'Becoming a nurse': Students' perceptions of the role of assessment in enabling them to meet the requirements of their programme of study to 'become a nurse'.

Andrea Michelle Cockett

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Institute of Education

University College London

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Abstract

Undertaking a programme of study in a university is likened to a process of becoming, in which the student adopts the mantle of the discipline they are studying. For nursing students this is described as professional socialisation: a process by which the student acquires the knowledge, skills and attributes required to make them a nurse. This thesis explored how nursing students perceived assessment contributed to them 'becoming a nurse'.

A narrative inquiry approach to data collection and analysis was used locating the study within a social constructivist paradigm. Seven final year undergraduate nursing students were interviewed and their experiences and perceptions of both nursing and assessment were recorded. Narrative accounts were prepared which were then analysed using reflexive thematic analysis. The study was framed theoretically by Bourdieu's concepts of *habitus, capital and field.* These were chosen as they provided recognition that the participants experienced assessment in different contexts, different settings and with different social and educational histories influencing their understandings. These concepts also closely aligned to the narrative approach, providing a link between the methodological and theoretical stances.

The findings revealed that nursing students recognised the importance of both assessment and feedback and felt that they contributed to their 'becoming a nurse' in a number of ways: motivation for learning, developmental opportunities and fostering patient safety were three key

findings. They also discussed assessment as a formative opportunity rather than as for certification suggesting that they viewed it as for learning rather than of learning. Nursing knowledge was characterised by participants as being either 'science', identified as immediately applicable to their clinical practice or 'theory' which was not. Assessment was perceived by the participants to be an essential component of their 'becoming a nurse' with benefits for both themselves and the patients they cared for.

Impact Statement

The research conducted for the thesis of my EdD has had a substantial impact on my own professional practice, the enactment of assessment in the faculty in which I work and also internationally through my work in partnership with a School of Nursing in Nanjing, China.

I have discussed the impact upon my own professional practice within the reflective statement provided with the thesis. In summary I have developed an in-depth and nuanced understanding of the enactment of assessment and feedback in Higher Education, how professional knowledge is constructed and utilised in nursing and how nursing students may conceptualise and experience assessment. These impacts have influenced my personal professional practice but have also had a ripple effect upon the practice of others. This enhanced knowledge and understanding has enabled me to disseminate and discuss the student experience of assessment with colleagues, so developing a wider faculty understanding of how our students perceive and experience assessment.

I have developed a new assessment strategy for the faculty in which I work which focuses on three core theoretical concepts: assessment for learning, developing feedback literacy for students and the development of evaluative judgement in students. The strategy takes a programme level approach to assessment and feedback and is supported by a range of staff, student and quality assurance activities. The core aim of the strategy is to develop students' agentic involvement in assessment and feedback so hopefully

enhancing both their success and their satisfaction. This is a key faculty objective for the next three years and my EdD thesis has been influential in directing the approach that should be taken. There is also an institution level expectation that all faculties within the university will develop an assessment for learning approach, so my enhanced knowledge and understanding has helped the faculty to meet this institutional objective.

I have also shared my new knowledge and understanding with colleagues in the Health School in Nanjing, China. This is a vocational School of Nursing with a plan to implement graduate level nurse education in the forthcoming year. The faculty in which I work has a partnership relationship with Nanjing and I am responsible for helping them to develop an understanding of different assessment modalities and how an assessment for learning approach can help their nursing students to develop the graduate skills they will require. This work has involved supporting the development of modules and assessment materials and also face to face faculty development activities in China. This work is challenging as the chief mode of teaching in the school currently is didactic and the only form of assessment used is examinations. Part of the work has been facilitating staff to develop more discursive approaches to both teaching and the formative work that they undertake with students.

Assessment and feedback is an area of Higher Education research that has seen increased attention in recent years. The knowledge gained from this thesis holds the possibility of influencing the assessment experiences of

nursing students both in my own faculty but also more widely through my international collaborative work and through the dissemination of the findings by publication and conference presentations.

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Declaration

I, Andrea Cockett confirm that the work presented in this thesis is my own.

Where information has been derived from other sources, I confirm that this

has been indicated in the thesis.

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Reflective Statement

Working in the Higher Education sector in a 'professional' discipline such as nursing presents both challenges and opportunities for a teacher. At the centre of my EdD journey has been a tension between my two professional identities: nurse and educator. It is much more common in the Faculty in which I work to undertake a doctorate that focuses on a clinical nursing issue, so I have found myself to be a novelty; a nurse who wishes to further her knowledge of education rather than one who wishes to explore an aspect of clinical nursing practice. My desire to enhance my educational skills and knowledge was at the heart of my decision to undertake the EdD and the programme has afforded me the opportunity to explore in depth both the tension in a dual professional identity and the skills needed to develop a third, that of educational researcher.

One thread of enquiry has linked together the work that I have undertaken as part of the programme: Assessment in Higher Education. My interest in assessment was initially sparked by an institutional requirement to explore the assessment experiences of students primarily focused on the results of the two large student surveys: The National Student Survey (NSS) and the Post Graduate Taught Experience Survey (PTES). Poor assessment and feedback scores in these two surveys meant there was increased scrutiny of assessment and feedback practices in my Faculty. This led to a desire to explore students' views and perceptions of assessment and feedback in more depth. The two research modules undertaken (Methods of Enquiry 1

and Methods of Enquiry 2), the Institution Focused Study and the Thesis all have the exploration of student experiences of assessment and feedback as their core focus.

The first module undertaken Foundations of Professionalism provided an opportunity to examine in detail my own professional identity and how this is constructed. The two professional identities that I hold have different meanings and understandings ascribed to them by both myself and others. This balancing of two different perspectives formed the basis of the essay that I wrote for this module. The focus of which was the challenges that nursing and in particular nurse education currently faces. This writing allowed me to reflect in depth on how nursing is constructed as a profession both internally and externally, the forces that influence this construction and how nurse education in particular can respond to these challenges. Exploring the literature around professionalism, the professional project in nursing and current policy led me to an argument that nursing can use its own historical antecedents to help it to respond to the current challenges it faces. Writing this work gave me the opportunity to revisit some historical nursing theory and to articulate what this means now for both nurses and nurse education. This contextualisation of theory in the present provided a basis for a defence of nursing as a graduate profession and I was able to draw on literature from education to help reinforce my arguments. This work was also used in the thesis to explore how nursing knowledge is constructed and also how nursing students may perceive assessment influences their identity as a nurse.

The two research modules: Methods of Enquiry 1 (MOE1) and Methods of Enquiry 2 (MOE2) were used to start the exploration of my work on assessment and feedback. MOE 1 was, for me, the most challenging of the taught modules. It required me to move from the safety of my ideas about how research that I had previously been involved in was constructed, to a new position in which I needed to be more thoughtful and articulate about how my proposed research linked to an underlying educational theory. This was a novel way for me to think about education and one which I had not encountered before in any depth. The module enhanced and extended my knowledge about the epistemological basis for educational research. The emphasis on theory was particularly interesting and required an extension of my reading. Fore fronting a research proposal or idea with a theoretical approach was a challenge as previously any research I had participated in was much more focused on the method rather than the methodology.

As part of this module I needed to develop a theoretical perspective from which I could approach my ideas for the Institution Focused Study (IFS) and ultimately my thesis. The reading that I undertook for the module had two parts: the theoretical approaches outlined and presented in the module and the topic focused material that related directly to my research problem. The combination of these two elements enabled me to see how current thinking about assessment and feedback, my topic area, was informed by the use of a theoretical approach, how this thinking has changed over time and how I could then use a theoretical approach to frame and develop my research

ideas. Undertaking the extensive reading that I did for this module was a real turning point for me in my development as a researcher. It enabled me to understand how I could use theory to really think about and develop a research proposal that demonstrated a deep level of understanding of the problem being explored.

I used the essay for this module to develop the research proposal for the IFS. This was a very conscious decision on my part to link together the work undertaken on both MOE 1 and MOE 2 to my IFS and thesis. I felt that by linking these two pieces of writing together as a preparatory exercise for further work I would provide myself with an opportunity to fully immerse myself in my topic and to develop a detailed understanding of both the current literature and the theory. The essay also required the detailed outlining of the methods of data collection and analysis to be used in the IFS. The development of these ideas and the articulation of the rationale for their choice provided another opportunity to clarify my thinking about my research approach and the underlying principles that were framing it. I was able to incorporate two relatively new approaches to educational research: crowdsourcing and co-creation (Donetto, Pierri et al. 2015, Dunn and Hedges 2012) into my proposal. These are both research methods that I had previous experience of and I wanted to take a creative approach to data collection and analysis. These two methodological concepts are also congruent with my underlying theoretical perspective, that assessment and feedback are socially constructed and only have meaning by the interactions of the student

and academic with them (Crotty 1998, Evans 2013). By using both crowd sourcing and co creation, with students as partners in the research project, the dialogic nature of 'good' feedback was reflected within the research design itself (Evans 2013).

I furthered my knowledge and understanding of different research approaches in MOE 2. The assignment for this module was a chance to undertake some data analysis that I could use to inform and develop the IFS. A content analysis of survey data (NSS and PTES), looking for content related to assessment and feedback, was undertaken. This provided an insight into the views of students within my own Faculty on my chosen topic. Whilst I had looked at survey data from my own organisation before in an action planning context, this was the first time I had used these data for a research purpose. The rationale for the choice of content analysis of secondary data was to provide background and richness to my thinking. Prior to this module I had looked only at the literature so this was an opportunity to gain a deeper insight into my own organisation and the student experience of assessment and feedback. The writing of this assignment was different from the previous two pieces of work as it was much more focused on the 'doing' of research and it provided a useful insight into the time and skill that was required for the IFS.

My initial thoughts and ideas about the IFS and thesis were enhanced and refined by the three taught modules. They exposed me to a body of theoretical literature that I was unaware of and this led to the development of

my ideas into much more 'formed' and robust research proposals. My understanding of both the educational research backdrop against which my IFS and thesis were undertaken and the topic itself were developed. The data analysis that I undertook for MOE 2 provided additional insights that were not revealed in the literature review for MOE 1. These insights provided a more specific focus to the research questions for the IFS which made it more pertinent and relevant to my institution.

The IFS explored students' views of assessment and feedback in my Faculty using two methods of data collection. One was an online questionnaire which allowed students to rank and prioritise other students' responses so outsourcing some of the data analysis to the participants. Focus groups were then held to explore the questionnaire responses in more depth. The findings of the project indicated that broadly students' viewed assessment and feedback in the Faculty negatively. These findings were supported by current literature about assessment and feedback in HE. Undertaking the IFS allowed me to develop my research skills and also an approach that viewed students as partners in the research process. These experiences led to the development of the thesis proposal.

For the thesis I wanted to take an approach that moved away from merely collecting student views of assessment to one in which the influence of assessment on the individual student's development was explored. This led to the choice of narrative inquiry as the research methodology. Through the use of narrative, I was able to explore how assessment had influenced the

students' journeys to 'become a nurse'. An in depth examination of their perceptions of assessment, how they felt assessment had influenced them and also of the different contexts in which nursing students experience assessment was undertaken. The theoretical framing of the thesis drew upon Bourdieu's (1977) concepts of *habitus, capital and field*. This was chosen as it provided an opportunity to explore and understand assessment as part of the environment in which students found themselves operating within nursing programmes. The research revealed how the nursing students who participated perceived nursing knowledge, how they felt assessment and feedback had influenced the development of their knowledge, skills and attributes as a nurse and how their previous experiences and conceptions of both nursing and assessment influenced their current perceptions. It also demonstrated how assessment experiences can be explored by using different methodological approaches, the choice of narrative was novel and provided rich and detailed data about the participants' perceptions.

So how has my professional practice developed within teaching? Understanding much more about the social milieu in which students are operating in relation to assessment and feedback has provided me with an opportunity to think carefully about how I both construct assessments and how I communicate what is required to students. I have also looked at how feedback is provided and how this can be optimised for students. These, however, I would consider to be functional elements of my role. The most important element of my practice that has changed over the duration of this

programme is how I view myself. When people ask me what I do I normally

say I am a nurse. Now I am starting to come to the realisation that my

practice is actually that of education, that I have substantive knowledge about

nursing that I use, but my main professional identity is that of an educator.

List of Abbreviations

'A' Level	Advanced level
BERA	British Educational Research Association
CLE	Clinical learning environment
DH	Department of Health
EdD	Doctor in Education
GCSE	General Certificate of Secondary Education
HE	Higher Education
HEI	Higher Education Institute
I	Interview
MCQ	Multiple choice question
N	Narrative
NMC	Nursing and Midwifery Council
NSS	National Student Survey
OSCE	Observed structured clinical exam
OT	Occupational therapist
PAD	Practice assessment document
PTES	Post Graduate Taught Experience Survey
UK	United Kingdom
TEF	Teaching Excellence Framework
UNI	University
US	United States

1 Introduction and Rationale for the Study

1.1 Introduction

Becoming a nurse is characterised as a process of professional socialisation that happens both within the environment of a Higher Education Institution (HEI) and a practice space, usually the National Health Service (NHS) (Brennan and Timmins 2012). Through this socialisation process the student develops the recognised skills, knowledge and behaviours that constitute a nursing identity (Traynor and Buus 2016). An essential element of this socialisation process and of a programme of study in Higher Education (HE) is assessment (NMC 2018). It is used to provide the student with learning opportunities and also to enable them to demonstrate their knowledge and skills (Boud 2007). This thesis explored student perceptions of the relationship between their development of a professional identity as a nurse and their experience of assessment, in particular their characterisations of how assessment influenced their journey to 'become a nurse'.

Nursing programmes of study are situated within two settings: an HEI and the NHS. The requirements of these programmes are centrally determined by the statutory body for nursing, The Nursing and Midwifery Council (NMC) (NMC 2018) and they stipulate that students are required to spend fifty percent of their time in each setting (Brennan and Timmins 2012). In order to 'become a nurse' students need to gain knowledge, technical skills and competency in different areas of nursing theory and practice. Gibbon and Crane (2018) suggest that this happens through a process of professional

socialisation in which the new student is inculcated into the attitudes, values and beliefs that 'make you a nurse'. This professional socialisation takes place in both settings with one, the HEI, contributing, it is suggested, primarily theoretical knowledge and the other, the NHS, practice experience (Brennan and Timmins 2012).

This conceptualisation of 'becoming' in Higher Education (HE) is not unique to nursing with Barnett (2009) suggesting that as students experience HE they undergo a process of transition whereby as they 'come to know' within their discipline they develop the dispositions and qualities that are specific to and characterise their field of knowledge (Barnett 2012). This is identified as a desirable outcome for students as it provides them with their disciplinary knowledge and also the opportunity for personal transformation that could enhance their future (Nugent, Lodge et al. 2019). For nursing students this transformative process could potentially be more complex as it is situated within two different settings that are intended to be complementary but at times can also be in tension due to the separation that exists between HEIs and practice settings (Hatlevik 2012).

Assessment is an important element of the process of becoming for students in HE (Barnett 2009). It has been identified as a powerful influence on student learning, central to their development and success (Bloxham, den-Outer et al. 2016). It provides an opportunity for them to demonstrate their skills and knowledge and is also used to determine their academic and professional achievements and their potential (Boud 2007). In nursing

programmes students are assessed in two different settings: the HEI and the practice setting (commonly referred to as practice assessment) (NMC 2018). Each has equal weighting but practice assessment is more centrally controlled with proficiencies defined by the NMC (NMC 2018). These proficiencies focus on the technical skills and professional values that are expected of nursing students as they progress through their programmes of study. Those assessments undertaken in the HEI are also focused on the core knowledge and skills required and are aligned with the proficiencies but also have the development of academic literacy embedded within them. This can be defined as the ability to write in an academic style that demonstrates critical thinking, appropriate use of subject specific language and flow, coherence and the development of an argument (Jeffries, McNally et al. 2018).

There is very little research that explores nursing students' views of assessment but there is some evidence to suggest that they perceive theory and practice assessment differently and that they ascribe different values to each (Hatlevik 2012, Traynor, Boland et al. 2010). Tension is identified by students between their identity as a student who is encouraged to be independent, critical and questioning within the HEI and then feels the need to 'keep their head down' and 'not rock the boat' in their clinical placements in order to be successful (Maben, Latter et al. 2007, Maranon and Pera 2015, Spouse 2000). Practice assessment has been shown to be problematic with concerns raised about the quality of both support for students and the

assessments undertaken (Maben, Latter et al. 2007, Maranon and Pera 2015). For students some of these concerns focus on standards of care and professional behaviour that they feel conflicted about, they do not want to practice in the way they may see in some areas (Thomas, Jinks et al. 2015, Traynor and Buus 2016), for others they feel that what is taught in the HEI is idealistic and does not work in the reality of practice (Laiho and Ruoholinna 2013, Monaghan 2015).

With regards to assessment undertaken within the HEI, published views of nursing students on this aspect of their programme are lacking. Students generally within HE are reported to express views of assessment and feedback that are suggested to be largely negative (Maggs 2014, Robinson, Pope et al. 2013, Sopina and McNeill 2015) with students identifying consistency, fairness and transparency as being of particular concern. Previous research, undertaken by the author that focused on nursing student views of assessment reflected these findings. Two pieces of work were undertaken: one which explored institutional data from the two large national student surveys and one which collected student views directly in the Institution Focused Study (IFS). These pieces of work allowed a more in-depth understanding to be developed of the views of nursing students within the author's institution. A picture of dissatisfaction with assessment processes both within the HEI and those undertaken in the practice setting was identified (Cockett 2016, Cockett 2018). Students expressed concerns about the support for assessment and the variability and quality of marking

and feedback. This student dissatisfaction echoed the wider picture reflected in HE research that focuses on student experiences of assessment.

This study aimed to move the research about assessment with nursing students further than merely collecting their views of it. It explored how students perceived the role assessment played in their journey to 'become a nurse'. It sought to try and understand how they characterised what it meant for them to become a nurse, how they developed their conceptions of what being a nurse were and the influence that assessment had on this process of becoming. The motivation for this was to try and explore assessment through a different lens, to provide a different insight into student's conceptions of assessment and to then use these ideations to improve and enhance assessment within the faculty in which the study was located.

The research questions for this thesis were:

- How do nursing students characterise 'becoming a nurse'?

- How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?

- In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice setting?

- To what extent do students' perceptions of assessment, whether within their training or preceding it, influence the way in which they understand its contribution to their becoming a nurse?

1.2 Rationale for the Study

1.2.1 Assessment in nursing programmes

As identified earlier, assessment within nursing programmes is divided between those undertaken in the HEI and those in the practice setting. The content of these assessments, what they should be seen to measure, are specified by the NMC (NMC 2018). New standards of proficiency for nurses have recently been published (NMC 2018) and these have seen an organisational shift away from the term competency to identifying core programme outcomes as proficiencies. These proficiencies represent the knowledge and skills that newly registered nurses are required to demonstrate in order to practice safely (NMC 2018). This emphasis on safety within the proficiencies is significant as the role of the NMC is primarily to protect the public through a process of monitoring of both nursing programmes of study and registered nurses (NMC 2015, Traynor and Buus 2016). The emphasis throughout all of the guidance that supports programmes of study in nursing emphasises this role rather than focusing on how nursing students could develop their knowledge and skills (NMC 2018). In fact very little attention is given to the underlying educational theory about how students may learn and develop or how they should be assessed, with the NMC identifying that it is the responsibility of the HEI to articulate this element of the programmes (NMC 2018). The standards and proficiencies are provided as a framework against which the HEI will be both accountable

for the programmes of study and monitored (NMC 2018). It could in fact be suggested that the standards are quite functional in their operationalisation as they primarily focus on lists of skills and standards such as how partnerships with the NHS are managed rather than identifying how knowledge is constructed for students and therefore teaching and learning methods that could support this (Medland 2016). This emphasis however does reflect the primary identified purpose of the NMC: public safety.

Assessment does not feature prominently within the standards for nursing programmes as a theoretical construct. It is acknowledged that assessment of students should take place but little attention is given to how assessment should be enacted (NMC 2018). There is some guidance about how students should be assessed within the practice setting with requirements for those assessing students set out. These however are quite open, a response in the new standards to the increased demands of providing care within the NHS and the time required to assess students. Prior to the implementation of the new standards in 2019, those supervising and assessing nursing students were required to undertake a programme of study in an HEI (NMC 2010). However it would appear that this requirement has now been relaxed in order to relieve some of the demands that supervision and assessment of students placed on the practice setting. There are standards about who can assess students but the guidance now states that they must undergo a suitable preparatory programme and the nature and content of this can be decided by the HEI and the NHS organisations with which they partner (NMC 2018).

Assessment within the HEI is not specifically discussed within the new standards. As discussed previously the outcomes that students must meet are identified but how those outcomes are measured is designated the responsibility of each HEI providing a programme of study (NMC 2018, NMC 2018). There is, however, some judgement of the quality and suitability of all the assessments undertaken by students on the programme as each is approved by a panel of external reviewers (NMC 2018). The focus of this review however is strongly aligned to maintaining public safety rather than the educational approach underpinning assessment design.

This emphasis is interesting as research suggests that assessment is a major influence on the learning of students and an important aspect of academic practice (Boud and Falchikov 2007, Carless 2015, Medland 2016). Given the importance afforded to assessment by the current literature (Evans 2013, Medland 2016), students' engagement with and use of assessment to inform their scholarly work could be seen as critical to their success (Robinson, Pope et al. 2013). The scarcity of attention paid to both the design and importance of assessment within the NMC guidance (NMC 2018) leads to a conclusion that there is a lack of emphasis on the pedagogical elements of programmes of study. There is, however, a large focus on the technical rational skills required for nursing. This, it could be suggested, reflects a wider discourse in nursing about what nurses need to know and how knowledge is privileged and articulated in nursing (Barrett 2017, Hoeck and Delmar 2018). It could be argued that as the role of the NMC is primarily

to maintain the safety of the public there should be an emphasis on the skills that nurses need in order to interact and care for patients. It could be suggested that these should be fore-fronted within nursing programmes, there is however an alternative view, that in order to be able to care effectively in the current complex healthcare system nursing knowledge needs to extend beyond doing to knowing (Bender 2018, Bliss, Baltzly et al. 2017). This will be discussed further in the next section as it is a key facet of the discussion related to becoming a nurse.

1.2.2 Becoming a nurse and the development of a professional identity

In order to contextualise how students characterise becoming a nurse and the development of their identity, it is useful to first discuss how the concept of professional identity is articulated in the nursing literature. It could be argued that in nursing, in common with other professionally focused disciplines, the development of a discipline specific identity is very explicit with professional attributes made clear and individually assessed (Traynor and Buus 2016). However, there is also debate in the literature about what constitutes a profession and whether nursing meets the traditionally articulated requirements of a profession: a discrete body of theoretical knowledge, trust based relationships, adherence to a code of conduct that was self-regulated and a degree of independence (Power 2008). The suggestion is that professional knowledge encompasses all aspects of the knowledge and skills required to do the job (Eraut 1994) and also personal characteristics such as values and attributes (Smeby and Vagan 2008). The role of HE in educating professionals is characterised as one in which a

specific knowledge base is developed and also an opportunity to be socialised into a professional community with a particular ethical code is provided (Smeby and Vagan 2008).

Nursing began its journey into professionalisation in the mid-19th century (McAllister, Madsen et al. 2014). Nursing was identified by Florence Nightingale as an independent profession, separate from medicine, in her seminal work: Notes on Nursing: What it is and isn't (Ten-Hoeve, Jansen et al. 2014). Many nurses however, would suggest that their professional lives are still constrained by the dominance of the medical profession and its influence over nursing (Salhani and Coulter 2009). Some external factors such as the gendered nature of nursing and the nature and scope of nursing practice (Salhani and Coulter 2009) contribute to this. However, within nursing itself there is still uncertainty about its professional status (Law and Aranda 2010, McAllister, Madsen et al. 2014). Nursing has historically struggled to articulate clearly what is unique about its contribution to healthcare (McAllister, Madsen et al. 2014). The perception of nursing as a vocation has limited societal recognition of it, in relation to status, both financial and professional (Law and Aranda 2010). Internal professional disagreement about the nature of what nursing is and isn't have also limited the professional project in nursing (Salhani and Coulter 2009). The primary focus of this conflict has been the nature of nursing knowledge (Davison 2019): there is a tension between theoretical and practical knowledge and

how these two components combine together to provide the basis for nursing practice (McAllister, Madsen et al. 2014).

This disagreement about different forms of knowledge is not limited to nursing and its efforts to gain professional status. Other professions such as teaching have also struggled with these epistemological challenges (Derrick 2013). The dominance of the positivist approach to knowledge seen in traditional professions such as medicine (McAllister, Madsen et al. 2014), that only the theoretically provable has value in professional knowledge, has made it challenging for nurses to clearly articulate their contribution to the care and wellbeing of patients. There is now however much greater recognition that knowledge for professional practice is increasingly complex (Nerland and Jensen 2012) and that viewing learning only through a cognitive lens, one which privileges thinking, problem solving and interpretation neglects the experiential elements of professional learning (Smeby and Vagan 2008). These elements are recognised as contributing to a circuit of knowledge that reflects both cognitive processes and also the participatory aspects of learning in practice, the value of interactions and the meaning- making that arises from these interactions (Nerland and Jensen 2012). This extending of the definition of what constitutes professional knowledge leads to a different presentation of it, as knowing in practice.

Within healthcare the idea that there is one discrete body of knowledge that is unique to only one professional group no longer holds currency as the complexity of the working situation increases (Hurst and Greenhalgh 2018).

There is a recognition that professionalism and professional knowledge can no longer be related to full autonomy and jurisdiction in a field of expertise but are however a bricolage created by a number of different participants, including patients, who provide different perspectives to solve problems of practice (Hurst and Greenhalgh 2018, Nerland and Jensen 2012). This can happen both at an individual level and also at an organisational level in which more strategic decisions are made by a group of professionals and experts rather than one group having dominance due to a traditional hierarchical conception of their professional status (Nerland and Jensen 2012, Smeby and Vagan 2008). Power (2008) suggests that traditional conceptualisations of professionals are no longer adequate in an age of super complexity and increased scrutiny of professional groups and that there is a mismatch between current professional working life and the experience and expectations of the professional themselves.

Nursing students are undertaking the process of becoming within this complex environment in which there would appear to be a lack of clarity about what it means to be a nurse in a disciplinary and therefore professional sense (Brennan and Timmins 2012). This dissonance around the professional identity of nurses has, it is suggested, been exacerbated by the move of nurse education into HE (Traynor and Buus 2016). It is only very recently that nursing has moved to all-graduate status and nurse education moved into the university setting in the UK only in the late 1990s (Ross, Marks-Maran et al. 2013). A conceptualisation of nursing in the HEI as being

theory focused has gained ground since this move and recent criticisms of nurse education suggest that what happens in the HEI is very separate and distinct to the reality of nursing practice in the NHS, with too much of a focus on what is referred to as nursing science (aspects of nursing knowledge such as nursing theory) (Corlett 2000). This perception is shared by, the literature suggests, current practitioners and students in the initial stages of their programmes of study (Monaghan 2015). Interestingly students who have undertaken the graduate programmes of study do not share this view in the later stages of their programmes and on qualification (Corlett 2000). It is suggested that they are able to see the relevance of the theoretical concepts they have encountered in the HEI (Corlett 2000, Heggen 2008, Maranon and Pera 2015) and can understand how theory forefronts practice and contributes to the quality of it (Corlett 2000).

This perceived separation of theory and practice can lead to cognitive dissonance for students (Gibbon and Crane 2018) with the theory taught in the HEI conflicting with the reality of what it means to work as a nurse (Traynor and Buus 2016). This dissonance centres on the differences between what should be done and what actually happens (Maranon and Pera 2015). Students are encouraged in the HEI to be critical thinkers who challenge assumptions and seek evidence, whilst in the practice setting they are expected to be compliant doers (Brennan and Timmins 2012). Nursing students find themselves inhabiting two different cultures in which the expectations of them may be very different (Maranon and Pera 2015). Within

these two different cultures they are also being assessed with, it could be proposed different approaches and foci. This study aimed to try and uncover how these processes of assessment influenced and shaped the development of their professional identity and to identify commonalities and differences experienced by the students in the two different assessment settings.

1.3 The Local Context for the Study

The study took place in a faculty of nursing located in a large university in London. There was a pattern of student dissatisfaction with assessment within the faculty that was evident in both the scores and qualitative feedback from the large national student surveys and the researcher's own previous work. These findings were comparable with research undertaken both nationally and internationally by other authors (Assuncao Flores, Margarida Veiga Simao et al. 2015, Maggs 2014, Sopina and McNeill 2015).

The two large national surveys were: the National Student Survey (NSS)[1] and the Post Graduate Taught Experience Survey (PTES)[2]. The aim of both is to elicit student views across a range of areas including quality of teaching, organisation and management of programmes of study and assessment and feedback. Numerical scores are calculated from student responses and there is also the opportunity within both surveys for students to provide free text

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[1] The National Student Survey is undertaken annually by all final year undergraduate students in universities across the United Kingdom. The scores derived from the survey are used in the various university league tables. http://www.thestudentsurvey.com/

[2] The Post Graduate Taught Experience survey is undertaken by all post graduate students and the scores derived are used in a similar fashion to the NSS scores. https://www.heacademy.ac.uk/institutions/surveys/postgraduate-taught-experience-survey

comments about any aspects of their programmes of study. These surveys are not without critique but the reality is that they are of increasing importance in the market led arena of HE (Carless 2015, Skinner 2014), being used to calculate ranking positions in both national and international league tables (Francis, Millington et al. 2019, Woodall, Hiller et al. 2014). They can also be a used as a means of student engagement with institutions and not just as a metric which is used to rank institutions. The importance of eliciting students' views about their educational experiences has been recognised by institutions and can be a means of benchmarking performance (Cheng and Marsh 2010). An opportunity for student engagement can be provided that can lead to an exchange of ideas about what good teaching can and should look like (Tomlinson 2016, Woodall, Hiller et al. 2014). Within the faculty in which the study took place a concerted effort is made to encourage students to complete the surveys and to provide the organisation with feedback.

Scores for satisfaction with assessment and feedback are low in the faculty with a decrease in some scores observed for 2019. The most recent scores for assessment and feedback within the two major student surveys are presented in Table 1. The percentages represent the number of students who responded that they agreed or strongly agreed that they were satisfied with assessment and feedback.

Table 1: Student Survey Responses to Assessment and Feedback

Questions

Survey/Year	2018 %	2019 %
NSS		
Clarity of marking criteria	62	68
Fairness of marking	50	55
Timeliness of feedback	78	79
Helpful feedback	54	55
PTES		
The criteria used in marking have been clear in advance	85	81
Assessment arrangements and marking have been fair	74	66
Feedback on my work has been prompt	80	81
Feedback on my work (written or oral) has been useful	70	76

As the data illustrates, there have been a mixture of gains and decreases in the scores for the last two years, the overall picture however is of low satisfaction in comparison to other nursing departments in England. These low scores are significant for the faculty as they contribute to the overall institutional score and led to a decrease in this. This has in turn led to intense scrutiny of assessment and feedback in the faculty from the institutional leadership team. The numerical scores however do not tell the whole story and the researcher undertook a content analysis of the qualitative comments of the surveys for the academic years 2014/2015 and 2015/2016. This analysis revealed areas of discontent in relation to: preparation for

assessments, quality of feedback, quality of marking and support during the assessment process (Cockett 2016). In particular students used the following categories to describe their views of written assessment and feedback: *consistency, unhelpful/helpful, fair/unfair, clear, luck and support*.

Building on this analysis a further exploration of student views of assessment and feedback was undertaken for the IFS. The study used a co-creation approach to the collection of data using an online workshop and focus groups (Cockett 2018). The findings indicated that broadly students' viewed assessment and feedback in the faculty negatively. They reported that they felt there was variability in both assessment processes and feedback provided and that the input of academic staff to both of these was not perceived to be helpful or supportive. There were however areas of contradiction with students identifying that they struggled to balance the concepts of 'individual' and 'personal'. They wanted assessment and feedback to be individualised but they did not want it to be 'too personal' as this was experienced as challenging and negative for them.

This thesis built on this exploration of student views by investigating a different student perspective of assessment, moving beyond their views to their conceptualisation of its influence upon their academic achievements and personal journeys of becoming within HE.

1.4 The Role of the Researcher within the Faculty

The author of this thesis works in the faculty in which the study took place. A qualified nurse and also a qualified teacher of HE with extensive experience of teaching. Furthermore considerable time has been spent exploring the issues of assessment and feedback in the faculty both as a researcher and also from a design and development perspective. The faculty has recently developed new curricula to meet the new NMC standards and the researcher was responsible for devising the assessment strategy for these programmes. In many ways the researcher experienced a similar duality to that of their students as they also have two professional identities: that of a nurse and that of a teacher. These two professional identities have different meanings and understandings ascribed to them by both the individual and others. The faculty is part of a research intensive university and therefore academic staff are expected to undertake research in addition to teaching. As it is a faculty of nursing, the primary research focus is healthcare. The author is the only member of staff currently undertaking educational research so it places them in a unique position.

From a student perspective the author is module leader for the final year undergraduate dissertation so is known to all final year students, who were the participants of the study. Therefore ethical issues were carefully considered and are discussed in more depth in the methodology chapter (Chapter 3).

This positioning of the researcher within the faculty means that the research undertaken was 'insider' research (Sikes and Potts 2008). This type of research is not uncommon in HE with many academics undertaking studies which explore their own work or that of colleagues (Drake and Heath 2008) and this is particularly so on professional doctorate programmes. There are some advantages: the researcher has understanding of both the institution and the discipline however there can be challenges in this type of research (Sikes and Potts 2008). The author was vulnerable to potential changes in the view of their status within the faculty by their peers and students due to the nature of the research (Drake and Heath 2008). This was ameliorated by the process of reflexivity (Drake and Heath 2008) which will be discussed in more detail in the methodology chapter (Chapter 3).

1.5 Relevance of the Study to Professional Practice

Writing a thesis for a professional doctorate is in many ways similar to that of a PhD however one key distinction is the requirement that the work undertaken makes a contribution not just of originality to the field but also to the professional practice of the field. This thesis drew together the different strands of thought, reading and research activity that the author undertook for the Doctorate in Education (EdD). The focus of this work was assessment in the context of a programme of study leading to not only a degree but a professional qualification. At the beginning of the EdD in the Foundations of Professionalism module the author explored how nurse education is influenced and effected by the relative newness of nursing as a graduate

profession and how the professional project in nursing has evolved over the last twenty years. Subsequent focus was on student views of assessment in the author's faculty. This thesis represented a drawing together of these ideas and conceptualisations to try and understand how the development of a professional identity is influenced by the student's experience of assessment.

The relevance of this study to professional practice could therefore be said to be twofold: it contributes to the understanding of how students may conceptualise assessment in HE and it also provides a contribution to programmes of study that are professional in their nature, by exploring the influence of assessment on the development of a professional identity. The importance of the student perspective on HE provision and the practices of institutions has seen an exponential increase in recent years both within the United Kingdom (UK) and internationally (Grebennikov and Shah 2013, Medland 2016). Gaining a deeper understanding of students' experiences has become a key strategic priority for institutions both through the use of student surveys and the undertaking of research into the HE.

1.6 Overview of the Thesis Structure

This introductory chapter has provided a contextual backdrop to the study, outlining the research question and some key theoretical concepts that underpinned both the development and the undertaking of the research. Chapter 2 will provide an overview of the literature pertinent to the study

exploring the following areas: student conceptions and views of assessment with a focus on nursing, the professional socialisation of nursing students, the theoretical construction of nursing knowledge and the development of a student identity within HE and the influences upon this. Chapter 3 provides a discussion of the epistemological and theoretical perspectives and the approach taken to data collection and analysis including the development of the narrative accounts (Clandinin 2006) created with the students who participated in the study. In Chapter 4 the findings of the study are explored and reported. The final chapters (5 and 6) will provide a discussion of the findings in relation to current literature and professional practice. Institutional implications and recommendations for further research will be identified.

2 Literature Review

2.1 Introduction

The literature review is a means of exploring relevant research to establish where this thesis is situated within the field of assessment in HE. Key themes that related to the research questions posed were considered. These were:

- Current theoretical conceptions of assessment and feedback in HE

- Student views of assessment with a focus on nursing students

- What is nursing knowledge and how does its construction influence assessment?

- The theory practice gap in nursing

- The professional socialisation of nursing students

Understanding these interconnected areas of the literature provided a contextual background to the thesis and informed not only the design of the study but also the implications of the findings. Assessment is discussed first in the review as this is the concept at the core of this thesis. The other areas of literature explored provided some contextual underpinning to the study, locating it within nursing as an academic discipline and also drawing on students' views and experiences of assessment.

2.2 Current theoretical conceptions of assessment and feedback in HE

2.2.1 Assessment

A key element of any programme of study in HE is assessment, it is an important motivating factor in students' learning and is used in nursing

programmes for both developmental purposes and certification (Bloxham and Boyd 2007, Boud 2007, NMC 2018). It is suggested that assessment should be designed with learning as a central focus, so that it serves multiple purposes and is not just a means of measuring achievement (Sambell 2010). Assessment can help students to develop substantive knowledge and self-evaluative and regulatory skills through their engagement with it and their use of the feedback they receive (Carless 2015). This is not however without challenges as designing assessments within programmes that can meet these broader aims can be problematic (Boud and Molloy 2013, Newton and Shaw 2007).

The development of these broader cognitive skills is of importance in nursing programmes as there is some evidence to suggest that these skills, identified as academic literacy, can enhance the student's performance in the clinical environment (Jeffries, McNally et al. 2018). Assessment literacy, in particular the ability to understand and use feedback effectively is also linked to academic literacy and is an important part of the developmental purpose of assessment (Carless and Boud 2018). As in other professional programmes of study such as medicine (Binyamin 2018) there can be an over emphasis on the use of assessment for certification within nursing programmes, with a focus on the technical-rational skills required to be a nurse rather than using assessment to develop wider cognitive literacies (Bloxham and Boyd 2007). This can lead to tension between how assessment is conceptualised

theoretically and how it is enacted within the HE environment (Bloxham 2009).

The conceptualisation and organisation of assessment in HE has seen increased attention in the literature, driven it would appear, by different but interrelated factors. The suggested increased culture of student consumerism in HE (Lomas 2007, Tomlinson 2016) which has been magnified by the introduction of such measures as the Teaching Excellence Framework (TEF) (Francis, Millington et al. 2019, Grove and King 2015) and the influence of national student surveys is one such factor. Others are related to a move by institutions to focus more on the quality of their teaching and learning environments and also to develop cultures of student engagement that value the views of students about their HE experiences (Evans 2013).

It is suggested that there is a dominant institutional discourse in some areas of HE that assessment is too focused on certification (summative assessment) and not enough on the power of assessment to promote learning (through formative purposes) (Boud 2007). Within nursing this is amplified by the requirements of not only an academic award but a professional one. The standards that govern the outcomes required for students to meet the regulatory requirements to register as a nurse pay scant attention to the potential learning properties of assessment and focus almost entirely on the outcomes that must be achieved (NMC 2018). This potentially leads to a situation in which the assessments are designed solely with the demonstration of substantive knowledge and grading in mind rather than the

demonstration of some of the higher order cognitive skills promoted in the theoretical discourse (Boud 2007, Medland 2016). Current HE policy, as with much current governmental thinking, privileges standardisation and measurement (Bloxham, den-Outer et al. 2016, Tomlinson 2016) which contributes to a situation in which there can be a lack of alignment between assessment theory and a broader range of possible practices. This culture of performativity influences not only the assessment of nursing students within their programmes of study but also the broader contextual environment, the NHS, in which some of the assessment is taking place (Ball 2008, Traynor, Boland et al. 2010). The neo liberalist approach to healthcare seen in the last fifteen years has led to a culture in which the performance of organisations is continually assessed against externally imposed targets leading to, it is suggested, a service that is too focused on meeting outcomes and not enough on the processes or people affected by them (Traynor, Boland et al. 2010).

This performativity debate can be extended further to suggest that assessment can be seen as a 'hegemonic' device that allows institutions to exert control and power (Baker 2016) and that the enactment of assessment as a way of measuring student achievement is reductionist. This conceptualisation of assessment has particular resonance for nursing as the outcomes of nursing programmes are set nationally within England (by the NMC) with little institutional control over these (NMC 2018). The focus on summative assessment without considering how assessment can be used in

its broadest sense can lead to student disengagement with the assessment and feedback process (Nicol 2010) and a perception by them that assessment is an endpoint not an opportunity for development (Henderson, Ryan et al. 2019). If students are not provided with opportunities to develop their cognitive skills as part of the assessment process, by the use of both formative and summative approaches to assessment, they may not be able to achieve their full academic or professional potential (Carless and Boud 2018). Providing an environment in which assessment is *for* learning rather than *of* learning can help students to engage more fully with the substantive knowledge and academic skills of their discipline (Sambell 2010). Assessment in HE is frequently critiqued for being one dimensional and focused solely on content (Boud and Molloy 2013) with resistance to change exhibited by both institutions and academics (Ferrell 2012).

The reasons for the dominance of summative assessment in HE are multifactorial with influences such as external organisations like The Quality Assurance Agency, student surveys, increasing student numbers and the complex nature of marking and grading being cited as some (Bloxham 2009, Francis, Millington et al. 2019, Medland 2016, Price, Carroll et al. 2011). It would appear that a reductionist approach to assessment may be taken by some institutions in order to manage both increasing student numbers and the expectations of students for fairness and reliability in assessment (Medland 2016). The complexity of some issues such as marking and grading may be directing institutions towards simpler and less complex

assessments in order to provide transparency and the illusion of fairness and reliability for students (Price, Carroll et al. 2011). These moves, it is suggested, may not optimise the potential of assessment to help students' develop the key skills that they need in the workplace with a learnt dependency being developed rather than the independence that would be desirable (Ajjawi, Tai et al. 2018).

Current conceptualisations of the purpose of assessment in HE focus on the development of these wider graduate skills. Researchers suggest that it is through experiencing assessment and also the attendant feedback that goes with it that skills such as decision-making, self-assessment, self-regulation and meta- cognition can be developed (Ajjawi, Tai et al. 2018, Winstone and Carless 2019). Historically assessment and feedback in particular, were seen as directive and corrective where an expert provides feedback to a learner, an approach situated within cognitivist theory (Evans 2013). In the last decade this has shifted to a conceptualisation that a social constructivist perspective is more appropriate (Molloy and Boud 2013). This is a theory which claims that learning involves both the student and the academic and that both are active participants in the process (Nicol 2010). It has been influenced by the work of Vygotsky (1987): teaching is seen to be useful when it forefronts development and that the active participation of the student facilitates that development (Vygotsky 1987). This ideation of assessment and feedback as social constructions aligns with the current conceptions of

them as being focused on developing cognitive skills that can be utilised in varying contexts (Molloy, Ajjawi et al. 2019).

These newer conceptions of assessment and feedback were first proposed in the work of Sadler (1998) who suggested that formative feedback was essential within HE for students to develop evaluative skills. The capacity to understand the quality of not only their own work but that of others is deemed essential for students to develop their understandings of their performance (Sadler 1998). Boud (2000) developed these ideas, promoting the concept of sustainable assessment that meets the needs of the programme requirements whilst also developing the student's future learning. Sustainable assessment promotes five steps to develop students' informed judgement: identifying oneself as an active learner, identifying your own learning gap, practising testing and judging, developing your skills in these over time and finally developing the skills of reflexivity and commitment (Boud 2017). These ideations have been further developed (Ajjawi, Tai et al. 2018) to suggest that optimal assessment would develop evaluative judgement in students: the ability to be safe and effective in any role that a graduate may take on. This is considered important due to the increasing complexity of the workplace, with nursing being a good example of this.

Evaluative judgement is focused on the development of the skills needed to produce appropriate judgements and engage in feedback conversations (Dawson, Ajjawi et al. 2018). Mastery of complex situations and the development of learning trajectories can be enhanced if the student has the

skill of evaluative judgment (Ajjawi, Tai et al. 2018). It is positioned not as a localised activity such as self-assessment but as a capability that will provide the student with a foundation for their ongoing development and learning (Dawson, Ajjawi et al. 2018).

Evaluative judgement as an outcome of assessment is a relatively new phenomena in HE but it has links to some of the more established conceptualisations. Sambell (2013) and Carless (2015) both suggest that assessment should be for learning, that assessment tasks (both formative and summative) should be designed entirely with learning in mind and it is through such an approach that both knowledge and cognitive skills can be developed. An assessment for learning approach which incorporates many of the conceptualisations underpinning evaluative judgment would provide students with opportunities to develop their self-assessment skills, self-regulation and feedback literacy (Carless and Boud 2018, Preston, Gratani et al. 2019, Sambell, McDowell et al. 2013).

2.2.2 Feedback

Feedback is an integral part of any assessment process and a student's ability to use it effectively could be influential in their success (Carless, Salter et al. 2011, Winstone and Carless 2019).It is suggested that feedback can accelerate learning (increasing student motivation), optimise the learning process (to facilitate the shift from where the student is to where they can go) and raise individual and collective achievement (in skills and knowledge) (Hattie and Timperley 2007). In HE, feedback can be comprised of different

elements. These can be focused on the nature of the feedback (a grade, mark, verbal, written, audio) or the person giving the feedback (teacher, student, peer to peer) (Sadler 1998) and its purpose is context driven (Nicol and Macfarlane-Dick 2006). In an assessment for learning environment feedback would be primarily aimed at helping the student to identify what their current performance or understanding is and the gap they need to bridge to meet the expected standard (Dann 2014, Sambell 2016). It should, it is suggested, provide information on how they can move their learning forward and be viewed not just as a process by which information is provided but as a learning opportunity (Dann 2018, O'Donovan, den Outer et al. 2019).

Proposing feedback as an opportunity for student learning positions it within an assessment context that views students as active participants in the assessment process (Nicol 2010). This mirrors the theoretical shift in the view of assessment in the literature as focused solely on certification, to being refocused as a means for developing the cognitive skills of students (Ajjawi, Tai et al. 2018, Carless and Boud 2018). Student engagement with feedback is therefore of high importance if they are to make meaning of it and use it as a developmental opportunity (Winstone, RA et al. 2017). It should be presented as an learning opportunity, providing the student with 'feed forward', information that will help them to develop their knowledge and understanding and also importantly, from a student perspective, have the potential to improve their marks (Rand 2017). It is suggested that assessment and feedback would be more effective and students would

express greater satisfaction with them if they were more dialogic in approach. This position postulates that a more inclusive approach would improve both the quality of the feedback provided to students and also their engagement with it (Boud 2007, Medland 2016, Molloy and Boud 2013). One way in which a dialogic approach could be utilised is in the development of feedback literacy for students.

Carless and Boud (2018) suggest that students should be supported to develop feedback literacy: the skills to appreciate feedback, make judgements about both it and their work and also to manage the affect of feedback. This last skill is important as academic staff often underestimate the emotional affect that assessment and feedback has on students (Dowden, Pittaway et al. 2013, Harrison, Konings et al. 2015, Shields 2015). Academic staff can perceive assessment and feedback to be cognitive processes which aim for objectivity and consistency across student groups (Bloxham 2009, Bloxham, den-Outer et al. 2016), but several studies show that students can have a strong negative emotional response to both the assessment process and the feedback that they receive (Dowden, Pittaway et al. 2013, Harrison, Konings et al. 2015, Shields 2015, Wass, Timmermans et al. 2018). Effective engagement with and use of feedback are essential skills not only in HE (Carless and Boud 2018) but also in working life, the development of these is identified as an important element of evaluative judgement (Dawson, Ajjawi et al. 2018).

These conceptions of assessment and feedback presented in the literature are not however reflective of the experiences of students or academics (Henderson, Ryan et al. 2019). There is a tension in what the ideations suggest assessment and feedback should look like and its enactment in HE. Increasing student numbers, student diversity and a move to a more market led environment have resulted in a reported picture of student dissatisfaction with assessment and feedback both in England and internationally (Ashford-Rowe, Herrington et al. 2014, Evans 2013, Henderson, Ryan et al. 2019). Assuancao and Flores (2015) suggest that that the view of assessment as a developmental opportunity is not shared between students and academics. The marketisation of HE has led to a divergence in these views (Francis, Millington et al. 2019), with the idea that HE is a collective endeavour in which knowledge is shared and furthered diminished (Carless 2015).

As the aim of this study was to try and understand how students perceived assessment influenced their becoming a nurse, developing an understanding of student perceptions of assessment and feedback was essential. In this section of the literature review student views will be explored.

2.3 Students' views of assessment and feedback

Two major sources of data reporting the views of students in the UK are the two national student surveys: the NSS and PTES. The surveys are influential as they are used to inform some key institutional benchmarks such as the Teaching Excellence Framework (TEF) and the HE league tables (Canning

2015, Grove and King 2015). The importance of these metrics has increased

as students use them to search for the best value education (Tomlinson

2016) and institutions use their rankings as marketing tools to attract high

quality applicants (Francis, Millington et al. 2019). These surveys are not

without criticism however, with some suggesting that the simplistic nature of

the questions means an in-depth understanding of student responses is

lacking (Santiago-Sanchez and Dunworth 2015) and that the learning

orientations and engagement of individual students will affect their responses

(Bennett and Kane 2014). The surveys ask specific questions about

assessment and feedback and these responses consistently suggest these

are areas of low satisfaction for students and this appears to be reflected in

current research both nationally and internationally (Boud and Molloy 2013,

Hailikari, Postareff et al. 2014, Maggs 2014, Orsmond and Merry 2011,

Shields 2015). Analysis of the literature suggests three main areas of student

dissatisfaction: transparency, consistency and fairness.

2.3.1 Transparency

Transparency for students' was identified as assessment processes and

procedures that were open, honest and clear (Ferguson 2011) and concerns

were expressed that this was not their experience (Santiago-Sanchez and

Dunworth 2015). Students' perceived summative and formative feedback

differently with some expressing uncertainty about the developmental nature

of assessment and appearing to lack an understanding of the purpose of

their assessments (Assuncao Flores, Margarida Veiga Simao et al. 2015).

Some of this misunderstanding was found to be related to the pedagogical

language, such as descriptors used in marking rubrics to differentiate levels, that were used in assessment guidance (Ferguson 2011).

Assessment is often presented to students as objective, consistent and transparent therefore quite reasonably they expect it to be enacted in this way (Bloxham, den-Outer et al. 2016). There is an argument however, presented in the literature, that standardised marking and moderation is not possible as there is always a degree of subjectivity within it linked to academic judgement (Bloxham 2009). This mismatch between 'ideal' as presented by institutions and the 'reality' for academic staff and students could provide part of the explanation for why students are disappointed with the processes.

2.3.2 Consistency

Consistency can be described as the use of agreed criteria and objective measures applied to an assessment, a measure of reliability in assessment (Hailikari, Postareff et al. 2014). Students describe, in the literature, several facets of consistency that are troubling to them; consistency in the feedback provided by staff, consistency within teams of different markers and the use of generic feedback that lacks an individual focus (Li and De Luca 2014, Robinson, Pope et al. 2013). Criteria can be used to identify and describe what is required but the application of these requires a level of judgement, identified by some as being subjective, that can lead to confusion for both academic staff marking work and for students receiving the feedback (Hughes 2011).

In order to provide consistent commentary on an assessment, academic staff are required to show that they have applied the marking criteria uniformly for each assessment submitted (Robinson, Pope et al. 2013). This would suggest a certain homogeneity in the comments provided to ensure that the feedback is related to and reflective of the criteria. Students however, express a desire for feedback that is individual to them and not similar to that of others in their cohort (O'Donovan, den Outer et al. 2019). This dichotomy is challenging in the context of students' perceptions of feedback (Preston, Gratani et al. 2019). Students' appear unable to reconcile that the academic application of the criteria could be consistent whilst the comments and marks of individuals may be different (Robinson, Pope et al. 2013).

2.3.3 Fairness

Students often use the descriptors of fair or fairness to describe their feelings about the process of assessment and feedback (Hailikari, Postareff et al. 2014, Shields 2015). It is however suggested by the literature that students are most often referring to perceived unfairness in the processes and procedures adopted by institutions and individual academic staff (Bailey and Garner 2010, Nicol 2010, Orsmond and Merry 2011). Some literature suggests that academic staff may not be fully cognisant of assessment practices within a programme of study and this leads to students perceiving that their work is not fairly judged (Bailey and Garner 2010, Nicol 2010, Orsmond and Merry 2011). This is not reflected by all studies however, with the relationship that students have with individual staff members seen as influential on their perceptions of the fairness of the assessment process

(Hailikari, Postareff et al. 2014).There is a suggestion that if students have a trusting relationship with staff and are active participants in teaching this could improve their perceptions of their learning experiences (Beaumont, Moscrop et al. 2016).

Clarity about the expectations of an assessment were closely linked to perceptions of fairness by students (Santiago-Sanchez and Dunworth 2015). If students felt these were explicit and understandable then they were more likely to perceive the assessment processes and their mark and feedback as being fair (Hailikari, Postareff et al. 2014). Fairness is also linked to the emotional responses that students describe they have to feedback (Wass, Timmermans et al. 2018). This is often underestimated by academic staff and some authors suggest that developing a student's ability to manage the affect of feedback is essential in order for them to make best use of it (Carless and Boud 2018). In one study assessment was described as an overwhelmingly negative experience with students describing annoyance and frustration with it (Wass, Timmermans et al. 2018).

From these sections of the literature review it can be seen that there is a picture of apparent student dissatisfaction with assessment in HE (Boud and Molloy 2013, Maggs 2014). These concerns focus on the content, processes and mechanisms of assessment and feedback. The views of students reported in the research explored, conveys the emotional burden that assessment, and feedback in particular appear to place on students (Wass, Timmermans et al. 2018). The next section of the review focuses on the only

area of assessment that has been explored in any depth with nursing students, that of assessment in the practice setting (usually referred to as practice assessment).

2.4 Nursing students' views of practice assessment

The support and assessment that students receive in the practice setting is a critical element of their programme of study (Tuomikoski, Ruotsalainen et al. 2018). It provides an opportunity to develop practical skills and for socialisation into the profession (Ion, Smith et al. 2017) and it has been likened to joining a community of practice (Williams 2018). Students are assessed using a practice assessment document (PAD) which contains the core proficiencies and clinical sills required at each stage of the programme (NMC 2018). This assessment should promote critical reflection and the opportunity for experiential learning (Ugland Vae, Engstrom et al. 2018). Studies suggest that a mix of qualitative (feedback orientated with qualitative comments) and pass/fail assessment optimises and focuses the learning activities of students (Burden, Topping et al. 2018, Helminen, Coco et al. 2016). Concerns however have been expressed about objectivity and consistency amongst assessors (Immonen, Oikarainen et al. 2019) and that the approach taken by the NMC (2018a) is reductionist (Burden, Topping et al. 2018). Students' views of this form of assessment are centred on different factors that can be influential to their learning: the clinical learning

environment, the staff assessing them and the documentation used being the main focus of the literature.

2.4.1 The clinical learning environment

The clinical learning environment (CLE) was found to be fundamental to the experience of students (Grobecker 2016). It provides the milieu in which students apply the theory learnt in university to the real world of nursing (McKenna, Cant et al. 2019). Orientation to the environment, first impressions of it and the learning opportunities available were all identified by students as being important to them (Flott and Linden 2016, Helminen, Coco et al. 2016). Sometimes these elements were not available for students either because of the cultural norms of the CLE in which students were not seen as learners but as pairs of hands or because staff were not familiar with the learning needs of the students or their PAD (Williams 2018). Students also reported how support from the HEI could help them to make the most of their practice experiences and help them to ensure their learning needs were met (Milligan, Wareing et al. 2017). The relationship between the NHS organisation and the HE was seen as fundamental to the success of students within the CLE (Milligan, Wareing et al. 2017).

2.4.2 Staff who are assessing students

The practice assessors played a very important role both in the success of students and in their perceptions of both the assessment process and clinical practice (Ramsbotham, Dinh et al. 2019, Webster, Bowron et al. 2016). Staff who were engaged, provided learning opportunities and developed good

relationships with students positively affected the student's success (Helminen, Tossavainen et al. 2014). Relationship formation was seen to be pivotal to the assessment process with issues such as the power dynamics and the personality of the assessor being identified as significant (Williams 2018). However, as with the assessment issues discussed previously, students often reported negative experiences with inconsistency, judgemental practices and lack of constructive feedback all identified in the literature as being problematic (Burden, Topping et al. 2018, Helminen, Coco et al. 2016). It was found that some assessors focused on the personal characteristics of the student rather than their performance and that assessors had an individual conception of what a student should be and did not allow for divergence from this, (Donaldson and Gray 2012).

2.4.3 Documentation

Students placed a high priority on completing their documentation during their practice experiences and they felt that this was not always reflected by the staff in the CLE, who prioritised other areas of work, understandable perhaps given the current intensity of workload within the NHS (Adamson, King et al. 2018, Tuomikoski, Ruotsalainen et al. 2018). Students expressed mixed views about the documentation with some suggesting that it focused their learning and provided a useful tool to discuss their progress with their assessors, others identified that it was completed in a mechanical way with little feed forward or developmental feedback provided (Adamson, King et al. 2018, Williams 2018).

The views of nursing students of practice assessment mirror closely the views reported more widely of assessment and feedback as a whole. If assessment is to contribute to the development of students in a more meaningful way and move away from being a summative exercise focused on certification then it is clear that a more nuanced and in depth understanding of how nursing students perceive it and their engagement with it could be valuable.

The assessment of nursing students is focused on the substantive knowledge and skills that they need to practice as a nurse. How this knowledge is articulated and constructed is therefore of relevance to the research questions. The next section of the review will discuss conceptualisations of nursing knowledge.

2.5 Nursing Knowledge

It is suggested that the professional identity and status of a profession is closely linked to the knowledge that it lays claim to (Crook 2008). This is almost certainly true of nursing which has historically struggled to identify its unique disciplinary knowledge and therefore has also struggled to develop a discrete professional identity (Salhani and Coulter 2009). This could be problematic for nursing students as it is argued that when students enter HE they experience a shift in their identity as they come to know the nature of the knowledge required in their discipline and also develop an understanding of what it means to practise that discipline (Nugent, Lodge et al. 2019). If this

knowledge is contested and uncertain then students may find it challenging to develop their identity as nurses. This section of the literature review will explore the historical development of conceptions of nursing knowledge and the links this has to the development of nursing as a profession, current theoretical conceptions of nursing knowledge, nursing knowledge as professional knowledge, and finally the potential impact of the debates on students.

2.5.1 A historical view of nursing knowledge

Rafferty (1996) identifies that education inhabits a central position in expertise and professional work with the development of knowledge both theoretical and practice orientated at the heart of what it is to become a nurse. This duality of knowledge within nursing, that which could be identified or classified as theoretical and that which originates and is embedded within the practice experiences of nurses is core to the seam of discourse that runs through the literature about nursing knowledge. Historically nursing was perceived to be a vocation; you could not be taught to be a nurse but were 'born' to be a nurse (Law and Aranda 2010), the qualities of virtue and caring superseded knowledge and reasoning. Nursing education was characterised as being about the inculcation of values and virtues with little attention paid to the intellectual skills required to be a nurse (Rafferty 1996). This idea was not unique to nursing and was shared by other professions that have an element of service to them such as teaching (Derrick 2013, McGarr, O'Grady et al. 2017). This representation of nursing as being more about the moral values and beliefs of the person rather than their skill and thought has its roots in a

number of discrete but interrelated factors: the gendered nature of nursing as a profession, the dominance of the positivist knowledge historically valued in medicine and the nature and scope of nursing practice (Salhani and Coulter 2014).

In order to be perceived by society as a profession there were some key criteria that were considered essential: a discrete body of theoretical knowledge usually developed during a university education, trust based relationships, adherence to a code of conduct that was self-regulated and a degree of independence (Power 2008). Nursing could not, until recently, lay claim to all of these criteria and so found itself striving to be recognised as a profession (Davison 2019, Law and Aranda 2010). At the core of the efforts of nursing to achieve professional status was the identification of a discrete body of knowledge that could be claimed to be unique to nursing (Kessler, Heron et al. 2015). Nurse academics, those who worked in universities and engaged in teaching and research, sought to develop theoretical constructs of what nursing was and should be, however conflict about the exact nature of nursing knowledge has led to much debate about what it actually constitutes (Bender 2018, Bliss, Baltzly et al. 2017, Davison 2019).

Nursing is a relatively new entrant into HE in England with all graduate status only being realised in the late 1990s (Ross, Marks-Maran et al. 2013). Other parts of the world such as the United States (US) and Northern Europe have a longer history of nursing as an academic discipline and in the US in particular a history of theorising about nursing knowledge that stretches back

to the 1970s. These initial attempts to theorise what nursing is and its attendant knowledge were focused on the development of models that could identify and explain what the conceptual basis of nursing was, this was seen as an integral part of the professional project (Ten-Hoeve, Jansen et al. 2014). Many of the ideas generated during this time were utilised to inform both nursing practice and nurse education within the UK. The suggested models recognised that different types of knowledge were required in order to be a nurse and were an attempt to move away from the prevalent positivist philosophy of science of the time (Bender 2018). This paradigm was closely aligned to medicine and this shifting of the framing of the knowledge base for nursing was related to attempts by nurse academics to be seen as separate from medicine rather than as assistants to it (Johnson, Cowin et al. 2012).One prominent model was that of Carper (1978) which identified four different fundamental patterns of knowing in nursing:

Empirics: the science of nursing

Aesthetics: the art of nursing

Personal Knowledge

Ethics: the moral component

This model provided a way of identifying and describing what constituted nursing knowledge that encompassed both knowledge situated in science and also knowledge gained from other sources. It was widely adopted as a

way of categorising nursing knowledge particularly within educational

programmes (Carper 1978, Silva, Sorrell et al. 1995).

More recently however, some of these theoretical concepts have fallen out of

favour (Traynor, Boland et al. 2010) due to the rise and influence of the

evidence based movement within healthcare (Porter 2010). This approach

privileges evidence derived from rigorous scientific experimentation and the

use of protocols to manage and deliver patient care. Nurses were quick to

embrace this movement as they saw it as a way of enhancing their

professional status by using the positivist approaches employed by medicine

(Law and Aranda 2010). This was in opposition to earlier attempts to gain

professional status by the development of distinct nursing models of

knowledge (Bliss, Baltzly et al. 2017). Evidence based nursing could be

perceived to be a product of the production/consumption model in which

quantifiable scientific research is commodified and then utilised in a cost

effective and efficient way (Theodoridis 2018). This can lead to a

decontextualisation of the research in order for it to be applicable across

large groups of patients (Bliss, Baltzly et al. 2017). It has been adopted by

the government as a strategy for measuring the effectiveness of healthcare

providers and has been linked to the increased managerialism seen in other

professions such as teaching (Ball 2008, Traynor, Boland et al. 2010). It

offers a more visual way to show growth, or decline in standards and to

quantify practices for easier use in accountability mechanisms. It has,

however, drawn criticism for not reflecting the complexity of professional

knowledge and how that knowledge is constructed and applied to patient care (Bliss, Baltzly et al. 2017).

2.5.2 Current theoretical conceptions of nursing knowledge

The influence of the evidence based movement on constructions of nursing knowledge highlights the tensions that exist between the different types of knowledge that have been privileged at different historical points in the discourse. Recently in the literature, one strand of the debate has centred on different conceptions of nursing as a science (Barrett 2017): is it a basic science or an applied science? The former suggests that nursing has a knowledge base that is unique to it as a discipline whilst the latter implies that nursing draws on the knowledge of other disciplines and then applies this to the care of patients (Turkel, Fawcett et al. 2018). This characterisation of nursing knowledge as a science either applied or basic does not adequately capture the full nature of the knowledge required to be a nurse (Bender 2018). It attempts to embrace the elements of the evidence based movement whilst also recognising that other sources of knowledge are used in the work of nurses (Bliss, Baltzly et al. 2017). One way of identifying what nursing knowledge is would be to position it as professional knowledge, a recognition that different approaches to knowledge are not mutually exclusive and that knowledge could be characterised and identified by linking these different approaches together (Bender 2018).

2.5.3 Nursing knowledge as professional knowledge

There is a recognition, discussed earlier in Chapter 1, that professional knowledge is complex and cannot now be claimed by one single profession to be entirely theirs (Bourn 2018, Hurst and Greenhalgh 2018). A distinction needs to be drawn between how we define what it means to work as a professional and what contribution knowledge makes to this. Nerland and Jensen (2012) suggest that professionalism is no longer centred on full autonomy and jurisdiction in a field but is linked to discretionary decision making, the ability to perceive other perspectives and actors within a field of practice. This is echoed by Smeby and Vagan (2008) who identify that health care learning cannot be viewed only through a cognitive lens as it is socially situated and is undertaken by students in a social context that involves them in participatory activities with others.

Professional knowledge is recognised as multi-faceted with professionals enacting their working lives in complex and indeterminate environments (Barnett 2008, Traynor, Boland et al. 2010). Current ideas of professional knowledge move away from notions of ownership to a recognition that all participants in a professional encounter bring something to the enactment and development of the knowledge used (Hurst and Greenhalgh 2018). This signals a movement away from the technical rational approach to knowledge privileged by the evidence-based movement to revisit and value some of the older conceptions of what constitutes professional knowledge particularly in nursing (Bender 2018). There is a recognition that experience and artistry play their part in professional knowledge (Green 2009).

It is well recognised that the acquisition of practical experience and skills are a key feature of professional expertise (Benner 1984, Eraut 1994) and these should be an essential element of any professional programme of study. Eraut (1984) identifies a distinction between technical knowledge and practical knowledge. One, it is suggested, can be codified and written about whilst the other (practical) is learnt through practice and has its expression only in practice. Dewey (1938) suggested that knowledge was not instant but was the result of situated processes that were initiated in response to specific problems of practice (Dewey 1938). This was expanded upon by Schön (1987) who argued that the dominant view in universities was that professional knowledge is the application of scientific theory and technique to the problems of practice when in reality it should also encompass the practical competence and artistry that practitioners bring to their work. As much of nursing falls into what Schön (1987) describes as the swampy lowland of professional practice where confusing and complex situations cannot be solved by the simple application of scientific knowledge, this complexity would seem relevant to the current debates about what constitutes nursing knowledge (Schön 1987).

The recognition that professional knowledge is not only based in the scientific paradigm was prominent in Carper's (1978) work that fell out of favour when nurses wholeheartedly embraced the evidence-based movement (Porter 2010). There is now recognition in nursing, that this is not enough and that the views and expertise of patients is of equal value in the construction of

professional encounters (Leary 2019). The emergence of person-centred care, in which all care decisions are focused on the needs of individual patients, a key concept currently taught in nursing curricula, is an example of this approach (DH 2019). The tension between knowledge derived from rationality and that from relationships is being harnessed to provide a philosophical approach to nursing that recognises both the empirical aspects of the knowledge and also the humanistic elements (Hoeck and Delmar 2018).

This however has not been universally adopted and consensus is not evident from the literature (Bliss, Baltzly et al. 2017). There is recognition and agreement about some of the characteristics of nursing knowledge and what it constitutes. It is acknowledged that nursing, like other professional disciplines, is situated in a field between practice and an academic discipline (Hoeck and Delmar 2018), that nursing is neither an art or a science but that it combines elements of both in its enactment (Barrett 2017), that this recognition of nursing as both an art and a science allows it to bridge the gap between nursing epistemology and ontology (Silva, Sorrell et al. 1995).

2.5.4 The implications of the debates about nursing knowledge for students

For students the tension between the different types of knowledge that are debated within nursing can be felt as they move between the two different settings in which they are assessed. Nursing programmes of study aim to include both theory and practice knowledge by the combination of theory led teaching which forefronts practice and the opportunity to experience practice

during clinical placements (NMC 2018). Students however may experience a focus from some practitioners in the clinical setting who are assessing them on their individual attributes rather than their knowledge and skills, as the practitioner may be situated within an understanding of nursing as a vocation (Andrew 2012, Freeling and Parker 2015).

In the HEI setting, there is a focus on what is characterised in the literature as theoretical learning, however this separation between the different facets of knowledge is simplistic and does not reflect the complexity of the knowledge required to be a nurse (Bender 2018). There is recognition in both settings that the personal characteristics of caring, compassion and empathy are essential but these alone are not enough and should be underpinned by an understanding of the art and theoretical foundations of nursing (Bliss, Baltzly et al. 2017). The privileging of the technical-rational aspects of nursing by both the NMC and practitioners can lead to students undervaluing the other aspects of their programmes of study (Hatlevik 2012). There is literature to suggest that the development of academic literacy or graduate skills such as critical thinking, academic writing skills, appropriate use of subject specific language and the ability to frame a coherent argument can enhance aspects of practice such as decision making (Jeffries, McNally et al. 2018). It is important therefore for students to value all aspects of their studies in order to develop the professional knowledge they require (Theodoridis 2018).

Hoeck and Delmar (2018) suggest that the need for newly qualified nurses to be job ready and the greater focus on task orientated nursing practice driven by both the government and NMC has led to a situation in which nursing education located in HEIs is seen to be separate and different from nursing as enacted in practice and this can effect students' experiences (Traynor and Buus 2016). Such tensions are problematized in the literature as the theory-practice gap (Theodoridis 2018) which will now be discussed.

2.6 The theory practice gap

The theory practice gap is not a new concept with Eraut (1984) identifying the challenges of translating professional competence developed during a professional education into practice. It can be conceptualised as the difference between knowing that to knowing how (Smeby and Vagan 2008) but it can also be identified as the difference between what should be done to what is done (Traynor and Buus 2016). Greenaway (2018) suggests that it represents the separation of the practical dimension of nursing from the theoretical knowledge. This is echoed by Allen (2011) who identifies it as a knowing doing problem, the reconciliation of university learnt theory with workplace practice. The theory practice gap in nursing literature is almost always reported as a negative entity, with its different facets characterised as either being a failure of practice to reflect current theory or a failure of theory to be relevant to practice (Greenaway, Butt et al. 2018). It reflects the current complexity of practice within multiple disciplines including nursing, medicine

and teaching. (Allen 2011, Braten and Ferguson 2015, Nerland and Jensen 2012).

2.6.1 The gap between what is taught and the enactment of practice

In some academic discourse, particularly in nursing, the theory practice gap is described as the difference between what is taught in the HEI and how practice is actually undertaken (Hatlevik 2012). Nurses working in the practice setting identify differences between what should be done and what is actually feasible and characterise the teaching in universities as idealistic and not realistic (Laiho and Ruoholinna 2013). The technical rational skills required to be a nurse such as undertaking dressings, observations of patients and managing technology are highly valued by practice staff and they often do not see the relevance of theoretical concepts (Corlett 2000). Students report that they feel unable to share their theoretical learning and use it effectively as they are required to fit into the cultural norms of the practice setting in which they are placed (Greenaway, Butt et al. 2018).

Allen et al, (2011) discuss what they describe as a hidden curriculum in educational programmes that lead to a professional qualification. This includes the socialisation into the profession but also behaviours and practices that are common within the professional setting. They define it as the pressures, processes and constraints that fall outside of what is taught and this links closely to the perceptions of current practitioners that what is taught in the HEI is not realistic (Allen 2011, Freeling and Parker 2015). This has implications for both the experiences and the assessment of students

during their practice placements. Nursing students report that some practitioners express negative views of graduate nursing to them (Laiho and Ruoholinna 2013) and they feel concerned that these views may impact on the fairness of assessment undertaken in the clinical practice setting (Young, Godbold et al. 2018).

It would also appear that students themselves, both in nursing and teaching, can place theory firmly in the classroom and do not always appreciate or understand how theory can inform practice (Allen 2011). This could be in part due to the failure of academics to link theory to practice but it is also the result of the influence practitioners have on the learning and experiences of students (Corlett 2000, Laiho and Ruoholinna 2013). This separation of theory and practice can lead to cognitive dissonance and moral distress for students as they try to navigate the complexities of practice and the power relationships they may encounter there (Greenaway, Butt et al. 2018, Moore and Tierney 2019). They are challenged by the differences between what should be done and what isn't.

What is apparent is that perceptions of the theory-practice gap appear to have been exacerbated with the move of nurse education into HE (Traynor, Boland et al. 2010). There is often a geographical separation between the HEI and the practice setting which can lead to challenges in maintaining effective relationships between academics and practice staff (Greenaway, Butt et al. 2018, Hatlevik 2012). There is a sense that students feel they are

straddling two different domains in which the expectations of them should be aligned but often are not (Allen 2011, Young, Godbold et al. 2018).

There are however alternative conceptualisations of the theory practice gap offered in the literature that of the gaps between research, evidence and practice (Traynor and Buus 2016, Young, Godbold et al. 2018). This gap is expressed in two ways: a gap between what the research suggests should be done and a gap in the values and behaviours that should be expected in practice (Corlett 2000, Moore and Tierney 2019, Traynor and Buus 2016).

2.6.2 The gap between evidence and practice

The gap between evidence and the reality of practice is documented not just in nursing but in other disciplines such as medicine and teaching (Allen 2011). Moore and Tierney (2019) describe how nurses appear to view nursing as practical and tradition based and therefore do what they have always done with new developments and evidence seemingly having little effect on their practice. This is echoed by McGarr (2017) who found that teachers similarly viewed their practical knowledge base as having more reality than the theoretical frameworks that may inform that knowledge base. This challenge of the translation of evidence or research into practice is well documented in healthcare (Greenhalgh, Howick et al. 2014, Sackett, Rosenberg et al. 1996) with the evidence-based movement being a means by which it was hoped this could be addressed. For nursing students who are taught the concepts of evidence-based practice including the latest evidence, this can be challenging. Students report that they experience an inability to

implement the knowledge they have gained during their education into practice and that they are instead culturalised into the ways of doing of the department in which they are working (Monaghan 2015, Moore and Tierney 2019). This can involve an expectation that they will engage in ritualistic practice that does not reflect current evidence (Greenaway, Butt et al. 2018), similar experiences have also been identified by teaching students in their teaching practice (Allen 2011). One suggested explanation is the view that both teaching and nursing have an element of craft to them, that this craft is unique to the discipline and some practitioners believe the knowledge of the craft is acquired through experience and time rather than through theoretical learning (Laiho and Ruoholinna 2013).

2.6.3 Values and behaviours and the theory practice gap

The other facet of the theory practice gap that warrants discussion is the gap between the values and behaviours that should be demonstrated in practice but sometimes are not (Traynor and Buus 2016). For students this is focused on standards of care and professional behaviour that they feel conflicted about. They may observe behaviours and practices that are not congruent with the values they are expected to demonstrate and this can be distressing for them (Thomas, Jinks et al. 2015, Traynor and Buus 2016). Students have expectations that they will observe care that is caring and compassionate and they will also be treated with care and compassion by registered nurses. Unfortunately this is not always their experience and this can lead to disappointment and disillusionment (Thomas, Jinks et al. 2015). Conflict can arise for students as they strive to achieve the professional behaviours

required of them whilst experiencing behaviour that does not reflect this
(Young, Godbold et al. 2018).

2.6.4 Practice as theory

There is an alternative view of the theory practice gap that is not discussed in the nursing literature but emerges from the literature focused on professional practice. It is the view that practice is not simply the other to theory but can be theory (Green 2009). This ideation has close links to the concepts of professional knowledge previously discussed and the complexity of professional practice, that professional knowledge does not only emerge from universities but can emerge from practice (Beck and Young 2005). This has parallels with Carper's (1978) patterns of knowing in nursing, knowledge is perceived to be equally likely to be gained from your practice as a nurse and the experiences you have as it is from academic study (Evans 2007). In this conceptualisation of practice and theory one is not privileged above another, they are both seen as sources of professional knowledge that can be utilised to develop the practitioner or in this case, student (Green 2009). This conceptualisation of practice as theory has the potential to inform the debate about what constitutes nursing knowledge and also to provide a means of thinking about theory and practice that no longer perceives them as being separate and discrete (Bender 2018). For nursing students this could help them to understand the theoretical constructs they may be presented with in the HEI and how these can forefront practice. It may also help them to see how the experiences they have in practice can be used to develop their knowledge to become a nurse. In the context of assessment, better

understanding by students of how theory and practice are interrelated could potentially provide a bridge for them between the assessments undertaken in the HEI and the practice assessments they experience.

The experiences that nursing students have in the practice setting play a central role in their professional socialisation (Brennan and Timmins 2012, Thomas, Jinks et al. 2015). This socialisation, it is suggested, should provide opportunities for both theoretical explicit teaching and experiential learning (Gibbon and Crane 2018) enabling the student to develop the required attributes of a nurse (Traynor and Buus 2016). This concept will now be discussed and the implications for both learning and assessment identified.

2.7 The professional socialisation of nursing students

Professional socialisation can be described as the process of developing a new identity founded on what it means to be a nurse (Brennan and Timmins 2012). The norms and culture of the environments in which this professional socialisation takes place will influence the values and behaviours that the student will develop so therefore could be considered to be fundamental to professional knowledge (Gibbon and Crane 2018).

The professional socialisation process can be linked to the concept of becoming that a student experiences as they undertake a programme of study in HE (Nugent, Lodge et al. 2019). This experience leads students to change and develop their identity as they begin to understand the nature of the knowledge that is essential to their discipline and also what it means to

practice within that discipline (Barnett 2009, Eraut 1994). This characterisation of learning as becoming could extend the educational experience of the student beyond their own disciplinary community and allow them to gain understanding of how this community can interact with and influence society (Nugent, Lodge et al. 2019). Barnett (2009) suggests that this leads to a conceptualisation of HE, in which the student moves from knowledge to knowing and can develop well founded ideas about their discipline. In nursing this can involve explicit teaching and informal learning both within the HEI and the practice setting but it can also involve coercive practices and activities that the student may feel less comfortable undertaking (Traynor and Buus 2016). Influential factors on students' socialisation have been identified as: the learning environment, their expectations of what it is to be a nurse and their interactions with the people they encounter on their professional journey (Binyamin 2018, Porteous and Machin 2018, Randle 2001).

2.7.1 The learning environment

In nursing the learning environment is situated within an HEI and a practice setting, usually the NHS. It is suggested that the student develops foundational knowledge in the HEI and then applies this in the practice setting in which patient care is delivered (Flott and Linden 2016). The CLE, discussed previously in section 2.4 p.58 is the setting in which the majority of the technical rational skills and the required professional values are assessed (Levett-Jones and Lathlean 2008).

There is a tension, identified earlier for nursing students between the theoretical and the practical knowledge that they require. In the CLE, students reported that, competence in technical skills and technology were perceived to be highly valued with the theoretical underpinning of these skills not given as much credence as it is in the HEI (Randle 2001). Academic skill demonstrated through critical thinking and writing was often not acknowledged by nurses in practice and as this is a key component of their programme for students, they felt this was of equal importance to them (Clements, Kinman et al. 2016).

Students were also challenged by the importance attached to learning in the two different environments. In the HEI learning is seen as paramount, whereas in the NHS, correctly, patient care is a priority (Allen 2011). In the CLE students could be viewed as pairs of hands (Borrott, Day et al. 2016), this is a historical legacy linked to a time before nurse education was part of HE when students were used as part of the NHS workforce. This perception of students is still prevalent amongst some practising nurses and they do not always recognise them as being primarily learners (Allen 2011). This has led to negative perceptions of students in the practice environment in which they are considered to be a drain on the NHS rather than a future asset to be nurtured and developed (Borrott, Day et al. 2016). These staff views can feel contradictory to students who may have different expectations of what nursing is and how nurses should behave (Kim 2018) and can lead to challenges for students in reconciling their new identity (Binyamin 2018).

2.7.2 Expectations of what it is to be a nurse

Expectations of what it is to be a nurse are often developed prior to a programme of study (Spouse 2000). These can be influenced by historical and media representations of nursing (Gillett 2014). Students may enter the nursing profession with an idealistic view of what they will be doing and how they and others will behave (Traynor and Buus 2016) and it can be challenging for them when nursing is not enacted as they thought it would be (Maranon and Pera 2015).

Nursing students are often first generation university students and there are also a higher number of mature students and those who have non-traditional entry qualifications (Taylor and Reyes 2012). This can affect their preparedness for study and may lead to feelings of uncertainty, students quickly need to develop an understanding of support mechanisms available to them and utilise these effectively (Pitt, Bearman et al. 2019, Porteous and Machin 2018).

In order to develop a sense of belonging students have to gain membership to a series of interlinked communities encompassing the academic, practice, social and professional aspects of life both at university and as a nurse (Pryjmachuk, McWilliams et al. 2019). This sense of belongingness has been identified as particularly important for nursing students who have to navigate different clinical learning environments throughout their programme (Grobecker 2016, Levett-Jones and Lathlean 2008).

It is suggested that students can start with ideals but can quickly lose them as they encounter the reality of nursing practice (Kim 2018). This can be viewed in two ways: that the student has to compromise their values and beliefs in order to function or that a degree of desensitisation is necessary to manage the complex and emotionally challenging situations they find themselves in (Traynor and Buus 2016). Clinical learning experiences are fundamental to this socialisation process and initial experiences can have a significant impact on students. Disappointment and disillusionment can quickly lead to students adopting behaviours of keeping their heads down and not speaking up in order to be successful on their programmes of study (Thomas, Jinks et al. 2015). They can also engage in depersonalisation processes and develop passivity enable them to reconcile their previous identity with that of a nurse (Randle 2001). Staff who students encounter both within the HEI and the clinical learning environment are fundamental to the ability of students to make the most of the learning opportunities afforded to them (Kim 2018).

2.7.3 The influence of other professionals on students' socialisation

It is apparent from the literature that many students enter their programme of study with idealised conceptions of nursing and that in order to professionally socialise successfully they need to engage deeply with the professional mores of their new community (Spouse 2000). Students encounter many different people during their programme of study who will influence their professional socialisation: academics, other professionals and patients, but it

is nurses in the clinical learning environment who have been identified as being the most influential (Randle 2001). The behaviour and attitudes of these staff can have influence over students in a number of ways: by acting as role models facilitating the development of a strong professional identity, by modelling behaviours that students feel conflicted and uncomfortable about and by influencing the success of a student on their programme of study through the assessment process (Clements, Kinman et al. 2016, Gibbon and Crane 2018).

All students undertaking nursing programmes of study are assessed on what are described as professional values (NMC 2018), these are reflective of the nursing professional code of conduct (The Code) (NMC 2015) and are a focus of both learning and assessment throughout a programme. Kim (2018) found that the behaviour of qualified nurses was a highly influential factor on the development of these professional values in students followed by their satisfaction with their experiences in placement. This was echoed by Traynor and Buus (2016) who also found that the influence of the qualified staff was powerful in the development of the student's professional identity. Students reported that some staff exhibited caring behaviour but some could be cynical and appear detached from patients (Kim 2018).

The expectations of nursing students within the HEI and the practice environment can be perceived, by academics, practice staff and students to be misaligned. In the HEI students are encouraged, as part of their graduate journey, to be critical and creative thinkers (Brennan and Timmins 2012).

This is considered an essential element of any programme in HE and core to the development of disciplinary belonging that a student should experience (Nugent, Lodge et al. 2019). This appears at times to be in conflict with the expectations of students in the clinical learning environment where they are often asked to provide care with minimal supervision, little explicit learning and in an unquestioning and compliant way (Thomas, Jinks et al. 2015, Traynor and Buus 2016). As discussed earlier negative perceptions of nursing students exist in the clinical environment and these are centred on tension between what the NHS requires of graduate nurses: work readiness, ability to practice effectively and safely immediately following completion of a programme and the requirements of their programmes of study that they develop both clinical and theoretical knowledge and also the academic skills of graduates (Freeling and Parker 2015).

There are also other negative perceptions identified of graduate nursing students and these are focused on historical ideas of nursing and link to conceptions of who nurses are and should be. Some literature reports that non graduate prepared nurses perceive graduate nurses to be less committed to the profession because they express the desire for a work life balance, that the move away from the apprenticeship style training has lessened their ability to perform the job once they are qualified and that they are too questioning (Freeling and Parker 2015, Moore and Tierney 2019). This representation of graduate nurses as being too questioning is potentially interesting as it appears to originate from ideations that are at the heart of

what has driven the professional project in nursing. More experienced nurses said that they did not like to be questioned by graduate nurses (Freeling and Parker 2015) but were also identified as being more likely to engage in ritualistic practice themselves and expect students to do the same (Greenaway, Butt et al. 2018). As nursing has made the transition from being a service and training based model to one in which education is emphasised this has led to graduate nurses having a greater understanding of both their professional autonomy and also their accountability so leading to a more questioning outlook (Corlett 2000, Monaghan 2015). It could be suggested that nurses who followed the older traditional training are influenced by the factors that influence the development of nursing as a profession: the gendered nature of nursing, the lack of a secure professional identity and the hierarchical nature of knowledge that still operates in healthcare (Moore and Tierney 2019). Graduate nurses are, perhaps, the key to nursing achieving the professional status it has been seeking (Ross, Marks-Maran et al. 2013).

It can be seen from this last section of the review that the professional socialisation of nursing students is complex and influenced by many different factors. It is within this complex environment that nursing students are assessed, both on the theoretical basis for the profession and on the practice skills, values and knowledge required (NMC 2018).

This literature review has outlined the key theoretical concepts that provide the contextual backdrop to this study. The next Chapter (Chapter 3) will set out the methodological and theoretical approach to the study.

3 Study Design

3.1 Introduction

The primary ontological consideration of this study was to understand and describe how nursing students perceived assessment and its influence on their becoming a nurse. There were a number of different elements to the research question ('Becoming a nurse': Students' perceptions of the role of assessment in enabling them to meet the requirements of their programme of study to 'become a nurse') that were interrelated: how did students perceive what it meant to be a nurse? How did they perceive assessment contributed to becoming a nurse and did they see any differences between the types of assessment and the settings in which it was undertaken as part of their programme of study? The literature review highlighted the lack of research that explores how nursing students view assessment in relation to their professional socialisation and how their perception of assessment makes a contribution to their development both within the academic discipline of nursing and within the professional context of becoming a nurse. This thesis aimed to explore these elements and provide a student perspective of assessment that moved away from merely collecting student views, to one that tried to understand how they perceived its influence upon their becoming a nurse. It was therefore important to choose a methodology that uncovered a deeper understanding of the students' perceptions and also explored how those perceptions might have changed over time.

A potential dissonance about assessment for nursing students was identified by the literature review, between the assessment strategies employed by HEIs which seek to develop skills of creativity, critical thinking and academic literacy (Jeffries, McNally et al. 2018) and assessment in the practice setting that appears to be largely characterised as requiring compliance, learning the rules of each different practice setting and following them in order to be successful (Brennan and Timmins 2012, Maben, Latter et al. 2007, Maranon and Pera 2015). Assessment could therefore be considered as potentially conflicting and problematic for nursing students with this perception compounded by the more general reported negative student views of it (Boud and Molloy 2013, Shields 2015, Tuomikoski, Ruotsalainen et al. 2018, Williams 2018). The aim of this study was therefore to explore these perceptions.

The research questions were:

- How do nursing students characterise 'becoming a nurse'?

- How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?

- In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice setting?

- To what extent do students' perceptions of assessment, whether within their training or preceding it influence the way in which they understand its contribution to their becoming a nurse?

This chapter is organised in four sections. The first section outlines the theoretical framing of the thesis illustrating how the work of Bourdieu (1977) has been used to provide a theoretical context for the study. The second section discusses the methodological approach taken for the study; the third outlines the methods used to collect the data for the study including a discussion of the ethical issues considered. The final section outlines the methods and methodology employed to analyse the data.

3.2 Theoretical framing of the thesis

It is suggested that nurse education is defined by the practice of nursing and the workplace in which this practice is enacted (Ross, Marks-Maran et al. 2013) and that nursing students operate in this professional knowledge landscape (Nairn, Chambers et al. 2012). They are subject to the nature and construction of this landscape and their behaviour influenced by it. Conceptualising nurse education in this way has led to a theoretical framing of this thesis using Bourdieu's concepts of *habitus, capital and field* (Bourdieu 1977). This theoretical framing was chosen as it provides an opportunity to explore and understand assessment as part of the environment in which students find themselves operating within nursing programmes. They inhabit both a professional landscape (the practice setting) and a professional knowledge discipline (the HEI), which they must interact with and undertake assessments in. Their ability to navigate these different but interrelated environments, both in the context of assessments required and also their

broader student experience could be, it is suggested by this thesis, explained by Bourdieu's concepts (Grenfell 2014).

Bourdieu's three concepts are:

Habitus: *layers of dispositions, formed through socialisation, that give an individual a 'feel for the game', how the game is played within a certain discipline;*

Capital: *the cultural, social, economic and symbolic resources that an individual possesses and can 'bring to the game';*

Field: *the socially and historically constructed contexts in which the game is enacted 'the rules of the game' including power relationships;*

(Bourdieu and Wacquant 1992, p126)

These concepts seek to explain how different cultural constructions operate within Bourdieu's theory of practice (Grenfell 2014). The theory of practice sought to account for how the organisation of a society (school, university, hospital) gives rise to ideas and about how these ideas then influence and in turn shape the individuals who operate within these societies (Bourdieu 1977). The concepts are described as relational thinking tools that allow us to explore how different societies operate (Grenfell 2014). Habitus is explained by Bourdieu (1977) as a set of 'dispositions' that are created by the interactions between an individual (and all of their experiences) and an objective structure (Thomas 2002). In this thesis it is suggested that there are two objective structures that the individual (the student) must interact with,

nursing as a practice discipline (largely based in the practice setting) and nursing as a theoretical discipline (largely based in a university). Each of these has what could be referred to as 'institutional habitus', practices and norms that are unique and embedded into the culture of each (O'Connor 2007). In the case of nursing these overlap and can share characteristics but there are also some elements that are unique to each. Students in nursing programmes are assessed in both of these objective structures and one part of this study was interested the way students perceived these two elements were related, or not, through the assessment process. The review of the literature suggested that there is some separation for students between these two structures.

There is also the potential for the two objective structures to be represented by the two different physical environments that the students operate within: the university and the practice setting. The field of nursing is enacted for nursing students within these separate organisational structures and as outlined in the discussions of both what constitutes nursing knowledge and the theory-practice gap there can be commonalities but also tensions between them.

It is argued that for a truly professional education a professional habitus must be developed that has characteristics that are particular to it, a strong professional identity and a common moral and ethical code (O'Connor 2007, Thomas 2002). The professional habitus of the individual student is not fixed but is fluid and can develop and be influenced by the interactions of the

individual with the social systems in which they are operating (Messenger 2013). It is also determined by the personal history of the individual and their position and power in the social system: their economic, social and cultural capital (Grenfell 2014).

When nursing students enter their programme of study their concepts of what it means to be a nurse are complex and reflect their personal histories and their previous experiences of and exposure to nursing (Nairn, Chambers et al. 2012). They will also have had experiences of assessment that will influence how they perceive it and also how they may be able to make the transition from their previous educational experiences to HE (Baker 2016, Beaumont, Moscrop et al. 2016). In nursing programmes, students enter not only the educational field (HEI), but the nursing field and as discussed in the literature review they can experience a strong emotional response to this (Monaghan 2015, Moore and Tierney 2019). The influence of their capital on their ability to operate within the fields can be seen in reported student views of assessment, particularly for nursing students of practice assessment, that it is about 'learning the rules' and 'understanding how it works' in order to be successful (Brennan and Timmins 2012, Maben, Latter et al. 2007). This echoes Bourdieu's (1989) conceptualisation of the professions as being about the 'rules of the game' and learning how to play it.

It could be argued that undertaking assessment in HE is about learning the rules of a particular disciplinary game (Thomas 2002) and that for students, like nursing ones, who are undertaking a professional programme of study,

there is the added complexity of learning how different practice settings operate and how the rules operate within them. Literature suggests that students can be keenly influenced by the institutional habitus of different organisations, that pedagogy and all its constituent components is not merely an instrument of teaching but is also an exercise in the reinforcement of the values and status of the discipline (Smith 2003, Thomas 2002). Assessment in the practice setting for nursing students can be significantly influenced by the culture and norms of that setting (Flott and Linden 2016, Milligan, Wareing et al. 2017). In effect the students can find themselves having to repeatedly learn different sets of rules for the different objective structures they are required to operate within. This understanding of the disciplinary rules reflects the professional socialisation that has been identified as a key element of nursing programmes of study (Gibbon and Crane 2018, Thomas, Jinks et al. 2015) and also mirrors how professional knowledge can be conceptualised: as a complex interaction between different actors and social influences (Hurst and Greenhalgh 2018). The use of Bourdieu's (1977) concepts to structure and frame the data collection and analysis of this thesis provided a means of trying to understand and explain the assessment experiences of nursing students and how they made meaning from them.

Bourdieu's (1989) concepts were used to develop and frame the questions that were used in the topic guide (Appendix 1) for the interviews that were conducted with the students. Figure 1 provides a diagrammatic representation of this.

Figure 1 Topic guide questions and their relationship to capital, field and habitus

Capital	Habitus	Field
Healthcare experiences prior to the programme	Conceptions of nursing during the programme	Influence of HEI assessments
Assessment experiences prior to the programme	Assessment experiences during the programme	Influence of practice assessment
Views of nursing prior to the programme		Becoming a nurse
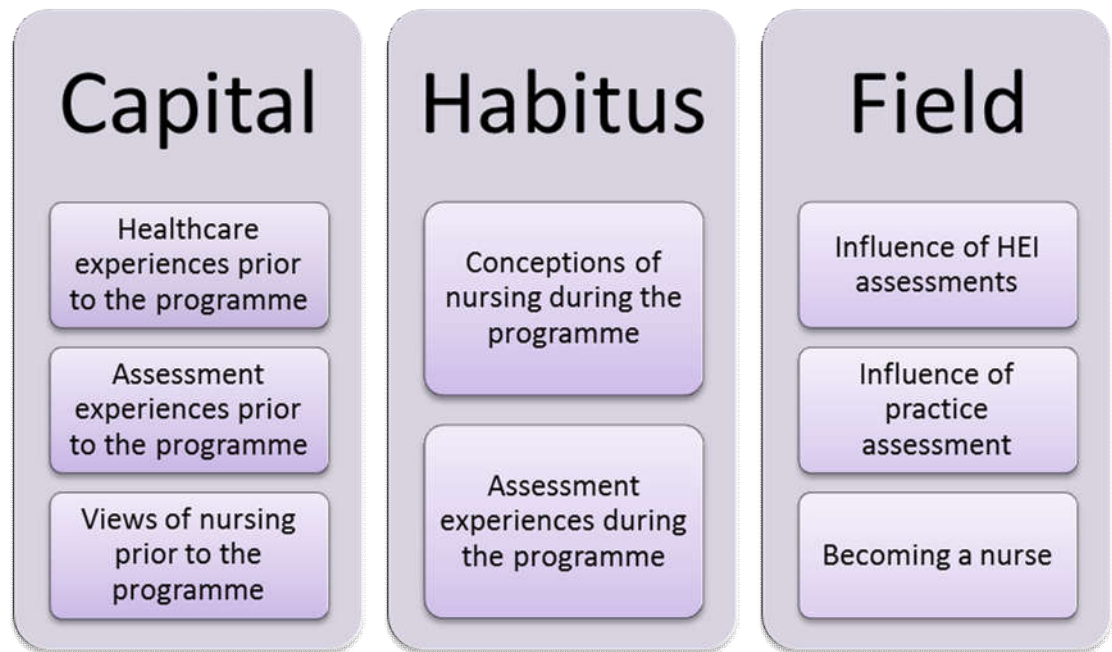
The theoretical concepts were also used to explore the data collected and provided a framework against which the findings were discussed.

The choice of this theoretical framing also recognised the agency and influence that students brought to their perceptions and experiences of assessment. By exploring the students' capital through the research questions it was possible to discuss with the students their understandings of nursing prior to their entry to the programme and how this had developed. Their previous educational and assessment experiences were also explored through the data collection with them. These experiences could all have informed their navigation of the assessment processes and tasks they undertook as part of the programme.

The use of this theoretical framing is also reflective of how nursing now views itself as a discipline. Historically nursing represented its disciplinary knowledge against the backdrop of a biomedical model of providing care to patients (Salhani and Coulter 2009) but there is now an understanding of nursing as being much more about the humanistic values that underpin and provide the bedrock for care (Nairn, Chambers et al. 2012). Nursing curricula are now designed to reflect the sociological, philosophical and psychological factors that affect care delivery and patient experience (Hoeck and Delmar 2018). Thinking about students' experiences of assessment in relation to *capital, field* and *habitus* allowed for the recognition that they have to understand what is expected of them in relation to it in different contexts and with different social and educational histories influencing their understanding of it (Nairn, Chambers et al. 2012).

3.3 Methodological approach

In order to examine the data with the theoretical framing proposed it was important that a research methodology was chosen that captured all of the information required. This meant that the students' perceptions of nursing, assessment and any perceived differences between theoretical and practice assessment were explored and also information about the student's prior experiences and academic achievements was collected. It was also important to explore how their perceptions may have changed over time. This allowed for exploration of the *capital* the student possessed both prior to entering the programme of study but also during their experience of the

programme. For these reasons the study used a narrative approach to the collection and analysis of the data.

Narrative inquiry was first described by Connelly and Clandinin (1990) as a research methodology that was used to describe the personal stories of teachers. Narrative inquirers recognise the primacy of stories as meaning making strategies for producing knowledge (Green 2013). In this study the personal stories of nursing students' were being explored in relation to assessment therefore narrative inquiry was chosen as a methodology that would allow the perceptions of the student to be recorded and analysed taking into account the social, cultural and institutional factors that may affect these (Clandinin 2006). It provided an opportunity to explore not only the student's experience of assessment but how they made sense of the experience and used it to construct their professional identity as a nurse (Brooks 2016). As the study was exploring how perceptions are affected by experiences the temporality that is a central feature of the narrative approach was valuable, providing an opportunity to explore the past, present and future perceptions of the student (Clandinin and Connelley 2000). Narrative inquiry provides the researcher with an opportunity to bring theoretical conceptions of how human life is lived to illuminate the educational experiences of students (Connelly and Clandinin 1990).

Choosing to take a narrative approach was aligned to the theoretical framing of the study as it provided an opportunity to explore the assessment stories of the students that recognised them as real people in real settings (Wang

and Geale 2015). This is a significant element of a narrative approach as the aim is to try and uncover the meanings behind personal stories and events (Wang 2017). This is reflective of Bourdieu's (1989) writings about habitus and methodology as a means of exploring practice through the reflexive interplay between empirical investigation and theoretical explanation. The study aimed to understand what it meant to be a nursing student undertaking assessment and its influence upon them through an exploration of both their experiences and also the setting in which those experiences were enacted. This exploration could lead to the construction of a description of the social space (setting) and also of the set of practices found there, the habitus in which the students were experiencing assessment (Bourdieu 1989).

The narrative approach was also congruent with educational research and some current conceptualisations of assessment within HE. Narratives provide an opportunity to understand the complexity of education by focusing on the experience of individuals (Brooks 2016). The thoughts and emotions of participants can be explored and also their 'meaning making' of experiences (Thomas 2012). Narratives can be perceived as social constructions that individuals use to make sense of themselves and their environments (Brooks 2016). They can help to illuminate the intricacy of phenomena and the paradigms in which the phenomena are in operation (Wang and Geale 2015). They can therefore provide a potential means of understanding how students' experience assessment. There is also a recognition that experiences are dynamic and subject to change, the study therefore explored how students'

perceptions of what it means to be a nurse and assessment changed throughout the programme (Wang 2017). These different elements of the narrative approach are congruent with a view of knowledge as a social construction, which aligns with current theoretical conceptions of assessment (Evans 2013, Thomas 2012).

Narrative approaches are also currently used in healthcare research to explore patient experience and also as a means of gathering patient information rather than just as a research methodology (Launer 2018). Students would therefore be familiar with the concept of telling their story as they often ask patients to do this for them (Launer 2018). This was a useful consideration as it meant when the research was explained to the participants the concept of narrative was not completely unfamiliar to them. Narrative inquiry has not however been used extensively to report the views of nursing students (Wang 2017). This study therefore provided an opportunity to use a research methodology that offered a different perspective on how student views are sought.

A key factor of the narrative approach is the three aspects put forward by Clandinin and Connelly (2000). These three aspects are:

- *Personal* and *Social*: Interaction

- *Past, Present* and *Future*: Continuity

- *Place*: Situation

(Clandinin and Connelley 2000)

These aspects were considered when the topic guide questions (Appendix 1) were formulated. Figure 2 illustrates this

F*igure 2 Topic guide questions and their relationship to interaction, continuity and situation*
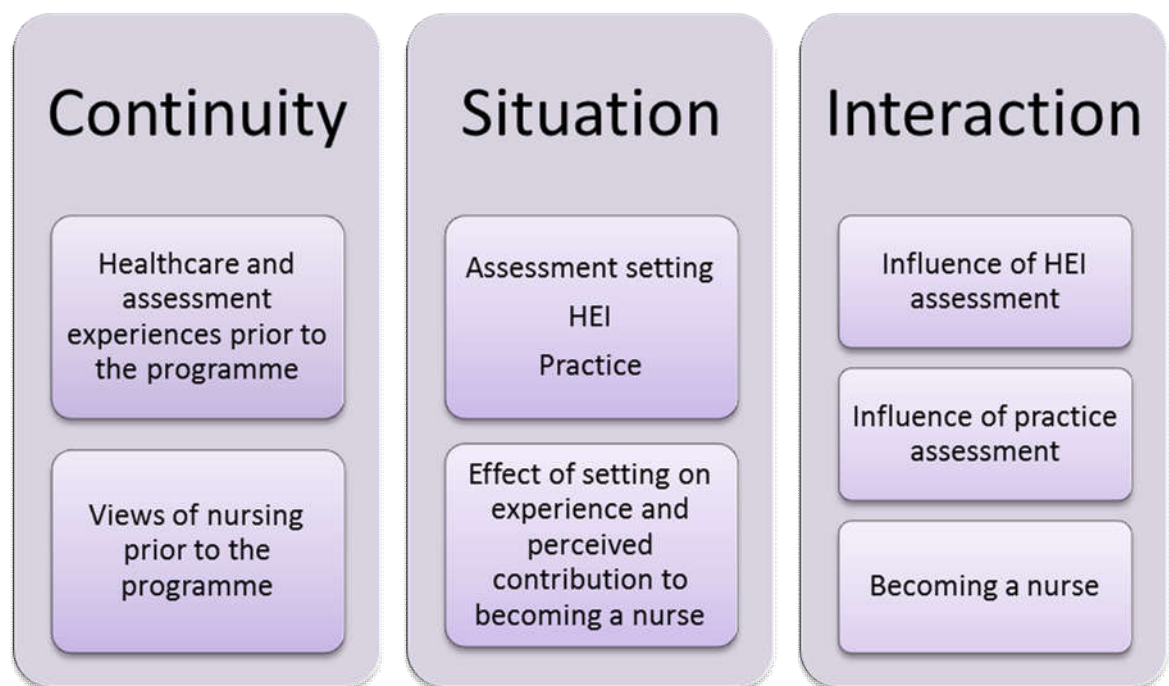
These three aspects describe the metaphoric narrative inquiry dimensional space in which the personal experiences and meaning making of the participant occur (Clandinin and Connelley 2000). Interaction relates to the personal and social aspects of the experience, continuity is related to the temporal aspect of narrative research that is a core feature of narrative inquiry and finally situation recognises the physical location and how this can affect experiences (Wang and Geale 2015). The three aspects, this thesis suggests, could be linked to Bourdieu's (1989) concepts of *capital, habitus*

and *field* as their descriptions could be aligned to the underlying theoretical

positioning of these. This is illustrated in Figure 3.

Figure 3 Relationship between aspects of narrative inquiry and* capital*,

habitus and field

Continuity/Capital	Situation/Habitus	Interaction/Field
Healthcare and assessment experiences prior to the programme	Assessment experiences and setting HEI Practice	Influence of HEI assessment
Views of nursing prior to the programme	Conceptions of nursing during the programme	Influence of practice asessment
	Effect of setting on experience and perceived contribution to becoming a nurse	Becoming a nurse

These interactions could be described as fluid rather than fixed so this

representation of them does not describe all of the relationships which are by

their nature, multi layered. It does however demonstrate a strong link

between the theoretical positioning of the study and the chosen

methodological approach and this influenced the detail of the method itself, described in the next section.

3.4 Method

3.4.1 Data Collection

The data collected using a narrative inquiry approach are described as field texts and these can take the form of interview transcripts, field notes and any other information required to allow the participant to tell their story (Clandinin 2006) In this study field texts were collected in four ways:

- Interviews guided by a topic guide

- A demographic questionnaire

- Field notes taken during the interviews

- Follow up e mail questions accompanying the narrative account

These field texts were used, by the researcher, to construct a biography and a narrative account for each participant.

An important element of the narrative approach is the development of a relationship between the participant and researcher (Pepper and Wildy 2009, Thomas 2012). Clandinin (2006) describes the need for the process to be a relational exercise in which the participant and researcher are both recognised as inhabitants of the landscape of the world being studied. To achieve this, interviews guided by a topic guide, were chosen as a means of enabling a conversation that was both relational and provided an experience for both the participant and the researcher (Pepper and Wildy 2009, Thomas

2012). The research questions were used to develop a topic guide (Appendix 1) which aimed to elicit the information required to answer the research questions and also recognised the temporal nature of narrative (Pepper and Wildy 2009). All of the interviews were audio recorded with the consent of the participants.

The demographic questionnaire (Appendix 2) was used to collect some contextual information about the participants' previous educational experiences and their grades achieved so far on their programme of study; this was used to inform the data analysis. Grenfell (2014) suggests data such as age, previous experiences, sex and qualifications can provide a means of evaluating the specific cultural and economic capital that each participant has accrued, this can then enable the positioning of them in relation to the context in which they are operating. These data were used to develop a biographical portrait of each participant (presented in chapter 4) illuminating the narrative account and providing an opportunity to represent them in relation to their story.

During interviews each participant was asked to bring a written assignment and their practice assessment document and to discuss how each of these had influenced their development as a nurse. This was a device used by the researcher to aid the student in constructing their story and it was felt that it might help the student to anchor their narrative in the assessment landscape in which they were operating (Clandinin 2006). Not all of the participants referred to these during the interview despite prompting from the researcher

and it became apparent during the interviews that some participants did not need a prompting object to illustrate their narrative. Some did however refer to the assessments and used them to demonstrate how they felt they had contributed, or not, to their becoming a nurse. The interviews were conducted in an open and flexible manner, guided by the responses and thoughts of the participants so the use of the prompting device was not essential to elicit the data. This openness and respect to the responses of participants is an important element of using a narrative approach (Clandinin 2006), it is their story to tell so if they did not require the use of the assessments to be able to respond to the questions posed this was not pursued by the researcher.

The researcher took field notes during the interviews and these were used to provide some additional contextual information to the analysis of the data. Notes were taken using the topic guide as an aide that aimed to collect aspects of the interviews that may not be apparent from the audio recording (Rae and Cochrane 2008). This was used to provide depth to the subsequent data analysis process as points of the interview where a participant was particularly focused or forceful in their response were noted (Pepper and Wildy 2009). An example from this research of an annotated topic guide is provided in Appendix 3.

The final field text was the use of two follow up questions in the e mail that was sent to participants with their narrative account. The purpose of these questions was to explore the experience of undertaking a narrative interview with the participants and if this experience had altered their views of

assessment and its perceived influence. These further questions are outlined in the topic guide (Appendix 1).

A key aspect of a narrative interview is the relationship between the researcher and the participant (Wang 2017). Undertaking an interview that is founded in the meaning making of the participant requires the researcher to develop a trusting and open relationship with them in order for the interview to uncover the answers to the researcher's questions (Clandinin 2006). In order to ensure this relationship was developed, the researcher took some steps to optimise it. The interviews were scheduled at a time that was convenient for the participant by providing them with a choice of dates and times that was mindful of their student timetable. This ensured that they had control over when they attended. They all took place in a quiet room with a do not disturb sign on the door to ensure there were no interruptions. The researcher was known to the participants, but no assumptions were made by the researcher about the prior knowledge of the participants about the study or the researcher. Time was taken to explain why the study was being undertaken, the role it was playing in the researcher's doctoral studies and how the findings of the study may influence future faculty guidance about assessment. This was to provide full transparency to each participant about what the research was and how the data would be used and to complement the participant information sheet (Appendix 4) and the consent form (Appendix 5).

During the interview the researcher was attentive to the participant responses and validated these by asking further probing questions to clarify meaning and ensure the narrative of the participant was correctly recorded. Further to this, a narrative account was developed which was checked with the participant (this will be discussed further in the section on data analysis). Taking these steps to both develop a relationship with the participants and to negotiate and collaborate with them about their narratives was an integral part of the approach taken for the study and helped to ensure the data represented the views of the participants (Connelly and Clandinin 1990, Wang and Geale 2015).

3.4.2 Sample

The population for the study was all third year nursing students (n=280) undertaking an undergraduate pre-registration nursing programme within the Faculty of one HEI in England. This was a purposive, non-probability sampling strategy which allowed any student who had an interest in the topic to participate (Bryman 2016, Robson 2011). First and second year students were excluded from the sample as it was felt their experiences of assessment and also their current ideations of becoming a nurse may have limited their responses to the research questions. Selecting the sample from one year group also afforded the possibility of comparing and contrasting the data across the participants as they were all at the same stage of their programme. Seven participants were recruited from an e mail invitation and the interviews were conducted between January and May 2019. The study has a necessarily small sample size given that the aim of narrative inquiry is

not to be generalisable but to provide a rich exploration of the social, cultural and institutional stories of the participants (Clandinin and Connelley 2000, Varpio, Ajjawi et al. 2017). This could be achieved through the methods adopted for this study. Students self–selected to participate following receipt of an e mail, with the invitation sent out by the administration team for the pre-registration nursing programmes; this was a requirement of ethical approval of the hosting HEI. Eleven students responded to the initial invitation to participate but four subsequently dropped out, one following the interview, resulting in the seven participants. The interviews were conducted over a period of five months because of scheduling issues for the students. One in-depth interview was conducted with the participants with further views sought following the preparation of the narrative account and the checking of this by the participant. All students were provided with a participant information sheet (Appendix 4) prior to agreeing to participate and if they then indicated they wanted to take part, the consent form (Appendix 5) and demographic questionnaire (Appendix 2) were sent to them.

3.4.3 Data Analysis

The four field texts collected in this study were analysed in different ways. The demographic questionnaires were collated and the results used to prepare a short biographical portrait of each participant. These are presented in Chapter 4, along with Table 2, which summarises the participants' demographic characteristics. These data were used to provide contextual illumination to the interview data once these had been transcribed and the narrative accounts created.

The field notes recorded on the topic guide (Appendix 3) by the researcher during the interviews were also used to provide contextual information for the interviews and these were added to the narrative accounts that were produced following the transcription of the interviews (Appendix 6).

The interviews were audio recorded and transcribed. The transcription was undertaken by an approved external transcription service and these transcripts were then analysed by the researcher. The researcher took several steps to ensure that they were familiar and intimate with the data:

- The interview recordings were listened to by the researcher on several occasions to both become familiar with them and also to annotate the transcripts.

- As a narrative approach was being employed, a narrative account and biography were prepared from the field texts therefore increasing the time the researcher spent engaging with them

- The researcher used the interview field notes they had taken to annotate both the transcript of the interview and then the prepared narrative account, again increasing the time spent engaging with the data.

It could be suggested that by not transcribing the interviews themselves a researcher can lose a facet of the understanding of the data (Gibson, Webb et al. 2014), however the steps described above aimed to mitigate against this. Additionally the researcher listened to the interviews and compared

them to the transcripts to ensure that the transcript was accurate (Braun and Clarke 2006).

Each of the interview transcripts represented a field text and these were then used to create a narrative account of each interview (Clandinin and Connelley 2000). This is an important part of the narrative inquiry process and each account was carefully prepared to provide an ethical, honest interpretation of the data whilst also recognising that other interpretations are possible (Pepper and Wildy 2009). The narrative accounts were all labelled with a pseudonym that the participant had chosen themselves so as to provide them with some control and ownership of their data. The preparation of these accounts included both a close reading and recording of the participant's responses but also at some points inclusion of the question posed to elicit the response by the researcher. This was indicated in italics and bold in the account. Different probing questions were used by the researcher in different interviews to follow up on the initial responses elicited to the questions in the topic guide. This allowed for two things: the opportunity to explore the response in more depth with the participant but also the development of an interview that was relational and responsive to the participant. This was a key element of the interview process and an important aspect of using a narrative approach (Clandinin 2006).

Within the narrative accounts direct quotes from the participants were highlighted in italics so providing a separation between the interpretation of the response by the researcher and the actual response of the participant.

Once the narrative accounts were prepared they were sent to each participant to enable them to check them and provide feedback on them. This was to ensure that the account reflected the view that they wished to present (Pepper and Wildy 2009). Any changes that the participant wished to make were then discussed with them and agreement gained about the structure and content of the narrative account. It was important that changes were not made without discussion and reflection as the purpose of the accounts was to both reflect the stories of the participants but also to answer the research questions. It was also important that the account was a true reflection of the transcribed interview. An example of a narrative account is provided in Appendix 7. The follow up questions (field text 4) were provided in the e mail including the narrative account and these were analysed with the narrative account.

Only one participant asked for changes to be made to their narrative account as they felt it did not fully represent the significance of the change in identity they had undergone both whilst deciding to apply to a nursing programme and also whilst on the programme:

> *"In my answer to your first question, the non-italic text makes no mention about this course representing a change in my sense of identity. This is a big part of my experience of nursing/healthcare prior to starting the programme. Likewise, I feel that the non-italic text representing my answer to question 3 does not capture the sense of identity change that I experienced; nor the stance that I now take,*

where I feel that all people inherently have the ability to become a

nurse, and that this course draws out the best inherent qualities that

people already have hidden inside of them, in order to enable them to

become a nurse."   Bob

The narrative account was rewritten with attention paid closely to the parts of

the interview that focused on identity and the participant was asked to verify

it again:

I'm happy with your interpretation now. You've captured what I wanted

to put across.

Bob

Other participants were happy with the first iteration of the account:

I really like the way you've written the narrative, definitely captured my

views on the course and assessments   Claire

The narrative is great; it represents my views very well.   Nora

It could be suggested that the preparation of the narrative accounts is the

beginning of the data analysis process as in order to construct an account

the researcher must make decisions about what to include. Attending to the

research questions provided a focus for the preparation of the accounts in

addition to the representation of the participant's views. This could mean that

the narrative accounts are reflective of the views and conceptualisations of

the researcher rather than of the participant. This however should not be

seen as a weakness of the method by which the account is created. The narrative process is seen as relational and interpretative (Clandinin 2006) therefore the preparation of the accounts will be influenced by the researcher and it is in the sharing of the account with the participant and the responsiveness of the researcher to the views of the participant of the account that the relational aspect of the methodology is allowed to express itself. This approach is reflected in the presentation of the findings of the study. In the findings chapter (Chapter 4) two types of direct quote are provided, those that are from the narrative (labelled N) and those that come directly from the transcribed interview (labelled I). The narrative represents the story of the participant so using quotes from both the narrative and the interviews provided a fuller representation of the participants' views than could be achieved by just using quotes from the transcribed interviews.

The method chosen to analyse the data was the thematic analysis process outlined by Braun and Clarke (2006). This method was chosen as it provided an opportunity to explore the data with no prior conceptions about what the data may show. This is an important element of both narrative inquiry and the thinking of Bourdieu (Grenfell 2014). Reflexivity is identified as a key component of any data analysis that draws on his work and he identifies that any piece of research should be critically reflexive and uncover what is referred to as the un-thought of categories and that pre-determination should be avoided. Braun and Clarke (2019) refer to their approach to thematic analysis as reflexive, so adopting this method provided an analytical tool that

offered this. The aim of the analysis was to generate themes that held either within or across the narratives (Wang 2017). Themes in reflexive thematic analysis are perceived as patterns of shared meaning that can be either underpinned or united by a core concept (Braun and Clarke 2019). Choosing to adopt the method outlined by Braun and Clarke (2006) demonstrated what they refer to in later work as a knowingness about the research being undertaken (Braun and Clarke 2019). This knowingness centres on researchers demonstrating that their choice of methodological approach is deliberate and thought through, linking together the theoretical positioning of the research with the methodological approach. Braun and Clarke (2019) believe this is an important element of their thematic analysis process.

The thematic analysis method outlined by Braun and Clarke (2006) was employed to look for patterns or themes within the data. This has six steps that were followed:

- Familiarisation with the data

- Generating initial codes

- Searching for themes

- Reviewing the themes

- Defining and naming the themes

- Producing the report

Braun and Clarke (2006)

The process of data analysis is outlined in Figure 4:

Figure 4 Data Analysis Process

Stage 1 Familiaristaion with the data
- The transcript was read and compared with the recording to check authenticity of the data
- The narrative account was prepared and annotated with the field notes taken during the inteview
- The accounts were prepared in the order the interviews were undertaken

Stage 2 Participant checking
- The narrative account was e mailed to the participant for checking
- Any changes requested by the participant were made and re-checked with them

Stage 3 Initial coding
- The first narrative account prepared was analysed for codes
- This was undertaken manually by identifying codes and recording these
- An initial group of codes was prepared from this narrative

Stage 4 Ongoing coding
- The intial codes from narrative account 1 were used to code subsequent narratives and new codes also identified
- No limit was set on the number of codes identified
- Codes were collated around the topic guide areas for each narrative

Stage 5 Identification of themes
- Themes were identified for each set of codes
- A mind map of each area of the topic guide was created and this was used for theme identification
- The themes were organised into a mind map, again focused on the topic guide questions

Stage 6 Application of theoretical model
- The themes were organised into the research question headings
- The theoretical model was then applied to the themes and they were categorised into Capital, Habitus and Field
- The themes were also categorised into Interaction, Continuity and Situation to reflect the methodological approach taken

An example of the initial coding of a section of a narrative account is provided in Appendix 8. The codes were then collated together from each narrative account around the topic guide questions (Appendix 9). Following this the next stage of the analysis was to identify themes from the codes. This was again directed by the research questions, an important element of reflexive thematic analysis (Braun and Clarke 2019). Appendix 10 shows how the themes were identified. The final stage of the data analysis process was to organise the themes using the research questions:

- How do nursing students characterise 'becoming a nurse'?

- How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?

- In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice setting?

- To what extent do students' perceptions of assessment, whether within their training or preceding it influence the way in which they understand its contribution to their becoming a nurse?

Once the themes had been generated these were then mapped against Interaction/Field, Continuity/Capital and Situation/Habitus (Figure 5) so providing a framework that enabled the discussion of the results in the context of both narrative inquiry and the concepts of Bourdieu (Bourdieu 1977, Clandinin and Connelley 2000), this discussion is presented in Chapter 5.

Figure 5 Mapping of the Themes

Continuity/Capital

Experiences/views of assessment prior to starting the programme:

Exposure to nursing/healthcare

Who can be a nurse?

Assessment preferences

Own versus wider views of nursing

Infleunces and values that directed the partcipant to nursing

Experiences of assessment and previous study

Situation/Habitus

Conceptions of nursing during the programme:

Knowledge and values of a nurse

Experiences as a student

Role of a nurse

Conceptions of assessment:

Transition to university

Assessment preferences

Assessment at university

Interaction/Field

Influence of university assessment:

Nursing Knowledge

Relevance to nursing

What skills and knowledge does assessment devlop?

The content and structure of assessment

Theory-practice gap

Influence of practice asessment:

The process and content of assessment

Mentors/Assessors

Grading/Feedback

Becoming a nurse:

Feedback is important

Assessment is important

Theory versus practice

Theory-practice gap

Assessment preferences

The final section of this chapter outlines the ethical issues considered as part of the study.

3.5 Ethical Issues

Within narrative inquiry ethics is a set of responsibilities that focus on the nature of the human relationships constructed within the research (Clandinin 2006). The researcher is responsible for the dignity, privacy and well-being of the participants and there is a duality in their role: that of developing a purposeful relationship with the participants and also of being professionally responsible for the process of the research (Clandinin 2006, Wang and Geale 2015).This study posed a number of ethical issues that needed to be considered. The study design was underpinned by the British Educational Research Association (BERA 2018) ethical guidelines and ethical approval was gained from King's College, London the institution in which the study took place (Appendix 11). Recruitment of students to the study was undertaken following the guidance of the approving institution which meant that the researcher did not directly approach any students and invitations to participate were sent out by programme administrators. Participants received a participant information sheet (Appendix 4) and signed a consent form (Appendix 5) prior to undertaking the interview. Data were stored in line with the King's College, London data management procedures.

It was recognised that participants could feel potentially vulnerable for two main reasons: the researcher/student relationship and the nature of the topic

under discussion. Narrative inquiry is dependent upon the development of a relationship between participant and researcher so the nature of the power dynamic within this relationship was considered (Clandinin 2006). Hence the invitation to participate did not come directly from the researcher and it was made clear to students that their data were anonymised and there was no link between any assessment processes and their participation in the study. Because the interviews and demographic data collected asked for information about the participant's assessment experiences and grades the researcher was mindful of the ways in which this might make the student feel. The researcher is an experienced member of academic staff so was attentive to the participants' responses and checked to see if any of the issues under discussion were becoming uncomfortable for the participant during the interview. Participants were also given information about how they could access support if the research evoked strong feelings within them.

The other main ethical consideration was that the research is what could be deemed insider research (Sikes and Potts 2008). The researcher and the participants were both part of the same faculty and there was the potential that this could exert some influence over the research (Drake and Heath 2008). This is not an uncommon situation in HE with many researchers undertaking studies which explore their own work or that of colleagues (Drake and Heath 2008). This can have advantages; the researcher has access to the setting and understanding of both the institution and the discipline, the use of the knowledge and understanding of the research

context can enhance the research process (Holliday 2007). There are however inherent challenges in this type of research (Sikes and Potts 2008). The researcher is vulnerable to potential changes in the view of their status within the institution by their peers and by students due to the nature of their research (Drake and Heath 2008). Reflexivity can help to ameliorate the potential effect of this (Bryman 2016). The researcher acknowledges that their own context and background has influence over all aspects of the research process (Bryman 2016). In this case the researcher had undertaken considerable work on assessment within the faculty and had also conducted previous research about student views of it. In order to ensure this was not unduly influential on the research, in particular the data analysis, the researcher took steps to minimise this influence. One of these was the involvement of participants in checking their narrative accounts and ensuring they reflected their story. Other measures included careful attention to the coding and theming processes undertaken as part of the data analysis to ensure that all codes were identified and none either included or discarded based on preconceptions (Braun and Clarke 2006).

From a participant perspective this was managed by the ethical process and the requirement for data to be handled and stored in a way that maintained their anonymity. Participants were also made aware of the date by which they could withdraw from the study so alerting them to the opportunity to not continue even after the interview had been conducted. This minimised the

risk of their participation in the research having any effect on their role as a student within the Faculty.

This chapter has outlined the theoretical and methodological considerations of the study. The findings will now be discussed in Chapter 4.

4 Study Findings

The aim of this study was to explore how nursing students' perceived assessment influenced their journey to becoming a nurse. Narrative accounts were prepared using interviews and field texts and these were then analysed using reflexive thematic analysis. Demographic data (presented in the next section) were also collected to provide contextual information relating to the interview data and participants' experiences of being part of a narrative interview are discussed. The final part of the chapter discusses the themes identified from the narrative accounts.

4.1 Demographic data

The demographic data collected as part of this study was primarily used to create biographical portraits of the participants. These portraits provide a snapshot of the participants, identifying their previous healthcare experience and some of their motivations to apply to a nursing programme of study.

The portraits are presented here:

Biographical Portraits

Participant 1: Claire

Claire is 23 years old and was drawn to study nursing because of her experiences of caring for children in a variety of different settings. Claire was unable to complete her schooling due to illness so she studied an access course prior to applying for the programme. Claire has chosen to study children's nursing because of her affinity with children and their families. Claire very much enjoys working with children and their families and initially considered studying primary teaching.

Participant 2: Lily

Lily is 22 years old and is studying adult nursing. Lily studied 'A' levels prior to starting the programme and attended a high achieving all girls grammar school. She felt that her school was very focused on going to university and she struggled to identify what she should do initially after completing her schooling. She applied for a degree in criminology but then decided not to do this and studied art foundation for a year. Finally, Lily chose nursing as she wanted to have a job that was meaningful and included interaction with people. She also felt that nursing would provide her with a lifelong career. Prior to starting the programme, she worked in a retail environment for a year.

Participant 3: Flora

Flora is a mature student and has two children. She is married and worked with her husband for six years. Flora returned to the UK to study mental health nursing after a period of time working in Bangladesh. Flora has always been drawn to jobs that have an element of social justice to them and in Bangladesh she worked with street kids and sex workers. She decided to study mental health nursing following these experiences and she left the company she ran with her husband in order to do this. She previously studied to degree level and has mainly worked as a freelancer or self-employed person for the majority of her career.

Participant 4: Bob

Bob is a mature student who studied to degree level and worked before starting the programme. Bob wanted to develop a new identity that separated him from his previous career so he chose to do this by studying nursing. Prior to this Bob worked in business and marketing but was dissatisfied and wanted a job where he could have an impact on people. He had experienced hospital as a patient and saw the role that nurses played. He also worked in a care home to gain some experience of healthcare work before applying for the programme. He feels that his decision to study nursing was part of a complete identity change for him.

Participant 5: Nora

Nora applied to study nursing almost immediately after completing the first year of a degree in business. She undertook an access to nursing course at a local FE college. Nora has been studying for almost five years continuously. She worked part time in retail whilst undertaking her access course. Initially Nora thought she wanted to be a midwife after watching TV programmes about midwifery but she settled on nursing whilst doing her access course. She was attracted to nursing as she felt there was an energy amongst the staff that she had seen when visiting hospitals that inspired her.

Participant 6: Sophia

Sophia came to university straight after her 'A' levels. She is 23 years old. She undertook some voluntary work at a local hospital in the children's ward and this made her certain of her choice to study nursing. Sophia came from a different country to the UK just before taking her GCSEs so this was very challenging for her. She was used to studying a much broader curriculum and when she had to choose her 'A' levels she found the narrow focus restrictive. She chose nursing in preference to medicine because when she was on her work experience she saw the relationships that the nurses had with the patients and their families and wanted to be part of this. She did not observe this same closeness between the doctors and the patients.

Participant 7: Jessica

Jessica had undertaken one week of work experience in a healthcare setting prior to starting the programme. Jessica came straight from school to university and is 21 years old. She was a patient herself when she was 15 and originally applied to study midwifery as she felt the nurses didn't engage much with the patients when she was in hospital. Her application to midwifery was unsuccessful but she was offered a place on the nursing course so decided to take it. She would not like to be a midwife now she has almost completed the programme and is very happy that she took the opportunity to do nursing. She loves the interaction with the patients and the work that she undertakes.

These biographical portraits are a useful part of the narrative approach as they allow the reader of this study to create an identity in their mind for each participant. As narrative inquiry is concerned with the stories of participants (Connelly and Clandinin 1990), the researcher felt it was important that the readers of the study could create an ideation of each participant against which their story could be seen. The biographies are, as in much qualitative research, an interpretation of the participants by the researcher and they do not aim to capture all facets of them. They do, however; hopefully provide a sketch of each participant that is illuminating.

The complete demographic data collected about the participants is presented in Table 2. The students who chose to participate in the study are largely reflective of the student body undertaking the programme from whom the sample was drawn, with two mature students, one male student and a range of ethnicities represented. The entry qualifications of the students also represent the diversity of entry paths to nursing programmes in the Faculty.

Table 2 Demographic Data of Participants

Participant Pseudonym	Age	Sex	Ethnicity	Highest educational qualification on entry to the programme	Average grades for completed years of the programme	Field of nursing studying on programme
Claire	23	Female	White British	Access to nursing and midwifery with distinction	1st year: 73 2nd year: 58	Child
Lily	22	Female	White British	'A' levels	1st year: 57 2nd year: 64	Adult
Flora	46	Female	White British	BSc	1st year: 75 2nd year: 64	Mental Health
Bob	28	Male	White British	BSc	1st year: 65 2nd year: 73	Adult
Nora	23	Female	Pakistani	Access to nursing and midwifery with distinction	1st year: 54 2nd year: 52	Adult

Sophia	23	Female	Latin	'A' levels	1st year: 65 2nd year: 68	Adult
Jessica	21	Female	White and Asian	'A' levels	1st year: 61 2nd year: 60	Adult

As table 2 shows the grade profile data for each student demonstrates that most were achieving at the middle to higher range of the grade scale. The relevance of this however is unknown. It could be suggested that they were students who were more engaged with the programme and willing to participate in research but this would be speculative. What the data do demonstrate is that they were all students who had been able to achieve successfully on the programme. The next section of this chapter discusses the participants' views of being part of the narrative inquiry process.

4.2 The experience of participating in a narrative interview

When participants were asked for their views of the narrative account prepared from their interview transcript, they were also asked the following two questions by e-mail:

- How did you find the experience of undertaking a narrative interview?
- Has undertaking the interview changed your views on assessment?

The aim of asking these two questions was to explore the experience of participating in a narrative interview with them and to see if this experience had altered their view of assessment in any way. All of the participants responded positively about the experience of participating in the narrative process:

> *'I enjoyed the narrative process. To externalise some of my thinking brought reflection.'*   Flora

'The experience of the narrative was a space that felt comfortable and safe to speak openly and honestly. I was glad to voice how I felt about the degree in a way that is not normally asked about. It felt good to talk about areas which I hadn't previously reflected on.'   Nora

Participating in the narrative process appeared to trigger a process of reflection in the participants linked to the opportunity to talk about themselves, their thoughts about being a nurse and their experiences of assessment:

'It's something I've never done before, overall very positive it made me realise how far I've actually come along in my journey of becoming a nurse.'   Jessica

'I found that this experience encouraged me to re-evaluate my past and to consider my feelings and personal growth in a new way. I found that it allowed me to find meaning in my past experiences and to also find positives in some of the more negative experiences that I have gone through.'   Bob

Some participants identified elements of the narrative interview process that had created an environment in which they could talk and think freely:

'I really enjoyed the narrative participation, it was a more relaxed but through discussion I found out opinions of the profession, course and assessments that I didn't even know I had.'   *Claire*

> *'The interview was well structured and well-paced; allowing me the*
>
> *space to open up of my own accord and to develop understanding of*
>
> *my own experiences as I went along.'* Bob

Creating this interview environment was an important aim of the way in which the interviews were organised and conducted by the researcher, providing the space for the development of the trusting and open relationship that is a key facet of this approach (Clandinin 2006, Wang 2017). The interview also provided the students with their first opportunity to engage in research rather than just read the research of others. This again proved to be enlightening and positive for them:

> *'I enjoyed taking part in the interview for your research, I would be*
>
> *inclined to take part in further research now and it was a good insight*
>
> *for me if I ever go into the research route. '* Lily

The second question posed in the follow up e mail aimed to uncover if talking about assessment in such depth had in any way altered the participants'' perceptions of it. The responses to this question were more mixed with some participants stating it had and some others that it had not:

> *' I found that talking about examinations made me think about why*
>
> *they are important and how they can affect us as students, it made me*
>
> *feel like this theme should be spoken about more often.'* Sophia
>
> *'This interview has made me appreciate the process of assessment in*
>
> *a balanced way; considering the perspectives of both the assessor*
>
> *and the person being assessed. I understand that assessment must*

be a balanced process that considers both the expectations of the

person being assessed and the realities of both budget and time.'

Bob

'I don't think that doing the interview has changed my predominant

views of assessment: i.e.: that on occasion practice and assessment

doesn't/ can't match. And that I was expecting a course that was

weighted more towards practical teaching and assessment rather than

theory and essays' Flora

'It hasn't changed my views on assessments; I'll still try my hardest

and always prepare for a grade that's always unpredictable.' Nora

One participant (Claire) felt that the interview process had enabled her to

think reflectively both about assessment and also about nursing:

'I also feel that not only did the interview improve my views on

assessments, but on the profession I'm about to enter. I will always

view the assessments as very challenging in different ways. However

since discussing with you, I have realised how much it has influenced

my knowledge base for this role and how each assessment has

directly impacted the following assessments. Without realising it, they

had all prepared me in some way for the next assessment coming.'

Claire

These responses show that participating in research, being given the

opportunity to discuss oneself and to reflect on the experiences you have had

can be illuminating for participants. The process appeared to be a fruitful

opportunity for them to clarify and make meaning of their assessment

experiences. It also demonstrated the power of using an approach such as

narrative inquiry with students; this is an approach not widely used in the

domain of exploring students' experiences of assessment and this study has

shown how it can have different effects for the participants. It can provide a

space for reflection and discussion in addition to answering research

questions. The themes identified from the research questions will now be

discussed.

4.3 Themes identified from the data

The following themes were identified from the data; these are presented using the research questions as a guide.

Table 3 Identified themes

How do nursing students characterise 'becoming a nurse'?
Exposure to nursing and healthcare
Influences that directed the participant to nursing
Values that directed the participant to nursing
Own versus wider views of nursing
Who can be a nurse?
Role of a nurse
Knowledge and values of a nurse
Experiences as a student
How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?
Nursing knowledge
Relevance to nursing
What skills and knowledge does assessment develop?
The content and structure of assessment
The theory-practice gap
The process and content of assessment
Mentors/Assessors
Grading/Feedback

Feedback is important
Assessment is important
In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice setting?
Contribution of university and practice assessment The theory-practice gap
To what extent do students' perceptions of assessment, whether within their training or preceding it influence the way in which they understand its contribution to their becoming a nurse?
Experiences of assessment and previous study Transition to university Assessment at university Assessment preferences Theory versus practice

In this exploration of the themes the voices of the participants are presented in two ways: direct quotes are used from both the narrative accounts (labelled N) and the interview transcripts (labelled I). This allows the voice of the participant to be fully heard within the findings of the study and reflects the importance of the narrative account to the findings (Clandinin 2006).

4.4 How do nursing students characterise 'becoming a nurse'?

The data suggest that there are multiple influences upon how the participants viewed nursing prior to their entry to the programme and also how their views developed once they were studying on the programme. Some of the influences directed the participant to choose nursing as a career whilst others were presented as more internalised processes in which the participant self-reflected and decided to make a change of career to nursing. Other influences such as the media and personal experiences were discussed in terms of the perceptions of nursing that they engendered in the participants. The themes related to the factors that directed the participant to choose a career in nursing will be discussed first.

4.4.1 Exposures, influences and values that directed the participant to a career in nursing

The participants had a variety of exposure to healthcare and nursing prior to programme entry ranging from no experience at all to volunteering in hospital or working as a carer in the community for a child and their family:

> '*I worked as a carer and support worker for children with disabilities, a lot of the children had cerebral palsy or autism, so it wasn't so much clinical healthcare as it was community.*'   Claire (I)

Sophia volunteered at a local hospital in the children's ward and because she told the staff she was interested in a career in nursing they allowed her to spend time with the patients and gain a deeper insight:

'The official job would be to clean and tidy it up but because I told the mentor there that I wanted to go to nursing or to healthcare because at the time I didn't know which healthcare programme, where I wanted to go. So she allowed me to have a role of more going to the ward….. So that's what I did and that's how I decided that I wanted nursing.'

Sophia (I)

Some participants including Bob and Jessica had been patients themselves and this had inspired them to consider a career in healthcare. Jessica had originally applied to study midwifery but was unsuccessful so was offered nursing instead. This change had proved to be the correct one for her and she stated that she was very pleased to have studied nursing:

'Then I started the programme and everything changed! Now I do not want to be a midwife, I love everything.' Jessica (I)

In addition to having direct exposure to healthcare some participants such as Flora had chosen nursing because they had worked in areas that had a caring or social justice element to them. Flora had worked with children and young people with mental health problems and sex workers overseas and this drew her towards a career in which she could make a difference:

'My husband and I had actually run a business together which still exists….., a social business, and I think possibly a lot of my decision to re-orientate back to this nation through becoming a registered

mental health nurse was to do with my experience ….. overseas'.

<div align="right">Flora (I)</div>

For some participants the choice to do nursing was predicated on their perceptions of their own skills and how these could be put to best use. Bob in particular, who had studied previously to degree level and worked in business, underwent a lengthy process of self-reflection that culminated in a complete shift in his identity and his ideations about what he wanted to do with his life. He volunteered at a local hospital and this made him realise that he needed to change his job:

> *'It really felt like I was starting to make some sort of difference and it felt like this path was right for me.'*   Bob (I)

For the majority of participants the opportunity to work with people was an important factor in their decision to study nursing and all of them except for Nora had gained experience of this through a variety of means: working in retail, working in business and from their volunteering. This breadth of previous experience is largely reflective of the student population within the Faculty.

> *'I knew I liked customer service and having interaction with people….*
> *I'd always thought about midwifery and nursing, that kind of thing….*
> *so I applied for nursing.'*   Lily (I)

The final influencing factor for participants was their interactions with nurses. This seemed to have a positive influence on participants and directed them to thinking that nursing could be a career they would enjoy:

> *'The only thing I know is that if I was ever in a hospital I would always notice just how busy and people looked so occupied, like the nursing staff and all the staff there, and I just thought I like this buzz,… I just want to be part of that.'*   Nora (I)

> *'When I was volunteering I noticed that the doctors spent lots of time in the office and did not interact with the children and their families in the same way that the nurses did. The nurses had much closer relationships with the families and they knew them much better.*
>
> Sophia (N)

In a similar way to the influences that directed participants to nursing, their views of nursing were influenced by a variety of sources; some could be characterised as internalised and others appeared to be more external such as television or media portrayals of nurses. Not all of these views of nursing, as expressed by the participants, were positive and these will now be discussed.

4.4.2 Own versus wider views of nursing

The participants were asked what had influenced their views of nursing prior to entry to the programme; some sources as discussed previously were

through direct experience, either as a patient or by working or volunteering in healthcare. There were, however, other influences identified during the interviews:

> *'I think when you hear stories about nurses you don't really hear anything, it's just kind of like Florence Nightingale is the ideal nurse and things like that but the media portrays nurses in quite a negative light.*
>
> Lily (I)

> *'My ideas about nursing were influenced by the media ……Societal views of who nurses were and what they did also influenced my perceptions and I suppose this in turn was influenced by the media.'*
>
> Bob (N)

The two participants' (Jessica and Nora) who initially thought they would like to do midwifery were both influenced by television portrayals of midwives:

> *'Initially the plan was to be a midwife because I've watched the programmes and always thought, do you know what that looks great.'*
>
> Nora (I)

> *'I watched One Born Every Minute, so I got that aspect of what the midwife does but not much for nursing really.*
>
> Jessica (I)

Some students had direct experience of nursing through family members or their own illness and this had influenced their ideas:

'My perception of nursing prior to starting the programme was of someone being caring. This was based on personal experience in my family, my aunt was ill and she would always talk about the nurses and how lovely and caring they were.' Lily (N)

Participants also had views of nursing that appeared to be internalised:

'I was not influenced by any images of nursing so my ideas about it were my own. I think it was my image. I don't think I've seen any nurse that I've imagined I might be.' Flora (I and N)

What was clear from the interviews was that there were multiple influences on the participants' perceptions of nursing, some positive and some negative. The negative perceptions did not, however, deter the participants from embarking on a nursing programme of study. Intertwined with the perceptions of nursing were the participants' ideas of who could be a nurse and what a nurse did.

4.4.3 Who can be a nurse?

The participants were not directly asked who they thought could be a nurse but in their responses to the question about what their perceptions of nursing were prior to starting the programme, some discussed who they thought could become a nurse:

'So I thought that to be a nurse you needed to be a kind, caring, loving person, I viewed nursing as a vocation. I knew obviously logically that

they had to be made….. I had this impression that it was almost a

natural pathway for people.'

Bob (I and N)

Bob was not alone in his perception of nursing as a vocation, with Lily also identifying this, however in Lily's case this was related to the concept of gaining a professional qualification in addition to a degree:

'So you get a profession out of the degree.' Lily (I)

Like Bob, Claire also discussed the concept that in order to be a nurse you needed to have some inherent qualities that could be built on and developed:

'So you have aspects of you or characteristics that mean you would be

very interested in what it means to be a nurse and how to become

one.' Claire (N)

Whilst Bob and Claire expressed the view that there were qualities that might be inherent within people that both drew them to nursing and perhaps facilitated their ability to be a nurse, they both also acknowledged that these were attributes that could be developed:

'But then if you don't have the skills I don't see why you can't become

a nurse. I think anyone can learn to be compassionate. Claire (I)

'I don't believe that you are born to be a nurse, but you do need to

have the kindness within you and the nursing programme brings that

out. I believe that anybody could become a nurse.' Bob (N)

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This perception that you can be taught to be a nurse is interesting as it could be suggested that there is still a portrayal of nursing within the media and public domain as being a vocation and a role that only certain people (often women) can do (Gillett 2014), the students expressed here an understanding that you can be taught to develop the attributes of a nurse:

> '*I feel that all people inherently have the ability to become a nurse, and that this course draws out the best inherent qualities that people already have hidden inside of them,……. I guess I had the view that it wasn't something that anyone could do and that you had to be a certain kind of person to be a nurse. But now I feel like it is something that anyone can become*'   *Bob (I)*

Another area that was discussed by participants related to their perceptions of nursing was the role of a nurse. Participants discussed what they thought nurses did in their day to day working lives. This was an area that changed as they experienced the clinical practice of nursing on their programme of study.

4.4.4 Role of a nurse

Prior to their engagement with their programme of study the participants had, the data suggests, narrow views of the role of a nurse:

> '*I thought nurses didn't actually do that much. I just thought all they do is just give medication, make sure their patients are okay.*   Jessica (I)

'Before I started the course I thought nursing was doing the daily cares for people but not as high medical involvement as I now know that you have.'   Claire (I and N)

'Before I started the programme I viewed nursing as an extension of the caring skills that people already had.'   Bob (N)

The idea that nursing, as Bob, suggests is about caring for a person was reflected by Flora:

'Before starting the programme I thought that nursing would be centred on caring and developing one to one relationships with clients.'   Flora (N)

Flora also perceived that the course would be very practice based:

'I thought the course would be very practical and that I would learn all of the skills I needed to solve all of the problems that I encountered. I thought I'd learn all the skills to answer all the problems of caring.'

Flora (I and N)

This is an interesting perspective from Flora as she had applied to study mental health nursing in which, the provision of care to patients is more focused on one aspect of their needs, psychological than in other fields of practice. This reflects Flora's personal beliefs about health and wellbeing:

'I imagined that more physiology would be used in the practice setting as I believe very strongly that the mind and body are closely linked. '

Flora (I and N)

Other participants did not discuss their perceptions of the role of the nurse prior to starting the programme, but they all identified how their perceptions had changed since starting the programme. They all stated that they had underestimated the complexity of the work of a nurse and also the myriad of skills required to provide care to patients:

'Since I started the programme I have to come to realise the complexity involved in being a mental health nurse. Now I see it as a role of many hats is the first thing.'   Flora (I and N)

'I think that they do a lot more than I initially thought.'   Lily (N)

'Now I have been on the programme I can see how complex the role of the nurse is. It is not related to the clinical skills because I think anyone can be taught to do skills but the emotional and psychological support you need to provide to patients.'   Sophia (N)

Participants also identified that they felt many people did not understand the role of the nurse and the complexity of it, Claire suggests that the work of nurses is unrecognised':

'I think a lot of it is hidden from what everyone classes being a nurse is.'   Claire (I)

Claire also identified that she did not appreciate the scope of a nurse's responsibilities prior to starting the programme:

> *'The main way in which my view of being a nurse has changed since I started the programme is my understanding of the level of responsibility that nurses have.'* Claire (N)

Other aspects of their perceptions of the role the nurse that the participants discussed were related to team working and management. Lily found that other health care professionals were more reliant on nurses than she had anticipated:

> *'…..from what I've seen on placement a lot of the doctors will come to the nurses and ask for their opinion more, so the nurse obviously they're a lot more experienced with working on that ward for thirty years in oncology compared to a brand new doctor who is only just doing a rotation or something, they might not really have that much experience. A lot of the time I think the teams rely on nurses a lot with knowledge and information.'* Lily (I)

Whilst Nora felt that nurses were at the centre of the team as they were the constant presence in the care of patients:

> *I feel like we're the multitasking circle that branches out to medicine, pharmacy, physios, OTs (occupational therapists) and things but we're the middle part that is a bit of everything of that.'* Nora (I)

Flora focused on the managerial responsibilities that nurses have and summed up her observations about this very neatly:

> '*I thought I'd be painting the room not organising for other people to paint the room.*'   Flora (I)

These ideations about the role of the nurse were closely linked to the participants' responses about the knowledge and values that nurses needed.

4.4.5 Knowledge and values of a nurse

Understanding how the participants viewed the knowledge and values required to be a nurse was a key factor in also being able to understand how the participants viewed the different forms of assessment they undertook on their programme of study. As with their perceptions of the role of the nurse the participants reflected on the complexity of knowledge and skill required:

> '*We need a broad range of skills and knowledge to be a nurse so it is like we need to know a bit about everybody's job.*'   Nora (N)

> '*The other area that has changed for me is my understanding of the amount of knowledge that nurses need. I have to know quite a lot but I don't think people realise how much we know*'   Sophia (I and N)

When discussing nursing knowledge participants reflected, as they had previously about the role of the nurse, that people underestimated the knowledge required to be a nurse. The knowledge identified included biological, psychological and sociological aspects of care in addition to managerial and communication skills.

Linked to the knowledge required to be a nurse were the values that participants identified as being desirable in a nurse. Before starting the programme, some participants, felt that these values were innate, but all of the participants who discussed this issue felt that these values could be developed or learnt whilst on the programme:

> *'Where I feel that all people inherently have the ability to become a nurse, and that this course draws out the best inherent qualities that people already have hidden inside of them, in order to enable them to become a nurse.'*   Bob (I)

> *'I find even my personality changed with nursing because I find I'm more patient with people, I'm more caring with people, I'm more empathetic with people which before as most young people you're very judgemental,…..and nursing changed me because it made me feel like actually you shouldn't judge others because you don't know what they are going through.'*   Sophia (I)

In summary, participants identified that the role, knowledge and values of a nurse are complex and that they had underestimated this complexity prior to starting the programme. The final theme to be discussed in this section is experiences as a student and how these influenced the participants' responses that created the themes previously discussed in this section. This theme is important as it was reported that these experiences were influential on both the participants' development on the programme and also their views of it.

4.4.6 Experiences as a student

The participants reported a variety of experiences on the programme that were important to them. One area was the stressfulness of the programme both in relation to being on the programme and the care of patients:

> '*I think the degree is much harder than people realise with the balancing of university and placement.*'   Lily (N)

> '*The second thing that I have realised is how stressful it can be to work as a nurse. You are expected to manage multiple demands and priorities in an environment that is often lacking in resources.*'
>
>   Flora (N)

Sophia discussed the emotional demands that nursing placed upon her:

> '*I never knew how emotionally draining nursing can be, if that makes sense?*'   Sophia (I)

Clinical placements were identified as an area of both learning and stress. Participants felt that they learnt a large amount whilst on placement but the continuous moving from one placement to another that is a requirement of the programme was challenging:

> '*Placements, I think is quite difficult when you go out on them because you are in a completely new environment every time, it's like starting a new job ten times.*'   Lily (I)

The positive aspects of clinical placement were however more prominent in the data than the negative:

> '*I always really enjoy when I go on placement, like I'm really excited to learn new things, interact with new people and the patients and help them.*'   Lily (I)

> '*The nurses that I have seen in practice have been really good role models and shaped my ideas about what nursing is.*'   Jessica (N)

As the clinical environment is one in which assessment takes place it was useful to gain some insight into how the participants perceived it and also how the nurses they encountered could be influential. This is a theme that is explored further in the section on how the participants viewed assessment undertaken in the practice setting.

In summary this section has explored how the participants perceived what it means to be a nurse for them and how their experiences have shaped their views of what nurses do and need to know. It has also identified how the participants' perceptions of nursing have developed on the programme. The next group of themes to be discussed are those relating to the participants' perceptions of assessment.

4.5 How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?

The first part of this section focuses on the themes relating to the participants' responses to questions about how they perceived assessment in the university contributed to their becoming a nurse. Participants discussed university assessment in relation to several different areas: how it contributes to the development of their nursing knowledge, the relevance of the assessment to their perceptions of nursing and what nursing knowledge is, the broader skill that assessment can develop, the content and structure of assessments and finally the theory-practice gap and how university based assessment influences this.

4.5.1 Nursing knowledge

The theme of nursing knowledge related to participants' perceptions of both what constitutes nursing knowledge and also how the assessments contributed to the development of their own nursing knowledge. The participants' identified clear differences in the way they perceived the content of the programme and the ascribed value of it to their knowledge as a nurse. Science based subjects such as biology, pharmacology and the study of diseases were perceived to be of more value to them than the content that was related to sociology or policy. These latter topics were described as being 'theory.'

'I think the value of the assessments and some of the module content in the university is harder to understand and see the value of. The theory is much more difficult to see the same, it's more difficult to see the same value in the theoretical sides at first.' Bob (N and I)

'One module that I have found relevant was biology. This is because I could direct apply that knowledge and the assessment to my practice as a nurse.' Nora (N)

The assessments were perceived to be part of a process of building the participants'' knowledge and skills to become a nurse. The participants placed value on content and assessments that they felt had a direct relationship to the practical skills required by nurses:

'So some things I think are really useful when you are actually nursing on a day to day basis because you are going to use things like this all the time, like solve a patient's need and their problem, figure out the goals and interventions and then evaluate how this worked.' Lily (I)

There was a perception amongst some participants that the modules that were assessed by exam were more relevant to the practice of a nurse than those that used essays:

'The subjects that used exams were definitely more applicable to practice.' Sophia (N)

This was not the complete picture, however, with three participants reflecting on a particular essay they had undertaken for a module called Evidence

Based Nursing and how this module had had a significant effect on their knowledge and skills as a nurse:

> *'I have however found some of the assessments to be useful as they have the possibility of influencing my practice. So I have learnt how to use evidence and how to reference.'* Flora (N)

> *'The one area that they have helped is in my understanding of evidence based practice and how to search for and use research. This I think has been very helpful to my development as a nurse'*
>
> Sophia (N)

There was a sense from the participants that some of the content of the modules, and therefore the assessments related to those modules, whilst interesting was not directly relevant to their development as a nurse at that moment. They could see how these topics, characterised as theory (sociology, policy) could be useful to them but they needed knowledge that had an impact on their ability to participate in clinical nursing care. One participant expressed this as linked to a feeling of vulnerability in practice that required knowledge directly related to the practical (technical rational) skills of nursing to help the student to manage it:

> *'Purely on the basis because I've not used it in practice and when you go into practice you already feel so vulnerable and you need all your tools essentially to get through a placement.'* Nora (I)

One aspect of the teaching and assessment of the content categorised as 'theory' that the participants found helpful was the discursive element of the learning related to it:

> 'You speak about stuff that not necessarily you would think or you wouldn't want to speak out loud. So you speak aloud about inequalities and the way we perceive people and the way they suffer without stereotypes and all that, so you learn quite a lot about the philosophy in a way behind every act that we do. So it makes you think a lot.'
>
> Sophia (I)

In summary participants categorised the knowledge of a nurse as being focused on what they identified as 'science' subjects with other programme content being characterised as 'theory'. This was seen to be interesting but not immediately useful. These ideations about what constitutes nursing knowledge were closely linked to the participants' perceptions of the module content and assessment and its relevance to nursing. This will now be discussed.

4.5.2 Relevance to nursing

The relevance of content and assessment of the programme to nursing was expressed by the participants in different ways. As discussed above there was the categorisation of knowledge into different groups dependent on its perceived usefulness but there was also recognition that some of the content and assessment was developing knowledge and skills that would have long

term influence for the student rather than a short term impact. It appeared that this appreciation of the value developed as the participant experienced more clinical practice and was able to see how policy and other topics such as social determinants of health affected their practice as a nurse:

'I mean I did have an idea but it's difficult to have an appreciation for it until you have that experience. I think that's the case for most people really. In general I do understand why we do the sociology side of our module but I think that there's a dichotomy here in the sense that it's very focused on our long-term development whereas the practical side things it's very short term.' Bob (I)

Some participants however felt that the majority of the assessments undertaken in the university had little relevance to their practice as a nurse:

'I think that a lot of the assessments undertaken in the university were not relevant to practical nursing and were a waste of time. They do not focus on the relevant knowledge. '

Lily (I and N)

'I think the assessments in the university can lack relevance and some of the subjects that we study and are assessed on are too academic.'

Nora (N)

This appeared, as with the nursing knowledge theme, to be related to the participants' perceptions of the usefulness of the assessment to the technical

rational skills of nursing. This was partly related to their experiences in practice where they suggested that certain types of knowledge (biology, diseases, and practical skills) were highly valued:

'Yes because there will be things that I'm asked in practice, do you know this and this, and then I say no. And they'll say do they not teach you that, and I'll say no but then I'll say but I do know how to compose a multidisciplinary team meeting.' Nora (I)

'I think that the clinically focused modules and assessments undertaken in the university are more valued by students and staff in practice.' Jessica (N)

It was also related to their perception that the university based assessments were not measuring their skills as a nurse, so they could be achieving highly in their practice assessment, but not so highly in the university assessments and this was a perceived as unfair:

I don't feel that the assessment I have undertaken in the university represents my skills as a nurse. You feel like that grade defines you when really you can go into practice and someone will say 'Oh wow you are going to make a great nurse'. Nora (I and N)

'Many of the nurses I have spoken to would say that they were not so good at the academic work in the university but were very good in practice so it would be nice if that was reflected by a mark.' Claire (N)

The perceived relevance of the content and assessments did however change through the participants' time on the programme:

> *'It was mainly assessments in the first year of the programme that I found less relevant those in the second and third year have been a lot more relevant.'*   Nora (N)

> *The lack of relevance of some of the assessments is related to the content of the modules. Some of what we were taught in first year I think is common sense and I would have preferred to be learning more practical skills.'*   Lily (N)

There was also an element of reflection in the consideration of the relevance of the assessments with Claire identifying that whilst the relevance may not be immediately obvious, looking back she could see how they had informed her development as a nurse:

> *'When you are undertaking assessments in the university it can feel like when you are writing them they are not helpful to becoming a nurse at all but once you have completed them and you look back you can see that both the content and the skills you are developing through undertaking the assessments are relevant.'*   Claire (N)

This theme of relevance is closely linked to nursing knowledge and how participants' perceived assessment contributed to their development as a nurse, there was also an appreciation from the participants that the purpose

of assessment was not just to gain knowledge but to develop other skills as well.

4.5.3 What skills and knowledge does assessment develop?

There was a strong sense in the data that the participants could see how the purpose of assessment was to develop a broad range of skills, not just test knowledge. This was identified by the participants in different ways for example: Claire focused on the professional aspects of being a nurse that assessment contributed to:

> *'Written assessments can help you to develop your professional attitude in the way that you write. They can help you to understand that there is not just one way to approach practice and you need to explore different avenues to establish what is best for the patient. They can also help you to develop your professional language I think just the language that you use is very different to the way you would talk…..Writing essays with a word limit helps you to develop the skill of writing in a concise way.'*   *Claire (I and N)*

Flora also identified that the assessments could contribute to your professional values and attributes as a nurse:

> *'But I do think that the things I've learnt about candour, the things I've learnt about respect, the things I've learnt about courage are incredibly difficult to do in practice but I do see they are absolutely vital and so the things I've learnt here about what is just not on as far as adult*

safeguarding is concerned for example has definitely given me

confidence in practice.'   Flora (I)

As identified previously some participants discussed the academic skills that assessments developed such as searching for and retrieving research for critique and to inform practice:

'Some of them are about developing your academic skills, evidence

based nursing is an example of this: And evidenced based practice

that helped so much for research.'   Lily (N and I)

This skill was identified as important by more than one participant. There were also other skills that were identified as being developed by undertaking the university based assessments. Flora identified resilience as one:

'Undertaking all of the university assessments has however allowed

me to build some resilience as I have had to do them and I think this

will be very helpful to me in practice.'   Flora (I and N)

The participants reflected on how modular content and then the writing of the assessment led to a process of self-reflection that developed their personal attributes:

Talking about these things made me examine myself and see what my

values and beliefs are. So it moulded me again to not be judgemental

and be more patient and maybe to take pleasure in the small things…

I think those subjects are quite good for the emotional part of nursing

and the way we actually treat people.'   Sophia (I and N)

Finally the actual process of undertaking an assessment such as an examination or writing an essay was linked to the development of skills that could inform their practice as a nurse:

> *'Assessment has helped me to develop some of the important skills and knowledge to be a nurse. It has been very helpful in developing my writing skills which are very important for the documentation you need to complete as a nurse. So MCQ's (multiple choice questions) can help you to develop your ability to make decisions quickly which can be very important in clinical care.'*   Claire (I and N)

From this extract it can be seen that the structure and content of assessment can be influential in the participant's perceptions of it.

4.5.4 The content and structure of assessment

How assessments were constructed and implemented by the university was discussed by participants in this part of the interview. They expressed the view, as identified previously by Claire that undertaking some types of assessments developed a wider range of skills. This was of particular importance to Sophia who felt that exams were very useful in focusing a student's learning:

> *'I think exams are important because there is the unseen element to them so you need to make sure that you learn everything whereas with an essay you are just focusing on one or two things so you could not learn the rest of the content.'*   Sophia (N)

It was felt by some participants that the programme was overly reliant on the essay as a way of assessing students and this this could lead to a narrow focus on student learning:

> *'When I think of assessment in the university I think of the production of pieces of written work. There's a certain amount of work I need to produce to tick the boxes. I am not sure that I have learnt through undertaking these pieces of work.'* Flora (I and N)

Participants felt that it was very important to make links both between assessments on the programme and also theory and practice and that this was not always achieved successfully:

> *'You could spend a lot of time researching and writing an essay but then not use any of the content when you are in practice.'* Lily (N)

Finally the concept of long term knowledge versus knowledge that had immediacy to it was of concern to the participants in relation to the structure and content of some assessments:

> *'Some of the theoretical assessments are for your long term rather than your short term development. Some modular assessments such as biology and the ones focused on acute conditions have a short term and immediate impact on your practice but some others are more developmental. If they have practical skills embedded into the module that also feels as though it has an immediate impact on you.'* Bob (N)

The next theme to be discussed in this section is the theory-practice gap. In this context it relates to the gap between what is taught and assessed in the university and how practice is enacted in the clinical environment.

4.5.5 **The theory-practice gap**

Participants expressed concern about the gap between what was being taught in the university and the clinical practice they were exposed to. There was a perception that the university taught a version of practice that was idealised and not founded in the reality of nursing as it is enacted currently:

> *'The challenge is that there is an idealised version of practice presented in the university and that you write about in assessments. This is not reflected in the reality of the practice setting when you are on placement.'*   Flora (N)

This appeared to be related to the focus within the university on practice that was evidence based and the reality for the participants that this was not always what they saw:

> *'What essays help me with a lot was the fact that I started realising the importance of evidence-based practice.'*   Sophia (I)

There was recognition from the participants that this was right and the university should be teaching from the evidence but for them it sometimes created conflict and uncertainty. This was related, for Flora, to a lack of resources:

'The teaching in the university is taught from and you are assessed on the evidence base but the reality is that best evidence is not used in practice primarily due to a lack of resources.'   *Flora (N)*

The other area discussed in relation to the theory practice gap was the relevance of the modular content and assessment to the practical skills of nursing and the importance of this to the participants. This had multiple facets, which have been discussed in previous themes in this section but in summary was focused on the immediacy of the knowledge to their ability to function as a student in the practice setting and also the value ascribed to different forms of nursing knowledge by both the participants and others.

This section has explored the participants' perceptions of assessment undertaken in the university; the themes relating to those undertaken in the practice environment will now be discussed.

4.5.6 The process and content of assessment

When asked for their views of the contribution of practice assessment, all of the participants identified both the process and content of the assessment as being important. There were different views expressed about the process of assessment in the practice setting. Some participants such as Sophia felt that it was fair:

'I think the assessment undertaken in practice is fair, that has been my experience.'   Sophia (N)

Whilst others reported that whilst their own experiences had felt fair other students had reported to them that this was not always the case and part of the process of being assessed was related to your ability, as a student to manage the process:

> *'I feel that it is also fair and transparent but I know that is not the case for everyone.'* Bob (I and N)

This lack of fairness was explained by the participants as being related to the rigour of the assessment and how this could be managed by a student. Some of this perceived lack of rigour was ascribed to the pressure that staff experienced but some was attributed to staff not being interested in the assessment of students:

> *'I don't feel that assessment in the practice setting is as rigorous as that in the university because of the pressure that staff are under.'*
>
> Flora (N)

> *'Some however would just not make the links between theory and practice and not be as rigorous in their assessment.'* Jessica (N)

There was a suggestion, from Flora, that students could manage their assessment by managing their mentor in practice. This involved directing the mentor to the parts of the assessment the student wanted to focus on. This was not perceived as being a negative action by the student but a necessary process that needed to be undertaken in order to have the assessment completed:

'I also feel that because the staff do not have the time that you can work the system to get your practice assessment document (PAD) completed. I can work the system definitely, which I think is really unfortunate.' (Flora I and N)

Claire, however, did not view this 'working of the system' in a negative light, she perceived that it developed the skills of team working:

'In order to get your PAD completed you need to negotiate and work as a team with your mentor and other staff so the PAD completion helps you to develop these skills.' Claire (N)

Other participants felt that the assessment was less pressurised than assessment undertaken in the university:

'Assessment in practice is not as pressurised as assessment in the university because you know that there are people in the practice environment looking out for you.' Claire (N)

'There isn't the pressure that there seems to be when in Uni.'

Jessica (N)

For Claire this was related to the quality of support she received in the practice environment and the fact she felt staff were supportive of students and wanted them to be successful in their practice.

The content of the document, the values, competencies and skills that were included, was also discussed by participants. Largely they felt the content was appropriate and assessed the correct things:

'The practice assessment document that we use is helpful as it shines a light on what is important and the areas you need to be competent in.' Claire (N)

'I think the skills at the back really help when you have to get them signed off.' Lily (I)

It was also felt that the content enabled the participants to demonstrate progression as you undertook the different placements on the programme:

'The skills at the back of the PAD are very achievable and they progress and become more challenging as you move through the programme…. So you can see from the skills in the PAD the progression you are making.' Claire (N)

'The assessment in practice helps you to know that you are progressing well especially the skills at the back of the PAD.' Lily (N)

There was however a perception that some of the items assessed were either repetitive or they were values that you should possess as a nursing student and not need to be assessed on:

'I expected that the PAD document would be much more focused on the actual physical skills rather than the emotional skills. I think the emotional skills are something you should have already if you want to be a nurse.' Sophia (N)

'Some of them I think however are repetitive like the professional values that have to be assessed on each placement. The mentors think those are repetitive as well…. I think they could be signed off less frequently say once a year.'   Lily (N)

Lily also identified that she felt the practice assessment was more serious than the assessment in the university due to its direct relationship to patient care:

'I think the PAD is a lot more serious. If you mess something up on placement I would probably consider that, that would stress me a lot more if I'd made a mistake on practice and Uni were involved or if I didn't pass the placement that would really make me think 'Oh I don't know if I'm cut out for this. I don't know if I can be a nurse, I don't know if I'm going to be any good?''   Lily (I and N)

Finally Bob reported that he felt the practice assessment was easier to understand than those undertaken in the university and had an immediacy about it that made it meaningful for students:

'I think that the practical side is very easy to understand, it's very easy to apply into what we do. The assessment undertaken in practice are immediately applicable to practice and so they seem more relevant initially when you start the programme as you can understand and see how they affect your development as a nurse.'   Bob (I and N)

4.5.7 Mentors/Assessors

The second theme identified that related to practice assessment was the role of the mentors and assessors; these are the registered nurses responsible for undertaking the assessment of students in practice. The participants identified that they were very important to their success in practice but there was variability in their ability and commitment to the process:

> *'Some of the nurses were very rigorous in their assessment. They would want you to show that you understood the theory behind what you were doing and why, not just demonstrate that you can do it some would just stand there assess you and just leave almost.'*
>
> Jessica (I and N)

> *'I don't think some of the staff in practice have the assessment skills they need.'*
> Flora (N)

Some, like Claire and Lily, reported that their experiences with their mentors were very positive and they had been influential in identifying and supporting their learning needs:

> *'If you tell them what you need to achieve, so even if it's just skills or I need to get something signed off or I want really good feedback on this, then you can tell people and they'll help you to achieve that.'*
>
> Claire (I)

> *'I've had really good mentors when I've been on placement. So if you have somebody good to work with it can help you develop so much as*

a student nurse and you are prepared for when you are by yourself

and a bit more responsible.'   Lily (I and N)

Overall there were mixed perceptions of the quality of assessment undertaken by staff in the practice setting.

4.5.8 Grading and feedback

The final theme to be discussed that related to practice assessment is that of grading and feedback. Practice assessment in nursing programmes is not traditionally graded. The items within the practice assessment document are marked as either achieved/not achieved or demonstrated/not demonstrated dependent upon if it is a skill, competency or professional value that is being assessed. The students also receive written feedback on their progress. Some of the participants felt that it would be beneficial if practice assessment was graded. Their rationale for this was varied. Bob felt that grading would allow the student to gain a greater understanding of their performance:

> *'I think it would be helpful if practice assessment was graded rather*
>
> *than being achieved or not achieved. This would help you to be able to*
>
> *see where your performance level is.'*   Bob (N)

Claire also felt that grading would be helpful as it would identify areas for development:

> *'I wish there was grading attached to the practice assessment*
>
> *because it is just pass/fail and I think it would be better if it was graded*

and you could see how good you are at something and the areas you

could improve on.'   Claire (N)

Nora felt that the lack of grading devalued the contribution that practice

assessment made to becoming a nurse as it was only the university marks

that contributed to the degree classification of the student:

'*I feel like the assessment doesn't reflect my actual skills.'*   Nora (I)

Bob also identified that assessment in practice was often seen as a 'one off'

event so you would be assessed in a clinical skill and then not assessed

again.

'I do sometimes feel that there's not enough focus on grading our

practical skills…. I don't know how good I am at doing things ECGs or

bladder scans or catheterisation or anything like that because we don't

have any grading and we don't have much guidance in that regards.'

                                                                    Bob (I)

He felt that if grading would provide him with a greater feeling of confidence

in his own skill levels:

'This worries me a lot for when I qualify as I want to feel confident in

my skills.'   Bob (I)

Feedback was also identified in the interviews as an area that participants felt

was significant in relation to assessment of practice. Feedback was

characterised as an interactive process that was, if undertaken by good mentors, part of the assessment process:

> *'So they only sign the book after they ask me the questions. So they would go like, if you had this patient, this and this happened, how would you behave? And then I'll say and they'll go okay that's fine, that's correct.'*   Sophia (I)

Feedback in practice also had an immediacy about it that was valued by the participants:

> *'You also get immediate feedback on your progress so you can see how you are developing as a nurse.'*   Bob (N)

Not all of the participants had a positive experience of feedback, however, with Jessica identifying that it was not as explicit as the feedback given for university based assessments:

> *'They do give feedback but it is not as explicit as the feedback we get in the university for assessments.'*   Jessica (I)

The final part of this section explores how participants' perceived assessment contributed to them becoming a nurse. Two themes are discussed in this part: feedback is important and assessment is important.

4.5.9 Feedback is important

Feedback was described by the participants as being important not just to the development of their practical skills as a nurse but to their becoming a nurse. The complexity of nursing care required good feedback in order for the

participants to develop the appropriate skills and knowledge. Feedback was also perceived to be significant in building confidence:

> *'One important thing for me is the need to have feedback about my progress both in the university and in practice. You really need good feedback to give you confidence in your ability to be a nurse not just in the university but in practice too. This is because nursing is so complex that you need feedback about your performance to ensure you can manage all of the complexity.'* Nora (N)

Feedback was also seen to be developmental, a means by which theory and practice could be linked for students:

> *'The feedback can help you to develop and understand what you need to do. In nursing you are always learning so feedback can be really helpful in telling you the learning is in the right direction.'* Lily (N)

Feedback from peers and patients as part of experiential learning was also identified as being useful to the participants, providing a different dimension to learning than the feedback from university or practice staff:

> *'I have learnt a lot from meeting with my colleagues on the course and discussing ideas and concepts.'* Flora (N)

> *'I think they're really good, they can help you a lot and you can work with each other, you bounce ideas off each other'* Lily (I)

Assessment was also identified as being significant in becoming a nurse.

4.5.10 Assessment is important

The participants identified a number of reasons why assessment was important. The first of these was as a motivator for learning, this was linked to patient safety by Sophia:

> *'I think the assessments are important for a number of reasons. I think that they motivate students to learn and if we weren't assessed as much people wouldn't learn everything they need to know. I think if you don't know what you are doing it's quite a risk to the patient.'*
>
> Sophia (I and N)

All of the participants identified that assessment had contributed to ensuring they knew and understood the core knowledge, skills and values required to be a nurse:

> *'So the practice assessment will tell you what you need to be doing while you are in practice on a day to day basis, but what you are writing in your assessments, your essays, your exams, is you showing that you know why you are doing it…. There's no point doing something if you don't know why you are doing it.'* Claire (I)

They also identified that assessment had developed a broad range of other skills for them, that whilst not directly related to nursing knowledge informed their practice as a nurse. These included writing, critical thinking and decision making:

'Assessment can also help you to develop your understanding and use of language in nursing and how to present your ideas and points in a professional way. Being able to do this in a concise way is important in both written and verbal communication in healthcare and assessment, particularly written ones, can help with this.'   Claire (N)

'There are some skills however like critical thinking that I have developed that I feel are very important.'   *Flora (I)*

'MCQ's can help you to develop your ability to make decisions quickly which can be very important in clinical care.'   Claire (N)

One skill which several participants mentioned was the ability to retrieve and critique evidence. This was deemed to be an essential component of practicing as a nurse:

'Some however whilst they are not directly related to practice, such as evidence based nursing, enable you to develop skills that are important to nursing. So the skills of being able to find and critique research for example is not directly about patient care or skills but is very useful as a nurse.'   Lily (N)

The final area that the participants identified assessment as being important was in the development of confidence in their own skills and knowledge:

'The modules that have a more practical focus in them can help to develop your confidence as a nurse. I do not think that the practice focused assessments are more valuable than the theoretically focused

ones but I think it is a question of short term development versus long

term development.'   Bob (N)

It was clear from the data that whilst some aspects of assessment were

challenging for the participants they recognised its importance and value in

helping them to meet both the academic requirements of their programme

and the requirements needed to gain registration as a nurse.

This section has explored how the participants' perceived the contribution of

assessment to their academic award and their professional registration as a

nurse, the next section focuses on the themes related to the differences the

participants expressed between assessment in the university and

assessment in the practice setting.

4.6 In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice setting?

4.6.1 Contribution of university and practice assessment

In response to questioning about whether the contribution of university or

practice based assessments were different, the majority of participants

responded to say they felt they had equal value:

> *'The two forms of assessment, those in the university and those in the*
>
> *practice setting because I think while they are different they kind of go*
>
> *hand in hand because this is what you do but this is why you do it.'*

Claire (I and N)

'I do not think one assessment is more influential than another I think they all contribute in different ways to you becoming a nurse.'

Sophia (N)

Nora, however, felt that practice assessment had been more influential:

I believe that the assessments I have undertaken in practice have been more influential in my becoming a nurse.' Nora (I and N)

The understanding that both had an equal contribution to make to being a nurse was not immediate for all the participants with Lily identifying that she struggled with this initially in the programme:

'Placement is a big part of becoming a nurse and at times, particularly in the first year I couldn't see the relevance of the university assessments.' Lily (I)

There was a perception expressed that theory underpinned practice and provided the why for practice:

'I would say they are an equal contribution because you need to be able to do the practical stuff, but you need to understand why you are doing it. ' Jessica (I)

'So the practice assessment will tell you what you need to be doing while you are in practice on a day to day basis, but what you are

writing in your assessments, your essays, your exams, is you showing

that you know why you are doing it.' Claire (I)

There was acknowledgement however that not everybody they encountered perceived it this way:

'*There is definitely a perception in the practice environment that the*

university is for theory and the practice setting for being a nurse. Just

from the attitudes of some of the nurses that I've seen as well a lot of

them are very much of the mind-set that university is for theory and

wards are for practice.' Bob (I and N)

This tension reflects the theory-practice gap in one of its forms and is a recurring theme within the data.

4.6.2 The theory-practice gap

The tension between the assessment of what was perceived to be theory and the practice of nursing was expressed by the participants in their observations about the contribution of different forms of assessment:

'*Teaching and assessment that has a direct link to the practical*

aspects of nursing I feel is much more helpful in becoming a nurse. If

the teaching or assessments are not directly linked then making the

links clear to the student would help with this.' Lily (N)

For Lily these links were perhaps not as clear as they could have been but for Flora they were evident:

> *'The course has provided strong links between theory and practice for*
>
> *me.'* Flora (N)

Flora did however identify an area of challenge and that was in the realities of implementing the theory that was taught into the practice setting:

> *'I think for me what has been difficult is writing about all the theory*
>
> *and evidence in my assessments but knowing that realistically I am*
>
> *not going to be able to implement it in practice to be able to practice*
>
> *like that as a nurse.'* Flora (N)

Nora also identified a similar tension but in a different way. She said that more time needed to be spent preparing students for practice and the realities of working as a nurse:

> *'I also feel we need more preparation before we go into practice about*
>
> *what it is actually like. Because this isn't a 9am-5pm job that you can*
>
> *switch off and go home….. But no one explains to you the hierarchy*
>
> *and the real-life politics.'* Nora (I and N)

These complexities affected not only their perceptions of the contribution of the different types of assessment but also contributions of mentors and other students.

The final section of this chapter explores the influence of assessment perceptions have on participants' understandings of its contribution to becoming a nurse.

4.7 To what extent do students' perceptions of assessment, whether within their training or preceding it influence the way in which they understand its contribution to their becoming a nurse?

The participants in this study came from a range of educational contexts prior to entry to the programme. Two (Bob and Flora) had studied previously to degree level, whilst the others had either undertaken 'A' levels or an Access course to gain entry to the programme. This meant that they had encountered both different types of assessment and also different levels of assessment.

The themes in this section are varied and relate to both the participants'' views of assessment and also their experiences and responses to it. The first theme to be explored is their experiences of assessment prior to starting the programme.

4.7.1 Experiences of assessment and previous study

The participants who had undertaken 'A' levels and Access courses to gain entry to the programme of study held different views of assessment to those who had previously studied to degree level. Those who had not studied at university before described their previous assessments as being clear and straightforward with a large amount of direction provided:

> *'Assessment at school and on the access course seemed quite straightforward. You were given a question and you answered it.'*

Claire (N)

'I think I definitely remember enjoying doing the practice papers for biology and chemistry just because I knew it was very straight forward you open up your textbook, you learn the answer and then you just have to transfer that knowledge on to the paper.' Jessica (I)

They also described them as being largely well supported by staff at school and college:

'On the access course there would be more one to one guidance that isn't here at Uni. So you could go with a plan maybe for every essay if you wanted to. If you didn't want to you didn't have to.' Claire (I and N)

Specificity was a feature of their views of assessment with this being identified as a key difference between assessment at school or college and assessment in the university:

'I think my views are based on my GCSEs and 'A' levels which I found were focused on the course specifications. You had to use the exact language and phrases that were in the specifications to get the marks so I always focused my studies on that.' Jessica (N)

'Assessment in the university is much more open than at school or on the access course. Quite often you are asked to choose or construct a question yourself and then answer it. That openness is quite hard.

Claire (N)

This difference between assessment in the university and previous experiences of assessment was raised by the majority of the participants with those who had previously studied at degree level also identifying this:

> *'In the university setting there was a degree of vagueness around assessments. Potentially the thoughts that you were allowed to have so they could be broader. In school there was more of a right and wrong answer it seemed on the whole. I really enjoyed this broadness it felt quite freeing.'*
> Flora (I and N)

The two participants who had undertaken degree level study prior to starting the programme reported different views of assessment from those who had not with, it could be suggested, a more complex understanding demonstrated:

> *'In my first degree I felt that assessment was focused on the practical application of theory by using historical examples to explain phenomena.'*
> Bob (I and N)

The transition from school or college based assessments to university ones was captured in the next theme.

4.7.2 Transition to university

Some of participants identified that the transition to undertaking assessment in the university setting was challenging for them. Flora, who had previously studied at degree level, recalled her experiences transitioning to her first degree as difficult:

'I found the first year of my degree quite challenging as there was a

lack of clarity about assessment.' Flora (N)

Claire also described the change as problematic:

'Some of them you are sat writing them and you are thinking I don't

understand what you are asking me. But I think sometimes I've not

been exposed to having such broad questions all the time so it gives

you a lot of essays where you can just take any avenue you want.

Which I find really hard because I'm a very like give me a question I

can answer it, give me options and I'm overwhelmed with what I've got

to choose and you've got to make the right choice to get you the best

grade.' Claire (I)

The main point of concern for the participants was the lack of structure and

specificity in some of the university assessments that they were asked to

complete. They also identified that the levels of support available to them in

the university were less with a lack of formative assessment, individualised

support and the requirement to be self-reliant from day one all being

discussed. They suggested that support to transition to writing at university

and also understanding the disciplinary requirements of nursing would be

helpful:

'If there was more formative support available throughout the

programme it would have made it much easier to know that you were

on the right track and could understand what to do.' Claire (N)

4.7.3 Assessment at university

Related to the theme of transition, participants discussed the differences in assessment at university. The key issues identified in this theme were a lack of clarity about assessment tasks and also the level of choice involved. There was a perception expressed that essays were harder to complete successfully than exams due to the open nature of the titles and the choice involved:

> *'I think because of my educational experiences I much prefer to do exams than essays and that is because I have just never been taught how to write an essay and be successful in them.'*   Sophia (N)

> *'But I found the hurdle into my first degree quite huge because the parameters of assessment were more hazy and with my personality I didn't enjoy that to such a degree.'*   Flora (I)

This choice and the broad nature of assessment tasks was not always viewed negatively with some reporting that this provided an opportunity for free thinking and creativity:

> *'The choice however can be good as you can choose a topic that you are interested in and research it in depth.'*   Claire (N)

> *'And I enjoyed that. That was a really freeing experience.'*   Flora (I)

What became apparent from these responses was that the majority of participants had developed an assessment preference which appeared to be related to their previous assessment experiences.

4.7.4 Assessment preference

Four of the participants indicated a clear preference for one type of assessment over another. This was characterised usually as exams versus essay with exams being presented as more straightforward and easier to understand:

> *'I liked doing the science exams as it was very straight forward. I think I definitely remember enjoying doing the practice papers for biology and chemistry just because I knew it was very straight forward you open up your textbook, you learn the answer and then you just have to transfer that knowledge on to the paper. The essays were a bit trickier as there was no right or wrong answer.'*   Jessica (I and N)

Essays were perceived to be more complex and requiring better preparation from staff, which was perceived as lacking. These assessment preferences appeared to be related to the subjects the participants had studied at school or college. Science based subjects, it was suggested, were easier to complete the assessments for, whereas humanities based topics were seen to be more complex and uncertain:

> *'Whereas for psychology and philosophy and ethics I always found it a bit more difficult because that would mean there's no straightforward answer. I'd have to think and really explore my thoughts and views and opinions, which I guess weren't that developed at that time.'*   Jessica (I)

Only one participant who expressed an assessment preference chose essays, Lily, and this was related to the perceived stress of exams:

> *'I'd always find that a lot less daunting than all the pressure for having a one-hour exam, that would always really stress me.'*   Lily (I)

This theme of assessment preference is important as it appeared again in the interviews when participants were discussing their experiences of assessment on the programme. These assessment preferences appeared to carry through into the programme and influenced their views on how the content and the related assessments were influential in becoming a nurse. There was a distinct preference for exams and this was also related to the content of the modules that used exams. These tended to be the modules on the programme that were categorised by the participants as 'science'. These modules focused on biology, pharmacology, disease management and nursing care:

> *'I think that some of the assessments undertaken in the university have contributed more to me becoming a nurse than others, in particular the science ones.'*   Jessica (N)

This preference for exams was also related to the lack of support that some participants felt there was for essay writing in the university:

> *'But you are a little bit blind when you are doing these assignments, that's why all of a sudden like exams now because it's multiple choice*

and it's based on fact, there's no wrong way to answer that question,

so I've done better on the exams than I have on the coursework.'

Nora (N)

So it would seem that assessment preference, developed from previous assessment experiences, was influential in the value attributed to both the content and the assessment method on the programme.

The final theme in this section relates to the balance between theory and practice on the programme.

4.7.5 Theory versus practice

Some participants believed that the programme was too theoretical and that this was related to the achievement of a degree rather than being a nurse. Being a nurse was identified as the practice aspects of the programme:

'The proportion of some of the theoretical components within the programme was too much and it could have been condensed to less and more time spent on the more practical aspects of nursing.'

Nora (N)

'I think it's important to understand the holistic care and the importance of nurses, but I think that assessment itself didn't contribute that much to my knowledge in practice.' Jessica (N)

Others felt that the programme would be enhanced if some of the university based assessment had a greater focus on the clinical practice of nursing:

'I think that assessment on the programme is divided into two sides the theoretical and the practical. I think it would be useful if some of the assessments in the programme had a more practical focus such as using OSCEs (observed structured clinical exams) as this would help us to know where our practical skills were as we would be graded.'   Bob (N)

'I think some of the assessments in the university could be more focused on practice and that would help them to become more relevant.'   Lily (N)

The application of theory to practice was definitely identified as being important by the participants and this was related to the complexity of nursing and being able to manage situations that did not have a simple solution:

'But the ones where you have to think about the bigger picture of how things are run or how you find a better option of treatment, that would come from writing your assessments because you have to really think about it and really look into it and find out why it's the best option rather than this treats this or if you give this medication it will have this effect.'   Claire (I and N)

One solution to these perceptions of theory and practice suggested by the participants was that the relevance of the theory could be made more explicit to students:

'Teaching and assessment that has a direct link to the practical aspects of nursing I feel is much more helpful in becoming a nurse. If the teaching or assessment are not directly linked then making the links clear to the student would help with this.'   Lily (N)

This chapter has outlined the themes that were identified from the narrative accounts of the participants. In Chapter 5 these will discussed in relation to the theoretical framework used for the study and the current literature that relates to the themes identified.

5   Discussion

The purpose of this chapter is to provide an analysis and discussion of the findings presented in Chapter 4 and a critical consideration of the implications of them for the enactment of assessment in the field of nursing education. Bourdieu's (1977) concepts of *habitus, capital* and *field,* defined in chapter 3, will be discussed in relation to the analysis, to help explore and develop an understanding of how nursing students experience and conceptualise assessment and how it influences their 'becoming a nurse'. The literature identified in the literature review (chapter 2) will also be used in this discussion to frame the findings contextually against contemporary ideations of concepts included in the review such as nursing knowledge, the professional socialisation of nursing students and assessment in HE. These interconnected strands will be used to inform and illustrate the conceptualisations of assessment discussed by the participants.

The themes identified were mapped against the theoretical framing of the study and the methodological approach taken (Figure 5: presented in chapter 3, section 3.4.3 p.115), illustrating the relationship between the theoretical and methodological underpinning of the study. Figure 6 provides a diagrammatic representation of the themes, identified from the data analysis, that were found to be most influential on a nursing student's journey to become a nurse. The size of the bubble denotes the strength of the theme within the data.

Figure 6 Diagrammatic representation of the themes

The next section of this chapter will provide a discussion of the themes, structured using the research questions.

5.1 How do nursing students characterise 'becoming a nurse'?

The participants of this study characterised becoming a nurse in a number of different ways: they identified the influences that had directed them to choose nursing, they discussed how their ideas about what a nurse was and what they did changed throughout their programme and they defined what they perceived the values, skills and knowledge of a nurse to be. These conceptualisations very much reflect the process of professional socialisation that the literature suggests is an integral part of joining a professional group (Brennan and Timmins 2012): the process of developing and adopting a new identify that is founded in the values, knowledge and behaviours associated with what it means to be a nurse (Thomas, Jinks et al. 2015). This can be linked to the concept of becoming that, it is suggested, is an integral part of the HE experience for students (Nugent, Lodge et al. 2019). The student changes and develops their identity as they begin to develop an understanding of the knowledge required for their discipline and also what it means to practice within that discipline (Barnett 2009). In this study the participants experienced a distinctive process of change that had aspects of knowledge acquisition and also the development of behaviours and values that were aligned with the attributes associated with nursing.

This process of becoming is influenced by the professional habitus in which the student finds themselves, described, for nursing, as a professional knowledge landscape (Nairn, Chambers et al. 2012) and reflective of Bourdieu's conceptualisation of *habitus* as an understanding of how a particular discipline operates, how 'the game' is played in that discipline (Bourdieu 1977). For the participants' of this study their knowledge and understanding of the discipline of nursing changed as they experienced the programme of study.

5.1.1 Exposures, influences and values that directed the participant to a career in nursing

The influences that directed the participants of this study to nursing were varied. They included: their own and family's experiences of healthcare gained through working or volunteering in a healthcare environment or through being patients, media portrayals of nursing and midwifery and their own ideations of nursing. The predominant factor that appeared to be influential in their decision to study nursing was a desire to work with people. This is reflective of literature that explores candidates' motivations to choose nursing (Spouse 2000, Traynor and Buus 2016). The other influences such as media portrayals were discussed by the participants but appeared not to exert a large effect upon their decision making. It is suggested that media depictions of nursing can be polarised into either angels or people who make catastrophic mistakes (Gillett 2014, Oliver 2019), it would appear however that the influence of the negative imagery, sometimes presented, was

minimal as all of the participants expressed a positive view of nursing both prior to entering the programme and once they were on it.

5.1.2 The participants changing conceptualisations of what it means to be a nurse

The participants described nursing in a variety of ways prior to starting the programme: some identified that they thought nursing was a vocation and only certain people could be a nurse, they linked being a nurse to a set of values that a person should possess and they thought the role of the nurse was quite narrow. These views broadly reflect the literature that explored how students perceived nursing prior to entering a programme of study (Spouse 2000). It is also suggested that students who enter a nursing programme of study can quickly become disillusioned as the reality of clinical practice in the NHS and studying to be a nurse are revealed to them (Maranon and Pera 2015, Traynor and Buus 2016). This however was not the case with these participants who all spoke very positively about their choice to study nursing and also how much better it was than they had expected. There was acknowledgement in the data that it was challenging to work in the current NHS environment but the negative aspects appeared to be outweighed by the positive experiences the participants described. These positive experiences were linked to the development by the participants of their ideas about what it meant to be a nurse.

All of the participants identified that they underestimated the complexity of the role of the nurse and the knowledge and skills required to practice as a nurse. This would suggest that their understanding of what it means to be a

nurse was limited prior to entering the programme. Bourdieu (1977) identifies that each individual possesses what is described as *capital,* these are the cultural, social, economic and symbolic resources that can be brought into 'the game'. This could be described for prospective nursing students as their understanding of what nursing is and what nurses do, that they bring to their programme of study. Well-developed *capital* related to nursing could help a student to transition into the role of a nurse (Nairn, Chambers et al. 2012) and to develop a professional habitus, which, it is suggested, should be an integral part of a professional education (O'Connor 2007, Thomas 2002). The participants in this study did not appear to have an in depth understanding of nursing prior to entry to the programme but this did not seem to hinder either their progression on the programme or their views of nursing. They identified that the programme could prepare you to be a nurse and that the aspects of nursing that they previously felt were innate, predominantly the attributes of a nurse, could be taught.

The participants shifting views about how you can become a nurse link closely to Barnett's (2009) suggestion that HE is a process of becoming in which a student can take on the identity of the discipline through the experiences that they encounter. This was certainly true for the participants of this study who stated that you became a nurse by participating in the programme and that the idea that nursing was a vocation, only suited to certain individuals, was not the case. The representation of nursing as a vocation is, it could be suggested, largely historical (Law and Aranda 2010),

however these ideations still persist within the media (Gillett 2014) and within

certain groups of nurses, predominantly those who undertook an

apprenticeship style training (Traynor and Buus 2016). This was recognised

by some of the participants in this study who stated that some nurses in

practice were critical of the graduate programmes they were studying. Some

also recognised that they had held this view prior to entry to the programme

but as they gained experience and knowledge their view changed.

5.1.3 Knowledge and values of a nurse

The complexity of the knowledge and skills required to be a nurse was

emphasised by the participants. They felt that much of this was hidden and

only revealed to them when they started studying nursing. This complexity

was related to a number of different areas: the knowledge, personal

attributes and values and the technical rational skills required to be a nurse.

Nursing knowledge will be discussed in more depth in section 5.2, but

participants identified that some nurses they encountered in practice did not

value the learning, and therefore knowledge developed, undertaken in the

HEI as much as that which took place in the practice setting. This is echoed

in the literature and it could be suggested, in current policy about nurse

education, that privileges technical-rational skills above other forms of

knowledge (Hoeck and Delmar 2018, NMC 2018). This is reflective of a

current policy emphasis on job readiness and the need for a nursing

workforce that can function completely independently on graduation (Hoeck

and Delmar 2018). For the participants of this study however they recognised

that a balance was needed between learning undertaken in the HEI and that in the practice setting and that the contribution of these was equal.

The participants identified that to become a nurse you needed knowledge that encompassed biological, psychological and sociological aspects of care in addition to managerial and communication skills. This understanding largely reflects the content of current curricula in nursing (NMC 2018). Their perceptions of some aspects of this knowledge, such as the managerial skills and knowledge required, reflected their lack of understanding about the role of a nurse prior to starting the programme (Traynor and Buus 2016). Some expressed surprise at the delegation of aspects of care they perceived to be the nurses' responsibility to other less qualified members of the healthcare team, the supervisory elements of the role and the number of administrative tasks that were undertaken.

These aspects of the nursing role constitute what could be described as professional knowledge, recognition that to work as a professional requires a complex set of skills that encompass the ability to navigate indeterminate environments (Barnett 2008). Some aspects of these skills arise through experience and interaction (Bender 2018) and a recognition that professional knowledge is not held within one discipline but can be constructed through the interactions of participants in a professional encounter (Hurst and Greenhalgh 2018). The participants in this study were cognisant of this as they described during their interviews the importance of their encounters with teaching staff, mentors, patients and their peers to their learning. Their views

of the complexity of the professional role that nurses have to undertake is reflected in current discussions of what constitutes professional knowledge in the literature. Several authors (Barnett 2012, Bender 2018, Green 2009) identify that this knowledge is multi-faceted and can be comprised of artistry, experience, and technical rationality.

5.1.4 The importance of learning in practice

The importance of learning in the clinical environment was highlighted by the participants as being essential to becoming a nurse. They recognised that within the context of a professional programme of study exposure to and participation in the practice of that discipline was key to gaining both knowledge and skills. The place of practice learning is emphasised in ideations of what constitutes professional expertise (Benner 1984, Eraut 1994). It is recognised that much of professional practice is complex and it is only through experiencing this complexity and reflecting upon it that knowledge can be developed (Schön 1992). Whilst practice was characterised by the participants as emotionally challenging and stressful at times they recognised its centrality to their developing practice as a nurse. They reflected, however, that more preparation could be provided about the complexity of the relationships within clinical practice and the political nuances that affect this. These nuances were centred on the dynamics between different professional groups and also between themselves as students and qualified practitioners. This is an insightful observation, the dynamic within different professional groups is well documented in healthcare (Law and Aranda 2010, Salhani and Coulter 2009) and for nursing is often

related to issues of professional status. Understanding how to navigate this could be influenced by a student's understanding of the rules and their place in the game, a complex dynamic, reflected by Bourdieu (1977) in his theory of practice.

5.1.5 The relational nature of professional learning

The participants also described how interactions with peers, teachers, mentors and patients helped them to develop their knowledge, again highlighting the importance of knowledge derived through relationships in a discipline such as nursing. There was a recognition amongst participants that both empirical and humanistic knowledge was required to become a nurse (Hoeck and Delmar 2018) and that some of this knowledge is not held solely by one professional but by the multiple actors involved in practical interactions (Hurst and Greenhalgh 2018, Smeby and Vagan 2008). The discursive nature of some curriculum topics was identified as a source of knowledge by the participants. Being able to interact with peers and be open about their ideas, had helped them to develop their values and beliefs as a nurse. Molloy et al (2019) identify these interactions with others as being important to the development of a professional identity.

This understanding demonstrated by the participants could be explained by their exposure to and immersion in the *field* of nursing (Bourdieu 1977), the way in which nursing is enacted founded in its historical and social context. Through exposure to the *field* both within the university and the practice setting and through interactions with peers, patients and academics, the

participants developed perceptions of becoming a nurse that encompassed the different elements of knowledge required to be a nurse (Molloy, Ajjawi et al. 2019).

This section has explored how participants characterised becoming a nurse. They recognised the different knowledge, skills and attributes required to 'be' a nurse and also the importance of the different learning encounters that occurred during their programme of study. Their descriptions align with some more recent conceptualisations of how professional knowledge is constituted (Hurst and Greenhalgh 2018) and the relational aspects of it (Molloy, Ajjawi et al. 2019) and also with the more historical ideations of how professional expertise is developed (Benner 1984, Eraut 1994). It could therefore be suggested that these participants had a sophisticated insight into how and what they needed to develop as professionals, they had a well-developed understanding of the professional *habitus* of a nurse (Bourdieu 1977).

Building on these findings the next section discusses how the participants' perceived assessment contributed to their journey to become a nurse.

5.2 How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?

The perceptions of the participants of how assessment contributed to their journey to become a nurse varied dependent upon whether they were discussing assessment undertaken in the university or in the practice setting. Their perceptions of assessment undertaken in the university were closely

linked to the content of the module in which the assessment was situated, their perceptions of its relevance to nursing and the impact that the knowledge acquired through undertaking the assessment would have on their clinical practice as a nurse. Knowledge was characterised by the participants as being either 'science' or 'theory'. 'Science' was described as knowledge related to biology, pathophysiology, pharmacology and nursing care interventions whist theory was perceived to be related to sociology and wider leadership and healthcare organisational issues. The 'science' knowledge was privileged by the participants and perceived to have an immediate usefulness to them that the 'theory' lacked.

5.2.1 Nursing knowledge

This characterisation of knowledge reflects the tensions within nursing about what constitutes nursing knowledge (Bender 2018, Bliss, Baltzly et al. 2017). This has been an issue at the very centre of nursing's efforts to be seen as a graduate profession and is focused on the historical privileging of positivist knowledge, reflective of medicine (Salhani and Coulter 2009), the efforts by nurse academics to identify a more holistic overview of what nursing knowledge is (Johnson, Cowin et al. 2012) and more recently the influence of the evidence based movement (Porter 2010). The participants reflected a view of nursing knowledge that, it could be argued, is dated and relies too much on the positivist paradigm, this does not reflect the complexity of the role of the nurse that they previously identified or in fact the holistic nature of nursing practice (Bender 2018, Davison 2019).

The 'theory' knowledge was discussed by the participants as being of interest to them but was seen as something that could be utilised once they were qualified practitioners as it lacked the immediate utility to their clinical practice as a nursing student that they were seeking. These ideations of knowledge do not also reflect current conceptualisations of what constitutes professional knowledge: that it is multi-faceted and complex (Bender 2018, Hurst and Greenhalgh 2018). These ideations are also not reflected in the current literature about what constitutes nursing knowledge. The literature focuses on the views of more expert nurses and their perceptions, so uncovering the views of students is relatively novel.

This has implications for the way in which content is organised and taught on programmes of nursing as, it could be suggested, that the 'theory' content as conceptualised by these participants, needs to be more closely aligned to clinical practice. This is important for curricula design both from the organisation of content perspective but more importantly in relation to this thesis for assessment design.

5.2.2 Assessment undertaken in the university

Linked to these ideas about knowledge was the content and structure of the assessments undertaken in the university in different modules. The participants identified that the 'science' modules used more examinations than the 'theory' orientated modules and they perceived this to be good. They identified that examinations required the student to learn a wider range of topics whilst essays were perceived to be limited to a small area of the

module content. This is reflective of an understanding of assessment as being for learning rather than of learning (Sambell, McDowell et al. 2013), although it was not framed in this way by the participants; they demonstrated a desire to be assessed in a way which motivated them to learn the broadest possible content from a module rather than having a narrow detailed focus on one area as an essay may expect.

This is an interesting perspective as it could be suggested that a balance of assessment modes is required to develop the broad range of cognitive skills required by graduates (Boud 2007, Medland 2016) whereas the participants indicated a preference for assessment that focused on substantive knowledge. The type of examinations that the participants undertook would have been narrow in their focus and not designed to develop or assess the development of capabilities such as evaluative judgement (Dawson, Ajjawi et al. 2018). The purpose of the essay mode of assessment on the programme would be to develop a broader set of academic literacy skills (Jeffries, McNally et al. 2018) rather than just to test substantive knowledge, a combination of assessment modes is integrated into the programme to develop a range of skills and knowledge. However, this interpretation of the value of the examinations by the participants could be because of the construction of the programme of study they are undertaking, as the content and structure of nursing programmes is heavily regulated (NMC 2018) and has a focus on substantive knowledge and technical-rational skills (NMC 2018). The development of higher level cognitive skills is not significantly

addressed in the standards for nurse education (NMC 2018) and it is the responsibility of each individual HEI to ensure these are embedded. It could be suggested that the structure of the programme that the participants undertook has organised assessment in a way that has privileged the content perceived as being from the positivist paradigm and therefore closely aligned to clinical practice by the participants, by its linking to examinations (Boud 2007, NMC 2018).

The motivation to want assessment that provided validation of learning directly related to practice could also be because the participants expressed a need to be able to function effectively in the clinical practice setting. For nursing students this key aspect of professional socialisation has been identified as being very important for them as they negotiate this environment (Adamson, King et al. 2018, Flott and Linden 2016). Related to the development of a professional habitus (O'Connor 2007) and their need to be able to both understand and learn the 'rules of the game' (Bourdieu 1977). This is linked to the participants' experiences of assessment in the practice setting. They felt that this form of assessment was not as tightly controlled as that within the university and that they could, manipulate the assessment environment in their favour. This 'playing the game' demonstrates how students can learn the rules and how to operate within different environments, a key skill as they have to move frequently to different clinical placements (Williams 2018).

5.2.3 Assessment in the practice setting

Relationships with assessors in the clinical practice environment was fundamental to assessment (Immonen, Oikarainen et al. 2019, Webster, Bowron et al. 2016), as was the ability of assessors to both understand the learning needs of the student and have time to assess them (Adamson, King et al. 2018, Milligan, Wareing et al. 2017). This was not always the case for the participants of this study as sometimes the pressure of the clinical environment meant that their learning needs were not a priority, this reflects current literature that explores the experiences of nursing students in the clinical environment (Milligan, Wareing et al. 2017, Tuomikoski, Ruotsalainen et al. 2018, Williams 2018). The participants felt that the practice assessment undertaken made a significant contribution to their learning and for this reason they expressed a wish that it should be graded.

Currently in nursing programmes practice assessment is not graded, the student either achieves the skill or value being assessed or they do not (NMC 2018). For the participants of this study, they felt this was unfair as the practice assessment did not contribute to their final degree classification and they therefore did not feel the value of their competency in practice was fully recognised. There was however incongruity in the views that participants presented, as on the one hand they wanted work to be graded but on the other they described the assessment practices in this setting not as reliable as that undertaken in the university and that some assessors were not rigorous in the process of assessment. These two views which appear to be in opposition, reflect current literature about students' views of assessment

and also the experience of practice assessment for nursing students (Flott and Linden 2016, Immonen, Oikarainen et al. 2019, Milligan, Wareing et al. 2017, Williams 2018). It could be suggested that the reasoning behind this lack of grading, primarily related to lack of reliability, should have been explained more clearly to the participants.

5.2.4 The participants' conceptualisations of assessment

Whilst participants expressed dissatisfaction with some aspects of assessment they also recognised the wider skills that undertaking assessment could develop and how these could contribute to becoming a nurse. They stated that the structure of some assessments, MCQs and essays focused on the retrieval and critique of literature in particular, provided opportunities to develop decision making and transferable skills that could be applied to clinical practice. This represents an understanding by the participants that the purpose of assessment is not just to test substantive knowledge and for certification (Boud 2000) but to develop a broad range of attributes (Ajjawi, Tai et al. 2018).

This can be linked to current conceptualisations of assessment as a means of developing graduate capabilities such as evaluative judgement (Dawson, Ajjawi et al. 2018) and feedback literacy (Carless and Boud 2018). In this study the participants did not identify assessment as being for certification in their responses, they discussed it solely in terms of its ability to develop their substantive knowledge for nursing and also these wider skills. These perceptions of the role of assessment as being primarily formative seem to

suggest that the role of assessment as summative is not over emphasised in their programmes and that they view assessment as *for* learning rather than *of* learning (Sambell, McDowell et al. 2013). This needs to be better understood in the scope of the development of nursing practice and nursing programmes of study.

The final part of this section discusses the participants' views of the importance of feedback and assessment.

5.2.5 The importance of assessment and feedback

It was apparent from the data that participants felt both feedback and assessment were integral to their development as a nurse. Feedback was perceived to be of importance because of its developmental nature both for their substantive knowledge and also for their values and behaviours. Feedback literacy (Carless and Boud 2018, Molloy, Boud et al. 2019) has been identified as an important graduate skill and it seemed from the data that participants had developed a degree of this. They described how they had used feedback from university and practice assessments to develop their ideations about nursing and also to bridge the gap between theory and practice. This latter point is important as the theory-practice gap has been identified as a key issue for the learning of nursing students (Greenaway, Butt et al. 2018), this is discussed further in section 5.3.

The participants also identified how they had used feedback from multiple sources: peers, teachers and patients to develop their knowledge and understanding so demonstrating some ability to use feedback effectively

(Carless and Boud 2018, Molloy, Boud et al. 2019). The perceptions of feedback represented by the participants in this study reflect current conceptualisations of feedback presented in the literature. There is a suggestion that feedback should no longer be seen as a transmission process from educator to learner but one in which the student's agency is developed by their interaction with and use of feedback (Winstone and Carless 2019). Some of the participants of this study both sought out feedback and used it to develop their knowledge, skills and identity as a nurse (Molloy, Ajjawi et al. 2019).

Assessment was perceived to be important for a number of reasons: as a motivator for learning, as a means of developing the appropriate skills and knowledge to be a nurse, for the development of academic literacy, for the development of confidence and also to keep patients safe. This variety of reasons identified suggests an understanding of the purpose of assessment that is complex and, as discussed earlier, not founded in one that focuses solely on certification and grading (Boud 2007). The participants were engaged with the assessment tasks that they participated in and could see the wider benefits of them. This engagement is the desired outcome of an educational programme that seeks to use assessment as a means of learning (Sambell 2010) and student engagement (Henderson, Ryan et al. 2019).

The next section of this chapter will discuss what differences participants perceived between assessment undertaken in the university and those in the practice setting.

5.3 In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice setting?

The majority of the participants of this study indicated that the contribution of the two forms of assessment they undertook, university and practice, were equal in the influence they exerted on their 'becoming a nurse'. They discussed how theory underpinned practice and provided the 'why' for practice. They identified that this was an important attribute of a graduate nurse: the understanding of why something was undertaken in clinical practice and the evidence that underpinned practice. This reflected an understanding that demonstrates an appreciation of the need for nursing knowledge to encompass all aspects of nursing not just the technical-rational skills required to deliver task orientated patient care (Bender 2018). The participants recognised that in order to develop as a nurse they needed to integrate their theoretical understandings, technical-rational skills and the required behaviours and values (Bliss, Baltzly et al. 2017). This understanding was not explicit however, with some of the participants identifying that this only developed as they moved through the programme and gained more experience.

This understanding of the need for a broad range of knowledge was not replicated by some of the clinically based practitioners that the participants encountered during their programme. The theory practice gap is well documented in the nursing literature (Greenaway, Butt et al. 2018, Traynor, Boland et al. 2010) and can take several forms: the gap between what is current theory and the enactment of nursing in practice, the failure of theory to reflect the realities of practice or poor behaviour by some nurses that does not reflect the attributes required of students. The participants of this study described all three of these ideations in the interviews.

The gap between current theory and the enactment of nursing in practice (Hatlevik 2012) was identified by the participants in their discussions of the different value ascribed to assessment by staff in the practice setting. They felt that staff in the practice setting valued practice assessment more highly than that undertaken in the university and that what they were taught in the university was unrealistic. This represents current literature which suggests that nurses in practice view university teaching as idealistic and lacking in relevance to the realities of nursing (Greenaway, Butt et al. 2018, Laiho and Ruoholinna 2013). There was an overemphasis on the assessment of technical-rational skills by practitioners that the participants encountered, with these highly valued again reflecting the current literature (Corlett 2000, Freeling and Parker 2015). The clinical environment should provide the milieu in which students apply theoretical learning to the real world of nursing but often the focus is on getting the work of nursing done rather than the

development of the students' knowledge and skills (McKenna, Cant et al. 2019).

For the participants they expressed feelings of disappointment that they could not practice nursing in the way they felt it should be: the use of evidence to underpin practice, time for patients and a holistic approach. This represents the gap between what the evidence suggests should be done and the way in which nursing is actually enacted (Monaghan 2015, Moore and Tierney 2019). The participants felt that they were taught the theoretical underpinnings of what good care should look like but were not able to implement this. Time constraints, lack of resources and lack of engagement from registered nurses were all identified as contributing, all factors that have been identified in the research undertaken in this area (Greenaway, Butt et al. 2018). There is a suggestion in the literature that nursing is perceived to be a craft and that learning the craft takes time and experience rather than theory learning (Laiho and Ruoholinna 2013), the participants however felt the theory was very useful in defining what the evidence base was for the interventions they were undertaking in practice.

One suggested way, identified by the participants, to counter this dichotomy was to provide more preparation for practice that focused on the political and cultural dimensions of working in the NHS. Rather than trying to change practice to be more reflective of the evidence, the participants felt that if they knew what it would be like they could manage this and not have such high expectations of how nursing would be undertaken. This is an interesting

perspective and reflects an understanding that in order to function within a professional domain you need to understand how that domain operates. This could be aligned with Bourdieu's theory of practice (1977) and the concepts of *capital, habitus* and *field.* The participants recognised that in order to 'play the game' whilst in the practice setting, they needed a good understanding of what the rules were.

The mismatch between their expectations and the reality of nursing are not unique to these participants. The literature suggests that nursing students can have unrealistic expectations of what it means to be a nurse (Corlett 2000, Pryjmachuk, McWilliams et al. 2019) and that managing these expectations can be important in their success on their programme of study (Borrott, Day et al. 2016, Moore and Tierney 2019). Levett-Jones and Lathlean (2008) describe this as a need for belongingness that centres on the student's place in the clinical practice team and their development of a nursing identity. The influence of practitioners on identity development and the clinical practice of student nurses has been shown to be significant and can lead to them engaging in practices that they feel uncomfortable about (Greenaway, Butt et al. 2018, Moore and Tierney 2019). This is reinforced by literature from other disciplines such as teaching and medicine which characterises the development of professional identify as relational and influenced by the encounters and experiences that a student has (Allen 2011, Molloy, Ajjawi et al. 2019).

An alternative conceptualisation of the theory practice gap is to view practice as theory and not the other to theory (Green 2009). This ideation whilst not directly expressed by the participants was reflected in their responses during the interviews. They discussed assessment in practice and in the university as being of equal value and contribution to their becoming a nurse and they identified how their interactions with patients and practitioners informed their knowledge development. There was a recognition from them that professional knowledge was not centred solely in the university (Beck and Young 2005) but had an equal place in practice and could be utilised by them to develop their nursing identity. The one caveat to this however was that it required practitioners who were attuned to and focused on the learning needs of the student. They felt that some of the nurses who assessed them bridged the theory practice gap and used the assessment process to really uncover the links. These nurses were described by the participants as being excellent and also rigorous in their assessment. Current literature about the importance of assessors in the practice setting reinforces this view and reflects the participants' experiences (Immonen, Oikarainen et al. 2019, Ramsbotham, Dinh et al. 2019).

The next section of this chapter discusses how perceptions of assessment might have influenced the participants' views of its contribution to becoming a nurse.

5.4 To what extent do students' perceptions of assessment, whether within their training or preceding it, influence

the way in which they understand its contribution to their becoming a nurse?

In response to some of the questions posed during the interviews, the participants discussed their experiences and perceptions of assessment. Two of the participants had already undertaken a degree and their views differed slightly from those who had entered the programme following either 'A' levels or an Access course. Generally the participants expressed views of assessment that were congruent with the literature. They felt that there was a lack of transparency about assessment requirements (particularly in the university assessments) (Assuncao Flores, Margarida Veiga Simao et al. 2015, Santiago-Sanchez and Dunworth 2015), that feedback was not always helpful (Francis, Millington et al. 2019, O'Donovan, den Outer et al. 2019) and they expressed concerns about fairness and consistency (Burden, Topping et al. 2018, Hailikari, Postareff et al. 2014, Robinson, Pope et al. 2013, Shields 2015).

5.4.1 The transition to university assessment

The transition to university assessment was discussed by all the participants including the two who had previous degrees reflecting the strength of feeling about this (Pitt, Bearman et al. 2019). Transition was deemed challenging for two reasons: the lack of clarity about assessment requirements and the openness of some of the assessments they undertook, in particular essays. This openness placed a burden upon the participants as they felt the choices they made about topic were significant in relation to the grade they might

achieve. Transition into nursing degrees has been identified as challenging because the students have to negotiate two environments: university and practice and take on the professional identity of a nurse (Pryjmachuk, McWilliams et al. 2019). Their previous experiences of healthcare did not appear to ease the transition of the participants, however the concerns they identified were focused on the academic requirements of the programme rather than the professional elements. They definitely found the adjustment to university-based assessment difficult, expressing concerns about their ability to navigate assessment requirements and processes.

This reflects the challenges that many students in HE face of understanding the disciplinary and institutional requirements (Barnett 2009) and 'becoming' part of their discipline (Barnett 2012). Being able to develop a professional *habitus* (O'Connor 2007) is a key part of the becoming process for a student on a professional programme of study and the resources or *capital (Bourdieu 1977)* that the student can bring to this could potentially influence their transition.

5.4.2 Assessment preference

When discussing their previous assessment experiences, the participants indicated preferences for the type of assessments they liked and felt they were good at based on these. Largely there was a preference for examinations as these were felt to be testing discrete bodies of knowledge that were clearly defined. This echoes research about students' need for assessment criteria that are clear and transparent (Francis, Millington et al.

2019, Preston, Gratani et al. 2019). Pitt et al. (2019) characterise this transition into university assessment as the student needing to move to a different way of thinking and this was reflected in the responses from the participants of this study. The assessment preference seemed to carry forward into the nursing programme with a preference for examinations indicated by some of the participants. Essays were not described favourably perhaps because they required a greater move into that different way of thinking and therefore were perceived to be more challenging (Beaumont, Moscrop et al. 2016, Shields 2015).

5.4.3 Assessment modality

There was also a relationship, previously discussed in section 5.2, between the modular content and assessment and the participants' perceptions of its possible influence on their capabilities in relation to clinical practice. In the programme they were studying, the modules where they thought this was strong tended to use examinations for the assessment method. Unintentionally therefore the programme design had privileged examinations in the eyes of the student. This relationship between assessment mode and practice is discussed by Preston et al. (2019) who identify that in programmes with a professional element to them assessment should send the right cues to students about what to learn.

The mixture of assessment modes used in the programme the participants were studying appeared to be sending mixed cues about what to learn. The examinations undertaken required a broader knowledge base to be

demonstrated whereas the essays tended to have a narrower more in depth focus. Examinations were also located in the modules that had biological, pharmacological or nursing care focused content. This programme design led to a situation in which examinations were preferred by participants as they felt the knowledge gained from undertaking them was more useful. This is an important point to consider in curriculum development for the future. Knowledge is defined by Hauke (2019) as the product of post-learning construction, if assessment plays a significant part in this, then the cues it provides to students about what learning is important could be significant in the knowledge they develop (Preston, Gratani et al. 2019).

5.4.4 Summary

In summary the participants of this study perceived that assessments which contributed directly to their ability to function in the clinical environment as a nurse were more influential on their 'becoming a nurse' than those which they felt did not. They were cognisant of the need to develop an understanding of the environments in which they were expected to undertake assessment, reflective of Bourdieu's (1977) concepts of *field, habitus and capital.* They understood that in order to 'become a nurse' assessment was an essential component of this, as it provided a means of development and learning for them. They also recognised that assessment was necessary to fulfil the professional aspects of their programme of study and to keep patients and clients safe.

The participants also revealed an understanding of the nature of knowledge in nursing. They described how knowledge was constructed for them not just by the learning undertaken in university but by their experiences in clinical practice and by the interactions they had with peers, staff and patients. The participants' ideations about the construction of knowledge and assessment reflect both contemporary discourse about professional knowledge, that it can be co- created by recruiting the expertise of others (Hurst and Greenhalgh 2018, Larsen 2019) but also current conceptualisations of assessment that it should be for learning rather than of learning (Nugent, Lodge et al. 2019, Sambell, McDowell et al. 2013).

The next chapter in this thesis, the conclusion, draws together the key elements from the discussion of the findings to provide an overview of the answer to the question posed by this thesis:

'Becoming a nurse': Students' perceptions of the role of assessment in enabling them to meet the requirements of their programme of study to 'become a nurse'.

The contribution of the thesis, the potential implications of it for professional practice and the improvements that could have enhanced the work will be discussed and plans for dissemination together with implications for publication will be outlined.

6   Conclusion

The aim of this thesis was to explore nursing students' perceptions of how assessment contributed to their 'becoming a nurse'. The chosen methodology, narrative inquiry, provided an opportunity to listen to the participants' stories not only of assessment but also of how they constructed what the knowledge, skills and attributes of a nurse were. They provided detailed conceptualisations of how their understanding of what it means to be a nurse changed over the course of their programme of study and the part assessment and feedback played in this. They also demonstrated an in-depth and nuanced understanding of the purposes of assessment and the contribution that it made to their changing identity and the process of becoming they experienced.

6.1   Contribution of the thesis

Nursing students are a group who have not featured prominently in the literature about student views and conceptualisations of assessment. There have been some studies that explored their views and experiences of assessment in the clinical practice setting (Ramsbotham, Dinh et al. 2019, Williams 2018) but very little has been written that explored their experience of assessment in both the university and practice setting. This study contributes to developing this area of knowledge as it explored all aspects of assessment. It showed that nursing students had a sophisticated understanding of the purpose of assessment and how it could be used for multiple purposes: to test knowledge, to develop academic literacy and to

contribute to safe patient care. The participants also demonstrated an understanding of assessment as being for learning rather than of learning.

The study also uncovered how the participants' perceived nursing knowledge and its construction. Much has been written about what constitutes nursing knowledge (Barrett 2017, Davison 2019) but this has primarily been from the perspective of nursing academics, those who work in universities and theorise. This study contributes the perspectives of students to this debate and their characterisation of nursing knowledge as either 'science' or 'theory'. The study also demonstrated how the perceptions of the students about nursing knowledge were constructed: that the relevance and immediacy of the knowledge to their ability to function in the clinical environment was strongly connected to their perceptions of it. As suggested in this thesis, professional knowledge is currently being redefined in the literature as multi-dimensional with different contributors to its formation (Hurst and Greenhalgh 2018, Molloy, Ajjawi et al. 2019). The participants of this study recognised this complexity in the formation of nursing knowledge and the different sources from which it could be drawn, providing a contemporary conceptualisation of it.

The study also contributed to exploring assessment using a novel methodological approach. Narrative inquiry has not been used widely in this context and this thesis demonstrated how it can provide detailed and nuanced data about students' experiences and conceptions of assessment. Exploring assessment as a means of contributing to the formation of a

professional identity and 'becoming' provided an opportunity to elicit more sophisticated perceptions of it than just asking students for their views of it. It also appeared to be a positive experience for the participants, allowing them an opportunity to reflect upon the journey they had undertaken to 'become a nurse' and the role assessment played.

The contribution of this thesis could therefore be identified as threefold: a greater and more complete understanding of nursing students' perceptions of assessment in one institution, their conceptions of nursing knowledge and its construction and the contribution that adopting a different methodological approach can make.

It is important however to identify how the study could have been enhanced. A larger sample size could have provided a broader range of perceptions than presented here. This perhaps would have enabled the findings of the study to be applicable to other institutions. This however was not the purpose of the study and, it could be suggested, narrative inquiry. Narrative aims to uncover the personal stories of participants within particular contexts and not to generate data that could be generalisable (Clandinin 2006). It is the personal nature of the stories that give the data its richness and also allows the exploration of the meaning making that allows participants to develop their knowledge (Green 2013).

The study could also have been enhanced if it had explored the perceptions of the students over time by taking a longitudinal approach to data collection and analysis. The rationale for only undertaking one interview was to limit the

time contribution of the participants. The structure of the interviews did allow however for the temporal aspect of the participants' experiences to be explored and they clearly identified how their views of both assessment and nursing had changed and developed. The use of a narrative account also provided an opportunity for clarification and development of the story by the participant.

The final enhancement could have been to include another group of students. This study focused on undergraduates but the faculty also has a post graduate programme that leads to a nursing registration and a post graduate diploma. Having a sample of these students in the study could have provided a different perspective on both assessment and the development of nursing knowledge. In the future it may be that the study is replicated with this group of students to explore their perspectives.

6.2   Professional implications of the thesis

This thesis forms part of the submission for a professional doctorate and as such the professional implications of it for both the author and the context in which it is located should be identified. The faculty in which this study was located is part of a research intensive university and it would be normal for a member of staff to undertake doctoral level study within the discipline. Choosing to step away from this and choose a different route to doctoral status could therefore be perceived as unusual. This has however provided fruitful opportunities for both the author and the faculty.

The author has been able to develop her role within the faculty to focus on assessment and teaching as the core features of her work. This would not have been possible without the level of knowledge and understanding that has been developed as part of undertaking the EdD programme. The effect of this has been to raise the profile of assessment within the faculty founded in the development of a role that focuses on this but also informed by data collected from the students in the faculty. These data have complemented that obtained through the two student surveys and provided a depth that was lacking. A new faculty assessment strategy has been developed that draws on the contemporary literature identified from this thesis and combines it with application to nursing students. It is hoped that this will have an impact on student experience within the faculty as it addresses many of their key concerns by focusing on the development of student agency and academic and feedback literacy. The strategy was developed collaboratively with students drawing on both the data from this thesis and the other work undertaken as part of the EdD. This increased focus on assessment has led to a more holistic programme approach to the enactment of assessment within the undergraduate programmes with the aim of providing an assessment for learning environment in which students'' skills are developed. The thesis has therefore had an immediate and direct impact on the teaching environment within the faculty.

6.3 Implications for further study

The implementation of a new assessment strategy has provided opportunities to develop the work undertaken in this study. The findings of

this study suggest that there are several areas that could be explored further.

One area of interest is the construction of nursing knowledge and how the

assessment of different modules on the programme influences this. The

findings suggest that areas of knowledge identified by the participants as

'science' are primarily assessed using examinations and those as 'theory' by

essays so it would be useful to explore this further and develop other modes

of assessment that would contextualise the knowledge differently. This could

potentially increase the applicability of 'theory' for students by linking it more

directly with clinical practice through the use of authentic assessment

(Ashford-Rowe, Herrington et al. 2014).

A second area of interest would be the development of feedback literacy of

nursing students (Carless and Boud 2018). They gain feedback from multiple

sources and identifying how they are able to utilise this to enhance their

learning could provide some useful observations about feedback in the

university and in the clinical practice setting and how these can be used

together to develop the student's' knowledge and skills (Molloy, Boud et al.

2019).

6.4   Dissemination of the findings

In order to have some impact it is important that the findings of this thesis are

disseminated both within the institution in which the study took place and also

more broadly. Within the host institution the findings have been disseminated

through the work of the author. This has been through discussion at relevant

meetings and also through staff communication both formal and informal.

The development of the new assessment strategy is an example of this but of equal importance are the informal opportunities that allow a more discursive approach to be taken. Discussion with colleagues has led to increased awareness of the issues surrounding assessment in the faculty and ways in which the student experience can be improved.

Outside of the institution the work will be disseminated though publications and conference presentations. Publications have been planned which focus on both the findings of the study and also the methodological approach taken so providing an opportunity for dissemination of both. Abstracts outlining both of these areas have also been submitted to an international nurse education conference. A further opportunity for international dissemination has arisen due to a partnership between the host institution and a school of nursing in China. The author was able to share knowledge of assessment and also the findings of the study during a recent visit to the school. This prompted much discussion amongst the faculty in China as all of their assessment is undertaken by examination so assessment for learning and the development of some of the wider student academic skills was relatively novel to them.

Undertaking this thesis has proved to be an insightful and enriching experience for the author but it is hoped that the main benefit will be for the students in the faculty and their experiences of assessment. As an area of high student dissatisfaction it is hoped that the stories of the participants and their perceptions and conceptions of assessment can be used to illuminate

and develop assessment within the faculty to improve the student

experience.

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Appendices

Appendix 1

'Becoming a nurse': Students' perceptions of the role of assessment in enabling them to meet the requirements of their programme of study to 'become a nurse'.

Topic Guide

Introduce study again and handover of demographic questionnaire, sign consent form if not already completed

Experiences prior to starting the programme

      Any healthcare experience

      Assessment experience

Becoming a nurse, what is it?

      Views of nursing prior to entry to the programme

      Views now on programme

Experiences and views of assessment

      During the programme in HEI and practice

Role of written assessments: Influence of assessment brought along

Role of practice assessment: Influence of practice assessment document

Any other thoughts?

Follow up E Mail Questions

How did you find the experience of undertaking a narrative interview?

Has undertaking the interview changed your views on assessment?

Appendix 2

Demographic Data   **Code**

Please complete the following questions that will provide background and contextual data to inform the study

1. Date of Birth:
2. Gender:
3. Ethnicity (please tick which one applies to you):

White
    A   British
    B   Irish
    C   Any other White background

Mixed
    D   White and Black Caribbean
    E   White and Black African
    F   White and Asian
    G   Any other mixed background

Asian or Asian British
    H   Indian
    J   Pakistani
    K   Bangladeshi
    L   Any other Asian background

Black or Black British
    M   Caribbean
    N   African
    P   Any other Black background

Other Ethnic Groups
    R   Chinese
    S   Any other ethnic group

    Z   Not stated

4. What were you doing before you started your programme at KCL?

5. What entry qualifications (including grades) did you have in order to gain successful entry to the programme?
6. Did you have any healthcare experience prior to starting the programme? Yes/No

   Please describe what type of experience you had including duration if the answer is yes

7. What marks have you achieved on the programme so far?

Module	Numerical mark
Knowledge and Skills	
Human Biology	
Nurses in Society	
Family Centred care	
Applied Social Sciences	
Field specific module 1	
Field specific module 2	
Option module	

Appendix 3

Annotated topic guide from participant 4 Bob

Bob

Participant Number 4

Introduce study again and handover of demographic questionnaire, sign consent form if not already completed

Experiences prior to starting the programme
Mature student
Graduate - 2011 - Business + marketing
New world - change of identity
Working -
impact on people

Any healthcare experience
Hospital experience as a patient + c̄
family voluntary work in c/home opd.

Assessment experience
couldn't all be explained
Practical application of theory - apply in practical manner
Case studies of business apply theory to it - explain phenomena make sense of them

Becoming a nurse, what is it?
kind by nature - must be kind, caring
extension of who they were
Vocation - instilled from an early age

Views of nursing prior to entry to the programme
Saw in hospital + spoke to nurses. media
Mature students more common   societal views
Own experiences of hospital   of nurses.

Views now on programme
Expanded - still belief comes from point of kindness
elements of practice + theory
- lost belief born to do it
- not anyone could do it
- anyone can become nurse   internal desire + love for others
- qualities grow + develop
- draws out qualities brings out best in you
- peer interactions

Appendix 4

Participant information sheet

INFORMATION SHEET FOR PARTICIPANTS

Ethical Clearance Reference Number: ███████████

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of study

'Becoming a nurse': Students' perceptions of the role of assessment in

enabling them to meet the requirements of their programme of study to

'become a nurse'.

Invitation Paragraph

I would like to invite you to participate in this research project. Before you
decide whether you want to take part, it is important for you to understand
why the research is being done and what your participation will involve.
Please take time to read the following information carefully and discuss it with
others if you wish. Ask me if there is anything that is not clear or if you would
like more information.

What is the purpose of the study?

The purpose of the study to explore and gain an in depth understanding of

how student nurses feel assessment influences their journey to becoming a

nurse.

The research questions are:

How do nursing students characterise 'becoming a nurse'?

How do nursing students perceive the contribution of assessment to their academic award and their professional registration as a nurse?

In what ways do students perceive a difference between the contribution of assessment undertaken in the university and assessment undertaken in the practice environment?

To what extent do students' perceptions of assessment, whether within their training or preceding it influence the way in which they understand its contribution to their becoming a nurse?

Why have I been invited to take part?

You are being invited to participate in this study because you are undertaking a pre-registration nursing programme in the Faculty of Nursing, Midwifery and Palliative Care.

What will happen if I take part?

If you choose to participate in the study you will be asked to take part in a one to one interview with the researcher. During the interview you will be asked questions about your experiences prior to entering your programme of study, your perceptions of what it means to be a nurse and your views on how the assessments you undertake during your programme influence your journey to becoming a nurse. Prior to the interview you will be asked to complete a short questionnaire that will collect data about your age, gender, ethnicity, your previous educational achievements and your current grades. As part of the interview you will be asked to bring along one written assessment and your practice assessment document. You will be asked how you think these have influenced your journey to becoming a nurse. This is in order to gain an understanding of how assessment influences progress on the programme you are undertaking and also to explore with you how it contributes to your successful completion of the programme. The interview will take place in the university at a time and date that is convenient for you and will last no longer than an hour. The interviews will be audio recorded with your consent. Following the interview a narrative account of it will be

developed by the researcher which aims to record your views. This will be sent to you using a secure method by the researcher for you to comment on, these comments will then be used to modify the narrative account if required.

Do I have to take part?

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway. Once you have read the information sheet, please contact me if you have any questions that will help you make a decision about taking part. If you decide to take part I will ask you to sign a consent form and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?

The possible risks of taking part may be that you will find the interview upsetting if you have been disappointed with your experience of assessment either in the Faculty or in the practice environment. Answering questions about or discussing assessment may bring these feelings to the surface.

What are the possible benefits of taking part?

The possible benefits of taking part will be that you will have the opportunity to share your views about assessment with the Faculty and you will have the opportunity to influence the future provision of this within the Faculty. You will also have the opportunity to provide the Faculty with more in depth information about how students perceive the journey they undertake to become a nurse. This may help to influence curriculum design in the Faculty.

Data handling and confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR). Student data will be pseudonymised in the writing of the report to ensure that you cannot be identified. Data will be shared with a transcription service with your consent but this will be anonymised before sending by secure file transfer to the transcription service. Data will be stored on a password protected computer in a locked office. The data will be retained for four years following the completion of the study in accordance with KCL data retention schedule.

Data Protection Statement

The data controller for this project will be King's College London (KCL). The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest' You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the King's College London Data Protection Officer Mr Albert Chan info-compliance@kcl.ac.uk. If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

What if I change my mind about taking part?

You are free to withdraw at any point of the study, without having to give a reason. Withdrawing from the study will not affect you in any way. You are able to withdraw your data from the study up until 31st July 2019, after which withdrawal of your data will no longer be possible due to the data having been included in the final report of the study. If you choose to withdraw from the study we will not retain the information you have given thus far.

What will happen to the results of the study?

The results of the study will be summarised in a report to the Faculty Education Committee. The results of the study will also be included in publications and conference presentations. If you would like a copy of the final report please contact me

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact King's College London using the details below for further advice and information: The Chair Psychiatry, Nursing and Midwifery ▮▮▮▮▮▮▮▮

Thank you for reading this information sheet and for considering taking part in this research.

Appendix 5

Consent form

CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: 'Becoming a nurse': Students' perceptions of the role of assessment in enabling them to meet the requirements of their programme of study to 'become a nurse'.

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

Please tick or initial ☐

Please tick or initial

1. I confirm that I have read and understood the information sheet dated 02/09/18 version 1 for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction. ☐

2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason, up until 31st July 2019 ☐

3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation. ☐

4. I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes. ☐

5. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any research outputs ☐

6. I consent to my data being shared with third parties which are within the EU (Transcription service) as outlined in the participant information sheet. ☐

7. I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. ☐

8. I consent to my interview being audio recorded. ☐

Name of Participant	**Date**	**Signature**

Name of Researcher	**Date**	**Signature**

Appendix 6

Annotated narrative account participant 3 Flora

ben self-employed or a sole trader so I have had much more flexibility whereas the course requires a big commitment. I am also a mother and have two children. I haven't had any direct healthcare experience prior to starting the programme but when I was in Bangladesh my work was with street kids in a hostel and with sex workers so I had experience of mental health issues. *When I was in Bangladesh I worked in a hostel street kids type setting and with sex workers within that context so I definitely had come across mental health issues and I think I was introduced to mental health services through a family situation.*

2. My views of nursing prior to starting the programme

Develop skills to answer problems - not as exact practical multitasking

Before starting the programme I thought that nursing would be centred on caring and developing one to one relationships with clients. I was not influenced by any images of nursing so my ideas about it were my own. *I think it was my image. I don't think I've seen any nurse that I've imagined I might be.* I thought the course would be very practical and that I would learn all of the skills I needed to solve all of the problems that I encountered. *I thought I'd learn all the skills to answer all the problems of caring.* I imagined that more physiology would be used in the practice setting as I believe very strongly that the mind and body are closely linked.

3. My views of nursing now I am on the programme

Role of many hats stress deal with

Since I started the programme I have to come to realise the complexity involved in being a mental health nurse. *Now I see it as a role of many hats is*

Appendix 7 Narrative Account

Participant Name: Claire

1. My experiences of nursing or healthcare prior to starting the programme

Prior to starting the programme I hadn't worked in a hospital setting but I had worked with children in the community. I worked as a carer and support worker for children with disabilities, a lot of the children had cerebral palsy or autism, *so it wasn't so much clinical healthcare as it was community*. It involved daily task such as helping with walking, feeding and hygiene. I have also worked in schools where it is much more interactive with the children and also as a lifeguard. Working as a lifeguard involved first aid. All of these experiences together made me go in the direction of nursing.

2. My views of nursing prior to starting the programme

Before I started the course I thought nursing was doing the daily cares for people but not as *high medical involvement* as I now know that you have. *I think a lot of it is hidden from what everyone classes being a nurse is.* I thought it was more about caring in the sense of not only medical but personal and emotional *which is why I think I probably went more towards it because I've always been termed the mother of the group.* **So when you say hidden elements I'm quite interested in that. So before you came on the programme what did you think a nurse was or what did you think a nurse did?** *I think it's the stereotype of giving medication, especially with*

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children you'd do daily care of changing nappies, cleaning them, feeding them. But then I think the hidden things would be the social side of it. The emotional and social side of it is hidden and I *think either you don't consciously think about doing them or, I don't know, you just don't think of it immediately to be a part of your role but then the more you've been exposed to it and the more you learn about it you realise it's a massive role.* I think that some of this is second nature and you do it as you have a gut instinct that support from an emotional or social side is needed either for the parent or the child. *You are automatically taking on the role of a nurse in the sense of maybe safeguarding for the patient or the parent but you don't think about it actively.* **Do you think that's because you say gut instinct, second nature, but do you think those are things that you've been taught on the programme or you've learnt through practice experience and that's how they've become gut instinct, or do you think those are things you had already that you came to the programme with?** I think it is a combination of both that you may have an instinct about it but it also because you have been taught about what to look out for in safeguarding teaching for example. **So when you talk about that, this gut instinct, second nature, does that mean that you think that nurses, certain types of people tend to be nurses?** I think that you can be taught these things but it's about how much involvement you want in learning to be a nurse. So you have aspects of you or characteristics that mean you would be very interested in what it means to be a nurse and how to become one. *So you can just improve them and gain more and just add to what you've already got. But then if you don't have the*

skills I don't see why you can't become a nurse. I think anyone can learn to be compassionate. The medical and physical side of it I had no idea, so that side you can definitely learn but the compassionate side I think you can learn because everyone starts off at different levels but no two people are going to meet the same level all the time. Everyone is going to be different and personalities so I don't see why they can't learn. Lots of my friends are caring but they do not have the inclination to care for strangers but they are caring as friends. Wanting to care for strangers is an important part of being a nurse.

3. My views of nursing now I am on the programme

The main way in which my view of being a nurse has changed since I started the programme is my understanding of the level of responsibility that nurses have. You have the responsibility of caring for the patient all day but also for providing care for their whole family (Children's nursing). Learning about accountability and *it's quite daunting so you do realise how much is riding on this job. You are never taught the legal side of it before you go into the course. You just think oh it will be really nice to care for children, care for families and then everyone is like right, if you do this wrong you could get struck off, you could get put on disciplinary.* This was very surprising for me so I didn't appreciate the professional and legal responsibilities I would have as a nurse before I started the programme. The responsibilities a nurse has are much higher than I thought they would be before I was on the programme. In my previous experience of working with children it was much

more relaxed and also I was younger so I didn't perhaps understand it fully. When you are a registered nurse with a PIN number all care can be traced back to you so that is very serious.

There is an assumption before and on the programme that you are caring and then the programme prepares you for the professional responsibility and knowledge aspects of it. It is almost as though he caring aspect is within you and you are the taught the technical and legal things you need to know. There is an assumption that you have caring attributes which is one of the differences between doctors and nurses. *So I think because even through history the perception of nurse to doctor, a nurse is always seen to be the one not that a doctor is not caring but a nurse is seen to be the one with a compassionate, caring nature. So you'll have that conversation and they are like you are definitely a nurse or you are definitely a doctor. Very different but I think it's still here like today everyone just assumes that you are very caring and nurturing as a person.*

4. My experiences of assessment prior to starting the programme

I undertook an access course prior to starting the programme. I started doing 'A' levels but was unwell so had to drop out. When I was working I decide to do an access course so I could study nursing. Assessment on the access course *was very intense, so you'd have assessments maybe every three weeks so it was either essay project or an exam.* There were four different subjects y*ou had to be very organised and on the ball to get it all done.* Some of them were formative, there was one for each subject that was formative

and then the rest were summative. On the access course there would be more one to one guidance that there is at UNI. *So you could go with a plan maybe for every essay if you wanted to. If you didn't want to you didn't have to.*

5. My views of assessment prior to starting the programme

Assessment at school and on the access course seemed quite straightforward. You were given a question and you answered it. There was lots of crossing over between subjects on the access course as well which linked it together.

6. My views of assessment undertaken in the university

Assessment in the university is much more open than at school or on the access course. Quite often you are asked to choose or construct a question yourself and then answer it. That openness is quite hard. *Some of them you are sat writing them and you are thinking I don't understand what you are asking me. But I think sometimes I've not been exposed to having such broad questions all the time so it gives you a lot of essays where you can just take any avenue you want. Which I find really hard because I'm a very like give me a question I can answer it, give me options and I'm overwhelmed with what I've got to choose and you've got to make the right choice to get you the best grade.* The choice however can be good as you can choose a topic that you are interested in and research it in depth. There is a lot of essay writing on the course.

When you are undertaking assessments in the university if can feel like when you are writing them they are not helpful to becoming a nurse at all but once you have completed them and you look back you can see that both the content and the skills you are developing through undertaking the assessments are relevant. They are building on each other to develop your skills of writing. *I think that the time when you are writing them you think they're not helpful at all, but from now you can go back and I see why they did that, I see why they did evidenced based practice because that is going to help me with the dissertation because it's building the skill already so that you aren't just thrown in the deep end with the dissertation.*

There was also a lack of formative support for assessment at university. *Especially if you are not understanding it. I think sometimes you can write a plan basic enough that it seems like you know what you are doing but if you haven't got the support to just make sure that you know what you are doing it's really hard. But then it just instantly seems like more hard work to actually write the essay.* If there was more formative support available throughout the programme it would have made it much easier to know that you were on the right track and could understand what to do.

Written assessments can help you to *develop your professional attitude in the way that you write.* They can help you to understand that there is not just one way to approach practice and you need to explore different avenues to establish what is best for the patient. They can also help you to develop your professional language *I think just the language that you use is very different*

to the way you would talk. So you can still have relationships with people where you can talk colloquially and it can be more informal and you can make a bond with families and everything like that. But when it comes to discussing in a professional meeting you can get to the point which is what you have to do in these essays. You have to make your point, back it up and then move on. Writing essays with a word limit helps you to develop the skill of writing in a concise way.

The assessments I have undertaken in the university have influenced me in a positive way as they have enabled me to develop skills I can apply to my practice as a nurse, s*o even if you are not in university anymore and you've come across something that maybe you think isn't best practice or could be done better you know what you can do, you know how to research into it*

7. My views of assessment undertaken in practice

The skills at the back of the PAD are very achievable and they progress and become more challenging as you move through the programme. So you will start with the fundamental skills in the first year and then move on to things you would see a nurse do in the first year like passing an NG tube and the teaching someone to do that. In the final year you move on to leadership. So you can see form the skills in the PAD the progression you are making. I wish there was grading attached to the practice assessment because it is just pass/fail and I think it would be better if it was graded and you could see how good you are at something and the areas you could improve on. *I think there will always be a doubt of how well you are actually doing something or*

whether it's, because I think in university everything is given a number, everything is given a grade and to have something for your pass/fail thing is quite a strange concept.

Many of the nurses I have spoken to would say that they were not so good at the academic work in the university but were very good in practice so it would be nice if that was reflected by a mark.

Assessment in practice is not as pressurised as assessment in the university because you know that there are people in the practice environment looking out for you who will help you to succeed. *If you tell them what you need to achieve, so even if it's just skills or I need to get something signed off or I want really good feedback on this, then you can tell people and they'll help you to achieve that. No one wants to see you fail when you are in practice so they will do everything they can. If they've got a patient that needs something that you need signing off they'll offer it up to you if you let them know.* This is not possible in the university as there are too many students for staff to provide that level of support.

The practice assessment document that we use is helpful as it shines a light on what is important and the areas you need to be competent in. It is also easy to arrange for it to be completed as you can always ask people to help you do particular skills or assessments in practice and they are usually very willing to help you. That has been my experience.

8. My general views of assessment

I think the university could spend more time helping students to develop their writing skills through the use of formative assessment and also academic writing sessions. This may help some nurses who feel they are not so academic to perform better in written assessments. In the university setting students are expected to be much more self-reliant in relation to assessment than they are in the practice setting. *So it's whether you are the kind of person who thinks right I think I can muddle through this and really just get as much information as I can and just hope for the best that what I'm writing is what they want. Or you are the person that has to ask everyone and I'm one of those people, I have to make sure I know what I'm doing before I do it because otherwise I just feel like I'm going round in circles. So it's hard for different people depending on what study time you have I suppose.*

The tutors do not have the time to give the level of individual support that staff in practice can.

The two different forms of assessment place different burdens upon students. Because the PAD is continuous and you do it all the time it feels less onerous than doing an essay or an exam.

9. How do I think assessment has influenced my journey to become a nurse?

Assessment has helped me to develop some of the important skills and knowledge to be a nurse. It has been very helpful in developing my writing skills which are very important for the documentation you need to complete

as a nurse. You need to present information in an objective way which is very important when writing about clinical care. ***So thinking about that, if you think about the way you've just described that do you think that doing those written pieces of work then helps you to become a nurse in terms of the professional element of it?*** *Yes. I suppose that's another one of those hidden things, you don't think about all the documentation you have to do or you may have to do and you don't think that writing these essays will help you become more professional in the way you document everything on your shift or whenever you are working because it's not the same as if you were to do an art subject and you are writing all these essays and you've got to write properly but all you are really doing is creating something and writing it as much of a big thing in your role.*

The assessment that I brought along to discuss helped me to develop the skills of searching for and appraising research. This is a really important skill for nursing as care should be based on the best available evidence so I feel this essay helped me to develop these skills. I was able to use the knowledge that I gained for this assessment in practice. I found this was true of other assessments as well, *you can just whip out this knowledge. When someone says to you but why are we putting this treatment on you don't always know the answer to that but this essay you will just find things out. And the same with other essays that I've written you will find things out that later on in practice you can answer someone's question or even if it's making a clinical decision, like even a nurse myself and other students have come across it*

when they've not known what to do and you think oh actually in that essay that I did I have actually seen what a possible option is and why and you can have that discussion with them.

Assessment can also help you to develop your understanding and use of language in nursing and how to present your ideas and points in a professional way. Being able to do this in a concise way is important in both written and verbal communication in healthcare and assessment, particularly written ones, can help with this. Other types of assessments can also help with skills that are important for clinical practice. So MCQ's can help you to develop your ability to make decisions quickly which can be very important in clinical care. *Which also makes you more of an efficient learner I think. I think efficiency is really key when you are being an organised nurse. So being able to, even if it's just logically process of elimination you'll immediately be more efficient in the way that you are answering something so you can put that into just the way that you do things in your job.*

The practice assessment document identifies what the important knowledge and skills are that you need to be competent in and provides a focus for learning for both you and your mentor in the practice environment.

The two forms of assessment, those in the university and those in the practice setting *because I think while they are different they kind of go hand in hand because this is what you do but this is why you do it. So the practice assessment will tell you what you need to be doing while you are in practice on a day to day basis, but what you are writing in your assessments, your*

essays, your exams, is you showing that you know why you are doing it.

Which is what you are always taught because they're like you need to

underpin what you are doing and show your knowledge. There's no point

doing something if you don't know why you are doing it. So yes it does go

hand in hand.

They are both equally important I think but one can be seen as more
important (practice assessment) because you are using it every day in your
work whilst once you have completed a written assessment or exam it is just
put away. You can see the impact of practice assessment directly on
patients. *So you'll be told to give dietician guidance, you can see that the*
impact that would have. You'd give the information to the parent and they'd
take it and it might improve the child's wellbeing, which then you can see the
improvement of what you've just done. But that knowledge of diet
and nutrition has got to come from somewhere which could have come from
an essay and then you suddenly think well actually I couldn't have done the
information giving without having got the information in the first place. So I
think you see it because you think it's in my pad so I need to do it, but
then you don't see it because it's already stored within you.

The modular aspect of the course also contributes to this view as when a
module is complete you feel like you have finished it but the PAD is used
continuously through the whole programme and across all of the modules. So
it feels more continuous. The other aspect that I feel completing the PAD has
contributed to is developing a sense of teamwork which is very important in

nursing. In order to get your PAD completed you need to negotiate and work as a team with tour mentor and other staff so the PAD completion helps you to develop these skills.

The assessments have helped me to develop my understanding of the wider context of nursing and the social and psychological aspects of care. *Personally I think most of my clinical knowledge comes from the subjects that I've done with exams, so pharmacology and human biology. But the ones where you have to think about the bigger picture of how things are run or how you find a better option of treatment, that would come from writing your assessments because you have to really think about it and really look into it and find out why it's the best option rather than this treats this or if you give this medication it will have this effect.*

Appendix 8 Example of Narrative Account coding

was at the time, come and do my blood pressure and that was that. I wouldn't really see her that much.

2. My views of nursing prior to starting the programme

Originally I applied for midwifery not nursing but I didn't get offered that, I was offered nursing instead so I decided to take that. *And I think the reason why I picked midwifery initially was because I thought nurses didn't actually do that much. I just thought all they do is just give medication, make sure their patients are OK. So I didn't really know much about what they do.* Then I started the programme and everything changed! Now I do not want to be a midwife, I love everything. Nurses do so much more than what's actually seen by I guess the outside world. I think just being able to make that difference.

I was in hospital when I was 15 and I didn't see the nurses that much. *I think that's why I was also a bit like oh they don't do that much I didn't get much attention when I was in hospital myself. I didn't see them*

I wasn't influenced by outside sources such as the media or TV about nursing. I did watch TV about midwifery but not nursing. *I watched One Born Every Minute, so I got that aspect of what the midwife does but not much for nursing really.*

3. My views of nursing now I am on the programme

Then I started the programme and everything changed! Now I do not want to be a midwife, I love everything. Nurses do so much more than what's actually

(handwritten margin note: ✱ Applied for midwifery – offered nursing ∴ no conception)

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Participant 1 Jessica

Previous HC experience

work experience → one week
No direct hospital experience → hospital exposure
Saw patient interactions
Hospital patient
Didn't see nurses much

Views of nursing prior to starting the programme

Midwifery preferred option → midwifery   little insight
Offered nursing as alternative
Nurses didn't do much → hospital experience
Nurses give medication - check on patients
Not influenced by TV or media
Watched midwifery TV programmes
Nurses do so much more than seen → hidden

Views of nursing now on programme

Everything changed when started the programme
Love everything
Do not want to be a midwife

Make a difference
Placement influential
Good role models
Nurses influential on what a nurse is
General public do not understand role of nurse
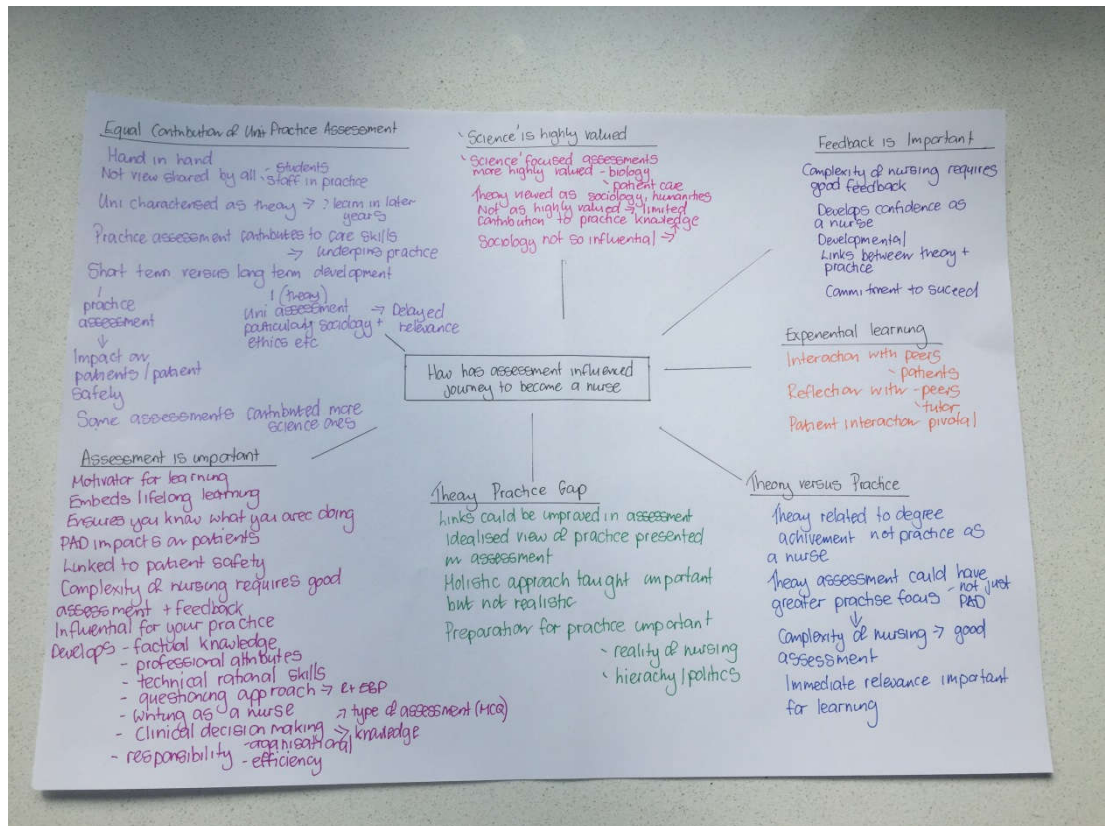Limited understanding from GP of complexity
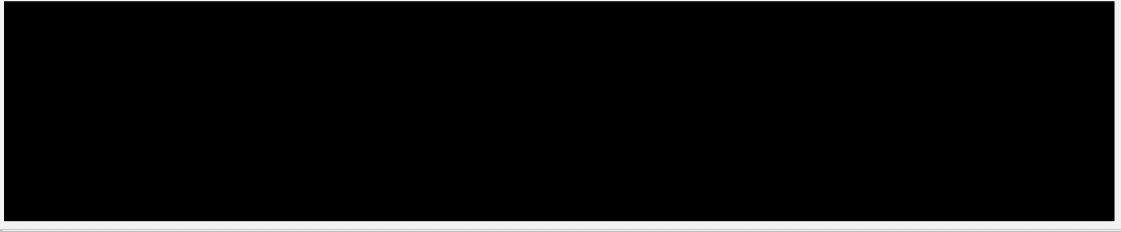Volume of work not understood
Busy - GP do not understand

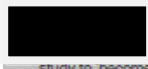**Appendix 9 Codes organised by topic guide**

Appendix 10 Identification of themes

Equal Contribution of Unit Practice Assessment

Hand in hand
Not view shared by all - students
                          staff in practice
Uni characterised as theory → ? learn in later
                                            years
Practice assessment contributes to care skills
                    → underpins practice
Short term versus long term development
    | | (theory)
practice   Uni assessment   → Delayed
assessment   particularly sociology +   relevance
    ↓   ethics etc
Impact on
patients / patient
safety
Some assessments contributed more
                          science ones

Assessment is important
Motivator for learning
Embeds lifelong learning
Ensures you know what you are doing
PAD impacts on patients
Linked to patient safety
Complexity of nursing requires good
assessment + feedback
Influential for your practice
Develops - factual knowledge
         - professional attributes
         - technical rational skills
         - questioning approach → r + EBP
         - writing as a nurse   → type of assessment (MCQ)
         - clinical decision making → knowledge
         - responsibility   -organisational
                         - efficiency

'Science' is highly valued

'Science' focused assessments
more highly valued - biology
                  → patient care
Theory viewed as sociology, humanities
Not as highly valued → limited
contribution to practice knowledge
Sociology not so influential →

[How has assessment influenced
journey to become a nurse]

Theory Practice Gap
links could be improved in assessment
Idealised view of practice presented
in assessment
Holistic approach taught important
but not realistic
Preparation for practice important
                  - reality of nursing
                  - hierarchy / politics

Feedback is Important

Complexity of nursing requires
good feedback

Develops confidence as
a nurse
Developmental
Links between theory +
practice

Commitment to succeed

Experiential learning
Interaction with peers
              - patients
Reflection with - peers
                  - tutor
Patient interaction pivotal

Theory versus Practice

Theory related to degree
achievement not practice as
a nurse
Theory assessment could have - not just
greater practise focus - PAD
          ↓
Complexity of nursing → good
assessment
Immediate relevance important
for learning

Appendix 11 Ethical approval

12 October 2018

 Becoming a nurse': Students' perceptions of the role of assessment in enabling them to meet the requirements of their programme of study to 'become a nurse'.

Thank you for submitting your application for the above project. I am pleased to inform you that full approval has been granted by the PNM REP.

Ethical approval has been granted for a period of **three years** from 12 October 2018. You will not be sent a reminder when your approval has lapsed and if you require an extension you should complete a modification request, details of which can be found here:

https://internal.kcl.ac.uk/innovation/research/ethics/applications/modifications.aspx

Please ensure that you follow the guidelines for good research practice as laid out in UKRIO's Code of Practice for research: https://www.kcl.ac.uk/research/support/integrity-good-conduct/index.aspx

Any unforeseen ethical problems arising during the course of the project should be reported to the panel Chair, via the Research Ethics Office.

Please note that we may, for the purposes of audit, contact you to ascertain the status of your research.

We wish you every success with your research.