development (ZPD) was used to support his theory. The theory firstly involves

actual development which refers to those abilities a learner can demonstrate independently. Spouse (1998a) calls this knowledge-in-use, if visualised this would be development at the core of Vygotsky's ZPD. Secondly the theory involves potential development, which the learner can do with assistance (Palincsar, 1998), this Spouse terms knowledge-in-waiting. Moving from knowledge-in-waiting to knowledge-in-use, learners need support and guidance from a more experienced colleague or peer situated in practice. The interpersonal nature of the relationship between learner and more experienced colleague makes this process of learning and development socially constructed. This framework is used as a strong argument for the need to have skilled practice teachers/mentors for community nurse students who are able to provide a reflective discourse in order to facilitate students to use their knowledge-in-waiting and enhance their competence as practitioners. The model of cognitive apprenticeship outlined in Chapter 2.3.1. draws upon this theory, with the expert undertaking a process of modelling, coaching, scaffolding, fading, articulating, reflecting and exploring (Brown *et al.*, 1988; Cope *et al.*, 2000: 851) to transform the learner's potential development into actual development. However, it is the social nature of situated learning approaches that is influential rather than the stages in the process outlined above.

Situated learning considers knowledge to be socially and culturally situated and that learning this knowledge must also be situated. This view has been supported by a growing body of educational thought (Scribner, 1985a; Schoenfeld, 1987; Brown and Palincsar, 1989; Greeno, 1991; Lave and Wenger, 1991; Lave, 1997; McCormick and Paechter, 1999; Eraut, 2001), which sees learning as situated within real life contexts. Within this approach learning makes 'human sense'. As a consequence situated learning provides a framework of social participation not an experience of learning located within the mind of the individual. This radical change in educational thinking is attributed in part to the work of Rogoff and Lave (1984). Rogoff (1990) believes that the social context includes everything that needs to be learnt and therefore it is the context which is the most important aspect of the learning process (Field, 2004). As part of this context Rogoff emphasises the value of guided participation between the learner and an experienced colleague. Thus the importance of community nurse learners working with practice teachers in a social context cannot be overestimated.

Burkitt *et al.* (2000), Cope *et al.* (2000) and Lauder *et al.* (2004) report finding that the acquisition of nursing skills is context dependent and the ability to apply knowledge and perform competently is dependent on familiarity with the specific clinical context, which supports the assertions within situated learning theory. Lauder *et al.* proposed that for community nurse students to learn to become community nurses they needed to be in authentic practice placements working with families, communities and populations. However, what is it about authentic contexts that facilitate this learning. When a learner arrives in the authentic context, i.e., the practice placement, it is likely that the situation is unfamiliar, so how can situated learning theory explain the process that occurs as the learner acquires professional competence. Lave and Wenger (1991) developed the concepts of sponsorship and legitimate peripheral participation within communities of practice to explain the process. According to Lave and Wenger the learner is a co-participant in the community of practice from the very beginning, albeit on the periphery (Burkitt *et al.*, 2000). Support and guidance are provided by an experienced member or experienced members of the community whilst the newcomer is engaged in everyday activities, this is termed 'sponsorship'. Within this process the practice teacher would act as the experienced member of the community of practice, or sponsor, to the community nurse student. As the learner becomes more settled and familiar the activities they undertake change to promote fuller incorporation into practice. Their responsibilities increase and develop along with their expertise (Burkitt *et al.*, 2000; Spouse 2001).

Through the process of legitimate peripheral participation the learner gradually acquires the local (professional) language known as 'scripts' of practice (Cain, 1991) that they need to function as co-participants within the communities of practice, which at first often appear bewildering to a newcomer. As learners participate in a broad range of joint activities they acquire new strategies and knowledge of the world and culture. Pesut (2004) considers this to be the development of competence through engaging with practices where meaning is negotiated. In other words as Lave and Wenger (1991) state legitimate peripheral participation is the mechanism whereby newcomers acquire the competence to become full participants in the social and cultural practices of the community. The theoretical

framework of situated learning provides the detail of how learning occurs in practice, it also accentuates the central importance of having appropriate placements and practice teachers for successful professional education of community nurses.

In summary an attempt has been made to distinguish between constructivist, activity and socio-culture theories. However they still appear to retain many similarities. They all stress the importance of context or situation in learning and see social and cultural aspects embedded within the situation including all the players past and present. Also the outcome is similar, the learner becomes seeped in the practices of the context, acquiring 'scripts', 'norms', values, attitudes and behaviours. Through the process the learners' identities are transformed. Critics of constructivist and socio-cultural perspectives argue they are still based on a 'transfer of knowledge model' (Cobb *et al.*, 1993). However, theorists within these approaches disagree considering such critics are misinterpreting the nature of the transformation. For example, Leontiev (1981 cited Palincsar, 1998) suggests the process is not one where learning is internally mapped onto an existing structure but is one in which the structure itself is formed. Thus the 'situatedness' in which learning occurs is critical (Palincsar, 1998).

The difference between the theories relates to the level of individuality accorded the learner, from a separate being that is influenced by the situation within constructivist theory to an integral element of the context, which is inseparable in socio-cultural theory. Interpretation of the theories has constantly pulled me towards a constructivist approach where the individual is influenced by the context. Because this has made 'human sense' to me it has been easily assimilated. In trying to grapple with the concept of the learner being an integral element of the context I found an understanding of different cultural views of the family helpful. Family members can be viewed as being individuals with their own identity albeit members of the group who influence and are influenced, versus an identity which is based on the collective as if all members are part of a whole with identity being at the family level (Hofstede, 2001). This analogy made me recognise not only my own familiarity with the notion of the individual coming as I do from an individualistic Anglo-Saxon culture but also why the standard paradigm discussed earlier has been so readily

accepted and has proved resistant to change. In numerous re-visitations of the theoretical framework and my data I have found attempts to frame the concepts from the stance of a collectivist culture helpful in extending and deepening my understanding of situated learning theory.

As communities of practice has been selected as the theoretical framework within which to further analyse the data and develop categories within this study a more detailed exploration and critical analysis of the concept is required than that offered in this brief introduction.

4.4. Community of practice

Lave and Wenger (1991) developed the concept of *community of practice* to convey how people learn through mutual engagement in an activity which is defined by the negotiation of meanings both inside and outside the community. They argue that a community of practice is a close knit group of workers sharing knowledge, tasks, activities and a common physical location (Lave and Wenger, 1991). Lave and Wenger first discussed their idea of a community of practice in relation to group learning, knowledge and the ways in which knowledge was used by a group to undertake an activity or solve a problem. What Lave and Wenger did was create a framework for understanding this process. They drew upon a wealth of literature about apprenticeship from their own (Lave, 1977, 1982) and other researchers (Coy, 1989; Haas, 1972; Marshall, 1972; Cooper, 1980; Singleton, 1989) work that had been undertaken since the 1950s. Within this literature the phenomenon of apprentices learning a craft from skilled journeymen⁹ are prolific. Thus the concept was based on empirical work, much of which took place in traditional societies where novices became experts through a process of craft apprenticeship (Fuller and Unwin, 2003a).

⁹ *Journeymen* is used by Lave and Wenger (1991) to denote members of the community of practice who are moving from peripheral to towards full participation. However as stated in Chapter 2.6. within this study the term *jourmier* will be used in preference to the gendered term *journeyman*.

Lave and Wenger (1991) suggested that the success of the community of practice relies on:

- a common goal;
- knowledge to achieve the goal;
- the formation of relationships in the community;

Subsequently Wenger (1998) suggests that a community of practice also stipulates the competence required to practise. Thus 'expertise' is not simply what an individual holds, but is a collaborative definition within a working group of what is valued and beneficial at a certain moment in time.

Acceptance and along with this phenomenon those of trust and respect also appear to be crucial features of communities of practice that work effectively as learning communities for not only students but all practitioners. These features are highlighted in much of the community of practice literature including the nursing research of Cope *et al.* (2000) as discussed in Chapter 2.3.1. Snyder and Wenger (2004) outline three dimensions of communities of practice, community, practice and domain. A community's effectiveness as a social learning system depends on its strength in all three dimensions, key to the community dimension being acceptance, trust and respect as show below:

- **Domain.** Refers to the area the community focuses on and which defines its identity, members often feel deeply about the area and it forms part of their personal identity, it is an expression of their life's work. This thesis is potentially exploring a number of domains for community nurses communities of practice, for example, practice teaching, community nursing and the individual nursing disciplines of the interviewees such as health visiting.
- **Practice** is what each community does, the activities undertaken by the members.
- **Community** is made up of the collective membership and it is the quality of the relationships that tie members together and provides the foundation for learning and collaboration. The quality of the relationships depends to a large extent on the degree of acceptance, trust and respect between members.

Wheatley (2004) states that every organisation is filled with self organised communities of practice, networks that people spontaneously create to help them work. These communities of practice are evidence of people's willingness to learn and to share what they know. Wheatley views them as powerful knowledge sharing devices, which function best when members voluntarily engage with each other because they feel connected and trust each other.

Cross *et al.* (2004) found trust to be critical in effective learning relationships. Their findings based on surveys of a 138 people in three global companies found two types of trust were especially relevant to knowledge sharing. One was benevolence-based trust, which is trust that someone would not hurt you as a consequence of this people shared their skills and were more creative. This type of trust enabled people to admit their limitations and their learning needs, as such it is critical for students, in order to be encouraged to recognise and verbalise their learning needs. The second type of trust was competency-based trust. Here an individual believed that the other person was competent, this was necessary for a person to ask for information. When they had such trust they listened to and absorbed what the other person had to say. This type of trust equates to Cope's *et al.* (2000) explanation of professional acceptance and to the trust students need to have in their practice teachers if they are to respect their practice teachers and wish to gain entry into the community of practice.

From the above discussion it appears that sharing and trust are intimately connected in making communities of practice successful learning environments. According to Wenger (1998) a sense of belonging is also crucial for this outcome. How or whether these three are related is not answered within this literature, it can only be hypothesised that by working at belonging members develop trust in each other that leads to sharing.

As we have seen from the socio-cultural perspective knowledge is not seen to be 'in' the head of an individual, but shared collectively within a community. According to Engestrom and Middleton (1996) they are also distributed between individuals and artefacts. Artefacts include specialist language and the informal learning approaches of

conversation and storytelling, these artefacts are seen as extensions to the collective 'mind' of a working group. These artefacts are also important for the development and dissemination of specialist knowledge. It is through these that learners can practise their new professional language and practise legitimately, participating within their community of practice. Language and discourse have long been shown to play an important part in learning, as explaining one's thinking to another leads to deeper cognitive processing (Scardamalia and Bereiter, 1989). Palincsar (1998) suggest that verbal interaction is the key to co-construction and cognitive change. Clearly students who begin to ask questions are engaging in this process, and it is through this that students are likely to begin to think critically, identifying and challenging assumptions within practice and imagining and exploring possible alternative actions.

4.5. Critique of community of practice

Although legitimate peripheral participation within communities of practice has captured the imagination of many researchers and is being taken up within increasing numbers of areas of work-based practice, a growing body of literature has begun to offer a critique of the concepts. These are predominantly from a group of educational researchers who have used a range of case studies as evidence to highlight the weaknesses of Lave and Wenger's concept (Fuller and Unwin, 2003a, 2003b; Hodgkinson and Hodgkinson, 2003, 2004; Hodgkinson *et al.*, 2004; Fuller *et al.*, 2005).

Lave and Wenger claim that:

A community of practice is an intrinsic condition for the existence of knowledge thus, participation in the cultural practice in which any knowledge exists is an epistemological principle of learning. The social structure of this practice, its power relations, and its conditions for legitimacy define possibilities for learning. (Lave and Wenger, 1991: 98)

Hodgkinson and Hodgkinson (2004) report that the validity of this claim depends how community of practice is defined, which they consider is currently ambiguous in terms of scale and applicability. Lave and Wenger offer two definitions in their book, the first one early on says that a community of practice appears to be a close knit group of workers sharing knowledge, tasks, activities and a common physical location. The second later in the book states 'A community of practice is a set of relations among persons, activity, and

world, over time and in relation with growing tangential and overlapping communities of practice' (Lave and Wenger, 1991: 98). These definitions offer a view of communities of practice which are clearly different in scale and breadth, with the latter definition being more in keeping with the scale of the above claim.

Hodgkinson and Hodgkinson (2004) have a second question which emerges from the differing definitions, this relates to how learning differs in these different communities of practice. How does learning differ between the large-scale version of community and the localised version of close social interaction? This reflects the problem identified in the Burkitt *et al.* (2000, 2001) study discussed in Chapter 2.3.1. between the generic nurse identity of an 'imagined' community and the specialist identity of the nurse within an 'actual' community. Both Lave and Wenger (1991) have gone on to address these issues independently of each other, which has resulted in a divergence of perspective. Wenger's (1998) complex universal principles he claims, apply to all workplace learning. Lave (1996: 161-2) on the other hand, argues that '[T]here are enormous differences in what and how learners come to shape (or be shaped into) their identities with respect to different practices.' Hodgkinson and Hodgkinson's research findings and those of the other critics listed above identify more closely with Lave's view that localised practices need to be understood as they examined the interrelationship between individuals, in small scale case studies (Fuller *et al.* 2005), in opposition to Wenger's claims for universality.

Hodgkinson and Hodgkinson (2004) found that communities of practice varied enormously and consequently the research task as they saw it was not to identify whether community of practice existed, but to identify their characteristics. They also found that individuals belonged to several communities of practice at once, applying this to community nursing would translate into practice teachers belonging to many communities of practice. For example, to communities of nurses, community nurses, a specific discipline such as district nurses, community nurse practice teachers, an employing organisation for example a Primary Care Trust (PCT) and a work based team such as a primary care team.

Hodgkinson and Hodgkinson (2004) suggest adapting the term so that *community of practice* is used for the small cohesive type that is physically and socially close. in community nursing this would be the work based team for example the primary care team. By restricting the term community of practice for this narrower concept Hodgkinson and Hodgkinson believe this leaves *situated learning*, or *learning as social participation* as better terms to explain the fundamental nature of Lave and Wenger's (1991) broader theoretical approach.

From the above analysis it is important that when researchers and writers use the term community of practice they clarify its meaning. Workplace learning varies according to the precise context and form of those relations, whether workers are in a tight-knit community of practice or not. The meaning given to communities of practice within my study will be outlined in Chapter 4.6.

Socially situated learning has been viewed negatively as it has been associated with attempts to resist modernisation of the nursing profession (Field, 2004). This could also be a criticism levelled at an uncritical implementation of Lave and Wenger's (1991) approach to learning. The fear in both of these relates to the negative consequence of practice based learning, which Burkitt *et al.* (2001) found in their study, here students were socialised into existing practice in a way that stifled innovation and change, with practitioners on qualifying replicating the status quo, a process of reproduction. Fuller *et al.* (2005) consider Lave and Wenger's original theory accounted for communities of practice which were unchanging, with legitimate peripheral participation being the method of giving new generations of newcomers the means to reproduce the community of practice. Although Fuller *et al.* go on to say that Lave and Wenger acknowledge that new members do change the nature of the change is not adequately explored.

However communities of practice do change and part of this is instigated by newcomers who are not merely transformed themselves through participation in communities of practice, but also transform the communities they join (Fuller *et al.*, 2005). Potential transformation of the practices of a working group, can occur where experts allow

newcomers to question and challenge habitual practices. This is in keeping with Field's (2004) hope that mentors within practice areas change as a result of bilateral facilitation, learning from their students in terms of current theory, so their skills are changed and updated to the benefit of the nursing profession. Community nurse students are already qualified nurses with formed 'dispositions' to life, to work and to learning, many of who have strong views regarding practice gained from their previous experience in a variety of communities of practice. Thus their entry into a community of practice is likely to transform the collective practice of the community, especially if their actions relate to an already emerging agenda from outside such as the Government's modernisation or public health agenda (NHS Modernisation Agency, 2001; DOH, 2004; DOH, 2006).

Fuller *et al.* (2005) found communities of practice changed through a diversity of processes such as newcomers who had been experts in previous communities of practice. For example the arrival of a new manager or team leader who was both a full and powerful member right from the start as well as new to the working practices of the community. They conclude that the extent of peripheral status can therefore vary for the same person, even at the same time. Indeed a student community nurse with specialist expertise from a previous role for example mental health nursing could become the expert for periods of time as the practice teacher without this knowledge learns from the student.

Engstrom and Middleton (1996) designed a learning cycle that demonstrates how the transformation occurs. The model moves through three repeating processes, 'context' leading to 'cognition', leading to 'contradiction', leading to reformulation and widening of 'context'. Unlike the individualistic models of Kolb (1984) and Schon (1991), Engstrom and Middleton's model is overtly social. The learner is embedded in the social context and provides a crucial component in the transformation of practice through identifying contradictions usually hidden by routine practice. The community respond by creating new practice through negotiation and as a consequence new knowledge and ways of knowing for all members of the community are formed. Without contradiction or conflict Bleakley (2002) believes stagnant patterns of practice may result.

Although Lave and Wenger (1991) emphasise the significance of power relations in the workplace they are criticised by Fuller *et al.* (2005) for never fully exploring the significance of conflict. Fuller *et al.* found that conflict and differences in power between members emerged as key elements in understanding the barriers and opportunities faced by participants in each of the case studies within their research. Consideration of power differences is clearly significant when considering the roles played by practice teachers and community nursing students.

Along with the criticisms of Lave and Wenger's (1991) original approach outlined above Hodkinson *et al.* (2004) and Fuller *et al.* (2005) identify three further key limitations. The first centres on the concept of legitimate peripheral participation, which they do not think explains the learning experienced by members who are already full participants within communities. Hodkinson and Hodkinson's (2003) case study research found that long-established fully participating members, continued to be active learners which suggests that legitimate peripheral participation is not a necessary prerequisite for learning in communities of practice. They cite one case study in particular of a close knit community of practice that continually transformed, which did not experience conflict, power differentials, new members or return to peripheral participation by existing members. This and other case studies they cite show approaches to workplace learning are very diverse and complex.

Another limitation involves the exclusive focus on the workplace which fails to recognise that people are also separate from their workplace and thus risks dismissing structural dimensions such as social class, ethnicity and gender. The danger is that this leads to a superficial two dimensional snapshot, which reduces the true complexity of workplace practice. This must be given careful consideration within the current study as a cross section view of practice teachers in their workplace on a one off basis is being taken and must therefore be viewed as a limitation of the study. It is essential to keep in mind that community nurse practice teachers have lives outside work and biographies that predate their participation in the workplace (Hodkinson and Bloomer, 2002). Hodkinson *et al.* (2004) suggest four processes that help to express the complex and multi-dimensional

nature of the place of the individual in workplace learning. It is through these four processes that the individual develops.

- Workers/learners bring prior knowledge, understanding and skills with them, which can contribute to their future work and learning;
- The habitus of workers, including their dispositions towards work, career and learning, influence the ways in which they construct and take advantage of opportunities for learning at work;
- The values and dispositions of individual workers contribute to the co-production and reproduction of the communities of practice and/or organisational cultures and/or activity systems where they work;
- Working and belonging to a workplace community contributes to the developing habitus and sense of identity of the workers themselves.

(Quoted from Hodkinson *et al.* 2004:20)

A final weakness highlighted by Fuller and Unwin (2003a) Hodkinson and Hodkinson (2003) and Fuller *et al.* (2005), relates to Lave and Wenger's (1991) apparent dismissal of the role played by formalised teaching within and outside the workplace. Lave and Wenger consider formal learning as 'inauthentic' and potentially detrimental, however the role of employees in teaching knowledge and skill within the workplace is something other researchers have found to be beneficial (Fuller and Unwin, 2003a; Hodkinson and Hodkinson, 2003). This is particularly crucial to understanding of the community nurse practice teacher, who albeit participating in a social enterprise with the student is also contracted to provide a teaching role. However, Lave and Wenger's stance is understandable as they were in the forefront opposing the standard paradigm of learning when they first developed their community of practice theory. Theorists now consider formal learning to be a form of situated learning (Beckett and Hager, 2002). For example Fuller *et al.* consider structured courses to be a form of participatory learning, which Burkitt *et al.* (2000, 2001) found to be the case in their study of student nurses. In Burkitt's *et al.* research the university element was not seen as a process for acquiring propositional knowledge, but itself a community of practice with its own social structure, means of

participation and co-construction of knowledge. This aspect of the theory will be returned to in Chapter 8.3.1.

The conclusion drawn from the range and diversity of workplace learning literature is that the relationship between individual workers and the workplace and between organisational practices and cultures are complex and multi-dimensional. Researchers wishing to understand and theorise workplace learning must take cognisance of this complexity. The current study will broadly use Lave and Wenger's (1991) theoretical framework within which to further explore and interpret the categories that emerged from community nurse practice teachers interview data. However the extensions to the framework highlighted by subsequent writers (Fuller *et al.*, 2005) and the pitfalls to be wary of have been taken into consideration. The outcome is that this study further illuminates and develops an understanding of practice placement learning in community nurse education. The theoretical framework that emerges from the above discussion is detailed in the next section of this chapter (4.6.).

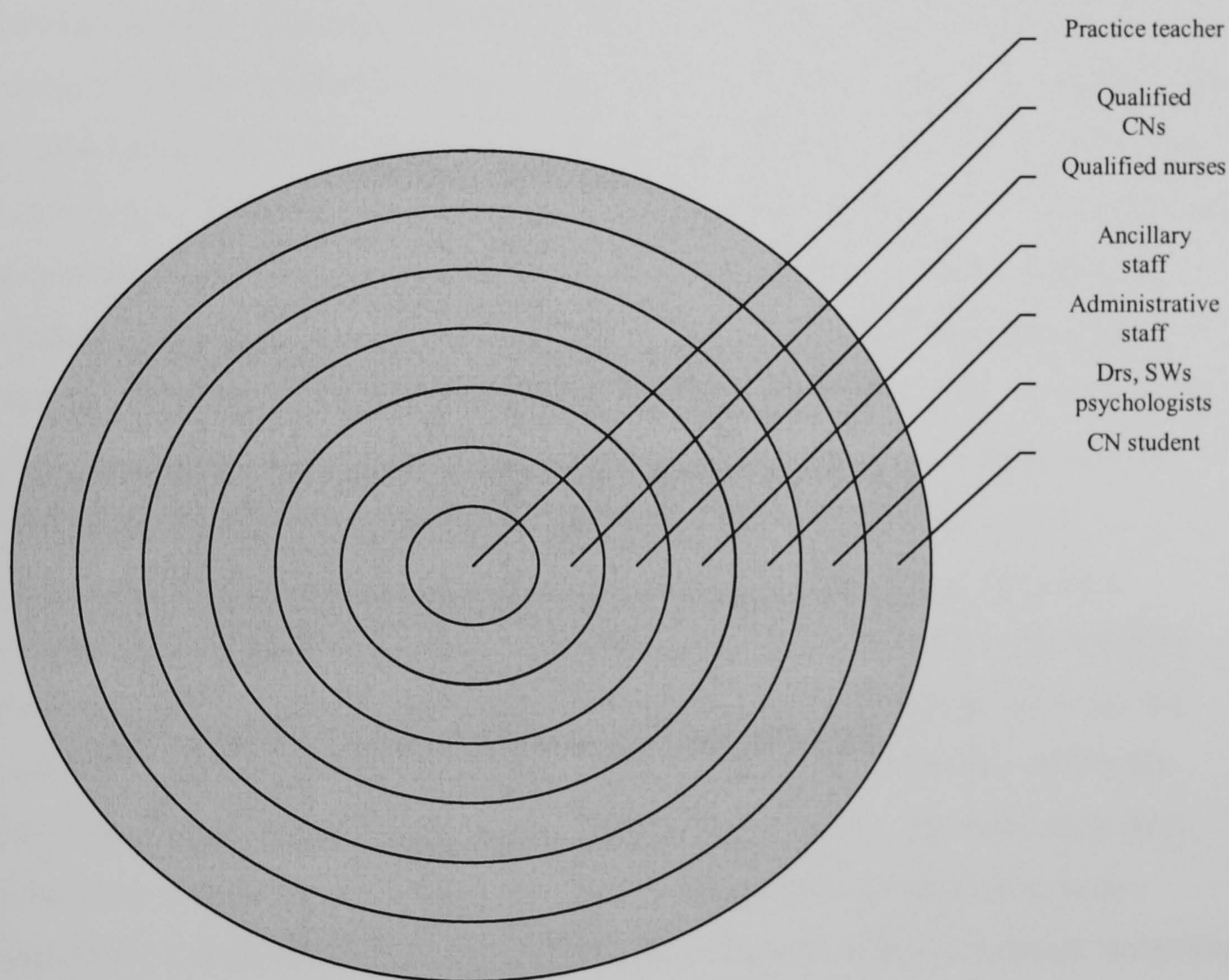
4.6. Theoretical framework

The theoretical framework of this thesis draws on situated learning and community of practice theory, the framework takes into account the criticisms of the original community of practice theory. The result is a framework applicable to the types of group considered within the thesis. The central components of the framework as depicted in Figure 4.1. and explored in Chapters 4.3., 4.4. and 4.5. are summarised in the following discussion.

Lave and Wenger (1991) offer two definitions of a community of practice the first says that a community of practice appears to be a close knit group of workers sharing knowledge, tasks, activities and a common physical location. The authors subsequently diverged and developed their individual perspectives on the concept with Lave's approach in line with this first definition. As recommended by Hodgkinson and Hodgkinson (2004) the term community of practice is being used to denote this type of cohesive, spatially and socially close group. However within my theoretical framework these close groups are called *micro communities of practice* as will be justified below. Within this thesis the groups

considered to fit this definition are the work-based teams community nurses are employed within, an example would be the primary care team. Such teams typically comprise a community nurse practice teacher, a number of nursing staff of different grades, plus a range of other staff depending on the discipline and context, including receptionists, administrators, doctors and allied health professionals. Figure 4.2. below represents the micro community of practice for community nursing.

Figure 4.2. Diagrammatic representation of the micro community of practice



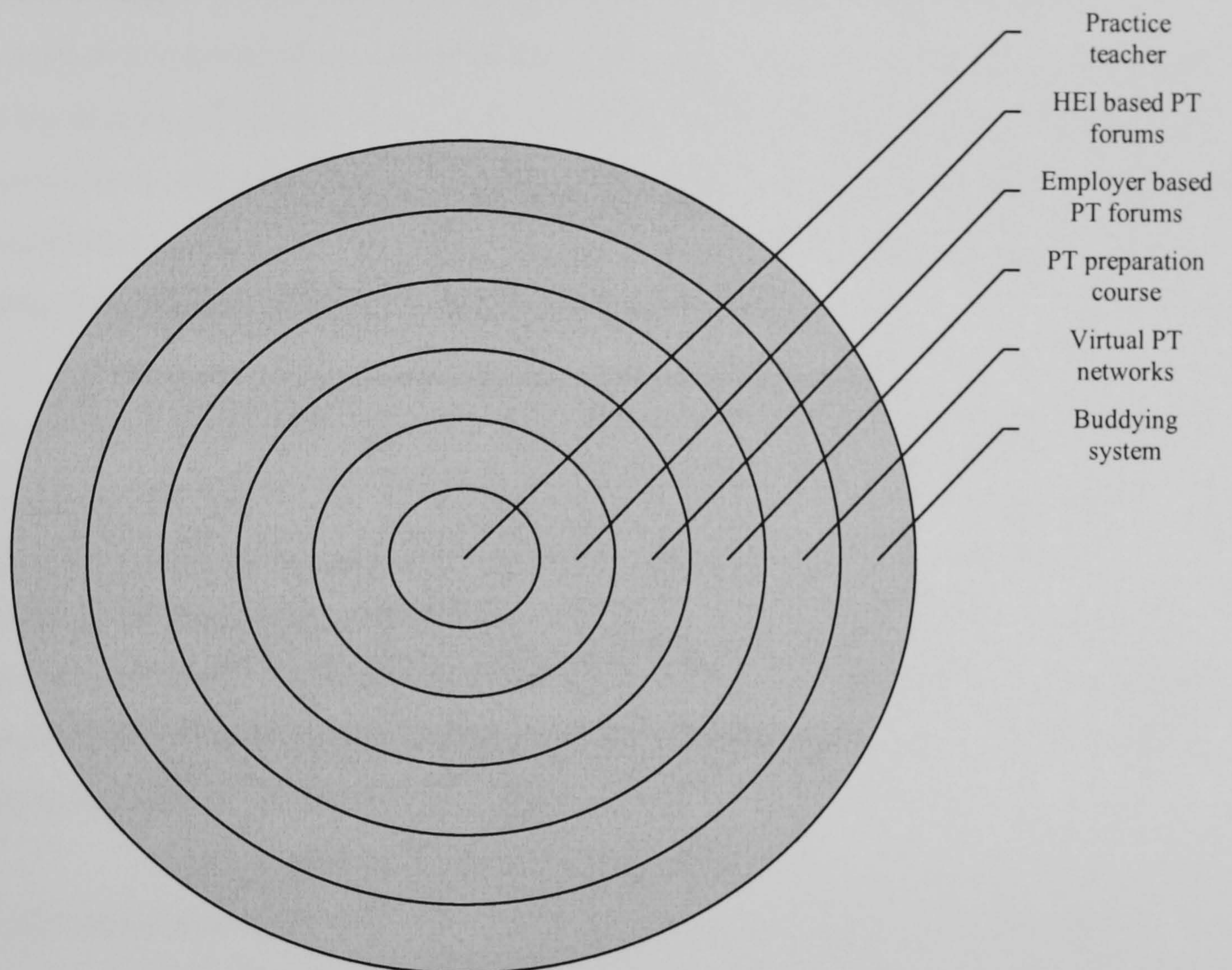
The second definition of community of practice offered by Lave and Wenger, (1991: 98) states '[A] community of practice is a set of relations among persons, activity, and world, over time and in relation with growing tangential and overlapping communities of practice'. This definition is much larger in scale and breadth and Hodgkinson and

Hodgkinson (2004) believe this broader theoretical approach should not be called community of practice they suggest situated learning, or learning as social participation are better terms to explain the fundamental nature of Lave and Wenger's second definition. Wenger (1998) went on to favour this broader approach to communities of practice in his later work.

As Hodgkinson and Hodgkinson (2004) state the task is not to identify whether communities of practice exist, evidence for them is overwhelming, however researchers demonstrate they vary enormously. The task is to define what researchers mean by community of practice and then to identify their characteristics in relation to learning. The broader approach to the community of practice concept applied closely to a second group within this thesis. This group is comprised of practice teacher forums that network through the universities, within employing organisations and 'virtually' by e-mail or telephone. These forums fit the description 'in relation with growing tangential and overlapping communities of practice' (Lave and Wenger, 1991: 98) and although their contact is more sporadic in comparison with the work-based teams they are influential in the process of learning through enculturation of practice teachers. Although in agreement with Hodgkinson and Hodgkinson that these two groups should be differentiated so their characteristics can be identified, Hodgkinson and Hodgkinson's preferred terms *situated learning* and *learning as social participation* are limited. Even though the terms specify where (situated) and how (social participation) learning takes place and they both make learning explicit, their lack of *community* is a significant omission. My framework thus retains the term community of practice to represent both groups, but they have been differentiated by the terms *micro* to denote the narrow concept of the work-based team (see Figure 4.1.) and *macro* to identify the broader concept of the practice teacher forums.

The second, broader community of practice group represented within this thesis, termed the *macro community of practice* is outlined in Figure 4.3. below.

Figure 4.3. Diagrammatic representation of the macro community of practice



The appropriateness of maintaining the same overall term for both types of group is that both describe a social phenomenon where learning takes place for all members of the community through a process of enculturation. According to Field (2004) it is a social phenomenon that involves members engaging in activities which results in the transformation of their professional identities. The essential components of the framework based on Figure 4.1. and the discussion within this chapter are outlined below.

Legitimate peripheral participation (Chapter 4.3.) is the mechanism whereby newcomers acquire the competence to become full participants in the social and cultural practices of the community (Lave and Wenger, 1991). Through this mechanism experienced members

of the community sponsor the newcomers so that co-participation can take place from the beginning, however the extent of peripheral status can vary for the same person, even at the same time (Chapter 4.5.). This is an important extension to the original theory as newcomers are experienced qualified nurses. However, legitimate peripheral participation within my theoretical framework is not considered a necessary prerequisite for learning as long-established fully participating members, can continue to be active learners (Hodkinson and Hodkinson, 2003). This would account for the learning of all community members including the practice teacher.

The theoretical framework in my study draws upon the discussion in Chapter 4.4. and 4.5. in considering the essential element within communities of practice to be relationships. Relationships where mutual engagement, belonging and acceptance are a feature in preparing community nurses of the future and delivering high standards of care to clients are the common goals. Trust and respect are viewed as crucial to the effectiveness of the community of practice as a social learning system, with power and conflict recognised as important elements for facilitation or inhibition of learning.

An extension to Lave and Wenger's (1991) framework is that this study's theoretical framework considers the collective culture of the community of practice to be influenced by each individual's personal biography. Thus the theoretical framework although recognising that learning occurs through the social participation of the community of practice also acknowledges that individual biography will influence the process. The final extension of my theoretical framework unlike Lave and Wenger's framework includes the influence of formal teaching as being potentially beneficial to the professional development of the community of practice members and to the development of the community of practice as a whole. The formal teaching recognised within the theoretical framework could be from within the micro community of practice or take place beyond its boundaries.

As depicted in Figure 4.1. the above features of relationships, mutual engagement, belonging, acceptance, trust and respect can be considered as inputs influencing all members of the community of practice, these inputs are represented by the arrows facing

towards the community of practice. The outcome or 'outputs' (arrows facing away from the community of practice in Figure 4.1.) are that all members collectively learn resulting in the transformation of their identities. The learning process and identity transformation result in both continuity and change within the community of practice the result is that over time the community (re)produces itself. Thus the community of practice is (re)produced over time by the gradual induction of new members (Burkitt *et al.*, 2001). Through this process of (re)production communities of practice change, part of this is instigated by newcomers who are not merely transformed themselves through participation, but also transform the communities they join by enhancing the on-going learning in these communities of practice (Fuller *et al.*, 2005).

4.7. Conclusion

Workplace learning has been identified in this chapter to be a social phenomenon. The situatedness of learning within the social context of the workplace has been recognised by many professional and semi-professional groups who according to Bleakley (2002) have embraced this approach to learning. As identified in Chapter 2. this has not occurred at a formal level within nurse education. However the process involved in this social approach to learning, explicated by Lave and Wenger (1991) in their ground breaking community of practice theory provided a sound basis on which the theoretical framework of this thesis could be built.

The emerging data discussed in Chapters 5. to 8. and the literature reviewed in Chapter 2. testify to the value accorded social processes by students and practitioners intimately involved in professional education within practice settings. The elements of the framework drawn from Lave and Wenger's (1991) theory include, accessing the community of practice and learning the role through legitimate peripheral participation under the sponsorship of a full participant. This new apprenticeship model is based on strong relationships involving trust and respect which result in mutual engagement for the learner and other community of practice members. The outcome being a process of enculturation for the student whose identity is transformed as they enable the community of practice to (re)produce (Figure 4.1.).

A critique of Lave and Wenger's (1991) theory however led to innovations around their concept, these were incorporated into this thesis's theoretical framework. The result was three adaptations, firstly the recognition that newcomers will not always enter at the periphery, but may join as more central members due to their previous professional experience. Secondly the sponsor, along with the other members, has an existence outside the community of practice and their biographies will impact on the collective culture of the community. For example biographies that include gender, ethnicity and previous experiences. Finally issues of power need to be recognised and examined rather than being sidelined as Lave and Wenger's work appears to do. The outcome of all these adaptations is that all members of the community learn and develop irrespective of their position within the community and as a result of this development the community is itself changed. In conclusion Lave and Wenger have provided richness on which to develop and extend the theoretical framework utilised within this thesis.

My interest in social constructionism and socio-cultural theory, which led to my discovery of social perspectives on learning where individuals and groups co-construct knowledge as discussed in this chapter, also informed my decision making regarding the research design discussed in Chapter 3. Social constructionism pointed the way to the symbolic interactionist grounded theory approach. As Charmaz states, 'symbolic interactionism is a constructionist perspective because it assumes that meaning and obdurate realities are the product of collective processes' (Charmaz, 2006:189). The social processes involved in the grounded theory design applied within my study are explored in Chapter 3. and although as previously identified (Chapter 3.3., Chapter 4.1.) there is a tension between grounded theory and use of an existing theoretical framework, there is no tension between the use of constructivist grounded theory and a perspective rooted within a socio-cultural situated learning approach. The 'emergent fit' between these areas of theory underpin the data analysis undertaken within the following 'findings' chapters (Chapters 5. to 9.).

Chapter Five

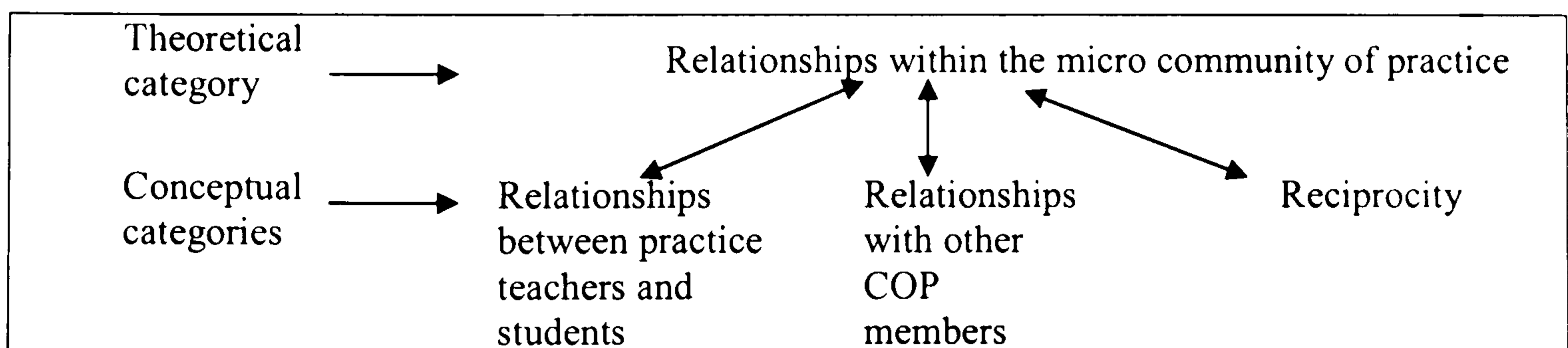
Findings

Relationships within micro communities of practice

5.1. Introduction

In Chapter 3, it was reported that a constructivist grounded theory approach was applied to a study of thirty community nurse practice teachers, who were interviewed following ethical approval. Transcription of each interview, coding, constant comparison, memoing, clustering and diagramming resulted in eight conceptual categories being identified (See Chapter 3.3.). Deeper analysis and comparison of these eight conceptual categories with the extant literature through application of the 'emergent fit' concept led to the development of three theoretical categories (See Chapter 3.3.). These categories were thus constructed based on their emergence from the interview data but were found to 'fit' a theoretical framework based upon Lave and Wenger's (1991) community of practice (COP) theory, which was detailed in Chapter 4. Within this first 'findings' chapter a cluster of three of the conceptual categories and their overarching theoretical category will be examined, the data to evidence the categories will be presented and then analysed. Figure 5.1. identifies the three conceptual categories and shows their vertical connections to the overarching theoretical category.

Figure 5.1. Representation of the theoretical category *relationships within the micro community of practice* and its linked conceptual categories



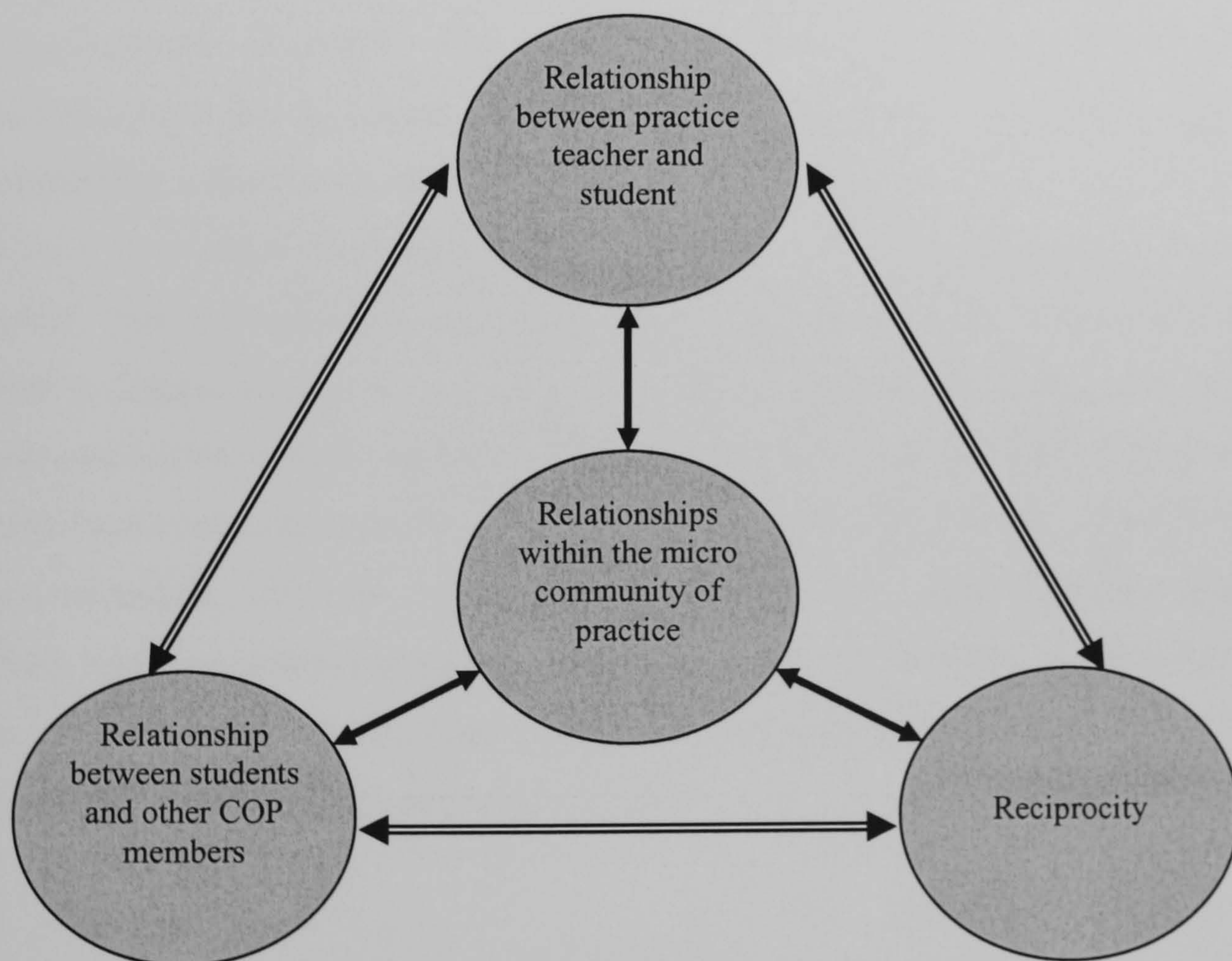
As can be seen from Figure 5.1. the theoretical category is called *relationships within the micro community of practice*. Relationships and issues around relationships was a theme found to be woven into all interviewee narratives. This is not surprising as relationships have been viewed as being of central importance to communities of practice by theorists of situated learning (Lave and Wenger, 1991; Snyder and Wenger, 2004). From the data this

theoretical category was found to be comprised of three elements:

- The relationship between practice teacher and student
- The relationships between students and other members of the community of practice
- The reciprocity within these relationships

All these elements not only connected to relationships but also related to each other, thus these three came to be considered the conceptual categories that formed the theoretical category *relationships within communities of practice* as shown in Figure 5.1. These associations are explored in-depth within subsequent sections of the chapter where the findings regarding practice teachers' perspectives of relationships within the practice placement are presented. Figure 5.2. below diagrammatically represents these interconnections.

Figure 5.2. Representation of the connections between the conceptual categories within the theoretical category *relationships within the micro community of practice*

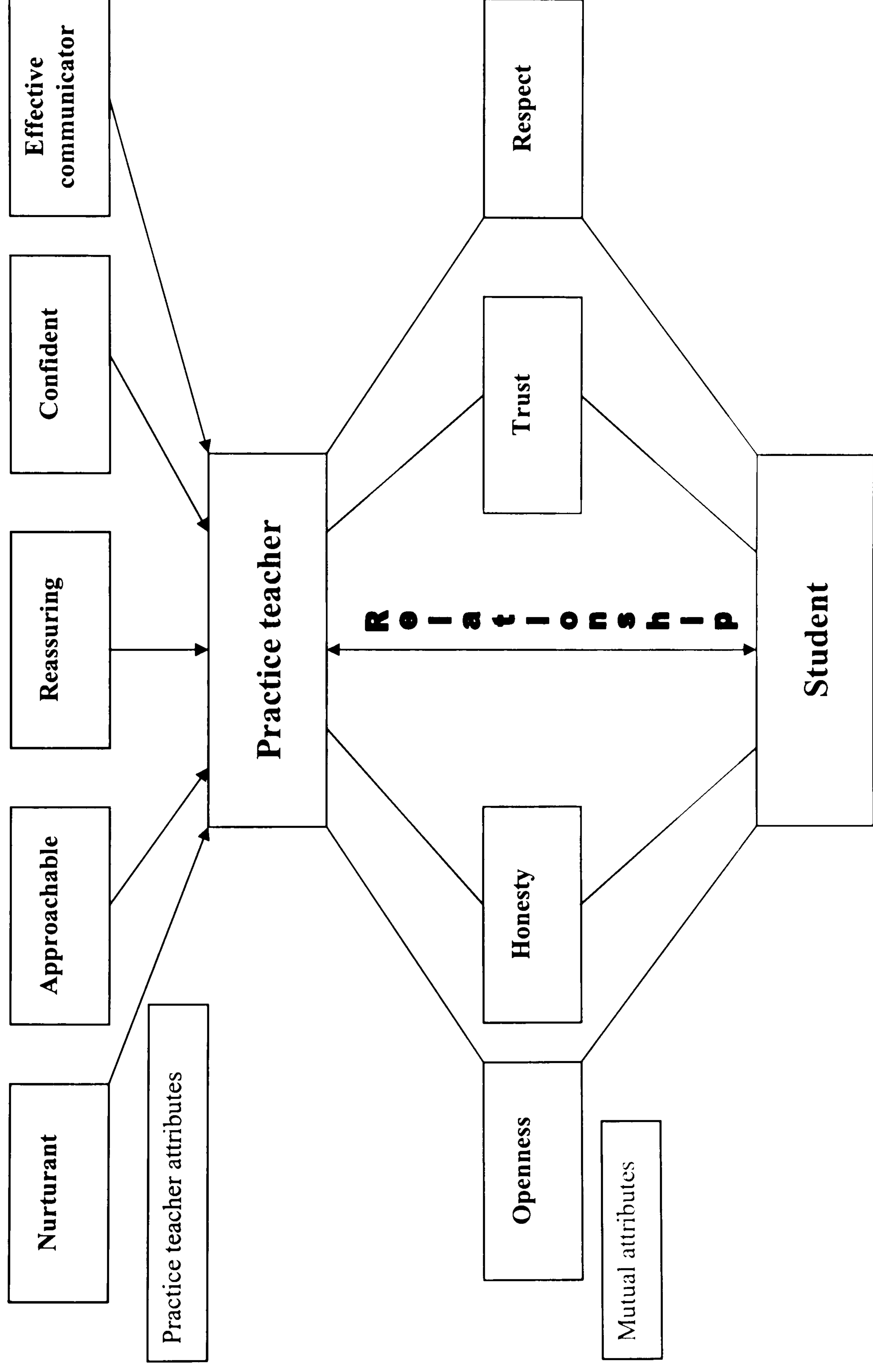


Within this and the subsequent 'findings chapters' the evidence for category development will be provided through the substantial use of quotes and interview extracts, these are employed to verify that the intentions and meanings of the interviewees developed the theory. They offer thick, rich descriptions of the data to demonstrate how the interpretations were made. In an attempt to make the process systematic and rigorous the proportion of interviewees contributing to the development of categories is provided in Appendix 12 based on a tool in Pritchard's (2001) PhD thesis. The purpose of these 'findings chapters' is therefore to substantiate the theory's trustworthiness.

5.2. Conceptual category – relationship between practice teacher and student

The relationship between the student and the practice teacher was raised as being very important by all interviewees even though this was not asked as a direct question. Practice teachers saw themselves as being responsible for building the relationship because they considered a good relationship to be pivotal for students to learn and develop within the practice placement. In order to build an effective relationship with the student, practice teachers perceived that they drew upon five attributes, these were reassurance, nurturance, approachability, effective communication skills and confidence. They considered these attributes to be a subset of characteristics possessed by 'ideal' or good practice teachers. The 'ideal' characteristics of practice teachers were developed from the interview data explored in Chapters 8.2.1., 8.2.1.1., 8.2.1.2. and 8.4. By using these attributes practice teachers enabled the mutual attributes of respect, openness, honesty and trust to be exhibited between practice teacher and student, thus facilitating the development of a strong relationship. The interplay between the attributes that practice teachers possessed and those which mutually formed the core of an effective relationship are depicted in Figure 5.3. below. The data to support these attributes is provided in Table 5.1. followed by subsequent analysis of the data and attributes.

Figure 5.3. Representation of relationship features



However, not all issues regarding relationships were positive, interviewees also discussed difficulties with relationships, the effect on the student of the intensity of the relationship and power differentials within the relationship that could impact on the student. Table 5.1. below provides extracts of interview data to support the features of this conceptual category which will then be explored in more detail. The format for this table and subsequent ones, depicting samples of interview extracts, identifies the interviewee who provided the quote in brackets. The thirty interviewees were allocated numbers from 034 to 063 to maintain confidentiality.

Table 5.1. Summary of data related to the conceptual category *relationship between practice teacher and student*

Conceptual category Relationship between practice teacher and student	
Features of the category	Sample interview extracts
Importance of the relationship	The relationships between the student and the mentor is very important (034) Relationships are very important (052, 060) I think it really helps if you get on (037) The relationship is more important, I hadn't realised that before (038) The relationship is really crucial, very crucial (055) If you don't have a nice relationship with your teacher to start you off on a higher level you then spend a few months struggling to get up there, you waste your time (059) If you have that ongoing relationship you find that they don't feel that threatened (038)
The need to build relationships	The relationship is key and you have to build that up (059) By the end you have built up that relationship with them which probably lasts for life. It is a very special relationship (056)
Relationships need to be based on: Trust Openness Honesty Respect	I think you need to have a good relationship because if you haven't that goes with trust and you need to be able to trust your student (035) We learnt to trust each other you need that (038) It wouldn't work unless the relationship is open, so you are able to talk (060) I think that openness is quite good (062) Its having the flexibility and that honesty (055) It comes from respecting each person and valuing them and what they have done, that helps build things up (059) I think it was borne on mutual respect (062) You have to look at what they've got and respect that (062) I just had respect (034) I think you have to have a mutual respect or I just don't think it would work really. I think you just need to have a good open healthy respectful relationship on both sides (046)

Intensity of the relationship	Thinking back to when I had my training and the trauma of having this very intense relationship with this person you've never had before, its very intense (055) The relationship for a year is quite intense isn't it (052) I usually say to my student that 'your relationship with me will be pretty intense you will see me a lot, we spend a lot of time together so if we can't stand each other it is not good news, so we need to get on, you need to tell me if I am saying something you don't like'(048)
Difficulties with relationship	There was something between us that was stopping it from happening (052) I needed to trust her to give the client the correct information and it wasn't there and it was demonstrated at the house (035)

Interviewees were explicit in stating that relationships were important, the reasons they gave for the importance to student development was that a good relationship enhanced open communication between student and practice teacher. Open communication enabled practice teachers to get to know the student better and ascertain their needs. Based on this assessment they were able to provide reassurance that could reduce the student's anxiety and their growing trust in the student allowed the student to undertake more experiences either alone or of a more complex nature. This reflects the two types of trust found by Cross *et al.* (2004) discussed in Chapter 4.4.

Interviewees considered that reassurance and being approachable within the context of a respectful, honest, open and trusting relationship enabled students to manage their anxiety. Relationships were a driving force in enabling students to manage their anxiety and learn effectively within the community of practice and to develop their professional competence. Anxiety was an acknowledged component of the placement for students and practice teachers, with very high levels of anxiety considered to be felt by students at the commencement of the course and by novice practice teacher with their first student. The interview extracts in Table 5.2. below provide support for this interpretation.

Table 5.2. Sample interview extracts regarding reassurance and approachability

<p>Reassurance and approachability – sample interview extracts</p> <p>I think you realise that students do come out really anxious (054) They are out of their own environment, so I think they get very anxious initially to be honest (051) Reassure the student with conviction that we've been there before (063) You have to keep reassuring them (038)</p>

<p>Show them that they can come to you if they have a problem (045) As they go along I like to tell them how they are doing. So they have always known where they stand so that has given them quite a lot of security (062)</p>

Practice teachers emphasised their role in ‘being there’ for students, reassuring them and reducing their anxiety because they thought anxiety undermined the optimum outcome for the student and practice teacher, as indicated in the extract from Interviewee 059 in Table 5.1. Starting the practice placement at the same time as starting the course was a particularly anxiety provoking time for students as indicated by the first two extracts in Table 5.2. above. This finding is not surprising in the light of Taylor’s (1997) view that starting a new course is a time of transition and such transitions are anxiety provoking due to the changes experienced. Fransson, (1977) and Perry (1999) go on to say that the consequent anxiety has been demonstrated to act as a barrier to the learning process and result in regression and or superficial learning strategies, which accords with the views of practice teachers in my study.

The overarching feature of nurturance, as a characteristic that drove the building of relationships with students, was made explicitly and implicitly within the transcripts of twenty-six interviewees. This characteristic is exemplified in the data within Table 5.3.

Table 5.3. Sample interview extracts regarding nurturance

<p>Nurturance – sample interview extracts</p> <p>I suppose it’s generally nurturing them really until they feel confident (042) You have to be with them all the time and especially in the early days it’s a very nurturing game, and if you lose that at that stage you probably lose them and you can’t just expect to be able to pick it up half way through the course (055) With others it’s a case more of nurturing (061)</p>
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Interviewee 055 in Table 5.3. above highlights the correlation between student anxiety levels and practice teachers needing to give greater levels of nurturance, the level of nurturance was said to be highest at the start of the course and diminish as students gained increasing independence. This heavy emphasis on nurturing by practice teachers towards the community nursing students, which will be highlighted a number of times during the ‘findings’ chapters, led me to interpret the process as quasi-maternal. The gendered nature of practice teaching is returned to for a fuller examination in Chapter 8.2.1.1.

A good example of practice teachers demonstrating nurturance was their statements that they looked for the best in people. For example, they saw themselves looking for things to value and nurture so students were able to demonstrate their full abilities. The quotes in Table 5.4. below depict this approach.

Table 5.4. Interview extracts regarding practice teachers searching for positive features in students

<p>Looking for positive features – sample interview extracts</p> <p>I think you've got to look for the strengths (052)</p> <p>It's seeing the worth of someone else and developing that, letting someone develop their strengths (059)</p> <p>Any student you have is hard work but I guess I am one of those people who focuses on the positive (041)</p> <p>I think you do have to value the experiences that students already have because a lot of students will actually come into health visiting having had quite responsible jobs and have skills of their own (062)</p>

The reassuring, approachable and nurturant qualities depicted in Table 5.2. and 5.3. reflect the 'quasi-maternal' induction by women of women. It would appear these qualities in the right balance are considered to be very beneficial for the student's professional development, and highly valued by the practice teachers themselves. This supports Snyder and Wenger's (2004) belief that learning is dependent on the relationships with those you trust and it is these relationships that define communities of practice.

Only one interviewee provided a negative case, this interviewee whose first student was reported to have difficulties provided a detailed case study outlining how she and the student had never formed a relationship. Their ongoing interaction with one another led to feelings of animosity, frustration and anger on the part of the practice teacher, depicting a relationship devoid of trust, openness, honesty and respect. Interviewee 043 demonstrated these feelings throughout the interview as the extracts within this section highlight.

043/HV/1 I just feel frustrated because I feel I've got so much to give you know it just wasn't tapped into at all and I just feel she's wasted her time. ... Toward the end of the experience I'd had it up to here. Part of you thinks I just can't be doing with any more. I've had enough and obviously I was aware of feeling that and had to make myself be pleasant when really I didn't want to speak to her at all.

It could have been this emotion which prevented the practice teacher from appearing nurturant, or it could have been that she did not possess this characteristic and as a

consequence the relationship with the student had not worked. The student ended up being moved late in the placement.

043/HV/1 Me myself, I find it difficult to maintain my own motivation when I'm faced with someone who doesn't give me any feedback, who doesn't particularly seem interested in the first place. ... I just felt there was nothing there, you know you just think is there anybody at home?

This interviewee expressed the highest level of distress of all the interviewees with many ambivalent feeling towards the student and herself, she saw little 'good' in the student and no obvious respect or value. 'I tell you I'm dreading next year absolutely dreading it, having somebody else like that' (043). Whatever the processes that had maintained and inflamed this situation and whether the lack of relationship caused the problems or the problems caused the lack of relationship is impossible to know. However, the effect of a prolonged placement where there is no relationship and a high level of conflict are not conducive to the learning and wellbeing of either party and seem to be destructive. In view of this, the value of prolonging such placements is questionable. There are interesting comparisons to be made here with two interviewees who took on 'failing' students late in their programmes and spent a lot of time trying to overcome the effect of a destructive first placement as the quote from Interviewee 063 below demonstrates.

061/DN/4 The difficulty I had is that I had a depressed student, very close to being completely burnt out through previous experience, so I had that hurdle to overcome.

Experiencing a student with difficulties did not automatically mean the relationship was poor however. Interviewee 051 states for example that she also had a student with difficulties, but in this case considered that the relationship she developed and maintained with the student was good.

051/OHN/2 I think we had a good relationship, I don't think it broke down despite all this because every time I approached her about things I did it in I hope a very positive way and encouraging so there wasn't kind of negative 'you're no good at this and you can't do that'. I all the time tried to move forward and all the time tried to put it in a positive light so she felt she was achieving.

A couple of other interviewees alluded to practice teachers who were not able to develop trusting and respectful relationships with their students leaving their students de-motivated

and lacking in confidence. In some cases these were their own practice teachers when they were students or people they knew or had heard of from their students. These practice teachers were viewed in a negative light by the interviewees who clearly placed value on trust and respect as attributes in themselves and in students as discussed in Chapter 7.2. and 7.3.1. It is trust that Smith (2001) marked out as a fundamental part of the relationship that exists between a novice practitioner and a critical friend in his work on how practitioners develop their professional craft knowledge. The findings from my study are well supported by those of other nurse researchers who also identified the importance of a good relationship built on trust between student nurse and mentor. Such relationships were found to enable effective learning with participants feeling not only comfortable enough to openly confide with each other but also to challenge and confront each other (Lewin and Leach, 1982; Fretwell, 1985; Atkins and Williams, 1995; Cahill, 1996; Smith, 2001; Cross *et al.*, 2004). These powerful activities result in taking the students learning to a deeper and more stimulating level, such relationships are thus not only good for the students learning but are also intense.

Intensity was a feature of the relationship raised by twelve interviewees, this intensity led relationships between practice teachers and students being seen to create stress as Interviewee 055 states in Table 5.2. The factors identified as creating the intensity described in Table 5.2. were firstly that the placement is undertaken over a year so the relationships were long lasting. Secondly that the relationship was imbued with a sense of importance for the student's development and thirdly that it was considered to involve highly charged interpersonal factors, factors such as trust, respect and honesty. Finally that a great deal was seen to be invested in the relationship which created problems if it did not work. The cause of the intensity found from my study is more complex and multifaceted than that found in Jardine and Asherson's (1992) study, the only other study to mention relationships between community nurse mentors and students. They judged the community nurses isolated practice in clients homes and the one to one shadowing of the student created the intensity. However, both our studies testify to the intense nature of the relationships, which Darling (1984a) considers an absolute requirement for successful mentoring.

The practice teachers ability to be confident and communicate effectively were mentioned by all interviewees, with twelve stating these attributes were important when building relationships with the students as they engendered trust and respect. The importance of confidence and good communication skills will be analysed in Chapter 8.2.1., 8.2.1.1. and 8.4. within the discussion regarding the perceived 'ideal' practice teacher. In Chapters 7.3.2.2. and 8.3.3. the difficulties novice practice teachers perceived themselves to experience in their role will be explored in greater detail. However, it is noteworthy at this point to mention that a cause of these perceived difficulties may be the novice practice teachers lack of confidence, along with their lack of emphasis on relationship building. These points were raised by Interviewee 038 in Table 5.1. and by Interviewee 052 below. Interviewee 052 reported that she did not have a good relationship with her student and that on reflection felt her emphasis had been on filling the student's time with activities rather than on spending time during the early months of the placement building a relationship.

052/HV&SN/7 I think the other part of the problem was when you are in that probationary year you have never done it before, you're not really quite sure. I remember in that first term with her, cramming in loads and loads of visits and things to other places, sending her here and sending her there and doing all sorts of things and I think looking back that was too much.

Whereas trust was a recurring theme for interviewees with regards their relationships with students, as it is within nursing literature with both students and clients (Cope *et al.*, 2000; Titchen, 2001a; Sellman, 2006), power was less so. Trust and power go hand in hand within the practice teacher and student relationship however there were few explicit references to power. Interviewee 038 alludes to power in the discussion about students feeling threatened (Table 5.2.) and those interviewees in Chapter 8.2.1. who considered their practice teachers to have been 'bad', implied their practice teachers abused the power they had over the student. It would be a significant omission therefore to ignore power issues within the category of the relationship between practice teacher and student. Interestingly Fox (2000) feels that Lave and Wenger although emphasising trust and respect within community of practice relationships only suggest power issues within their original theory and pay even less attention to power in their subsequent work (Wenger

1998). This view is supported by Contu and Willmott (2003) who feel Lave and Wenger's (1991) early work builds on the radical and critical tradition of Marx and Bourdieu in their recognition of power, but this diminishes in later work as their theory became popularised. Fox draws on Foucault's (1981) conception of power and knowledge in an attempt to redress this omission in community of practice theory, considering the power within the relationships as productive. Interviewees who saw themselves as challenging the students and upholding standards in the quest to develop the students professional practice would be in broad agreement with this acknowledgement of power. However, for many they positioned themselves as nurturers and power neutral, which may be why the assessment of student competence is limited as discussed in Chapter 6.3.2. Concepts of power and nurturance are not mutually exclusive however, as would be supported by Smith's (2001) view that trust is needed to challenge and confront. Also the definition of nurture includes 'to discipline' and what greater demonstration of power is the ability to discipline and punish as many parents will testify. This association with quasi-maternal practice is developed within Chapter 8.2.1.1.

As identified in Figure 5.3. the relationship is built on mutual endeavour through the mutual attributes of openness, honesty, trust and respect, not developed solely by the practice teacher. Practice teachers also considered students to have a role to play in developing relationships within the community of practice, this role is outlined in Chapters 5.3.3. and 5.4. below.

5.3. Conceptual category – relationships between students and other members of the community of practice (fitting-in)

Relationships were considered to be crucial not only between the practice teacher and student but between the student and all community of practice members. These relationships influenced whether the student was seen to fit-in to the micro community of practice, the better the student was thought to fit-in the more effective the learning environment became. Practice teachers viewed fitting-in as a positive and necessary dimension for student learning within the social context of practice. They saw themselves playing a key role in enabling the student to fit-in to the community as quickly as possible to optimise their development within a relatively short and intensive course. Practice

teacher narratives demonstrated their recognition that students needed to fit-in in order to become members of the community of practice. As a consequence of this recognition practice teachers saw themselves using their position to foster the students access into the community of practice. This involved a number of mechanisms including preparing the community for the student's arrival, providing the opportunity for students to build relationships with members of the community and protecting the student. Lave and Wenger (1991) would term this 'sponsorship' within which the practice teachers attributes of nurturing and caring were apparent. These mechanisms are supported by extracts of interview data in Table 5.5. Practice teachers were able to outline the process that occurred as the student successfully integrated into the community of practice. Table 5.5. below also provides extracts of interview data to support these features which will then be explored in more detail in Chapter 5.3.1. Chapters 5.3.2. and 5.3.3. then go on to discuss the views practice teachers held regarding the role of the team and the student in the process.

Table 5.5. Summary of data related to the conceptual category *relationships between students and other members of the community of practice (fitting-in)* Part 1

Conceptual category Relationships between students and other members of the community of practice (fitting-in)	
Features of the category Part 1	Sample interview extracts
Practice Teacher sponsorship <ul style="list-style-type: none"> • preparing the team • fostering access • protecting the student 	I make sure beforehand that they know the student is coming (057, 060) I talk to the staff and explain that the student is coming out and that they aren't a student nurse, they are a qualified nurse and they are here for a year (037) The CPTs role is to prepare the team, to tell them about the student (038) I made sure the team knew I was having a student and I'd explain how long they were going to be with me (052) I usually say to the team when I'm having a student I would be having a student this year and I will be asking if you can give as much support as you possibly can to the student (039) You do your best to support them in actually gelling with the team, so you link them up with members of the team and encourage the dynamics (055) I'd make sure they got involved if there is going to be a team meeting, get one for my student as well, so you'd have to advocate on their behalf a little bit until they got in there (052) I sort of have to protect the student a little bit ... I just make sure the student is aware that they can say no (038) A couple of the other colleagues are giving her things and I'll say to her 'no you should concentrate on your caseload don't let them dump on you' (042)
Process	When they first come out they are relating solely to you as a CPT, but as

	<p>time goes by they start relating to other team members (039)</p> <p>At the beginning they are getting to know people (050)</p> <p>In the first month it is me getting to know them and them getting to know me and the team (056)</p> <p>The students are very tentative at the beginning and then they see themselves as part of the team at the end (037)</p> <p>They feel part of the team much more towards the middle half to the later stages (056)</p>
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5.3.1. Practice teachers sponsorship role in helping students fit-in to the team

As highlighted in Table 5.5. above the practice teachers sponsorship took three forms, the first of which commenced before the students' placement began. Through the preparation process the practice teacher reported accentuating the similarity between the student and other community of practice members, for example that the student is a qualified nurse with a considerable amount of nursing expertise and knowledge. This led seven interviewees to comment that their community nurse students were accepted more readily compared with pre-registration nursing students. Thus a clear distinction was being made between the level of student and what they were bringing with them to the community. Community nursing students were perceived to be treated more like a new member of staff joining a team, due to their previous status as qualified nurses, length of time they would be in the placement and the fact that many of whom would have previously worked in other community nursing teams. 'They are treated like a member of staff really' (037).

However the quote below from Interviewee 055 acknowledges that the process was enhanced when students spent more time with the team and became involved in social interaction. In this instance cited by Interviewee 055 the student being out for a whole week was seen to be significant.

055/HV/7 When they start working one to one with individual members of the team they start gelling and then become part of the team. It takes a little while, when they have been out for the full week they can feel they have been there all week, you've all had coffee and having lunch together and go out together then they become part of the team.

It thus appears that practice teachers ease the students transition into the community of practice and in this way help to socialise students into the profession. a finding similar to

those of Rittman (1992) and Voignier and Freeman (1992). As Interviewee 037 above states team members are likely to view the arrival of a community nurse student differently to that of a pre-registration student nurse who is only out for a few weeks. The year long placement of the community nurse student is also central to the level of participation as it was said to enable the formation of deeper relationships where even the more introverted student has the time and opportunity to fit-in. The impact that duration of participation, in a community of practice, has on learning was a point made by Billett (1998), who considered lengthy duration to be important. However, the current structure of community nursing courses where students are in practice for only two days a week for the majority of the course could be a barrier to students fitting-in quickly to the community of practice. The present structure appears to meet the needs of the majority of students who fit-in quickly, as will be discussed in Chapter 5.3.3. below, however not all students fit-in and thus the point about short and fragmented placements being a problem for students in the research by Andrew and Wallis (1999), Watson and Harris (1999) and Burkitt *et al.* (2000, 2001), needs to be borne in mind.

The sponsorship role of the practice teacher appears to involve them in protecting students (Table 5.5.), initially in a way that enables the student to enter the community by emphasising their similarity and then as a central member of the team that acknowledges and maintains their difference. This relates to giving the team expectations about the student so they are not treated as other members of the team to 'get through the work' but are there primarily to learn. Interviewee 036 below emphasised this point by commenting that students are 'special'.

036/DN/5 They didn't exactly work with the team as the team, they were special people. And I made an effort to make them feel special... I certainly made sure in a morning I would say 'Mary-Jane is going to visit Mr Bloggs for this reason'. So they were never really part of the routine running of the team, they came for experiences and I made sure they got the experiences they needed.

The protective role taken by Interviewee 037 below is perhaps not surprising considering her experience of being 'dumped on' as a student which is discussed in Chapter 8.2.1.

037/DN/18 Telling them (*the team*) that the student is not a pair of hands, that they should be able to spend time with each patient, to spend as long as they want to. And making sure the whole team recognise that they are a student and not another pair of hands.

This protective role of the practice teacher at the start of the course equates to Lave and Wenger's (1991) view that legitimate peripheral participation is also used as a way of protecting newcomers from the intensity of participation within the community of practice. Later the protection involves maintaining 'student' status at a point when students are proficient and in the view of others are 'full' team members. Interviewees reported that they had to protect the student towards the end of the course because students often found it difficult to say 'no' and the rest of the team clearly saw them as a 'full' participant who should be taking on a fair share of the workload. The quote below highlights this role.

054/HV/6 There is a bit of conflict at times, I can't remember if it was a clinic or something we needed covering and someone said 'can't the student do it?' And I said 'no she can't' she's not here to fill in the gaps she's here to learn.

Practice teachers thus saw themselves balancing the students' full participant status in the community of practice whilst attempting to maintain their position as students. In this way practice teachers were preventing them being seen as team members whose job it is to 'get the work done'. However there was one negative case where a practice teacher reported being rather frustrated by the student's reluctance to take on a 'fair' workload, however the comments were couched in terms that implied she felt guilty for either airing or holding the view given below.

060/SN/2 Sometimes you tend to forget and I say to her 'we are going into school to do x, y, and z are you coming along?' 'oh well don't forget I'm'. I do forget because she's an experienced nurse, I do forget and I mean it is important that she is allowed to be a student I do acknowledge that, but I can't help it especially when you are short of one pair of hands.

The pressure was clearly present for this practice teacher who as a school nurse was working with students who have been practising as school nurses for many years doing exactly the type of work the practice teacher felt the student could help out with. This was the only example given of a practice teacher putting 'getting through the work' above the learning experience of the student.

Many practice teachers (n= 13) outlined the settling-in process as the interview extracts in Table 5.5. demonstrate. The student is initially seen to be very quiet and on the periphery of the team but by the end they are viewed as a central part of the team. Initially the practice teacher is the student's main communication channel, by the middle of the placement the student uses the team to gain information and talk on a professional level. Whereas at the end the student was said to be fully integrated into the team and interacting on a more social level. The following quote typifies the thirteen interviewees who outlined the fitting-in process and as such provides what Miles and Huberman (1994) would call a vignette.

035/HV/1 I introduced her to the team so people knew who she was, people didn't have to ask. Although she was quiet initially as most people are, she just fitted-in. ... Initially the main line of communication was me. Now at the end she's working in the team having general conversations not just asking for information, there has been a transition. ... You can see the lines of communication are a lot more relaxed. ... The guard seems to have come down, a lot more jokey with them and they've noticed that as well.

Student confidence was said to gradually build during this settling in process. A lot of nurturing was reported to take place at first getting the student to fit-in to the practice placement, with interviewees seeing their action as ensuring the team support the student. Practice teachers who used their power to foster access thus saw themselves as effectively facilitating the students learning and professional development, whereas those practice teachers who reportedly used their power to impede access left students feeling alienated and misused as discussed in Chapters 8.2.1. and 8.2.1.2. Overall the process of settling in described by interviewees reflects much of Lave and Wenger's (1991) theory of how communities of practice function whilst incorporating new members. It is also a process that resonates with the findings of Mackenzie's (1992) study discussed in Chapter 2.

5.3.2. The team's contribution to helping students fit-in

Although practice teachers saw their role as facilitating the students access to the community of practice the vast majority of interviewees considered the members of the community to be readily accepting of the student and welcoming towards them, thus although it is the practice teacher who acts as the student's sponsor within the community

of practice the other members take on elements of this role as the interview extracts in Table 5.6. below highlight.

Table 5.6. Summary of data related to the conceptual category *relationships between students and other members of the community of practice (fitting-in) Part 2*

Conceptual category Relationships between students and other members of the community of practice (fitting-in)	
Features of the category Part 2	Sample interview extracts
Team contribution	<p>All of them have fitted-in well and have become part of that team for the year, it's a whole year so you have to be inclusive to feel part of the team (041)</p> <p>I found that the teams were always helpful and good (036)</p> <p>The other team members are usually quite nice to them and receptive (037)</p> <p>I think people see the need for the student to learn from them as well and also the need to have someone who is well trained (038)</p> <p>It comes from the team adopting new people (061)</p> <p>It's not just me it's everybody collectively supporting and enabling the student to gain the experience, because we have a team (063)</p> <p>Students are accepted as another member of the team (057)</p> <p>My colleagues in the team will say if they are doing anything different they'd say 'would your student like to come along with me?' (044)</p> <p>The team is very good, they supported the students very well (045)</p> <p>They are used to having them practise their appraisal skills on them. They are used to being practised on and they are quite accommodating (049)</p> <p>The team acknowledge that it's part of the course, that yes there is a management component and there will come a point when they have to start switching on that skill. The team do actually give permission to encourage somebody else to take on extra roles (050)</p>
Social contact	<p>There is a sitting room where everyone sits and chats and so you all get to know each other (057)</p> <p>I think you need to socialise as well to be a good team player, to build teams you need to be with staff (037)</p>

In particular Interviewee 049 in Table 5.6. above indicated that team members accepted and expected that their role would be to act as guinea pigs to allow the district nurse students to practise their team leadership skills.

Two negative cases were found amongst interviewees with regards to uncomplimentary comments about team members being unsupportive or unhelpful, the most detailed was that of Interviewee 054.

054/HV/6 There are some members of the team who can be a bit rough on student nurses I think, they definitely have the attitude I'm doing this as a favour for you. I think the health visitor students have slightly different status than student nurses certainly, so they probably get a bit more of a better reception.

055/HV/7 And you really have to fight their corner because teams don't always welcome students. Because they get in their way don't they to begin with, until they find that they are useful.

Overall however interviewees comments indicate a very high level of satisfaction with their teams and their feelings of enjoyment from being a team member. With practice teachers frequently (n = 12) saying that having a supportive team was one of the most important factors in their ability to provide a good placement experience for their student.

Social contact within the micro community of practice was considered by interviewees to be the gel that bound the team and made the community work, as shown in Table 5.6. the student thus needed to function at this level to gain acceptance. Outgoing and sociable students were frequently referred to as being the ones viewed as fitting-in more easily and quickly as highlighted in the interview extract within Table 5.6. As the practice teacher below demonstrates fitting-in through social contact is seen to be a two way process that is negotiated between the student and other members of the community.

037/DN/18 All the staff tend to go and sit together at lunch time, they just chit chat not about work, just socially, you pick up on things and often stuff comes out that you wouldn't know about and its quite helpful in the running of the team. We had one student who went home all the time and she'd say I didn't know about that, but it came up socially, if a student comes to lunch and joins in socially they fit-in.

The practice teacher thus appears to enable the student to fit-in, by encouraging them to take part in social contact, which occurs increasingly throughout the placement as stated in Chapter 5.3.1. above. Teams were then seen to welcome and accept students by allowing them to observe and listen, as well as offering them guidance, thus providing students with an array of experiences and models enabling them to construct their own identities within the community of practice. Scribner (1985b) considered this to be indirect or 'distal' guidance by other members of the community of practice. My study found other members provided more than guidance, the social milieu of the community of practice was considered to be crucial to the students learning, which accords with the findings from

Chow and Suen's (2001) study in Chapter 2. However as the quote from Interviewee 037 above highlights students play their part in fitting-in to the community of practice.

5.3.3. The student's role in fitting-in to the community of practice

Interviewees indicated the movement into the community is not a passive one on the student's part. Students must also be proactive in the process of fitting-in to the team. Attributes held by the student were considered the key to this, with 'excellent' students being the ones who fitted-in best, as the interview extracts in Table 5.7. highlight and then Interviewee 052 goes on to more fully develop.

Table 5.7. Summary of data related to the conceptual category *relationships between students and other members of the community of practice (fitting-in)* Part 3

Conceptual category Relationships between students and other members of the community of practice (fitting-in)	
Features of the category Part 3	Sample Interview extracts
Student contribution	<p>The students communicated well with the team, they were good communicators (045, 046)</p> <p>Their interpersonal skills have been good with that, they've blended in with the team (050)</p> <p>Excellent communication skills, will get stressed but doesn't react to it, deals with it really well. And so when somebody is like that everybody is going to work with them aren't they? (047)</p> <p>(Name) was a really good team player she's excellent really. I think it's naturally in some people (053)</p> <p>I think where the individual has made a point of fitting-in it works well (060)</p> <p>Wanting to be part of the team really, so participating in the team and the development of the department (046)</p> <p>Her personality fits-in anyway, so I think she would fit-in wherever she went. (Name of student) is very friendly, very outgoing, very easy going with people (042)</p>
Difficulties	<p>I think that the hardest one was my first student because of her nature, after a year everybody got used to the way she was. But you know that's going to be their working life unless they are going to change, when they go to a GPs surgery the receptionists are going to go 'oh its her', it's a shame because you get out what you put in (052)</p> <p>There was one student the failing student, she never had lunch with people and I always find that part of the reason, she didn't get on with people (055)</p> <p>The first one had a difficulty fitting-in, a lot of difficulty in fitting-in. I had to call her aside and say 'we need to look at this in a more friendlier manner' (058)</p>

052/HV&SN/7 There were some who were more universally adored than others, by nature of their personality, they'd get to know the names of all the receptionists and everybody and they were friendly, outgoing and chatty people but generally all the students fitted-in well because it was a small friendly clinic and it would have been difficult not to have fitted-in really. But I think it's just down to individuals some people are just more people people aren't they?

From the interview extracts it appeared that students who possessed good communication skills and who were outgoing and friendly were the ones considered to fit-in best. Thus being personable and having good communication skills could be added to Figure 5.3. as 'student attributes', if this diagram was developed further. Although high levels of these attributes appeared to indicate the speed and ease with which students fitted-in, it was rare for students not to fit-in. Interviewees reported that nearly all students fitted-in well and that teams welcomed students. Very few interviewees had examples of students who did not fit-in, for those that did not there seemed to be a high correlation with students who experienced difficulties as the interview extracts in Table 5.7. highlight and the quote below underlines.

036/DN/5 The first student I had she was well received and she was welcomed but she didn't fit-in as well, the communication, the writing and the language, and there was a feeling amongst the other staff 'how can she be studying at this level?' ... So ... I think I had to buffer that a bit.

There were a total of twelve students with major difficulties (See Chapter 7.3.2.), analysis of these highlighted that eleven of them (92%) did not integrate well as team members. The exception was one student that did fit-in well, this student appeared to have a very nurturing practice teacher who reportedly worked extremely hard throughout the year to develop the student's abilities as a health visitor.

Interviewees had not considered the link between weak students and not fitting-in to the team until asked as the interviewee below highlights.

LS Was there any link between the weaker students and the ones that didn't fit-in?

049/DN/13 Yes, they were actually, funny I've never thought of it like that, but yes it's true.

Only two students who did not have difficulty (two out of a possible 120) were said not to fit-in, these were said to be very quiet, introverted students. The correlation between students with major difficulties and students who did not fit-in, in comparison with the correlation between students without major difficulties who did fit-in is an important finding of this study and one worthy of further research.

The quote below relates to a student identified as having difficulties, this quote, along with comments from the practice teachers of other students said not to fit-in, indicates that the inability to fit-in was attributed to the student.

055/HV/7 There was one student the failing student, she never had lunch with people and I always find that part of the reason she didn't get on with people and even though I tried to bring her in, 'its lunch time we have lunch together', she'd say, 'oh I'll just pop off down the road', things like that. Those things leave you thinking is there something wrong, I don't know whether it was a part of her personality, whether she had a difficulty in kind of getting on with people.

Earlier in the chapter it was reported that interviewees saw practice teachers having a major role in enabling students to join the community of practice and that their endeavours led to mutual attributes that built relationships. However, when students did not fit-in and the relationships between them and other members of the community of practice did not work, it was the student who was seen to be responsible. This perception by interviewees can be explained by drawing on attribution theory, where the behaviour of the actor (student) is noticed, whereas factors in the environment which could be contributing to the situation go unnoticed (Försterling, 2001). Alternatively it could be a defensive reaction on the part of the practice teacher, where the failure to fit-in is distanced from themselves, so they do not experience the sense of guilt or failure that acknowledging their role in the process would cause. As will be discussed in Chapter 7.3.2. a large proportion of students with major difficulties were placed with novice practice teachers, although these novice practice teachers appeared to take responsibility for not resolving the student's difficulties they did not appear to take responsibility for the student not fitting-in.

For Lave and Wenger (1991) a new member of the community enters at the periphery and gradually works their way to becoming a full participant as they become integrated into the community of practice. For community nurse students this practice is not so straightforward and uncomplicated. Lave and Wenger's view most closely fits the description of health visitor students who have never worked in the community prior to commencing the course. These students come with nursing knowledge and skills which are transferable but require much shadowing and supervision before they can commence even peripheral participation as discussed in Chapter 6.2.2. Over the course of the year these students are seen to move to more central positions within the community. For the school nurse and district nurse practice teachers the picture was different, their students not only commenced the course with nursing knowledge but had been practising within similar communities as journeymen (community staff nurses). Their role as students is to learn how to be the leader of the team. This means for some entering the community as a peripheral member but moving rapidly into a central position a situation identified in district nurse and school nurse interviewee narratives (Table 5.6.). This position was also found by Fuller *et al.* (2005) who observed communities of practice where the new member was the appointed group leader for example a new manager taking up post.

To conclude fitting-in is a significant theme within student nurse education literature (Dingwall, 1977; Melia, 1987; Wilson-Barnett *et al.*, 1995; Phillips *et al.*, 1996b; Nolan, 1998; Gray and Smith, 1999; Burkitt *et al.*, 2000, 2001; Clouder, 2003). However there are negative connotations within this literature to social control and power differentials being used to maintain professional conformity and socialise student nurses. Although the view of fitting-in has changed from the early studies on socialisation which interpreted the student as a passive recipient of the process (Dingwall, 1977; Melia, 1987) to more recent studies which view the student as taking an active role (Burkitt *et al.*, 2000, 2001; Clouder, 2003). My study in contrast found students 'fitting-in' to be viewed by practice teachers as a positive and necessary dimension for their learning within the social context of practice. Practice teachers as sponsors (Lave and Wenger, 1991) thus saw themselves having a key mediating role to play in enabling the student to fit-in to the community as quickly as possible to optimise their development within a relatively short and intensive course. This

mediating role takes a number of forms including nurturing the student by drawing them into the team, preparing the team to accept and welcome the student and protecting the student from misuse or abuse. These forms function to highlight the similarities between the student and the other community members so community nurse students are more readily accepted whilst at the same time ensuring that their uniqueness and difference is acknowledged, so they are given the time and freedom to put their learning at the top of the agenda. The outcome of fitting-in or gaining access to the community of practice as quickly as possible was seen to maximise the opportunity to learn from the community, the student thus moves from being a newcomer to a peripheral member then to being a central member, or 'full participant' of the community. Within the community the social nature of learning and the social construction of what is learnt and practised was thus emphasised within the practice teachers narratives (Lave and Wenger, 1991).

5.4. Conceptual category - reciprocity : students giving to the community of practice

A feature of practice teacher narratives about community nurse students fitting-in, being part of a community of practice and developing effective relationships was reciprocity. Adapting Marck's (1990) work on reciprocity the definition used in this study is that reciprocity is the mutual, collaborative and educative exchange of ideas, knowledge, interpretations and actions between the student and other members of the community of practice. Practice teachers appeared to genuinely feel they and their teams gained a huge amount from the student, four explicitly reported they got as much from the students as they gave to the students. Interviewee 052 made a comment typical of these four below.

052/HV&SN/7 Every year, I learn as much from them as they do from me they all touch your life somehow.

The overriding view was that learning was a two way process for both practice teacher and student, with students making valuable contributions to the community of practice as a whole. In this study members of the community of practice reportedly gained not only immediate benefit from the knowledge and expertise the student brought, but also from knowing that they had helped a student continue their professional development as seen from the interview extracts in Table 5.8. and narratives within this section.

Table 5.8. Summary of data related to the conceptual category *reciprocity*

Conceptual category	Reciprocity
Features of the category	Sample interview extracts
Learn from student	<p>I think it's been helpful to have students (041)</p> <p>I learnt from her learning style and I thought if you can do it I can do it (036)</p> <p>You learn from all students (037)</p> <p>I always learn from my students, always learn (061)</p>
Two way process	<p>I think you always learn as you get different perspectives, they challenge your thought processes, it's a two way process (046)</p> <p>I've learnt quite a lot. It's a two way response to having a student, they have acquired different skills and I have acquired things from them. Different ways of looking at things to (050)</p> <p>They keep you up to speed as well with what's going on which is good because it's a two way process. And also you know the fact that making them aware that you are not infallible and we are still learning and definitely there are things that they can teach us as well (057)</p> <p>Always learning from them, its got to be a two way thing (061)</p> <p>You're giving them things to think about, then they come back with other issues and that makes you think (046)</p>
Learn by gaining new knowledge	<p>They have lots of experience and skills and knowledge really and it updates us in the community, you can ask their advice, its good (037)</p> <p>They have come from different disciplines so you do learn quite a lot (038)</p> <p>She was able to share her experiences (056)</p> <p>Where they have been in a situation and have managed it well that I haven't thought of in that way (041)</p> <p>She said things and I've thought, oh yes that's true I hadn't thought of that (042)</p> <p>The students always brought something from the university which is what we need (045)</p> <p>Your always learning things really, when you are discussing a client its ongoing isn't it? (047)</p> <p>I've learnt a lot from the students (050)</p> <p>She'd come along with ideas we found that it was an eye opener for us and it instilled some fresh ideas into us (051)</p> <p>I will often say to clients she'll know more than me so that's quite useful (054)</p> <p>Whatever research they come up with we do discuss it, it is interesting, we would share it, it's learning (056)</p> <p>She had been in practice more recently as a midwife she got me more up to date with the actual things that are going on, that was very useful (057)</p> <p>If they have a particular interest in something then that's shared amongst the group at team meetings(059)</p> <p>The team are learning from the students and also it is a very useful way</p>

<p>Changing practice</p>	<p>for everybody to find out what's happening in the world of health visiting outside and there are comparisons with what's happening in other trusts (059)</p> <p>It helps us look at the way we are doing things (040)</p> <p>She brought information, lots of information to me, which updated my knowledge. So in that way she increased my knowledge and in that way improved my practice (036)</p> <p>And she's right, so we've stopped that practice (042)</p> <p>They bring things which makes you think about what you're doing and you discuss that so it does facilitate change (046)</p> <p>I've certainly learnt things from students so I've certainly benefited from it, my practice has (062)</p> <p>If you have open communication they bring something and say I think this is better than what we are doing, that's fine you know lets look at it and we can change some things, so from that perspective it's useful (046)</p> <p>She had ideas and I would say do you want to try it? (048)</p> <p>The whole team gained from them, it tends to motivate the whole team to give a higher standard of care I feel (049)</p> <p>Well it's such a buzz when they come in with new ideas it's really such a buzz it does refresh the team because practice can become a bit boring and stale (055)</p>
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The interview extracts within Table 5.8. identify the learning experienced by the practice teacher and other team members from the student, there is much similarity with these examples and the concepts within Titchen's (2001a, 2001b) framework of the critical companion. Titchen uses her framework to reflect the relationship between mentors and students. The reciprocity she sees in this relationship is to the mutual benefit of all concerned, with those involved receiving concern, satisfaction and wisdom. In my study the result of the reciprocity and the student's contribution was reported to be the team showing the student respect and valuing them as useful and contributing members, not as peripheral newcomers who are predominantly receivers. As Table 5.8. above shows contributions covered a range of areas such as students providing knowledge and students changing practice. The two quotes below provide further testimony to this in their richness and depth.

052/HV&SN/7 They all try and help me, this year my student has been helping me with aspects of computers that I don't understand. ... So it's quite nice that they realise that you have weaknesses in some areas and they know a lot more than you. I'm not making these things up I actually do have weaknesses that they can help me with and its

nice for students to show that they have expertise that you don't have and they do. Lots of students know loads about loads of things and I'm very happy for them to use that and develop those areas.

054/HV/6 My student this year she has done the chest diseases stuff, when she first came we were doing the BCGs here and I was still really nervous doing them. And she was the one that was talking me through stuff and telling me things and different techniques. And when we had people come back with reactions I'd say (name) come and have a look what do you think? So it was using her skills as well which was good.

The above interviewees clearly viewed students as making a valued contribution that was reciprocal and beneficial to all team members, quotes such as these demonstrate that practice teachers strongly voice in their narratives that students were respected as equals. Interviewee 045 below takes this dialogue a stage further stating that the students make a different and a new contribution which teams use to improve the quality of practice, not just through sharing the workload.

045/DN/2 Oh yes, the student was always welcomed in the team, we felt because the student was supernumerary and because they are looking at our practice and reflecting and bringing the knowledge from the University course, they will always bring something new and they always improve the care and that was the case from both students, they have had an impact on the team and the way we work.

055/HV/7 You know you're bogged down in the old fashioned way of working and so its good to have students in just to kind of pull things out and you know give the team a kick start with things, so it's an advantage having students.

Traditional practice was seen to become stale, boring (see Table 5.8.) and old fashioned by Interviewee 055 above who saw students being new and refreshing. Thus students collectively were positioned by interviewees as stimulating the team by acting as a resource, a source of current knowledge and up to date practice which gave them value. As far as practice teachers were concerned having a student motivates the team with their approach to learning, as a consequence the practice of the community of practice changes and develops.

There is a potential negative side to students bringing new knowledge to the community, as Interviewee 053 below reported there is the potential for negative feelings around students

having more knowledge in an area than the practice teacher. She said it was not an issue for her and from the accounts of other interviewees, as stated by Interviewee 052 and 054 above it would not appear to have been an issue for any of them. The fact that interviewees did not feel threatened by students having more knowledge in an area than them indicated they felt confident in their own professional clinical expertise, even if they were not all confident in the practice teaching abilities as the novice below states.

053/HV/2 Yes an issue around FGM (female genital mutilation) it's not something that we would routinely deal with. The student it was one of her areas and so it made me think ... I could have seen it as challenging my practice or whatever but it was all done in a very nice way, we just discussed it. She had a lot more information than I had and that's fine.

Knowledgeable students could also be challenging, which eleven interviewees said they expected from students. The practice teacher below saw herself as getting something back from the student from such encounters.

036/DN/5 And also another interesting thing about having students that I really liked was that they could criticise my work, say 'why did you do that?' or 'the policy's changed'. I was quite happy about that and saying 'tell me about it, what's your take on it?' I felt it was a very good way of keeping my practice up to date.

The more able and self confident students were the ones more likely to challenge in this way and thus the more able students consequently appeared to be the ones giving more back to their practice teachers. This is an interesting departure from Mackenzie's (1992) research, which found students were reluctant to challenge ideas about practice. Is the divergence because practice teachers say they want challenging students but the non verbal messages sent to students are that they don't? Or is it that the twenty district nurse students in Mackenzie's study did not feel confident enough to challenge and therefore did not test out the effect of such challenges? This is an important issue for educationalists to address if practice teachers perceive themselves as wanting challenging students but students perceive themselves as being discouraged from challenging.

Studies discussed in Chapter 2.3.1. by Phillips *et al.* (1996b) and Gray and Smith (1999) highlighted the need of pre-registration student nurses to be seen to 'muck-in' as a way of fitting-in. However my study showed a very different approach to gaining acceptance and

a valued place within the community of practice, in my study students 'mucking-in' and sharing the workload was strongly resisted by the practice teacher (Chapter 5.3.1.), with only one school nurse practice teacher saying she expected the student to carry some of the load (Chapter 5.3.1.). The resistance to getting stuck in with the practical tasks was demonstrated through the long observation period, which will be discussed in Chapter 6.2.2. This shadowing time prevented students starting to undertake practical tasks too early for fear that the student would merely continue practising as a nurse, the way they had prior to commencing the course, not as a community nurse. The shadowing period thus supported their identity change. Practice teachers clearly saw their nursing discipline as different and thus requiring this socialisation period to change the students previous identity from for example a midwife or an Intensive Care Unit nurse. However, the student still needed to fit-in to the community of practice and be accepted, thus as seen above the student's contribution was not their physical help in getting through the workload, but their ability to engage with the community of practice on a cognitive level to bring information, ideas and a different perspective on practice.

Interviewee narratives about reciprocity could well indicate that it is the defining feature of why the majority of community nursing students were perceived to fit-in to their placement communities so easily and quickly. It would also explain why relationships develop that are built on trust and respect. From a community of practice perspective Lave and Wenger (1991) would consider the underlying process being described by practice teachers as the motivation of members towards the value of newcomers contributions and the motivation of the newcomer to become a full participant.

5.5. Conclusion

This chapter has demonstrated the importance practice teachers place on relationships between all members of the community of practice. These relationships were considered to enable learning, development and change to take place for each member and for the community as a whole. A crucial task for the 'newcomer' student was therefore developing effective relationships with all community of practice members in order to facilitate their access to the socio-cultural practice of the community and hence access the

learning available within this community. A high level of consensus and clarity was provided regarding the factors involved in these relationships. These factors included that the relationships must be based on respect, trust, openness and honesty. Also that they were everyone's concern to foster using attributes such as care and good communication skills. Finally, that the student played an important role in giving to the community of practice and by so doing the student made a significant contribution to the development of its members and its practice.

In an article by Fox (2000) the view is put forward that in the framework of Lave and Wenger (1991) 'apprentices' or newcomers learn from 'masters' ('full participants') and 'young masters' (journiers) and must contribute to the work of the community unlike students who by implication only learn from 'masters' and do not contribute to the work of the community. This was not found within my study, here students were considered to fit-in and learn through a situated approach more in line with Lave and Wenger's, once they have accessed the community of practice they learn from 'full participants' (practice teachers) and 'journiers' (staff nurses and the other primary care staff who are members of the community) and they make a valued and legitimate contribution to the activity of the community.

The findings from this chapter regarding the importance of relationships in making social and collective learning effective, will be developed further by synthesising them with other findings to develop the grounded theory in Chapter 9. However, in the next chapter the form that the learning takes will be explored, as it analyses interview data regarding what students learn and how this impacts on their professional development.

Chapter Six

Findings

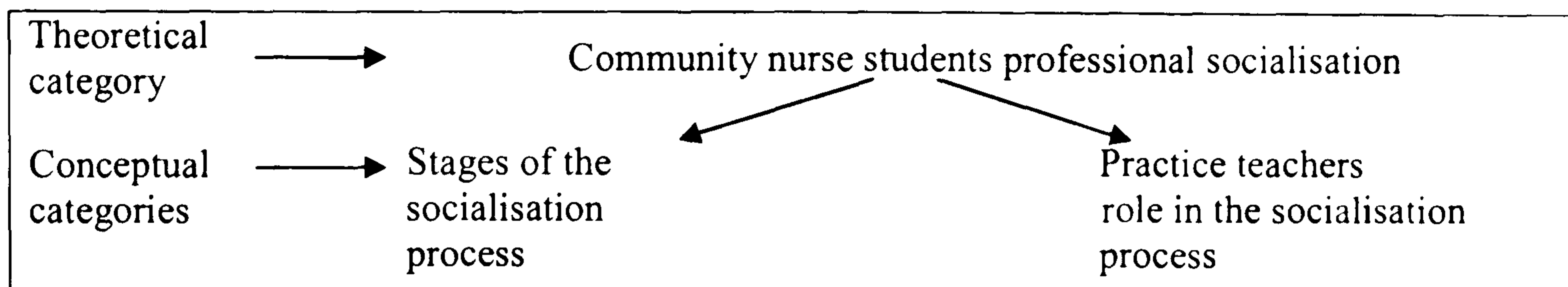
Community nurse students professional socialisation

6.1. Introduction

As identified in Chapter 5, practice teachers considered that effective relationships were needed to provide the forum for open interaction between members of the community of practice and the student. The narratives in Chapter 5, demonstrated that practice teachers views were in accord with those of Scribner and Cole (1973) that such relationships and the consequent interaction facilitates student participation, subsequent understanding and then mastery of practice. This chapter explores how interviewees see interaction and participation within the community of practice impacting on the student's professional development as they become community nurses. Student's professional development was considered to involve a four stage process which is discussed in Chapter 6.2. and represented in Table 6.1. Interviewees saw themselves as playing a central role in this staged process and as a consequence in the student's professional development during the course. This role, of inducting newcomers into community nursing was viewed by interviewees to be multifaceted as will be explored in Chapter 6.3.

Practice teachers perceived students to be socialised into their new profession throughout the duration of their year long practice placement. A process they considered was constantly negotiated through interaction and participation as the students identity transformed into that of a community nurse. The process of student socialisation was interpreted as forming the second theoretical category subsuming two conceptual categories as presented in Figure 6.1. below. The data, to support interviewees views of this process of socialisation and the transformation of identity, are presented in subsequent sections of this chapter and as such address the thesis's first research question and the second theory question (Chapter 1.1.).

Figure 6.1. Representation of the theoretical category *community nurse students professional socialisation* and its linked conceptual categories



6.2. Conceptual category - stages of the community nurses journey

Practice teachers provided a high degree of consistency regarding the process of socialisation with over 66% (n=21) identifying four distinct stages to the process. The first stage involves an initial period where the student shadows the practice teacher and to a lesser extent other members of the community of practice. In the second stage the student practises under the gaze of the practice teacher, stage three sees the student being able to practise alone. The fourth and final stage is where the student works autonomously to consolidate their practice with reduced supervision. The two interview extracts below outline the first three stages of this process.

038/HV/6 Initially they would be observing me then I observe them before they go on their own.

063/HV/4 I follow the stages of: SCPT demonstrates; reflect; student demonstrate; reflect and do alone

Chapter 6.2.1. to Chapter 6.2.4. will present data to support these stages which are outlined in Table 6.1. below. Following discussion of the stages the practice teachers perceived role within each stage will be explored (Chapter 6.3.).

Table 6.1. Stages of community nurse student socialisation

Stage 1	Becoming socialised - orienting to professional community nursing practice
Timescale	September to November
Experience	Shadowing
Stage 2	Demonstration of socialisation - participating in professional community nursing practice
Timescale	October to January
Experience	Participating
Stage 3	Trying out a new identity - flying solo in professional community nursing practice
Timescale	November to end of January/early February
Experience	Going it alone

Stage 4	Embedding a new identity – the (re)production of professional community nursing practice
Timescale	February / April onwards
Experience	Building and consolidating

6.2.1. Stage 1 Becoming socialised - orienting to professional community nursing practice

Practice teachers report that the first part of the placement entails the student undertaking a lengthy period of shadowing and close supervision by the practice teacher as the interview extracts in Table 6.2. demonstrate.

Table 6.2. Stage 1 - Student socialisation – sample interview extracts

Observation period	<p>The first term is very difficult because they are going through all the changes I've highlighted and you think 'oh god I hope they will walk a pathway through' and you hope you will keep them until December. They shadow you and they are bored (055)</p> <p>In the first term she was shadowing so much (042)</p> <p>They have a period of observation (045)</p> <p>They are seeing an experienced health visitor in practice the approach to dealing with different clients with different situations and how we work well within a multi-disciplinary team (057)</p> <p>The student is living very near you for quite a few weeks in the beginning that can be quite intrusive initially because everywhere you turn they're there. But that's only for maybe the first couple of months (051)</p> <p>Let them look by observation because sometimes you have to actually do something first, it might be dealing with a difficult GP (050)</p> <p>She did observation visits with colleagues (062)</p> <p>Seeing other people practise (042)</p> <p>Its very intensive where you are under the microscope (055)</p>
The Transition - observation moving into participation	<p>There was a long observation period of three or four months when she saw me talking to clients, then she started to talk to the clients. We'd done clinics together and she'd started talking to clients in clinics before she did in visits (035)</p> <p>We went to this client several times, among other things this client had a Hickman line etc which I'd done and then she'd done under observation so we went together and at this point she was doing the treatment and I was observing (049)</p> <p>Observing then participating more and more until they are doing it all and I'm observing them. Then it is the same pattern for most activities, clinics and visits etc (057)</p> <p>Observing me in clinics then I would let them interview clients (059)</p> <p>This side of Christmas they probably will not say very much in meetings, but after Christmas they would be able to say and that was valued and they heard their voice and 'oh right that's what you do' so the student builds up confidence like that (063)</p>

This shadowing period equates to Becher and Trowler's (2001) view of how initiation of novices takes place. The student not only shadows the practice teacher but also other members of the community of practice, observing meetings and professional discussions (See extracts 057, 050, 062, 042, 063 in Table 6.2.). It is here the professional socialisation into the codes of practice and conventions that will lead to the formation of the student's professional identity takes place (Becher and Trowler, 2001). As Interviewee 051 stated it was a time of 'trying to integrate them slowly and introduce them to a different world'. The use of observation would appear to fit Kioke's (1990:10 cited in Engstrom and Middleton, 1996) view that states 'the knowledge-content of a skill is largely indefinable and only partially communicated through words, the only way to acquire such skills is by following the teacher's pattern'. However practice teachers did not leave observation to stand alone without discussion, reflecting on what was being observed or participated in was emphasised by all interviewees as will be discussed in Chapter 6.3.1.

This stage of shadowing is time consuming and perceived to be intense for all concerned, as the extracts from Interviewees 055 and 051 highlight (Table 6.2.). The time consuming nature of effectively managing this stage was mentioned by 90% of the interviewees, with four of the more experienced practice teachers saying it was becoming harder to protect the time they need with the student due to the increasing pressures of working in the health care climate, as stated by the interviewee below.

044/HV/15 In the past there were five health visitors full time here and now we are down to 2.5, and with more work because there is one practice that had three doctors but now there are six doctors. So the number of doctors has doubled and the number of clients have doubled and the number of health visitors have reduced. So it's hard sometimes.

Ten interviewees stated that they prioritised time, reflecting that practice teachers saw this lengthy shadowing period as essential for the student and thus worth the time and commitment. The fact that twenty-one reportedly undertook this without being required to do so by the HEIs, is testimony to its importance. Practice teachers recognised the intensity and stressful nature of this time for the student, as Interviewee 054 stated 'I think you realise that students do come out really anxious' (054). As a consequence they tried to mitigate this effect by preparing the student in an effort to reduce their anxiety and

boundary their expectations. The interviewee below described how she did this, however she commented that with her first student she was unable to do this because she did not know what to expect herself, this issue regarding novice practice teachers will be returned to in Chapter 7.3.2.2.

052/HV&SN/7 I just talk about the time we are going to spend together and how I expect it to pan out, the sort of intervention I'm going to have with them. Letting them know that probably in the first term its much more observation, towards Christmas it's them setting off a little bit on their own and then by the end ... So I think I just anticipate with them quite clearly how it's going to be and then they become less scared of it all. I explain that it's their time and that if there are things they want to do and if they are not getting the experiences they want it's up to them to tell me.

The above interviewee makes the partnership and negotiation aspects of the placement explicit, emphasising that although the stages are set the detail within them is flexible. The high level of consistency in the process is similar to the findings from Mackenzie's (1992) study discussed in Chapter 2.3.1. It would appear from my study that the pre-ordered stages provide the framework within which the student is socialised into the profession with the students individual needs dictating the detail within the stages and the speed the stages are moved through.

The cause of this lengthy, intense, stressful, anxiety provoking and hard work period of the course cannot be explained just from starting a new course as mentioned in Chapter 5.2. Interviewee narratives provide additional explanations as the quotes in Table 6.3. highlight.

Table 6.3. Sample interview extracts of change process

<p>As SCPTs I think we understand that motivation dips, we all understand that they are depressed and in this hole (061)</p> <p>You practically have to get them to unlearn their midwifery to become health visitors (055)</p> <p>The change period came around the time when I was giving her more freedom, her approach changed, she changed (035)</p> <p>You can see how much they grow as they go through the course, they really blossom you know, mature, they are different (040)</p> <p>What changes is being able to look at the whole picture, its not just about going in and doing your core work it's about looking at the context, looking at things differently (041)</p> <p>Once they get into that they get a lot more confident and they don't feel so worried about this whole change of environment (051)</p> <p>Until you get to understand this is a different way of working, a different</p>

way of thinking, a different discipline altogether. It was different, it was an awakening and I wasn't prepared for that as a student (055)

Students are seen to be undergoing an identity transformation from that of 'nurse', which they have been comfortable with to that of 'community nurse'. As students progress through this period of intense socialisation they may feel deskilled as their existing identity of 'nurse' splinters, as indicated by Interviewee 052 below.

052/HV&SN/7 The first term they are finding their feet getting to know things, then feeling deskilled and frustrated and cross and then setting off on their own Christmas January time. And then by Easter feeling more nervous again, you know it kind of comes in these troughs and waves of confidence ebbing and flowing and then by June it all comes together.

Balanced against this is a long period of observation which students who until the course started were nurses used to being busy 'hurrying and scurrying around a ward' (051). The combination of starting a new course where the change of pace from 'doing' to 'observing' and the close relationship with one other person, along with a transformation of identity provide a very unsettling environment. Not surprisingly students were reported to feel deskilled and disorientated. Interviewee 059 described students as experiencing an identity crisis at this time.

059/HV/7 I think a lot of people have a huge identity crisis you know, 'what am I doing? I used to be very experienced in this field and now I know nothing, I can do nothing, I'm not allowed to do anything'.

Interviewees reported a high level of nurturance during this period to support the student through this tumultuous time as the interviewee below demonstrates.

063/HV/4 When they join the training and come to us that confidence is a little bit kind of shaken and we need to nurture that as SCPTs and give them back that. I would say probably for a month or two they feel very very unsteady and it is not a nice feeling. It's an awful feeling quite frankly because at one time you were planning, managing, doing all these kinds of things and suddenly you are following someone, watching them.

After a period of observation on the students part they start to participate, which moves them into stage 2.

6.2.2. Stage 2 Demonstration of socialisation - participating in professional community nursing practice

Interviewees reported that they used the period when the student starts participating in professional practice as a key diagnostic assessment tool to judge the degree to which the student has started to assimilate professional competencies. The interview extracts in Table 6.4. provide evidence of how practice teachers perceive they assess students at this stage.

Table 6.4. Stage 2 – Participating in professional practice - sample interview extracts

Participation period	<p>I always go and do assessments with them so I know, we do joint ones so I can see them and then when I'm happy and confident that they can do them (037)</p> <p>To observe them in action so that you would ensure that they have the opportunity to display their skills and their knowledge (039)</p> <p>We do a few visits together, then we discuss the patients and then I feel she can go out and then we discuss the patients together afterwards (045)</p> <p>It's what I observe and I also check with them if they feel happy to try by themselves. And I also get a little bit of feedback from the person they went to see, were they OK about it (038)</p> <p>Then you observe them and get feedback from colleagues (040)</p> <p>Just before Christmas the student was taking on part of the new birth visit (057)</p> <p>Give them that space to deal with the complicated and not simply take over (050)</p> <p>When the student has had a good while observing me in clinics then I'll get them to see people they know in clinics whilst I'm there. Then I will try and get out but I'll be around, I'll be in the office. Otherwise I find that students are always daunted with me there (054)</p>
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However this stage is not only about displaying the knowledge and skills required to practise, the message within these extracts indicated it was more than acquiring competence over a series of tasks. It was also about starting to interact as a professional community nurse as the interviewee below indicates.

063/HV/4 I have analogy whereby two people have got the skipping rope and gradually the student will join in the rhythm of jumping. And this is an analogy we use, sometimes we will get confidence just to approach it and watch, then get the confidence to jump and then go with the movement. It is just a matter of time I never force anybody when they feel that yes, and gradually doing things, getting in there.

The 'skipping rope' metaphor offered by this interviewee where the student is seen to progress so they can join the jumping rhythm offers a powerful image of a process that involves socialisation and (re)production, not merely the acquisition of practical skills. It is also a process as can be seen from the interviewee's account that involves negotiation

where the speed of the student's progress is dictated by the student and the interviewee together. This is also evident in the dialogue offered by another interviewee below.

057/HV/2 I will be guided to a certain extent by the student and how competent they feel. Once they have demonstrated that they've got the knowledge to participate in the visit. Once they feel they are happy to participate it naturally grows from that.

The main assessment point during this stage is the decision that the student is ready to practise alone. Again this decision is usually reached by mutual negotiation which includes clients and or colleagues as the interview extracts from Interviewees 038 and 040 in Table 6.4. indicate. The participation and mutual negotiation identified within the narratives of this section are in line with Lave and Wenger's (1991) conception of learning. Lave and Wenger considered learning to involve participation and interaction based on situated negotiation of meaning, so that understanding and experience are constantly interacting in the process of learning and change.

The process involved in Stage 1 correlates with scaffolding theory (Bruner, 1983) as previously discussed in Chapters 2.3.1 and 4.3. In Stage 1 the practice teacher appears to erect a scaffold around the student by nurturing them, as Interviewee's 055 and 063 state in Chapter 6.2.1. above and Interviewee 055 states below even more explicitly, to a point of infantilising the student.

055/HV/7 You have to hold your baby's hand until they can walk and I see the student in the same way. You have to be with them all the time and especially in the early days it's a very nurturing game, and if you lose that at that stage you probably lose them and you can't just expect to be able to pick it up half way through the course.

Then in Stage 2 the scaffold starts to be dismantled, usually bit by bit through mutual negotiation with the practice teacher ensuring the student remains protected as the extracts in Table 6.4. and the quote by Interviewee 057 above highlight. This mutual dismantling of the scaffold was identified as part of practice based learning by Brown and Palincsar (1989) and appeared to happen in most cases within my study, with the decision being taken together that the student was ready to practise alone, which resulted in a transition to Stage 3. This process equates to Roth's (cited in McCormick and Paechter, 1999) view of legitimate peripheral participation where students learn at the elbow of their sponsor, then

start to participate in the activities full participants engage in, gradually taking on the tasks of the trade.

On two occasions practice teachers reported that they felt students were ready to practise alone but lacked the confidence to do so, in these situations rather than the practice teacher and student negotiating this, the practice teachers took unilateral action. The two interviewees concerned offered very literal expressions of this occurring with the analogy being used of a mother pushing her offspring towards independence, a view in tune with their role as nurturers. A view as previously stated linked to quasi-maternal discourses and practices, which will be returned to for a fuller exploration in Chapter 8.2.1.1.

061/DN/4 Then give them a push off the cliff at the end of it.
(*Laughed*). Well some of them need a good shove to get out there.

047/HV/2 Yes, I think next time she does a baby clinic I should leave the building, because she knows I'm there she will come to me. Maybe I should loosen the apron strings?

In both these examples although the practice teacher said they had instigated the transition to solo practice unilaterally, they had strategies in place to protect the student, such as having a colleague available as back up or giving the student confidence that they could contact their practice teacher. In eleven other examples practice teachers made reference to similar strategies, for example the two quotes below referred to students being able to telephone their practice teachers if needed.

045/DN/2 She had my phone number, so she had that contact if she needed me.

058/HV&SN/3 I always say to her 'just call me on the phone if it is getting too sticky for you', that's when she was on her own.

6.2.3. Stage 3 Trying out a new identity - flying solo in professional community nursing practice

For most students practising alone is reported to have occurred by Christmas, between two and four months from commencing the placement. The outcome is that the student is allowed to start operating in the world practising, enacting and negotiating their fledgling identity. The data extracts in Table 6.5. below provide evidence of this transition to solo practice.

Table 6.5. Stage 3 – Solo practice sample interview extracts

Solo Practice	<p>They need to be visiting on their own during the first three months, before Christmas. The latest would be just about January (038) <i>(Visiting alone)</i> Sometime around Christmas (039, 044) Probably November they'd be going out to see clients on their own (043) <i>(Visiting alone)</i> It's usually getting on towards Christmas sometimes late November and then in January when everybody comes back after Christmas then they have to keep that momentum going (052) In the back of your mind you know you have got some sort of timetable, but as I said with the previous student I was very much guided by her and it was early on after the Christmas holidays that she started going out on her own to do the new birth visits. But this year I think the student will probably be doing it before Christmas (057) Certainly I was always aiming for students to have visited on their own by Christmas time and I know some of my students would come back and say some of their friends still hadn't been out visiting on their own and that they were still observing their CPT. And this was into February time and I find that really frightening (054) They are going out on their own towards Christmas, by after Christmas they should be out on their own. It's down to the student really, but if they haven't gone out by January or February it's a bit worrying. I've seen other CPTs who've molly coddled them and not sent their students out until February and I think cricky And the student is desperate to get out there, but they won't let them go. Happily the CPT has gone now (036). Obviously students need experience with patients and it is quite helpful to have experience on their own and particularly to have time doing an assessment, they don't necessarily want someone sitting there (036) Because you start to learn more when you're on your own (037)</p>
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The two extracts emboldened in Table 6.5. above act as exemplars for six other similar comments, the terminology used, 'cricky' (*an expression of astonishment*) and 'frightening' indicates the level of dismay felt about students not being allowed to make the transition in a timely fashion. These quotes, both from very experienced practice teachers, give a strong indication that the process of being able to practise alone is not about acquiring professional skills to undertake activities competently. If this was the case as long as the student achieved this by the end of the course they could do the job. It is clear the process is much more about the transformation of the student from a 'nurse' into a 'community nurse' and the time needed for them to fully undertake this transformation so their new identity is stable and resistant to changing back to that of 'nurse'. This was considered important so students remain in the community nursing profession and do not leave, a point returned to in Chapter 6.3.1. This view of solo practice mirrors the findings of Bucher and Stelling (1977) where students were seen to start developing their

professional identity and their commitment to the profession when they began performing the role associated with their future profession.

Although the quote from Interviewee 054 (Table 6.5.) indicates this practice teacher felt there was a vast range of when practice teachers allowed their students to practise alone, this was not borne out by the data. All practice teachers with full time students said their students started practising alone between the end of October and the end of January. The exceptions to this regarding practising alone before November, which could be deemed negative cases were the practice teachers whose students were already working as occupational health or school nurses when they commenced the course. In these cases the students were not considered to need a period of socialisation into the profession as this had taken place prior to their commencing the course as Interviewee 056 states. Within this quote the interviewee offers a view which highlights that practitioners differentiate the different branches of community nursing thus marking out their different territories.

056/SN/3 School nursing is slightly different. Although we do go over the practical skills just to make sure they are as they should be you are not having to teach the practical skills from the beginning. So we have got that little bit of time to sit down and think about the bigger picture.

These negative cases, in particular the comments made by practice teachers of part-time students who reportedly undertook no shadowing, indicate that practice teachers do not see themselves as being there to ensure students acquire the right amount of skill. Practice teachers are there to enable students to transform their identities to those of community nurses, therefore students who already possess the identity do not require the same type of transformation. Interviewee 052 highlights this position.

052/HV&SN/7 I don't think I could do it with a health visitor student, the difference being that school nurse students have done school nursing before.

In all cases of students commencing solo practice after January the practice teachers were not commenting on their own practice with students but on that of other practice teachers, they all viewed this as a problem and an indicator of incompetent practice teaching (See extracts from 054 and 037 in Table 6.5.). A strong sense of 'othering' was displayed in these narratives, with the action being distanced from the interviewees own practice

teaching strategies. Interviewees distancing themselves from what they considered bad practice will be returned to for detailed analysis in Chapter 8.2.1.

As indicated by Interviewees 036 and 037 above (Table 6.5.) practice teachers see the need for students to practise alone as they learn through this, a point made previously by Interviewee 054 in Table 6.4. Nine interviewees commented that learning really started when the student commenced practising by themselves as the interviewee below states.

052/HV&SN/7 I've never actually had anybody who I thought was really not competent to go out on their own and usually I am very happy if they do want to go that they can go and start learning.

Thus when the practice teacher is confident the student is safe to practise alone they allow them to do so. Thus the milestone of practising alone is awarded to the student who has undergone the socialisation process and embraced their new role and identity within the community of practice. The practice teacher is also acting as the gatekeeper, regulating access to full participation with the community of practice (Lave and Wenger, 1991). As Interviewees 036 (Table 6.5.) and 054 (Table 6.4.) state students need the freedom of not having the expert watching them to really try out their identity and solve problems for themselves. Nolan's (1998) study also found being constantly watched was a major constraint on students' confidence. This transition to solo practice moves the student from peripheral membership towards full membership in what Lave and Wenger (1991) would call a centripetal direction and gives them the opportunity to enact the role of community nurse (Resnick *et al.*, 1997).

The philosophy of learning by 'doing' which interviewees appeared to advocate is in conflict with a long observation period. However, if instead of learning to do the job, what students are learning is how to enact the role of the community nurse, having first acquired the identity through a lengthy observation period of the community of practice this apparent tension disappears. If practice teachers were teaching students to do the job it is likely that they would start the student practising much earlier in the course, whereas for most students new to the profession they cannot start practising alone until they have sufficiently transformed into fledgling community nurses by observing 'full' participants of the community of practice.

6.2.4. Stage 4 Embedding a new identity – the (re)production of professional community nursing practice

Once the major milestone of solo practice has been reached the need to assess and supervise the student appears to diminish, this more than anything else indicates the practice teacher believes the student is displaying the identity of a community nurse. Data from narratives within this stage are presented in Table 6.6. below.

Table 6.6. Sample interview extracts related to consolidating community nursing practice

<p>Consolidating Practice</p>	<p>It's discussion and feedback and if there is anything they are not happy with then we go through that, or if they want to come back doing some more observing they can (038) Later on suddenly they are quite efficient and they are able to do things on their own and they become competent practitioners (051) After Christmas we got into the nitty gritty stuff (062) Later on we look at complex practice issues, like child protection (044) Whilst they have been visiting on their own for two months, I expect them to have improved, we will be talking in that time to get feedback from what they are doing. And then maybe I might leave it for a couple of months then go to observe them again (049) The student works alone then I do some assessments to check (037)</p>
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As the extracts by Interviewees 038, 062, 044 and 049 indicate supervision sessions for reflection and discussion continue throughout the rest of the course but during this stage the practice teacher must discover how the student is performing when another professional is not there to see them. They also work with the student to continue their professional development as they face more complex situations as Interviewees 044 and 062 (Table 6.6.) demonstrate.

Going back out to observe the student again after some time of solo practice to check the students continuing development was a strategy reported by four practice teachers including Interviewees 037 and 049 (Table 6.6.). This strategy constituted the main summative assessment, which will be returned to in Chapter 6.3.2. However as will be demonstrated through the data presented in Chapter 6.3.2. students will not fail now because they have already achieved the identity, they just need lots of practise for it to be embedded into their personality. The timely transition to practising alone therefore appears

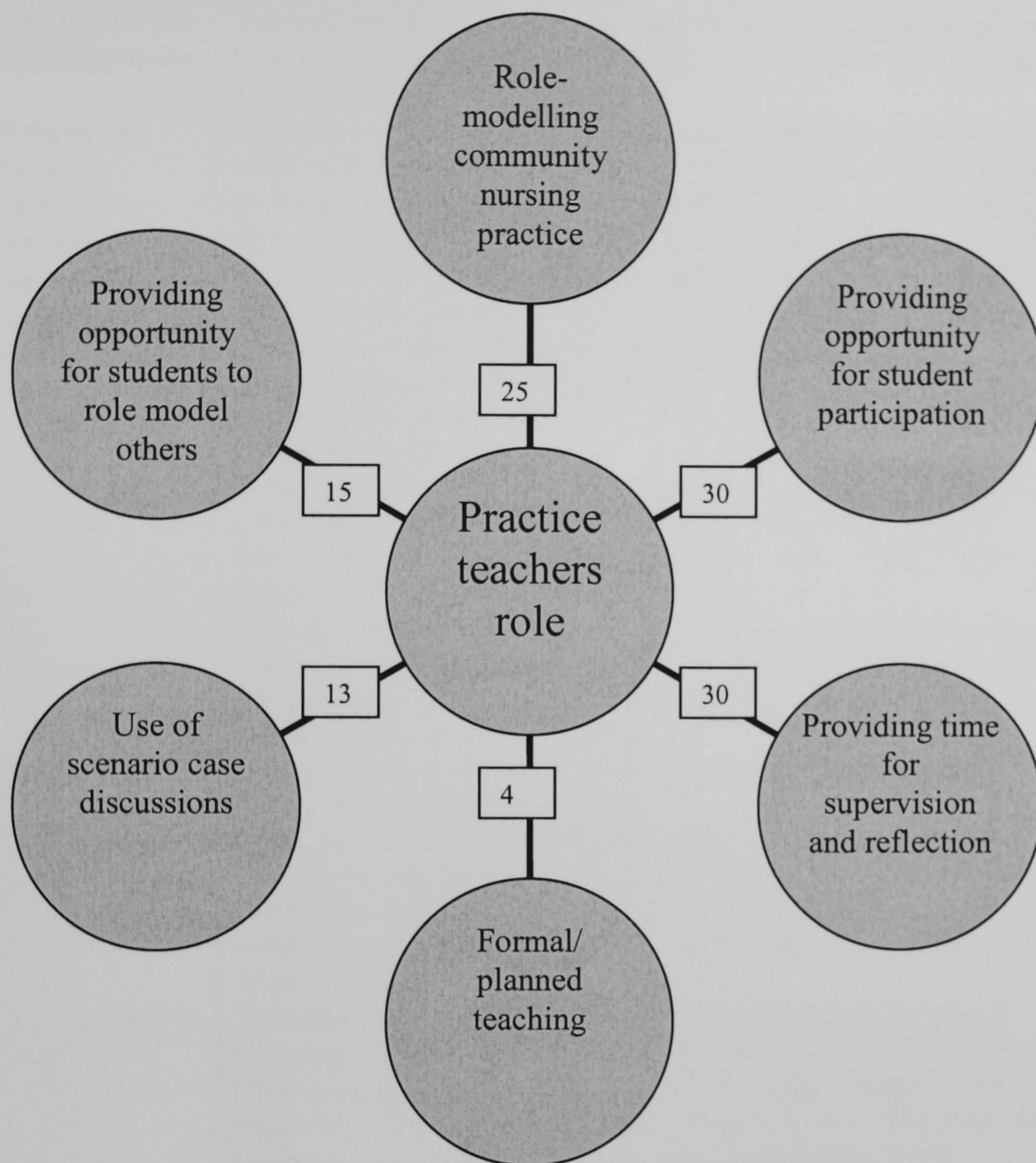
crucial to give sufficient time for the student's fledgling identity to become embedded. Hence interviewees viewed 'bad' practice teachers as holding on to their student too long, which as a consequence undermines the construction of the student's professional identity. Although this study did not look at the students perspective, studies which did such as Gray and Smith (1999) and Spouse (2001) found that students began to gradually distance themselves from their mentors as the degree of support they required lessened and they became more independent. It would thus appear that the stages of this process found in my study mirror those of Gray and Smith and Spouse.

6.3. Conceptual category - practice teachers role in the socialisation process

As stated in the introduction to this chapter, practice teachers saw themselves having a central and multi-faceted role in the process of student socialisation as students progress through the four stages identified by interviewees above. In Figure 6.2. below the aspects of this role are presented. In all these aspects two overarching elements appeared to be involved, firstly that of providing the context in which interaction and participation can take place, essentially providing students with experiences. This element will be explored in Chapter 6.3.1. Secondly assessment of the student's progression, here the practice teacher monitors how the experiences are impacting on the students professional development. In Chapter 6.3.2. this second overarching element of the practice teachers role will be analysed.

Numbers on the spokes in Figure 6.2. refer to the number of interviewees who made explicit reference to these aspects of their role. Interviewees also provided examples of these aspects, a range of these examples are presented in Chapter 6.3.1., Table 6.7.

Figure 6.2. Aspects of the practice teachers role



6.3.1. The practice teachers role in providing experience

By providing students with lots of opportunities to observe experience then lots of opportunities to practise, it appears that the interviewees in this study use practice experiences to help the student learn practice wisdom. As a consequence the broader the range of experiences provided the more practice wisdom the student can acquire, the interview extracts presented in Table 6.7. below in particular those of 038, 039 and 058 highlight this point.

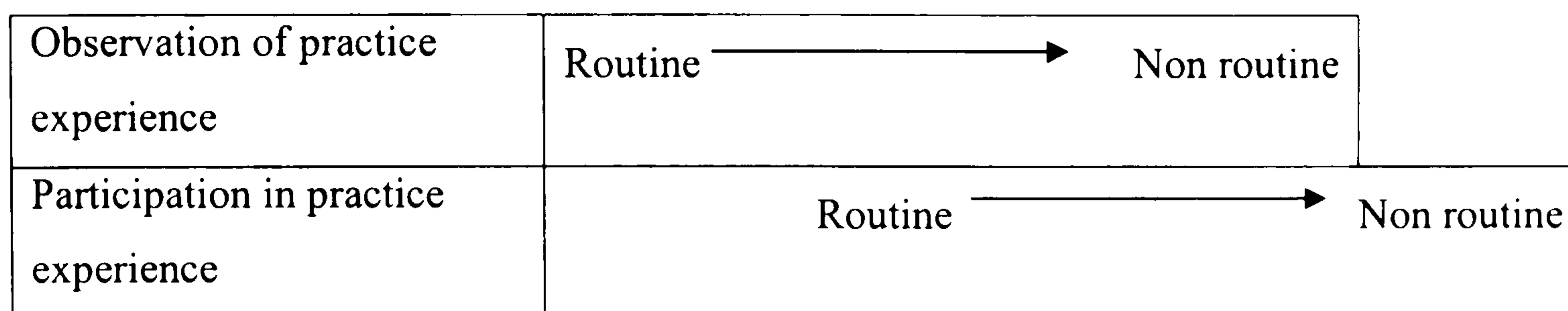
Table 6.7. Sample interview extracts related to the practice teachers role in providing experience

<p>Practice teacher role providing experience</p> <ul style="list-style-type: none"> • Role model • Nurture • Working in partnership • Supervising • Reflecting • Giving time 	<p>You have to make sure they get an all round experience, so you would look at different types of families and types of visits and make sure they have had a bit of each (038)</p> <p>They are glued to my side, I am there for them, they come to my clinic; we do visits together. I demonstrate to them and when they are ready to do something I watch them do it and then they are ready to go off and do visits by themselves. Obviously I go with them initially, confirm when they are competent then they go on their own, then they feedback. It's intense on your time but I think they need it (059)</p> <p>Ensuring that the student gets a wide variety of experience accompanying me, accompanying other colleagues (039)</p> <p>I'd arrange with colleagues, to go and do observation visits with colleagues (062)</p> <p>Being a good role model, they observe me on home visits and in clinic situations. Then discussion before and after home visits (044)</p> <p>Providing experience, providing support for them, there is quite a lot of support at the beginning (042)</p> <p>I can give them the opportunity where they get the experience they need. I think the responsibility of the mentor is to really ensure the person is getting the appropriate experience that they need (046)</p> <p>It's opening doors for them (036)</p> <p>I suppose it's really working together, working with them providing them with the opportunities (053)</p> <p>I sit down and discuss issues with them, let them come in to team meetings to see how the team meetings do run. When you run clinics let them come with you, when you have meetings with your GP let them come with you so that they have a mental picture of what they are working with (058)</p> <p>Teaching really varies you don't have to be standing up to teach somebody something, teaching by role modelling, sitting down and discussing an area of her visiting such as the procedures in child protection. What do you do if you visited a family if the child had a bruise and you suspect it is a non accidental injury? (039)</p> <p>You know I sometimes feel CPTs hold on which is what happened with my CPT, she didn't want me to go anywhere and do anything. Whereas here the team all share (name of student) and I think that's good for her to have as many experiences as possible. I think it works well seeing other people practise (042)</p> <p>Making sure she is looked after within the team and all the experiences are OK that she she's not with someone whose a really bad practitioner (042)</p> <p>Taking time out to be with the student (037)</p> <p>Reflecting in the tutorials that we have (048)</p>
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The pattern of the experience provided from observation to participation as demonstrated in the interview extracts within Table 6.7. and within Chapters 6.2.1. and 6.2.2. above

progresses from routine to non routine activities. The progression from routine to non routine experiences with observation preceding participation is depicted in Figure 6.3. From this it is shown that whilst the student is moving on to observe non routine areas, participation is commencing at a routine level.

Figure 6.3. Progression of practice



This pattern accords with Billett’s (1998) view that a student seeking to become a professional needs extensive routine and non-routine activities. He considers the type of experience the student participates in as crucial to the meanings constructed by the student and as a consequence to their resulting development. For example routine experience will not move a student into more central participation within the community of practice, it will leave them participating at the periphery throughout the course. Nor will it prepare them for a full participant role of another community of practice on qualification. Thus the practice teachers appeared to recognise the important role they play in choosing the experience and ensuring the student participates in this experience at an appropriate level to continue their development through the community of practice.

As well as providing experiences from which students learn practice wisdom, they were also used to maintain motivation. As Table 6.7. highlights interviewees saw students as needing good experience to learn the role and become competent professionals, but at the same time they needed enjoyable experiences so they are motivated and gain the same passion practice teachers feel about the profession ‘the zeal and the enthusiasm to become a health visitor is a passion, you have to have that passion’ (055) (See also Chapter 8.2.1.1.). Maintaining student motivation was considered important, six interviewees explicitly mentioned that their role was to provide experiences which engaged students and from which they gained enjoyment, thus maintaining their motivation. The quote below reflects one interviewee’s thoughts.

052/HV&SN/7 I think for me my goal is to have people coming out the other end who feel confident in themselves and don't feel too scared by the process. It might sound odd but I know there are some students who'd never want to practice ever again as long as they live, because they found the whole experience so disappointing or not good for them. So if somebody can go out and enjoy a long career in community health then I feel I've done my job, regardless of what they have learnt from me.

This interviewee not only makes the point that what has been learnt is secondary, ensuring the student has a good experience and wants to stay in the profession was a primary goal. This interviewee also contrasts motivating experiences with 'bad' and demotivating experiences, a point reiterated by Interviewee 042 in Table 6.7. and one that again exemplified the concept of 'othering' (see Chapter 7.4.). The need to retain new recruits in the profession is obviously crucial to the (re)production of the profession as will be discussed more fully in Chapter 9.

The centrality of all members of the community of practice in providing the student with experience was considered important. The community of practice was seen to enrich the students experience and provide a plethora of models as the interviewees in Table 6.7. demonstrate. Role modelling by members of the community of practice especially the practice teacher was a key element of the students experience especially in Stage 1 where the difference between hospital and community nursing was modelled as the quote from Interviewee 038 below articulates.

038/HV/6 In the community it is different, in the community you would assess the person and then deliver your information according to what you've assessed and what their lifestyle is, so you give them information to suit their lifestyle. You would role model that whilst the student observed you.

Socialisation processes were very evident in the shadowing experience reportedly undertaken by students (Table 6.7.). This process of socialisation appears to be engendering in the student the 'right' way to be a community nurse. Socialising the student through the experiences provided especially those regarding how the community of practice functions, shows the student what it means to be a community nurse as they shadow the practice teacher and other members of the community of practice.

Unlike the spontaneous and unplanned teaching methods of role modelling, student participation and reflection on experiences, which were the main teaching methods discussed by interviewees, little emphasis was placed on formal methods. Formal, pre-planned teaching sessions were only mentioned by four interviewees, which indicated that interviewees did not appear to consider them an important part of the practice teachers role. This finding is similar to Lave and Wenger's (1991) comment that little observable teaching was seen to take place by researchers of apprenticeship systems. Two practice teachers who mentioned structured teaching sessions were at extremes of the range of interviewees, one being the most experienced district nurse practice teacher and the other the most inexperienced health visitor practice teacher. For the district nurse the session was a one-off planned practical skills based teaching session demonstrating the use of a particular injection. The novice practice teacher however said that her teaching sessions were part of a set of resources she was preparing to support her role. However, as part of her practice teacher course she had interviewed community nurse students to gain their views on practice, through this she had gained information that led her to question whether her approach was going to be beneficial as the quote below indicates.

042/HV/1 When I interviewed the students I asked 'Do you have teaching sessions?' and they all said 'No'. I said 'how do you do it?' and they said 'oh we just talk in the car'. I said it might be something like jaundice that you need to go through and they said 'oh we go and look that up', which is fine but I just feel that if you're a CPT you should be able to... I feel you have to give them the time to go through something. One of the students said 'I don't want my CPT giving me teaching sessions its bad enough being in uni!' And I thought gosh am I doing the right thing.

Interestingly this novice practice teacher invited two other students to join her own student for a planned teaching session but none had turned up. The findings from this study including the above quote indicate that formal teaching sessions in practice are not valued by students or practice teachers. This again highlights that it is not the professional knowledge that is being acquired through transmission, as formal teaching sessions would be a good way to achieve this. It appears to be the informal and more spontaneous context driven experiences that are socialising the students and transforming them into professional practitioners that are valued.

Another planned teaching method again mentioned by two practice teachers was role play. This method although planned ahead of time involved much greater student participation than structured teaching sessions. It was mentioned as being very valuable as a tool to assess the student's readiness to progress from Stage 1 to Stage 2 especially when the student was weak, as stated by the interviewee below.

035/HV/1 It (*role play*) was one of the things I tried out of desperation at the point the student was going to have to go out in practice and I needed to let her go out in practice, but I also needed to feel happy and confident that she was giving the right information, as I wasn't going to be there.

Or it was used to fill a gap that the practice teacher was unable to find naturally or appropriately for the students. In this latter case however more practice teachers said they opted to use scenario work, a more informal and unplanned strategy as stated by the interviewee below.

062/HV/2 If I hadn't been able to do some of the things I wanted to do we'd talk about what she'd read and what she'd learnt. There was quite a lot of scenario stuff about 'this is the situation what would you do?'

Scenario work was reportedly used by thirteen practice teachers (Figure 6.2). In Table 6.7. the extract from Interview 039 highlighted the use of scenarios for more complex areas of practice that could be discussed in a safe environment. Scenario work was said to draw on real cases or typical cases that the student may come across, thus practice teachers considered the examples to be contextualised for the student and situated in practice, thus making them meaningful to the students developing role. Jordan (1989) makes a similar point to this stating that the discussion of problematic cases provides packages of situated learning for students. This approach to using scenarios to supplement observation and fill gaps in practice at a specific point of the practicum relates to Lave and Wenger's (1991) view that by situating learning students are provided with the opportunity to learn to talk the language of the community, the student is not learning to talk about practice from the outside but talk from within it. Typically practice teachers included scenario work during their reflective or supervision sessions with students, which may be a reason that scenario

work was considered valuable as it was located within what was viewed by practice teachers as a crucial part of their role.

All thirty practice teachers mentioned that reflection and supervision were integral to their activities with students. The way practice teachers reportedly used conversations within supervision and reflection sessions prior to and after experience supports Snyder and Wenger's (2004) view that these are amongst the most valuable ways that knowledge is disseminated. The importance of language within communities of practice was previously discussed in Chapter 4.4. A view supported by the interviewee below.

039/HV/3 Reflection is a way of learning, a method of learning whether or not what you've done is effective or whether you need to change what you are doing.

Interviewees considered reflection to be important by emphasising the amount of time needed for this aspect of practice so they could discuss experiences and relate these experiences to relevant professional knowledge. The need to ensure time was taken out of the day to sit down and discuss experience was mentioned by nineteen interviewees. The quote below demonstrates that this process is mutually participative with the practice teacher facilitating the reflection but the student working on applying theory to practice. Thus as Lave and Wenger (1991) state students are not only being given the chance to learn *from* talk but to learn *to* talk.

038/HV/6 I see it more as enabling them to learn and trying to get bits of the theory that they have done, you know after you've done your visit trying to put it together. ... They sort of reflect on the visit and asking them what they are doing at college, can they see it relating to anything, so usually they do it, I don't.

Supervision sessions and reflection were used by practice teachers not only to guide and direct the learner to what is important, they were also used to challenge students, to make them think and to make them question practice.

055/HV/7 Then you challenge them and they come back with something good and the spark and the big query and the discussion.

Through this process practice teachers provide the boundaries for professional development and use reflection as a tool for actively managing the students identity change and consequently their (re)production of the community nursing profession. This occurs

especially during Stages 2 and 3. The discussion and challenges as demonstrated in the quote below provide practice teachers with information about the student's progress, performance and level of development. Reflection and supervision are thus a central element of the practice teachers assessment strategy and complement what is being assessed through practice experiences.

037/DN/18 If it's an assessment we spend time afterwards going through the nursing records and asking her why she did this or had she thought of doing it a different way, that sort of thing. How correct it was and discussing what the outcomes were, how we can take the assessment further, where she's going to refer on to, that sort of thing.

The findings from this study support those of Cope *et al.* (2000) and Buysse *et al.* (2003) who viewed reflection to be central to making learning within communities of practice work, this was clearly the approach taken by practice teachers. However the time consuming nature of reflection and supervision along with the rest of the practice teachers role was acknowledged by interviewees. Protecting time was found to be a key theme within interviewee narratives.

6.3.1.1. Protecting time

In order to gain the right experiences practice teachers saw their role as protecting the time students needed. This was not easy as Interviewee 050 stated 'protecting that time is something that I have learnt to acquire', whereas four of the more experienced practice teachers as briefly mentioned in Chapter 6.2.1. above said they were finding protecting the time with their student increasingly difficult. Time was mentioned by twenty five interviewees, it was viewed as a precious commodity allowing the student to develop and grow. Students it was said should not be overloaded, they should be given the time to develop rather than the typical view within nursing that nurses should be busy 'doing' things (Cahill, 1996; Burkitt *et al.*, 2001). For example shadowing at the start was reported not merely to be the shadowing of a normal working day, so the student tagged along, the practice teacher protected the time by undertaking a smaller number of activities so there was time for reflection. When the student started practising alone the practice teacher continued to protect their time by giving them a workload that provided the experience to embed their identity not to get through the work as the interviewee below highlights.

045/DN/2 Well they shouldn't carry the same caseload, the allocation is usually in line with their learning outcomes. My student for example has followed a few patients because that is what she wanted and how she felt she could meet her learning outcomes.

There was no indication from interviewees that students had a set number of days to acquire a set number of activities and achieve a set number of professional skills and competences. The experiences created for students were geared towards a very gradual process of transformation. This process it was considered could not be rushed, so the practice teacher had to ensure that the rest of the community of practice, managers and other professionals recognised this and supported the practice teacher and student by allowing this time. Even students, who were already in the role before undertaking the course, for example school nurse students were seen to need the time to develop their professional role as the school nurse practice teacher demonstrates below.

056/SN/3 I think all my students would say that actually taking time out to do the specialist course gives you that time to do all the things that that you don't get a chance to do because you are so stressed with the day to day. What I try to do with my CPT hat on is to give them that space and that time to do the public health work and do it justice.

The practice teacher above thus facilitates the opportunity to do the 'special' things that normal practice does not allow. There was also said to be more time allocated for reflection so the school nurse students could develop and change their existing role, thus although they did not need to be socialised into the profession through lengthy shadowing (Chapter 6.2.1.) they needed the opportunity to transform into a specialist practitioner.

6.3.2. The practice teachers role in assessing progression

All thirty practice teachers mentioned their role in assessing students, however all but five examples given related to formative and continuous assessments undertaken in the first three socialisation stages (Table 6.1.). The practice teachers assessment role appeared to be predicated on the assumption that students will pass the course. The other significant finding from this area was that practice teachers had made their decision that the student would pass well before the end of the course. All these areas and the data to support them will be analysed below.

The emphasis placed on assessing student needs particularly through observation and reflection, then using this assessment to facilitate subsequent development is demonstrated from the extracts in Table 6.8. below.

Table 6.8. Sample interview extracts related to the practice teachers assessment role

Practice teacher role assessment	You need to do a good assessment on your student. You need to sit down and talk through their strengths and weaknesses (036)
-Formative assessment	<p>It's assessing their needs and taking it from there (038)</p> <p>The role is doing the assessment then moving it on. I think with everyone it all starts out the same, you take them in, you see where they are, you can get them to do a swot analysis, 'what are your strengths, what are your weaknesses?' Its working with someone and that is what the SCPT is allowed to do, you're allowed to work with them, you are allowed to get under their skin (061)</p> <p>I always go and do assessments with them, we do joint ones so I can see them and then when I'm happy and confident that they can do them (049)</p> <p>Assessing where they are and building on that (041)</p> <p>I see myself with my CPT hat on assessing the basics (056)</p> <p>You have to really mentor very closely and make sure their practices are up to the normal standards, just for doing normal things (051)</p> <p>I always do joint assessments with them, so I can see them and then when I'm happy and confident that they can do them alone (037)</p>
-Assessment through reflection	<p>Well you're assessing their learning particularly during reflection you want to see how they deal with a situation and looking back at it, what they have learnt from it and whether they could do it any better (039)</p> <p>I would go and assess them doing an assessment then we would discuss it and reflect on it afterwards and I would discover really where they were at and what their standard of work was. That would be a good first indicator of what level they were working at. To know that they were making appropriate decisions and also assessing that they knew when to ask for help (036)</p> <p>Your assessment role is observing what they are doing and assessing that through your reflections (041)</p> <p>I will be guided to a certain extent by the student and how competent they feel. Once they have demonstrated that they've got the knowledge to participate in the visit (057)</p>

As can be seen from Table 6.8. practice teachers considered that they were ensuring students have the basics, this implies that practice teachers have a mental representation of what attributes a student should have early in the course. This implication proved to be the

case as practice teachers were able to articulate what abilities students needed to bring with them when they started the course. This area will be returned to in Chapter 7.2.

All interviewees reported that their early assessments were ongoing. Careful assessment during the early part of the placement enabled the student's needs to be identified and from this met (Table 6.8.). Using this approach practice teachers appeared to see each student as unique and needing to be facilitated according to their individual needs, practice experience could then be individually tailored to the student. Thus 'knowing the student' is the initial key step in this process, which occurs from building the relationship between them, as outlined in Chapter 5.2. This approach by practice teachers also fits Mackenzie's (1992) finding that practice teachers structured the students experience to meet their learning needs.

Formative assessment and diagnosing need was consonant with the practice teachers nurturing role especially in Stages 1 and 2. In Table 6.8. Interviewee 061 discusses her assessment role using a dramatic metaphor about how the practice teacher gets inside the student to change them and socialise them into the new professional role. She then continued with the nurturing analogy to emphasise how formative assessment and development were interlinked in the quote below, a quote which adds further support to the scaffolding analogy in Chapter 6.2.2.

061/DN/4 It's a case more of nurturing. You've got a little seed that you are trying to protect to make sure it becomes a full grown flower or a plant, it's got the root there but it needs that bit of extra bio on top to get it to where it needs to be.

This formative assessment and nurturing role also accords with that reported by practice teachers in Ewens *et al.*'s (2001) study discussed in Chapter 2.4.3.

The intense period of between three and five months where practice teachers assessed and worked closely with students during Stages 1 and 2 culminated for many in the decision of whether the student would pass. When asked whether there is a point when they thought the student would pass the course 67% of interviewees (n=20) reported that they had made this decision by Christmas, with a further twenty percent (n=6) knowing by Easter. This

decision thus correlated with the move from participation (Stage 2) to solo practice (Stage 3) for 67% of practice teachers or soon after for the rest. This left only thirteen percent of practice teachers (n=4) making the decision after Easter. All the practice teachers who made the decision towards the end of the placement were novice practice teachers who reported that their students had difficulties. It could be considered therefore that these students although undertaking solo practice were not perceived to be demonstrating the identity of a community nurse.

The outcome of making decisions that students will be able to pass, so early, is that they go on to do so. Out of the thirty interviewees although over half reported examples of students with difficulties, as will be demonstrated in Chapter 7.3.2., none of them had failed a student, a staggeringly high pass rate considering between them the thirty practice teachers had worked with 132 students. Thus although five interviewees stated their role was to ensure competence and safe practice as the interviewee below states, they were making the decision that the student would pass at a point in time before competency could be deemed to have been reached.

053/HV/2 I suppose I'm there to ensure they are competent practitioners at the end of it. That they can practise safely, that they have met the competencies the outcomes to a required standard.

These five interviewees did not report having made the decision about the student passing later than their colleagues and were as equally likely to mention nurturing the student's abilities. All practice teachers stated that students had weaknesses and gaps in their development but these were considered weaknesses to be overcome, not a cause for the student to fail. Interviewees appeared to be working on an overriding optimistic assumption that everyone can pass as the following interviewee highlights.

059/HV/7 There is no reason why anyone should not pass in a sense, so if they get to the end and fail then you haven't done your job properly because you should identify that much earlier on and develop them so that they can reach a certain level. It's not like sitting an exam, where you've got to get ten out of ten is it?

Not only does this practice teacher consider that no student should fail, but any that did would be a failure on the practice teachers part. Thus once a practice teacher has judge that the student can pass, their job becomes one of ensuring this happens. Hard work can bring about this outcome as Interviewee 035 state:

035/HV/1 I wanted her to pass once I got to know her better I felt she had the capability of passing, it was just trying to get from thinking she can do it to proving that she could and that has taken a lot of work.

The findings from this study mirror those of Duffy's (2003) where giving attention to formative assessment to enable weak students to learn and develop was found to be a priority for the mentors of student nurses.

The five examples of summative related assessment were all said to occur in Stage 4, but as stated above the interviewees had made their decision that the student would pass three or four months earlier. The conclusion drawn from these findings is that practice teachers are not assessing students' competence and whether they have met the competencies laid down in the curriculum, even though that is what some either believe they are doing, or admit to be doing. Instead what they appear to be doing is making early assessments of what the student needs in order to gain a community nurse identity and nurturing the student so they gain the experiences to allow this to occur. When they see the student's identity start to change they decide that the student is suitable to become a community nurse. Practice is then provided to establish the change and the development of the community nurse identity. The transformation of identity is very apparent in the quote below where the student is not allowed to rush through the course acquiring skills and ticking boxes. What is being looked for is a lengthy process of development that builds into a change of perception and attitude to the role being undertaken.

061/DN/4 Some students you almost need to put the brakes on to make sure they are getting the foundations, I suppose the analogy is shifting sands isn't it. They are not just running across the top they are on a strong foundation on which to build their future career on and you have to test out that's where they are. ... That it's substantiated that it's not all voice, 'I can do this, I can do this'. Actually can you do this, prove it to me if you can, lets see. Hang on I'm going to pull the reins on, you're too busy running away with yourself you're not seeing the shift in the role I want to see that you're viewing things as a team leader.

In summary the aim of assessment thus appeared to change during the course as listed below:

- Stage 1 assessment – To judge whether the student understood and had started to assimilate the identity of the community nurse
- Stage 2 assessment – To judge whether the student was able to start enacting their identity as a community nurse
- Stage 3 assessment – To decide whether the student was continuing to develop their professional identity in a range of solo practice
- Stage 4 assessment – To complete the documentation

6.4. Conclusion

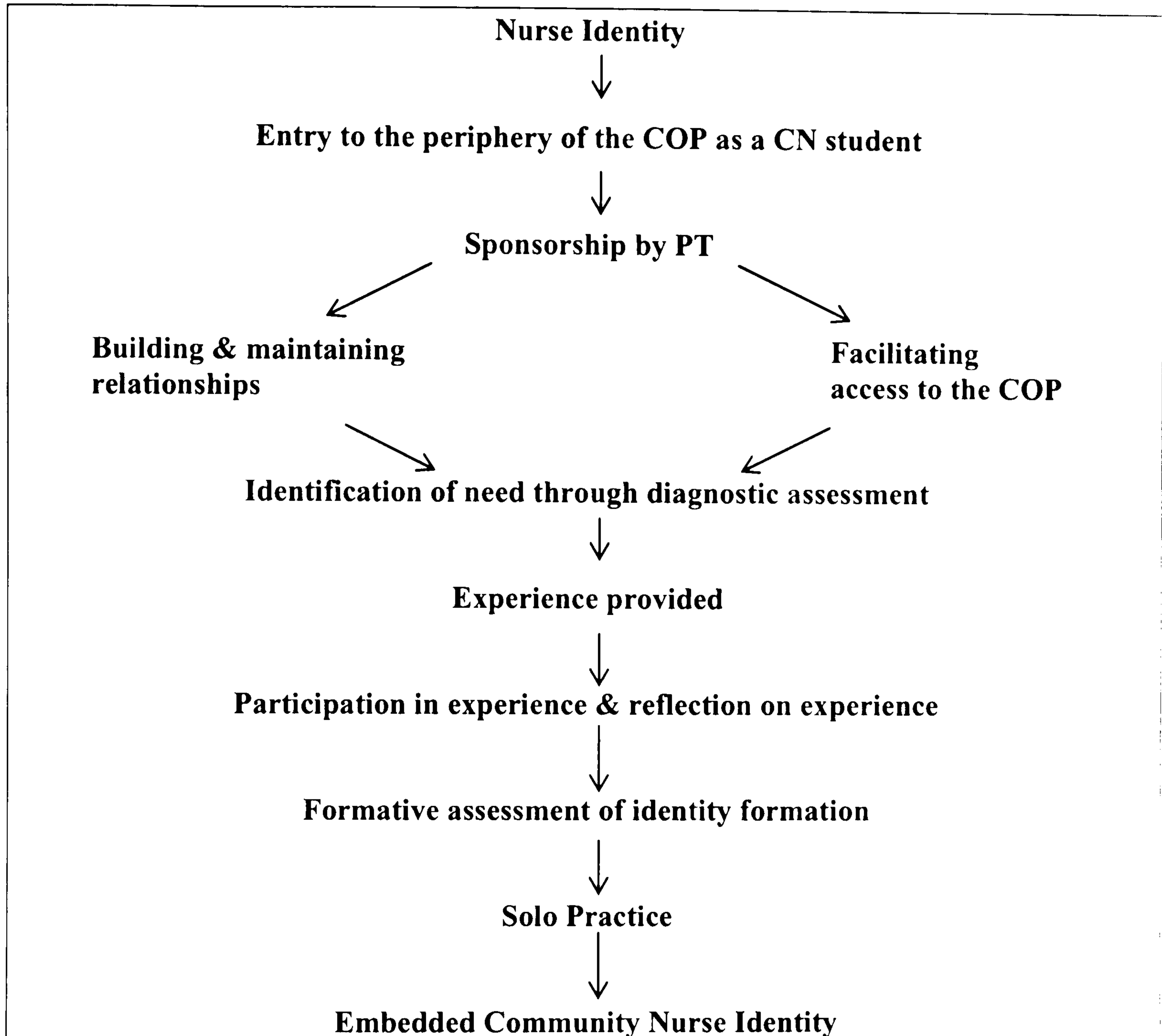
As this chapter has shown, from a practice teachers perspective the students practice placement involves them gaining a set of experiences, reflecting on these and being assessed as to whether they have made the transition into community nursing. However, the process is more complex and multifaceted than this. The students experience, reflection and assessment need to be contextualised, that is, situated within the culture of the professional discipline and it is the practice teacher within the community of practice who achieves this. Through their role in nurturing the student, practice teachers see themselves providing the glue that melds the process together, to enable the student to transform from a nurse to a community nurse within their chosen discipline. Thus the student gains the identity of a community nurse and practises it sufficiently, enabling the student to become an embodiment of community nursing practice.

From the data presented in this chapter the role of the practice teacher is perceived to be one of drawing the student into the community of practice so they can develop the identity of a professional community nurse. Once the practice teacher has drawn the student into the community they see their central role becoming one of cultivating an environment that facilitates the student's socialisation. Key to this is providing experiences that students can participate in, that are assessed as needed by the student. Quay (2003) would consider this identity development within the community of practice as a process of enculturation. Formal planned teaching was not identified by interviewees to be a central role they

enacted, although when initially asked what their role was, eighteen included 'teaching' in their response. However when they described what they did with students their narratives depicted the production of a context to support socialisation, enculturation and identity transformation. There was thus an apparent tension between the superficial response to the question about their role and their discussion of what they considered to be their practice. An interpretation of this tension is that the superficial response drew the 'expected' answer based on what practice teachers are told is their role by the Professional Body and HEIs. That is they were giving a response that indicated they were transmitting knowledge to students as required by the course curriculum. However, this was at odds with what they perceived to be their actual practice, which involved supporting the student to transform and 'become' a community nurse. The practice perceived to be enacted by practice teachers is in close accord with Lave and Wenger's (1991) view of learning through legitimate peripheral participation (LPP) in communities of practice. They consider that the process of learning implies the learner changes into a different person, it thus involves the construction of a new identity. Consequently LPP provides newcomers with not just observation but also participation, where the learner both absorbs and is absorbed into the culture of practice. Extended LPP provides opportunities to make the cultural practice the learners own, as was reported by the interviewees in my study.

From this chapter a clear progression can be seen to occur as students are socialised from being nurses to being community nurses. Figure 6.4. encapsulates the students progress, identified in Chapters 5. and 6.

Figure 6.4. The student journey through practice on the community nurse course



Within this chapter the practice teachers assessment role has been introduced. The complexity of this role when students were considered to present at either extreme of the ability range occupied a great deal of interviewee narrative. It also appeared to occupy a great deal of their thoughts, especially for those practice teachers that had worked with students experiencing difficulty. These discussions provided insight into practice teachers expectations of students, what they considered made students 'good' and what made them 'bad'. The next chapter thus provides a more detailed examination of assessment issues and how practice teachers perceived themselves to manage students with a range of abilities and monitor their developing professional identity.

Chapter Seven

Findings

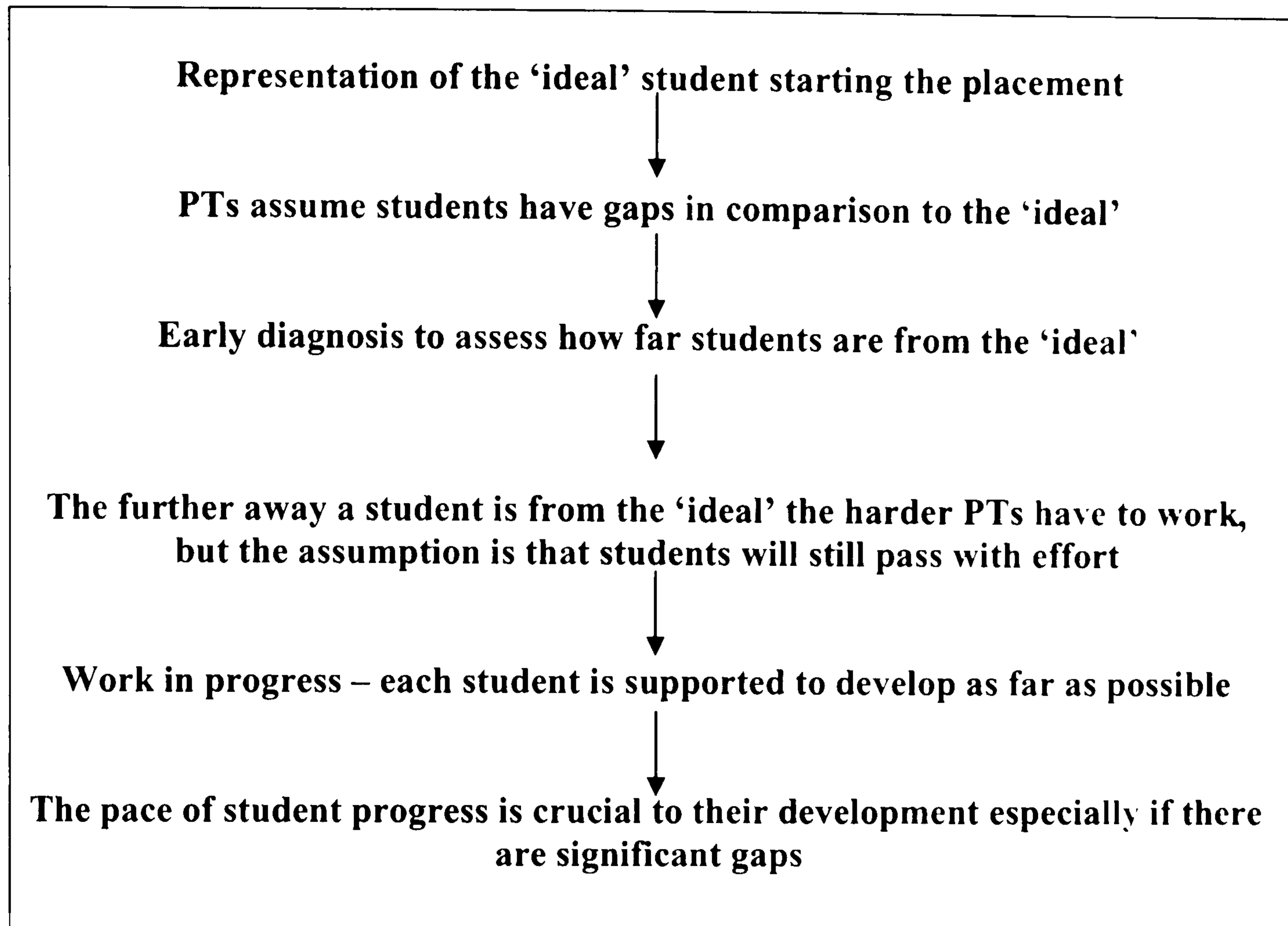
Practice teacher assessment of student professional development

7.1. Introduction

Chapter 6. presented practice teachers perceptions of how students progress in a staged approach through their placement. A progression which transformed students from nurses into community nurses and one in which practice teachers considered they held a central role. A role providing the student with opportunities to participate in experiences and reflect within the community of practice, opportunities that enabled students to gain the identity of the professional community nurse. Assessment was also perceived to be a significant part of the practice teachers role, especially in the early part of the course when the students learning needs were assessed. Practice teacher narratives about assessment of student progress highlighted the expectations practice teachers held of students. It was found that practice teachers held mental representations of what 'ideal' students starting the course and progressing through the course were like. Twenty students were perceived to be excellent and were identified as being closest to this 'ideal', they were seen to be special and likely to progress further than other students. At the opposite end of the continuum were twenty five students perceived as having difficulties of whom twelve were perceived as having major difficulties and seen to be furthest from the 'ideal'. The consequence when students were perceived to deviate significantly from this 'ideal' are explored within this chapter, including the strategies used by practice teachers to prevent or rectify such deviation. This study found contrasting strategies employed by experienced and novice practice teachers, it is suggested that this difference explains the finding that students placed with novice practice teachers were much more likely to be identified as having major problems.

The flow chart in Figure 7.1. represents an interpretation of the sequence of events in the assessment process, this sequence will be explored fully within the chapter and the data to support the sequence presented.

Figure 7.1. Sequence of the assessment process identified by practice teachers (PTs)



7.2. Representation of the 'ideal' student starting the placement

As discussed in Chapter 1.3. students enter the course as qualified nurses with a minimum of five years professional experience, it is thus not surprising that practice teachers hold expectations of the entry level attributes these students will possess. These attributes fell within four areas.

- Attitudes e.g. motivated, caring
- Communication skills
- Previous community nursing experience
- Clinical/nursing skills and knowledge

All interviewees discussed the importance of students arriving with appropriate attitudes and good communication skills. The attributes of an appropriate attitude as mentioned by practice teachers are presented in Table 7.1. with the number of practice teachers who mentioned each attribute given in brackets.

Table 7.1. Attitudes practice teachers valued in students

'Right' attitudes
Motivation and enthusiasm (n=25)
Empathetic, compassionate and caring (n=13)
Respect for clients and members of the team (n=13)
An enquiring mind and enthusiasm for learning (n= 12)
Open minded and flexible (n=12)
Honesty (n=9)
Self confidence (n=8)
Professionalism (n=7)
The ability to look at the wider picture (n=7)
Culturally aware and culturally sensitive (n=5)

Interviewees commented that most gaps in other areas could be filled if the student had the 'right' attitude. The 'right' attitude was also seen to enable them to unlearn previous practice and thus be more willing to change their identity to that of a community nurse.

Students possessing good communication skills were also mentioned by all interviewees, if not mentioned spontaneously when asked they reported this to be an area taken for granted as needed and thus requiring no articulation. As the quote below highlights, assumptions were made by interviewees about entry level attributes because of their previous nursing qualification.

053/HV/2 Good at communicating. The ability to empathise with families,... all those kinds of listening skills, counselling skills ... and just dealing with anger. But you'd expect most nurses to have those basic skills really.

Thirteen interviewees made comments that the 'right' attitude and good communication skills, were required because they could not be developed or learnt during the course. These interviewees supported their view by saying either there was insufficient time during the course, or because they were attributes that could not be learnt, they could only be further developed or built upon if the foundation existed already, as stated below.

043/HV/1 To be honest with you, in a people orientated profession I cannot see how anyone can do it without those skills to start off with. I do feel you have to have very good interpersonal skills. It's a difficult one but my personal opinion is that if you come into a profession where you deal with people you should have good

communication skills to start off with and if you lack in certain areas it's a question of polishing and you shouldn't need much.

However, as will be discussed in Chapter 7.3.2. (see Tables 7.5. and 7.6.) twenty three of the twenty five students with reported difficulties were said to have difficulties in the areas of communication and attitude. However it did not result in failure if these difficulties were not overcome, as demonstrated by interviewee 049 below.

049/DN/13 To teach someone how to speak in a professional manner to another professional if they have never done it is actually very difficult, especially if they are not very confident. ... I don't think you can make people confident overnight, no I think that is something they do need to come with. The one in particular that was weak did lack in confidence and you know it is going to take many years. They have to be mentored for a couple of years when they qualify.

This interviewee expressed ambivalence within this narrative, recognising that students who did not come in with certain attributes would not have caught up that ground when they finished and consequently need more support afterwards. However even without the required attribute the student was still able to pass. This interviewee's statement, that the absence of 'required' attributes did not mean students would not pass, they would just need greater support on qualifying, resonated with all but one practice teacher. The one negative case, Interviewee 043, has also been discussed as in a negative case in Chapter 7.3.2.2. below.

However there was no consensus regarding the need for students to have previous community nursing experience in order to achieve the standard required by the end of the course. The main factor influencing interviewees appeared to be their own experience prior to undertaking the community nursing course, with 60% (n=22) of responses matching the practice teachers own experience. Where practice teachers gave a contrasting response it had been influenced by their experience of working with a student who had changed their attitude. For example Interviewee 055 had community nursing experience before doing the course but had changed her mind that it was necessary after working with a student who had no previous community nursing experience but many other attribute, as the quote below highlights.

055/HV/7 I thought having some community background does give you that edge in terms of settling in. But it proved to me that obviously it is just having a mind set, because this person had come

from a private hospital. I recognised that it is not so much the background you've worked in but your own need for making changes and moving things forward and being flexible and being able to apply it to where you are. So it's the profile of the student themselves rather than the jobs they've done.

Whereas attitudes and communication skills were unanimously voiced to be needed and previous community nursing experience was debated regarding its necessity, clinical/nursing skills and knowledge were mentioned as if of minor importance. With a minimum of five years of professional experience students were recognised to commence the course with a range of clinical/nursing skills and knowledge, however none of the interviewees identified specific areas that were required and twenty one acknowledged that students would have many gaps in their knowledge. The comment by interviewee 050 below expressed the belief held by all interviewees that students need some knowledge and skills in the areas of clinical nursing on which they could build, but this is not a major requirement.

050/DN/7 There needs to be a bit of experience and clinical skills ... to a degree there have to be some, there doesn't have to be lots, but at least some they've got a foothold in.

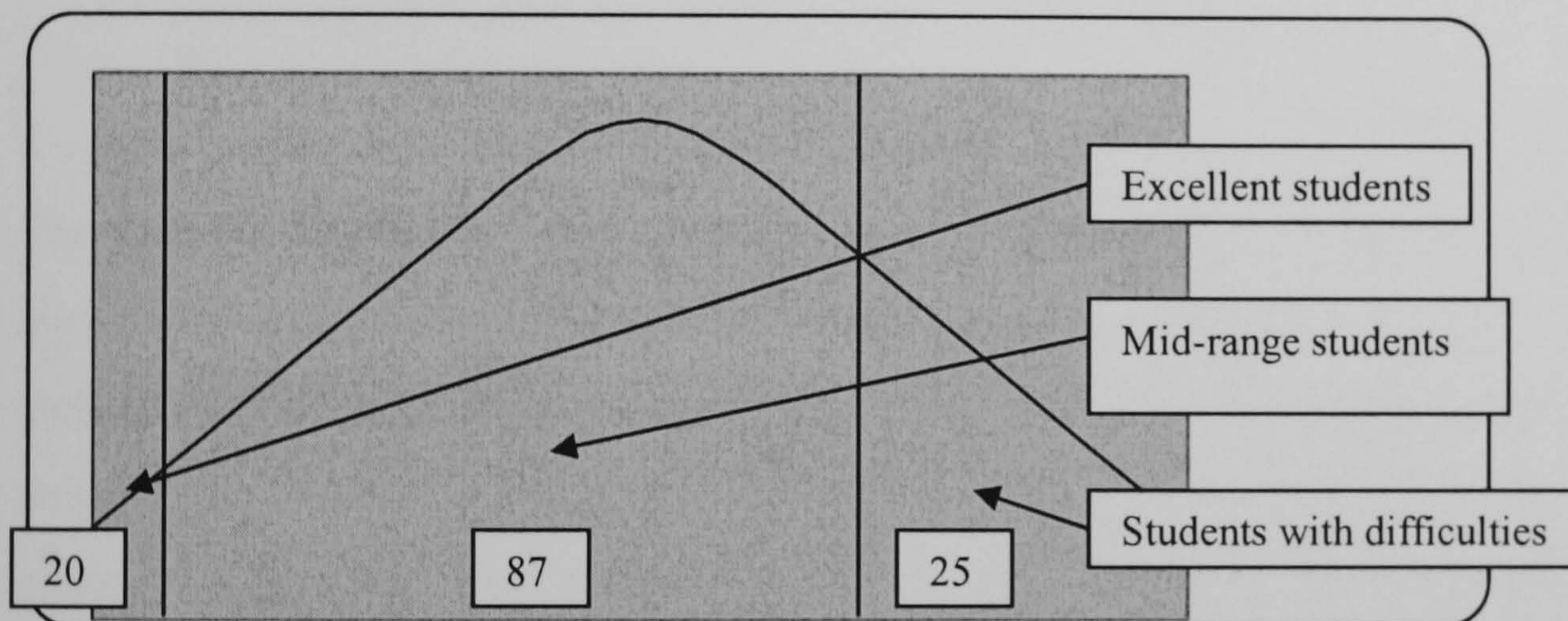
All interviewees recognised that the gaps in clinical/nursing skills and knowledge which students come with could be filled during the course, 'I think most gaps can be filled' (049). They were also unanimous in saying that the more gaps there were or the more crucial the area of the gap the harder it is for all concerned to compensate for this during the course. This was because the course was seen to be short and already intense. If remedial work was required within the course or students had to address extraneous issues impacting on them it increased the likelihood of not achieving the required level of development within the timescale allocated. The quote below highlights this balance between gaps and strengths.

062/HV/2 My second student had had community experience so where she was at a disadvantage about no paediatric experience what she did have in bundles was the ability to go knocking on doors. She started half way up the ladder if not higher in that. That was probably the saving grace, that's what meant she got there at the right time at the end of the course.

7.3. Assessment of student ability

Chapter 6. explored how practice teachers saw themselves undertaking formative assessments to identify students strengths and limitations and then work with students to develop these areas as outlined in steps 4 and 5 in Figure 7.1. Through this process practice teachers are able to identify the students pace of progress and whether there are any concerns regarding the rate of progress in comparison to what needs to be achieved. From interviewee narratives practice teachers appeared to identify three ability bands, which numerically gave the appearance of a normally distributed population as depicted in Figure 7.2.

Figure 7.2. Practice teachers perception of student ability bands



The numbers in the boxes within the graph represent the number of students identified in each band by practice teachers. Out of a total of 132 students 66% (n=87) were considered to have gaps, but not too many and progressed in their professional development at a good rate. It was not this majority of students however that absorbed the narratives of interviewees, it was those that fell in the extremes who were identified as excellent or having difficulties that provided over 75% of the examples.

7.3.1. The excellent student

There were a total of twenty students (11%) out of 132 who were identified as excellent by fourteen practice teachers. From the narratives of the fourteen practice teachers characteristics of excellent students were identified, these are presented in Table 7.2. with the number of times each characteristic was mentioned by practice teachers in brackets.

Table 7.2. Characteristics of the excellent student

Characteristics of the excellent student
<ul style="list-style-type: none">• Highly motivated/enthusiastic/keen – (n=14)• Putting in extra effort outside work with wide reading and gathering research which they can discuss and apply – (n=6)• Go the extra mile – (n=5)• Self directed – (n=4)• Wanting to be stretched, responsive to being stretched and challenged – (n=3)• Working at a higher level in comparison with other students – (n=4)• Using their initiative and being innovative – (n=3)• Bright/spark/acumen – (n=4)• Loves the job and working in the community, enjoys what they are doing – (n=3)• Extrovert/outgoing – (n=3)• Analytical with good problem solving skills – (n=4)• ‘Right’ attitude with clients: caring and empathetic – (n=5)• Focussed and organised – (n=3)• Willing to challenge – (n=4)

The fourteen practice teachers reported that excellent students progressed through experience quicker and start more challenging aspects of practice sooner. Excellent students were also seen to gain more advanced experiences than other students and as a consequence had a quicker trajectory of identity development leaving longer to practise this identity (Stages 3 & 4 in Chapters 6.2.3. and 6.2.4.), for example in district nursing this was the team management aspect of the role. This gives students an added advantage at the end of the course as they were seen to progress further in their development as discussed by the two interviewees below. The following quotes from experienced practice teachers encapsulate the view that these ‘excellent’ students were ‘special’, progressed more quickly and further. As a consequence all their practice teachers had made a decision that they would pass the course by Christmas.

036/DN/5 My last student was just wonderful and got a first. Funnily enough I learnt from her and she was just excellent, very motivated. I was facilitating and opening doors for her and pointing her in directions far above things I’d done for other students. She was working at a much higher level, she got everything I’d done with previous students and she still needed to be stretched, she needed to stretch herself and explore.

044/HV/15 (Name of student) was so brilliant, I remember once she had a group teaching session and there was a lady, it was on

immunisations and this lady was completely against immunisations. (Name of student) took this class and before the end of the end of the session the lady was in the clinic having her baby immunised. I couldn't believe it, I'll never forget that one, it was a great experience.

As can be seen by these quotes practice teachers who considered that one of their students had been excellent expressed pleasure, satisfaction, pride and held high aspirations for them after qualifying. Interviewee 042 said of her student 'perhaps she'll remember me', as an indicator that she thought the student would go on to great things. The characteristics of excellent students were reported to make the practice teachers role easier because the student was so receptive, open to learning, motivated and gave practice teachers lots of feedback. The two most experienced district nurse practice teachers in particular said they did not have to work as hard when the student was excellent as Interviewee 049 states.

049/DN/13 And basically me not having to do as much work that's how I see it, they are giving, I've had a few like that.

These seemed very honest comments from two practice teachers who had the confidence to say what they thought without being concerned to show themselves in the most positive light. In contrast two interviewees said it was also challenging to work with excellent students as they were pushed to ensure they were a step ahead of the student.

Interviewee 059 highlighted in her discussion below the qualities of an excellent student, these qualities are the qualities identified in both an 'ideal' community nurse and an 'ideal' practice teacher. The overlapping qualities of a positive attitude, organisational ability, analytical assessment skills and clarity will be explored in the relation to community nurses and practice teachers within Chapter 9.3.

059/HV/7 There is a certain spark about her approach to her work, she was willing to do anything, she was willing to learn anything, she was very organised. She could step back and have an overview of what was going on very quickly, which is quite tricky. If she had a big problem to deal with you could see that she could look round and work out what needed to be done, which no one taught her, that's something that she has, problem solving basically.

The descriptions of excellent students made by fourteen practice teachers mirrored the profile of the 'ideal' student whilst on the course. This 'ideal' representation emerged from the collated responses of all interviewees including the fourteen who considered they had

worked with excellent students and the sixteen who had not. Each of these attributes presented in Table 7.3. were mentioned by a minimum of sixteen practice teachers.

Table 7.3. Profile of the ‘ideal’ student whilst on the course

<p>Good all round general experience with no major gaps</p> <p>Open to learning with a thirst for knowledge and an enthusiasm for developing their skills</p> <p>Respect for the practice teacher and other team members</p> <p>The right attitudes to working in the community and working with clients</p> <p>A passion for the discipline they are following</p> <p>Responsive to constructive criticism</p> <p>Bright, intuitive and able to solve problems</p> <p>Demonstrates quick progress</p> <p>Free of personal problems that impact on their studies</p>

The attributes in bold are the attributes of an ‘ideal’ student on the course in addition to those of the entry level student.

7.3.2. The student with difficulties

There were twenty five students (19%) identified as having difficulties by eighteen practice teachers. Information about each student identified as having difficulty is provided in Table 7.4. and 7.5. below.

Table 7.4. Summary of students with reportedly major difficulties

Area of difficulty	Number of students	Level of practice teacher experience	Issues reported by practice teachers	Outcome
Attitude, communication, slow progress & struggling academically	8	1&2 1 st student 3&4 2 nd student 5 to 8 3 rd + student	1. 2. 3. 4. 5. Also family problems 6. See *1 below 7. & 8. Student moved to placement due to previous placement breakdown	Passed Student moved Student moved Student withdrew Student withdrew Passed*1 Passed but both continued to have problems
Attitude & communication	2	1 st student	9. Rude and aggressive to PT and colleagues. 10. Rigid and inflexible attitude. Verbally sharp. Both students reportedly thought they knew it all.	Passed Decision right at the end Passed Decision right at the end
Communication & struggling academically	1	1 st student	11. Good nurse but serious language difficulties. Employer organised language classes	Passed
Attitude & struggling academically	1	1 st student	13. Student perceived to have large gaps in clinical/nursing skills and knowledge	Passed
Total	12			

*1 The student was reported to be globally weak, but late in the placement there was an incident of unsafe practice that the student did not acknowledge. A subsequent bereavement resulted in the student having extended time and due to no further unsafe incidents and continued progress the student passed, however the practice teacher made this decision reluctantly.

Table 7.5. Summary of students identified as having minor difficulties

Area of difficulty	Number of students	Level of practice teacher experience	Issues reported by practice teachers	Outcome
Attitude	9	1 st student	1. Minimal effort – Student reportedly viewed the course as a stepping stone	Passed
		2 nd to 9 th 3 rd + student	2. & 3. Minimal effort – Students reportedly viewed the course as a stepping stone	Both passed
			4, 5. & 6. Students appeared to think they knew it all, reportedly hard to change	All passed
Communication	1	1 st student	7. & 8. Students moved to placement due to previous placement breakdown. 9. Also family problems 10. Written communication quickly resolved	Both passed Passed after more time Passed
Slow progress	1	3 rd + student	11. Also family problems	Passed after more time
Struggling academically	1	3 rd + student	12. Also family and health problems	Passed after more time
Communication & struggling academically	1	3 rd + student	13. Good practitioner but poor command of English	Passed
Total	13			

As can be seen from Tables 7.4. and 7.5. the twenty five students with difficulties were reported by practice teachers to have either major (n=12) or minor difficulties (n=13). This would indicate there is a continuum from students deemed excellent to those with major difficulties, a continuum that would be expected within a normally distributed population as depicted in Figure 7.2. Detailed analysis of the twenty five students reported to have difficulties provided important findings. These findings identify how practice teachers come to consider students to be difficult, how they manage student difficulties and what the consequences are for students and practice teachers.

Students identified with difficulties were all seen to have issues within one or more of the following areas:

- Attitude (n=21 – 84%)
- Communication (n=13 – 52%)
- Rate of progress – being slow (n=9 – 36%)
- Academic problems (n=12 – 48%)

The number of students identified as having a difficulty in one of these four is represented within the brackets. It is not surprising that attitude and communication were found to be the commonest areas of difficulty as stated in Chapter 7.2. these were the two areas all interviewees expected to be good on entering the course. It appeared significant that 84% (n=21) of students identified with a difficulty were perceived to have issues regarding attitudes. Table 7.6. provides the examples practice teachers cited as evidence for the students difficulty. The number in brackets represents the number of students for whom this was given as an example.

Table 7.6. Information comprising areas of difficulty

Area of difficulty	Features of the area
Attitude	<p>Lacks motivation, does not appear interested or committed (3) Says they are doing the course because they want to go into another area of practice (5) Demonstrates limited effort (4) Insensitive to clients, demonstrates judgemental attitudes (3) Makes comments that demonstrate a lack of appropriate cultural awareness (2) Dictates to clients, acts in an authoritative manner with them (4) Unfriendly and unapproachable to clients (3) Shows disrespect for colleagues including the practice teacher (4) Rude and aggressive (2) Not prepared to listen to anyone else's point of view (3) Refuses to reflect (3) Told lies (1) Becomes defensive and/or aggressive when given constructive criticism (6) Very insecure, lacking in confidence (3) Wants to be spoon fed, wont take any initiative (4)</p>
Communication	<p>Poor verbal communication: doesn't ask the right questions (5) Fails to give appropriate advice at a stage in the course they should be able to (5) Poor non verbal communication: misses cues from clients (3) Poor non verbal communication: displays inappropriate attitudes through non verbal communication (3) Poor written communication: cannot take messages appropriately; cannot write intelligible reports; records are littered with grammar and spelling errors (4) Extremely introverted and quiet, rarely initiates or joins in discussions without being pushed to do so (4)</p>
Slow rate of progress	<p>The student is starting from so far back they could not catch up in time (4) The student does not pick things up, constant reiteration is needed (5) The student makes a step forward and then a step back, there is no consistency (3) The student doesn't apply theory to practice (2) The student is not reading around areas of practice knowledge so has a poor theoretical base (4) Demonstrates unsafe practice (1) The student's anxiety is getting in their way of making progress (4) The student is overwhelmed with other issues such as family problems or their academic work and so they cannot focus on practice (4)</p>
Academic problems	<p>Concentrates on university assignments instead of reading round knowledge needed for practice (8) Asks for time off or takes time off from practice to do essays (2) Spends a lot of time in practice expressing anxiety about academic work (6) Struggling to keep up with academic work (3) Needing extensions for academic work (4) Failing academic work (2)</p>

Making slow progress or struggling academically were never identified as a cause of difficulty alone, as can be seen from Table 7.5., students 11 and 12 also had outside problems that were also viewed as impacting on practice. This is not to say that students in the mid-range of ability did not face challenges in these areas, but they were not to a level that identified them as difficulties. Five practice teachers made the link between students struggling in practice and in their academic work, as highlighted in the quote below.

049/DN/13 From my own personal experience people who find academia really difficult are the people who struggle, because they are so preoccupied about doing their assignments. Plus if they are not used to looking at research, using research based practice then I think that's when their practice falls down.

This interviewee went on to compare the student with difficulties to an excellent student in order to emphasise the contrast. This description of the excellent student as stated above has many elements of the ideal student profile from Table 7.3.

049/DN/13 They are not like the excellent student who is thinking 'I am nursing this person today with a Hickman line I must go on the internet and have a look and have a chat to some other people about what they are doing' and come back and say 'oh well in this trust they are doing x, y, and z'. 'I've just spoken to so and so, why don't we do that'. Whereas the other person will be writing their assignment and that's all out of the window.

When all twenty five cases of students with difficulties were synthesised using the data from Tables 7.4., 7.5., and 7.6., a five category model emerged, which is presented in Table 7.7.

Table 7.7. Students who are identified by practice teachers (PTs) as having major and minor difficulties

Stepping stone (doing the course for the qualification)	Know it all (student resists attempts made to change them)	Troubled student (has outside issues that compound areas of weakness)	Weak student (has significant gap/s to fill)	Potentially failing student (has gaps that they struggle to fill or struggle to take on new learning)
<p>Hard work because although they are often seen to be able students they are hard to motivate and enthuse leaving PTs de-motivated. Students usually pass without difficulty because they do everything that is needed to pass.</p> <p>Outcome Students pass</p>	<p>Hard work for the PT who finds them quite rejecting and not open to learning or new ideas. PTs hope the student realises that they have been viewing practice in a narrow way. Where this happens student difficulties are seen as minor. If the rejection manifested is extreme and long lasting the difficulties are seen to be major</p> <p>Outcome Students pass</p>	<p>Hard work because they are frequently needy and demanding students. It is common for those with serious problems to require extra time.</p> <p>Outcome Students pass but may need longer</p>	<p>Hard work because the student has to try and achieve more during the course to fill gaps, this is mediated if the student has areas of strength.</p> <p>Outcome Students pass</p>	<p>Hard work as the PT struggles to find the key to unlock the barrier to learning. High level of frustration and anxiety are experienced.</p> <p>Outcome Students are: moved to another placement (n=2), choose to withdraw (n=2). Or pass with reservations (n 6) Weaknesses taken into qualified practice and persist (n=2)</p>
<p>3 Students Identified Major 0 Minor 3</p>	<p>5 Students Identified Major 2 Minor 3</p>	<p>3 Students Identified Major 0 Minor 3</p>	<p>4 Students Identified Major 0 Minor 4</p>	<p>10 Students Identified Major 10 Minor 0</p>

Individuals who demonstrate to practice teachers the characteristics described as the 'stepping stone student', the 'know it all student' or the 'troubled student' as indicated in Table 7.7. above are indicative of students whose motivation, enthusiasm and participation in the community of practice are in some ways problematic. Billett (1998) proposed that such student's attitude or preference towards the discipline they have chosen is somehow compromised. Whereas students perceived to have the characteristics practice teachers referred to as 'potentially failing' students with major difficulties (Table 7.7.) were exhibiting global weaknesses and making progress that was too slow for what needed to be achieved. Such students would fit Billett's description of students without the cognitive structures to construct the meaning necessary to participate in and learn from the situated learning experiences provided.

This model shows that all twelve students identified as having major difficulties were in either the 'know it all' category or 'potentially failing' category. Table 7.7. shows that although no students were failed by their practice teachers it was the students identified in the 'potentially failing' category who were at risk of not successfully completing the placement, as 40% (n=4) were either moved or withdrew. The importance of identifying students likely to fall into this category is explored in greater depth within Chapters 7.3.2.2. and 10.5.2.1.

The twelve students identified as having major difficulties (Table 7.4.) all had at least two areas of difficulty and 67% (n=8) of them had difficulty in all four areas. Examination of these twelve students identified that eight of their practice teachers were novices¹⁰, the other four practice teachers were experienced¹¹, (Table 7.7.). For two of the students with experienced practice teachers it was their second placement, the first having reportedly broken down due to student difficulties. Thus it was found from this study to be far more likely that students identified as having major difficulties in their initial placement were in a placement with a novice practice teacher with a ratio of 80% to 20%. In comparison students identified as having minor difficulties were more likely to be with experienced

¹⁰ Novices were practice teachers with their first or second community nursing student.

¹¹ Experienced practice teachers had worked with three or more community nursing students.

practice teachers. Out of thirteen students (Table 7.5.) there were eleven practice teachers, as two practice teachers reported they had had more than one student with minor difficulties, the ratio was:

9 experienced practice teachers : 2 novice practice teachers

Again attitude and communication were the most common areas of difficulty (85% n=11), but in the case of a minor difficulty it was usually the only area affected.

Closer analysis of the correlation between student difficulties and practice teacher level of experience led to the emergence of two key findings. The first related to the students perceived level of recognition of the problem and how receptive they were to accepting support to address the problem. The second related to strategies adopted by practice teachers to manage the difficulties. Differences found in these two areas between novice and experienced practice teachers could explain why experienced practice teachers appeared to prevent problems being identified or resolved at a stage before they become major. The strategies used by experienced practice teachers could also be interpreted as controlling strategies, which attempted to force the student to return to, or get onto the expected trajectory to gain the identity of a professional community nurse.

7.3.2.1. Receptiveness of student to issues

As can be seen from Table 7.8. below there were twenty five pairs of practice teachers and students with difficulties. In the novice practice teacher pairs only one student out of ten (10%) was said to acknowledge the difficulties, in contrast 67% (n=10) of the students with experienced practice teachers reportedly acknowledged the difficulty.

Table 7.8. Correlation between student recognition of difficulties and practice teachers level of experience

Practice Teachers level of experience	Students recognition of the difficulty/ies
10 Novice practice teacher : student pairs	1 student acknowledged the difficulties
	9 students did not acknowledge difficulties at all or until late in the placement
15 Experienced practice teacher : student pairs	10 students acknowledged the difficulties
	5 students did not acknowledge difficulties at all or until late in the placement

Early acknowledgement of difficulties was perceived by practice teachers to lead to students being able to address issues in a timely manner so they did not become major problems late into the course. A point emphasised by Interviewee 063 'The course is a demanding course it does require that you focus and move on pretty fast.' However for novice practice teachers it was a battle to get the student to acknowledge the issues so they could be addressed, as Interviewee 035 highlights below.

035/HV/1 The communication style she had with the clients was quite authoritative in their home, sometimes it felt like she was speaking down to them and the eye contact with the clients wasn't good, but the student couldn't see where I was coming from, or didn't agree with what I was saying.

Those students who failed to acknowledge the difficulties, as described in the quotes below, were said to be more rejecting of the support provided, which accounts for a number of the attitudes featured in Table 7.7. above.

037/DN/18 Occasionally you get one who thinks they know it all basically from day one and I find that difficult, it is hard to change them.

061/DN/4 The main difficulty has been when the student doesn't realise that they have a problem that is very hard, but they seem to think that they are doing OK but they are actually not.

Interviewee 037 in the above quote is explicit in stating the practice teachers role is to change the student, to change their personality and that certain traits are more resistant to being changed and hence make the practice teachers job more difficult. Whereas students who acknowledged the difficulties and accepted the help and support offered by their practice teachers were spoken of in a positive way by ten practice teachers as Interviewee 040 states below.

040/SN/4 (Name) found it very hard she had health problems she had an extension but she got there, we worked really hard to get her there. But she was very receptive of anything you would give her.

It could be argued that students who are receptive to their practice teachers help and support meet the need to nurture that all but one practice teacher in this study exhibited. This practice teacher provided a negative case regarding nurturance as discussed in Chapter 7.3.2.2. For the other practice teachers their narratives indicate that it is their job to make

sure the student passes and it would be their failure if the student did not pass (Chapter 6.3.2.). This need to nurture is an attribute prized in nursing and motherhood and as previously mentioned will be discussed in more detail within Chapter 8.2.1.1. Not surprising there was a correlation between receptiveness of nurturance and reports that the relationship between the practice teacher and student were good. From the discussion in Chapter 5.2. it could be that the quality of the relationship directs the students level of receptiveness. Conversely it could be the student's personality which directs both how receptive they are and whether they allow the practice teacher to build a good relationship with them. Whatever the cause acknowledgement of issues and receptivity to support were considered crucial when more than one area of difficulty was involved. If more than one area of difficulty was involved and there was a delay in the difficulty being addressed each stage of the socialisation process was elongated (Chapter 6.2.). This reduced the amount of time for the more complex and challenging areas of practice which take place later in the course. This contracted the last stage, thus reducing the time available for embedding the students new identity, which had consequences for qualified practice as the interviewee below indicates.

LS The student who nearly failed did she do the team leading and managing skills?

049/DN/13 Yes right at the end, which then they are not quite so prepared when they go into the next job, they are struggling for the first year I think.

7.3.2.2. Management of student difficulties

All interviewees reported that having a student with difficulties made their job emotionally and physically very hard and demanding.

061/DN/4 When you have a student that is intuitive they are picking up whilst you are doing things, the explanation at your reflective session is good enough. When you've got a student whose not and your explaining yourself all the time it is very very hard and you come away with a headache, that muzzy headed feeling because your stressed and your thinking 'how else can I go at this, I must be doing this in a wrong way', so you go at it from a different angle the next day.

However for novice practice teachers the experience of having a student with major difficulties was reported to be particularly distressing and emotionally exhausting. All but one novice practice teacher (n= 7) who identified their student as having major difficulties expressed feeling out of their depth and overwhelmed, with five saying the experience had left them feeling like they had failed the student. Two of the interviewees in this category expressed their despair very clearly in the quotes below.

035/HV/1 'I was totally overwhelmed'. 'I actually felt out of my depth for quite a while'.

039/HV/3 It drained me emotionally as well as physically, it took a while after to really recover from it, I felt myself that I had failed her. You start questioning yourself where did I go wrong? I did really feel traumatised by the whole experience of it.

As discussed in Chapter 5.2. Jardine and Asherson (1992) considered stress and exhaustion to be a natural reaction by new community nurse mentors to the intensity of the relationship and the constant shadowing by a student on a one to one basis. If this is compounded by the practice teacher's view that the student has major difficulties, which they should be able to resolve but cannot, the distress and exhaustion may push the practice teacher to the limits of their coping capacity as indicated by seven novice practice teachers in this study.

The novice practice teacher who did not report the experience to have been traumatic had previously worked as a nurse tutor. This formed a negative case, in which the practice teacher did not take either the student's difficulties, or the student's reaction to being confronted, personally. She reported that overcoming the difficulties was exhausting but not personally distressing. This reaction was more closely aligned to the experienced practice teachers, which is probably the result of her previous experience of working with students whilst a tutor.

Five of the practice teachers with students who had major difficulties were still novices at the time of the interview, these five expressed the highest level of trauma. Of them all Interviewee 043 expressed the greatest level of distress, at times her pain and anger were palpable as the experience had recently happened, the student was the interviewee's first

student and the outcome had not been resolved. The extract below highlights not only the feeling of failure by the practice teacher but also the frustration caused by the student resisting the socialisation process. Later in the interview the interviewee reported that the student did not have the personality for the role of health visitor, was not prepared to change and did not acknowledge that she had a problem. This quote provided a clear example of a practice teacher attempting to change a student's identity and in this case feeling she had failed.

043/HV/1 I suppose she didn't develop the way I would have liked her to and I feel that reflects on me. Everybody else probably thinks it's the student but you personally think it's you, a failing in you, which is one of the things that makes it such a horrible experience.

I don't think she thinks she's got a problem. I think she just thinks it's her personality and you know that's the way she is and why should she change for the job. Well why should she be in the job if she hasn't got the personality that fits it.

Interestingly although all five novice practice teachers reported a sense of failure two finished with a higher sense of achievement and a greater sense of their own abilities as practice teachers than the other three, who all continued to feel very distressed after the event. In the first two the practice teachers felt their struggles resulted in a positive outcome, the students were seen to change, they passed and there was a sense of closure. Interviewee 035's narrative exemplifies her positive outlook and sense of achievement, it also provides a sense of the journey undertaken, a concept that will be returned to in Chapter 9.4.

035/HV/1 I think for me it's positive to look at where we were at the beginning of the course and look at how we have come through it and see where we are now and that is an achievement in itself and makes the job all worthwhile.

In the latter three the placement ended early and the practice teachers were left with a high level of frustration and an ongoing sense of their own failure. Interviewee 043's continuing sense of foreboding comes across in the following extract.

043/HV/1 I'm dreading next year. ... At the moment I don't know whether I want to continue with community practice teaching and certainly if I had another experience next year like this year it would probably put me off it forever and a day.

The interviewee went on to talk about the interviewing process for the following year's students, in this narrative there is a strong view of a 'right' type of person for the role.

043/HV/1 There were some people going for health visiting and I just thought 'oh please they can't get through if I end up with someone like this I will just top myself'. Fortunately the other interviewers agreed with me, but I could just see them lowering the threshold and these people getting through and you knowwho just aren't suitable to do the job.

The interviewee's failure to change the student into this type of person led to the expression of a lot of negative feelings including anger and dislike towards the student. There were no expressions of nurturance or looking for the best in the student and no sense of a relationship between the practice teacher and student. It is impossible to unpick from this scenario whether the practice teacher became like this borne out of a sense of frustration that she was not able to change the student. Or whether it was the practice teacher's characteristics that caused the student to withdraw in to herself resulting in a lack of relationship and the breakdown of the placement. It is the expression of anger, frustration and distress that led Interviewee 043 to be a negative case in a number of areas as highlighted in Chapters 5.2., 7.2.2. and 7.3.2.1.

The other two interviewees did not present the same level of distress, for one of these the interview took place a year after the experience and so the passage of time may have ameliorated the emotion. The other interviewee had worked with a student the year before, which had gone well so she had a positive experience to balance the second negative experience against.

The narratives of the ten novice practice teachers (Table 7.8.) were analysed to compare the strategies they said they had used and contrast these with the strategies reportedly used by experienced practice teachers. Themes emerged which highlighted the contrast between these ten novices and their experienced counterparts, these different practices are listed in Table 7.9. below.

Table 7.9. Strategies employed by experienced practice teachers that novice practice teachers did not use

Experienced practice teacher were:	Novice practice teachers:
<ul style="list-style-type: none"> • clearer in feeding back areas of student weakness • constructive in feeding back areas of student weakness • quicker in feeding back areas of student weakness 	<ul style="list-style-type: none"> • were not clear enough in their feedback to the student what the problems were • did not confront difficulties early enough • did not access support from the university or employer at all or early enough • made assumptions or had unrealistic expectations of the students

Eight novice interviewees reported that they had not been clear in their feedback to students when concerns were present ‘up to now I haven’t been too clear’ (047). Lack of clarity on the part of the novice practice teacher could be a reason for the students failure to recognise the difficulties, as these interviewees also expressed frustration that the students did not acknowledge there was a difficulty. The extract below highlights the correlation between being clear in feeding back concerns and students recognising the difficulty. This interviewee gives two reasons for not being clear, wanting to be kind and not wanting the student to lose confidence. One or both of these reasons were mentioned by all the other seven novices. However by not addressing the issue clearly it was not recognised by the student and reportedly became more of a problem, with the interviewee coming to see the student in a negative light with attributes deemed to be unchangeable, or at least that the practice teacher could not change.

043/HV/1 She didn’t feel she had anything to work on, that was a problem. I think what I could have done differently certainly being very much more straightforward was definitely one of them, but you want to be as nice as you can really and not smash their confidence.

Confronting in a clear and constructive manner is a skill novice practice teachers reportedly struggled with. All interviewees with difficulties when novices criticised themselves over this area, feeling they should have been clearer and more specific in constructively confronting the difficulties. In all cases where interviewees had raised concerns with tutors there was a view that the student acknowledged the issues when the tutor from the university visited. Perhaps it was the clarity provided by these visits that made the student recognise the difficulty and the level of concern the practice teacher had over the issue.

Twelve experienced practice teachers related issues that students needed to address, that did not go on to be identified as the students having difficulties. From the narratives of experienced practice teachers it appeared that the way they act resolves difficulties before they become problems. For example interviewee 044 reported having a student who was not an effective listener. The practice teacher appeared to clearly confront the student about this as she states below.

044/HV/15 He gradually got the picture. I've got a feeling that he accepted it rather reluctantly, he was quite macho, is that the word? It was his body language. I think I just kept reminding him, 'just listen', 'let them tell you', 'don't interject quite so much', 'just sit and listen'. He took it on board, but I had to repeat it for a while.

So although this was a student with an area of weakness that needed addressing it did not become a problem for the practice teacher or the student. It would appear from the quote that the practice teacher was clear and persistent in working with the student and resolved the issue, so it never became identified as a 'difficulty'.

Experienced practice teachers considered that they needed to take a more directive approach with weaker students than they did with able students. The quote below indicates that experienced practice teachers seemed more willing or able to do this than novice practice teachers appeared to be. Also to change their approach to manage students who are presenting as weak.

049/DN/13 Much harder work, much more input and monitoring and more teaching, guiding them and in some cases becoming more dictatorial, so the style has had to change. ... Generally I am only directive when they need a kick up the backside.

Although the above experienced practice teacher sounds aggressive with her use of the physical metaphor of 'kicking', the feedback reported by this and other experienced practice teachers was unmistakably clear regarding the issues and how they must be addressed. The following quote demonstrates the same level of directiveness but shows how the practice teacher used her skills to ensure clarity without creating a defensive reaction in the student.

059 HV/7 I did have to say 'I think you need to approach people in a more ... you need to smile more when you greet people because I know you've got a fantastic sense of humour but they can't see that'.

She hadn't realised and she was upset but she didn't think 'this is awful', she just said 'oh dear I didn't realise' and she did change straight away.

The above quote demonstrates the ability to confront a student about a very personal issue which had the potential to cause the student hurt, but to do so constructively in a way that prevents the feedback being destructive. In contrast confrontation of issues by novice practice teachers were reported to create negative responses in students. This was highlighted by the discussion below with a novice practice teacher whose student had record keeping issues.

057/HV/2 She got very upset, very tearful. When she calmed down she said that she always felt that I was looking over her shoulder and checking on what she was doing and she felt stressed. It sounded like she thought I was somehow creating this problem for her by being there as her CPT.

The difficulty for the practice teacher was the student's reaction as not only did she not acknowledge that she had a problem but she said it was the practice teacher who was creating the problem. Whether students take constructive criticism more easily from experienced practice teachers or whether experienced practice teachers can give criticism more constructively than novice practice teachers is not possible to ascertain from this study. However as the above analysis has demonstrated both features were evident in interviewee narratives.

A practice teacher learning point was that not only should difficulties be confronted clearly they should be addressed early and not left. Again all novice practice teachers who said the student had difficulties expressed a view that they did not address these difficulties quickly enough. Interviewee 043 below felt that her inexperience contributed to the difficulties for her student as she would have addressed them much earlier if she had been experienced and thus increased the likelihood of an early resolution.

043/HV/1 I've found it a very challenging year, very stressful and you know it was just the fact that I was a student as well. I felt disorganised I didn't really know what I was doing, where I was supposed to be and you know if I'd have had that student later on I would have closed down the problems a lot earlier than I did.

On reflection practice teachers said the delay in raising concerns had two effects, firstly it allowed the student to believe that there was no problem with what they are doing as highlighted in the following extract.

035/HV/1 If I'd addressed some issues earlier it wouldn't have been as hard for my student to change, rather than six months down the line then start addressing those issues, they can think 'well I've been doing this for six months why are you saying something now?'

Secondly it generated a negative emotional reaction in the practice teacher which built up and impacted on their relationship. Previous quotes from interviewees 043 and 047 have already highlighted this sense of frustration, the two following quotes emphasise their recognition of lack of clarity and not addressing issues early enough.

043/HV/1 I think I was too nice, I think I should have said it like it is a lot earlier, that's certainly one thing I would change. I would definitely now say 'I have concerns', that's something I felt I airbrushed all the way round and wasn't clear about.

047/HV/2 I just put it down to a settling in period but you see I let that settling in period go on too long and I let a lot of things go, I was giving her the benefit of the doubt all the time. ... I'd spoken to my mentor and she told me to get in contact with college straight away. I didn't feel comfortable with that, but I would now. I didn't raise it early enough really, so I learnt that.

Interviewees 043 recognises that in her attempt to be nice she did not confront the issues, whereas experienced practice teachers such as Interviewee 059 above do not see these as being mutually exclusive and see themselves confronting in a direct yet gentle and effective way. It is interesting that the advice from Interviewee 047's mentor, who would have been an experienced practice teacher, was to inform the university quickly, but the novice felt unable to take this advice. This indicated either that the novice hoped the difficulty would resolve itself or feared that contacting the university would make the situation worse. A view reiterated by Interviewee 052 below.

052/HV&SN/7 I don't know if I had enough confidence to say exactly what I felt because I was frightened of opening a can of worms, once it was open I wasn't sure how I'd handle it.

In the meantime the student was given the benefit of the doubt a finding that resonated with Duffy's (2003) study as discussed in Chapter 2.4.3. As indicated by Interviewee 047

above, involvement of the university is potentially a feature in resolving difficulties but one often not taken early by the novice practice teacher as Interviewee 036 states.

036/DN/5 I did learn that if you have a problem like that you need to take it up to the sponsor and the university and the sooner the better and put it forward to see what options there are.

Resolution usually followed when the tutor became involved, practice teachers also reported feeling supported when they had done so. However eight of the ten novice practice teachers said that on reflection the involvement should have been earlier as the quote below highlights.

039/HV/3 With hindsight I would have actually wanted to have an earlier meeting with the tutor rather than leaving it as late as I did.

In contrast all the experienced practice teachers where the student was considered to have major difficulties involved the university in the early stages, either because the student was presenting with global areas of difficulty or because the practice teacher considered a serious adverse incident to have occurred.

Regarding assumptions and unrealistic expectations two themes emerged, firstly that novices in comparison to experienced practice teachers accepted students reports of their abilities and assumed that the student would have the ability because they were a nurse. Five of the ten novice practice teachers stated that these were mistakes they would not repeat. The quote below highlights these thoughts.

051/OHN/2 My assumption was that she could do it, because she said she could and I took her word for it at that stage because I thought she should be at a level she could do it and so when I began to explore it more I thought no she can't.

In contrast experienced practice teachers relied less on student accounts, instead they preferred to ensure they had demonstrated the 'right' way to practise and then monitor the student closely to ensure they could perform this 'right' way. As the interviewee below indicates the practice teachers reputation is at stake as well as the students, the quote also highlights the practice teachers perception of her role in professional (re)production.

037/DN/18 When you have a student district nurse you are sort of modelling for the future. If you turn out a crap student basically and they are managing a caseload someone is going to say 'who turned out this student, she shouldn't have passed'.

By not taking things for granted or giving students the benefit of the doubt experienced practice teachers did not waste time during the first few months of the placement. When the formative assessment of the student started to indicate that they were likely to have issues that needed addressing, practice teacher narratives outlined they created a more organised, directive and controlled environment for the student.

Novice practice teachers also appeared to have higher expectations of their students than experienced practice teachers as highlighted below.

038/HV/6 Well with my first student I don't know whether I was the one who was expecting perfection you know from ... I wasn't too sure to judge what a student can do.

Although as discussed in Chapter 7.3.1. all practice teachers have an 'ideal' representation of a community nurse student, experienced practice teachers recognised that students do not meet this 'ideal' and will have gaps which require hard work to change. Interviewee 044 provided an example of this in an earlier quote. Whereas novice practice teachers reportedly held expectations of students closer to the 'ideal'. When students do not fulfil these expectations anxiety levels appeared to rise, as gaps had not been anticipated, the result was an issue that was more likely to become identified as a 'difficulty'. The novice practice teachers reluctance to address the issue then allows problems to build as does their anxiety. As a consequence absorption with their own anxiety, lack of experience and lack of confidence could make them appear unavailable or unapproachable to the student so they either cannot or do not help the student. The elements of nurturing, reciprocity and participation do not appear to become enacted and the relationship either does not develop or is undermined, resulting in a lack of mutual respect and trust. These issues will be explored further in Chapter 8.3.3. In five cases where this appeared to occur a downward spiral was embarked upon which either destroyed the relationship between practice teacher and student or prevented it from developing as discussed in relations to Interviewee 043 above. A scenario indicated in the extract from Interviewee 058 below.

058/HV&SN/3 Yes I would because my expectations wouldn't have been as high a year on, I think I would be able to go much easier because I wouldn't be a student anymore as well and I would be able to give her more support. I gave her support, as much as I could, but I probably would have given her more support than I did then.

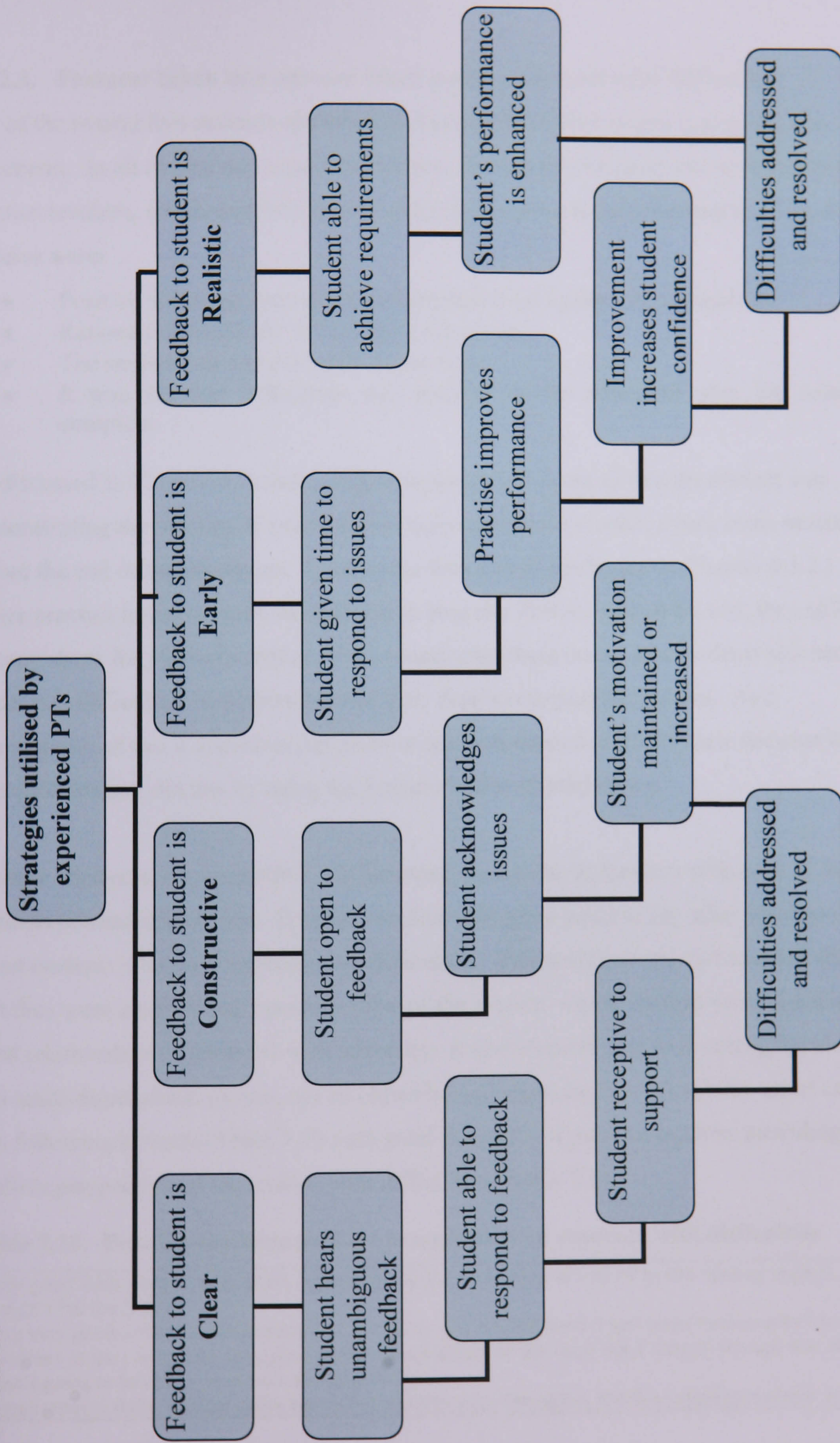
The findings from this study show that if a student had an inexperienced practice teacher there was an increased chance of them being considered to have problems. It also appeared that issues are resolved more quickly with experienced practice teachers so they are less likely to become labelled as difficulties. Interviewee 047 below believed it was her inexperience that in part led to her student's behaviour which caused the practice teacher difficulty through the year.

047/HV/2 It could have been my lack of experience, which is why she was reacting in the extreme. She was argumentative to the extreme where she's not hearing what you're saying at all and will not accept any other person's point of view. She thought what she thought and that was it and well she shouted at me a few times. That was completely inappropriate behaviour.

The interviewee believed that she allowed the student to ride roughshod over her to a degree that would not be permitted with a more experienced practice teacher. From the analysis of inexperienced practice teachers interviews this interviewee's interpretation appears credible. With inexperienced practice teachers issues were ongoing for long periods of the course, whereas with experienced practice teachers issues tended to be resolved during the first few months. From this discussion of expectations and differences between novice and experienced practice teachers it could be argued that the identification and labelling of students as 'difficult' is socially constructed and a significant part of this construction does not relate to the student but to the practice teacher, particularly their level of experience. Therefore practice teachers who feel a sense of failure if their student has unresolved gaps which become labelled as 'difficulties' appears a credible judgement. However caution must be taken in laying blame at the feet of inexperienced practice teachers for student difficulties as will be discussed in Chapter 7.3.2.3.

Synthesis of the experienced practice teachers approach in contrast to novice practice teachers led to the composite model depicted in Figure 7.3. and highlights how resolution of issues is likely to take place in a number of ways.

Figure 7.3. Model of strategies employed by experienced practice teachers (PTs) when working with students who have difficulties



7.3.2.3. Features taken into account when passing students with difficulties

Out of the twenty five students identified as having difficulties twenty one passed the placement. In all twenty one cases four features appeared to be taken into consideration by practice teachers, which enabled them to make the decision to pass the student. The four features were:

- Positive attributes were identified and balanced against the difficulties;
- Rationalisation for the difficulties took place;
- The student was judged 'safe' to practise;
- It was felt that difficulties can continue to be addressed after the course is complete.

As discussed in Chapter 6., practice teachers made their decision that the student was demonstrating the identity of a community nurse enough to warrant a pass some months before the end of the placement. Even in the four cases (mentioned in Chapter 6.3.2.) where practice teachers made the decision to pass the student right at the end, they still had anxiety about the student's ability. Thus practice teachers recognised students still had issues and difficulties to address beyond their decision to pass the student. As a consequence of this it appeared that practice teachers needed to justify their decision to pass students and did this by using the features bullet pointed above.

Positive attributes were identified and balanced against the difficulties with none of the students presented as all bad. Practice teachers took great pains to say what was good about students who were experiencing difficulties. This ability of practice teachers showed that they were maintaining a positive view of the student, which enabled them to maintain good relationships when faced with adversity. It also showed they were seeing the student as a multi-dimensional person, not an object being judged against a check list set of criteria. The following extracts (Table 7.10.) are good examples of practice teachers providing a positive perspective on the student with difficulties. Table 7.10

Table 7.10. Practice teachers positive perspectives on students with difficulties

Very good with people, very good counselling skills, very good at lots of health visiting aspects, I couldn't fail her (059)
Very very good at the clinical aspects but the theory that underpinned it just wasn't necessarily there. Excellent at the caring and very good at the caring aspect of the team but I always worried that she wasn't going to be able to lead from the front (061)
Organisational skills, clinical skills and caring abilities were very good, but this language business was

letting her down (036)

Eight of the fifteen practice teachers who had students with difficulties appeared to rationalise the cause of the students difficulties with explanations that were external to the student's personality and ability. These ranged from family and personal issues, health problems, stresses external to practice and the inexperience of the practice teacher, some of these are highlighted in the extracts below (Table 7.11.).

Table 7.11. External explanations provided for students with difficulties

Travelling in from a long way, several children, difficulty with childcare (037)
Personal issues, domestic things, illness of their loved one or children, pregnancy. These alter a lot of things (063)
She lacked confidence, her training college pulled her confidence down (059)
I think that was my anxiety and I had to keep sitting back and saying 'she has only just started doing this, you have to give her the chance' (062)

This rationalisation process provided practice teachers with information to weigh against their judgement as the student progressed through the placement, in so doing they were provided with the grounds to see the student as being able to develop and gain competence at some future stage of their journey and thus justify them passing. Interviewee 062 above highlighted that some of the fear that students are potentially failing is caused by the anxiety and inexperience of the practice teacher, this was mentioned by all but one of the novice practice teachers who had students identified as experiencing difficulties.

The acid test mentioned by over half of the interviewees was that the baseline for a pass was the student's safety to practice as stated by the interviewee below.

036/DN/5 I would expect them to have good clinical skills, whatever 'good' is, 'safe'. That's the word I use a lot and if anyone isn't safe they would fail in clinical practice, so that's my cut off point. If anyone's safe they might need improvement, but they are in with a chance of passing. But if they are not safe that needs to be identified immediately.

Interviewee 042 in the quote below views unsafe practice as a reason to fail, but even in this case the aim is to keep striving to address this problem so the student can pass.

042/HV/1 I think to fail it has to be unsafe practice really. If it was inappropriate you'd try your best to address that, but you can address unsafe practice so much, but if it continues you can't continue with that.

What constitutes unsafe practice however was never clearly defined although it was most frequently related to clinical nursing tasks as in the quote below. As nurses are supposed to have demonstrated their clinical competence at the point of initial registration, having this as the baseline for passing the community nursing course appears rather anomalous. This anomaly leads to the question of whether this is really what is being judged, or whether it is that students are safely demonstrating the identity of a community nurse.

061/DN/4 I could have envisaged failing her but as I said to you at the beginning she was technically safe, it is very hard to fail someone on management, with clinical skills you could very easily but management.

Interestingly Interviewee 054 an experienced practice teacher highlighted an example of unsafe practice however the student was not identified as having a problem. The cause of the error was attributed to the situation the student was in and it thus did not impact on the otherwise positive view the practice teacher held of the student. In Table 7.5 (note 1). student number 6 was seen to pass after demonstrating unsafe practice, even though the practice teacher continued to have doubts about her. These examples highlight the complex and multifaceted nature of the assessment process and the inadequacy of current assessment tools based on lists of competencies including safe practice to assess whether students pass the course.

Seventy percent of interviewees made comments about students continuing to develop after the course and this was no different for those practice teachers whose students were considered to have difficulties. The interviewee below uses a journey metaphor, thus indicating that she saw the course as one stage on a journey of professional development. It is thus not surprising that the interviewee took the decision to pass a student with difficulty.

061/DN/4 It's a journey that we start, its like learning to drive a car, you pass your driving test then you learn to drive.

As a caveat this interviewee added that she had put safeguards into the student's future development by identifying her ongoing needs, she saw this as the safest thing she could do. It could be argued, the safest thing she could have done was fail the student, but this did not appear an option she considered.

061/DN/4 I knew where she was going so I knew the team set up. I think wherever she was going the way I had worded her reference was to say that this person needs support for her management and I thought that was the only safest thing I could do.

The interviewee below offers a similar view about continuing development after qualification. This interviewee was one of six practice teachers who gave information that they had kept in contact with students and observed their continued improvement, in three cases the students were said to have gone on to become practice teachers.

052/HV&SN/7 I felt that her learning would really begin when she qualified and I encouraged her to work locally to start off with and consolidate. But having said that she did really well once she qualified she did up the game.

However none of the students known to have gone on to develop after qualifying had multi-domain difficulties. Worryingly counter salutary messages were present from two experienced practice teachers who had maintained contact with students who had multi-domain difficulties and passed (Table 7.5. student numbers 7 and 8). In both cases at least two years down the road the same weaknesses were still apparent, in one case the practice teacher questioned whether the student should have passed, although she did not explicitly take responsibility for this herself as the quote below highlights.

055/HV/7 Well there was one student who did pass and sometimes I think she should not have been on the course in the first place. Because years after her training there are still those initial weaknesses. And you thought that maybe this person was never cut out for this course maybe that person should not have passed. Because with these people if you give them enough support they will get through the course. And she has since got into problems at work.

The themes that emerge from this one quote serve to highlight some of the costs of the current structure of practice education. Firstly that given sufficient support from a skilled and experienced practice teacher any nurse can pass the course. Secondly that practice teachers make decisions to pass students as if they do not have a choice, because once a student commences the course the outcome is highly likely to be a pass. Thirdly multiple areas of weakness can continue to affect practice long after qualifying in potentially serious ways. Care must thus be taken in not blaming student difficulties on inexperienced practice teachers, as the above example shows the issues are complex and multifaceted.

7.4. Discussion and commentary

As discussed in Chapter 6, practice teachers saw their main role as enabling students to progress in the areas of attitudes, communication, clinical knowledge and skills so they could develop as far as possible in order to gain the identity of a professional community nurse. The work they undertook with the student was said to be hard and it was expected that they and the student would struggle. For a small minority of students the gaps were global and progress to develop the areas slow. These students were identified as having 'difficulties'. The narratives about students perceived as 'excellent' or 'difficult' built a picture of binary opposites. Within semiotics these oppositions are essential for generating meaning (Barthes, 1985), thus practice teachers identify what 'good' meant by relating it to the meaning of 'bad'. This antonym or logical '*contrary*' as highlighted by Barthes can be comparatively graded on the same dimension, thus practice teachers saw students on a continuum with the binary opposites of 'excellent' or good at one end versus 'difficult' or bad at the other. As will be discussed in Chapter 8, a similar dichotomy is applied by interviewees in their discussion of practice teacher competence, with practice teachers aspiring to be 'good' practice teachers just as they aspire for their students to be 'good' students. In contrast they distance themselves from 'bad' practice teachers, just as they try to distance themselves from 'bad' students. This need to define the self in opposition to 'the other' was considered by Lacan (1977) to be psychologically fundamental. A process which Foucault (1970) saw individuals using to construct and maintain a view of reality, a reality in which they associate themselves with an ideal of good studentship and good practice teaching. In relation to students, value was placed on excellent students who were regarded to be high fliers and expected to go far. In contrast having a student who was considered to have a major difficulty held a sense of shame and left practice teachers with a sense of failure and a stigmatised reputation. As a consequence experienced practice teachers in particular employed strategies to prevent students having major difficulties.

The strategies employed if students were perceived to fall far short of the ideal and thus had a long way to travel were controlling and directive. These strategies appeared to force students on to a pathway that narrowed the gap with the ideal. By using these strategies experienced practice teachers were thus found to be unlikely to identify students as having

major difficulties. In contrast novice practice teachers did not use these strategies and reported that the students resisted attempts to get them to recognise the difficulties they faced, as a consequence they did not address the difficulties. The longer this went on the more anxious the novice practice teachers became, compounding the students difficulties which eventually became identified as major problems.

It was the group of students identified as having major difficulties that led to practice teachers experiencing high levels of distress and trauma. The issue of personal failure experienced by practice teachers with a student who could potentially fail has also been raised in other studies (Burgess *et al.*, 1998; Duffy and Scott, 1998) and mirrors the comment made by the interviewee below.

039/HV/3 I felt myself that I had failed her. I did really feel traumatised by the whole experience of it (extract reproduced from a quote in Chapter 7.3.2.2.)

A number of studies have highlighted the emotional stress created in practice teachers when faced with a failing student (Milner and O'Bryne, 1986; Goldenberg and Waddell, 1990; Duffy, 2003). This would support the findings of this study even though practice teachers in the end do not fail the student. For the interviewees in this study the distress was caused by working with students identified as experiencing difficulties, particularly for novice practice teachers who perceived they failed to remedy the situation. The concept of 'othering' discussed above offers an explanation as to why the situation is traumatic, as these practice teachers are unable to distance themselves from 'bad' students by changing the student into 'good' community nurses.

7.5. Conclusion

As discussed in Chapter 6. all but four practice teachers reported making a decision that the student would pass some months before the end of the placement and the date for signing the student as competent. In this chapter it was discovered that this still occurred even for students identified as having major difficulties. In fact students reportedly passed even when practice teachers recognised that they continued to have difficulties that carried on into qualified practice. A range of factors were taken into account by practice teachers to justify their decision to pass the student including the view that difficulties can continue to

be addressed after the course is completed. This finding supports the interpretation that practice teachers are following a socialisation model, a model that considers the course to be a stage on the students' journey of professional development. The practice teachers role in socialising students within the community of practice, in order to enable them to continue their development as community nurses, is therefore consonant with the view that there will be weaknesses and gaps that need development beyond the course. An interpretation that accords with Brown and Olshansky's (1997) finding that the first year of practising as a nurse practitioner was a time of continuing development of the professional identity of a nurse practitioner. This finding also resonates with Watson *et al.*'s (2002) and Duffy's (2003) finding that if students are with mentors for a sufficient period of time to allow socialisation processes to occur it becomes more likely that the student will pass rather than fail.

A cognitive approach to learning where ability can be assessed and failure occurs if the practitioner is not competent does not fit with what appears to be happening in these communities of practice. It is evident from the data presented in Chapters 5., 6. and 7. that a situated learning approach is being taken, where the learners disposition develops through engagement in the social practices of the community of practice (Perkins *et al.*, 1993). The result is a co-constructed view of what it means to be a community nurse, by the end of the placement the student becomes part of the social practice and the co-construction of what it means to be a practitioner. If the student has become part of the community and is part of the construction of meaning how can the practice teacher do anything other than deem them to pass the course? Clearly they cannot and as seen from this study do not.

The last three chapters have explored practice teachers perceptions of community nursing students' professional development and the practice teachers role in this developmental process. In Chapter 8. interviewees perceptions of their own development as practice teachers is examined. Narratives about 'ideal' and 'other' practice teacher models are analysed which identifies the characteristics valued by practice teachers and the extent to which these characteristics overlap with the valued characteristics in students and community nurses.

Chapter Eight

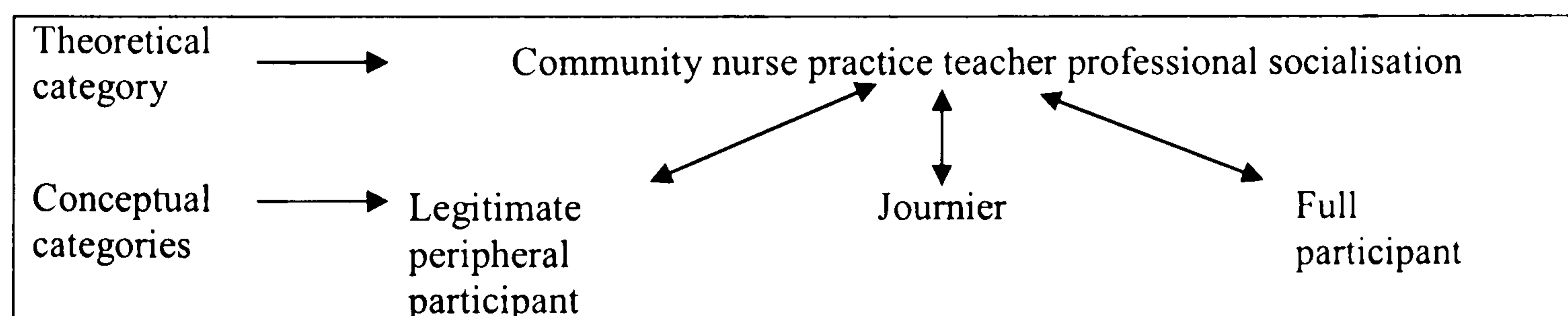
Findings

Community nurse practice teachers professional socialisation

8.1. Introduction

Chapters 5. to 7. have analysed practice teachers narratives about community nurse student development over a one year period, from commencing to completing the community nursing course. However, when talking about their own journey of development they drew upon a great many more years of experience, as a consequence their narratives provided insight into practice teacher socialisation processes. Key milestones appeared critical to the process, these included the interviewees own experience as a community nursing student and the experience of being a novice practice teacher with the first two community nursing students. The process of practice teacher socialisation was interpreted as forming the third theoretical category subsuming three conceptual categories as presented in Figure 8.1. below. The data, to support interviewees views of this process of socialisation are presented in subsequent sections of this chapter.

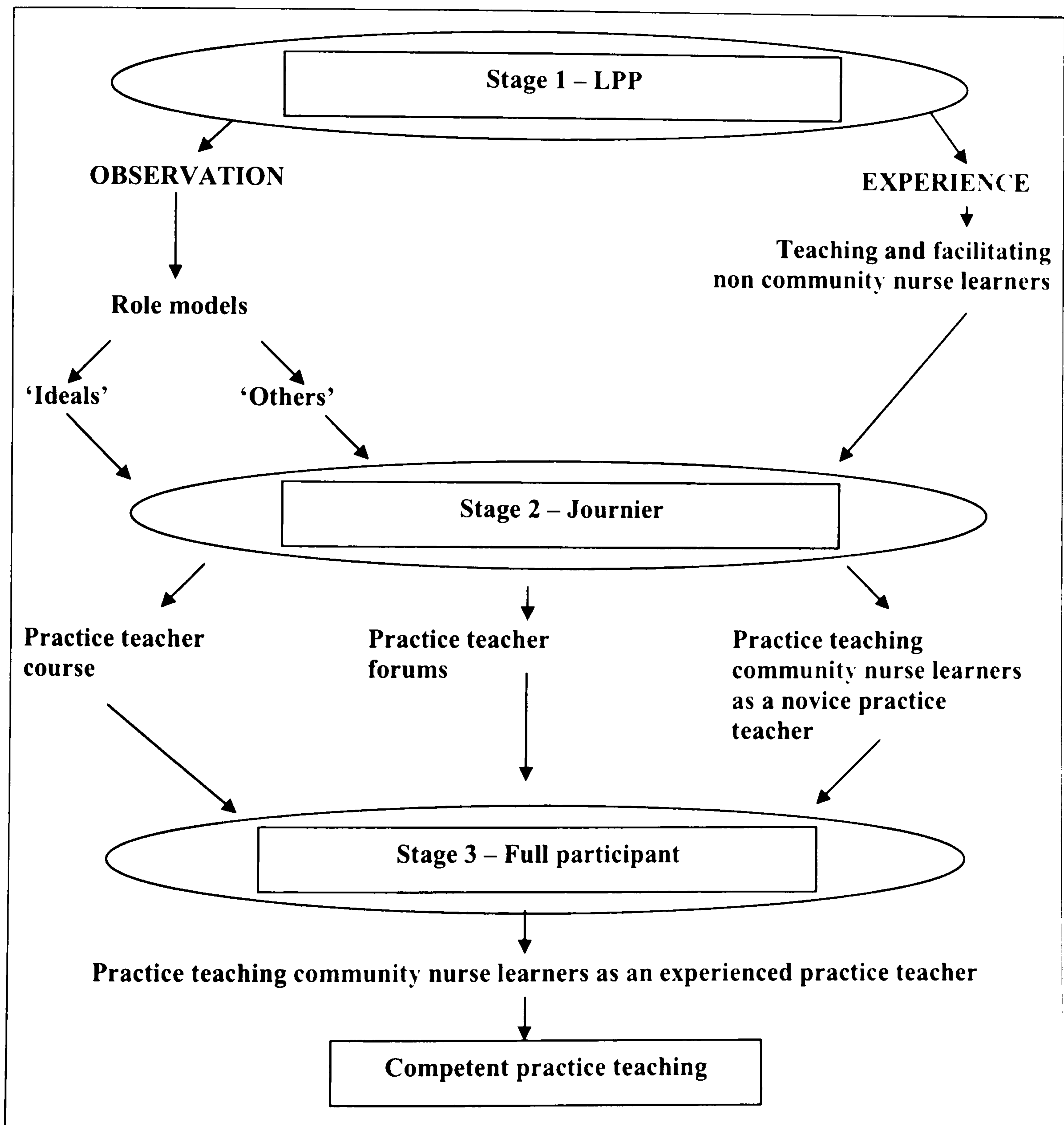
Figure 8.1. Representation of the theoretical category *community nurse practice teachers professional socialisation* and its linked conceptual categories



The community nurse student's socialisation into community nursing entailed a micro community of practice with a practice teacher sponsor. In contrast practice teacher socialisation involved multiple communities of practice some of which were on a macro level. However the three stages of legitimate peripheral participant (LLP), journier and full participant were recognisable within interviewee narratives, these stages (conceptual categories) will be explored within this chapter along with supporting data. The three stages followed a traditional community of practice framework in accord with Lave and Wenger's (1991) original research on traditional craft apprenticeship the journey for practice teachers to become experts was as lengthy. However, the process which spanned

thirty years for some was marked by many more discontinuities than Lave and Wenger's participants. Interviewees in my study had moved from community of practice to community of practice, a process much more in keeping with current professional development. The stages are depicted in Figure 8.2. below, each stage involves experience of teaching and facilitation.

Figure 8.2. Practice teaching community of practice showing stages 1 to 3



As discussed in Chapters 7.2. and 7.3.1. interviewees had representations of the 'ideal' student. In this chapter the representations they held of 'ideal' community nurse practice teachers versus 'bad' practice teachers will be examined. These representations were found to be strongly influenced by the role models interviewees encountered when they were community nursing students. These representations along with how they saw their own development from novice to experienced practice teacher informed their view of competent practice teaching. By exploring the above issues this chapter will address the process of practice teacher development and examine the second central research question and theory question three regarding practice teachers perceptions of how they learn their role and how they enact this role.

8.2. Conceptual category – Stage 1 - legitimate peripheral participation in practice teacher communities of practice

Practice teachers are not socialised into their practice teacher role in the same way that community nurse students are socialised in to theirs. Practice teachers do not have an extended period of shadowing and legitimate peripheral participation in one community of practice. For practice teachers their preparation as educationalists begins when shadowing and observing mentors and facilitators from the beginning of their nursing careers and especially when observing their own practice teacher as a community nurse student.

Interviewee 053 expressed this view clearly in the following quote.

053/HV/2 Having gone through the system yourself, having had a CPT that's a good basis because you know exactly what's required in practice and you know the role of the CPT because you've actually spent the best part of a year with that person.

Thus it would appear that practice teachers are not merely socialising students into the community nurse role they are also socialising them into the practice teacher role. Observation of educational facilitation continued during their community nursing career through observation of community nurse managers, team leaders and other practice teachers facilitating the development of community staff and students. As will be discussed below interviewees started to form perceptions of 'good' and 'bad' practice teaching during this stage in relation to the role models they experienced before becoming practice teachers themselves.

8.2.1. Observation during legitimate peripheral participation

All thirty practice teachers identified at least one role model who had been influential during their community nursing career. Twenty-five included their own practice teacher as a role model, the other five said they had not had a practice teacher as a community student. These five had undertaken their community nurse course at a time and within a discipline where a practice teacher was not part of the course structure. Although the majority of interviewees identified their own practice teacher to be a 'good' role model, this was not universally the case as Table 8.1. below demonstrates.

Table 8.1. Interviewees experience of role models

	Interviewees own experience as a community nurse student
Good practice teacher	17
Bad practice teacher	5
Good & bad qualities in PT	3
Didn't have a practice teacher	5
Total	30

It appeared that role models informed interviewees future practise and for some their role models had become incorporated into the interviewees own professional identity and thus continued to mark out how they developed their own role as a practice teacher. The data extracts in Table 8.2. highlight this modelling of practice.

Table 8.2. Data extracts identifying modelling of practice

1.	I have learnt and modelled myself on previous experience of my CPT (039)
2.	Well I learnt from experience and I watched her and I'd like to think that I myself have developed like that (048)
3.	She gave a lot of time, I was her number one and that is something I learnt from her. You must devote time to it (059)
4.	I modelled what both of them did, I do that now (061)
5.	My SCPT challenged me 'why are you doing that, show me the evidence?' So that's where the challenging aspect comes from definitely (061)
6.	Everyday we had a tutorial and I've tried to do that (048)
7.	I probably do do some of the things my CPT did. The way she asked a broad question and then honed in on something, I do that (062)
8.	She was very good at that but I found it difficult initially (038)
9.	My own CPT she was lovely she was really sweet, I wish I could be more like her. ... She probably was more laid back than I am and I think maybe that's something I need to work on (043)
10.	The good points I've taken with me, and the bad points I've tried to change and not implement in my own practise. I've picked up her habits into my practise that I am still trying to get out of (035)

11. Oh gosh mine was appalling terrible and that's why I swore I'd become a CPT because of the person who was mentoring me (041)
12. I make sure I am available not like my CPT (040)
13. I wanted to treat students as adults after my experience (047)

Data extract ten above (Table 8.2.) indicated that the interviewee recognised her practice teacher had both good and bad points which had impacted on her practise. The final three extracts in Table 8.2. identify interviewees who purposefully distanced themselves from their practice teachers who they considered to be 'bad'. The characteristics which made role models 'good' stood out in the interview narratives as they were presented as 'ideal' attributes aspired to by interviewees, whereas 'bad' characteristics were those they wished to distance themselves from as 'other' traits. Analysis of the dichotomy between 'ideals' and 'others' has already been provided in relation to community nurse students in Chapter 7.4., which equally applied to practice teaching. On analysis the opposing characteristics fall in four broad domains (Table 8.3.).

Table 8.3. Domains of 'ideal' and 'other' practice teaching

Personal qualities and communication skills	Pedagogy
Experience, confidence and knowledge	Assessment skills

The data extracts to exemplify these domains for both 'ideals' and 'others' are presented in Tables 8.4. and 8.5.

Table 8.4. Data extracts related to examples of 'good' or 'ideal' practice teachers

Personal qualities and communication skills
 Really motivated and enthusiastic (037, 044, 053)
 Very supportive and helpful (039, 042, 045, 047, 051)
 They look for the goodness in each student and tried to nurture that. They nurtured the goodness to motivate (050)
 A nurturing relationship at the start (052)
 Nurturing and reassuring (058, 063)
 Reassuring. Caring (053)
 Patient (063)
 Treating people as equal partners, treating them with respect. Respect for people and being approachable (042)
 She gave me a lot of respect. I was treated as an equal (059)

Respected students (048, 053)

She was a good listener. Giving reassurance so you could stay focussed and positive (043)

Good/excellent communication skills (044, 062)

Encouraging students (045)

Relaxed nature (050, 062)

Open minded (050)

A nice person (053, 062)

Experience, confidence and knowledge

Confident a good role model (037, 048, 057, 062)

Very experienced (039, 044, 047, 048, 053, 057)

Amazing/excellent clinical skills (041, 062)

Up to date (043)

A good health visitor, good standards and a good role model (044)

Modelling by showing you (045)

A good role model, a good nurse (045, 053)

A very skilled nurse, her clinical care was excellent, without being very good with your clinical care you cannot be a role model (045)

Demonstrated good practice (050)

Working at building the relationship (055)

Setting high standards (055)

Very organised. Prepared and thought ahead (050)

Pedagogy

She made me think outside the box, she made me think 'manager'. Make the student think about the process 'What happens if?' What happens next? (034)

Able to draw the student out and help them to bring out their knowledge and link it with their practice (039)

Helping the student apply theory to practice (045)

The way she asked questions during discussions (039)

Taking time out to spend with the student (037)

A lot of discussion (039, 063)

Giving space and time to reflect, put into practice what has been learnt from the course, making time for discussion (045)

Gave a lot of time to the student (053, 055)

Everyday we had a tutorial we talked about everything (048)

Letting go (*letting the student have independence*) (038)

I was not overloaded and never put upon (048)

Able to gently guide the student (050)

Gives the student permission to explore (050)

Facilitated lots of different experiences (051)

Providing lots of experience (052)

Later on allowing the student to make mistakes, making them think (052)

Assessment skills

Very professional. If you have to confront somebody you take them away and do it quietly. you don't do it in front of everybody (036)

Taking a direct approach (043)

Assertive, wouldn't take any nonsense but had such a lovely way everybody just liked her (062)

Assertive and directive (047)

Not too dictatorial (053)

Challenging (063)

The data extracts in Table 8.4. came from the narratives of twenty-two interviewees who said their practice teacher was 'good' or had good points, or gave examples of good role models who they had observed working with community nurse students. In contrast to these twenty-two, only eight interviewees provided examples of bad practice teacher role models, either based on their own practice teacher or in some instances another practice teacher they had observed, these examples are identified in Table 8.5.

Table 8.5. Data extracts related to examples of 'bad' or 'other' practice teachers

<p>Personal qualities and communication skills Not be very flexible, not very caring (045) She did not have the quality of nurturing in her (050) Not supportive or approachable (042, 045) She wasn't very good with change, but then she was an older CPT and she'd been doing that for 20 odd years and that's the way she wanted it. Whereas I've tried to be a lot more open to suggestions and actually encourage ways of working if opportunity arises (035) There wasn't the respect for the knowledge the student had (042) She didn't treat me with the respect of a human being (047) 'If I want you to be involved in the visit I'll tell you'. She said 'otherwise you just sit and observe on my visits'. I don't know whether I'd undermined something but she obviously didn't like the fact that I had done something. And I suppose from that day, from that experience I was very wary to ask questions you know, to tread on her toes really. I was left feeling very uncomfortable about asking questions (042) She was a bully (036) I was the left behind (044) Patronising (045)</p> <p>Experience, confidence and knowledge Her time management wasn't good (035) No attention to detail and completely disorganised (044) She held on to her clients and student (042) Her practice was out of date and she gave inappropriate advice (035, 042)</p> <p>Pedagogy We didn't have a lot of one to one (035) Her way of teaching was very much 'this is the way we do it', very rigid and inflexible (035) I just got dumped on all the time, I was just used as a pair of hands really. I wouldn't dump on my students like that (037) I was left in the office for long periods on my own, sometimes I'd come in and just sit there for ages waiting for her (042) Oh my experience was not very good. She had two of us I was just left (044)</p> <p>Assessment skills I didn't get any positive feedback from her (047)</p>
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Four interviewees offered comparisons which included their own practice teacher and another practice teacher they worked with as a colleague, these experiences tended to be offered to highlight a strongly opposing view of very good and very bad practice teaching.

For example Interviewee 042 in Table 8.5. considered her own practice teacher to be 'bad', however in her first health visiting post a colleague was a practice teacher who she considered to be 'good' and was able to use these two models to identify the qualities of good and bad practice teaching.

From the data about modelling practice and the 'ideals' to which interviewees aspired the findings from this study indicate that by engaging in the social practice of their role models, interviewees constructed their ways of being community nurse practice teachers. An interpretation that Billett (1998) would support, my study's interpretation also resonates with that of Gray and Smith's (2000) where students views of how they would enact the mentor role came from the ideal attributes of their own mentors. Gray and Smith (1999) found that students increasingly identified with mentors they considered to be good and internalised these individuals as their professional models.

The extracts in Tables 8.2., 8.4. and 8.5. show strong positive or negative emotions, considering the experiences that generated these emotions happened up to twenty years ago they add testimony to the intense nature of the relationships and turmoil experienced as students change their identity from nurses to community nurses previously explored in Chapters 5. and 6. Examples of bad practice teachers were the most powerful and emotive as outlined in Table 8.5., these mirrored the discussed in Chapter 7.3.2.2. where novice practice teachers with students perceived to have major difficulties described their experiences as traumatic and distressing. In contrast however the trauma experienced when a student experienced difficulty was said to pass with time and although it left a strong memory it did not appear to leave a strong emotional reaction. Whereas the emotional rawness felt by interviewees about their own 'bad' experience as a student appeared to remain for much longer. Two of the most experienced interviewees related their experiences in such a heartfelt way as if they had happened yesterday. These two interviewees described the effect their experience had on their sense of self and their identity. They appeared to have been left with a deep scar from the experience, which had informed their own work as practice teachers.

037/DN/18 My CPT was a nightmare, I just got dumped on all the time, I'd just be given lists of patients and that wasn't how my colleagues were doing it, they'd be going out with one or two patients and learning. I was just used as a pair of hands really and I'd be given the shitty patients, she thought I was quite good and motivated and she'd say 'you can sort this one out'. I wouldn't dump on my students like that, giving the most ghastly patients. It's not fair it just puts people off. ... But that was the old days, it's different now.

044/HV/15 Oh my experience was not very good I'm afraid, I remember it as though it was yesterday. She had two of us and there was little me from (name of area) and there was (name of other student). The CPT used to take (name of other student) everywhere and I was just left. ... She just totally ignored me. Thank goodness it doesn't happen very often, I felt I was left behind.

It is clear from such narratives that the process does not merely involve the acquisition of skills and knowledge, the process is one of socialisation where the student selectively acquires 'the values and attitudes, the interests, skills and knowledge – in short, the culture – current in the group of which they are, or seek to become, a member' (Merton *et al.*, 1957:278). Through the process of socialisation students develop their occupational identity by internalising the behaviours and attitudes of the role models and anti-models they experience (Shuval, 1980; Cohen, 1981; Howkins and Ewens, 1999), which has a profound effect on their self-conception as the two quotes above demonstrate.

Interviewee 044 in the quote above relates an experience that echoes Billett's (1998) discussion about access to a community of practice influencing the nature of the participation and consequently the learning. As discussed in Chapter 5.2. practice teachers enable this process, but for interviewee 044 the practice teacher disabled the process and left the student feeling alienated. The other three interviewees who said they had bad experiences as students also relived negative events during the interview, as the experience appeared to stand out in their memory as significant and emotional. Feelings of being unhappy, abused, and humiliated were described in detail. These emotional experiences appeared to have defined for them what 'bad' practice teaching was about and how they were treated in the past was related with how they pursued their role in the present as narrated in Table 8.2. above.

These five interviewees provided examples like the students in Gray and Smith's (2000) study of the whole repertoire of Darling's (1984b) 'gallery of toxic mentors' discussed in Chapter 2.4.2., from the 'avoider' described by interviewee 044, the 'dumper' by interviewee 037, the 'blocker' by interviewee 041 and the 'destroyers' by interviewees 042 and 047. This study is not alone in reporting students bad experience. Holloran (1993) found rejection and misuse of power to be two of the most harmful mentor behaviours, whilst Cahill's (1996) study reported students who had bad experiences ended up being dumped on and doing all the work. Also Scanlan (2001) reported that clinical nurse teachers cited negative experiences considered to have been devastating to themselves as students as examples of things they would never do to their students. Thus although Chapters 5. and 6. include interviewees narratives about the importance of equality between practice teacher and student, these five interviewees graphically outline the significant power inequalities present between them. As stated by Colley *et al.* (2003:8) "any form of learning can be both emancipatory and oppressive, often at the same time", in these five cases oppression was heavily emphasised. As highlighted in Chapter 5.2. and will be returned to in Chapter 10. power differentials need to be taken seriously as this study has identified power differentials not only from the practice teachers perspective (Chapters 9.2., 9.3., and 9.5.1.) but through the voices of these interviewees from the students perspective as well.

The characteristics within the domains identified above are summarised in Chapters 8.2.1.1. and 8.2.1.2., the total number of times each was identified as important by interviewees is presented in Tables 8.6. and 8.7. below. The data for each domain is then analysed.

8.2.1.1. Personal qualities and communication skills & Experience, confidence and knowledge

Table 8.6. below provides a summary of the content of two domains discussed by interviewees as important.

Table 8.6. Summary of domain content for ‘ideals’ and ‘others’ (1)

<p>‘Ideal’ Experience, confidence and knowledge (possible total = 30)</p> <p>Experienced (n=25) Confident (n=22) Good role model (n=24) High standard of practice (n=18) Knowledgeable (n=17) Up to date (n=13) Organised (n=10) Prepared (n=5)</p>	<p>‘Other’ Experience, confidence and knowledge (possible total = 8)</p> <p>Indecisive (n=3) Poor standard of practice (n=3) Out of date practice (n=4) Inappropriate advice (n=2) Disorganised (n=3) Poor time management (n=3) Held onto student & clients (n=5) Overprotects/molycoddles the student (n=6)</p>
<p>‘Ideal’ Personal qualities and communication skills (possible total = 30)</p> <p>Nurturing (n=26) Effective interpersonal and communication skills (n=14) Supportive and Caring (n=13) Respect for student (n=9) Protective (n=6) Approachable (n=6) Reassuring (n=6) Relaxed (n=5) Motivated and enthusiastic (n=4)</p>	<p>‘Other’ Personal qualities and communication skills (possible total = 8)</p> <p>Uncaring/lack of nurturing (n=4) Unsupportive (n=2) Unapproachable (n=4) Treating student without respect (n=4) Inflexible with fixed views (n=4) Student excluded (n=2) Offering no reassurance (n=3) Patronising (n=2) Bullying (n=2) Too demanding (n=1)</p>

Within their discussions of ‘good’ practice teachers, interviewees implied that ‘good’ and ‘bad’ practice teaching was related to the practice teachers level of experience. This supports the finding presented in Chapter 7.3.2.2. regarding novice practice teachers self-criticism. Confidence and experience as community nurses as well as practice teachers gained a high level of agreement as a valued attribute, with interviewees saying that ‘good’ role models were and needed to be good practitioners in their professional discipline. This supports the assertion by Jarvis and Gibson (1985) and Titchen’s (2001b) research that being a skilled practitioner is an essential requirement to be an effective practice teacher. Ainley and Rainbird (1999) also saw role modelling of professional practice to be a requirement of a profession.

Interviewees thus considered their ‘ideal’ role models to be experienced and confident practice teachers who used these qualities in a positive way to care for and about the student, so the student’s potential was nurtured, protected and developed. Nurturance,

experience, confidence and being a good role model were the attributes most commonly cited as important to possess by practice teachers.

050/DN/7 I think really is a key aspect that nurturing aspect. It's quite funny thinking about that, but it is.

The above quote by one of only three male interviewees exemplified that gender did not provide negative cases in relation to the 'ideal' attributes of a practice teacher. He along with one of the other three male practice teachers identified nurturance as a core attribute possessed by his practice teacher role models. Grumet (1988) would argue that this finding is not surprising as men positioned similarly to women display the same tendencies because they are influenced by the same cultural beliefs about the profession as female community nurses. The value placed on caring and nurturing by 87% (n=26) of practice teachers and the heavy use of maternal imagery distributed within interviewee narratives as previously referred to (Chapters 5.2., 6.2.2., and 7.3.2.1.) requires analysis. The findings from this study indicated that three areas related to gender were important, firstly theoretical gender positions, secondly the devaluing of care within the current market-driven climate and thirdly care resulting in the work being considered hard.

Practice teachers depicted a workplace culture characterised by care, nurturance and community, where relationships and connectedness were considered important. This is not surprising as Acker (1995) considers these to be an embodiment of relational feminist values typically seen in female-dominated work groups. Community nursing is a member of the 'caring professions' along with the rest of nursing, teaching and social work where workers are expected to 'care for' and to 'care about' others such as students in a quasi-maternal manner. Acker and Feurerverger (1996) call this set of expectations the 'caring script'. A set of expectations practice teachers appeared to place on themselves and their students. This is in accord with Oakley's (1993) comment that being alert to the needs of others is both the mark of a good nurse and a good woman, from my study it could equally be the mark of the 'good' practice teacher with which interviewees associated themselves.

Interviewees valued nurture and care and by providing these to students gained satisfaction from their work, the valuing of nurturance and care and recognising their importance in the socialisation of students fits with the 'relational feminist' views of Noddings (1992, 1994)

and Acker (1995) who cite care and relationships as examples of gender differences which should be celebrated and exalted as better ways for societies to function in contrast to the individualistic orientated societies of today. Providing 'care' and valuing nurturance have also been considered essential to professional practice by a number of theorists (Benner and Wrubel, 1989; Gaut, 1992; Boykin and Schoenhofer, 1993). Relational feminists argue that "we must value care not only to save the care giving professions but to protect, defend and expand this human activity upon which we all depend" (Gordon, 1991 : 48). Noddings (1992, 1994) advocates this position within teaching as James (1992) does within nursing, however there is by no means a consensus regarding the value of care. Graham (1983, 1991) has argued that caring plays a significant part in reproducing the social and sexual divisions within society and that it is through caring that gender identities are socially constructed. With caring and nurturance aligned to the work of women in the family (Reverby, 1987). Such a philosophy does not sit well in a climate focused on technical rationality which devalues experiential, intuitive knowledge. This results in the continued view of community nursing as 'women's work' and consequently of low value (Standen, 1998; Bolton, 2005). The devaluing of care has been explored by Glazer and Slater (1987: 14 cited in Davies 1996) who reported that successful professional women at the turn of the century were seen to be 'objective, competitive, and individualistic' who scorned 'nurturant, expressive and familial styles of personal interaction'. Davies (1996) also highlights that gender is ordinarily understood through forms of binary thought in which the feminine is treated as 'other', with men seen to undertake 'professional' work whilst women take up 'supportive' activities. Davies goes on to state that this binary thought creates contradictions for nurses between concern with caring and competence, as the conventional understanding of competence involves masculine rationality in opposition to caring. However the experienced practice teachers within my study had no difficulty in considering competence to include both the ability to nurture and connect with the student whilst being able to assertively challenge as and when required.

Not only has the traditional valuing of masculine rationality by the professions undervalued care, so to has the increasing focus on the marketplace within the caring professions. As a consequence policies have increasingly regulated the provision of care which have led to

'work intensification' (Acker and Feuerwerker, 1996). Unfortunately the elements of efficient care are seen to be natural abilities of women thus they are 'invisible' skills when used in the productive sector (Tancred, 1995 cited in Bolton, 2005) and hence not valued within current managerialism. Abbott and Wallace (1990), Hugman (1991) and Smith (1992) found that because gender ideology expects nurses to 'care' without questioning no monetary or status value is placed upon the women's work of nursing. The voices of practice teachers within my study made the same assertions about the lack of value, status and reward over their role with students, with interviewees commenting that organisational demands took precedence over educating students. Yet in the face of adversity from an organisational culture hostile to care of students, practice teachers reported working excessively hard at their personal cost in order to conscientiously fulfil their role. Examples of these voices are provided later in this chapter (see Chapter 8.3.1.). The level of conscientiousness came from the interviewees own high expectations of themselves, which Graham (1983) indicates probably derive in part from beliefs about women's care work being a 'labour of love'. Thus the wish to nurture and care appears in conflict with a climate that works against high standards and leads practitioners to struggle and experience stress.

It is perhaps the expectation of nurturance and care that traps practice teachers into the belief they must not only help each student pass but become the best community nurse possible within the time, whatever the cost. This sets them a burdensome task, a task which is never complete. The result is the dedication shown to the students with practice teachers working beyond the call of duty. In socialising students into the community nursing profession it was noticeable that interviewees also considered this dedication in students for example 'going the extra mile' (Chapter 7.3.1.) an 'ideal' attribute. Thus emphasising and reinforcing the need for selfless dedication to the role. As a consequence practice teachers were inculcating the attributes in their students that they valued in themselves, attributes they wanted to (re)produce in future community nurses and practice teachers, attributes they wanted to see produced in community nurse practice.

Acker (1995) states that like real mothers, teachers struggle with 'their' children. The same could be said of practice teachers with 'their' students. The struggle was due to the competing demands put on practice teachers from their caseload workload, courses they were undertaking themselves as well as meeting the student's needs. This struggle was intensified when the students were viewed as having difficulties. Standen (1998) equates this struggle to emotional labour which was greater when patients being cared for were considered 'bad'. The finding from my study was that practice teachers appeared to exhibit higher emotional labour when working with a student they perceived to have difficulties. Experienced practice teachers however employed strategies to mediate the level of emotional labour involved in nurturing students with difficulties, and thus did not suffer the same level of stress and struggle as novice practice teachers (Chapter 7.3.2.2.).

There are various ways in which the findings about nurture and care from my study might be explained, which draw upon two competing perspectives in the research literature on women (Acker and Feurerverger, 1996). One view focuses on the individual and considers that individuals who become nurses and practice teachers may tend to be highly nurturant, carers, hard workers, with a high work ethic. Individuals who are passionate about the profession and so remain involved in hands-on practice. However, as themes such as hard work, care, nurturing and passion for the role were repeated across the sample, it is plausible that the second view could interpret the findings. This view emphasises structure, where environmental factors are reinforcing initial tendencies that the practice teachers may have. The structure provides a context of socialisation that takes nurses and changes them into community nurses and then into practice teachers. This interpretation provides more than a simple analysis of the processes in place which both produce and reproduce community nursing practice. There is a complex interplay between individual and collective processes that both value and reinforce quasi-maternal practices within a community nursing culture.

8.2.1.2. Pedagogy & Assessment

Comparing interviewee narratives regarding good and bad pedagogy the central issue appeared to be that 'good' practice teachers are perceived to be there for their students.

giving them time, providing relevant experiences and enabling them to learn from these experiences through discussion and reflection. In contrast ‘bad’ practice teachers are viewed as not being available to the student, not giving them the time or the direction deemed necessary to enable learning as can be seen from Table 8.7. below.

Table 8.7. Summary of domain content for ‘ideals’ and ‘others’ (2)

<p style="text-align: center;">‘Ideal’ Pedagogy (possible total = 30)</p> <p>Enables learning (n=18) Provides experiences (n=16) Able to draw out students knowledge (n=8) Enables students to reflect (n=8) Devotes time to students (n=7) Works directly with students (n=6) Increases independence appropriately (n=5) Provides opportunity for a lot of discussion (n=4) Able to make students think (n=4) Helps students apply theory to practice (n=4)</p>	<p style="text-align: center;">‘Other’ Pedagogy (possible total = 8)</p> <p>Gave little or no direct teaching (n=4) Used student as a pair of hands (n=2) Dumped on the student (n=2) Left the student alone to flounder and get on with it (n=2)</p>
<p style="text-align: center;">‘Ideal’ Assessment skills (possible total = 30)</p> <p>Able to confront constructively (n=19) Challenges appropriately (n=13) Assertive (n=13) Direct (n=7) Not dictatorial (n=5) Allows the student to make mistakes (n=3)</p>	<p style="text-align: center;">‘Other’ Assessment (possible total = 8)</p> <p>Provided inadequate/inappropriate feedback (n=3) Authoritarian and dictatorial (n=4)</p>

An important attribute of ‘ideal’ practice teachers was said to be their ability to challenge students and confront in a constructive manner. ‘Good’ practice teachers were therefore seen to be the ones who could strike a balance between nurturing and caring on one side and assertiveness and challenging on the other. As discussed in Chapter 7.3.2.2. this again was perceived to be an attribute achieved with experience, which Interviewee 055 reported to have achieved in the quote below.

055/HV/7 I do believe in nurturing, I think it’s a really important part of success. It builds their confidence, as long as you are not molly coddling them, as long as they know that they have to produce. Because I challenge them in producing I think the nurturing goes with challenging as well, but the early nurturing is really, really important.

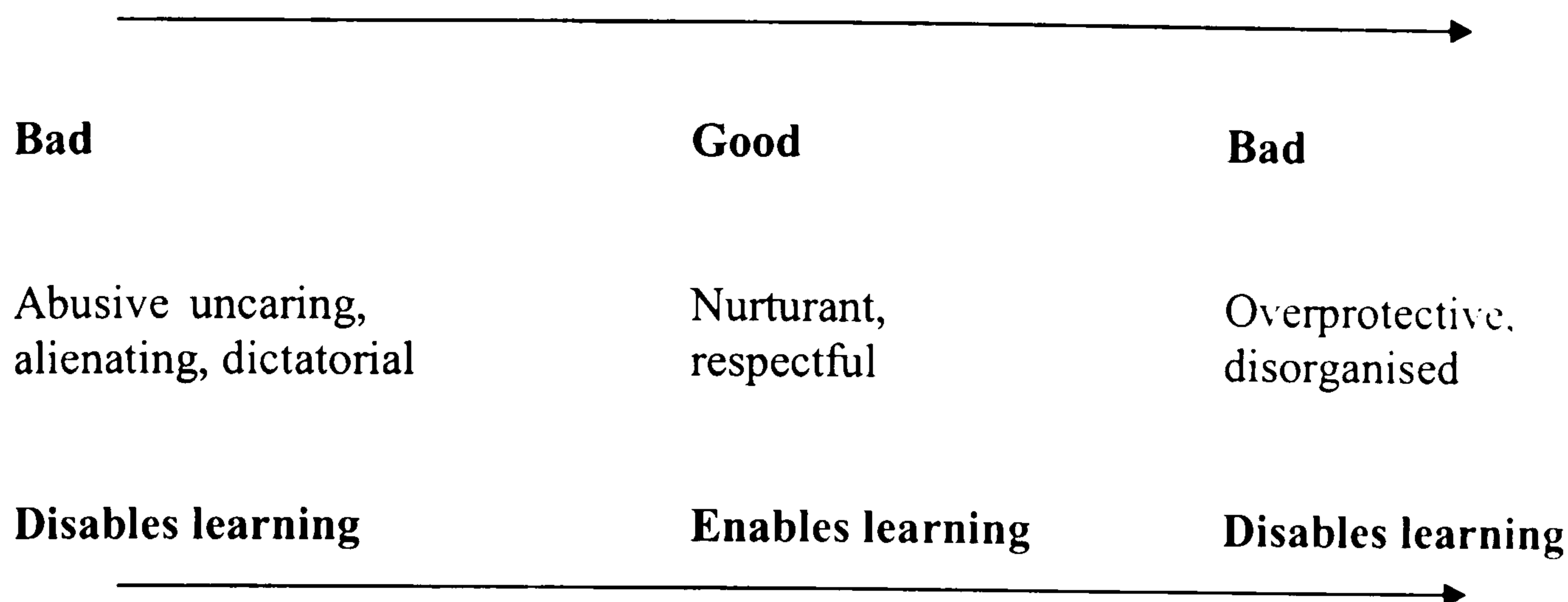
Interestingly, none of the five interviewees who considered their own practice teacher to have been ‘bad’ had novice practice teachers and only one of the interviewees who

reported their practice teacher to have been both 'good' and 'bad' said the practice teacher was a novice. So although the characteristics of lack of confidence and lack of ability to challenge constructively were associated with inexperienced practice teachers, they were not the 'bad' anti-model practice teachers described by interviewees. The 'bad' practice teachers were all said to be very experienced people about to retire, or retired, or with outdated practice that was no longer around. Thus the interviewees very strongly distanced themselves from this practice both metaphorically and physically. Such ideas could be considered 'ageist' in terms of practice being contemporary, which is interesting as two of the five interviewees with reportedly 'bad' practice teachers were themselves within five years of retirement and had worked for over fifteen years as practice teachers.

Curiously interviewees who reported difficulties with their students said these predominantly occurred within the first or second year of having a student, a finding discussed in Chapter 7.3.2. In contrast interviewees who had a difficult experience as a student said their 'bad' practice teachers were very late in their careers and about to retire. Each of these can be seen as distancing strategies. For inexperienced practice teachers, the interpretation could be that the difficult situation was created by lack of experience and will change with further experience. For the practice teacher labelled as 'bad' the view was that such practice teachers had retired, 'That was the old days, it's different now' (037). Each interpretation supports a model of the 'ideal' practice teacher interviewees either believe themselves to be if they are experienced, or who they aspire to be if they are inexperienced. Whilst the 'other' is the 'bad' practice teacher who they are not, never will be or never will be again.

From the data presented in the above tables of perceived 'ideal' and 'other' practice teacher characteristics, the continuum depicted in Figure 8.3. below can be identified. At the extremes are qualities seen to be 'bad', for example the practice teacher who over protects or molly coddles the student was not seen to be good as they stifled the student's development and prevented the student gaining independence at the 'right' time.

Figure 8.3. The continuum of bad and good practice teaching qualities



8.2.2. Independent experience during legitimate peripheral participation

Interviewees independent legitimate peripheral participation experience took place with a range of learners other than community nurse students, who they reportedly mentored, taught, supported and provided experience. Interviewees had spent many years in this stage acquiring a range of teaching experiences prior to their practice teacher role.

Interviewees were all highly experienced nurses with many years professional practice behind them, their experience in nursing and community nursing ranged from eight years to 38 years, with the mean being 24 years. All interviewees had experience of mentoring before undertaking the role of practice teacher, for many the mentoring experience was extensive and included a range of other teaching experiences. In this way interviewees practised their teaching and facilitation skills within a number of communities of practice during their earlier nursing and community nursing careers. The mentoring and teaching experiences, excluding community nurse students, identified by interviewees are listed in Table 8.8. below.

Table 8.8. Mentoring and teaching experience undertaken prior to working with community nurse students

- | |
|--|
| <ul style="list-style-type: none"> • Pre-registration nurse students: (n=30) • Trainee doctors: (n=5) • Student midwives (n=3) • Teaching sessions in the classroom for pre-registration nurse students (n=3) • Previous teaching outside nursing (n=2) • Team building 'facilitator (n=2) • Social work students (n=1) |
|--|

- Nursery staff (n=1)
- Formal teaching sessions for in-service training (n=1)
- Running short courses (n=1)
- Teaching St John's Ambulance first aid courses (n=1)
- Induction training for new staff (n=1)

As well as being experienced nurses and educators over 66% (n=21) of interviewees had undertaken educational preparation for a teaching/mentoring role during this period of legitimate peripheral participation, as depicted in Table 8.9. below. This data marked out the sample as experienced, prepared and interested in the educational preparation of future generations of community nurses.

Table 8.9. Education qualifications undertaken prior to commencing the practice teacher role/course

ENB 998/Mentor qualification (n=11)
City & Guilds 730 (n=5)
PGCE or approved teaching qualification (n=3)
ENB Supervisor/Assessor qualification (n=1)
No additional teaching qualification (n=9)
Total (n=30)

All interviewees appeared to be experienced educationalists and reported that this was an aspect of their previous experience that they had enjoyed. The enjoyment of mentoring and teaching was overtly expressed by sixteen interviewees and was offered as the main reason for their choice of career progression. One interviewee related an early experience of teaching on the ward with student nurses which had been formative for the development of the interviewee's teaching skills.

050/DN/7 After hand over there was a gap where we could do teaching sessions, my first one was about the structure of the HIV ... it was quite high powered and then I thought 'hum there is a bit more to teaching than this, than coming up with these furious high tech words', because quite a lot of it went over their heads. So that's what really spurred me on to doing something extra to learn.

This interviewee volunteered to undertake the practice teacher course 'to help somebody else learn and I was sort of developing myself' (050). These were reasons given by all interviewees, thus developing new community nurses of the future was shown to be in the forefront of interviewees minds as the quote below highlights.

041/SN/2 Because of my skills and experience and my enjoyment of teaching, I feel I have plenty more to give to the service. But it is about the future you can't develop the service without developing the people in it, so that was my main interest.

The commencement of the practice teacher course and/or role moved the interviewees into the next stage of their socialisation and led to them becoming novice practice teachers or adapting Lave and Wenger's (1991) terminology journiers.

8.3. Conceptual category – Stage 2 - novice practice teachers : journiers in the practice teaching community of practice

Interviewees became journiers as novice practice teachers, at this stage they were allowed to practise their teaching and facilitating skills with community nurse students. It is at this stage the practice teacher is deemed ready to commence the full socialising process of community nurse students. In the quote below Interviewee 061 expresses concern that someone within three years of completing the district nurse course was allowed to undertake the practice teacher course. This reflects the perception that practitioners need to be experienced as legitimate peripheral participants before they are ready move on to become journiers. What the interviewee could be viewed as saying is she did not think the ex-student had been sufficiently socialised as a legitimate peripheral participant to take on a practice teacher role.

061/DN/4 I was very surprised to find one of my students is doing her SCPT training this year, very surprised as it's within three years. I know that the trust are in desperate need for SCPTs but I was very surprised, I would have wanted a bit longer experience.

Journiers were reportedly supported during this stage by three key mechanisms, firstly the practice teacher course that twenty seven of the thirty interviewees had undertaken or were in the process of completing at the point of interview. Secondly through other experienced practice teachers within practice teacher forums or 'buddying' systems. As well as supporting journiers these mechanisms also appeared to enable them to learn the role. The third way interviewees stated novice practice teachers learn the role was through the experience of working with the first two community nursing students. Interviewee perceptions of these three mechanisms are analysed below.

8.3.1. Educational preparation : the practice teacher course

Ninety percent (n=27) of interviewees had undertaken the practice teacher course, a summary of this information is provided in Table 8.10. As can be seen from this table only three interviewees had not undertaken the practice teacher, all three were occupational health nurse practice teachers. One of these interviewees had completed a City and Guilds 730 programme leaving two that had no educational preparation for the role at all. This situation reflects the discussion in Chapter 1.8. regarding the opportunity for disciplines such as occupational health nursing to access the practice teacher course, especially if they are not employed in the NHS as was the case with all three interviewees in this study.

Table 8.10. Summary of practice teaching qualifications

Practice teaching qualification
Qualified practice teachers (n=21)
Student practice teachers (n=6)
Unqualified practice teachers (n=3)
Total =30

Interviewees had experienced the practice teacher course in two ways as previously discussed in Chapter 1.8., either the traditional CPT course over two years, or the current structure of the SCPT course, which commences at the point community nurse students start their practice placement. Advantages and disadvantages were reported of both course structures with the advantages of one being considered the disadvantages of the other. The impact of the two structures was valuable to me as an educationalist but it was not central to the thesis, as a consequence information about this area has been placed in Appendix 13. However there was no debate that irrespective of the structure, the course was valuable and formed an important element of practice teacher preparation. All twenty seven interviewees spoke about what they had gained from doing the course. These fell within two broad areas as outlined by the data extracts in Table 8.11. below.

Table 8.11. Perceived benefits of undertaking the practice teacher course

Gaining from the community of practice
Provided a forum where we exchanged ideas with other CPTs (035)
I could talk to people on the course and lecturers about the problems (043, 039)
Gave the chance to discuss practice (039)
It gave me support whilst working with the student (041)
I got suggestions for alternative approaches (042)

It was a good support, I got support from the tutors (042)
 It's good to share experiences you have with the student with other CPT learners (056)
 It gave us the opportunity to discuss lots of things (063)
 Meeting colleagues from different disciplines was very good (057)
 The multidisciplinary part was good, you could look at things from other peoples perspective (062)
Gaining new knowledge
 Lectures have been useful (047)
 You learn from the lectures (060)
 It taught me new things, I learnt new things (062)
 It gave me a wealth of knowledge (063)
 I learnt a lot, it helped me (042, 052)
 It really updated me (036)
 Playing with the ideas, the theoretical background was useful (055)
 The course makes you look at things in more depth, it makes you think about what you are doing (062)
 I look at students differently to someone who hasn't done the course (037)
 We learnt a lot about the students course (036)
 Learnt about teaching and learning styles (037)
 The theory was good it helps improve your practice and the way you teach (039)
 It made sure you know how to teach (040)
 It gave the theory to link with practice (041, 051)
 Gave good practical experience that I could use with the student (049)
 The course prepared me with all the theory about teaching and assessing (053)
 You need the theory about teaching to underpin your practice (037)
 I would not want to be teaching without the theoretical background (052)
 You need to do the course, it focuses you on the students learning (056)
 You couldn't do it any other way, you could not have students without doing the course (039)

From the data in Table 8.11. it appeared that members of the practice teacher course collectively become a community of practice, which was of value whilst the student practice teacher was working with the community nurse student. The practice teacher course provided its members with a vehicle for shared reflection, peer supervision and joint problem solving. This opportunity to reflect afforded to practice teachers during the course seemed to replicate that provided to community nurse students by their practice teachers within the practice placement. Eighteen (75%) of the interviewees who had undertaken the course said that not only had they enjoyed the course but that practitioners needed to undertake such a course in order to help them take on the practice teacher role as highlighted by the quotes below.

036/DN/5 I felt it was a very specialised course. Sure it was quite a small course, but to have it specifically written for the need and I felt it was a very worthwhile course and I enjoyed it and I felt it really helped me to become a CPT and to do the job well.

061/DN/4 I don't feel that a 998 or whatever they call them now is sufficient in preparing someone for a post-registration course. I actually think that you need someone who has further education on top ... I really believe that you need a more rigorous training if you are going to train post-reg PIQs (*post initial qualifying students, i.e. community nurse students*).

This finding would support the difference between Duffy's (2003) study and this one, as the participants in Duffy's study expressed lack of confidence in their assessment skills, which was given as a reason for their failure to fail students. In my study 70% (n=12) of the experienced practice teachers reported feeling confident that they could fail a student who needed to be failed and that this confidence had in part come from their practice teacher course. As highlighted by Interviewee 036 who stated that 'I felt confident enough to fail a nurse who needed to be failed'. This is in accord with Jinks and Williams' (1994) study which found that community nurses felt adequately prepared to undertake their teaching and assessing role after completing an education programme such as the practice teacher course.

In Thomson *et al.*'s (1999) review of the literature they discovered very little had been written about the needs of community nurses in relation to their educational role with students. My study clearly identified that their need was for a specific course to provide novice practice teachers with the educational preparation to support their role with community nurse students. This finding contradicts Lave and Wenger's (1991) view that formal learning adds little and can have a detrimental effect on learning. Instead the value placed by interviewees on the practice teacher course supports Fuller and Unwin's (2003) finding that both formal off-the-job learning and informal on-the-job learning are important. The findings from my study demonstrate greater complexity than the simple equation: course = formal learning : placement = informal learning. The course was perceived to provide both formal and informal learning as was practice. On the course informality arose from the community of practice developed amongst course members, whilst in practice a number of interviewees discussed formal teaching they undertook with students (Chapter 6.3.1.). This complexity would not be a surprise to Colley *et al.* (2003) who state that all learning contexts combine formal and informal learning, which they say does not have to be encouraged or designed-in to the learning experience. However, what

they consider is needed is an understanding of the level of each type of learning and what the implications of each are on the learner.

8.3.2. Macro community of practice : practice teacher forums

The role of the novice practice teacher within the macro community of practice parallels the role of the student in the micro community of practice. The macro community of practice convened physically through either university forums or through employer based forums. Practice teachers reportedly used the macro community of practice to acquire and share knowledge of different practices as the data extracts in Table 8.12. below demonstrate. This sharing or reciprocity was useful for novice practice teachers in peripheral positions to acquire support and knowledge from more experienced practice teachers. As practice teachers became experienced and moved into more central positions they provided the support and advice to their practice teacher colleagues. Eighteen interviewees said how they benefited from the opportunity to meet in these forums with other practice teachers, with twelve reporting how much they enjoyed this experience of social networking. As can be seen from Table 8.12. the benefits centred on firstly gaining and giving support to each other, especially if there were difficulties or concerns and secondly gaining and giving information, to keep each other up to date and manage the process.

Table 8.12. Perceived benefits from practice teacher forums

<p>Support It provides support. One of the CPTs had a student who was failing and the CPT really needed a lot of support (041) You need support from your peers (042) Gives support (046) They help, you get support (050) Very supportive (053) If I have a concern I can discuss it with colleagues. The support is good, it's excellent. Being asked what we want is extremely useful, very supportive (060) It's a good support (048)</p> <p>Exchange information about what is going on in other areas Exchanging knowledge and views, you pick up on changes in practice and can compare what other students are learning (039) It keeps you up to date (048) They are very useful in keeping me updated (044) It is a learning experience for all of us (043) It provides education (041) It is really important for CPTs to meet (041)</p>

Really useful, you share with others and listen to their perspective (047)

The discussion is really good (049)

Learning how to manage the process and difficulties

New CPTs can offload and you listen and make suggestions, discuss ways of coping (044)

Expectation moderation happened (063)

You learn quite a lot from discussion and seeing how they have done something in a different way (050)

They are useful, you can discuss problems (045)

It is good to learn of difficulties and how people do things differently, they have been very useful to me, very helpful (055)

It's like a symbiotic relationship because you start mixing and talking with other SCPTs and you start hearing of their pitfalls. You learn from this joint experience, it is very important (061)

The benefit of meeting in forums came at a cost for many practice teachers, seven interviewees stated how difficult it was to take time away from work to attend as Interviewee 046 highlights below.

046/OHN/8 That was quite useful really, to share with others and listen to their perspective on it. ... I suppose the only thing I would say is the time, I didn't get paid and there was absolutely no funding, a day out of my department. It was a slight irritant I must admit, it was a bit of an issue.

The perceived gains thus appear critical as practice teachers have to prioritise attendance at forum meetings. Such attendance appears important to the socialising process of novice practice teachers, which would be lost by non attendance, this socialising aspect is evident in the extracts in Table 8.12. above. As can be seen in the fuller quote Interviewee 063 below went on to make explicit reference to the journey of development being undertaken through this process.

063/HV/4 A lot of the expectation moderation happened during the meetings that we had and the workshops that we had in university with our peer group and in discussion with my other SCPT colleagues. I would find some kind of enlightenment from their experiences as well. So comparing both I would draw out some kind of new route.

A key function of the employer based forums was said to be allowing practice teachers to get to know each other and thus facilitate the development of informal 'buddying' systems to occur as indicated below.

055/HV/7 Now I am an experienced CPT you get to mentor other CPT students so if my colleagues have a problem we will sit down and discuss it.

060/SN/2 One colleague whose quite an experienced CPT I have asked if I could come to her if I had any particular problems.

Interviewee 060 highlighted that she had set up her own buddy system, however information from eight interviewees indicated that a number of the employers had formalised a 'buddy' systems, which were reported upon positively by novice practice teachers and 'buddies'.

061/DN/4 We're very lucky within our trust we have a buddy system where previously we found there had been a challenging student, or a couple of challenging students and the SCPT felt completely alone and so we have said that you should always have an SCPT who is always prepared to listen.

The findings from this study indicate that although the practice teachers macro community of practice is informal and face to face contact occurs only occasionally, it appears to serve a valuable purpose regarding the development and socialisation of practice teachers. Universities and employers need to recognise the value of these macro communities of practice and provide the support necessary to facilitate their continuation and development and their accessibility by practice teachers. Such recognition and support would encourage practice teachers to put effort into maintaining this network through their attendance, so optimising their effectiveness. The outcome of interaction is information sharing, mutual advice and shared problem solving. These findings are in accord with Wenger *et al.*'s (2002) statement that community of practice members do not need to work together or meet every day, they meet because they find value from interacting. Wenger *et al.* (2002) go on to report a range of benefits to members of such communities of practice, these include providing access to expertise, help with challenges and increased confidence in one's approach to problems. Interpretation of the data from my study within a community of practice framework indicates that by interacting together practice teachers accrue knowledge and an understanding of each others perspectives and over time develop a sense of identity as a member of the practice teacher macro community of practice.

8.3.3. Practice teacher preparation : learning through experience

All thirty interviewees said they learnt how to enact the practice teacher role by undertaking it, as Interviewee 039 highlights.

039/HV/3 Learning in action is where you gain your experience isn't it? No matter how much teaching you have in the classroom you are never quite prepared really.

The twenty-seven interviewees who had undertaken the practice teacher course said learning the role was achieved through a combination of the course and experience of practice teaching. Of these, fifteen saw the combination of both as important, one saw the course being more important in terms of learning the role and eleven said undertaking the role was more important, Interviewee 039 above being one of these eleven.

Whether or not interviewees saw practise as more important to learning, their narratives indicated that the steepest learning curve was having their first student. What they learnt from their first few students appeared to have a significant impact upon their identity development and their perceived role with subsequent students. For example Interviewee 058 said 'I learnt very quickly from my first student' going on to say she learnt to be more realistic and organised because she discovered there was not as much time as she had thought there would be.

Three years appeared to be the point in time when the novice practice teacher took on the attributes of the experienced practice teacher. This was stated explicitly or implicitly in the narratives of twelve of the seventeen interviewees already with three or more years experience. The quotes below highlight that practice teachers begin to find their feet with their third student, they start to be more relaxed and flexible and the prescriptive approach of having to do things 'by the book' and tick all the boxes which appeared to occur in the first year or two disappeared.

036/DN/5 The first two years I was on quite a steep learning curve, especially the first year. Then I kind of got to grips with what it was all about.

037/DN/18 I think you fail your first students, it is such a hard task being a CPT and you wont be the best obviously, but you look back

and think ‘Christ that’s poxy’, you know what I mean? It wasn’t until the third that I got into it. You relax.

The experienced practice teacher above was very forthright in her view that it takes the first two students to learn how to do the job. The finding presented in Chapter 7.3.2.2. that the majority of student difficulties were identified by novice practice teachers could be considered to support this interviewee’s perception of her own development as a practice teacher. What was learnt and how quickly, appeared to depend on whether the student was identified as ‘good’ or ‘difficult’, as previously elaborated in Chapter 7.3.2.2. Suffice to say the lessons learnt by novice practice teachers during the first two years of practice teaching were said to underpin the way they enacted their role as experienced practice teachers with subsequent students.

8.4. Conceptual category – Stage 3 - experienced practice teachers : full participants in the practice teaching community of practice

Practice teachers appeared to become full participants when they had worked with two or three students. In Chapter 7.3.2.2. the difference in the way experienced practice teachers managed student issues to prevent them becoming difficulties or resolve them early in the course was explored. In summary the findings identified in that chapter were that experienced practice teachers reported themselves to be able to confront student clearly, constructively and quickly when needs were identified. They also considered themselves more realistic in their expectations of what students should and could achieve.

Towards the end of each interview the interviewee was asked what competent practice teaching meant to them. The question is a cognitively challenging one (Price, 2002) as it asks for an evaluative and a reflective response. Interviewees often predated their answers with a verbal or non verbal marker that indicated that they thought the question difficult to answer. In answering the question interviewees defined practice teaching competence by distilling the essence from their own work with students as discussed in Chapters 5. to 7. and the attributes they saw in their ‘ideal’ role models (Chapter 8.2.1.). Thus a composite picture was produced which is outlined in Table 8.13. below.

Table 8.13. Competent practice teaching attributes as defined by practice teachers

<p>Experience, confidence and knowledge Confident & experienced practitioner with high standards who is a good role model (n=27) Confident & experienced practice teacher (n=17) Up to date and broad knowledge base/evidence base (n=10) Good management/organisational skills (n=9) Familiarity with/good understanding of the course (n=5)</p> <p>Personal qualities and communication skills Good communication skills (n=18) Approachable/non threatening (n=6) Adaptable/flexible (n=12) Motivating and encouraging (n=13) Reflective and encouraging reflection in students (n=5)</p> <p>Pedagogy Good facilitator/able to enable learning (n=11) Gives student independence at an appropriate pace/time (n=8) Provide the student with experience tailored to their needs (n=11)</p> <p>Assessment Skilled assessor (n=20) Sees the good/potential in students/values students (n=4) Assertive/firm but not dictatorial/rigid (n=5) Confronts and challenges constructively and early (n=22)</p>

Practice teachers did not appear to see competence as being a single entity which made a practice teacher either competent or incompetent, there was a continuum where the more 'good' or 'ideal' attributes possessed the greater the level of competence the practice teacher was seen to possess. This was evidenced by thirteen of the experienced practice teachers reporting that they were still developing their competence.

Interviewees made many explicit references to the importance of confidence and experience as the extracts in Table 8.14. highlight.

Table 8.14. Examples of practice teachers recognition of their developing confidence and experience

<p>I was learning on the job and I didn't have the confidence that I do now (052) I'm not stressed and I think that surely has got to be experience (056) There's a confidence build from the encounter of each student (050) It became easier because I knew what I was doing, I knew what worked (036) I suppose more confidence in teaching. And being confident to tell them if they are going wrong (037) Yes in many ways as the years progress I feel that I have seen it, and that is probably confidence (063)</p>
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Experience and confidence were considered to be needed in both community nursing and practice teaching. Thus an individual was not competent unless they had sufficient

community nursing experience and had worked with two or three community nurse students. Without experience and confidence novice practice teachers were by definition therefore not considered to be competent either by themselves or by others. With experience and confidence came clarity, the ability to be prepared and organised and take a more relaxed, supportive and flexible approach to working with students. Confidence in their ability also increased experienced practice teachers ability to confront issues early. These characteristics were said to be valued by experienced practice teachers and sought by novice practice teachers. From this study therefore the finding was that practice teachers perceived a strong relationship between experience, confidence and competence.

Interviewees said that on the whole they had become less rigid in their approach. They no longer felt the need to 'go by the book'. Paradoxically however they said they were more organised. Being a novice appeared to equate with an inflexible rigid plan with little deviation. Whereas being experienced appeared to mean being able to prioritise, to use opportunities that arose flexibly and more efficiently, to know the important features that need to be addressed and to be more relaxed about the unimportant features. The quote below exemplified the comments made by over 75% of the experienced practice teachers (n=24) and strongly emphasises a transformation approach to professional socialisation which will be explored in more depth in Chapter 9.

036/DN/5 In the first year or two it was a tick box and I'd make sure they'd covered all these learning experiences. And then over the years I realised that we could actually adapt things to fit these experiences but also that they had other experiences and they needed to learn from those as well, whether they were in the course syllabus or not, so that they were learning and absorbing as much as they could, as it came to them and in a less stressful way.

Good assessment skills were mentioned by twenty interviewees in relation to diagnosis of learning needs and problems, they saw assessment skills as essential for identifying students' strengths and weaknesses. This assessment meant that early on in the course interviewees could focus on further developing strengths and addressing weaknesses, an area previously raised in Chapter 6.3.2. Along with assessment skills the competent practice teacher was also seen to possess the confidence to be able to confront issues raised

from the assessment with the student in a way that is constructive. Maintaining the relationship so work can continue with the student who does not feel they are being personally attacked is an art that practice teachers felt they acquired through experience, as previously discussed in Chapter 7.3.2.2. In summary the competent practice teacher was perceived to have the characteristics identified in Table 8.15. below.

Table 8.15. Perceived profile of the competent practice teacher

<p>Experienced, confident and knowledgeable Uses a wealth of experience and knowledge to model good practice and confidently manage the students practicum</p>
<p>Appropriate personal qualities and good communication skills Uses personal qualities and communication skills to build a relationship with the student, which motivates, encourages and supports the students development</p>
<p>Good pedagogic skills Facilitates student learning by providing opportunities to experience practice and gain independence at an appropriate pace</p>
<p>Good assessment skills Assesses student needs on an individual basis then directs and challenges the student without being authoritarian</p>

8.5. Conclusion

Practice teachers appear to undergo a lengthy socialisation period for their role, which spans their professional career. They undertake legitimate peripheral participation but not with community nurses, thus they do not receive sponsorship from an experienced practice teacher who works closely with them day to day when the novice practice teacher starts to work with their first student. Instead they gain support and knowledge from undertaking a practice teacher course, from practice teacher forums and in some instances from a 'buddy'. The latter mechanism involves an experienced practice teacher being available for support and guidance. However this was rarely formalised and mainly involved occasional meetings or telephone conversations between the novice practice teacher and buddy. All three mechanisms when in place however were valued by novice practice teachers in developing their role, they also appeared to provide a community of practice where learning and socialisation occurred.

The fourth and for eleven interviewees the most important mechanism for learning was through the experience of undertaking the role with a student. This study found that it takes around three years of experience to transform a novice practice teacher into an experienced practice teacher. At this point practice teachers started to identify that they possessed some of the attributes of the 'ideal' and could thus be considered competent.

This chapter explored what practice teachers see as good and bad practice teaching, which enabled the identification of what practice teachers view as the essence of competent practice teaching. This is not a state acquired on taking up the role it is one that practice teachers perceive they develop through experience as they gradually move in the direction of their perceived 'ideal'. Although experience appears to be a requirement for competence, not all experienced practice teachers display competence, as not all display the positive characteristics that interviewees in this study aspired to. Practice teachers who displayed high levels of negative characteristics reportedly provided students with an environment that undermines the development of their professional identity and leaves them feeling abused.

Symbolic interactionists, consider identity to be the way a person defines, locates and differentiates the self from others (Hewitt, 2006). The way practice teachers define good role models as 'self' and bad role models as 'other' appeared to be an attempt to articulate a valued identity for themselves. Practice teachers were seen to position themselves regarding who they are and their role, by privileging the practice of learning through nurturing the development of students and modelling this practice for others.

Effective role modelling has previously been shown to be important for student learning, however Craddock (1993) found that the behaviour of effective role models and how they gained their skills has not been articulated. This is especially true for community nurses as identified within this study's literature review, as most studies in nursing have focussed on hospital ward based role models. My study has articulated such behaviour and explored how these skills develop, therefore breaking new ground in this area of research.

In Chapter 9. the concepts identified within this chapter will be interpreted at a higher level of abstraction as the grounded theory of this study is developed. How 'ideal' attributes are added in layers as individuals change from being nurses to community nurses, in order to become practice teachers will be explored using a journey metaphor. The central role played by practice teachers in this journey, for themselves and for others, will be analysed. This will involve an examination of the increasing use, by experienced practice teachers, of a transformation approach to learning and socialisation.

Chapter Nine

A grounded theory of professional (re)production of community nursing

9.1. Introduction

The emerging data (presented in Chapters 5. to 8.) from this grounded theory study was seen to fit the extant literature related to situated learning, in particular Lave and Wenger's (1991) communities of practice framework. Community of practice theory therefore provided a framework within which professional socialisation can be understood and conceptualised (Fox, 2000). A framework that explained how student participation changes over the placement as their community nurse identity develops (Chapters 5. to 7.). It is also a framework that explained practice teacher socialisation throughout their careers (Chapter 8.).

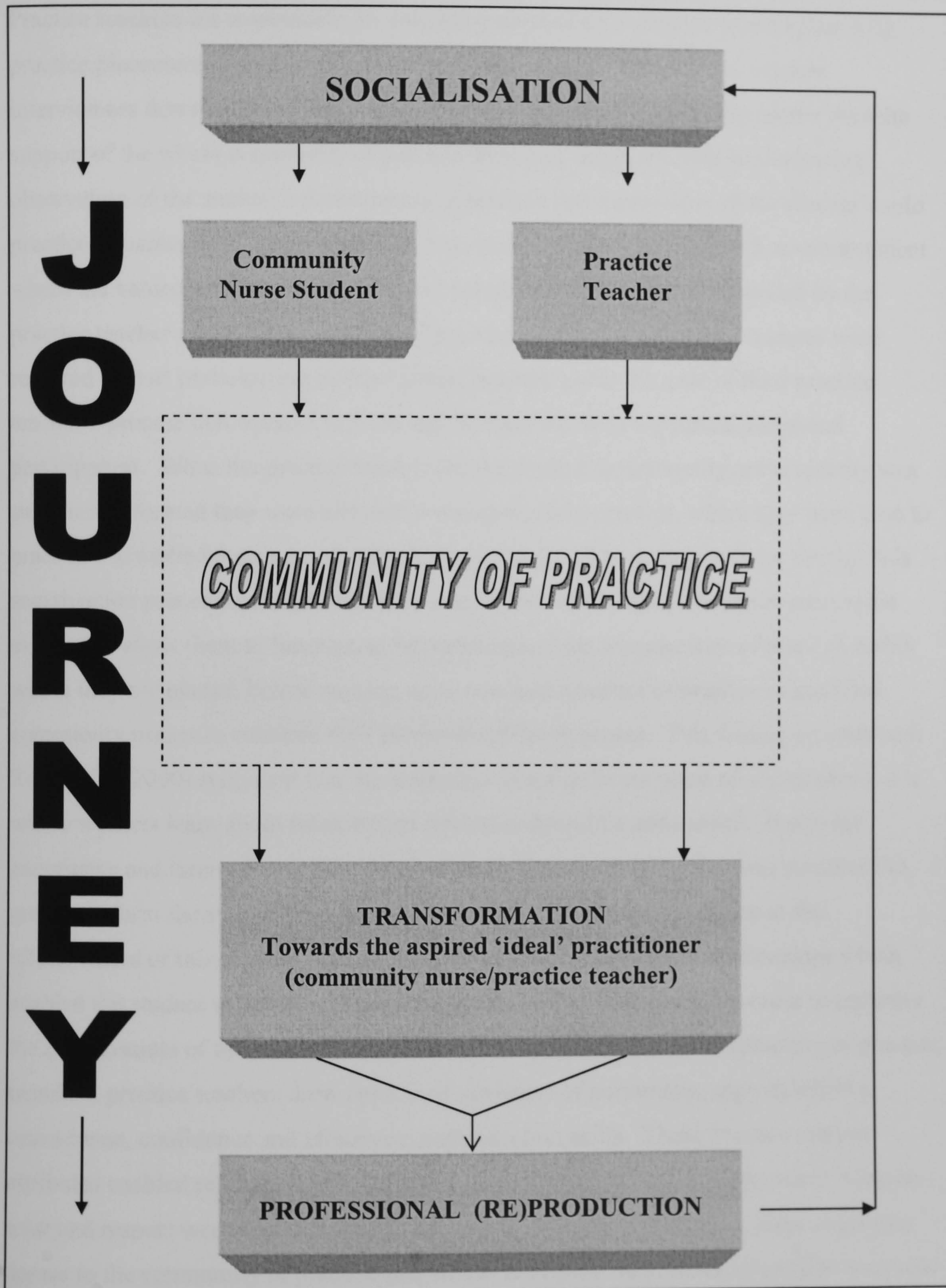
This study has developed a grounded theory in which the social process being undertaken is one of professional (re)production. Within this social process community nurse practitioners and community nurse communities of practice are being (re)produced over time. A grounded theory of professional (re)production is thus presented within this thesis as the core variable that accounts for the underlying social process (Becker, 1993). The mechanism through which this (re)production occurs is one of professional socialisation within community nursing communities of practice. The process is taking place with both students and their practice teachers as they undertake the journey of professional (re)production. This chapter synthesises the findings presented in Chapters 5. to 8. in order to justify the interpretation which led to the development of this grounded theory.

The grounded theory is built upon three theoretical categories outlined in the 'findings' chapters (Chapters 5. to 8.) these are *relationships within micro communities of practice*, *community nurse students professional socialisation* and *community nurse practice teachers professional socialisation*. These theoretical categories create movement in the form of a journey which results in professional (re)production. In order to present the elements of the grounded theory and emphasise the nature of the movement this chapter has been structured into four sections. The first, Chapter 9.2., addresses community

nursing communities of practice that foreground learning and development. The second, Chapter 9.3., discusses the transformatory approach to learning taken by practice teachers within these communities of practice, which result in student and practice teacher changing and gaining a new identity. Thirdly, the concept of the journey being undertaken by the participants of the community of practice is examined, the outcome being professional (re)production. Professional (re)production that results in both continuity and change for the community nursing profession is analysed as the core variable within this interpretive theory. The journey of professional (re)production is depicted in Figure 9.1. below.

This theory is original as no one has previously looked at socialisation of community nurses or practice teachers. No one has examined a community of practice framework to explain learning within community nursing and finally no one has interpreted how socialisation (re)produces the community nursing profession in a way that explains its continuity and change. This study takes an interpretive stance by theorising that knowledge is co-constructed through student experiences in the social practice of communities of practice. The theory supports the view of Lave and Wenger (1991) that these practices are idiosyncratic, multifaceted and complex as each community of practice's social practice is unique. As such the professional development of community nursing that emerges from these multiple factors allow for the change as well as the continuity of the community of practice and its social practice.

Figure 9.1. Diagrammatic representation of the journey of professional (re)production



9.2. Communities of practice

Practice teachers are responsible for educating community nurses during the year long practice placement of their professional education course. The practice teacher interviewees described how they socialise nurses to become community nurses with the support of the whole community of practice through a lengthy period of shadowing, observation of the student's participation in practice and supervision of the student's solo practice (Chapter 6.2). Through shadowing, students were provided with an environment where the values, attitudes and practice of community nursing were modelled by the practice teacher and other community of practice members. Gradually students were reported to start participating in this cultural practice under the gaze of their practice teacher a process that equated to Lave and Wenger's (1991) legitimate peripheral participation. When the practice teacher felt the student's community nurse identity was sufficiently formed they were allowed to undertake solo practice, where they were seen to practise and embed their new identity (Chapter 6.2.3.). The culture imbued through this socialisation process enables students to acquire the values, attitudes and practices that eventually allow them to function as full members of the communities of practice within which they are placed, before moving on to new communities of practice as qualified community nurses to continue their professional development. This finding accords with Rainbird's (2000) statement that the workplace is a significant place of socialisation, it is where workers learn about roles, power relations, discipline and control. It was the experience and interaction within the community's social practice that was perceived to gradually form the student's professional identity. Of central importance to the effectiveness of this process was the formation and maintenance of relationships which enabled the student to access and then participate in the community. In order to optimise the effectiveness of the relationships between students and all other community of practice members practice teachers drew upon their attributes of nurturance, approachability, reassurance, confidence and effective communication skills. These practice teacher attributes enabled relationships to form where the mutual attributes of openness, honesty, trust and respect were demonstrated (Chapter 5.2.). Students who were adept at gaining access to the community of practice and skilful at helping maintain relationships were also seen to contribute attributes. Their ability to reciprocate by giving to members of the

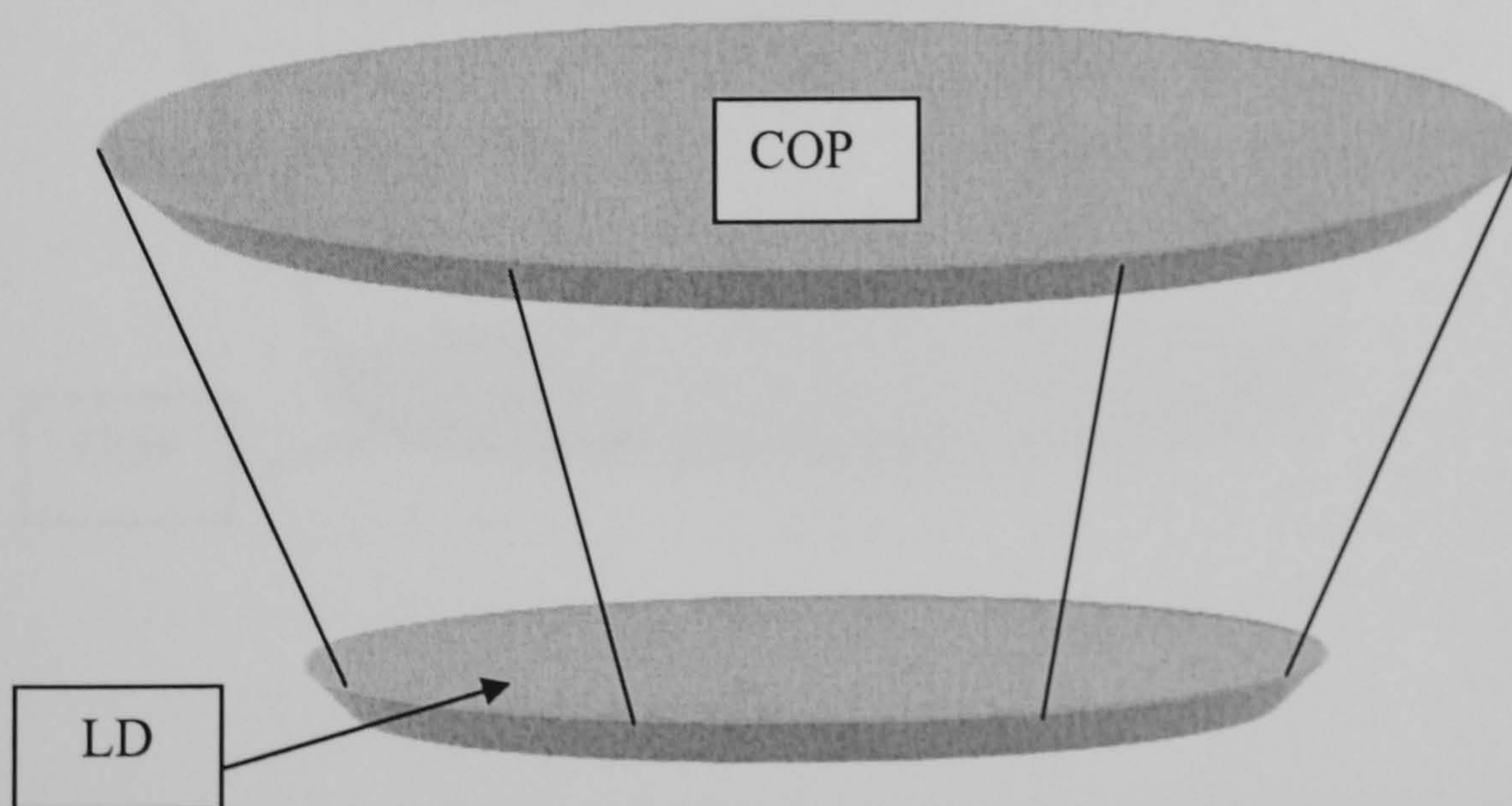
community of practice also enhanced their integration into the community and their subsequent development. The ability of community nurse students to give to the community was enhanced by their status as qualified and experienced nurses who were viewed as bringing up-to date expertise and fresh insights from a range of practice perspectives. For a number of students their entry into the community involved minimal peripheral participation before progressing quickly into increasingly fuller participation (Chapter 6.2.3.).

Practice teachers described how they inculcated in the student the identity of a professional community nurse through facilitating their participation in experiences and their interaction with members of the community. In this way students learnt the cultural rules that govern the community's practice and developed the skills to work with these rules. The students who failed to learn or work with the rules were found not to fit-in to the community and became identified as students with difficulties, who required intense work to develop the identity of a community nurse. Conflict and recognition of power differentials between practice teachers and students were made apparent in these situations. Experienced practice teachers were perceived to wield their power early to force students onto an expected learning trajectory (Chapters 6.3.2. and 7.3.2.2.). Whereas novice practice teachers appeared to feel uncomfortable with their power or embarked on a struggle over power with the student which resulted in more explicit conflict from the practice teachers perspective (Chapter 7.3.2.2.).

A central argument of socio-cultural theory is that learning is an ever-present human activity and that learning often occurs unconsciously during normal working practice. Lave and Wenger (1991) and Wenger (1998) thus see learning as integral and inseparable from practice but not something that is made explicit. In Lave and Wenger's theory, social practice is primary and learning is the by-product. In part this appears a consequence of Lave and Wenger drawing upon a wealth of literature about apprenticeship from their own (Lave, 1977, 1982) and other researchers (Coy, 1989; Haas, 1972; Marshall, 1972; Cooper, 1980; Singleton, 1989) as previously highlighted in Chapter 4.4. Within this literature the phenomenon of apprentices learning a craft from skilled journeymen involves apprentices

undertaking unskilled work in order to get the job done at the expense of their learning. In nurse mentorship literature there was also evidence that student nurses spent too much of their time working on basic tasks alongside unqualified staff rather than learning the complex elements of the craft (Melia, 1987; Cahill, 1996; Gray and Smith, 2000). In examples such as these learning is in the background. However in my study examples of student socialisation foregrounded learning, this led to a view that within each community of practice there is a *learning dimension*. The learning dimension is the degree to which learning within the community is made explicit. In the original framework by Lave and Wenger (1991) where newcomers were integrated into the practices of the group, the learning dimension is in the background to a more dominant foregrounded practice agenda. The result is that learning occurs but often this is an unconscious process. Ball (2003) states that learning is an unintentional product of a community of practice, it is not the principal activity. A community of practice is not primarily a community of learners it is a community in which learning takes place in support of the primary practice. Thus for Lave and Wenger learning is a consequence of social engagement. Diagrammatically the community of practice and learning dimension in this context is represented in Figure 9.2.

Figure 9.2. Representation of the learning dimension (LD) in Lave and Wenger's traditional community of practice (COP)



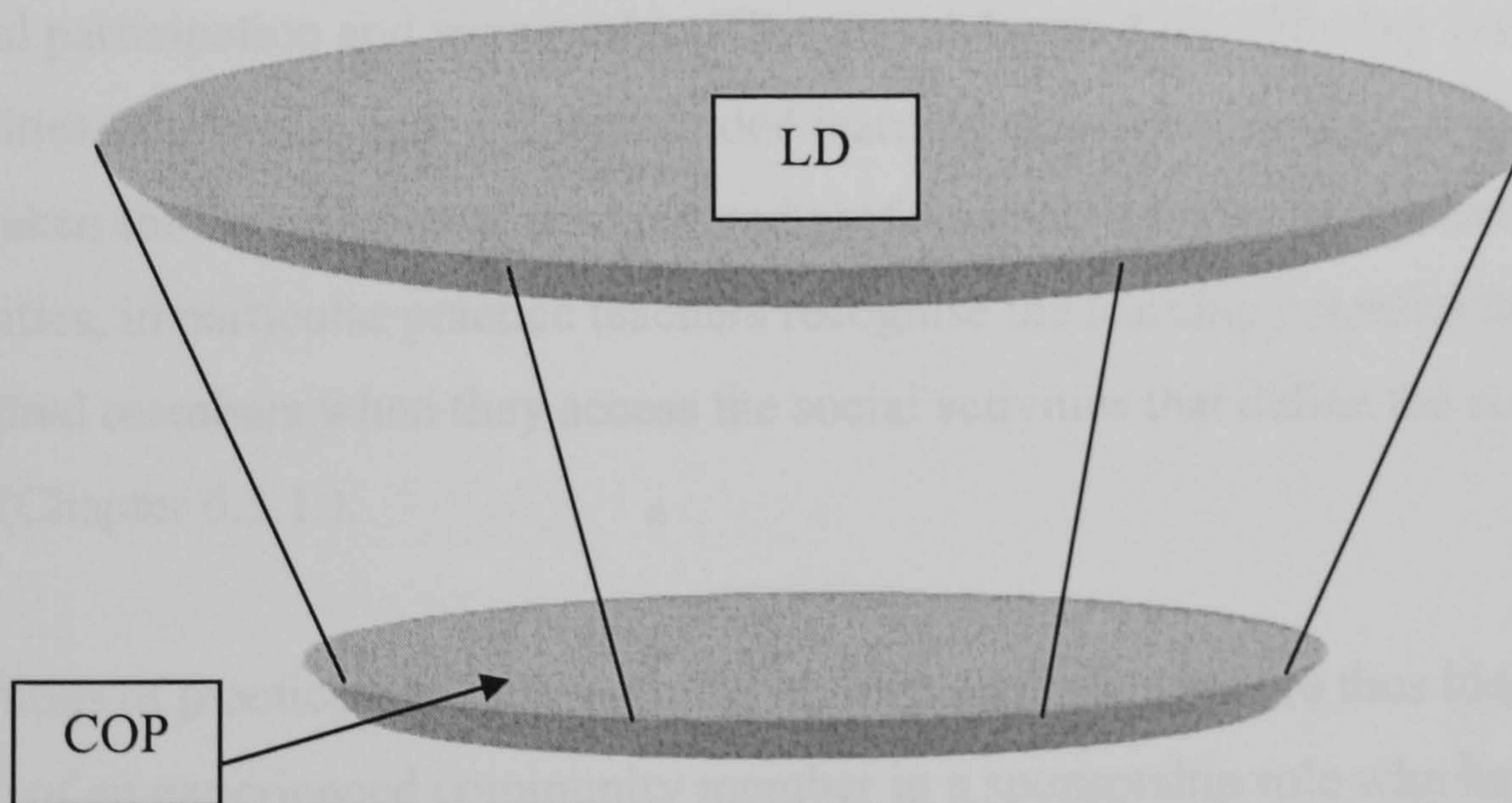
My study found that the practice teachers within their communities of practice did not foreground practice. For these interviewees learning was considered to be conscious for

the community as a whole and it was learning that took a foreground position ahead of practice. This thesis thus argues that where a practice teacher forms part of the community of practice there is a specific remit within this community for learning, this remit envelopes the whole team not just the student as the quote below aptly states.

063/HV/4 We (*practice teachers*) have a role in terms of creating a learning environment not only when students are around but on an all time basis, on an ongoing basis the learning environment is not created kind of switch on switch off, it has to be an ongoing thing. And it is a culture that needs to be developed that needs to be nurtured and that's what I feel, everybody needs to know about that, my colleagues I have to keep influencing colleagues around.

Thus in communities of practice where practice teachers have a remit specifically for education, and the education of community nurse students (newcomers), the learning dimension is consciously recognised and takes a more dominant foreground position as represented in Figure 9.3.

Figure 9.3. Representation of the learning dimension (LD) foregrounded in the community of practice (COP) where there is a practice teacher



The concept of a learning dimension within the community of practice provides one explanation for how change takes place for the community as a whole and the members within it. The learning dimension within communities of practice where a practice teacher acts as sponsor enables learning to take centre stage in directing the development of

practice. This applies to all community members including students, staff nurses, nursery nurses, ancillary staff and practice teachers themselves. Within communities of practice with a foregrounded learning dimension, learning becomes a reason for participation in social practice rather than a by-product (Lave and Wenger, 1991) as indicated by practice teachers emphasis on building and maintaining relationships (Chapter 5.2.). The result is a broader view of learning experiences in all aspects of practice.

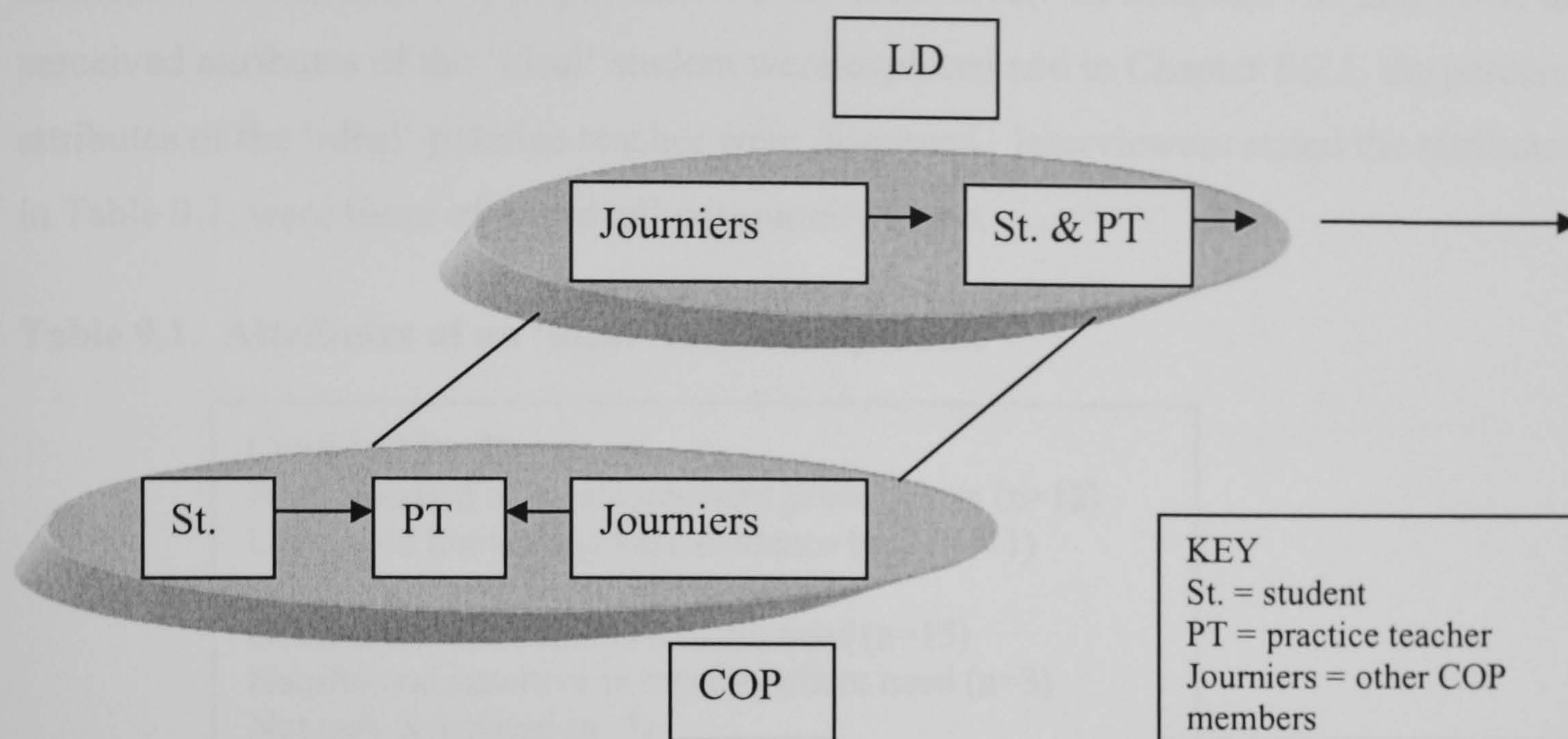
The learning dimension is interpreted not as a separate reified entity, but an integral element that operationalises the development of community members. This extension to community of practice theory develops Pugach's (1999: 270) view that "one of the most important purposes of a community of practice is to establish a learning community". A learning dimension concept can help explain how communities of practice establish learning communities, as this thesis argues that such communities of practice are likely to have a foregrounded learning dimension. Thus although the community nursing communities of practice described within this thesis were perceived to possess the key elements of Lave and Wenger's (1991) community of practice theory, such as legitimate peripheral participation and sponsorship (Chapters 4.4. and 4.6.). The key feature of communities of practice with a foregrounded learning dimension is that social participation is undertaken for the purpose of learning and professional development. Members of such communities, in particular practice teachers recognise the learning potential that opens up to individual members when they access the social activities that define the community's practice (Chapter 6.3.1.).

Communities of practice with a foregrounded learning dimension are thus identified by the existence of an experienced community member in a sponsorship role who has a specific remit to facilitate the development of all members especially newcomers (Chapters 4.4., 4.6. and 5.4.). Other extensions to Lave and Wenger's (1991) original framework which emphasise the learning dimension of community nurse communities of practice feature newcomers and relationships. In communities of practice with a practice teacher, newcomers included community nurse students who were already experienced and provided significant benefits to the community of practice (Chapter 5.4.). Newcomers who

as a consequence of their expertise made contributions that demonstrated they were more than just peripheral members (Chapter 5.4.). In the communities of practice explored within this thesis where there was a foregrounded learning dimension relationships were also found to play a central role. Relationships that reportedly made the learning within the community of practice more effective and in such a way illuminated the learning dimension (Chapters 5.2., 5.3. 6.3.2.). This was seen to result in not only the development of the student but the development of all other members. The process was not seen to be without conflict however and power differentials between community members were recognisable. In some examples power differentials were perceived to lead to contradiction and change within the community of practice as a whole and in other cases it led to control by the practice teacher and change in the student.

This thesis argues that the learning dimension is the driver for movement and change within communities of practice, as depicted in Figure 6.3. below. It is the learning dimension that leads to change, innovation and evolution in the community of practice. When applying Lave and Wenger's (1991) framework the student enters the community of practice on the periphery working their way to a more central position of participation, with the practice teacher already in that position and other team members at different positions within the community's boundary. However in communities of practice with a foregrounded learning dimension the position of its members can be viewed differently. Within these communities the student and practice teacher are at the helm steering and as such leading the learning process, which in turn pulls the community of practice along on a journey of development as depicted in Figure 9.4.

Figure 9.4. Representation of the learning dimension leading the development of the community of practice



Although within the interviews learning was primarily focussed on the community nurse student, practice teachers saw all members within the community including the student contributing to the learning of each other in a reciprocal manner. Thus it involved the development of staff nurses as seen in Chapter 5.4., moving to become potential community nurse student recruits, moving qualified community nurses to become practice teachers and moving novice practice teachers on their journey to become experienced practice teachers (full participants). As the linchpin for this process the practice teacher was considered to be at the forefront in (re)producing the community firstly by protecting the community’s way of working. This was seen in practice teachers talking about upholding or maintaining the standards (Chapter 8.2.1.). Secondly by allowing change that led the community to evolve into a different entity, this was seen by welcoming the students impact on changing practice (Chapter 5.4.).

9.3. Transformation approach to learning

The data from this study found that practice teachers held mental presentations of what ‘ideal’ practitioners at each stage of their development would be like. This ‘ideal’ image appeared to be used as a guide to ascertain how far the student needed to develop and

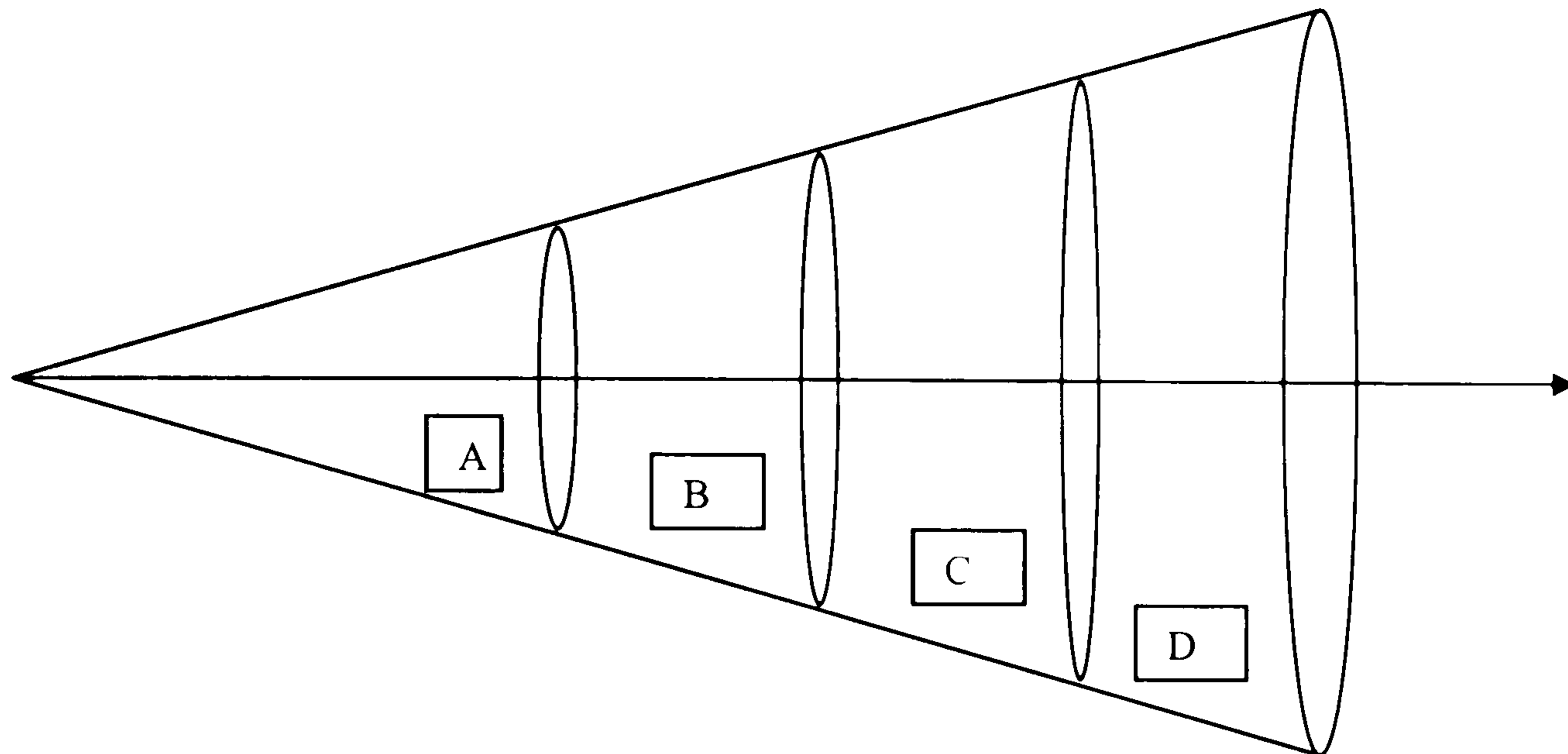
whether there were likely to be difficulties that needed extra work to achieve. It also provided the practice teacher with a map of where they were aiming for the student, other members of the community of practice and for themselves. In Chapters 7.2. and 7.3.1. the perceived attributes of the ‘ideal’ student were explored and in Chapter 8.2.1. the perceived attributes of the ‘ideal’ practice teacher were discussed. Interviewees stated the attributes in Table 9.1. were those of an ‘ideal’ community nurse.

Table 9.1. Attributes of an ‘ideal’ community nurse

<p>Confident (n=7) High standard of care/competent practitioners (n=12) Up to date knowledge base/evidence base (n=11)</p> <p>Good assessor of clients holistic need (n=15) Helpful and sensitive in meeting client need (n=3) Not task orientated (n=3)</p> <p>Good communication skills (n=16) Approachable (n=4) Adaptable/flexible (n=8) Passion for the discipline (n=4) Enthusiastic and motivated (n=4) Reflective (n=7) Person qualities (n=3)</p> <p>Good management skills (n=8) Problem solving skills (n=5) Team player (n=6)</p>

The picture gained from interviewee narratives was one of an incremental development of ‘ideal’ attributes moving from the nurse at the start of the community nursing course to the experienced practice teacher at the pinnacle of their community nursing career. How each level is perceived to gain a new layer of attributes is depicted in Figure 9.5. below, this diagram provides a conical side view of the developing levels.

Figure 9.5. Representation of layers of attributes from nurse to practice teacher as seen from the side



Key

A) Nurse/new community nursing student

Attributes - Appropriate attitudes: good communication skills; foundation of clinical/nursing skills (See Chapter 7.2.)

B) Community nursing student on the course

Attributes - All of A) plus: passion for community nursing discipline; responsive to feedback and constructive criticism; quick learning/development; problem solver (See Chapter 7.3.1.)

C) Qualified community nurse

Attributes - All of A) & B) plus: confident and competent practitioner; good client assessment skills; management skills (See Chapter 9.3.)

D) Practice teacher

Attributes - All of A), B) & C) plus: confident and experienced practice teacher; good student assessment skills; pedagogic skills (See Chapter 8.2.1.)

When interviewees gave very similar responses regarding the qualities of students, community nurses and practice teachers I brought this similarity to their attention. Their response was either surprise that they had identified similar qualities, implying that they had not previously recognised or thought about the similarity. For others there was no surprise as if they had already made the link, these interviewees added that extra attributes were required of the practice teacher, which took them beyond what would be expected of a community nurse. For example in relation to the practice teacher the extra attributes were always from the pedagogic skills domain. Interpreting the data within a situated learning perspective, the map presented by interviewees 'ideal' practitioner at different stages of a community nursing career depicts the course of a journey, a journey of development and change. There is not merely the acquisition of a growing body of competencies but qualitatively different aspect of 'becoming' a new practitioner at each stage. When interviewee narratives, about the 'ideals' to which all community of practice members should be aspiring, are constructed as a journey, the picture presented becomes one of the nurse transforming through a series of metamorphoses into a practice teacher.

The interpretation that practice teachers perceive student learning to be transformatory in nature, and not merely the acquisition or accumulation of competencies, is not taken solely from the concept of development towards an aspired 'ideal'. As demonstrated in chapters mentioned below (see bullet points) practice teacher narratives provide rich evidence that they saw their role as enabling students to change their identity from being a nurse to becoming a community nurse. There was overwhelming evidence that practice teachers saw themselves applying a transformation model to the students learning (Chapter 8.3.1). They were not merely adding skills but changing identities, which they saw as taking time, skill and patience. The quote below aptly demonstrates this process.

044/HV/15 I have to be mindful all the time that these students are mature students and some of them have had senior jobs so you've got to be mindful of that all the time, you've got to be patient with them.

Mature students with experience should according to common sense be given more responsibility and move quickly through the achievement of competence, there should be no need to be patient. What the above interviewee is saying is that the student has further to travel to change a strong existing identity, hence the need for greater patience as the

student will experience greater instability as their identity transforms. Evidence for the transformation approach and with it a process of socialisation abounds within the previous four 'findings' chapters as demonstrated by the following points:

- A lengthy observation period occurs where students are imbued with the values and culture of being a community nurse (Chapter 6.2.1.).
- Practice teachers concentrate on building their relationship with students and giving them as wide a range of appropriate experience as possible (Chapters 5.2. and 6.3.1.).
- Practice teachers view fitting into the community of practice to be a central goal for the student, where the student is able to gain from the reciprocity of the social milieu (Chapters 5.3., 5.3.1. and 5.4.).
- Little emphasis is placed on directly teaching the student (Chapter 6.3.1.).
- Decisions are taken between 1/3rd to 2/3^{rds} of the way through the placement that students will pass, at a point where they are demonstrating they have sufficiently absorbed the community nurse identity and can practise alone, but have not achieved competence (Chapter 6.3.2.).
- Summative assessment is given little emphasis; students who have significant gaps still pass (Chapter 6.3.2.).
- Students are seen to be on a journey with the course being just one stage (Chapter 9.4.).

None of the above fit a transmission approach but all fit a transformation approach. The only exceptions to the first point above was seen in students who had been working in the community nursing discipline before undertaking the course and who were already seen to have the appropriate identity. In these cases there was not a lengthy observation stage, in fact in some cases there was no observation, with students moving straight into participation. Practice teachers identified community nursing to be a complex role (Chapters 6.3.1. and 7.3.2.1.), which accords with Mackenzie's (1992) view that community nursing is complex because they work one-to-one with clients where each situation is unique, problems are clarified and decision-making processes managed to meet the individual needs of clients and patients. Practice teachers within my study appeared to recognise that students could not learn the complex role of the community nurse by acquiring a series of discrete competences (Chapter 6.2.1., 6.2.2., 6.3.1. and 6.3.2.). Without practice teachers providing the nurturance, experiences and time for reflection it can be interpreted that a two-dimensional transmission model would occur, resulting in a shallow (re)production of the profession. What students were seen to require was the integration of a range of knowledge, skills, values, attitudes and understanding of the

culture of the community. This view echoes Lave and Wenger's (1991) positioning of 'masters' who attempt to instruct apprentices as problematic because they apply a strategy that prevents learning. As can be seen from this Lave and Wenger (1991) do not see the traditional transmission model of teaching as effective in workplaces. The practice teachers in this study echo this view through their narratives presented in Chapters 6.3.1.

It is this traditional transmission model that the Professional Body and Government are currently advocating, where an increasingly competence driven approach is put forward as the answer to addressing problems in securing high quality practice placements (DoH/ENB, 2001a, NMC 2006). Thus although the rhetoric (DoH, 1999a, 2000a, 2000b) is about the importance of placements and mentors for the professional education of students, it fails to recognise what it is about placements and mentors that makes them effective and thus of high quality. HEIs have attempted to mediate the competence driven agenda by arguing for the educational needs of students opposed to the training needs (Bleakley, 2002; Field, 2004) however, the approach has been exclusively individualistic (Chapter 4.2.). What this study found was that the majority of practice teachers especially experienced practice teachers take a transformation approach to developing their students without feeling torn by conflicting expectations placed on them to be competency driven. They report confidence in their approach because they intuitively know it is effective having learnt through experience. In essence what practice teachers appeared to do was develop the skills of outwardly meeting external requirements whilst maintaining their social approach to facilitating student development, rather than fitting the student into these requirements. The interviewee below succinctly opposes the reductionist approach to education where everyone comes in with a narrower range of abilities, passes through the course acquiring the same outcomes and leaves having achieved the same competencies or they fail.

059/HV/7 If you see everyone coming out as the same to start with and they are processed that is not going to work.

The exceptions to a transformation approach were seen in the narratives of novice practice teachers. For some novice practice teachers their attempts to fulfil the expectations placed on them by a transmission approach to competence based learning appeared to lead to

difficulties, as discussed in Chapter 7.3.2.2. Two explanations have been put forward as possible reasons for novice practice teachers identifying students with difficulties. One relates to their lack of experience and confidence, however the other relates to a transmission versus a transformation approach taken by the novice practice teacher. A transmission approach results in their emphasis on the student being taught in order to meet competencies and outcomes, with a focus on the practice teachers gate-keeping role (Chapters 7.3.2.2. and 8.4.). As a consequence less emphasis is placed on building a relationship with the student or enabling the student to build relationships with other members of the community of practice (Chapters 5.2., 7.3.2.2. and 8.3.3.). Whereas with experience most practice teachers appear to have learnt that a transformation approach is more effective, as a consequence they see their role as enabling the student to develop into a community nurse through a process of identity change (Chapters 7.3.2.2. and 8.4.). It can also be argued that through the experience of learning to become a practice teacher over the first three years of working with students, practice teachers are undergoing their own transformation. They begin to perceive learning in a different way and as such develop a different way of being a practice teacher (Chapters 7.3.2.2. and Chapter 8.4.). A process of identity change recognised by Interviewee 038 in the quote below.

038/HV/6 I suppose you relax. ... When it's your first student you want to do everything perfectly, you want to do everything according to the book. I think for me it is looking at their individual needs. I was a bit reluctant to do that at the beginning. I wanted to impart things as you think they should be. I think now it's assessing their needs and taking it from there.

This interviewee is basically saying that the direct teaching approach where students are 'taught' the right way to be a competent community nurse is not effective or successful as viewed by Lave and Wenger (1991). What is needed is an approach where the milieu is provided to socialise the student gradually, with the practice teacher guiding the student in the right direction in their journey. It would appear from this experience that the interviewee was acknowledging that she started working as a practice teacher with a transmission model of learning, wanting to impart knowledge into her student. What she learnt through experience was that this model is not appropriate for the development of community nurses, as a consequence she moved to a model of transformation.

This study found that as practice teachers gained experience they spent more time on relationship building and nurturing their students (Chapter 5.2.). They took a more flexible approach to identify where the student is on their journey to becoming a community nurse and then provide them with the environment to progress on this journey without putting too many rigid boundaries around them (Chapters 6.3.1. 6.3.2.). Working with students in this way, as the interviewee below highlights, allows students to develop at their own pace albeit within a specified overall timescale.

035/HV/1 I've learnt how to be more tolerant and patient just giving them that time it's a new field for them and I have learnt to give them time and don't expect the transition to be too quick.

It is recognised that employing a transformation approach to becoming a community nurse will not be easy and will be time consuming, hard work and test the skills of all concerned. However, this philosophy held by experienced practice teachers results in students not being identified as difficult, problematic or failing. Consequently their progression through the socialisation process is not hampered by the barriers constructed with the attachment of such labels. Barriers including a deteriorating relationship with members of the community of practice, increasing anxiety levels of both student and practice teacher, undermining of the students confidence and self belief and increasing negativity and frustration on the part of the practice teacher towards the student. There was also recognition that experienced practice teachers used their power to ensure students developed in the right direction within the overall timescale. Students who showed early signs of significant deviation were said to quickly be brought on track through a greater level of direction and control (Chapter 7.3.2.2.).

Thus the practice teacher prepares the context for the student to allow integration and enculturation to take place, thus enabling the student to learn and develop their professional identity. By taking a situated approach to learning there is an implicit recognition that the learner's identity will change and they will transform, within this theory students and all other member of the community of practice are thus seen to progress on their journey of professional development.

9.4. Journeying

The use of the term journey has been mentioned many times within this thesis. In many ways the concept of a journey reverberated throughout this study due to the prolific use of journey metaphors used by interviewees as highlighted in Table 9.2. This resulted in journeying being identified as a category label in an early iteration of data analysis. It was therefore with initial shock that I discovered the term journeyman had already been used in apprenticeship literature since the 1950's and was a central tenet of Lave and Wenger's (1991) community of practice framework. Journeyman as stated in Chapter 4.4. was a tenet used to portray the movement of a newcomer from legitimate peripheral participation to full participation within a community of practice. However, as stated in Chapter 2.6. the gendered nature of the term meant that it was not appropriate for this study and thus journeyer has been utilised instead. The discovery that journeying was not an original contribution led to recognition and reinforcement of the value of utilising the concept of 'emergent fit' for my study, with the goal of building upon and extending the existing community of practice framework.

Table 9.2. Sample interview extracts drawing upon a journeying metaphor

<p>I felt a great sense of achievement with the second one, not that she is not totally capable but because it was a longer journey, yes that's a good way of describing it (062)</p> <p>I think for me its positive to look at where we were at the beginning of the course and look at how we have come through it and see where we are now (035)</p> <p>It's a journey that we start, its like learning to drive a car, you pass your driving test then you learn to drive and I do view district nursing very much like passing a driving test (061)</p> <p>I learnt that students at that particular time during their training need to know a basic knowledge to be able to be fit and we all progress and learn further and develop as we go along the journey of professionalism (044)</p> <p>When you've had someone for a year from start to finish its such a journey (052)</p> <p>You know it kind of comes in these troughs and waves of confidence ebbing and flowing and then by June it all comes together (052)</p> <p>Not all of them right from the beginning a few weeks down the road or a couple of months down the road (054)</p> <p>To go that extra mile (035, 037)</p> <p>Some people they come with this fragile persona, who has probably had knock-backs in their life and often I feel, have often travelled down a very stormy road to get here (055)</p> <p>You think 'oh god I hope they will walk a pathway through' (055)</p> <p>I felt confused and didn't know where I was going so didn't know how to get there (043)</p> <p>It's a scene that I have seen before, you know. I have driven round there before, the roads will come to my mind very very quickly and I would know the mistakes I have made. 'I shouldn't be turning there I should be doing this' (063)</p>
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I would draw out some kind of new route a nouvelle thing so to speak, so that has probably helped me (063)

In Table 9.2. it can be seen from the final three extracts that interviewees referred to their own journey as well as to the students journey (See first ten extracts). In 2001 Titchen wrote the following about the journey of nurse socialisation:

Critical companionship, for me, is a metaphor for a helping relationship in which critical companions accompany less experienced practitioners on their personal, experiential learning journeys. The metaphor implies being together for the duration of a journey and a mutual parting at the end (2001b:81).

Many elements of Titchen's view of critical companionship support the findings from my study, the helping or nurturing relationship and the journey were both key features in my study. However, my study also identified that the journey was not just that of the less experienced practitioner, the learning journey was undertaken by all practitioners experienced and inexperienced. It was found to be through the process of journeying together that practice teachers saw all members changing. Journeying together therefore appeared to be a key determinant in facilitating the development of expertise in all members of the community of practice, in particular practice teachers and their students. A journey which only appeared possible because of the social relationships that were formed then maintained between practice teacher, student and other members of the community of practice. However for the community nurse student the course was seen to be a relatively short stage of their journey. Although this stage was one which the practice teacher saw themselves as being crucially important to, they recognised it was a short transitory stage in the students overall journey that they had access to. For the short stage of the students journey making effective use of the time available to enact the socialisation process was a major concern to all interviewees. Time was mentioned 1140 times in the collective interviewee narratives and an average of thirty-five times by each interviewee.

The journey of professional socialisation moves the nurse through a series of stages including observation, then participation to solo practice (Chapter 6.2.). On qualification practice teachers considered that the student's journey of professional development would continue, this view was based on their own experience of qualifying and their continued

contact with ex-students. After a time the community nurse becomes experienced and gains full participation within their new community of practice, they are then ready to imbue their own sense of the 'ideal' community nurse in others and as a consequence become practice teachers. The journey to become a practice teacher follows a similar process of socialisation but with two strands, firstly socialisation as a community nurse who holds the ideals of the profession (Chapters 8.2. and 9.3). Secondly socialisation as an educator occurs through shadowing role models, undertaking legitimate peripheral participation and educational preparation until they are finally in a position to take on the role of practice teachers (Chapter 8.2.). Practice teacher socialisation takes place over a whole career, but they hone their craft over the first three years of experience working with community nurse students. The interpretation of communities of practice from my study is thus in tune with the views of Buysse *et al.* (2003) that they provide a framework for professional development over time because the knowledge created within the community (Chapters 5.4., 6.3.1. and 8.3.2.) is shared socially and culturally by the group and results in a journey that transforms the identity of its members.

9.5. Professional (re)production

Reproduction is the process where students are socialised so they recreate the knowledge, skills, values and work force. This view of socialisation recreating exact copies of practitioners and thus over time an exact copy of the profession has been a criticism levelled at traditional apprenticeship practices. It was such a criticism that led to the instigation of a new approach to the professional education of nurses (UKCC 1986) and was a criticism Lave and Wenger (1991) vehemently contradicted in their exposition of situated learning. Lave and Wenger demonstrated that the social processes taking place within communities of practice which led to newcomers being incorporated not only resulted in continuity (reproduction) but also led to change in the culture and practice of the community (production). Thus creation and recreation were found to co-exist within communities of practice. The co-existence of both processes is denoted by the term (re)production, a term which has been similarly used to good effect by Murray (2002), Griffin (2007) and Holt (2007). In this chapter the evidence which led to the development

of the grounded theory of professional (re)production will be explored, justifying how both continuity and change occur and are explained.

This study has identified that practice teachers see community nurse students (newcomers) being socialised to become practitioners of the future (Chapter 6.2.) who are thus able to replenish communities of practice from which members leave. Thus in preparing students in this way practice teachers and their community of practice colleagues are (re)producing the community nursing workforce. In so doing individuals are developed who can produce the necessary labour to undertake community nursing practice. Individuals are created who can produce discourses and working practices which produce a culture. A culture that is similar but not the same, alike but not an exact replica of the existing culture. Thus as Lundgren (1983) states the system of (re)production over time manages to sustain a process of continuity in the face of gradual change.

By the end of the course a fledgling community nurse with a new identity emerges, a community nurse who embodies the values, attitudes and culture of the profession (Chapter 9.3.). This professional becomes a member of a different community of practice perhaps replacing an existing member who left or increasing the compliment of a growing team. Over time the creation of new community nurses who are then incorporated into communities of practice maintain the community nursing profession, ultimately these community nurses become practice teachers and continue the cycle, acting to (re)produce the profession and the communities of practice which work within the profession.

The picture presented within this grounded theory is one of the practice teacher within the community of practice (re)producing the community of practice over time. The process of (re)production leads to a change in the members of the community who enable the student to learn and develop (Chapter 5.4.). The counter-balancing effects result in slow fine grained changes in practice which over time lead to stable rather than radical change. The features that create the continuity and change that (re)produce the community will be explored below.

9.5.1. Explanations for continuity - reproduction

There was evidence within this study that practice teachers used their power differential to ensure students developed a professional identity they deemed appropriate for a community nurse. They achieved this not by duress but by encouraging compliance, the key to this compliance was the formation and maintenance of a good relationship (Chapter 5.2.). Through this means practice teachers were able to maintain open channels of communication with mutual give and take (Chapters 5.2. and 6.3.1.). It also allowed an intensive period of shadowing and supervised participation where the cultural practices could be inculcated (Chapter 6.2.1.). This allowed practice teachers to give suggestions, advice, proposals and assessments and ensure they were received by students. Thus although practice teachers were using their power the result was consensual professional reproduction as students were thought to identify with their ability to negotiate (Resnick *et al.*, 1997). The quote below highlights not only the power wielded by the interviewees own practice teacher to ensure she observed the practice teacher against some resistance but also that the interviewee reproduces this practice with her own students.

061/DN/4 'You are out here to watch a sister work and not to work, OK'. She took me out for the first eight weeks, I did nothing and I was champing at the bit to be let go. But I soon made up for it, I soon got my own small caseload and that is the way I teach, and facilitate them now.

Continuity can also be seen in practice teachers use of power to uphold what they perceive to be high standards for the profession. Practice teachers positioned themselves as conscientious professional teachers struggling to ensure the status and identity of the professional group from which they come (Chapters 8.2.1.1. and 8.4.). A professional group they see as special and one which they are proud members of (Chapter 6.3.1.). Through their narratives of 'protecting standards' they position themselves as protectors of quality in relation to community nursing practice to prevent it disappearing and thus ensure its continuity (Robson *et al.*, 2004).

The correlation between what practice teachers consider to be qualities of a good student (Chapters 7.2. and 7.3.1.), a good community nurse (Chapter 9.3.) and a good practice

teacher (Chapter 8.2.1.) reinforce the view that practice teachers are involved in a process of professional reproduction. They look for and hope to find in their students the values required of the community nurse, these values are encouraged and nurtured in their students (Chapters 7.2. and 8.2.1.1.) and attempts to change opposing values are made (Chapters 6.3.2. and 7.3.2.2.). They role model the values as do the other members of the community of practice, so their students learn not only how to 'be' community nurses (Chapter 6.3.1.) but later on how to 'be' practice teachers (Chapter 8.2.). The responsibility for the student becoming a future practitioner lies within the community of practice as a whole, thus professional (re)production of community nursing is a collective responsibility.

038/HV/F/B/6/Various I think people (*all team members*) see the need for the student to learn from them as well and also the need to have someone who is well trained.

The attributes sought and valued in recruits were those gendered attributes stereotyped as being possessed by nurses. Attributes there is some evidence to show are possessed by those seeking a career in nursing (Perkins *et al.*, 1993; Boughn, 1994; Holland, 1999). These attributes included being respectful, honest, empathetic, compassionate and caring (Chapter 2.6.). Attributes which are unlikely to lead their possessors to seek radical, rapid change, which may explain the tendency toward stability and continuity in community nursing communities of practice.

9.5.2. Explanations for change - production

As Lave and Wenger (1991) state change is always inherent in learning therefore the evidence from all four 'findings' chapters that practice teachers see the student, themselves and all other members of the community of practice undergoing a constant learning experience cannot but result in change. Practice teachers were clear in their impression that students changed identity through the course (Chapter 6.2.) and that their own identity transformed as they learnt how to become practice teachers through working with students (Chapter 8.4.). This is in accord with Lave and Wenger's view that learning is a process of becoming a different person, thus learning involves the production of new and constructed identities.

Wenger (1989) states that learning by mature members of the community invites the learning of newcomers. It is this mutuality of engagement according to Wenger that leads to interactive learning and enables newcomers to integrate into the community of practice and for 'mature' members to change. Reciprocity thus sheds light on the debate about change within communities of practice. Students as demonstrated within this study (Chapter 5.4.) are perceived to change the other members of the community of practice by their participation and their contribution. The consequence is that the practice of the community changes. Engestrom and Middleton (1996) consider that for this to occur members of the community must feel the climate allows questioning, criticism and rejection of current practice. It can be seen within the narratives of the interviewees (Chapter 5.4.) that the student's presence is the catalyst that allows this to occur. They also see that the process of learning and change needs to be mediated, in this study practice teachers were found to form the largest resource available to the community of practice in mediating the process of learning and change (Chapter 6.3.1.). The practice teacher role is thus central to the (re)production of both the student and the community of practice as a whole. This is in accord with Lave and Wenger's (1991) view that newcomers contribute new material that becomes incorporated into the community's communal construction of knowledge and meaning. In Lave and Wenger's theory legitimate peripheral participation was the key to the production of identities and communities of practice. Within my study however the mechanism of production appeared to focus more on the reciprocal relationships between all members of the community of practice especially the student.

This study's findings are in accord with Lave and Wenger's (1991) view that learning is never merely a process of transmission and acquisition, it is a process that always involves transformation and change. In Lave and Wenger's research in traditional communities of practice, 'masters' and newcomers were in conflict as the priority of the master was on getting the work done, whereas for the newcomer it was learning. In my study however the primary focus of both 'full participant' (practice teacher) and newcomer (student) was the development of the student. The inherent contradictions between service production in the present and the (re)production of community nursing in the future was reconciled by practice teachers considering that the student was their main priority. Practice teachers

service production work was said to be fitted-in around the needs of the student at the practice teachers expense. It was not that the service production as an activity disappears, it is just that the learning dimension is foregrounded. It could be argued that learning was only foregrounded because I was asking practice teachers about their work as practice teachers not their work as community nurses. However, the narratives of these practice teachers indicated that their practice teaching 'work' permeated their whole being and how they enacted their role within the community of practice as a whole not just how they enacted their role with a student.

In recognising the transformatory effect on students, seven practice teachers also explicitly spoke of their pride in their student's development and achievement, seeing them as potential leaders of the profession in the future. As such these practice teachers saw their students not as reproductions of themselves, but progressing beyond their own level having constructed a new identity. Recognition of the change and the contribution the practice teacher made to this change is evidenced in the quote below.

042/HV/1 I think she will be very good if she goes on in health visiting (laughs) perhaps she'll remember me.

Thus unlike the inherent conflict between 'master' and apprentice in Lave and Wenger's (1991) research where newcomers first practice alongside 'masters' and then replace them, this was not the context within community nursing, the newcomer (student) on gaining full participation moves to a new community of practice. As such they do not pose a threat to the 'full participant' (practice teacher).

The education system in place to prepare professional community nurses often means that staff nurses move from one community of practice to a different one to undertake their course (Chapters 6.2.1. and 8.1.). At the end of the course the qualified community nurse moves to a new community of practice to take up a post as a qualified practitioner (Chapters 7.3.2.3. and 8.1.). Promotion, rotation and response to employer needs can also move practitioners around different communities of practice and thus the identity and co-construction of meaning within one community of practice is likely to be transferred and germinate within others. This leads to slow incremental change across communities of practice as a whole.

The outcome is that over time a balance is maintained so the community nursing profession does not remain the same and static, but also never changes quickly or radically. The presence of a bespoke practice teacher within a community of practice, it could be argued adds to the potential of the community of practice changing, as such sponsors of learning were found to encourage and support innovation and development. The comment by eleven practice teachers that their position was not sufficiently used by the employing organisation would seem to reflect missed opportunities that practice teachers have to influence change within individual communities of practice and within the profession as a whole. It is they who could hold the key to the sought after changes in the form of production within the community nursing profession. The frustration by many within leadership positions in the health service that modernisation is not being embraced leads to greater attempts to impose this agenda. However when viewed from a situated learning approach it can be seen that community of practice members cannot interact with modernisation and change, as it does not currently exist as part of social practice. Change must come through such interaction and it is the interaction between students and practice teachers who are open to change that the sought for transformation could emerge.

The evidence for communities of practice (re)producing themselves over time through the induction of new members found in my study has also be identified in the nursing research of du Toit (1995) and Burkitt *et al.* (2000, 2001). It was also reported by Bauder (2006) in a recent study about the (re)production of academic geographers and in a paper by Prior (1997) regarding the (re)production of the academic discipline of American Studies. To conclude, in this grounded theory professional socialisation (Merton *et al.*, 1957; Chapter 2.6.) leads to professional (re)production. For community nurses this process is enacted within communities of practice, where practice teachers and other members of the community co-construct with the student the skills, standards, values and knowledge of the profession. Through a complex iterative process of reciprocity where relationships are constantly negotiated and re-negotiated a balance is struck between continuity and change as the community of practice moves along its journey of (re)production.

The above theory can be described as a descriptive or normative theory, as it offers an explanation of what appears to be happening within community nurse student practice placements. This in itself is of value as it brings into stark relief the distance between the current view of practice being competency driven, which when seen to fail is thought to require more rigorous application of a competency framework. My study shows that such a model is not being put into practice except at a surface level with the production of documentation. From this study it is argued that limitations of a transformation approach to professional education, which are discussed below, cannot be resolved by attempting to introduce and enforce a competency based transmission model. Practitioners will merely find ways around such a system (Watson *et al.*, 2002) as they discover through experience that such approaches do not work in practice.

However this theory is also analytical as it offers an argument to explain why this transformation approach of socialising students and (re)producing the profession in such a manner is a model that is appropriate. The process exemplifies the best elements of professional learning that current theory provides (Lave and Wenger, 1991; Engestrom, 1994; Billett, 1996; Hodgkinson and Hodgkinson, 2003, 2004; Fuller and Unwin, 2003a, 2003b). Students are developed in such a way that enables them to undertake a complex multifaceted role using an holistic, problem solving and participative approach with clients and communities. This thesis has demonstrated that to prepare for such roles a lengthy period of development within a supportive community of practice is needed, where one person with expertise in professional education sponsors the student and takes the responsibility for their journey.

This study recommends that this process is acknowledged as taking place and that this acknowledgement is made explicit and valued. The strengths of the process, being able to take a disparate group of students with a wide range of needs and transform them into professional highly skilled community nurses, if made explicit should inform curriculum development and educational preparation of practice teachers. This would increase their effectiveness when working in the early years with students whilst the practice teacher is in a novice state.

It must also be acknowledged that the process has limitations and these need to be addressed. A key limitation is that the process is resource intensive, at present a lot of the resource is being absorbed by practice teachers, their colleagues and ultimately their clients. The responsibility for students whilst carrying increasingly heavy caseloads results in practice teachers employing a number of strategies to manage the situation. For example, putting in extra unpaid hours at work or at home, prioritising so that other colleagues undertake more activities on their behalf, leaving the work to build up and not get done so clients are affected, or finally giving the student less time. Interviewees in this study were reported in the main to be taking the first option, layering the burden on themselves, due to their feelings of responsibility and the passion they have in their work as community nurse practice teachers. It would be commonsense to recognise however that the goodwill shown on the part of practice teachers can run out and result in a 'bad' practice teacher with the outcomes identified in Chapter 8.2.1. A way to address the resource issues must be found if this gold standard of professional education is to continue. Although practice teachers indicated that their current workloads were increasing and resources diminishing the same issues were raised in Thomson's *et al.* (1999) study, thus it would appear that this is not a recent or indeed fleeting problem.

The other key limitation is that difficulties for practice teachers and students do arise even though the outcome of a very high pass rate belies this fact. The difficulties are emotionally costly for those involved and consequently a better system of monitoring and support must be instigated to ameliorate these difficulties. Difficulties between practice teachers and students should not be left to continue on an increasingly downward spiral of distress and disaffection. Effective support from the university, employer and other experienced practice teachers needs to be put in place. Decisions should be taken early regarding the potential to turn the difficulties round and if this is unlikely the student should be moved. In practice these situations are always complex, however, tutors and employers should not collude in situations where novice practice teachers are reluctant to confront difficulties early or clearly, or with students who feel too vulnerable to blow the whistle on their poor experience. Students can pass with significant gaps in their

development however these persist over years of qualified practice potentially doing harm to themselves, their colleagues and their clients.

9.6. Conclusion

This chapter has outlined the core category of professional (re)production which is the underlying social process being enacted by all members of the community of practice in order to maintain the profession of community nursing. The grounded theory to emerge is one where community nurse students and community nurse practice teachers undertake a journey of professional (re)production. The grounded theory was built upon the theoretical categories of relationships and socialisation which provided movement to the social process outlined in Figure 9.1. This movement divided the process into four aspects, including communities of practice, transformation, journeying and professional (re)production. The development of this grounded theory fully acknowledges the contribution made by Lave and Wenger's (1991) community of practice framework. The limitations of attempting to mix two traditions and the use of Glaser's (1978) concept of 'emergent fit' to reconcile the tensions created, will be further discussed further in Chapter 10.

This theory extends Lave and Wenger's (1991) framework by explicating the learning dimension within communities of practice. How this dimension leads the process of change within communities of practice where there is an influence from a practice teacher and experienced student (previously qualified and experienced nurse) is elaborated. The importance of reciprocal relationships to foreground the learning dimension and increase the effectiveness of the community of practice as a learning context is discussed. These relationships enable co-constructed learning experiences to occur that are considered to transform the identity of all members of the community of practice. This transformation of nurse to community nurse and then to practice teacher takes the form of a journey over many years to create new professionals that allow (re)production of the profession to occur. As a consequence the community of practice is maintained but also changed through its involvement in the socialisation process that leads to its (re)production. This thesis argues that as well as describing the process this grounded theory of professional (re)production is also an analytical theory as it proposes that this is the model that should be applied to enact the professional development of community nurse students.

Chapter Ten

Conclusions

10.1. Introduction

Findings from this thesis illustrate the complexity of the practice teachers role in community nurse settings where the primary goal of the practice teacher is to transform qualified nurses into qualified community nurses. Through the enactment of their role practice teachers support a process of socialisation within communities of practice that over time (re)produces the community nursing profession. The findings from this study have led to the interpretation of this process as the core category forming the grounded theory of this thesis. The collective work of this thesis, culminating in the grounded theory, has addressed and met the original research questions.

- CRQ1 How do community nurse practice teachers understand the experience of being a community nurse practice teacher?
- CRQ2 How do practice teachers describe learning to enact their role?

This chapter thus provides an overview of the thesis by initially revisiting the research questions and then reviewing each chapter. The contribution of the thesis and its implications for practice and education will be explored having fully acknowledged the limitations of the study. The thesis concludes with suggested future research to further build on the work undertaken.

10.2. The research questions revisited

As outlined in Chapter 1.6. this study into the experience of being a community nurse practice teacher was undertaken because of my immersion and interest in the education of community nurse students and community nurse practice teachers over a twenty year career. The aim of providing high quality practice placements which meet the needs and demands of students in the face of changes, seemingly hostile to such an aim, led me to focus this research on how community nurse practice teachers themselves interpret their experience. I wanted to investigate how practice teachers both constructed their role with students and positioned themselves within this role. I have been able to undertake this investigation by listening to the voices of practice teachers, who have previously been an under-researched group without a voice. Through the use of interviews, co-constructed

data has been collected and analysed allowing the research questions to be explored and answered.

As alluded to above, the research problem identified at the commencement of this study centred around the adverse impact changes in community nursing were having on the ability to provide high quality practice placements for community nursing students. These changes included an increasingly managerialist climate within the NHS that places pressure on community nurses to modernise, cut costs, increase workloads and become increasingly outcome driven (DOH, 2004, 2006; NHS Modernisation Agency, 2001). Alongside this change there is a push towards increasingly competency driven education (DoH/ENB, 2001a; NMC, 2006) and devaluing of the practice teacher role and status, through reducing the need for educational preparation for the practice teaching role as discussed in Chapter 1.7. Thus this study's exploration of practice teachers views on issues impacting on their ability to undertake their role and their experience of issues affecting their practice teaching is timely.

10.3. Achievements of the thesis

In Chapter 1. the limited nature of existing research focussing on community nurse practice teachers was highlighted. It was thus recognised that community nurse practice teaching was an under-researched area and community nurse practice teachers voices had rarely been heard (Sofaer, 1999). The community nurse practice teacher literature that did exist along with the very large body of literature relating to pre-registration nursing student mentorship was subject to analytical review in Chapter 2. Boundaries were set to ensure the selection of relevant literature for review, but even so much of the literature proved to be small scale and atheoretical. The review did however highlight some key messages emerging from the literature, the key one being that interpersonal interactions within communities of practice appear to be essential to the professional socialisation process of student nurses. Interaction between mentor and student was reported to be of most significance in facilitating students access to the community and their subsequent learning. Thus it was the social processes within practice placements that were demonstrated to have the most significant impact on students' professional development.

Drawing on the work of Colley (2001, 2002) it was recognised that the dominant model of mentorship put forward by researchers of student nurse mentorship was that re-interpreting Homer's Ancient Greek myth *Odyssey*. The impact of this model of mentorship is the gendered positioning of nurse mentors as nurturing, self-sacrificing, saintly carers with the power to transform their mentees at whatever cost. Such positioning plays into the stereotypical view of the caring professions such as nursing and community nursing, positioning that was seen to play out in the characteristics identified in good and bad mentors and the role they were seen to enact.

It was a few studies from nurse education research (Burkitt *et al.*, 2000; Cope *et al.*, 2000; Spouse, 2001) that introduced me to the areas of apprenticeship, situated learning and communities of practice. The review of this literature midway through data collection and analysis led to recognition of the fit between the categories emerging from my study and the theories within situated learning, especially Lave and Wenger's (1991) concept *community of practice*. The community of practice concept through a process of 'emergent fit' (Glaser, 1978) was built on and extended to become the theoretical framework for my study. This framework was conceptualised within Chapter 4., however as the study was already in progress when the framework was formed the study's research design was presented in the preceding chapter (see Chapter 3.).

I detailed features of this study's constructivist grounded theory approach (Glaser and Strauss, 1967; Charmaz, 2006) in Chapter 3. Within this chapter I argued that an 'emergent fit' (Glaser, 1978) approach was justified in order to reconcile the tension between mixing a grounded theory study and an extant theory. The chapter provided details about the sample and in so doing recognised that the design of constructivist grounded theory gave voice to practice teachers who had previously been an under-researched group. The rigours of the ethical approval process were outlined that enabled NHS employees to form the major part of the sample. The chapter progressed to discuss how the cornerstones of a grounded theory approach were applied within the study. Collection and analysis of data using theoretical sampling, constant comparison, memoing,

diagramming and saturation were evaluated. Through the process of constant comparison of the semi-structured interview data eight conceptual categories emerged and from those three theoretical categories were identified. The emergence of theoretical categories coincided with the introduction of the community of practice theoretical framework through application of the concept of 'emergent fit' (Glaser, 1978).

In Chapter 4. I argued that learning within communities of practice was a social activity that fitted with the data emerging from my study and as such justified the rationale to use the community of practice concept as my theoretical framework. The chapter commenced by analysing contrasting approaches to learning, in particular the opposing views of the 'standard paradigm' (Beckett and Hager, 2002) and socio-cultural perspectives on learning. The former individualistic approach to the acquisition of knowledge and skills was argued to dominate nurse education in the past and the present. Whereas the latter perspectives, which sees learning resulting from social activity situated in authentic contexts that transforms the learner, was identified as being excluded from professional nurse education policy.

As a concept previously un-researched with regards community nurse practice teachers, the community of practice concept was analysed with its key features, strengths and limitations examined. Lave and Wenger's (1991) original ground breaking theory was seen to involve people learning through engagement in mutual group activity, their primary interest as it was for my study was social activity in workplaces. Specifically in my study the practice placements within community nursing where community nurse students are placed whilst they undertake their community nursing course. The mechanism Lave and Wenger identified for learning was the incorporation of newcomers into communities of practice through a process of legitimate peripheral participation. Such participation was valued by newcomers and existing members as newcomers gained access to the community and gradually learnt the cultural values and practices of the group. Experts within the community took on the role of sponsor for newcomers as seen in traditional societies where masters and apprentices worked together until the apprentice took over from and replaced the master. Thus communities of practice were seen to have members at all stages from

newcomers at the periphery to fully participating experts. These key features became incorporated within the theoretical framework of my thesis.

The chapter proceeded to recognise the in-depth critique of the community of practice theory previously undertaken by a group of education researchers (Fuller and Unwin, 2003a, 2003b; Hodgkinson and Hodgkinson, 2003, 2004; Hodgkinson *et al.*, 2004; Fuller *et al.*, 2005). This critique was outlined focussing on the recognition that the original theory failed to acknowledge the level of change that takes place in communities of practice. Plus the role of newcomers who enter in positions of management or established status within the community, the role of power and conflict in the social processes and the lack of acknowledgement of the individual biography of each member of the community. The strengths and limitations of Lave and Wenger's (1991) theory led to the explication of the theoretical framework used within this thesis and the innovations around Lave and Wenger's study that occurred.

The theoretical framework was argued to comprise of two types of communities the *micro community of practice* which are the close knit work-based primary care teams who have day to day contact and in which the community nursing students and practice teachers interact on a frequent ongoing basis. The second type was termed the *macro community of practice*, these were the practice teacher forums that were widely spread and only came together occasionally with other interaction being through e-mail or telephone.

Maintaining the community of practice terminology for both types in opposition to the views of Hodgkinson and Hodgkinson (2004) was justified (Chapter 4.6). Within these communities the central role of relationships in learning and the identity development of all members were outlined, unlike Lave and Wenger's (1991) theory which considered legitimate peripheral participation to be the primary mechanism. This was the first of five differences to Lave and Wenger's framework. Secondly legitimate peripheral participation was seen to vary due to the position of experienced qualified nurses entering the community as students (newcomers), the diversity of newcomers thus received greater emphasis within my study. The place of conflict and power were considered to play a greater role in the framework, this was the third innovation. Fourthly the individual

biographies of each member of the community will impact on the collective culture of the community, this was an area recognised as underdeveloped by Lave and Wenger. All of these four innovations lead to the final and most central one, which is that all members of the community of practice change and along with them the community itself changes. Although this was recognised by Lave and Wenger the emphasis on continuity was greater, with the newcomers being the ones who were considered to undergo the significant change. In my framework all participants and the community are viewed as undergoing change.

Four chapters presented the findings of this study, these chapters identified the theoretical and conceptual categories that emerged and which culminated in the development of the core category and establishment of the grounded theory. The underlying social process shown to be taking place in the professional preparation of community nurses and practice teachers is one of professional (re)production. The core category which emerged out of the three theoretical and eight conceptual categories is presented diagrammatically in Table 10.1.

Table 10.1 Category construction within the grounded theory

Conceptual categories	<ul style="list-style-type: none"> • Relationships between practice teacher and student • Relationships with other COP members • Reciprocity 	<ul style="list-style-type: none"> • Stages of the students socialisation process • Practice teachers role in student socialisation 	<ul style="list-style-type: none"> • Practice teacher as legitimate peripheral participant • Practice teacher as journeyer • Practice teacher as full participant
Theoretical categories	Relationships within micro communities of practice	Community nurse students professional socialisation	Community nurse practice teachers professional socialisation
Core category	Professional (re)production of community nursing		

Chapter 5. showed how the extant theory of communities of practice (Lave and Wenger, 1991) ‘fitted’ the interview data from the study to form the three conceptual categories and the overarching theoretical category *relationships within micro communities of practice*. I argued that relationships were considered by practice teachers to be pivotal to students learning and development. As a sponsor, practice teachers were directly responsible for not only building a relationship between themselves and the student but between the student

and other community of practice members. The practice teacher attributes that interviewees identified they used to build relationships included nurturance, approachability, reassurance, confidence and effective communication skills. These practice teacher attributes were seen to enable mutual attributes between practice teacher and student to be exhibited, allowing the formation of strong effective relationships. The mutual attributes included trust, respect, openness and honesty. Strong effective relationships were considered to have their effect on learning by enabling the student to gain access to the community of practice, reduce their anxiety and permit a forum for the student's participation in increasingly independent and complex activities. I thus argued that although Lave and Wenger saw legitimate peripheral participation enabling these outcomes, this study demonstrated that it was relationships that were perceived to be the key that allowed legitimate peripheral participation to occur. As a consequence it was also the key that enabled the student's professional community nurse identity to form.

The intense one to one relationship between practice teacher and student could be considered to oppose a view of a 'collective community'. However, this study found that the concept of a community of practice where a group of practitioners worked together to enable the student to access the community and learn how to become community nurses was very evident in the practice teachers narratives. Social practice and collective responsibility resonated throughout the study in a way that highlighted practice teachers views that the effectiveness of the learning environment was dependent upon not only them but also on their colleagues.

This chapter went on to show the students significant role as part of the social milieu of the community. Their arrival as experienced and qualified nurses was marked as different and this gave them a privileged position within the community. Not only were they protected by their practice teacher sponsor, but they were not considered to enter at the periphery as complete novices. This study argued that the level of reciprocity was such that students were often perceived to give as much to the community of practice as they received. It was the contribution made by the student that played an important part in their ability to form

effective relationships and consequently not only their own development but also the development of all other members and ultimately in the change and development of the community of practice itself.

Chapter 6. outlined the second conceptual category *community nurse students professional socialisation* and within it explored the four stage socialisation process practice teachers say their students progress through to become qualified community nurses. This process resulted from the student's interaction and participation within the community of practice. Interaction and participation, practice teachers saw themselves playing a central role in facilitating. The four stage socialisation process it was established commenced with a lengthy observation period where students became initiated into the community nursing profession. Then followed participation where the student was observed practising in order to judge whether the student was beginning the transformation process into a community nurse. When the practice teacher considered the student had made a sufficient transformation the student was allowed to practise alone. This stage was perceived to be crucial for the student to start practising with a community nurse identity, which with more and more practise in the final stage of consolidation led to a fully transformed identity. A transformation from nurse to community nurse, the exception to this being students who were previously working as community nurses, for example, school nurses and occupational health nurses who missed stage one and moved straight into participation.

Practice teachers saw their own role in the student's socialisation as significant. It was they who provide the experiences for the students to observe role models and participate in activities necessary to transform the student's identity. These experiences included reflection and supervision time where students learnt how to talk about practice from within the community of practice. To ensure the right experiences were provided practice teachers saw a key part of their role as formatively assessing where the student was on their journey of professional development. This formative role was emphasised along with their role in providing experiences, whereas their formal teaching and summative assessing roles were viewed as minor. I argued that this was one of the features that demonstrated that

practice teachers took a transformatory approach to learning rather than a transmission, competence driven approach. Within this chapter I showed that practice teachers had made their decision that students would pass when there had been sufficient evidence provided of their identity transformation at stage two of the socialisation process. This was well before the end of the course and thus prior to the student attaining competence.

I argued initially within Chapter 6, and in more detail in Chapter 7, that practice teachers' held mental representations of 'ideals' and in contrast to these 'others'. These mental representations were used as a guide that enabled practice teachers to identify the direction of the student's professional development. The 'ideal' was not a single individual but a multifaceted layering of attributes progressing from the new student to the student on the course, through to the qualified community nurse and ultimately to the experienced practice teacher. Thus at each stage the practice teacher could gauge how far from the 'ideal' the student was and how much work would be required to rectify the deviation. This led to some students being identified as students with difficulties. This study found that although a minority of students were identified as experiencing major difficulties they did not fail. Practice teachers saw their role as ensuring students made a sufficient transformation to pass and saw themselves working incredibly hard to achieve this goal. Failure of the student would have been considered a failure on the part of the practice teacher and one they strove to prevent.

In Chapter 8, I presented the third and final theoretical category, *community nurse practice teachers professional socialisation*. This chapter theorised the journey of professional development undertaken by practice teachers within communities of practice. How practice teachers come to hold 'ideal' mental representations was identified. The importance of nurturance and care were established and led to a much needed exploration of the gendered position of nurses, community nurses and practice teachers. I argued that there are a number of key differences between the way novice and experienced practice teachers saw themselves functioning. These differences were theorised to explain the finding that novice practice teachers were much more likely to identify students as

experiencing major difficulties than experienced practice teachers. The importance of macro communities of practice for novice practice teachers was highlighted and led to recommendations for improvements in this area within Chapter 10.5.1.1.

The grounded theory of *professional (re)production of community nursing* was explicated in Chapter 9. by drawing together the findings from the previous four 'findings' chapters and theorising the social process within a community of practice theoretical framework. The identification of the *learning dimension* as the mechanism that makes learning explicit within communities of practice, which include practice teachers as members, was identified as a significant feature of the theory. The learning dimension it was argued led the learning process for the community of practice as a whole. A learning process that took the form of a journey of professional development and one that transformed the identity of community of practice members in the direction of the 'ideal'. A journey that was seen to (re)produced the community nursing profession and communities of practice over time.

Through using grounded theory techniques I was not only able to pursue my interests in how practice teachers learn their role and how they think students learn, but I also followed leads defined by the data. Through such leads I felt compelled to explore practice teachers concerns about working with students experiencing difficulty and the emotional distress this caused them when in a novice state. Secondly to explore practice teachers own experience of what they felt had been abusive practice teaching towards themselves as students which left tangible emotional scars. It became apparent in my research that difficulties experienced by practice teachers when students themselves echoed in their memory long after their occurrence and became turning points. I saw these as significant events due to their emotional intensity which shaped how practice teachers saw and enacted their own role with students and as such these experiences informed category development within the study.

10.4. Limitations of the study

10.4.1. Methodological tensions

The most critical limitation of this study is the innovative way I have tried to mix two traditions of qualitative research in a way that creates tension. The use of a constructivist grounded theory approach and application of Lave and Wenger's (1991) community of practice theoretical framework drawn from extant literature is recognised to lead to contradictions and accusations of methodological slurring (Baker *et al.*, 1992). It is also an approach discouraged by Chenitz and Swanson (1986) for beginning researchers. I acknowledge that there are some unresolved tensions in mixing these two traditions however I am confident that the outcomes of this study demonstrate that the mix has been fit for purpose. Although this approach to mixing traditions is different and may be unusual it is not unique as other researchers have used it to good effect and offered similar rationales for their choice (Ingram and Hutchinson, 1999; Wuest, 2000; Hellström, 2005; Jafari *et al.*, 2007). The use of this mixed method approach has been recognised by one of the founders of grounded theory (Glaser, 1978) in his discussion of 'emergent fit', which has been discussed in detail within Chapter 3.3. A significant number of grounded theorists acknowledge the impossibility of preventing prior knowledge and disciplinary perspectives when analysing data using constant comparison (Glaser, 1978; Stern, 1994; Wuest, 2000; Cutcliffe, and McKenna, 2004; Charmaz, 2006). In this study I have tried to be explicit in acknowledging that I have used this information. However I have also demonstrated that I have ensured that it is the data that has led to the construction of categories and my application of extant theory, rather than the extant theory which has moulded my analysis of the interview data and the identification of categories and theory.

10.4.2. Theoretical sampling

The use of theoretical sampling within grounded theory should have enabled me to return to interviewees on more than one occasion to check out comments and explore areas in greater depth if needed. Unfortunately I was unable to do this as it would have entailed returning to the ethics committee for further approval. Theoretical sampling could also have moved my search for interviewees into other geographical areas, which would have

entailed a new application for ethical approval. Within the scope of this study neither of these options was feasible within the timescale. I have argued within this thesis that this grounded theory is not undermined by this limitation (Chapter 3.5.1.). However, future studies that consider the substantive nature of this grounded theory should bear in mind the value of broadening the sample to include community nurse practice teachers in other geographical areas, other nursing disciplines and to other professional groups. The lesson from this study that ethical permission should cover the potential to adapt to changes required of grounded theory studies such as returning to interviewees is well founded.

Glaser (1998) and Stern (1994) warn against attending to large volumes of data, this they see as being limited through the use of theoretical sampling to narrow down the focus and streamline data collection. A limitation of my study was that I did not do this sufficiently. I continued to collect data that covered all areas of the interview guide even though I increasingly focused in greater depth on areas covered by the emerging categories. The result was that a very large amount of data was gathered, however I had been prepared for this as it was an expectation I had of undertaking qualitative research (Kvale, 1996; Rubin and Rubin, 2005). Although this demonstrated a limitation of the use of theoretical sampling I do not feel it detracted from the study's grounded theory principles. It also gave me confidence as a novice researcher that I was not taking the 'smash and grab' approach to data collection which is criticised by Dey (1999:119), which could potentially have led to superficial data analysis. It is argued that critical concepts for this study were followed to the point of theoretical sufficiency and resulted in a substantive theory of *professional (re)production of community nursing*. It was recognised however that there was such a density of data that a wide range of concepts emerged, if I was a more experienced researcher I could have closed these down earlier in the process and collected less data.

10.4.3. Sample

There was value for this study in the researcher having a working knowledge of the practice teacher role as it enabled deeper complexities of the role to be investigated. As a nurse educator in the area of community nursing I inhabit an insider position which has benefits as discussed by Argyris and Schön (1974), however it also creates dilemmas and

difficulties. Thus my insider position has framed a significant limitation within this study. There were not as many interviewees who had no knowledge of me as I had hoped. In the end only 10% (n=3) had never heard of me prior to my contact over this study and 30% (n=9) were only vaguely acquainted with me in some way. This resulted in 40% (n=12) of the interviewees having no or very minimal knowledge of me and 60% (n=18) having work contact with me through participation on courses I'd been involved with, practice teachers to students I'd been the tutor for, or attendees at practice teacher meetings I'd facilitated.

As stated previously (Chapter 3.5.) I was disappointed in my inability to find people who did not know of me but I should not be surprised as I have worked in community nursing and community nurse education for twenty years in the broad geographical area. I would have needed to gain ethical approval some distance from London and the South East of England to have addressed this disadvantage, a decision I made at the time not to take due to the resources required. The reason this was a limitation relates to areas discussed in the ethics section of the thesis (Chapter 3.4.1.2.). Most worryingly there could have been practice teachers who did not volunteer because they did not wish to discuss their experiences with me. These individuals may have provided valuable negative cases, which were thus lost to me and consequently could have led to important differences in my interpretation of the data. Secondly practice teachers, who knew me or knew of me and volunteered, may have had a particular agenda because it was me they were speaking to. This could have influenced what they said and the way they said it, thus influencing the co-construction of meaning within the data. It must be acknowledged therefore that the interviews were the result of what interviewees felt able to voice at the time and in the context of the interview with me as the interviewer. However I believe this limitation was adequately overcome because of the size of the sample in comparison to the total population (30 out of 66) and the diversity of the sample with regards the characteristics outlined in Chapter 3.5. In addition the wide geographical area from which interviewees came and the openness and honesty with which the interviewees spoke, as discussed in Chapter 3.5. also gave me confidence in the findings. The narratives from the interviewees who did not know me, or had very minimal knowledge of me, were consonant with those of the other interviewees to lead me to believe this limitation had been ameliorated.

Interviewees were all volunteers and as such may have had an overly positive view of practice teaching and working with students in comparison to practice teachers who did not volunteer (Abbott and Sapsford, 1998). Hopefully the large size of the sample in comparison to the total available population and their willingness to offer negative as well as positive comments and experiences meant this was not the case. I hope but have no way of knowing that the sample who volunteered was reflective of the total population and provided a range of information and experiences that would not have been vastly different. They would of course have been different as each interview was unique, but not to the extent of contradicting the main findings and thus undermining the grounded theory developed. As the study is not attempting to generalise, as this would be inappropriate within the methodology, it is not necessary that the volunteers were representative of the non volunteers. I also believe that the reason for non participation was not a result of a very disparate view of practice teaching. For example a practice teacher who may have an issue with me as interviewer, or the university to which I am affiliated would not as a consequence of this have a different view of experiencing a student with difficulties, or developing as a practice teacher.

In an attempt to overcome the above limitation and add credibility to my findings (Koch, 1994; Holloway and Wheeler, 2002) I presented the findings to some of the interviewees and to an unrelated group of practice teachers. This allowed me to see if interviewees saw the interpretation as representing their perspective and whether an unrelated group of practice teachers could see the relevance and applicability to themselves. This took place in the form of a presentation and discussion to a practice teacher forum. Feedback from both groups showed that the practice teachers closely identified with the findings presented to them. The level of their positive response was a great relief, which both reassured and surprised me. The findings hit a cord with practice teachers as if giving them credence for their approach which they had not been able to admit to before because it went against what they perceived others expected them to be doing. The feeling that they were being given permission to feel what they were doing was appropriate and a good way to enable

their students to develop was evident in a couple of the responses I recorded during the discussion.

That's what I do but you feel guilty admitting to that because everyone pushes the competence approach. Even on the CPT course it was about meeting competences that was enforced rather than the approach to adult learning that concentrates on helping the student develop.

Yes that is exactly how I feel, I've made the decision that the student will pass by Christmas but didn't like to say that.

A similar reaction occurred when presenting the findings to a group of occupational therapy and physiotherapy tutors at a research day, with tutors saying the findings from my study about community nurse education resonated with their own experiences in the professional education of physiotherapy and occupational therapy students. These comments although anecdotal add credibility to the findings from this study.

It must also be borne in mind that even though bias emanates from the self selection of volunteers who may have vested interests or individual agendas for self selecting, this study is important as there is merit in hearing the voices of the practice teachers who described their understanding of their experiences in an authentic manner.

10.4.4. Data collection - interviews

In Chapter 3.7. I addressed the limitation of this interpretive study in relation to knowledge claims that can be made. It is recognised that the findings within this thesis reflect those reporting an internal reality constructed by practice teachers, about their experience and how they enact their role. These internal constructions of reality were then co-constructed within the interview situation by me as a researcher and the interviewee, in order to gain a representation of external reality. It is therefore essential to acknowledge that such representations were not reports of external reality and cannot claim to be such. This has proved a hard lesson to learn in presenting the findings in this thesis and much attention to detail has been spent attempting to route out such claims. However what the interviews did allow was the provision of a relatively safe space for the expression of views that might be hidden in daily interaction with students and colleagues.

The limitation of the interview taking the perspective of the interviewee in their social context fixed in time and space with me in the role of interviewer has been raised in Chapter 10.4.3. above. However interviewees were fully involved in the development of their constructed narratives and authorised the final version, although the limitation of this approach has previously been discussed in Chapter 3.7.1. It is recognised that the use of a one off semi-structured interview with practice teachers, discussing their experience of being practice teachers and the development of their role, focused their attention on this aspect of their being to the exclusion of other aspects. This cross sectional view must thus be viewed as a limitation of the study. However in recognition of the weakness within Lave and Wenger's (1991) framework biographical details were taken in an attempt to overcome this limitation. This study went some way to recognising the failure of Lave and Wenger's framework that people are also separate from their workplace and have significant structural dimensions such as social class, ethnicity and gender. However, the manner in which these were recognised is not seen to overcome the danger of the approach leading to a superficial two dimensional snapshot, which reduces the true complexity of members of the community of practice. It was recognised as essential to keep in mind that community nurse practice teachers have lives outside work and biographies that predate participation in their current workplace (Hodkinson and Bloomer, 2002). However the biography was restricted to interviewees' careers especially related to their educational practice.

10.4.5. Constructivist framework

The use of a social constructivist framework provided a particular focus for the findings that influenced the way in which the data was analysed and presented within this thesis (Barnes *et al.*, 2003). This approach has led to the study suffering from the limitation that as the sole researcher I did not have a team of colleagues who could add to the trustworthiness (Lincoln and Gruba, 1985) of the study's findings. It was not possible within this PhD study to find someone to offer equal commitment to transcript analysis in order to test the dependability of the data. However methods have been employed within this study to ensure dependability, confirmability and credibility. For example a clear audit trail and detailed discussion of decision-making processes has been undertaken. Plus the

role my main supervisor took in monitoring each stage of the process and taking the data and analysis back to the population to identify that they recognise the 'truth' of the findings for themselves has enhanced the trustworthiness of this study.

10.4.6. Practice teacher perspectives

This research has addressed community nurse education from the perspective of the practice teacher. The size of the project and the primary aim to consider the perspective of the practice teacher precluded any investigation of student perspectives. However this was gained to the extent that practice teachers shared their views of their own experience as community nurse students. It has been argued that the decision to focus solely on practice teachers was appropriate to meet the aim and address the research questions within this study regarding the experience of being a practice teacher and how practice teachers view their own development as well as their students. It is thus argued that not seeking the perspective of students, managers or community of practice colleagues is not a limitation of this study. However in subsequent research these perspectives would provide valuable co-constructions of what the impact of the social processes taking place within community nurse education practice placements have on all participants. In particular how students experience practice and whether community of practice and situated learning theory 'fits' their experience.

10.4.7. Gendered positioning

This study identified that interviewee narratives reflected quasi-maternal discourses which positioned them as nurturing carers of students. As community nurse practice teaching predominantly involves the induction of women by women into a feminised profession this discourse is not surprising. It was also seen to reflect the positioning put forward by the small group of male interviewees as previously discussed in Chapter 8.2.1.1. In Chapter 8.2.1.1. the thesis's quasi-maternal discourse was analysed and in Chapter 2.4. Colley's (2001, 2002) work on the gendered view of mentorship was explored. Thus this study has recognised the impact of gender as a significant structural dimension in an attempt to address this weakness in Lave and Wenger's (1991) theory. However feminist researchers may well consider that this thesis fails to address the gendered positioning of practice

teachers in sufficient depth. The implications of gender on the professional identity and (re)production of community nurses and community nurse practice teachers would thus be a fruitful area for further research.

10.5. Contribution of the work

This thesis makes an original contribution to the fields of community nurse education and community nurse practice teacher education. The study has given voice to a previously under-researched group of practitioners, community nurse practice teachers, and highlighted the complex nature of their role and their development. No other studies have explored how practice teachers perceive their experiences and more specifically their constructions of how they develop community nurse students and how they develop themselves. There is thus merit in hearing practice teachers constructions of their role as this provides authenticity which is important in qualitative research work (Opic, 1992). Through such exploration this study has provided an empirical knowledge base that extends existing understanding about community nurse socialisation and the (re)production of the community nursing profession.

The findings from my study resonate with a number of nurse education studies regarding the emphasis placed on the social aspect of learning (Burkitt *et al.*, 2000, 2001; Cope *et al.*, 2000; Spouse, 2001; Lauder *et al.*, 2004). However my study goes beyond these studies because it uses a theoretical framework and a research methodology to explore practice teachers perspectives in-depth and theorises from these perspectives to create a socially constructed grounded theory of professional (re)production. In contrast to existing research which has been predominantly atheoretical and used survey methods to consider pre-registration student nurses perspectives. Undertaking a constructivist grounded theory approach whilst applying 'emergent fit' in order to draw upon Lave and Wenger's (1991) theory of communities of practice has provided an innovative yet controversial methodology. Although this is not a unique approach this study is one of a relatively small number of studies which mix traditions in this way and thus adds to the ongoing debate about the value of mixed traditions.

This study offers original analysis by theorising that practice teachers learn to enact their role within a socio-cultural context drawing upon a transformation approach to learning. This approach becomes firmly established over a period of approximately three years and is at odds with the current emphasis on competency based transmission models of learning, advocated by the Professional Body and Government. A competency based emphasis which appears to be increasingly pushing the profession down a training model route. Practice teachers were found to enact their transformation approach in order to socialise students and change their identities because from the practice teachers perspective they found this a more effective form of professional development than the one being advocated. It thus appeared to be an intuitive approach that led to a model of education that enabled learners to explore a new way of being, an approach supported by socio-cultural learning theorists (Wenger, 1998).

There has been a move towards socio-cultural approaches to learning within in a number of professions, semi-professions and businesses, where situated learning and community of practice theory has become valued (Bleakley, 2002). However this has not occurred in nursing and community nursing because of the insistence of nurse leaders and educationalists to position nursing within the scientific paradigm approach to education. The purpose of such a position is to combat the negative stereotyping of nursing as a gendered caring profession. In its push to gain professional status nursing has distanced itself from features which it considers undervalue its professionalism, features such as caring, nurturing and an emphasis on interpersonal relationships. The fact that these are also significant features within socio-cultural theories of learning means that such theories are kept at a distance, as a consequence situated learning theory has not impacted upon nursing in the way it has in other professional groups. Distancing from community of practice theory also appears to have occurred due to the association between this theory and apprenticeship models of education which nursing has purposefully moved away from. In this thesis my contribution is to argue that this distancing is short-sighted and harmful to nurse education which could gain from redesigning education practice and policy to take cognisance of a socio-cultural approach, an approach its practitioners appear to have already embraced in practice to good effect.

Within this study I identified issues of power and conflict which were considered by practice teachers to lead to difficulties. Thus the socialisation process being undertaken by community nurse students and practice teachers was not found to be unproblematic. The socialisation process moving the community nurse and the practice teacher towards the final destination of the 'ideal' (Chapter 8.2.1.) does not occur in every situation and most practice teachers could cite examples of qualified community nurses and qualified practice teachers who were further from the ideal than interviewees deemed acceptable. Such practitioners constituted examples of 'bad' practitioners or 'others' from whom interviewees in this study sought to distance themselves. Student community nurses whose paths crossed with 'bad' practice teachers were left feeling alienated and bullied by practice teachers who reportedly abused their power. Powerful emotions created by this experience appeared to leave a scar for the rest of the practitioner's career. In my study the interviewees who voiced such experiences did so from the position of having gone on to become practice teachers, thus professionally they had survived the experience and in many ways reported having learnt from it. Perhaps these practice teachers were more able community nurse students who had the ability to endure a difficult experience. There is no evidence to support or refute this, as there is no evidence that other students in these circumstances leave the profession or take on the identity of the 'bad' community nurse or practice teacher, thus perpetuating poor practice. Certainly none of the interviewees positioned themselves as being 'bad' community nurses or 'bad' practice teachers although none credited themselves to have achieved the 'ideal' state either.

The contribution this thesis makes has been further recognised by exploring the implications of the study for practice and education. The key findings and their implications are addressed below.

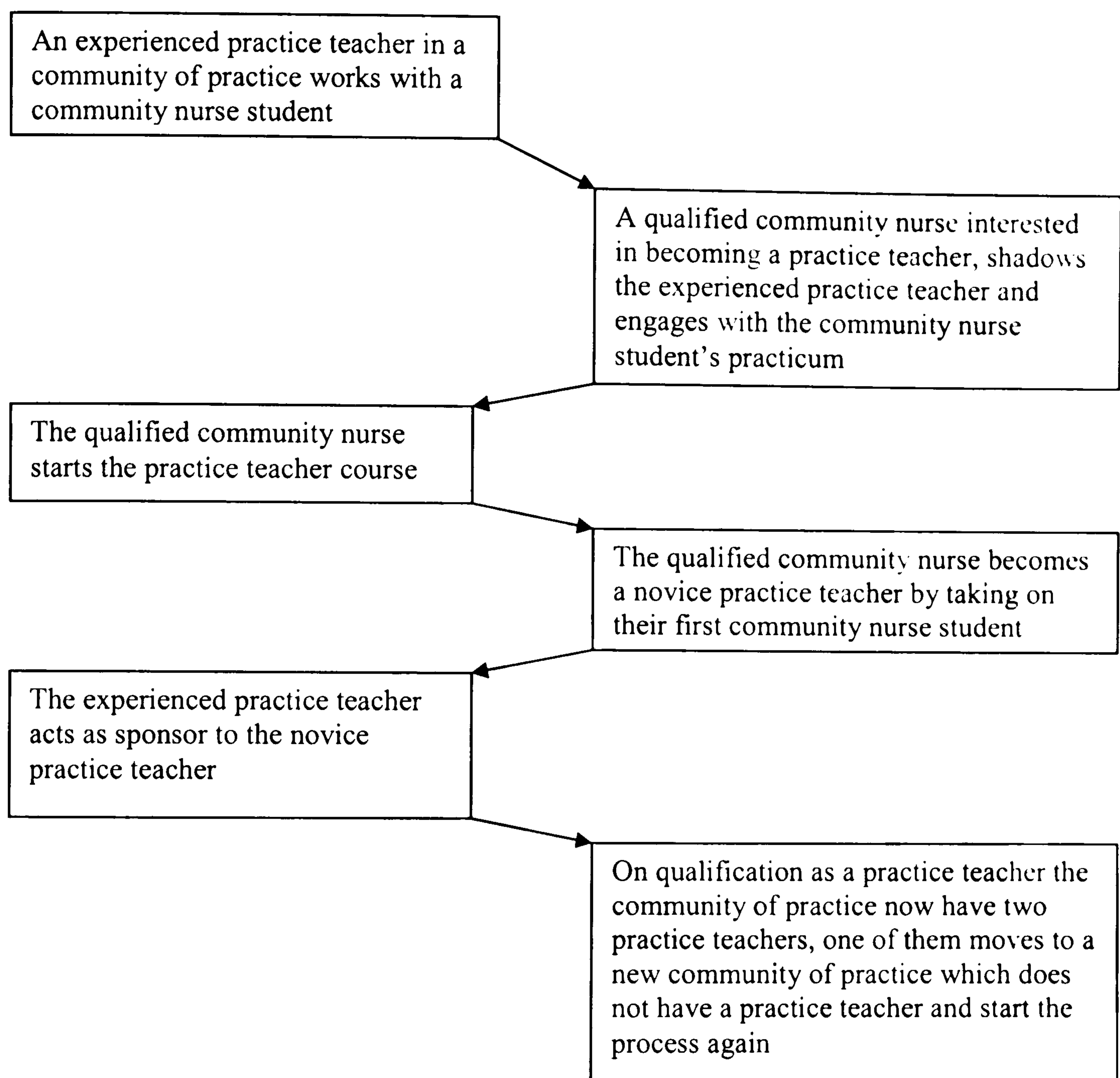
10.5.1. Implications of the research for practice

10.5.1.1. Practice teacher support

Within this study I identified that practice teacher socialisation into the practice teacher role appears less effective than community nurse student socialisation. Whereas community nurse students gained professional craft knowledge (Titchen, 2000) by being immersed in

the community of practice, the discontinuity of the practice teaching community of practice appeared to adversely affect novice practice teachers. This interpretation is based on the finding that difficulties are likely to occur during the first two years and that practice teachers expressed lack of confidence and experience as leading to these difficulties (Chapters 7. and 8.). It is theorised that the difference between community nurse students and novice practice teachers may be due to the lack of a micro community of practice for practice teachers, whose legitimate peripheral participation was found to be dispersed over many years. Because practice teachers do not learn to enact their role through legitimate peripheral participation in micro communities of practice they miss out on the benefits of this process. It is thus essential that structures are put in place to support their development through this period of transformation in order to compensate for the current omission. Practice teachers with their first and second student need a strengthened socialisation process. This study found that a high proportion of them identify their first or second student as having difficulties that are distressing to manage. To improve the process a change is proposed that would strengthen the community of practice. The process is represented and described within Figure 10.1.

Figure 10.1. Flowchart outlining proposed process of practice teacher early socialisation by strengthening legitimate peripheral participation



The system outlined in Figure 10.1. where a community nurse shadows an experienced practice teacher before becoming a novice practice teacher themselves under the sponsorship of the experienced practice teacher would currently pose problems. This would be the case for disciplines such as occupational health nursing, where a body of practice teachers would need to be developed initially who could then support the socialisation of other practice teachers.

A 'buddy' system for all practice teachers is recommended as this was demonstrated to be of value by those involved in such a system. It would also provide support where students are experiencing a problem with their practice teachers who were often reported to be late on in their careers. Aspects of good practice within these 'buddy' systems distilled from interviewee narratives should be considered a model for employers and practice teachers to work towards. The need for practice teachers to be given support if they are to fulfil their role and provide positive learning environments echoes the sentiments expressed by Faugier and Butterworth (1994) and by McGowan and Mallik (2004). Therefore the recommendation is that an experienced practice teacher is identified as a buddy or mentor who provides regular peer supervision for the practice teacher and is available as a point of contact for the student and university lecturer if concerns are raised about the practice placement. The peer supervisor must be given acknowledgement and time by their employer to undertake this role.

This study recognises that enhancing the system as recommended above will be resource intensive. However employers and universities must address the support needs of practice teachers and students considering the long term consequences of difficulties in the practice placement relationship. A formalised support system would ensure that difficulties which do arise are addressed quickly to increase the likelihood of resolution to the benefit of all parties. The support mobilised on identification of difficulties should involve:

- Regular supervision by university lecturers
- Regular effective support by an experienced practice teacher who acts as a mentor/buddy, including involvement as a mediator in supervision sessions between practice teacher and student
- Involvement of the employer to monitor the process and ensure the resources required to support the process are in place.

10.5.1.2. Community of practice development

This study found that practice teachers who had access to formalised macro communities of practice, in the form of practice teacher forums, and who were supported in participating in these communities considered themselves to benefit (Chapter 8.3.2.). It was through participation in macro communities of practice that reinforced the purpose of practice

teachers as a group. This purpose was to support the (re)production of community nursing as a profession through the socialisation of students and other nurse members of the community (Breu and Hemingway, 2002). It is therefore important that employers value the learning that takes place within macro communities of practice and provides the time and resources needed for the community to participate (Wenger *et al.*, 2002). A number of studies have identified that where such communities do not exist they can be developed and prosper, for example Lauder *et al.* (2004) successfully used information technology to facilitate the development of a virtual community of practice for a group of students who were geographically separated. McAndrew *et al.* (2004) also looked at how technology supported communities of practice within the Open University and Lathlean and LeMay (2002) used action research to develop communities of practice within interagency teams. Tripartite working between HEIs, employers and practice teachers should therefore be able to create a formalised robust and accessible network of macro communities of practice to support and enhance the professional education of community nurse students and community nurse practice teachers.

The above process would result in the learning dimension being foregrounded within macro communities of practice. Educationalists and employers also need to take responsibility for not only generating these opportunities for macro communities of practice but also for the micro community of practice. As argued in Chapter 8.3.2. employers can use communities of practice where learning is foregrounded through the learning dimension to meet their own objectives for development and change (Contu and Willmott, 2003). All members of communities of practice should be encouraged to work with the student and share responsibility as this will provide potential practice teachers with community nurse legitimate peripheral participation experience. Community nurse students should only be placed where there is a practice teacher working within a supportive community of practice, where the community as a whole recognise and embrace their responsibility for the student's development. If changes in practice take place such as an increasing emphasis on inter-professional working and learning these could more easily be accommodated in communities of practice with an evolved learning dimension where development and change are a valued part of the community of practice philosophy. Thus

acknowledgment that learning and development is an important and valued remit of practice and that practice teachers have skills in facilitating the development of all members of the community of practice, will not only benefit the students development but the professions.

In such communities of practice members should also take collective responsibility for supporting, monitoring and rising concerns about community nurse student learning, especially if issues are arising for novice practice teachers or students receiving inappropriate practice teaching, so that action is taken rather than allowing problems to persist potentially year after year.

10.5.2. Implications of the research for education

10.5.2.1. Assessment of competence at the end of the course

If there is to be a final assessment of competence with measurable criteria of achievement using a more behavioural or competency driven model, as advocated by the Professional Body then there is a misfit with the way practice teachers currently enact their roles. The emotional involvement with their student that practice teachers believe is required, in order to develop the student and nurture them, prevents them making such a behavioural judgement (Chapters 6.3.2. and 7.3.2.2.). If this model persists practice teachers will find ways to circumvent it and implement the requirements in a more socially constructed way (Watson *et al.*, 2002). To operationalise such a model would require another assessor taking on the final assessment role, someone with the skill to make the final judgement but not with the same relationship and emotional investment in the student. However, this would be resource intensive and in my opinion unnecessary as this study demonstrates that practice teachers are able to identify students with major difficulties and it is these students that extra resources should be targeted, not all students. Students with major difficulties were argued to be identifiable because they presented with multi-domain difficulties in their attitudes, communication, rate of progress and academic difficulties. They were also reported to have a poor relationship with their practice teacher and difficulty fitting-in to the community of practice (Chapters 5.2.3. and 7.3.2.2.). Based on the findings from this study the recommendation is that educationalists put in place mechanisms to identify

students with major difficulties using the above criteria as a tool. If such criteria were used students would be identified as having major difficulties within the first third of the course. Serious consideration should be given to moving these students to an experienced practice teacher as soon as possible. The new practice teacher can then undertake a baseline assessment and decisions then made regarding whether the student's placement is terminated or whether they are allowed a further period of practice. The initial practice teacher should then receive support and debriefing especially if they are a novice practice teacher who according to this study is likely to suffer significant trauma.

From this study there was evidence that students identified as experiencing major difficulties, although being traumatic for their practice teachers, did not fail. There was some evidence (Chapter 7.3.2.3.) that such practitioners continued to have significant difficulties following qualification and were seen to create difficulties for those with whom they worked. In part these practitioners difficulties were identified when they were students but the process of socialisation is such that taking action to prevent students passing is stacked against practice teachers. Instead the focus is on early identification of difficulties and the belief that difficulties can be overcome and can continue to be overcome following qualification. Based on this finding it would appear that a limitation of the socio-cultural practice occurring in professional education is the potential to pass a student with persisting major difficulties. This finding is borne out from the research by Duffy (2003) (Chapter 2.4.3.), hence this study recommends that mechanisms are put in place to prevent students with multi-domain weaknesses which persist at the end of the placement from passing. Ideally these students should be identified and action taken early in the course as stated above. However if this is not the case they should undertake a period of assessed practice with an experienced practice teacher whose role is to judge the student's readiness to enter qualified practice.

10.5.2.2. Practice teacher courses

This study found that practice teachers were not provided with educational preparation that acknowledged socio-cultural theories and approaches to learning. Interviewees were only aware of individualistic approaches to education and were cognisant of the competency

driven approach advocated by the Professional Body (Chapters 7.3.2.2, 8.3.3 and 8.4.). This left novice practice teachers unprepared for the social nature of their role and guilty when they intuitively applied this transformation approach. Educationalists should implement strategies to address the current imbalance. If the Professional Body is to continue with the approach of competence driven standards of practice (Eraut, 1994), then educationalists must argue that these are contextualised and situated in the social milieu of the practice. This argument should be in evidence during curriculum development, approval and implementation (McLaughlin, 2003). To provide the vehicle for professional development a broad and holist picture must be envisioned, which recognises the co-construction of what professional practice means in the context in which it is enacted. Not a reductionist approach of disembodied skills that can be taught by a mentor and learnt by a student. In order to support the development of practice teachers and help to overcome some of the difficulties experienced by novice practice teachers it is recommended that:

- A practice teacher preparation course is undertaken by all individuals taking on practice teacher roles and that the course commences prior to the student's placement starting.
- The practice teacher curriculum needs to prepare practice teachers to recognise the competing perspectives within teaching and learning theory and the implications of these theories to their professional practice and development. Thus the course needs to explore transmission and transformational models of teaching and learning, evaluating the skills required for both and explicitly highlighting the processes taking place.
- The practice teacher curriculum must enable participants to develop skills in confronting student issues. Unlike Duffy's (2003) study my study did not find practice teachers feeling ill prepared for dealing with failing students, but novice practice teacher narratives clearly identified their lack of confidence in addressing issues early and clearly. The course could go some way to overcoming this.
- That the potential to harness the community of practice concept on practice teacher programmes is recognised and its development encouraged. Practice teacher students can thus be made aware of the effect of communities of practice through modelling this social practice on the course.

Community nurse educationalists need to recognise that communities of practice provide the infrastructure for students to learn to apply complex professional craft knowledge within a supported environment whilst faced with an ever changing and challenging pedagogic, professional and political context. Recognising as this thesis does the value of communities of practice in providing the structure to foster learning, the logical step is to identify the implications of this for education of community nurses in the future. One

strategy is to continue looking for models where communities of practice feature explicitly within professional education of other disciplines and examine their applicability and devise curriculum models that feature and value community of practice theory.

10.6. Directions for further research

This thesis has identified a number of areas where future research would be beneficial, first and foremost to undertake a further study exploring the same issues but using a larger sample group of community nurse practice teachers from different geographical areas. Community nurse practice teachers from different disciplines such as community mental health nursing, community children's nursing, learning disability nursing and general practice nursing could be included in such a study to identify whether the data led to the same or different categories emerging. Such a study would enable a more rigorous application of grounded theory methods. Following a similar theme but broadening the study to other substantive areas would be useful to verify whether the grounded theory developed in this thesis is a general theory and not just substantive to community nurse education. Other areas where the findings may be transferable (Lincoln and Guba, 1985) are teacher training, social work, professions allied to medicine and general nursing. Indeed a recent survey by White *et al.* (2006) indicates there may be similarities in teacher training as does Burkitt's *et al.* (2001) research on socialisation for nurse education and Duffy's (2003) work on assessment also highlights there is some resonance with this study and her work on student nurse education.

Continuing with a focus on practice teachers a longitudinal study could be undertaken to follow through community nurses (journiers) prior to them commencing the practice teacher course through their first three years of practice teaching to investigate if and how their constructions of their professional journeys change. This could provide many insights into whether and how practice teacher's perspectives regarding 'ideals', issues with students and their own socialisation changes over time rather than the cross sectional view gained from my current study. Greater focus could also be given to the biography of each practice teacher and the impact of factors outside the professional working practice of the community and the impact on the social activities within it. A study such as this would

also lend itself to a feminist approach where the influence of gender on professional identity within community nursing is explored.

The focus of my study has been on the perspectives of practice teachers, as stated in Chapter 10.4.6. above this creates the limitation that only practice teachers views of their students transformation and socialisation is accessible. A study could be conducted with students to identify their perspectives in order to provide comparisons. Students could be interviewed to identify how they construct moving from being a nurse to becoming a community nurse and whether they interpret relationships, social practice and communities of practice in the same or similar ways to practice teachers, or to each other. This would allow further exploration of the four stages of student socialisation identified within this thesis. There is the potential for issues of conflict and power to be more acutely identified in such a study in comparison to mine. This would also allow insights into whether students consider practice teachers welcoming the students contribution and embracing change as the interviewees in my study indicated, or not as found by Mackenzie (1992). It would also be interesting to see whether research with students led to their view concurring with that of practice teachers that the practice teachers focus on the (re)production of community nurses and not the production of the community nursing service. Also where students see the balance of (re)production lying, in favour of reproduction or production?

Future studies could also take a case study approach to looking at particular community nursing communities of practice. For example a study could investigate whether there were apparent differences between communities of practice with a bespoke practice teacher actively working with students and communities of practice without this learning focus. Such a study could further explore the community of practice features theorised in my study including that of the learning dimension to further develop this concept. Differences in the social practices of such communities could be examined as could differences in their means of production i.e. the services provided for their clients with interpretations being made as to the influence of a practice teacher on such practices.

One further area could be an ethnographic study of practice teacher and student dyads. It would be illuminating to identify what issues were raised by each party especially in relation to attributes of 'ideals' and 'others'. How relationship issues were enacted between the pairs and how these impacted on their roles and subsequently influenced the socialisation process. Such a study could explore Burnard's (1990) speculation that relationships between a mentor and student foster conformity and dependence rather than independence and personal growth. Interpretations could then be made regarding the practice teachers role as an agent of social control or a facilitator of professional growth (Cahill 1996). The ethical issues to be addressed in such a study would need careful consideration as major difficulties identified on the part of the student or practice teacher could prove insightful for a researcher but distressing for the participants.

10.7. Epilogue personal reflections on the research

The completion of this research project provides opportunity to reflect on the emergent issues. One that stands out is the enthusiasm and motivation demonstrated by practice teachers who intuitively take a transformative approach to learning. Without explicit preparation practice teachers hold socio-cultural views of learning which follow recent advances in the theory of professional development. The discovery that so many of them take this approach and are increasingly led to it through their own experiential learning, when external bodies would have led them in another direction not only makes their skills and abilities impressive it also provides credibility for situated learning theories.

The journey undertaken by practice teachers mirrors the research journey undertaken by myself over the last six years. As I move along on the journey from novice to experienced researcher I recognise I am still at the novice stage, but the experience of solo practice under supervision has socialised me in a similar manner to the socialisation of practice teachers. I now feel comfortable with the identity of a researcher. Whereas I started with a view that the journey was a means to an end I now look on the journey as an end in itself and its continuation is one I am looking forward to embarking on.

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APPENDICES

APPENDIX 1

INTERVIEW GUIDE SENT TO INTERVIEWEES PRIOR TO THE INTERVIEW

- How long have you been qualified as nurse?
 - How long have you been qualified as a community nurse?
 - What was your experience of teaching before becoming a community nurse?
 - What has been your experience of teaching (excluding community nursing students) since becoming a community nurse?
 - What is your experience of teaching community nursing students?
 - What preparation have you undertaken for your teaching role?
 - Do you get anything from your employer to recognise/acknowledge your teaching role with community nursing students?
-
- Can you tell me what led you to become a practice teacher?
 - Can you tell me about your experiences as a practice teacher?
 - Can you tell me about the first time you practice taught?
 - Can you tell me about the most recent time you practice taught?
 - Can you tell me about a successful example of practice teaching?
 - Can you tell me about a difficult practice teaching experience?
 - Can you think of a time when you have been confronted with a student experiencing a problem or difficulty?
 - What do you think you have learnt over your experience as a practice teacher?
 - What do you think are the attributes of a good community nurse?
 - Are there attributes students must already possess before they start the course?
 - Do you feel your students have fitted in to the practice placement?
 - Do you feel you have learnt things from your student?
 - Can you tell me about practice teachers who have been role models to you?
 - How would you explain competent practice teaching?
 - Do you see yourself continuing as a practice teacher?
 - What do you see the future holds regarding community nurse student practice & practice teaching?

APPENDIX 2

Debrief letter

Dear Participant

Re: An investigation into the experience of being a Community Nursing Practice Teacher/Mentor and the understandings that Community Nursing Practice Teachers/Mentors have of competence in practice teaching/mentoring

If you choose to discuss information, which causes you emotional distress a number of options are available to provide you with support. At any point following the interview you can choose any of the support mechanisms. They include:

- Debriefing session/s with myself.
- Use of the counselling service at Brunel University.
- Supervision from within your employing organisation as appropriate/available e.g., clinical supervision, staff appraisal, group supervision or peer supervision.

If you feel any of the above are necessary please do not hesitate in contacting me on

Details provided

APPENDIX 3



Details provided

PARTICIPANT INFORMATION SHEET

Date 25.10.05

Dear Practice Teacher

Re: An investigation into the experience of being a Community Nursing Practice Teacher and the understandings that Community Nursing Practice Teachers have of competence in practice teaching

The research study

The purpose of this study is to explore the experience of being a practice teacher and the perceptions of competence in practice teaching and use these to inform the development of a model of curriculum design for future practice teacher courses. I would like to interview you to seek your views about being a practice teacher. Please read this Information Sheet before deciding whether you are happy to take part.

The study is supported and funded by Brunel University and has received approval from Brunel University Ethics Committee and ...*(x)*... Research Ethics Committee which reviewed the study. I am undertaking the study as a PhD student and as such am supervised throughout the process by a PhD supervisor within the University.

Why have I been chosen?

As a practice teacher, or student on the practice teacher course you have been selected as an ideal person to share your experience of practice teaching and offer a view of competence in practice teaching. Overall approximately 30 practice teachers across North West London will be interviewed.

Do I have to take part?

No. Taking part in the research is entirely voluntary. It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your work as a practice teacher. I.e., there will be no consequences to you in your role, as practice teacher and it will have no effect on your relationship with the University or its staff including myself.

What are the risks and benefits of taking part?

There are unlikely to be any direct disadvantages or benefits to you personally from involvement in this study. Potentially however, disadvantages could entail the inconvenience of spending 60-90 minutes away from your work as a community nurse.

also any distressing emotions that discussing your work as a practice teacher rises. Information about opportunities for debriefing will be provided if the latter were to occur. Benefits could relate to the opportunity to reflect upon your practice as a practice teacher and thus gain a greater understanding of your role to enhance future work.

What should I do now and what happens next?

If you are willing to take part, then please return the reply slip attached. I will then contact you to arrange an interview date and time. It is anticipated that the interview could take up to 1½ hours and will be arranged at a time and place of your convenience. Prior to the interview I will ask you to sign the consent form attached. The interview questions will be focused around your experience as a practice teacher. You are free to decline to answer any question, or withdraw from the interview, without giving a reason.

Confidentiality

Interviews will be tape-recorded. All information, which is collected about you during the course of the research, will be kept strictly confidential. This means no names or addresses will be written on the tapes or transcripts. As the study is being undertaken as part of my PhD the information collected will be shared with my educational supervisor, however, you will not be identified on any information shared. Plus you will not be identified in any future report of the findings. However, were you to disclose information, which indicated a serious case of misconduct, then there would be an obligation to inform an appropriate authority.

How will the findings be used?

It is hoped that by participating in this study you will help develop our understanding of what it means to be a practice teacher, our understanding of competence in practice teaching and facilitate the development of a model of educational preparation for practice teachers, which will be disseminated through peer reviewed journals. These are likely to be published from 2006 to 2008. Findings will also be disseminated through Practice Teacher forums, however, no information could be identified with any individual participants.

Thank you very much for your time, please keep this information sheet in a safe place. If you need more information please do not hesitate in contacting me by phone on *Details provided*

or by post at the address on the top of this letter.

Yours sincerely
Lynn Sayer

Please return this reply slip to: *Details provided*

OR ring *Details provided*

OR e-mail on *Details provided*

I accept your invitation to take part in the above research study.

Name (PRINT).....

You can contact me to arrange an interview date and time as follows:

Telephone:.....

E-mail:.....

The address for the interview venue will be, for example your workplace:

APPENDIX 4



Centre Number: 05/Q0408

Study Number: 22

Participant Identification Number for this study:

CONSENT FORM

Title of Project: An investigation into the experience of being a Community Nursing Practice Teacher and the understandings that Community Nursing Practice Teachers have of competence in practice teaching

Name of Researcher: Lynn Sayer

Please initial box

- 1. I confirm that I have read and understand the information sheet dated.....
for the above study and have had the opportunity to ask questions.
- 2. I understand that my participation is voluntary and that I am free to
withdraw at any time, without giving any reason.
- 3. I understand that I will not be referred to by name in any materials
published or disseminated from the study.
- 4. I understand that the interview will be tape-recorded
- 4. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Person taking
Consent (Researcher)

Date

Signature

1 for participant; 1 for researcher

APPENDIX 5

PROCESS OF NEGOTIATING ACCESS TO INTERVIEWEES

STEPS IN THE PROCESS	DATE
<ul style="list-style-type: none"> • Commenced review of University and NHS Ethics procedures using internet searches 	June 2004
<ul style="list-style-type: none"> • Advised how NHS process would work for my study, by a PCT Research Director who stated the PCT would act as my 'Local Champion' and provide an honorary contract when ethical approval had been given 	26.7.04
<ul style="list-style-type: none"> • Registered for NHS on-line COREC application form 	10.8.04
<ul style="list-style-type: none"> • Discussed University Ethics procedure with University's Research Director, discovered the University would accept the NHS form thus removing the need to complete a separate University form 	31.8.04
<ul style="list-style-type: none"> • Completed COREC form for University Ethics Committee 	8.10.04
<ul style="list-style-type: none"> • Applied for University Ethical Approval 	11.10.05
<ul style="list-style-type: none"> • University Ethics Committee required revisions 	26.10.04
<ul style="list-style-type: none"> • Revisions made and documentation resubmitted 	2.11.04
<ul style="list-style-type: none"> • University Ethical approval granted 	11.11.04
<ul style="list-style-type: none"> • Applied for University sponsorship and indemnity cover, documentation supplied to support this 	16.11.04
<ul style="list-style-type: none"> • Received University sponsorship and indemnity cover 	10.12.04
<ul style="list-style-type: none"> • Contacted NHS main Central Allocation System to book in the study, advised that due to the nature of the study I should book this in with a local NHS Research Ethics Committee (REC) 	10.1.05
<ul style="list-style-type: none"> • Booked the application into the Medical Ethics Committee (MEC) * 	24.1.05
<ul style="list-style-type: none"> • Documentation sent to the MEC 	3.2.05
<ul style="list-style-type: none"> • A letter confirming that the application was valid was sent back within 5 days. This letter invited the Chief investigator to attend 	8.2.05

the REC meeting	
• Attended MEC application meeting at ...(x)... Hospital	28.2.05
• The MEC required revisions	14.3.05
• Revisions made and documentation resubmitted	18.3.05
• Approval given by the MEC for study to take place within PCTs in the Strategic HA area	1.4.05
• Informed the host (Local Champion) PCT of Ethical Approval. Required documentation provided	5.4.05
• Honorary contact received	13.5.05
• Approached Research & Development Leads in the other NHS PCTs informing them of my approval (Appendix 8). Some PCTs accepted 'Local Champion's' honorary contract, but wanted copies of all the documentation. Others had extra forms that had to be completed	6.4.05-19.4.05
• First PCT letter giving permission to approach their practice teachers received	3.5.05
• Six initial PTs approached	Mid May 05
• PCT nurse education leads/managers sent letters requesting information of practice teachers within their trust (Appendix 9)	29.5.05
• Appointments made for interviews	Late May 05 & June onwards
• First interview undertaken	23.5.05

* Although the term used in national documentation is 'Research Ethics Committee (REC)', the Committee I approached still referred to itself on all documentation as a 'Medical Ethics Committee (MEC)'.

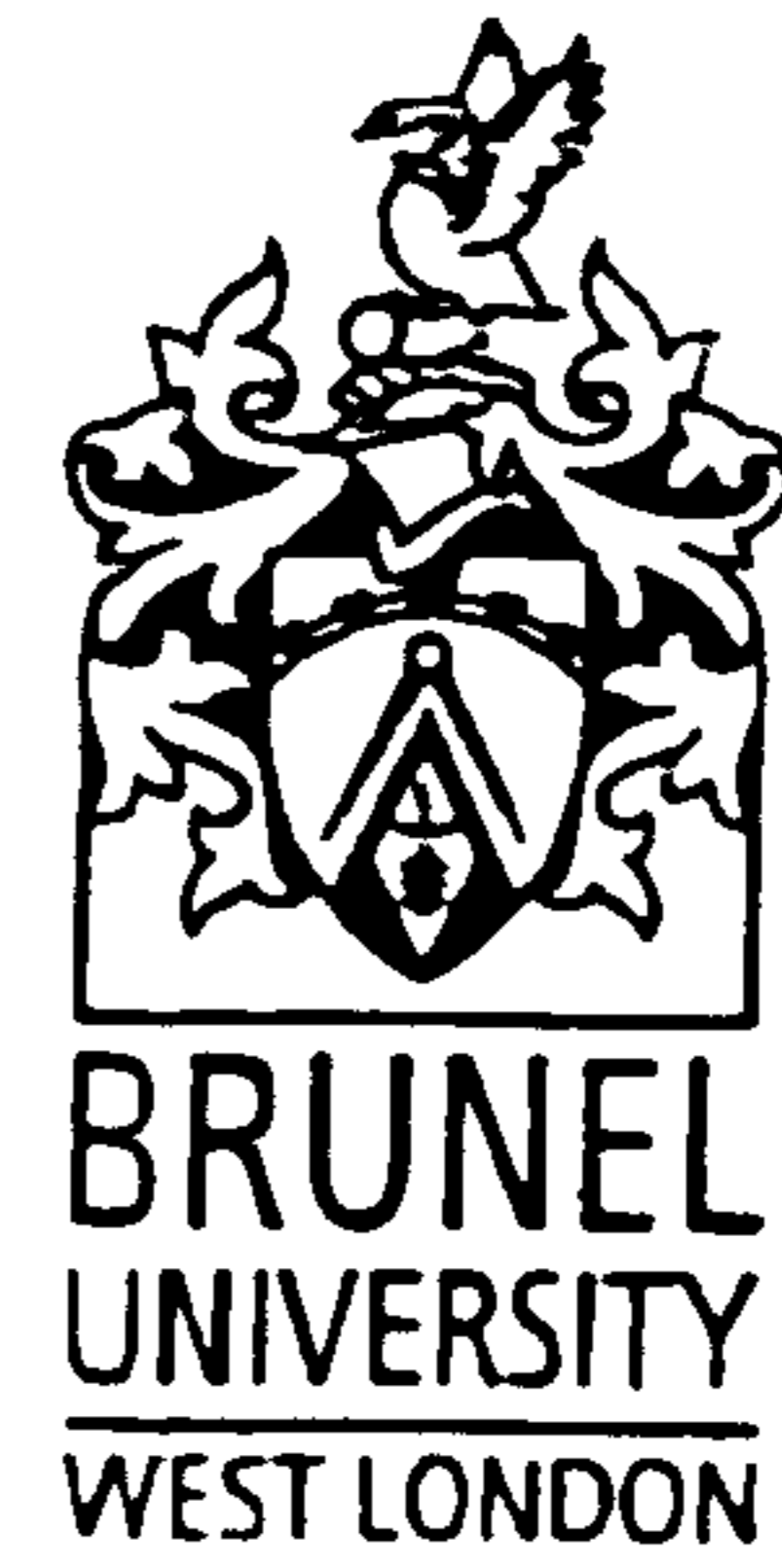
APPENDIX 6

Centre for Youth Work Studies
Director: Dr

Our ref: ethics.11.04

11 November 2004

Ms Lynn Sayer
Programme Leader Community Health
Brunel University
Osterley Campus
Borough Road
Isleworth
Middlesex
TW7 5DU



Department of Education, Brunel University
Twickenham Campus, 300 St Margaret's R
Twickenham, Middlesex, TW1 1PT, UK
Telephone +44 (0)20 8891 0121 Ext 2039
Fax +44 (0)20 8744 2960
E-mail cyws@brunel.ac.uk
Web www.brunel.ac.uk/faculty/ed/cy/index

Dear Lynn,

Thank you for your response to the issues raised in our earlier letter to you.

In the light of your response, we are entirely happy to give approval to the project.

On behalf of the Research Ethics Committee may I take the opportunity of wishing you all success in your work.

With best wishes.

Yours sincerely

Dr
Chair, Research Ethics Committee

CC: Dr

Medical Ethics Committee

London

01 April 2005

Mrs Lynn Sayer

Programme Leader Community Health
 Brunel University
 Osterley Campus, Borough Road
 Isleworth, Middlesex
 TW7 5DU

Dear Mrs Sayer

Full title of study:

To investigate the experience of being a Community Nurse Practice Teacher and uncover the differing understandings that Community Nurse Practice Teachers have of competence in practice teaching.

05/Q0408/22

REC reference number:

Protocol number:

Thank you for your letter of 18 March 2005, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair acting under delegated authority.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

The Committee has designated this study as having "no local investigators". There is no requirement for other Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type:	Version:	Dated:	Date Received:
Application	2	18/03/2005	21/03/2005
Investigator CV		03/02/2005	04/02/2005
Protocol	2	18/03/2005	21/03/2005
Covering Letter		03/02/2005	04/02/2005
Letter from Sponsor Including Statement re Compensation Arrangements		10/12/2004	04/02/2005

Peer Review		11/11/2004	04/02/2005
Interview Schedules/Topic Guides	2	18/03/2005	21/03/2005
Letters of Invitation to Participants Interview	2	18/03/2005	21/03/2005
Letters of Invitation to Participants Focus Groups	1	18/03/2005	21/03/2005
Participant Information Sheet Interview	2	18/03/2005	21/03/2005
Participant Information Sheet Focus Group	1	18/03/2005	21/03/2005
Participant Consent Form Interviews	2	18/03/2005	21/03/2005
Participant Consent Form Focus Group	1	18/03/2005	21/03/2005
Response to Request for Further Information		18/03/2005	21/03/2005

Management approval

You should arrange for all relevant NHS care organisations to be notified that the research will be taking place, and provide a copy of the REC application, the protocol and this letter.

All researchers and research collaborators who will be participating in the research must obtain management approval from the relevant care organisation before commencing any research procedures. Where a substantive contract is not held with the care organisation, it may be necessary for an honorary contract to be issued before approval for the research can be given.

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

Notification of other bodies

The Committee Administrator will notify the research sponsor that the study has a favourable ethical opinion.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

05/Q0408/22

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project,

Yours sincerely,

Chair

E-mail: _____@nhs.uk

Enclosures

Standard approval conditions

APPENDIX 8

PCT RESEARCH & DEVELOPMENT/CLINICAL GOVERNANCE PERMISSION LETTER

April 2005

Dear

Re: PhD Research Study Titled:

An investigation into the experience of being a Community Nursing Practice Teacher and the understandings that Community Nursing Practice Teachers have of competence in practice teaching.

I am a lecturer at Brunel University in the School of Health Sciences and Social Care, and primarily teach on the community nursing and mentorship courses. I am undertaking a PhD at Brunel within the School of Education.

I have recently gained full ethical approval from ...(x)... Medical Ethics Committee for my study. The research is a single domain, multi-site study with no local investigator. Thus site-specific assessment is not required for the sites involved in the research and no information about the study needs to be submitted to other Local Research Ethics Committees as ...(x)... MEC has approved the study for the domain covering NWLWDC area.

My application went to ...(x)... Medical Ethics Committee meeting on 28th February and following my response to the points raised by the Committee I have now received a letter confirming approval for my application. Please find attached the approval letter from the Committee. I have also gained Brunel University Research Ethics Committee approval and sponsorship and indemnity cover from the University.

I understand I am now in a position to seek permission to undertake my research from NHS PCT Research & Development Departments within NWLWDC. Hence I am writing to you, asking your permission to undertake the study within ...(detail provided)..... PCT.

Outlined below is a brief overview of the study, I have also attached the approved Research Protocol to help in your decision-making. However, I am more than happy to supply any further information that you require.

The study proposes to interview practice teachers/mentors of community nursing students for up to an hour and a half about their views and experience of being a practice teacher/mentor. My intention would be to approach the Trust training manager responsible for co-ordinating community nurse student placements and ask her to forward a letter to all community nurse practice teachers/mentors in the Trust. This letter will invite practice teachers/mentors to participate in the study, the letter includes the participant information sheet and consent form. I hope to arrange interviews at a convenient time and place of practice teachers/mentors over the next six to twelve months.

I hope you will look favourably upon this request and I look forward to hearing from you. If I need to provide any further information please do not hesitate in contacting me, my contact details are:
Details provided

Yours sincerely
Lynn Sayer

APPENDIX 9
SAMPLE PCT EDUCATION LEAD/MANAGER LETTER

29.5.2005

Dear

Re: PhD Research Study

I am writing with regards to my PhD study which involves interviewing community nurse practice teachers. The title of the study is: 'An investigation into the experience of being a Community Nursing Practice Teacher and the understandings that Community Nursing Practice Teachers have of competence in practice teaching'.

I am undertaking the PhD at Brunel University within the School of Education. I gained University Ethical approval in November 2004 and NHS Ethical Approval in April 2005. ...*(detail provided)*.... gave permission for me to carry out the study within ...*(x)*... PCT on 13th May 2005. I am therefore now in a position to approach community nurse practice teachers.

I am writing to you for two reasons, firstly as the Trust's Training Manager I wanted to make you aware that the study is to take place and secondly to ask whether you would be able to help me by providing the names, bases and e-mail addresses of practice teachers especially those who have had a student over the last three years from Universities other than Brunel. I am undertaking the study across all eight PCTs within NWLWDC with the hope of interviewing about 3 or 4 practice teachers per trust. Overall I hope to interview around 30 practice teachers that provide a range of the following:

- Specialism i.e. HV/DN/SN
- Qualified or unqualified practice teachers and those doing the practice teacher course
- Experience i.e. those who have had one student or a number of students, those who have had students from other Universities not just Brunel.

I have the information needed to contact practice teachers that have had Brunel University students over the last three years, those I plan to contact are: ...*(detail provided)*....

However, I would be grateful if you could provide me with contacts that have not had Brunel students.

I will initially try to make contact by e-mail and will send the practice teacher an invitation letter, which includes the Participant Information Sheet and Consent form. I will explain that this sounds quite formal as these were the requirements of the NHS Ethical Committee, however the letter provides all the information they are likely to need to make a decision of whether or not to participate. I have attached a copy of this letter for your information. I will also explain the interview is intended to be informal and if they wish to take part I will send them a copy of the guide, which shows the areas that I am interested in looking at. This is the first research study that has looked specifically at the experience of being a community nurse practice teacher for many years and I hope practice teachers will feel they wish to be involved in the study to help raise the profile of community nurse practice teachers.

I hope you will look favourably upon this request. I would be grateful if you could let me know by replying to this e-mail. I look forward to hearing from you. If you would like any further information I am more than happy to supply this, or discuss the study with you.

Lynn Sayer
Details provided

APPENDIX 10

Summary of Interviewee Profiles

Interviewee variation	Interviewee characteristics	HV	DN	SN	HVandSN	OHNs	Community Nurse
Total numbers		14	7	4	2	3	30
Qualification status	Qualified PT	11	6	2	2	0	21
	Student PT	3	1	1	0	0	5
	Unqualified PT	0	0	1	0	3	4
Level of experience	Experienced PT ≥3 students	7	5	2	2	1	17
	Novice PT 1 or 2 students	7	2	2	0	2	13
Location of students HEI	Had students from researcher's HEI	6	5	1	1	2	15
	Had students from other HEIs	3	1	1	0	0	5
	Had students from researcher's HEI and other HEIs	5	1	2	1	1	10
Gender	Female	13	6	4	2	2	27
	Male	1	1	0	0	1	3
Ethnicity	White	8	5	2	1	3	19
	Black	5	2	1	1	0	9
	Asian	1	0	1	0	0	2
Age	30s	2	1	0	0	1	4
	40s	6	3	3	1	2	15
	50s	6	3	1	1	0	11

Summary of interviewee data

<p>Discipline</p> <p>OHN 3 SN 4 DN 7 HV 14 HV/SN 2</p>	<p>University taken students from</p> <p>Just Brunel 15 Various (inc Brunel) 10 Other (not Brunel) 5</p>	<p>Gender</p> <p>27 Females 3 Males</p>
<p>Ethnicity</p> <p>19 White 9 Black 2 Asian</p>	<p>CPT Qualified</p> <p>Yes 21 No 3 Student CPT 6</p>	<p>Extra teaching qualification</p> <p>C&G 730 – 5 PGCE or approved teaching qual. – 3 Supervisor/Assessor course 1 998/Mentor 11</p> <p>Only 2 have no teaching prep at all i.e. CPT qual or extra teaching qual. both are OHNs.</p>
<p>Number of students they have had</p> <p>1 – 5 2 – 8 3 – 3 4 – 3 5 – 1 6-10 - 7 11 and more 3</p>		

APPENDIX 11

PROFILE OF INTERVIEWEES

Interviewee	Age	Gender	Ethnicity	Specialism.	No. of CN students	Univ student from	Years as a nurse	Years as a CN	CPT Course.	Other teaching. qual.
034	30s	M	W	OHN	1	Brunel	8	4	No	C&G 730
035	30s	F	B	HV	1	Brunel	15	5	2005	No
036	40s	F	W	DN	5	Brunel	20	14	1998	998
037	50s	F	W	DN	18	Various	29	24	1985	998
038	40s	F	B	HV	6	Various	26	23	1999	998
039	50s	F	B	HV	3	Various	34	22	2000	997
040	50s	F	W	SN	4	Various	35	22	1998	Yes
041	40s	F	W	SN	2	Other	27	5	Yes	C&G 730
042	40s	F	W	HV	1	Other	14	4	2005	No
043	40s	F	W	HV	1	Brunel	20	5	2005	998
044	50s	F	B	HV	15	Various	38	32	1985	998
045	40s	F	W	DN	2	Brunel	13	5	2004	998
046	40s	F	W	OHN	8	Various	26	7	No	No
047	40s	F	W	HV	2	Other	25	5	2004	997
048	50s	F	B	DN	1	Other	20	4	2005	No
049	50s	F	W	DN	13	Brunel	30	20	1990	C&G 730
050	30s	M	B	DN	7	Brunel	15	10	1997	998
051	40s	F	W	OHN	2	Brunel	23	16	No	No
052	40s	F	W	HV/SN	7	Various	19	19	1990	No
053	30s	F	W	HV	2	Brunel	12	6	2004	998

Interviewee	Age	Gender	Ethnicity	Specialism.	No. of CN students	Univ student from	Years as a nurse	Years as a CN	CPT Course.	Other teaching. qual.
054	50s	F	W	HV	6	Various	33	26	1999	No
055	50s	F	B	HV	7	Various	35	17	1999	C&G730
056	40s	F	Asian	SN	3	Various	20	9	2002	No
057	50s	F	W	HV	2	Brunel	32	29	2005	C&G730
058	50s	F	B	HV/SN	3	Brunel	34	31	2003	PGCE
059	40s	F	W	HV	7	Other	26	21	1989	Qualified teacher
060	40s	F	B	SN	2	Brunel	29	11	2005	No
061	40s	F	W	DN	4	Brunel	25	9	2000	998
062	40s	F	W	HV	2	Brunel	27	21	2003	No
063	50s	M	Asian	HV	4	Brunel	31	16	2002	998

APPENDIX 12

INTERVIEWEE CONTRIBUTIONS IN EACH DATA ANALYSIS CHAPTER

Interviewee	Chapter 5	Chapter 6	Chapter 7	Chapter 8
034	✓			✓
035	✓	✓	✓	✓
036	✓	✓	✓	✓
037	✓	✓	✓	✓
038	✓	✓	✓	✓
039	✓	✓	✓	✓
040	✓	✓	✓	✓
041	✓	✓		✓
042	✓	✓	✓	✓
043	✓	✓	✓	✓
044	✓	✓	✓	✓
045	✓	✓		✓
046	✓	✓		✓
047	✓	✓	✓	✓
048	✓	✓		✓
049	✓	✓	✓	✓
050	✓	✓	✓	✓
051	✓	✓	✓	✓
052	✓	✓	✓	✓
053	✓	✓	✓	✓
054	✓	✓	✓	
055	✓	✓	✓	✓
056	✓	✓		✓
057	✓	✓		✓
058	✓	✓	✓	✓
059	✓	✓	✓	✓
060	✓			✓
061	✓	✓	✓	✓
062	✓	✓	✓	✓
063	✓	✓	✓	✓

Key

✓	Denotes a quote has been included in the chapter from the interviewee
---	---

	Denotes no quotes have been included in the chapter from the interviewee
--	--

APPENDIX 13

SCPT COURSE STRUCTURE

Table A1. presents data extracts of the advantages and disadvantages of the current one-year SCPT course structure.

Table A1. Data extracts outlining the advantages and disadvantages of the current one year practice teacher programme

Advantage of one year course - Integration

It helps you put into practice what you're learning (039)

When I was doing the course I had the student so that was quite helpful I could link the theory to practice (041)

You can apply some of the theory you are learning to the actual situation (053)

Its beneficial to have the student whilst doing the course because you learn a lot more (057)

I found it valuable having the student at the same time because you can be putting into practice most of what you are learning (058)

You learn things in the lectures and can then come back and try it out or work with it straight away, that I found useful. Although I felt pressurised and I felt unsure I think actually it is the better way to do it truthfully (060)

It is a good thing to be able to apply the theory of education and learning to someone who is there at the time (062)

You discuss something then having a student gives you the opportunity to put it into practice (063)

Advantage of one year course – Support

Having a student to learn to be a CPT is very important because we had a link tutor so you could always turn to the link tutor to check out where things may be going wrong (034)

Doing the course whilst having a student was an enormous advantage for me personally because I had the support (042)

The link tutors were a good support especially for the course (048)

Disadvantage of one year course – Not prepared for student

The students come out, they are literally with you from day one. It would have been nice to prepare myself a bit more effectively for the student (035)

At the beginning I felt confused and didn't know where I was going so didn't know how to get there (043)

I thought she (*student*) was being hard done by because here am I a student, not really knowing what I'm doing. I didn't feel that it was fair to the student and that put a lot of strain on me (060)

Disadvantage of one year course – Stressful

It is hard, studying and doing as much reading and having assignments to do, just making sure you are on top of it for the student so you are providing what she needs, so yes its difficult (039)

It was tough going because you are doing assignments and the students are doing assignments and you have got to supervise them (047)

It was pretty hard, I think it's just managing it all because you still have the busy caseload. A lot of it was done in private time (053)

The caseload issue needs to be looked at (058)

On top of everything else the caseload that you have to continue looking after, I found that very difficult (060)

Its harder to be doing your work and the assignment and do the study part of it, but having done that and when I look back I see the benefit of it (063)

The extracts in Table 8.11. highlight that interviewees felt the course provided opportunity for integration of theory and practice and a high level of support whilst working with the first student. However interviewees stated they had found themselves unprepared for the community nurse students arrival as the practice teacher course started when the

community nurse student started. Interviewees also reported experiencing high stress levels during the course whilst managing heavy caseloads and having their first student.

Eight of the ten interviewees who had undertaken the one year course stressed the need for workload relief and time for private study due to the excessive burden of trying to balance the practice teacher course, the student and their heavy workload. The demands upon them were not viewed as being acknowledged by their employers, as Interview 035 below stated, she had been promised time by her employer to do the practice teacher course but this hadn't materialised and she was left feeling unsupported.

035/HV/1 Well I got the permission to come on the course and I got the agreement that I would have the time to do the course, but in reality that hasn't happened. So from that point I don't feel I have been well supported, because they couldn't see why I needed to have that extra time. I don't think I was appreciated, my workload wasn't taken into consideration.

This particular practice teacher felt that the lack of support for her during the training year had left her very vulnerable and that if something had happened regarding her caseload she would have been blamed. She considered that this was unfair to the student, to her colleagues and to herself.

Five interviewees stated that they could not take study time during the course because they felt guilty asking their colleagues to cover for them as Interviewee 058 states below.

058/HV&SN/3 I've always carried the same caseload when I had a student and I was also training, there is no way I could have shed the caseload, it is very difficult because my colleagues were also carrying full caseloads and I felt bad having to give it to them.

To compensate for the pressure of work instead of relying on colleagues interviewees said that they either worked longer days or took work home. However, as stated by two interviewees these strategies do not bring to employers' attention the difficulty faced by practice teachers especially whilst they undertake the course, as their workload is accomplished during unpaid hours.

057/HV/2 Particularly on the days the students are out you get things done before they come and then when they are not out it enables you to catch up with work as well. I am normally here at 7.30am.

From the data it appeared that having a first student at the same time as doing the practice teacher course is better for applying theory to practice, but it makes balancing all commitments much harder especially if there are difficulties with the student, the team are not supportive or if the workload pressures are not recognised by the employer. The preferred course structure between the two experienced was thus contested, however the ideal course reported by fourteen interviewees would be for the course to start before the student commences placement to provide an opportunity to prepare for the student. 'Even preparation of a few months beforehand to get ready would have helped' (035). The course would then continue during the students year with the practice teacher to enable maximum opportunity for integrating theory and practice plus opportunity for enhanced support.